

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### Ing.PROGRAM INFORMATION:

<b>Program Title:</b>	TAY Full Service Partnership	<b>Provider:</b>	Central Star
<b>Program Description:</b>	TAY FSPs provide 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.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	TAY	<b>Dates Of Operation:</b>	Program Started 10/10/18
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2019 - June 30, 2020
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Realignment
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	Client Rent

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$2,370,548	<b>Program Actual Amount:</b>	\$1,754,582
<b>Number of Unique Clients Served During Time Period:</b>	177		
<b>Number of Services Rendered During Time Period:</b>	28585		
<b>Actual Cost Per Client:</b>	\$9,912.89		

### CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	FSP
<b>Contract Term:</b>	10/10/2018 – 06/30/2022	<b>For Other:</b>	Click here to enter text.
		<b>Renewal Date:</b>	Click here to enter text.
<b>Level of Care Information Age 18 &amp; Over:</b>	High Intensity Treatment/FSP (caseload 1:12)		
<b>Level of Care Information Age 0- 17:</b>	Outpatient Treatment		

### TARGET POPULATION INFORMATION:

<b>Target Population:</b>	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.
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**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:**  
(May select more than one)

**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 (CS) Bi-Annual Cultural Attunement Plan addresses staff training needs; policies, procedures and protocols; 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 oriented 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, Stars Behavioral Health Group (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, employment, SSI, and PCP log implemented.
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 TQM tracking systems are fully implemented. TIP practice fidelity monitoring will be implemented in coming year. The next CQI review (quality council) is scheduled Oct 2020.
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 available on N=165 enrollments (90.6% sample).
Behavioral & Symptom Identification Scale (BASIS-24)	Meets JC requirement for standardized treat to target (T2T) and outcome measurement.	Implemented. Admit-Update records analysis on N=59 young adults with 2+ records 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. Datasets and/or report requested of county -- we will gladly add data if made 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 the 19-20 FY, the count of clients <18 yrs. at enrollment was 7, an insufficient sample for analysis. It will take time to accumulate a sufficient sample 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=86 discharges (99% sample) in FY 19-20.
Client, Family & Agency Partner Surveys (state CPS 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 CPS data collection during fall 2019 (N=70); Analysis Included in this report.  Agency Partner Surveys were not implemented this year. Expected to be carried out this FY.

\* Adverse Childhood Experiences, Columbia Suicide Severity Rating Scale, Pain Health Nutrition, Screening Brief Intervention and Referral to Treatment (substance abuse risk screening questions).

\*\* Mental Health Services Act (MHSA) Data Collection and Reporting (DCR) system.

### EFFECTIVENESS:

#### Reductions in homelessness, hospitalizations, and incarcerations:

Below, we report changes in number of occurrences of homelessness, hospitalizations, and incarcerations in response to treatment. The table below presents two distinct analyses, both examining differences between clients' time in the 12 months prior to treatment to their time in treatment for residential indicators and arrests:

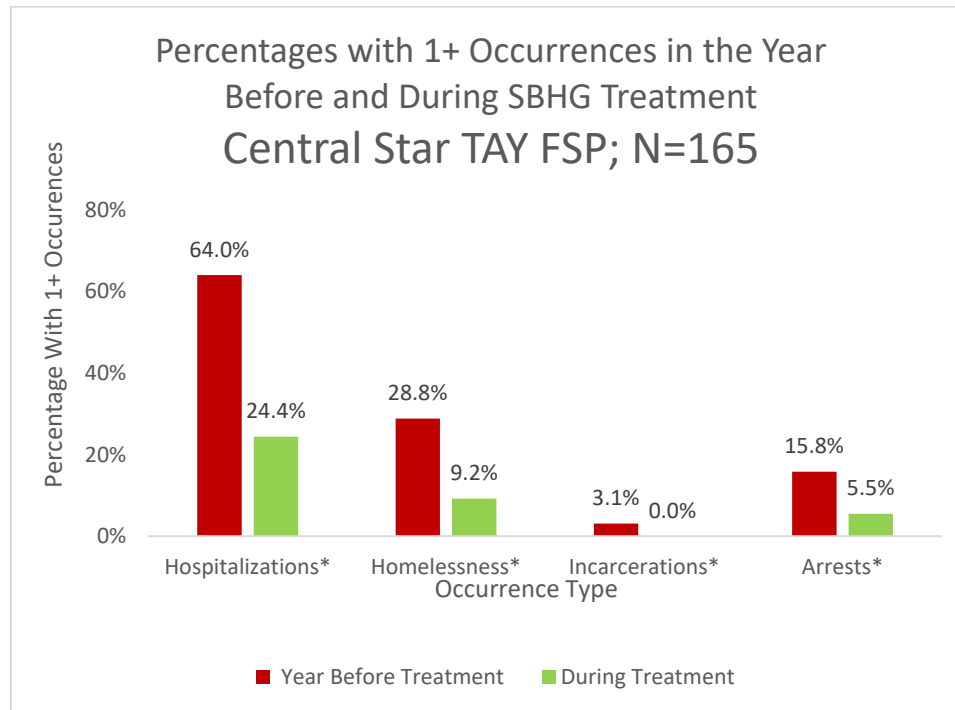
- A paired sample t-test, comparing average number of occurrences in the 12 months prior to treatment to average number of occurrences per 12 months of treatment at SBHG.
- McNemar tests comparing the proportions of clients who had one or more occurrence in the 12 months prior to treatment to clients who had one or more occurrences during treatment at SBHG. A significant result in the desired direction indicates a reduction of clients with one or more occurrences during treatment, compared to before treatment (results for this test are also visualized the Figure below).

Importantly, a limitation in our analysis pertains to clients who transferred to SBHG from other organizations (50% of sample): in these cases, we compare their 12 months prior to treatment in their prior organization, to their time in treatment at SBHG.

Changes in residential indicators and arrests.

Analysis Type: <b>Average Number of Occurrences; Paired t-tests</b>			
	Year Before Treatment	Per Treatment Year at SBHG	Significance
<b>Hospitalizations</b>	2.38	0.51	P<.05
<b>Homelessness</b>	1.39	0.20	P<.05
<b>Incarcerations</b>	0.03	0.00	P<.05
<b>Arrests</b>	0.30	0.06	P<.05
Analysis Type: <b>Percent with 1+ Occurrences; McNemar Test</b>			
	Year Before Treatment	During Treatment	Significance
<b>Hospitalizations</b>	64.0%	24.4%	P<.05
<b>Homelessness</b>	28.8%	9.2%	P<.05
<b>Incarcerations</b>	3.1%	0.0%	P<.05
<b>Arrests</b>	15.8%	5.5%	P<.05

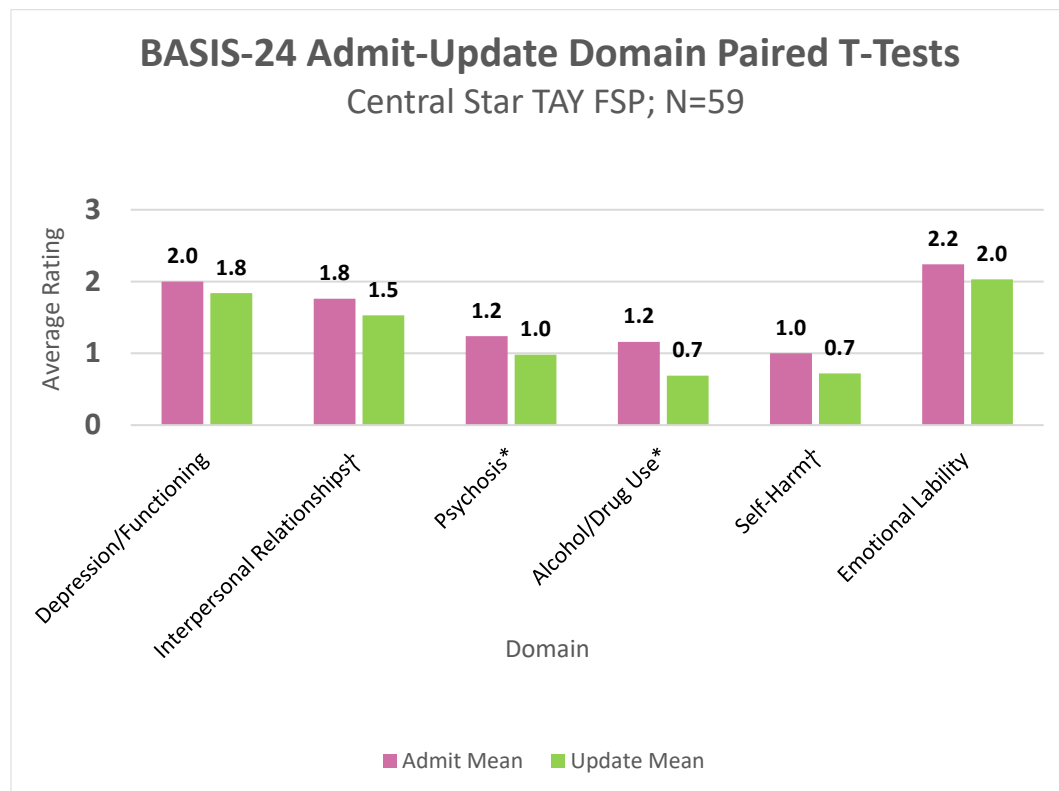
Note. Incarcerations include only long-term imprisonment (e.g., jail is not included).



Note: \* indicates significance on McNemar test ( $P < .05$ ).

Results of both tests are impressive! Significant reductions were found in all four residential indicators, on both statistical tests. Hospitalizations, homelessness, incarcerations, and arrest occurrences were reduced by 39.6%, 19.6%, 3.1%, and 10.3%, respectively. Notably, incarcerations were completely eliminated. CS's TAY FSP team produce positive impacts on young adult lives by reducing these undesirable outcomes.

Behavior and Symptom Improvements: Analysis of the Behavioral and Symptom Identification Scale (BASIS-24) revealed statistically significant reductions in impairments in both the psychosis and substance abuse scales, especially in irrational thoughts, as well as reductions in general problems with drinking and drug use. Moreover, there were marginally significant improvements in interpersonal relationships and self-harm domains, specifically with suicidal thoughts. Clients seem to struggle most with managing their day to day lives and with general feelings of nervousness, both indices of depression, as well as with mood swings, all areas which are a priority focus for the program's wellness, recovery and rehabilitative programming, including what clinicians address in individual therapy. The figure below presents changes in average scores of the BASIS-24 subscales from admit to update records.



### Fidelity, Compliance and quality assurance

#### Incidents

The team tracks incidents related to youth's risk behaviors. Incident details, including antecedents, descriptions and follow-up activities, including external reporting when required, are recorded in the SBHG EMR and monitored for quality of care and potential improvements by CS's QA staffs and managers.

There were two deaths at the TAY FSP this year, one of which was undetermined and the other determined to be suicide:

- July 2019- Client's mother contacted clients' case manager to inform him that client was found deceased by the police the previous day. She said that client stayed at Fresno Rescue mission for one night after which he checked at the CRMC for 2 nights due to suicidal thoughts. The day after, police found client by a bush unresponsive with both legs and possibly neck broken. Mother not sure if client committed suicide or slipped and fell.

- January 2020- Client's father contacted client's case manager and informed him that he found his son deceased on the garage floor with a gun next to him.

Extensive debriefing meetings were held after these incidents, and staff were offered EAP services. The program also held a training on High Risk and Suicide Intervention, which offered staff a review of the C-SSRS tool, safety plans, identifying suicide ideations, responding to suicide ideations, and responding to high risk behaviors.

Additionally, the TAY FSP program experienced 16 incidents in the 19-20 FY, detailed by incident the table below:

Incidents at the TAY FSP Program (19-20 FY).

	Frequency
Allergic Reaction	1
Harm - Threat toward Self	4
Harm - Threat towards Others	3
Injury - Other	1
Other	5
Theft / Loss	2
<b>TOTAL</b>	<b>16</b>

Total Quality Management (TQM) program:

The Central Star Total Quality Management (TQM) program continued, this FY incorporating actions to tackle COVID (described in the "Efficiency" section below). Also, the TAY FSP team completed two Rapid Cycle Improvement Processes (RCIP) pertaining to Rehabilitation Groups, and Nursing Teams/Psychiatry.

In addition, CS TAY FSP staff also runs a Joint Commission tracer-- an in-depth assessment of client care from referral through discharge--with the goal of having at least 1 tracer each bi-annual period. Two JC tracers were conducted in the 19-20 FY: one about the referral process and one about staff's knowledge with services and medication.

Training:

Training is extremely important to program quality and effectiveness. the Central Star Training Department reports many details regarding trainings delivered and provided to each staff. For Fresno's TAY FSP staff, last FY only:



- a. 12 staff (1 child family therapist, 1 Case Manager, 4 Mental Health Specialists, 2 peer and family advocates, 1 program coordinator, 1 Clinical Supervisor and 1 Program director) participated in from 12 to 40 training topics each (median 28).
- b. Together, they completed 867 training hours, and each staff has completed 72.3 hours of training on average. Staff has achieved passing grades on all tests/certifications with an overall average grade of 96.8/100.
- c. 67 training topics were delivered (61.9% in classroom, 37.7% on-line, and 0.3% outside).

#### Status at Discharge:

The following information derives from staff's recording various aspects of each discharged client's status, results, and aftercare plans in the SBHG EMR. Completion rates for this data for the 19-20 FY were very strong: 86/87 (99%) of discharged clients had documentations regarding their discharge.

One of the important indicators tracked by staff is the circumstances related to clients' discharge, presented in the table below along with frequencies for the 19-20 FY discharges.

#### Discharge Circumstances at the TAY FSP Program (19-20 FY).

Left Against Medical Advice (AMA)	38	44.2%
Discharged to Higher Level of Care	1	1.2%
Discharge Related to Family Unavailability	20	23.3%
Discharged to (Non-Psych) Medical Tx	0	0.0%
Discharged to Psych Crisis or Psych Hospital	1	1.2%
Discharge Related to Incarceration	4	4.7%
Client Deceased	2	2.3%
Varied Other Reasons	23	26.7%

Note: A client may have more than one discharge circumstances.

Unfortunately, most clients are discharged AMA or due to family unavailability rather than completing the program. These circumstances may explain that upon discharge, most clients (76.7%), meet very few or no treatment goals at all. This is atypical for SBHG's TAY FSP programs which may be related to the context of working with a transfer cohort (as mentioned earlier, almost half of clients served were transfers). After leaving the program, 44% of clients are discharged to family/foster homes or to live

independently. Fourteen percent (14%) are discharged to other treatment/incarcerative settings (covered elsewhere), and 7% to shelters/temporary housing. The rest of the discharged clients' (35%) living situation is unknown. We look forward to improved outcomes as the program matures and focuses beyond transfers on those with full CS enrollments.

**EFFICIENCY:**

Since the launching of the program, staff has been working on improving service process and efficiency.

- Data collection tracking: Reaching Recovery and MHSA (PAFs, KETs, 3Ms) outcome forms completion and due dates are being consistently monitored in a designated log.
- Referral to Intake Time: As mentioned in the "Access to Care" section, the team responds to referrals exceptionally fast: Clients are scheduled for their intake appointments within 24 hours of receiving the referral, and when possible, initial assessments are completed on the same day. This allows the program to connect clients with housing assistance by linking them to room and board, substance abuse treatment programs, or a temporary shelter.
- Service Location: While primarily relevant to access, services are provided where the client is located or wants to be served, which also makes services efficient from the client/caregiver perspective. Staff try to balance field work with encouraging young adults to come to the program's attractive center (incl. staff offices) which offers resources, groups, and socialization. Work done in the field and at the center can help counter the social isolation that often limits TAY's horizons of hope and their perception of opportunities. The staff team looks forward to a post-COVID return to normalized socialization opportunities.
- CQI and Cultural Attunement Plans and Processes: Agency and program leadership continue to hold regular oversight meetings to monitor the operational systems required for program efficiency and success including Human Resources, Clinical Oversight and Quality Management, Information Technology, Finance, and Program Evaluation. The program team reviewed data and participated in CS's agency-wide Cultural Attunement Plan process (written plan available on request), and Central Star recently submitted to the county their required six-month Cultural Competency Plan update. The team is now preparing for fall Quality (CQI) Councils.
- COVID19:  
The past year, Central Star's leadership managed with continued focus on teamwork, positive county relations, staff productivity and a focus on client and family results -- while also proactively supporting staff, clients and families

through the changing, challenging circumstances of providing needed mental health services during the COVID-19 pandemic. Below are highlights of how the program sustained attention to operations, quality and outcomes to the results expected of Fresno's County's and SBHG's programs:

1. Starting March 2020, the COVID-19 pandemic necessitated the transition of many services and supports to a telehealth service context, during which staff provided on-line sessions to youth and caregivers. Some services continued in person, when all involved were: a) symptom-free or tested negative; b) comfortable about participating in person; and, c) willing and able to abide safety practices (i.e., facial masking, physical distancing, sanitizing space). Being in person was necessary for initial intakes, crisis interventions, and sometimes for complex and/or difficult discussions. The team made every effort to see a discharging youth/family in person near/about the time of discharge.
2. SBHG and Central Star mobilized telehealth services quickly and simultaneously launched a set of telehealth evaluation protocols to continuously assess the transition to, provision of, and impact of such services. Evaluative information is available upon request and addresses: a) central tendencies of service utilization per client; b) staff, client and caregiver perspectives about telehealth sessions, and, c) varied programmatic supports. The latter includes new SBHG website resources for staff that promote understanding of mental health issues related to illness, loss and trauma and telehealth engagement strategies and session scripts; as well as to families such as useful tips and links for being at home with children, schooling, and improving health and wellness during such tough times.

**ACCESS:**

Referrals and Admissions: The CS TAY FSP team tracks all referrals and admissions to the program. Based on the program activity report, in the 19-20 FY performance was as follows:

- All referred clients are being contacted within 24 hours of receiving the referral. In the 19-20 FY, the program received 75 discrete referrals of 70 unduplicated youth: 55 referrals of 54 unduplicated youth were accepted (73%), 7 were pending (as of June 30, 2020), and 13 (17%) were denied. Clients were mostly denied due to staff being unable to contact them for over 60 day (9 clients). Other clients were either denied due to refusing services or moving out of the county. Of the 75 referrals received, 62 (83%) were covered by Medi-Cal.
- Intake appointments are offered to all clients within 3 business days. Intake of clients past the 3 days, is due to the following reasons: client was hospitalized/homeless, and thus unable to reach/contact, contact phone number no

longer in service, or client didn't show up for the intake appointment. Overall, average time from referral date to intake was 12.9 days (range: 1-67 days; median: 6 days). Thirty five out of 55 (64%) were admitted within 10 days of referral.

Access to Services:

The table below presents the mean, median, and 90<sup>th</sup> percentile of number of days between enrollment and first delivery of the following distinct services for the 19-20 FY:

- \* Screening, Assessments, and Intake. These services include AIMS, Pain Health & Nutrition, History and Physical, Nursing Assessments, MH Assessments, varied Behavioral and Medical Risk Assessments, Diagnoses, and facility placements. These services are used as foundations of the treatment plan.
- \* Psychiatric and Nursing Services. These services include consults/ evaluations, doctor's orders, eMARs, psychiatric/medical evaluation and progress notes.
- \* Case Management.
- \* Individual Therapy and Rehab. These include therapy and Rehab individual sessions, non-Medi-Cal mental health services, etc.

Number of Days From Enrollment to First Service.

Services	Median	Mean	90th percentile
Screening, Assessments, and Intake	0	18	0
Psychiatric and Nursing Services	35	61.8	97
Case Management	18.5	45	87
Individual Therapy and Rehab	22	51.5	99.2

Overall, more than 90% of clients receive their intake screenings and assessments on their first day of enrollment (prompting the start of their treatment plan), and other services such as psychiatric and nursing, individual therapy, and case management within their first few months of enrollment. Additional services such as care plans & updates (e.g., aftercare instructions and plan), crisis intervention, group and family therapy, and other services are delivered throughout clients' time in treatment as needed.

Resource Access:

All newly enrolling clients are linked to the program's Resource Specialist within a few days of admission (most within 24 hours) to assess their needs regarding benefits (SSI), primary care (PCP), housing, education, employment and other community resources. Clients are offered assistance in these areas during the first 30-180 days of their enrollment. Information about all offerings, client's acceptance/denial and additional details are monitored for active clients by the specialist in a designated log. All clients who were homeless at the time of referral were housed in room and board settings, shelters, treatment programs for substance abuse, and/or

otherwise provided with assistance and financial support. Overall, out of 107 clients who were still in service by June 2020, more than 50% were in need and offered housing, SSI benefits, and PCP resources.

#### SATISFACTION:

The Consumer Perception Survey (CPS) is a state mandated survey collected twice a year (spring and fall) from clients and their families. The Youth (under 18), adult (age 18+), and family survey versions are composed of distinct items. Samples collected by the TAY FSP staff for the 2019 fall surveys exceeded sampling targets; 70 adult surveys were gathered.

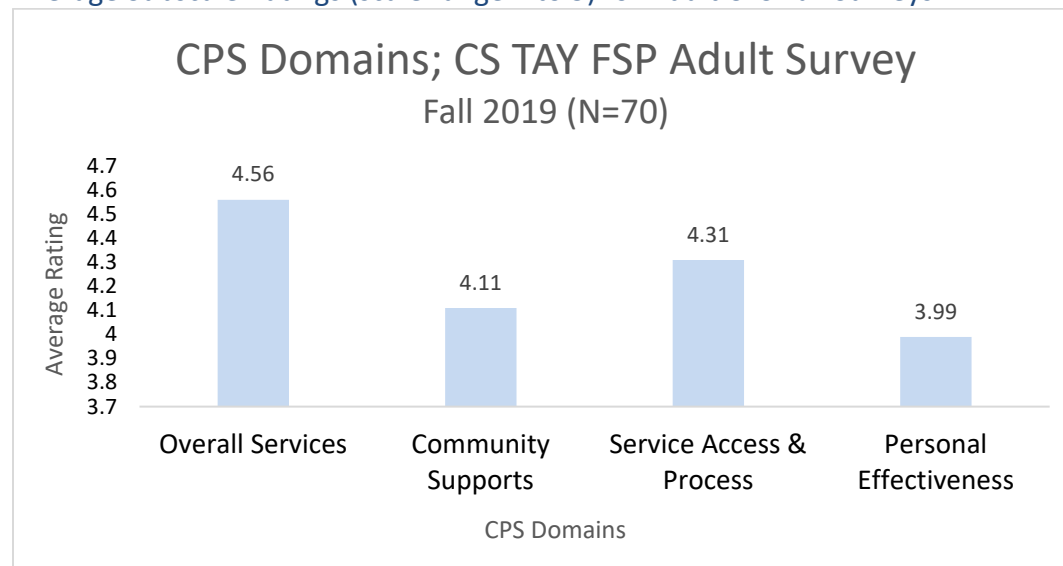
The adult survey consists of 36 items and respondents are asked to rate each item on a 5-point scale (1=“ Strongly Disagree” to 5=“ Strongly Agree”). The 36 items compose 4 distinct subscales: “Overall Services” (item 1), “Community Supports” (items 2-3, 26-27, 35), “Service Access & Process” (items 4-19, 36), and “Personal Effectiveness” (items 20-25, 28-34). The table below presents the percentage of clients who “Agree” (4) or “Strongly Agree” (5) with all survey items, and the Figure below presents average ratings of the 4 subscales for fall surveys.

#### Agreement Percentages for the Adult CPS Fall Surveys.

Item	Fall 2019 (N=70)
(1)... like the services I received here?	100%
(2)... given other choices, would still choose agency?	88%
(3)... recommend agency to friends/family?	90%
(4)... convenient location of services?	80%
(5)... staff willing to see me often?	94%
(6)... staff returned calls within 24 hours?	85%
(7)... services available at convenient times?	86%
(8)... got all the services I thought I needed?	90%
(9)... able to see a psychiatrist when needed?	81%
(10)... staff believed I could grow, change and recover?	92%
(11)... comfortable asking questions about treatment/medication?	97%
(12)... felt free to complain?	87%
(13)... given information about my rights?	90%
(14)... staff encouraged me to take responsibility for my life?	93%
(15)... staff told me about medication side effects?	86%

(16)... staff respected my wishes about privacy rights?	96%
(17)... I, not staff, decided my treatment goals?	83%
(18)... staff sensitive to cultural/ethnic background?	86%
(19)... obtaining necessary information to manage illness?	95%
(20)... encouraged to use consumer-run programs?	84%
(21)... deal more effectively with daily problems?	76%
(22)... able to control my life?	75%
(23)... able to deal with crisis?	67%
(24)... getting along better with family?	77%
(25)... do better in social situations?	73%
(26)... do better in school/work?	73%
(27)... housing situation has improved?	70%
(28)... symptoms are not bothering me as much?	62%
(29)... do more meaningful things?	78%
(30)... able to take care of my needs?	73%
(31)... able to handle things when they go wrong?	70%
(32)... able to do things I want?	77%
(33)... happy with the friendships I have?	65%
(34)... I can do enjoyable things with people?	74%
(35)... feel like I belong in my community?	64%
(36)... In a crisis, I have the support of family/ friends?	75%

Average Subscale Ratings (scale range 1 to 5) for Adult CPS Fall Surveys.



Overall, clients were very happy with the service they received. Clients reported being most satisfied with aspects related to the treatment process including staff functioning and support, treatment, and convenience, followed by community supports (including improvements in housing situation, employment, and education). Clients were also satisfied with the effectiveness of the program, although less so compared to other aspects. Notably, fall survey results show higher overall satisfaction rates compared to spring 2019, suggesting that since opening on October 2018, the program is improving from the perspective of young adult clients.

**DEPARTMENT RECOMMENDATION(S):**

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