PROGRAM INFORMATION:			
Program Title:	Adult Crisis Residential Treatment	**Provider:**	Central Star Behavioral Health Crisis Residential Treatment
Program Description:	Comprehensive treatment resources and interventions in a 24/7/365 residential setting, with a focus on supporting psychiatric stabilization and transition to community placements/housing.	**MHP Work Plan:**	1–Behavioral Health Integrated Access Choose an item. Choose an item.
Age Group Served 1:	ADULT	**Dates Of Operation:**	February 2019 to Present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2020 - June 30, 2021
Funding Source 1:	Choose an item.	**Funding Source 3:**	Choose an item.
Funding Source 2:	Choose an item.	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:			
Program Budget Amount:	$ 2,234,895	**Program Actual Amount:**	$2,420,291
Number of Unique Persons Served During Time Period:	206		
Number of Services Rendered During Time Period:	48,995		
Actual Cost Per Person served:	$ 11,748.99		

CONTRACT INFORMATION:			
Program Type:	Contract-Operated	**Type of Program:**	Crisis Stabilization
Contract Term:	December 1st, 2017 – June 30th, 2021 With an option for two (2) twelve (12) month renewal terms.	**For Other:**	Click here to enter text.
		Renewal Date:	Click here to enter text.
Level of Care Information Age 18 and Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

The levels of care shown in the menu do not apply. The program provides crisis residential treatment (CRT).

FY 21-22 Outcomes

TARGET POPULATION INFORMATION:

Target Population: The CRT serves male and female individuals, who are 18 to 59 years of age, who are experiencing acute psychiatric episodes or crisis.

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 individuals 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 individuals and families are seamless. Individuals 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)

Community collaboration

Cultural Competency

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

Access to underserved communities

Please describe how the selected concept (s) embedded :

All core concepts are reflected in the operation of the CRT. Community collaboration and service integration are both increasingly critical foci to assure adults and their family members are connected into community services and supports post discharge. All Stars Behavioral Health Group (SBHG) programs build and implement a bi-annual Cultural Attunement Plan which addresses multi-cultural staff hiring, training and retention; programming, policies and procedures; and elective initiatives carried out by teams to enhance cultural attunement to their service population(s). Each individual's and family's issue and needs prompting crisis treatment are assessed and addressed through an individualized plan of care, and the individual's Wellness Recovery Action Plan (WRAP), with assertive attention to stabilizing the person while in the setting and connecting them into post discharge treatment services and resources. CS's CRT

in Fresno County helps the county to meet the community need for crisis services and offers an important gateway for those not prior linked to community-based mental health services.

PROGRAM OUTCOME and GOALS
- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction and Feedback of Persons Served and 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

Below details the data collection used to report program outcomes. Please refer to the Appendix for a description of each measurement tool.

Data Collection Tools[1]	Summary	Completion Rates
EMR Data		
Incoming Referrals	This year's report applies SBHG's Business Analytics (BA) Dashboard data. BA Dashboards automate staff data entries into the SBHG electronic medical record (EMR), including modules designed to transition data capture out of Excel logs. At this time, Crisis Residential Unit (CRU) staff are fully trained and monitored in their use of measurement tools, data entry and dashboard navigation.	All screenings/ assessments, youth enrollments, service entries, and Incident Reports are logged into SBHG's EMR.
Referral Disposition		
Screenings/Assessments		Additional data notes are provided in the narrative and/or in endnotes.
Enrollments		
Service Entries		
Incident Reporting		
Measurement Based Care		
Behavioral and Symptom Identification Scale (BASIS)-24	Outcome instruments to facilitate Measurement Based Care. Staff review the	Staff completed N=19/236 (8%) matched record sets.[2]

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[1] Please refer to the Data Collection Tools Appendix for a description of all tools
[2] Persons served often leave ACA and do not complete a BASIS prior to discharge. If a planned discharge, will complete the BASIS before the person served leaves. Due to the small sample, these results are preliminary and not generalizable.

FY 21-22 Outcomes

	person served outcomes of those served over time to inform care, treatment, and services.	
Reaching Recovery (RR)	Use the Recovery Needs Level (RNL) and Recovery Marker Inventory (RMI).	Staff trained on the County's RR tools and database system this Fiscal Year (FY) and we look forward to reporting these data next Fiscal Year.
Discharge Forms		
Discharge Status Form	SBHG tool to track the treatment progress and discharge (DC) circumstances of persons served.	Out of 236 discharges in FY 21-22, staff completed 226 discharge status forms, a robust 96% completion rate.
Post Discharge Follow-Up Survey	Used to monitor adult's circumstances post discharge and to help problem solve issues persons served may experience when trying to connect into community services and supports.	The program piloted this year and were unable to sustain the process, which required sampling and follow-on phone calls with adults. The Post DC Survey was paused due to difficulty reaching those who had been served persons and staffing issues. The CRT surveys n=12/120 of those served after discharge between November 2021- May 2022, a 10% completion rate.
Stakeholder Surveys		

Agency Partnership Survey		The CRT asked 8 Agency Partnership for feedback and received no responses.
Crisis Program Satisfaction Survey	Gather and review perceptions about and satisfaction with CRT programming and services from persons served, family members, and agency partners.	The available sample is 57 out of 236 discharges, a 24% response rate.
Consumer Perception Survey (CPS) Mental Health Statistics Improvement Project (MHSIP)		Per request by contract monitor, the CRT completed the CPS for N=9 persons served. Their responses are included in the report.

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness?

Next Fiscal Year, the CRT will use Fresno County's Reaching Recovery (RR) tools. This includes the Recovery Marker Inventory (RMI) and the Recovery Needs Level (RNL). Instead of the third RR tool – the Consumer Recovery Measure (CRM), we hope CRT staff may continue using the BASIS-24 for Measurement Based-Care, as this tool meets our company's Joint Commission standards.

Please note that as follow-up from last year's report, all data protocols that were described related to SBHG's Suicide Safe Care Initiative (standardized screenings, assessments, EMR Alerts, etc.) are fully implemented by the team with sustained use. Similarly, we aim to improve completion rates to enable more robust interpretations and generalizations of results from the BASIS, the Crisis Program Satisfaction Survey, and the Discharge Status Form.

Describe the Program's analysis (i.e., have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.):

Please see the *Outcome Analysis* below, topically organized.

What Barriers Prevent the Program from Achieving Better Outcomes?

The CRT piloted a post discharge survey this Fiscal Year, but they were unable to sustain the process which requires sampling and follow-up phone calls with adults, their caregivers, or county case managers within days or a few weeks of an adult's discharge. There were multiple challenges to the protocol's success. First, persons served are often

issued temporary county phones and their phone status or phone number may change after discharge. Second, adults often discharge to Alcohol, Tobacco, and Other Drugs (ATOD) Rehab and are not allowed outside contact by phone when enrolled in these settings. Finally, staffing issues (e.g., turnover) impeded the protocol's success in the past and such will need to be addressed for its future success. At this time, we do not pursue implementing the Post-DC Follow-Up Survey given the aforementioned challenges. The goal remains worthy -- to assure that aftercare services and supports -- including medication prescriptions, and transportation arrangements to next-on providers, for example -- are in place, understood and that the person served and/or their caregiver benefit from the aftercare plan.

What Changes to the Program Would You Recommend to Improve the Outcomes?

❖ Review and finalize decision about whether to continue efforts to collect Post Discharge Protocol. Inform the County of decision and implementation plan if the protocol is retained.
❖ Improve completion rates for the BASIS-24 and Crisis Program Satisfaction Surveys; and incorporate Fresno County's system of care measurements (Reaching Recovery tools RNL and RMI) into the individual's care and aggregated data driven care quality improvement review process.
❖ Establish further data partnerships with the County to better understand the outcomes of persons served after discharge. This might entail regularly reviewing the RR for persons served and/or working with the County to understand other outcomes post discharge such as incarceration and hospitalization rates of those served by the CRT for periods before and after their CRT episodes of care.

Outcome Analysis

In Fiscal Year 21-22, the CRT served 206 adults across 237 enrollments. There were 221 admits and 236 discharges. Some 21/221 (10%) admissions resulted in Against Clinical Advice (ACA) exits of the individuals *within 48 hours of admission*; data for these immediate discharges are not included in the report. Otherwise, the sections below convey the program's performance to the Key Performance Indicators (KPIs) in the program's contract.
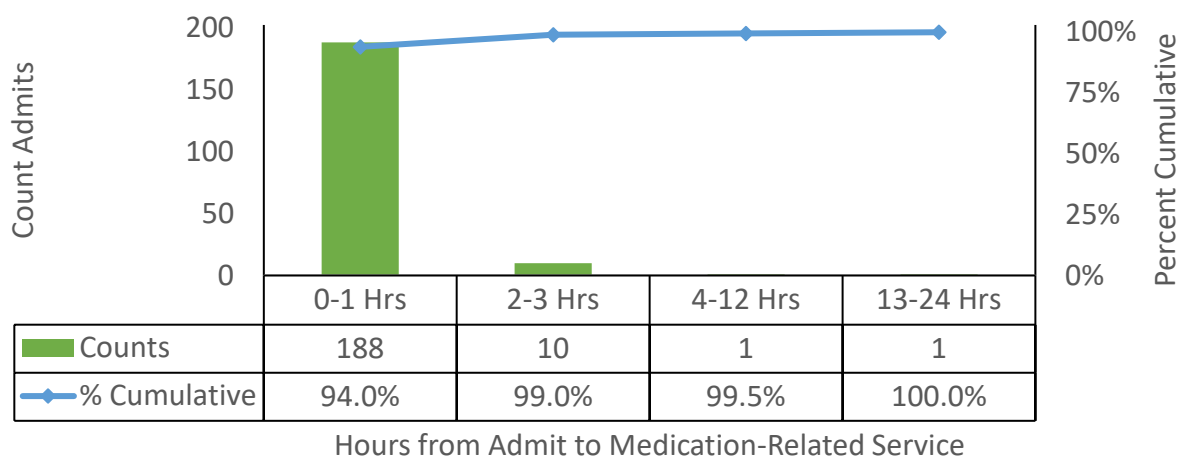
FY 21-22 Outcomes

Access to care: The ability of persons served to receive the right service at the right time

Timeliness KPIs based on SBHG's Access to Care dashboards are based on a sample of 200 admissions that received an assessment *and* multiple treatment services (referred to below as "enrollments"). Thus, this excludes the 21 admissions where the person left ACA within 48 hours of admission.

Timeliness of Prescriptions

N=188 (85%) of enrollments received a medication-related service within one hour of admit, and all 100% received a medication-related service within 24 hours of admission (Figure 1). Note that this analysis focuses on the first medication-related service. There may be additional delays for psychotropic medications or medications that adults served use regularly and did not bring with them. There are ongoing communications with hospitals to send out medications for these adults and improve the timeliness.

Figure 1. Hours from Admit to Med Service

	0-1 Hrs	2-3 Hrs	4-12 Hrs	13-24 Hrs
Counts	188	10	1	1
% Cumulative	94.0%	99.0%	99.5%	100.0%

Hours from Admit to Medication-Related Service

The above data shows that the adults are seeing our Physicians/Nurse Practitioners promptly as they start the program during which time the practitioner reviews their prior/current medications, pharmacy access, side effects and the benefits of the medications, and they make any initial adjustments that may be needed given the person's currently diagnosed condition(s). Medication adjustments may also occur during a person's stay in the CRT.

FY 21-22 Outcomes

At the time of discharge, nurses call in the adult's prescriptions (Rx) with a 2-week refill and check to make sure the person being served is setup for an appointment with an outside psychiatrist.

In our pilot project using the Post DC Survey we assess the status of the individual at the time of the follow-up call – e.g., do they know what their prescriptions are, do they have a pharmacy and transportation to get their refills, are they on track to see their new doctor, have they done so yet (gotten their prescriptions filled, seen their doctor)? Using the discharge and post discharge survey dates, analyses of these preliminary data showed that 50% (n=6) of contacted adults had already filled their Rx and done so within 13 days (median) of being interviewed after exiting the program.

<u>Timeliness of identifying persons served with serious mental illness</u>

Similar to bridging prescriptions, timely access to care provided by the CRT ensures that persons served with a serious mental illness are identified quickly (Figure 2). N=187 (93.5%) of enrollments received a clinical or psychiatric diagnosis within an hour of admit, and all 100% received a diagnosis within 24 hours of admission.

Figure 2. Hours from Admit to Diagnosis

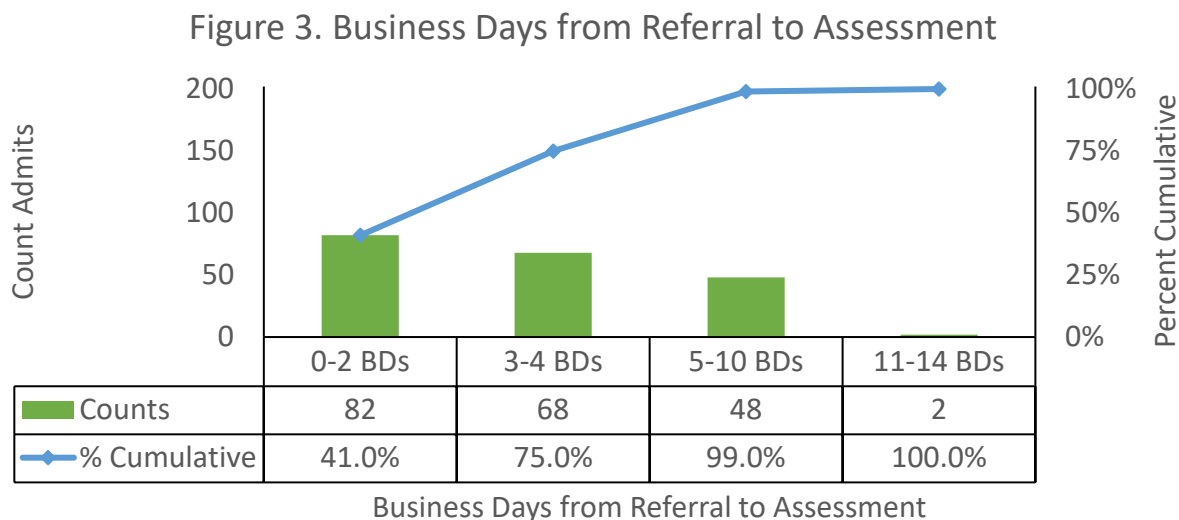|	0-1 Hrs	2-3 Hrs	4-16 Hrs	17-24 Hrs
Counts	187	11	1	1
% Cumulative	93.5%	99.0%	99.5%	100.0%

Hours from Admit to Diagnosis
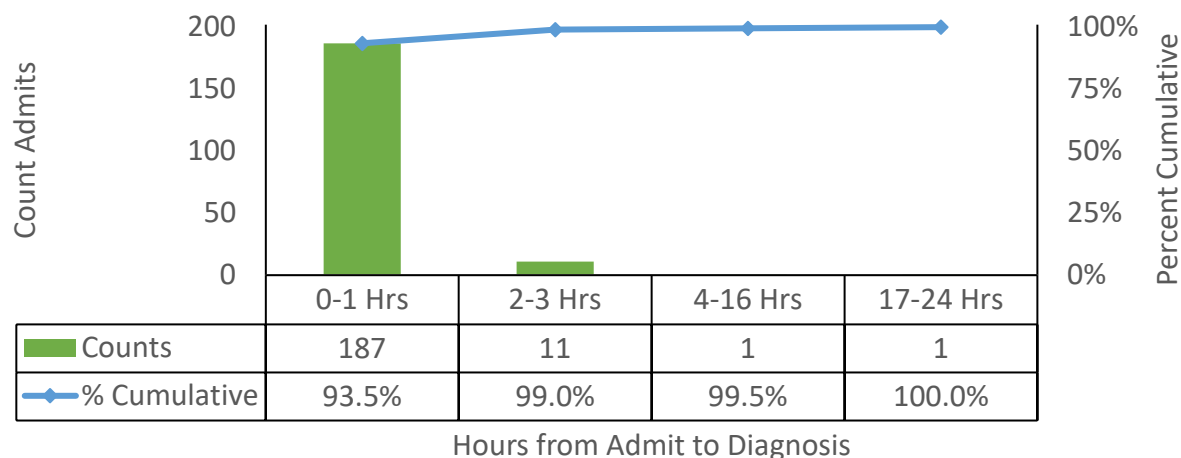
In addition to diagnoses, staff also administer additional assessments to identify at-risk persons served based on their history. These additional assessments include, among others, the BASIS (functioning, symptoms, substance use, social supports), Life Events Checklist (e.g., traumatic events), and Safe-T Suicide Screenings/Assessments (multiple components).

FY 21-22 Outcomes

Timeliness between referral for assessment and completion of assessment; assessment to first treatment service; and first treatment service to next follow-up
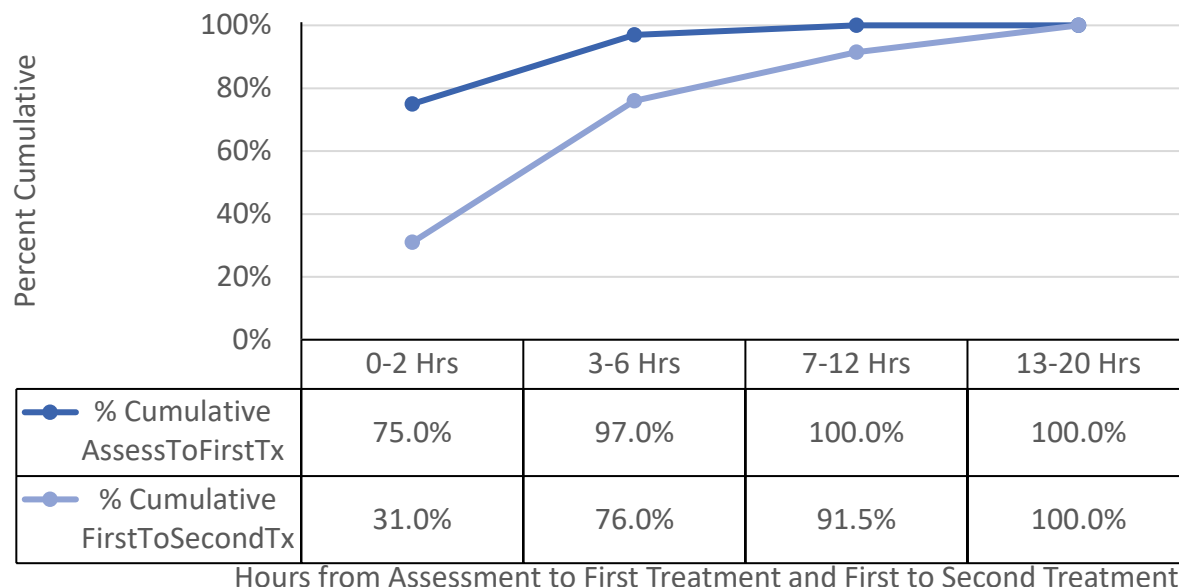
Referral to Assessment

     Among enrollments in FY 21-22, 75% met the DMHC guidelines of a 4-business day timeframe from referral to a mental health assessment (N=150), and all 100% received an assessment within 14 business days of referral (Figure 3). Some referrals this past year were delayed due to extraneous circumstances: a) the COVID pandemic (one positive case last year among those served) limited the number of enrollments the team took in at one juncture to maintain social distancing protocols; and b) a power failure (generator malfunction) that occurred late in the FY, necessitating the team to move individuals out of the facility and put a hold on referrals. Additionally, our intake coordinator reports that some in the provider network will call well ahead of when an individual is actually ready for intake in order to "save a space". We will figure out how to flag such referrals and calculate their lag times to enrollment from the date/time when they are actually ready versus being place-held.

Figure 3. Business Days from Referral to Assessment

	0-2 BDs	3-4 BDs	5-10 BDs	11-14 BDs
Counts	82	68	48	2
% Cumulative	41.0%	75.0%	99.0%	100.0%

Business Days from Referral to Assessment

FY 21-22 Outcomes

Assessment to First Treatment and First Treatment to Next Follow-up

Following intake assessments, those enrolled began individual and group treatment services within hours (Figure 4); 97% received their first treatment service within 6 hours of assessment (N=194), and all (100%) did so within 11 hours. Moreover, most (92%) received their second treatment service within 12 hours of first treatment service (N=183), and all did so within 20 hours of first treatment service. On average, persons served received their first assessment, first treatment, and second treatment within a timeframe of 6.5 hours following admission (max = 27 hours, min = 1 hour).

Figure 4. Assessment to First Treatment and First Treatment to Next Follow-up

	0-2 Hrs	3-6 Hrs	7-12 Hrs	13-20 Hrs
● % Cumulative AssessToFirstTx	75.0%	97.0%	100.0%	100.0%
● % Cumulative FirstToSecondTx	31.0%	76.0%	91.5%	100.0%

Hours from Assessment to First Treatment and First to Second Treatment

Timeliness of subsequent follow-up visits

The CRT administered a 72 hour, post DC protocol to check with the person served/caregiver about linkages with pharmacy, health care provider(s), housing, and other community services and supports that are part of the resident's aftercare plan.

FY 21-22 Outcomes

Of the 12 contacted persons served, 10 knew the date of their initial services and supports appointment following discharge. One person served did not know when their initial appointment occurred, and the other was awaiting to hear back from the County. Staff reminded this person to follow-up on their appointment. Figure 5 below shows the number of days from the adult's discharge from the CRT to their initial services and supports appointment, with an average of 23.2 days (std. dev = 15.0, median = 22).

Figure 5. Days From Discharge to Subsequent Initial Appointment
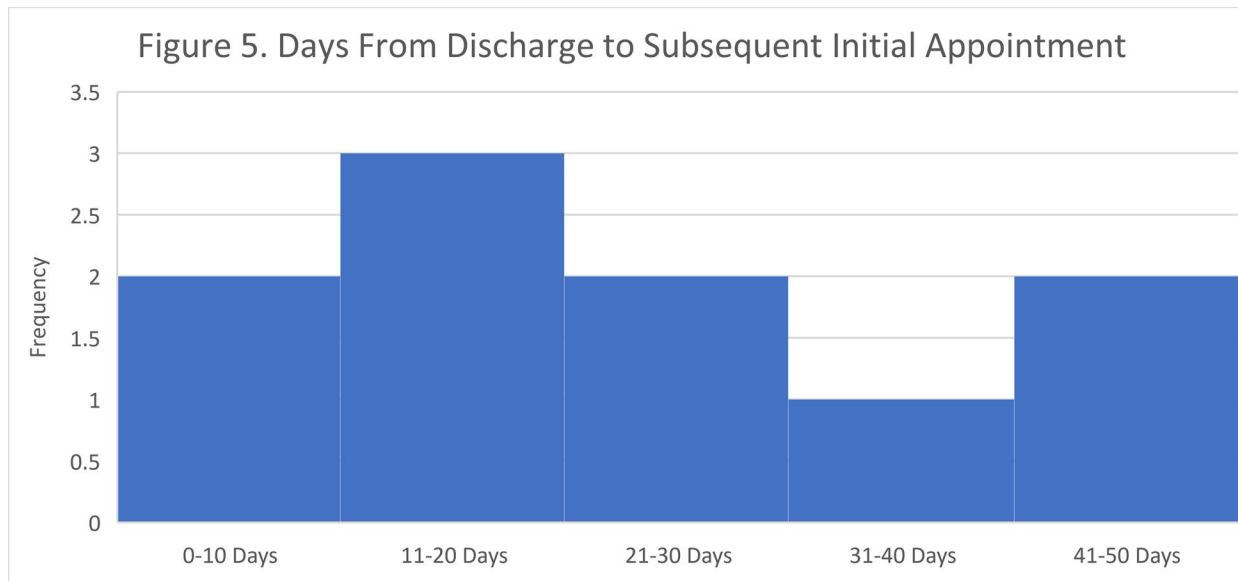
In the Post Discharge Protocol, the survey administrator examines the adult's After Care Plan and notes the services and supports on the form so they can review and ensure the person served is aware of the details on their aftercare plan. Although some respondents were unaware of their linkage to services and supports, most (92%) respondents had a service and support according to their aftercare plan. For respondents who had neither scheduled nor attended their appointments yet (6%), the survey served as a reminder to follow-up on their linkages. Figure 6 shows the appt status percentage at time of survey administration.

FY 21-22 Outcomes

Figure 6. Appointment Status at Time of Post DC Survey
[N=12 people contacted, N=17 appointments]
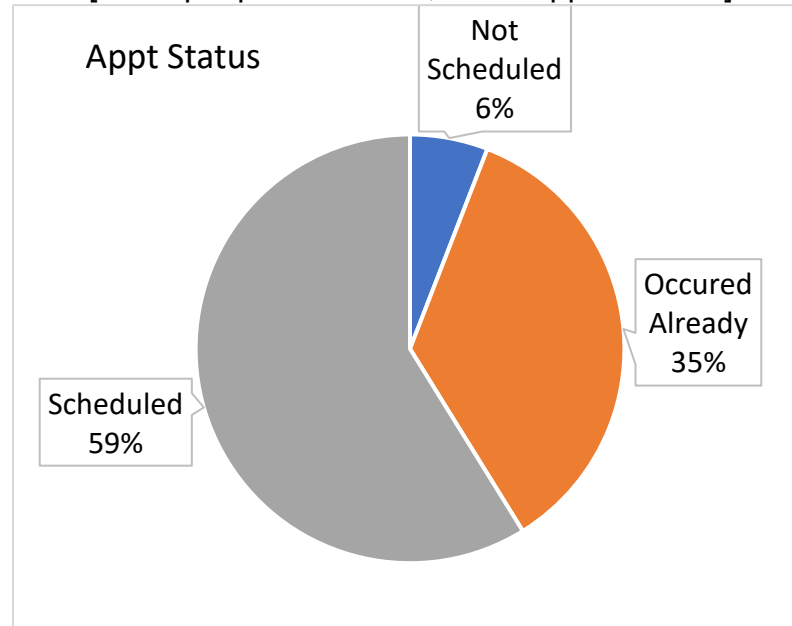
Timeliness of response to sick call/health service requests

There were N=29 incidents involving health issues, accidents and/or injuries of those being served, including while risk behaviors like aggression or self-injury were being managed. All incidents were taken seriously and immediately responded to; fortunately, this last year none were life threatening and none resulted in physical bodily damage that necessitated significant physical recovery. Of these, N=2 required a 911 call and N=4 resulted in visits to emergency rooms for medical intervention and clearance to return to the facility. While event details are recorded in Quality Assurance (QA) logs, we will be adding response timelines to data protocols so such can be visualized on Business Analytics (BA) dashboards for future reports.

Effectiveness: Objective results achieved through health care services

Safety and Security. Multiple aspects of program design and operations -- e.g., staffing levels, admission procedures, engaging programming, staff ProACT training, facility and milieu management, IT security protocols, and incident response, reporting and debriefing protocols, etc. -- facilitate the continued safety and security of the setting. CRT managers and staff continue to identify and to partner with others as needed to meet and maintain safety standards.

Incident Reporting. During FY 21-22, there were N=57 total incidents, a rate of 12.7 per 1,000 patient days, At Fresno CRT, the most common (32%) "incident" type is Against Medical Advice (AMA) or Unplanned Discharge Threatening behavior from the adult comprises much (14%) of the other types of incidents. There are occasional (low counts) of assaultiveness (N=3), injury (N=3), health/medication (N=2), Abuse (N=1), Absent Without Leave (AWOL) (N=1), Equipment/Property (N=1), Fire (N=1), and Substance Use/Overdose (N=1). Neither physical restraints nor seclusions were used during incident management. There were two significant incidents that affected operations. First, the team did not recognize that a person was exposed to COVID in the referral process and the adult later tested COVID-positive. Staff quarantined the individual, used the proper Personal Protective Equipment (PPE), and delivered therapy via telehealth. Late in the FY, Fresno County requested the CRT evacuate so the Exodus Crisis Stabilization Unit could use the facilities after a power outage. Adults were discharged or situated in area hotels. All incidents this past year were promptly and fully reported, investigated, and reviewed by QA, and debriefed with staff on the unit.

Also please see KPI #5 regarding stakeholder surveying – persons served, caregivers, and agency partners who responded to our surveys endorsed the safety and security of the setting.

Percent of persons served who return for crisis services in 15 days and in 30 days

As shown in Figure 7 below, of the 221 distinct admits in FY 21-22, 6 were readmits within 15 days of the previous discharge (3%), and 9 were readmits within 30 days of the previous discharge (4%). Though the number of readmissions seems low, CRT leadership notes that people -- often those who leave ACA -- call asking to re-enroll with the program. Unfortunately, the CRT is unable to accept people in this circumstance because of stipulated referral sources and processes with the County. The CRT has explored expanding the referral process with the County to increase utilization and to pave the way for those who change their mind soon after leaving ACA to be able to return. We recognize that human motivation and help-seeking can be a fickle process and we would like to see individuals in such circumstances supported forward through their newly emerging motivations.

FY 21-22 Outcomes

Figure 7. Admits and Readmits in FY 21-22
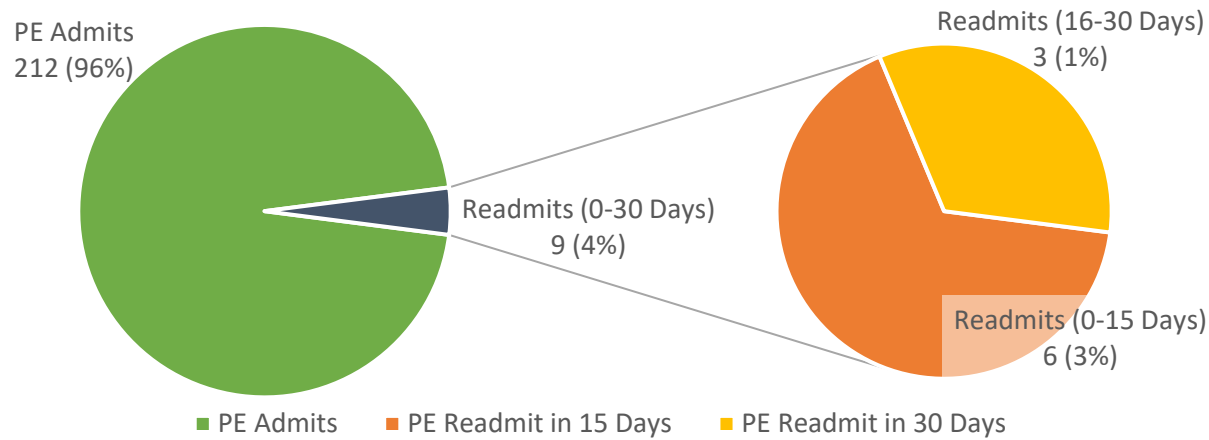
<u>85%+ achieve most/all treatment goals</u>

Out of 226 discharges with a Discharge Status Form completed during FY 21-22 (96% sample), 77 met most or all treatment goals (34%), and 135 met some, most, or all goals (60%). Of the sample of persons served that received a mental health assessment (N= 183), 42% met most or all goals, and 74% met some, most, or all goals (Figure 8).

Figure 8. Treatment Progress at Time of Discharge

- Most/All Treatment Goals Met
- Some Treatment Goals Met
- Very Few Treatment Goals Met
- N/A: Exited before assessment or treatment
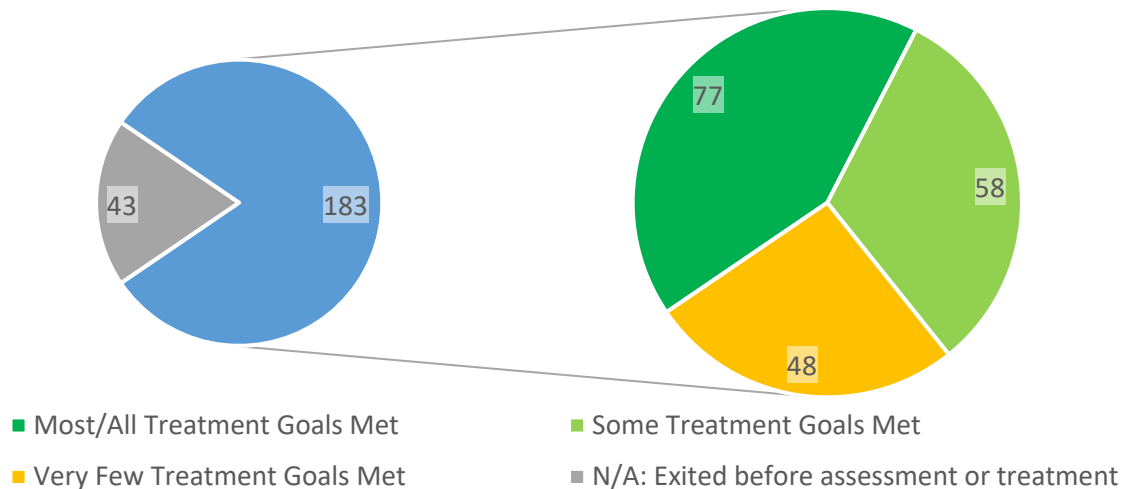
BASIS-24 statistically desirable improvement

The BASIS Total and Subscales initial and latest mean results are shown in Figure 9 below (N = 19). The total score and each subscale score exhibited improvements (where a lower score is better). Matched-pair t-tests indicated that significant reductions were found when comparing initial and latest Total Score and Emotional Lability, Psychosis, Relationships, and Self-Harm subscales ($p < .05$). In addition, marginally significant improvements were found in the Depression and Substance use subscales ($p < .10$). These data suggest that persons served are experiencing meaningful treatment outcomes, but such conclusions need to be supported by larger sample sizes in future reports. Per report recommendations, Central Star aims to focus their data collection efforts and completion rates to increase the number of BASIS-24 matched pairs.
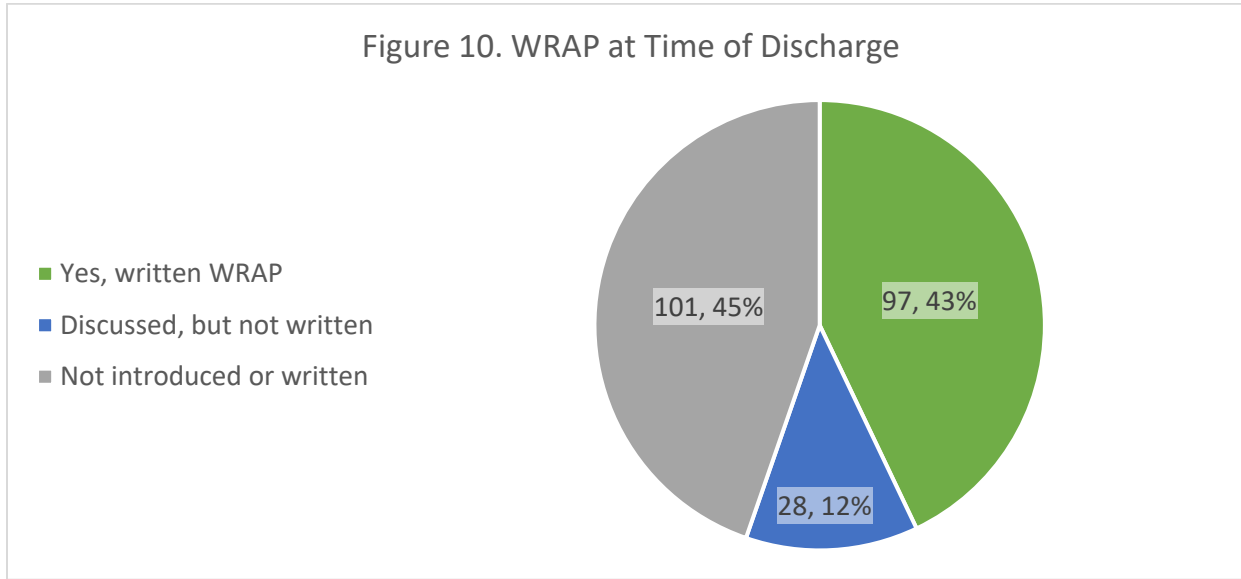
Figure 9. Basis-24 Aggregate Mean Scores
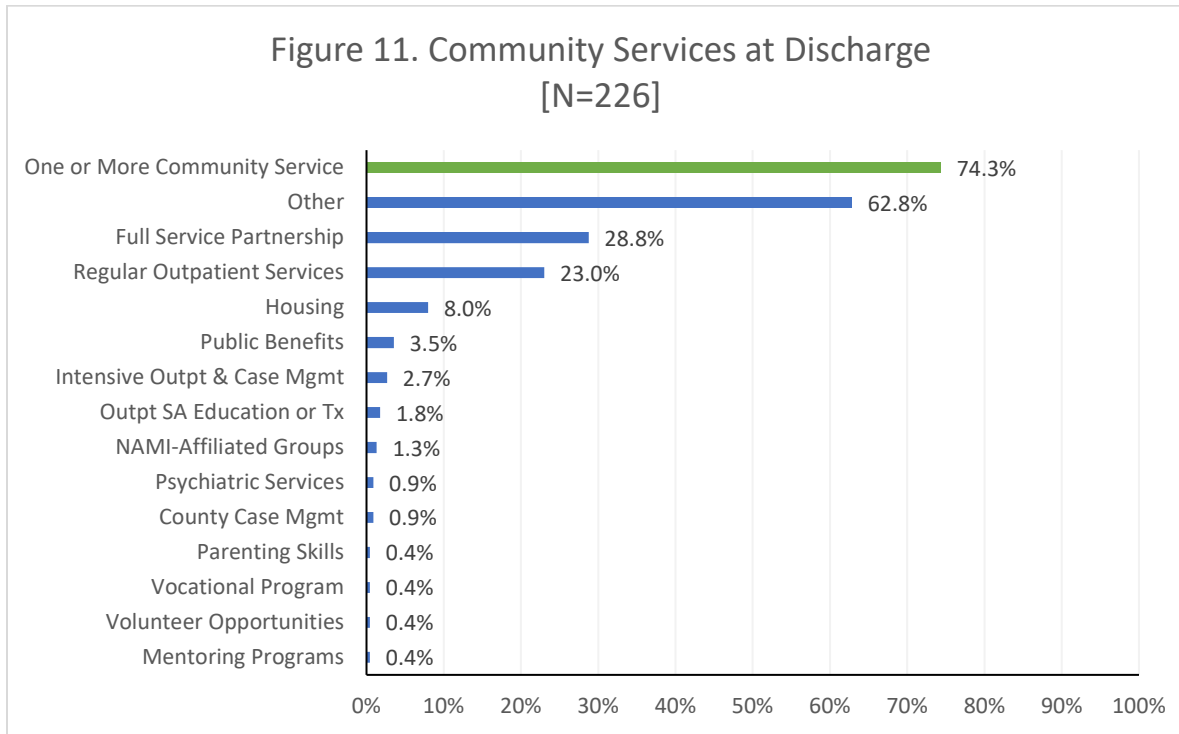[N=19/236 (8%) Sample FY 21-22]
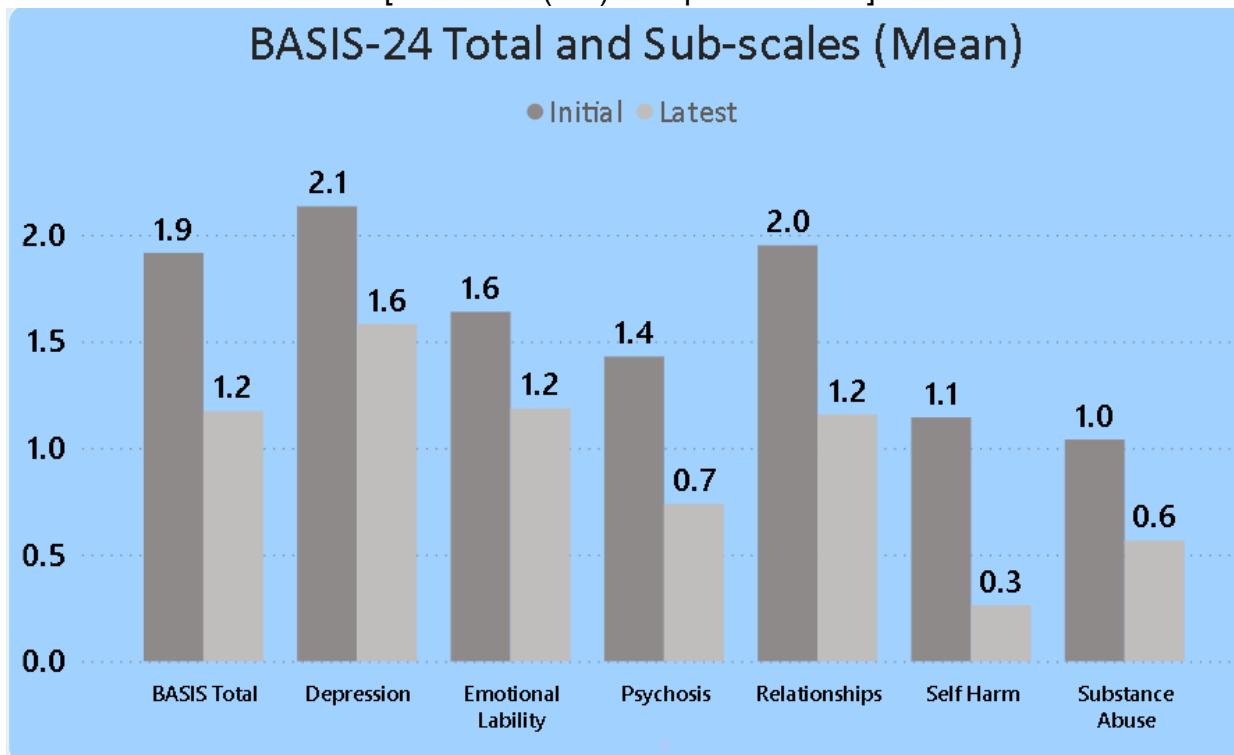
85%+ complete WRAP by DC

As shown in Figure 10 below, out of 226 discharges with a Discharge Status Form in FY 21-22, there were 97 who had a written WRAP at time of discharge (43%), 28 who discussed WRAP with their staff, but did not develop a written plan (12%), and 101 were neither introduced to nor had a written plan (45%). Program leadership believe that this may be a training issue in how staff complete the Discharge Status Form. There are weekly group sessions on WRAP that adults attend. Admittedly, these groups are voluntary, and people may not feel comfortable discussing their WRAP in a group setting. In FY 22-23, there are plans to introduce WRAP within the context of individual therapy sessions. Additionally,

FY 21-22 Outcomes

staff will be re-trained on using the Discharge Status Form, so they better recognize how to indicate whether a WRAP was completed.

Figure 10. WRAP at Time of Discharge

- Yes, written WRAP
- Discussed, but not written
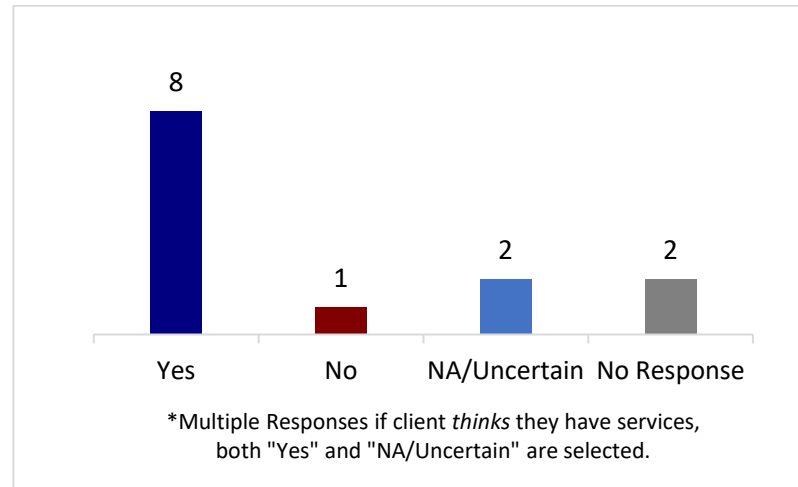- Not introduced or written

101, 45%   97, 43%

28, 12%

90%+ connected to Community Services

Of the 226 discharges with a DC Status Form, 165 (74%) received a referral or linkage to one or more community service (Figure 11). The most common types included Other (63%), Full-Service Partnership (29%), and Regular Outpatient Services (23%). Leadership will revisit the training of the DC Status Form and ensure staff use the "Other" option only when the linkage does not fit an existing category.

Figure 11. Community Services at Discharge
[N=226]

Service	Percentage
One or More Community Service	74.3%
Other	62.8%
Full Service Partnership	28.8%
Regular Outpatient Services	23.0%
Housing	8.0%
Public Benefits	3.5%
Intensive Outpt & Case Mgmt	2.7%
Outpt SA Education or Tx	1.8%
NAMI-Affiliated Groups	1.3%
Psychiatric Services	0.9%
County Case Mgmt	0.9%
Parenting Skills	0.4%
Vocational Program	0.4%
Volunteer Opportunities	0.4%
Mentoring Programs	0.4%

The Post-DC Follow-Up Survey inquires of those served or of their caregiver/contact person whether the person served was linked to services and supports as part of their After Care Plan. More than half of the contacted persons served (8 of 12 respondents) were certain or somewhat aware of their referral or linkage to services and supports. (Figure 12).

FY 21-22 Outcomes

Figure 12. Person's Awareness to Services in After Care Plan
[N=12 Post-DC Follow-Up Survey Respondents]

*Multiple Responses if client *thinks* they have services, both "Yes" and "NA/Uncertain" are selected.

85%+ have prescription continuity

The Post DC Follow-Up survey also asks about prescriptions (Rx). Since their discharge, 92% (n=11) of contacted persons served knew they had prescription(s) as part of their After Care Plan. Half of the contacted persons served (50%, n=6) had filled their Rx at the time of the survey and 75% (n=9) knew when to get their next refill. Most, 83% (n=10) knew where to fill their Rx. During the survey administration, the CRT staff reminded persons served to fill their Rx and helped to brainstorm where to fill it when they didn't know.

Of the two respondents who did not know where to fill their Rx, one remembered the pharmacy name and was unsure of its location. The other respondent didn't know the name nor location. The chart below shows the pharmacy used by respondents. Although two respondents answered "no" did not know where to fill their Rx, all respondents were asked what pharmacy they used. Figure 13 below shows the number of persons served per pharmacy used.

FY 21-22 Outcomes

Figure 13. Pharmacy Used for Rx per # of Persons served
[N=12 Post-DC Follow-Up Survey Respondents]

Rx Pharmacy
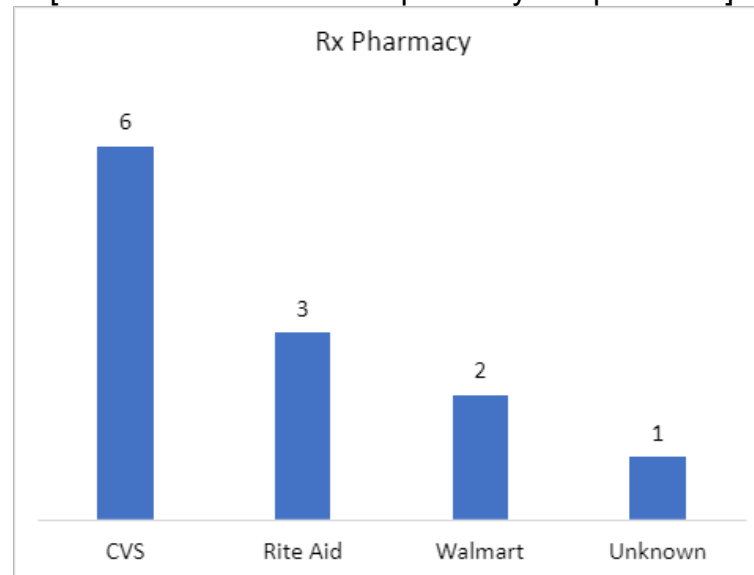
85%+ have transportation to participate in aftercare services

  The Post DC Follow-Up survey addresses person served transportation to their aftercare services. All contacted persons served (N=12) had transportation to their aftercare services. Figure 14 below depicts the number of persons served per transportation type.

FY 21-22 Outcomes

Figure 14. Person served Transportation to Aftercare Services.
[N=12 respondents]
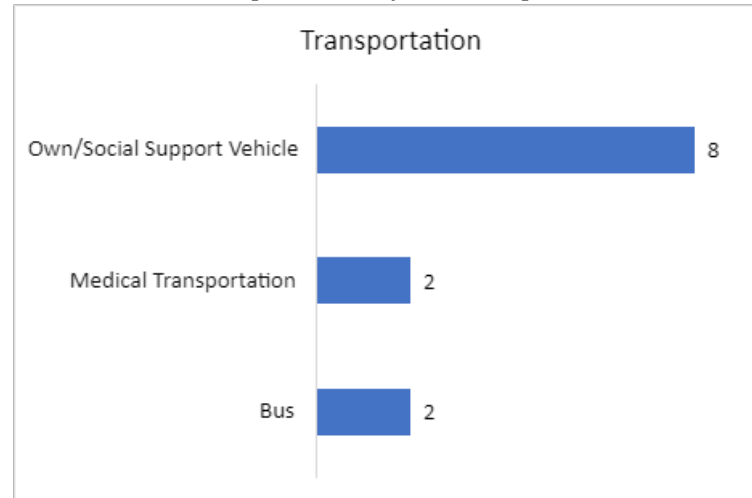
Efficiency: The demonstration of the relationship between results and the resources used to achieve them

Create data partnerships

      Cost efficiency is best managed through data partnerships. Central Star participates in workgroups and contributes to County datasets to shape meaningful cost reduction studies that demonstrate the positive impact of CRTs to the community's bottom line and those served. For instance, this next Fiscal Year the CRT plans to complete the County's Reaching Recovery (RR) tools, the Recovery Needs Level (RNL) and Recovery Marker Inventory (RMI). This will contribute to a more holistic picture of the recovery journeys within County systems of those being served by the CRT. Central Star also hosts annual Continuous Quality Improvement (CQI) Councils and invites County and community partners to review Fiscal Year data. These are opportunities to share and reflect on internal data analysis and procedures. Finally, Central Star requested a dataset of post discharge outcomes for persons served at the CRT from the County. If the County provides this data set, we would be delighted to analyze and report further on the CRT's impact.

Satisfaction and Compliance: The degree to which persons served, COUNTY, and other stakeholders are satisfied with the services.

<u>90%+ Resident Satisfaction</u>

There were 57 persons served who completed the Discharge Satisfaction Survey, 95% somewhat or very much agreed that they were satisfied with the services they received from the program and would recommend it to others. Figure 15 depicts the average score of satisfaction during FY 21-22. Table 1 depicts the average satisfaction scores by question.

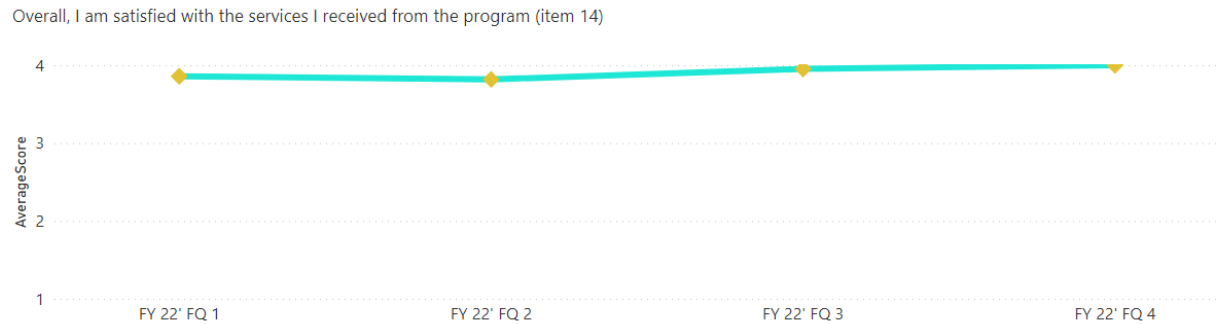**Figure 15. General Satisfaction by FY and Quarter**
[N=56]

Overall, I am satisfied with the services I received from the program (item 14)

Table 1. Discharge Satisfaction Survey by Question

Number ▲	Question	Not at All/ A Little (1-2)	Somewhat/ Very Much (3-4)	Don't Know (0)	Average Score	Sample Size
1	I was treated with dignity and respect by staff	5.3%	94.7%		3.79	57
2	Staff understood my cultural background	16.0%	68.0%	16.0%	3.40	50
3	Staff communicated hope and confidence in me to overcome my struggle	7.1%	89.3%	3.6%	3.74	56
4	I felt safe and supported during my crisis	12.3%	87.7%		3.63	57
5	Staff helped me develop a plan for after I leave this program	12.3%	86.0%	1.8%	3.57	57
6	I was introduced to Wellness Recovery Action Plan (WRAP)	21.1%	57.9%	21.1%	3.24	57
7	I was provided useful information about my medication and health	21.1%	77.2%	1.8%	3.39	57
8	I was introduced to resources in my community	17.5%	82.5%		3.46	57
9	Staff took time to listen to what I needed	7.0%	93.0%		3.70	57
10	Staff helped me feel safe and develop a safety plan if needed	10.5%	87.7%	1.8%	3.70	57
11	The setting was safe, clean and comfortable	7.0%	93.0%		3.81	57
12	My needs and goals for using this service were met	8.8%	86.0%	5.3%	3.67	57
13	I received services in a timely manner	2.4%	90.2%	7.3%	3.89	41
14	I would recommend this program to others	3.5%	94.7%	1.8%	3.89	57
15	Overall, I am satisfied with the services I received from the program	3.6%	94.6%	1.8%	3.91	56

Some of the persons served commented on what they liked best from the program, such as the staff, group meetings, and the food. One person served stated:

❖ "All staff were awesome on every level, going for walks helped get me motivated to better my health, kitchen staff were awesome for making all our meals on time."

Central Star CRT participated in the state mandated Consumer Perception Survey (CPS) in Spring 2022. SBHG scanned the surveys before sharing the results with the state. The CRT collected these at the request of contract monitor and they review the inputs of persons served to inform programmatic improvement projects. Central Star CRT completed N=9 Adult with QOL surveys. Figure 16 below shows persons served satisfaction by CPS question domain and Figure 17 shows response distribution of the CPS quality of life questions.
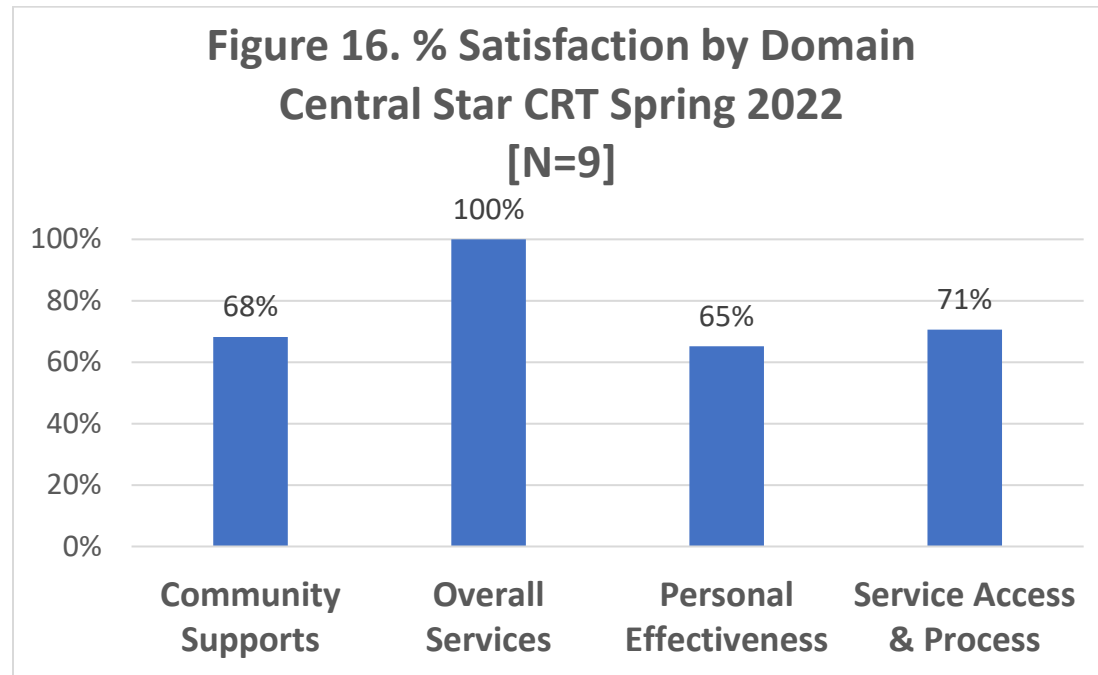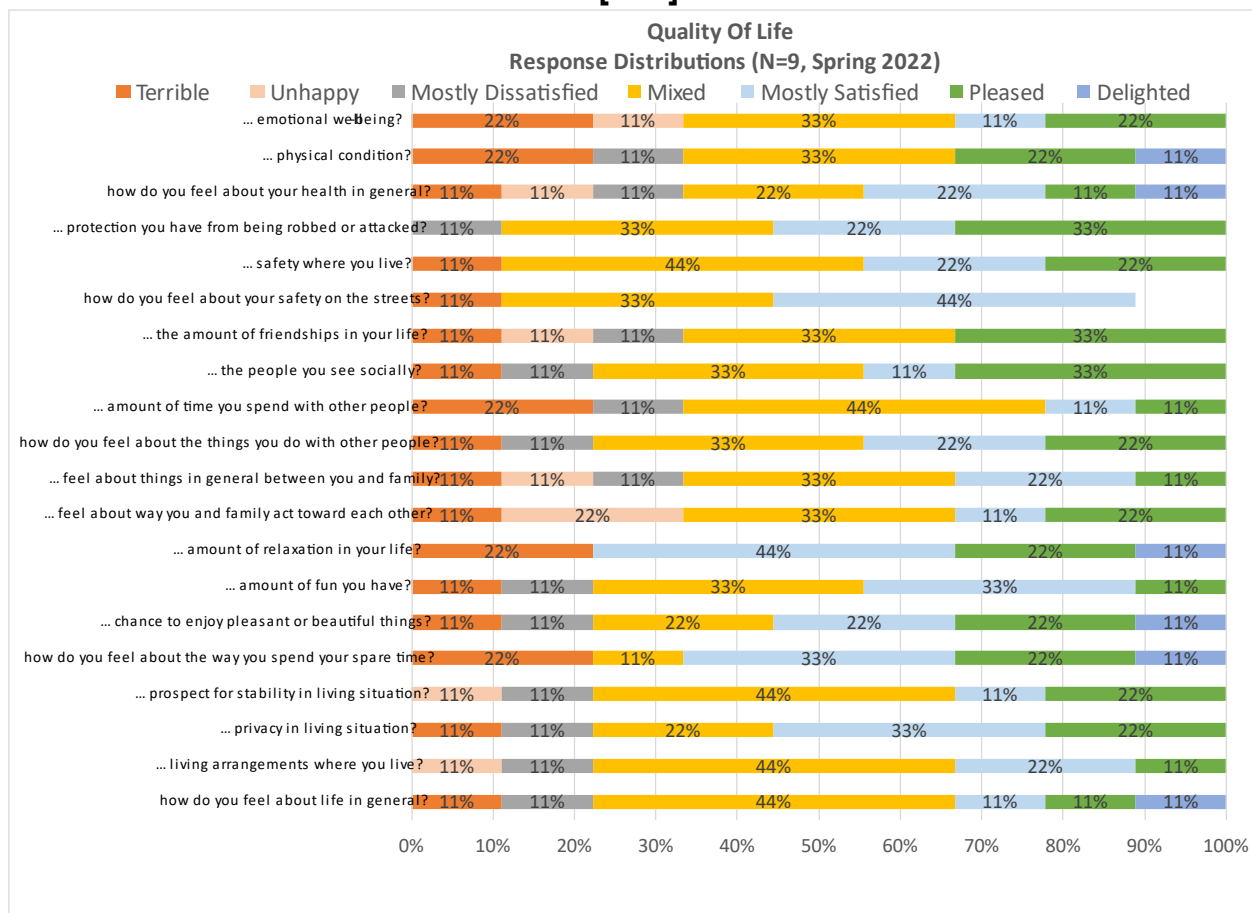
FY 21-22 Outcomes

Figure 16. % Satisfaction by Domain Central Star CRT Spring 2022 [N=9]

Figure 17. CPS Quality of Life Response Distribution
[N=9]

Quality Of Life
Response Distributions (N=9, Spring 2022)
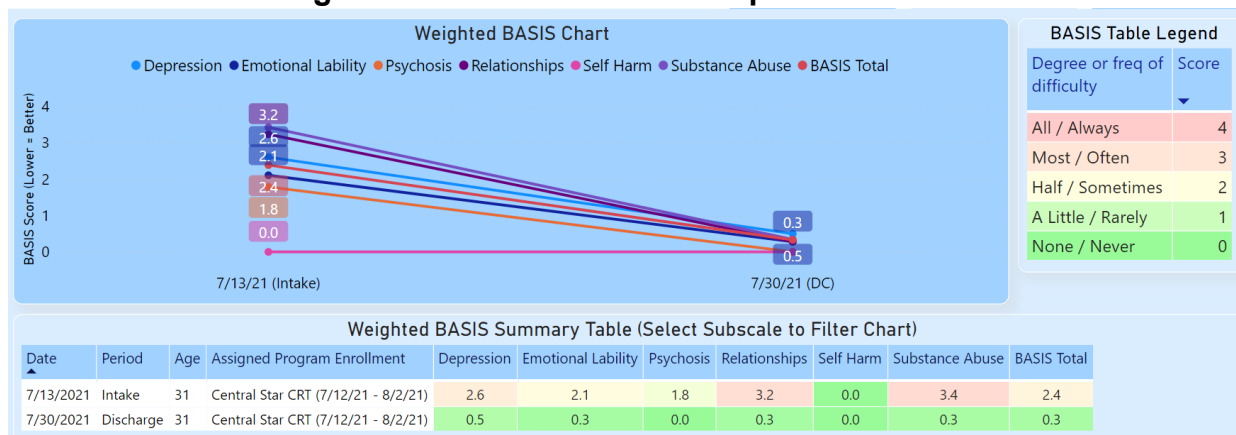
90%+ Family Satisfaction

The CRT serves adults. Often times, persons served do not have natural supports which might include caregivers, and other supports such as conservators involved in their treatment. When available, the CRT engages adult's natural supports. This engagement often focuses on discharge and after care planning. The CRT aims to implement a Natural Support Survey in the following FY to measure engagement, satisfaction with services and perception of the adult's treatment while at the CRT.

FY 21-22 Outcomes

<u>Solicit person served and family input for interpreting outcome data</u>

This KPI is addressed through the a) CRT Satisfaction Surveys, b) the BASIS Treat to Target (T2T) process, and c) the program's annual CQI process. The CRT generally hosts two satisfaction surveys. The Crisis Program Satisfaction Survey is an opportunity for persons served to provide their perspectives regarding services and the results of services, for a latter example there are items such as whether the needs and goals for using the services were met. The free response option also provides an opportunity for persons served to provide feedback of any type. The CRT also participates in the state-wide CPS-MHSIP. Please refer to Figures 15, 16, and 17 to review data on the Crisis Program Satisfaction Survey and the CPS.

SBHG built and maintains a suite of BA Dashboards to support Treat to Target (T2T) individualized tracking of individuals' progress and results over time. Clinicians utilize the dashboard to inform treatment planning and to host discussions with those served about their progress, and the services and interventions they may need. Persons served are expected to have at least two BASIS-24 assessments while at the CRT: at intake and discharge. Those who stay past the expected 30-day length of stay may receive an additional BASIS-24 every 30 days. The T2T dashboards show progress over time for individual BASIS-24 items, subscales, and a Total Score. Please refer to the Appendix for more details about the BASIS-24 tool. Figure 18 below shows an example of the BASIS-24 T2T dashboard for an anonymous person served.

Figure 18. BASIS-24 T2T Example Dashboard.

Date	Period	Age	Assigned Program Enrollment	Depression	Emotional Lability	Psychosis	Relationships	Self Harm	Substance Abuse	BASIS Total
7/13/2021	Intake	31	Central Star CRT (7/12/21 - 8/2/21)	2.6	2.1	1.8	3.2	0.0	3.4	2.4
7/30/2021	Discharge	31	Central Star CRT (7/12/21 - 8/2/21)	0.5	0.3	0.0	0.3	0.0	0.3	0.3

FY 21-22 Outcomes

Finally, the CRT hosts an annual CQI council. Persons served and other community members are invited to the CQI. The CRT reviews aggregated outcome data during the CQI and provides an opportunity for attendees to ask questions, give feedback, and offer suggestions for program improvement.

Agency Partner Feedback

Central Star sent out the Agency Partnership Survey to CRT 8 agency partners. The CRT received no responses. Next FY, Central Star will revisit strategies to solicit partner input.

Appendix – Data Collection Tools

Standardized Outcome Tools Measurements

BASIS. The Behavioral and Symptom Identification Scale (BASIS) is a standardized outcome tool to track progress over time and inform treatment for persons served. SBHG released a BASIS BA Dashboard suite in 2021 to support the program's T2T data driven care efforts. Clinicians were trained to use the BPRS T2T Dashboard to inform treatment and aftercare service planning. The BASIS also meets Joint Commission accreditation standards. The BASIS-24 consists of 24 questions (with additional demographic questions) that score 6 subscales and an overall average. Subscales include: (i) Depression, (ii) Relationships, (iii) Self-Harm, (iv) Emotional Lability, (v) Psychosis, and (vi) Substance use. Questions use a 5-point Likert scale, where 0 indicates lower frequency and a 5 is higher frequency. Please note that not all items are negative and need understanding of the tool to properly interpret. The BASIS is administered at intake, update (if person served stays beyond 30 days), and at discharge.

Reaching Recovery. Reaching Recovery (RR) is a Measurement Based Care tool selected by Fresno County. Three of the 4 clinical tools are implemented: Recovery Needs Level (RNL), Recovery Marker Inventory (RMI), and Consumer Recovery Measure (CRM). The RNL assesses 17 dimensions related to engagement in recovery activities. These include items such as hospital days, self-harm, and case management. The CRM is a person served self-report measure across 5 dimensions: hope, symptom management, personal sense of safety, active growth orientation, and satisfaction with social networks. The RMI is completed by the provider on 8 objective factors, including employment, housing, and substance use.

Discharge Surveys

Post-DC Follow-Up Survey. The Post-DC Follow-Up Survey dual functioned as an intervention and a key data collection

FY 21-22 Outcomes

tool following persons served's discharge. The survey inquired on the adult's: prescription continuity, aftercare plan, and acuity since discharge. While discussing these areas, staff helped troubleshoot any questions the person served had. As needed, staff provided the person served information on their aftercare plan and prescriptions (Rx), and resources on their Wellness Recovery Action Plan. Each section opens with a multiple-choice question to which the interviewer will mark one or more of the following: (1) Yes, (2) No, (3) NA/Uncertain, or (4) NA/Refused. An open-ended question follows each multiple-choice section and change depending on the adult's answer.

DC Status Form. One program goal is to discharge the person served into favorable circumstances with sufficient supports. Contextually, this encompasses their reason for discharge, circumstances related to discharge, discharge destinations and placement types, including if they were discharged to a situation of homelessness or shelter, and what referrals and linkages were provided. The SBHG DC Status Form, with entries made by clinicians in the EMR at the time the person served is discharged, tracks categorical information for each of these elements. Please note that some questions on the DC Status Form allow multiple selections and thus not all percentages will add to 100%. The DC Status Form is administered at discharge.

Satisfaction Surveys

Agency Partnership Survey. Agency Partnership Surveys are administered every few years to agency partners to assess their satisfaction with the agency's (i) treatment, (ii) staff, and (iii) general operations. The questions use a 4-point Likert scale, where 4 = Strongly Agree, 3 = Somewhat Agree, 2 = Somewhat Disagree, 1 = Strongly Disagree. A 5th option, "Don't Know" is also available to respondents; this option is excluded from analysis and thus response rates will vary by question.

Caregiver Satisfaction Survey. The SBHG Caregiver Satisfaction Survey measures caregiver satisfaction and identifies areas for improvement. The survey includes 5-point Likert scale agreement questions captures the caregiver's voice through free response questions.

Consumer Perception Survey (CPS) Mental Health Statistics Improvement Project (MHSIP). The CPS MSHIP is a state-wide survey to collect data from individuals receiving Mental Health Services from publicly funded programs in California. There are 6 unique surveys: adults, adult quality of life, older adult, older adult quality of life, youth, and family/parents of youth. Data is collected biannually and sent to UCLA for state-wide analysis.

Crisis Program Satisfaction Survey. The SBHG DC Crisis Satisfaction Survey measures person served satisfaction and identifies areas for improvement. The survey uses a 4-point Likert scale to measure satisfaction: 4 = Very Much, 3 =

FY 21-22 Outcomes

Somewhat, 2 = A little, and 1 = Not at All. The survey also has an option for "Don't Know." This response was excluded from analysis, so sample size will vary across questions. The DC Crisis Satisfaction Survey is a voluntary survey administered at discharge.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.