PROGRAM INFORMATION:

Program Title:	Transitional Age Youth (TAY) Full Service Partnership (FSP)	**Provider:**	Central Star
Program Description:	TAY FSP provides an intensive level of service contacts and supports to assist young adults with serious mental health problems to safely transition toward adult independence and stable community life functioning. In Fresno County the TAY FSP program serves up to 150 young adults ages 16-25 in the community.	**MHP Work Plan:**	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	TAY	**Dates Of Operation:**	**Program Started October 9, 2018** October 9, 2018 - Current
Age Group Served 2:	Choose an item.	**Reporting Period:**	October 9, 2018 - June 30, 2019
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	EPSDT
Funding Source 2:	Medical FFP	**Other Funding:**	Other Private Health Insurance and rent collected from clients.

FISCAL INFORMATION:

Program Budget Amount:	$1,779,889	**Program Actual Amount:**	$1,496,776.48
Number of Unique Clients Served During Time Period:	150		
Number of Services Rendered During Time Period:	185,099		

Actual Cost Per Client: ~~$8,463.31~~ $9,978.51 based on your revised Program Actual Amount

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	FSP
Contract Term:	5 Year and 9 Months	**For Other:**	Click here to enter text.
		Renewal Date:	July 1, 2022

Level of Care Information Age 18 & Over: High Intensity Treatment/FSP (caseload 1:12)

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: Young adults ages 16 thru 25 at enrollment with serious and persistent mental health difficulties, including histories with one or more human service sector and life events including psychiatric trauma, crisis/hospitalizations, out-of-home placements, arrests/detentions, etc. Many clients have psychotic spectrum conditions.

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 clients 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 clients and families are seamless. Clients 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:	**Please describe how the selected concept (s) embedded** :
Integrated Service Experience	
Community collaboration	From the outset, enrolling clients are assisted by an interdisciplinary team of staff whom work closely together and with the young person and their caregivers to coordinate, communicate and focus services as needed. This includes screening, assessments, referral and linkages to primary health care and to a wide range of community based resources, services and supports; it also includes much in vivo work with young adults so they are accompanied and supported during varied aspects of community life functioning.
Cultural Competency	Central Star's Bi-Annual Cultural Attunement Plan addresses staff training needs; policies, procedures and protcols; and, elective projects to meet the needs of the service population.
Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services	All services are focused per the client's collaboratively authored individualized service plan that tap the program's generous array of recovery orientied and wellness practices.
Access to underserved communities	

Regardless of community of origin, by design, the program address the mental health treatment needs of otherwise insufficiently or poorly served young adults with serious, persistent difficulties who need an intensive level of service contacts and stability in their relationships with providers and case managers.

PROGRAM OUTCOME & GOALS
- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)** Data Source, **(5)** Target Goal Expectancy

Details regarding key performance indicators, tools/measurements, available data and analyses are on Form C and tabled below, followed by data highlights:

Tool	Rationale(s)	Status
Varied screening & assessment tools (e.g., ACES, CSSRS, PHN, SBIRT)* and service delivery tracking.	Required by county, SBHG and/or SBHG for Joint Commission (JC) accreditation. Guides service planning for resolution of needs and risks.	Implemented. Completed in the SBHG electronic health record (EHR).
Resource Specialist Tracking: primary health care, housing & transition to independence resources, referrals/linkages.	Tracking required to attune data collection to select contract KPIs.	Housing Log implemented. Other fields under development. New protocols will be shared with county once ready, for approval.
Varied TQM/QA and program/practice fidelity tracking (IRs, QI projects, JC Tracers, staff training, cultural attunement plans, etc.)	Information to monitor quality of care, practice fidelity and cultural attunement for quality assurance and improvement.	Most tracking systems are implemented at this time. CQI review (quality council) is scheduled Oct 2019.

MHSA** forms - Partnership Assessment Form (PAF), quarterly updates (3M) & Key Event Tracking (KET)	State DHCS mandate for FSP programs. Predominately tracks categorical statuses over time that key to many contract KPIs.	Implemented. Data analyses are preliminary.
Behavioral & Symptom Identification Scale (BASIS-24)	Meets JC requirement for standardized treat to target (T2T) and outcome measurement.	Implemented. Baseline profile on N=97 young adults available and included in this report.
'Reaching Recovery' tools (Recovery Needs Level, Recovery Marker's Inventory Consumer Recovery Measure).	Fresno County DBH tool for recovery focused evaluation and outcomes reporting.	Implemented. Team is tracking completions in an Excel log. Initial datasets and/or report requested of county -- we will gladly add data if available.
Performance Outcome System (POS) – Child Adolescent Needs Scale (CANS-50) and Pediatric Symptom Checklist (PSC-35)	State DHCS mandate for children's services, applied to TAYs <18 yrs. old at time of program enrollment.	Staff trained and data protocols provided. In FY, the count of clients <18 yrs. at enrollment = 5; it will take time to accumulate sufficient records to support aggregate analyses from these tools.
SBHG DC Status Form	Used SBHG-wide to capture varied categorical statuses at discharge, referrals/linkages provided for aftercare, with reporting in dashboard format.	Implemented. Data available on N=28 discharges Jan thru Jun 2019.
Client, Family & Agency Partner Surveys (state MHSIP surveys, SBHG Agency Partner Surveys)	Mandated state surveys collected twice a year from persons seen during a 1-week window. Agency Partner Surveys required by SBHG.	Team participated in state MHSIP data collection during spring cycle (N=68 TAY FSP respondents). Report pending***. Agency Partner Surveys will be gathered this coming year.

EFFECTIVENESS:

- The following numbers of clients experienced the types of occurrences below, and combined days in settings since the young adults enrolled with CS TAY FSP.

	# Clients	% Clients	Days in Setting
Homelessness	56	46%	54 (so far; 1 client still homeless)
Emergency Shelter	0	0%	
Group Homes	0	0%	
Arrests	4	2%	
Incarceration	5	3%	725 (so far; 1 client still incarcerated)
Psychiatric Hospital	11	7%	190 (so far; 1 client still hospitalized)
Medical Hospital	0	0%	

- The team is to be commended for their rapid response and problem-solving regarding homelessness among incoming TAY: almost all are housed within a few days of FSP enrollment.

- Based on initial Behavioral and Symptom Identification Scale (BASIS-24) assessments, the population has the most self-reported difficulties with Emotional Lability with high percentages (25%-41%) of incoming TAY FSP clients reporting considerable difficulties with racing thoughts, mood swings, and feeling short-tempered. These areas, and the high proportions with social/interpersonal needs are a priority focal point for the program's wellness, recovery and rehabilitative programming, including what clinicians address in individual therapy.

EFFICIENCY (focused on program implementation):

- From June 2018 forward, SBHG, CS and the program's leadership held regular oversight meetings and effected the implementation of the varied operational systems required for program efficiency and success.

- The team launched quickly over the fall period from October 2018 through December 2018, which included recruiting, onboarding and training 13 persons whom joined 2 staff already working for the company. January 2019 through June 2019, the team added 3 more staff (plus one more since July 2019).

- Regarding training, also important to quality and effectiveness, the Central Star Training Department reports many details regarding trainings delivered and provided to each staff, as needed to launch the program, outlined on Form C.

ACCESS:

- Central Star's TAY FSP program began October 2018. As of the end of the FY (thru Jun 2019), the program served N=150 individuals during 150 enrollments; 111 transferred to the program at start-up during October 2018; the rest (N=39) enrolled after Nov 2018. There were 28 discharges during the FY, with 122 continuing into FY 19-20.

- Among young adults who enrolled after the initial large transfer cohort, their treatment plans were in place by 11 days on average, median 2 days from enrollment. 98% were completed and signed by the young adult within 30 days (there was one outlier, plan finalized at 88 days, with earlier "No Contact" efforts documented).

- All newly enrolling clients are linked to the program's Resource Specialist within a few days of admission to assess their needs regarding benefits (SSI), primary care (PCP), housing, education, employment and other community resources.

SATISFACTION:

- The team participated in their first round of MHSIP survey collection Spring 2019, gathering N=68 surveys. Report of results is pending. The delay pertains to SBHG's build-out of a new Optical Character Recognition scanning solution to handle MHSIP surveys and other forms. The Spring surveys will be subjected to the new process along with the responses from the upcoming fall survey cycles and a report regarding both cycles will be produced by the end of this Calendar Year.

DEPARTMENT RECOMMENDATION(S):

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