

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Adolescent Psychiatric Health Facility (PHF)	Provider:	Central Star Behavioral Health, Inc.
Program Description:	Acute inpatient care for adolescents age 12 through 17 years.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates Of Operation:	April 1, 2015 - present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Medical FFP	Funding Source 3:	Other, please specify below
Funding Source 2:	Realignment	Other Funding:	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	\$4,539,981	Program Actual Amount:	\$2,596,113 (Fresno County)
Number of Unique Clients Served During Time Period:	469 Fresno County (631 total)		
Number of Services Rendered During Time Period:	Click here to enter text.		
Actual Cost Per Client:	\$5,202.63 per Fresno County client		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	PHF/Inpatient
Contract Term:	01/1/2015 – 6/30/2018 plus two optional one-year extensions	For Other:	Click here to enter text.
		Renewal Date:	June 30, 2020
Level of Care Information Age 18 & 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 acute inpatient services to adolescents.

TARGET POPULATION INFORMATION:

Target Population:	Adolescents, ages 12 to 18 years, in acute mental health distress who present a threat of harm to self, and/or others, and/or grave disability (severe personal disorganization and inability for self-care and/or functioning safely in the community). Inclusive of Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, and the indigent/uninsured who are referred by DBH, other County departments, a contract provider with the DBH,
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hospital emergency room, Juvenile Justice Campus, other counties, and other agencies. Additionally, the program serves those with private insurance through contracts and referrals from Kaiser, Anthem Blue Cross, Avante Behavioral Health Plan, Cigna Behavioral Health, Magellan, MHN, Three Rivers Provider Network and Value Options.

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

Cultural Competency

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

Access to underserved
communities

All core concepts are reflected in the operation of the PHF. Community collaboration and service integration are both increasingly critical foci to assure youth and their families 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 youth and family's issues and needs prompting crisis and hospitalization are assessed and addressed through an individualized plan of care, and the youth's own WRAP, with assertive attention to stabilizing the youth while in the setting and connecting them into post discharge treatment services and resources. CS's PHF in Fresno County helps the county to meet the community need for acute psychiatric care, and provides an important gateway for those not prior linked to community-based mental health services.

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
Additional details regarding key performance indicators, tools/measurements, available data and analyses are on Form C. Please note that we aim to overhaul our reports next year to clarify assignment of Key Performance Indicators to the county's report categories.

Measurement Protocols

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
<p>ACCESS</p> <p>Time between receipt of a referral to the PHF and contact with the referring agency.</p> <p>Time between referral and admission to the PHF.</p>	Intake Staff (Nursing Dept)	Admission	<ul style="list-style-type: none"> Packet Tracker SBHG EMR 	<p>Goal: % Referrals admitted to PHF within 24 hrs. Average length of referral to admission time not exceed 1 hour.</p> <p><u>19-20 FY outcome:</u> 99% of the referral sources contacted by the PHF's admissions staff within 24 hours; avg. time=2.2 hrs.</p>
<p>ACCESS & EFFICIENCY</p> <p>Denial rate of admissions when a bed is available</p> <p>Denial rate of PHF days not meeting Medi-Cal necessity criteria per utilization review.</p>	Internal & External QA/UR	Admissions & Days in Setting	<ul style="list-style-type: none"> Packet Tracker Internal & County UR 	<p>Goal: % Denials for PHF days due to not meeting medical necessity will not exceed 5%</p> <p><u>19-20 FY outcome:</u> Medi-Cal denial rate was <1% overall, and 0% for Fresno county.</p>
<p>EFFECTIVENESS</p> <p>Reduced high risk behaviors and associated incidents.</p>	PHF Psychiatrist, Nurses & Social Workers	<p>BPRS at admission, every three days, discharge (DC)</p> <p>IRs completed at time of incidents</p>	<ul style="list-style-type: none"> Brief Psychiatric Rating Scale (BPRS) SBHG EMR Incident Report (IR)Tracking 	<p>Goal: Majority of clients will show reductions in one or more individualized target behaviors by discharge</p> <p><u>19-20 FY outcome:</u> 7/9 psychiatric symptoms significantly reduced.</p>

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
				<p>Goal: IRs (esp. those related to aggression, suicidality) will continue at low rates per 1000 patient days as in prior years.</p> <p><u>19-20 FY outcome:</u> low rates of all incident types per 1,000 patient days (0.4-20).</p>
<p>EFFECTIVENESS</p> <p>Acquisition of coping, communication and community life skills.</p>	PHF Psychiatrist, Nurses & Social Workers	Discharge (DC)	<ul style="list-style-type: none"> EMR DC Status Form Client/Family DC Interviews/ Surveys 	<p>Goal: Majority of clients will have met all/some of their treatment goals and the majority of both clients and caregivers will report improved capacities by discharge</p> <p><u>19-20 outcome:</u> 1) 96% of clients met all/most of their treatment goals; 2) 94% of clients and 90% of caregivers reported greater confidence in client's ability to recover and cope with their mental health.</p>
<p>EFFICIENCY</p> <p>Average length of stay.</p>	Internal QA	Admission to Discharge	<ul style="list-style-type: none"> Avatar SBHG EMR 	<p>Goal: Average length of stay will remain stable, similar to prior years (average of 6 days).</p> <p><u>19-20 outcome:</u> Average LOS: 6.5 days.</p> <p>Goal: % of those who are not discharge within 10 days does not exceed 90%.</p>

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
				<u>19-20 outcome:</u> 90% of episodes ended within 10 days
<p>EFFECTIVENESS & EFFICIENCY</p> <p>Collaborative approaches and treatment strategies to reduce hospital readmission of clients, esp. among those with frequent PHF readmissions.</p>	PHF Nursing/Clinical & QA Leaders & Tx Staffs (in collaboration w/ external entities)	Varied QI Projects Undertaken Annually	<ul style="list-style-type: none"> Varied QI Projects (Recidivism data from County and/or EMR; project specific tracking logs are also used) 	<p>Varied per QI Project</p> <p><i>Examples:</i></p> <p>% clients introduced to WRAP</p> <p>% clients w/ family sessions</p> <p>% clients/families endorsement of service approach on DC surveys</p> <p>% readmitted within 30 days of DC</p> <p>For 19-20 FY outcomes please see “Effectiveness of Care” section.</p>
<p>EFFECTIVENESS & EFFICIENCY</p> <p>Effective discharge planning as demonstrated by referral and linkage to other DBH programs, community providers and other community resources.</p>	PHF Nursing/Clinical & QA Leaders & Tx Staffs (in collaboration w/ external entities)	DC planning starts at admission and continues daily through DC to Aftercare linkages	<ul style="list-style-type: none"> SBHG EMR Aftercare Plan SBHG EMR DC Status Form Post DC follow-up phone interviews* 	<p>Goal: Majority (85%) of PHF clients return to a home/family settings</p> <p><u>19-20 outcome:</u> 86% are discharged to family homes and an additional 8% are discharged to foster homes.</p> <p>Goal: Majority (85%) of PHF clients DC with at least 2 referral/linkages to community resources & supports.</p> <p><u>19-20 outcome:</u> 97.5% of clients received at least 1 behavioral and 1 community referrals.</p>

Indicator (Type and Target)	Who Applied	Time of Measure	Data Source	Target Goal Expectancy
				NOTE: County QA also tracks KPIs related to timely uptakes to next-on services (e.g., 48 hrs., 7 days).
<p>CUSTOMER SATISFACTION</p> <p>Multiple Protocols & Survey Items <i>Examples:</i> (Client) “More confident now, after being in the program, in my ability to recover and cope with mental health problems.” (Caregiver) “Family received the help we needed for our child.” (Agency Partner) “The program provides a needed level of care in the community.”</p>	<p>Family Advocate and/or PHF Psychiatrist</p> <p>QA/Others TBD</p>	<p>Client/Family: Discharge & (possibly) Post DC Interviews/Surveys</p>	<ul style="list-style-type: none"> Youth Survey Caregiver Survey Post DC follow-up phone interviews* Agency Partner Surveys 	<p>Performance benchmark is 85% items endorsed positively.</p> <p><u>19-20 FY outcome:</u> *All items are endorsed positively by at least 87% of clients. *13/16 items are endorsed positively by at least 85% of caregivers.</p> <p>Items or areas that fall below benchmark are reviewed and prioritized for QI.</p>

Access to Care:

Time between client referral and admission to the PHF:

1. Staff maintains a short amount of time between receiving referrals and contacting the referral source. As in the 18-19 FY, in FY 19-20, 99% of the referral sources (referral contact person) were contacted by the PHF’s admissions staff within 24 hours (2.2 hrs. on average; average for the 18-19 FY was 1.9 hrs.).*
2. Staff has considerably improved the amount of time between receiving referrals and acceptance to the program. Almost all (96%) of those referred and accepted for admission are admitted within 24 hrs. (5.5 hrs. on average). ** This is an improvement from the 18-19 FY, in which only 77% of those referred and accepted were admitted within 24 hrs.

Denials:

1. The Medi-Cal denial rate for the year was <1%, and 0% for Fresno county.*** A low denial rate means those being admitted qualify for a psychiatric hospitalization (they require this level of safety, structure and support) during a mental health crisis abiding Medicare guidelines; and, that this type of expensive, restrictive resource is being appropriately focused and used for

those meeting eligibility criteria. There was one client from Stanislaus County who was denied 2 days by Medi-Cal for lack of medical necessity. Regardless, this client was kept in the program.

2. Referrals: The PHF tracking log encompassed 2,048 referrals of 1,687 distinct individuals from July 1, 2019 through June 30, 2020. Out of these, 1077 (53%) of total referrals and 853 (51%) of distinct individual referrals were from Fresno County (Table 1).
3. Admissions: Out of the referrals, there were 708 admissions (35% of all referrals) of 630 unduplicated youth (37% of referred individuals). Of these, N=568 (80%) of the admissions and N=499 (79%) of the youth were from Fresno County (Table 1).

Table 1. Referrals and admissions of all PHF youth for the 19-20 FY.

	Referrals	Unduplicate d Clients Referrals	Admissions	Unduplicate d Youth Admissions
Fresno County	1077 (52.6%)	853 (50.6%)	568 (80.2%)	499 (79.2%)
All Other Counties	971 (47.4%)	834 (49.4%)	140 (19.8%)	131 (20.8%)
TOTAL	2048	1687	708	630

4. Denial Reasons: The reasons for not entering the PHF at time of referral are shown in Table 2. For improved clarity, in the future the team will code all denial reasons (eliminate “Other” category).

Table 2. Reasons for Denial.

Client Does Not Meet Program Requirements	72	5.4%
Client Placed Elsewhere	986	73.6%
Client is Over/Underage	61	4.6%
No Contract with County/Insurer	148	11.0%
No Beds Available	6	0.4%
Hold Expired	15	1.1%
Other	52	3.9%
TOTAL	1340	100.0%

Youth Served:

Overall, in the 19-20 FY, youth served at the PHF were aged 12 to 17.9 at the time of their first admission (average and median age is 15.3 yrs. and 15.4, respectively; 82% are <17 yrs.). Majority were females (62.4%), 37.1% males, and 0.5% identify their gender as “other”. The youth’s demographics are shown in Tables 3-4, first all served youth, then Fresno county youth only:

Table 3. Demographics of All PHF Youth FY 19-20

	Ages 12-14 (42.5%)			Ages 15-17 (57.5%)			Ethnic Subtotals:
	Female	Male	Other	Female	Male	Other	
African American	17	7	0	19	12	0	55 (8.7%)
Asian American	2	6	0	5	5	0	18 (2.8%)
Latin American	92	46	0	107	70	0	315 (50.0%)
Anglo American	68	19	2	73	58	1	221 (35.0%)
Native American	0	2	0	0	0	0	2 (0.3%)
Other/Unknown	4	3	0	7	6	0	20 (3.2%)
Age Grp X Gender	183	83	2	211	151	1	631

Table 4. Demographics of Fresno County PHF Youth FY 19-20

	Ages 12-14 (43.3%)			Ages 15-17 (56.7%)			Ethnic Subtotals:
	Female	Male	Other	Female	Male	Other	
African American	14	4	0	16	7	0	41 (8.7%)
Asian American	2	4	0	3	3	0	12 (2.6%)
Latin American	64	34	0	75	57	0	230 (49.0%)
Anglo American	55	16	1	54	38	1	165 (35.2%)
Native American	0	2	0	0	0	0	2 (0.4%)
Other/Unknown	4	3	0	6	6	0	19 (4.1%)
Age Grp X Gender	139	63	1	154	111	1	469

Data Notes:

*Based on 1,959 referrals (out of 2,048). Of the referrals, 89 had date/time entered incorrectly, not allowing statistical computations.

**Based on 665 admissions (out of 708). Of the admissions, 43 had date/time entered incorrectly, not allowing statistical computations.

***Based on 397 admissions with a TAR indicating approval/denial.

Effectiveness of Care:

High risk behaviors (safety), progress by discharge, and post-service planning:

Institutionally, safety is our number one priority for youth, staffs and visitors at the PHF. The team tracks incidents related to youth's risk behaviors and the use of restrictive interventions, as well as other kinds of occurrences that may present safety risks. 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. Overall, for the 19-20 FY, the team reported 219 incidents. Some incidents involve more than one type of occurrence. Table 5 presents occurrences tracked by staff, which took place at the PHF in the 19-20 FY, their frequency, average per month, and rate per 1000 patient days.

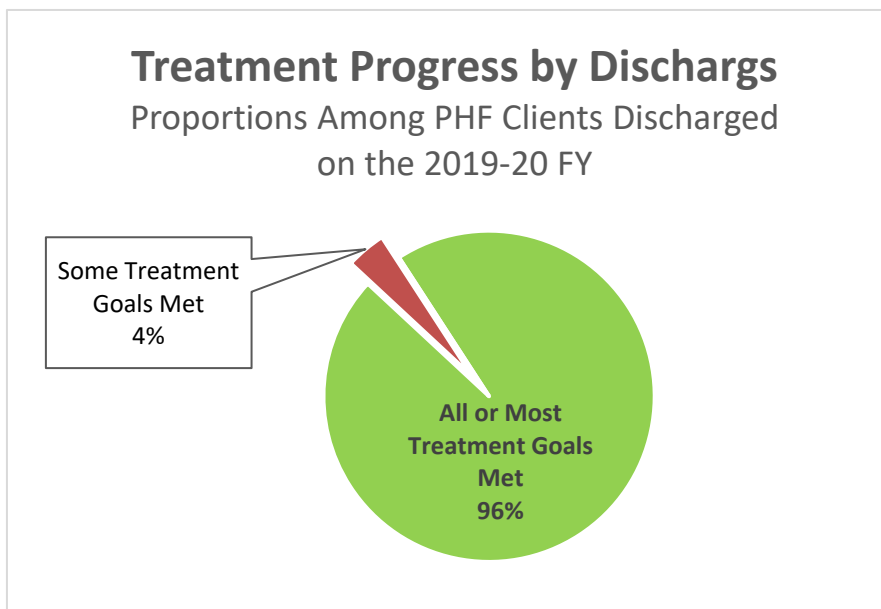
The team is to be commended for low AWOL, medication errors, and client injuries rates. Overall, staff managed the setting proactively and generally achieved low rates of risky incidents per 1,000 patient days. In 61/219 (28%) of the incidents reported, a child protective service (CPS) report was filed. CPS reports are necessary when youth are being maltreated by persons in their lives; such maltreatment greatly contributes to their psychiatric trauma and the need for intervention, services and supports. PHF staff are mandated reporters.

Table 5. Incidents at the CS PHF (19-20 FY).

Incidents	Total for FY	%	Average per month	Rate per 1,000 patient days
Child abuse (prior/during service)	57	18.9%	4.8	10.7
AWOL/AWOL attempt	3	1.0%	0.3	0.6
Medication errors	12	4.0%	1.0	2.3
Assaults, assault attempts, threats (client to client, client to staff)	109	36.2%	9.1	20.5
Sexual misconduct	2	0.7%	0.2	0.4
Self-inflicted injury/ Self-injurious behavior/ threats towards self	54	17.9%	4.5	10.1
Suicide gesture	2	0.7%	0.2	0.4
All other client injuries (including accidental)	11	3.7%	0.9	2.1
Property damage	19	6.3%	1.6	3.6
Other	32	10.6%	2.7	6.0
TOTAL	301	100%		

When addressing risky behaviors -- and, particularly bizarre or out of control behaviors, assaultiveness or sexual aggression that poses imminent harm to self or others -- staff use ProACT™ (professional assault training) to de-escalate the situation with the goal of minimizing the use of restrictive or chemical interventions. Staff also activate debriefing protocols with clients after incidents, once calm is restored, to maximize youth's opportunities to learn from the encounters, reflect on how they'd like to handle things better for themselves in the future, and to provide feedback to staff about how the client might be more effectively de-escalated. These efforts produce results: At discharge, youth's legal status is mostly voluntary (74%), meaning they have no court involvement at the time of their discharge from the PHF. Moreover, 9% of clients experienced system of care closers (cases which were open upon enrollment but were closed/planned to be closed by the time of discharge). Impressively, 95% of PHF clients are discharged due to no longer meeting eligibility (crisis acuity is markedly reduced); and, as presented in Figure 1, almost all clients (96%) leave the PHF with all or most of their individual treatment goals met.

Figure 1. Treatment Progress by Discharge.



Most youth (86%) are discharged to their family home. An additional 8% are discharged to a foster home, and very few are sent to temporary housing/congregate settings (6%). Additionally, most youth (82%) leave the facility with one or more prescriptions

for psychiatric medication(s) and with initial behavioral stability achieved. Approximately 50% of youth leave the facility with a firm date for their next mental health care follow-up appointment, and 38% are given referrals for a PCP follow up.

Thanks to the PHF's team continued efforts, recidivism rates continue to be low. We note that the PHF team's ongoing efforts build upon their prior collaborations (including the county's EQRO QI project) to affect the range of activities such as communication, coordination, resource finding, and active problem solving for each youth to become positively situated with needed referrals/linkages at discharge. Within FY 19-20 —among youth referred from any county — the majority (85%, N=533) had 1 CS PHF episode; 12% (N=75 youth) had 2 episodes each; and 3% (N=23 youth) had 3 or more episodes. Among youth referred from Fresno County only —the majority (81%, N=380) had 1 CS PHF episode; 14.3% (N=67 youth) had 2 episodes each, and 4.7% (N=22 youth) had 3 or more episodes.

The program team focused efforts on boosting outreach, engagement and family sessions with caregivers and other family members of Fresno County youth, often mission critical for youth's success once they leave acute care. The focus is to offer more wellness education (including more orientation to WRAP) and therapy sessions with family members; to improve family members' understanding and capacity to support and helpfully problem-solve issues with their youth; and, to prime family members so they follow-up with aftercare services and supports on behalf of their youth and family. The ultimate goal is to avoid the kinds of escalation of youth's behaviors and symptoms that lead to crisis and hospitalizations. Close to 100% of PHF youth (489/491) were introduced to WRAP concepts and most of them were supported to develop a written WRAP during their service. All PHF youth (100%) received referrals with linkages to either behavioral health care and/or community resources and supports (range 1 to 7, average 4.2), with the vast majority (97.5%) receiving both. The proportions of clients with behavioral and/or community referrals/linkages, represented by referral type are shown in Table 6.

Table 6. Behavioral and Community Referrals/Linkage for PHF Youth FY 19-20

Behavioral Health Services Planned		Community Services Planned	
Service Type	% received 1+ referrals by service Type	Service Type	% received 1+ referrals by service Type
General outpatient services	92.9%	Financial, legal, employment, housing & schooling resources	1.0%
Psychiatric services, including medication supports	81.3%	Skill building to improve & support role functioning	16.5%
Intensive outpatient treatment programs	11.6%	Spiritual & social-emotional supports for recovery	96.1%

Outpatient or residential substance abuse treatment	1.0%	Other community services & supports	84.9%
Hospital, institutional or incarcerative settings	0.2%		
Other behavioral healthcare services	15.7%		

Psychiatric Symptoms:

Brief Psychiatric Rating Scale (BPRS; 9-Item Child Version)

The BPRS is widely used by clinicians nationally to measure short-term changes in clients' psychiatric symptoms. Each item is scored on a 7-point scale: 0= "Not Present" to 6= "Extremely Severe"; reduction in scores are desirable. CS PHF clinicians began using the BPRS 9-item version October 2019, with each client being surveyed at admission, every 3 days, and at discharge. Our sample for analysis consisted of 215 enrollments (of 215 unduplicated clients) served in FY 19-20 with at least two BPRS records. Average time between the two assessments was 5 days. To examine changes in clients' symptoms from first to last available records, we conducted paired t-tests in which we compared each client's scores on their first available record to their scores on their last available record of the same enrollment. Item descriptions are below, and Table 7 presents mean scores on both time points as well as percentage of change for each item and the total score. The BPRS 9 items are:

- (1) Uncooperativeness- negative, uncooperative, resistant, difficult to manage.
- (2) Hostility- angry or suspicious affect, belligerence, accusations and verbal condemnation of others.
- (3) Manipulativeness- lying, cheating, exploitive of others.
- (4) Depressed mood- sad, tearful, depressive demeanor.
- (5) Feeling of Inferiority- lacking self- confidence, self-depreciatory, feeling of personal inadequacy.
- (6) Hyperactivity- excessive energy expenditure, frequent changes in posture, perpetual motion.
- (7) Distractibility- poor concentration, shortened attention span, reactivity to peripheral stimuli.
- (8) Tension- nervousness, fidgetiness, nervous movements of hands or feet.
- (9) Anxiety- clinging behavior, separation anxiety, preoccupation with anxiety topics, fears or phobias.

Table 7. BPRS 9 Items Paired Wise T-Tests Results.

	First Available Record Mean	Last Available Record Mean	Significance	% Reduction
Uncooperativeness	0.68	0.46	p<.05	-32.4%
Hostility	0.72	0.52	p=.05 (MS)	-27.8%
Manipulativeness	0.67	0.57	P=0.36	-14.9%
Depressed mood	3.33	1.59	p<.05	-52.3%
Feeling of Inferiority	2.98	1.26	p<.05	-57.7%
Hyperactivity	0.88	0.48	p<.05	-45.5%
Distractibility	1.99	1.22	p<.05	-38.7%
Tension	2.4	1.11	p<.05	-53.8%
Anxiety	2.6	1.01	p<.05	-61.2%
Total Score	16.19	8.29	p<.05	-48.8%

Overall, results are impressive. Over just a few days of treatment, average scores of 7/9 (78%) of psychiatric symptoms measured were significantly lower, with the total score significantly dropping by almost 50%. Two of the items - Hostility and Manipulativeness -- are marginally and insignificantly reduced, respectively. We note we had considerable dialogue with the Joint Commission about finding a bona fide standardized tool that would be sensitive to change within such a short period of treatment, and we are pleased with how the BPRS performs in this regard.

Fidelity, Compliance and quality assurance:

Total Quality Management (TQM) program:

The Central Star Total Quality Management (TQM) program continued this FY, incorporating actions to tackle COVID-19 (specific actions for the PHF described in the "Efficiency" section). Also, the PHF team completed two Rapid Cycle Improvement Processes (RCIP) pertaining to improving recidivism, and Stanislaus County Concurrent Review. CS PHF staff also runs a Joint Commission tracer which is an in-depth assessment of client care from referral through discharge, about which the QA monitor reported that: "Good information was gathered."

Clients and Caregivers Complaints:

The team tracks complaints made by clients and caregivers, and their resolution. This past year, the program team received and responded to 27 complaints from clients. These mostly related to misunderstandings between clients, and staff or clients' perceptions that staff was rude, unsupportive, or that client's needs were not fully met. Three complaints also pertained to clients' parents reporting miscommunication from staff about their child's admission or status. Managers met with persons involved to resolve the issues. In a few instances, disciplinary actions regarding staff comportment were needed and taken. Program managers handle consumer complaints with attentiveness, seriousness, due process and respect for all persons involved.

Efficiency:

Admission and Service: The program has a 16-bed capacity and this year they maintained an average daily census of 14.6 clients. For the community's referral network, this means they can typically readily tap this resource for youth in need of hospitalization. Indeed, less than 1% of reasons for non-admission pertain to the program being full at any given request; and, as reported under Access to Care, PHF intake staff are quick to respond to incoming referrals. They sort out eligibility, gather needed paperwork, and facilitate timely admissions, all of which are important to their busy professional partners in the community.

Over just a few days, PHF staff provide an average of 89 discrete service processes to each youth/family on average, during an episode of care.

Organized by broad types, each youth/family receives on average:

1. **10.2 Acknowledgements & Consents** (e.g., informational sessions, consents, patient rights/handbook, admission authorizations, admission summaries, etc.)
2. **9.9 Screening and Assessments, & Intake** (e.g., AIMS, Pain Health Nutrition, History and Physical, Nursing Assessments, MH Assessments, varied Behavioral and Medical Risk Assessments, Diagnoses, discharge assessments, etc.)
3. **51.3 Psychiatry and Nursing services** (e.g., consults/ evaluations, doctor's orders, eMARs, psychiatric/medical progress notes, etc.)
4. **11.9 Milieu Progress Notes** (e.g., nursing, rehab and social worker sessions documented in progress notes, shift summaries and interdisciplinary notes, etc.)
5. **2.5 Collateral Services**
 - *Daily Group Therapy and Rehab* sessions. These sessions include numerous topics such as self-advocacy, coping skills, personal responsibility, therapeutic sports, self-regulation, and many more. A new QI project aimed at tracking these sessions is planned for this year; we expect data from this project to be available for reporting for the 20-21 FY report.

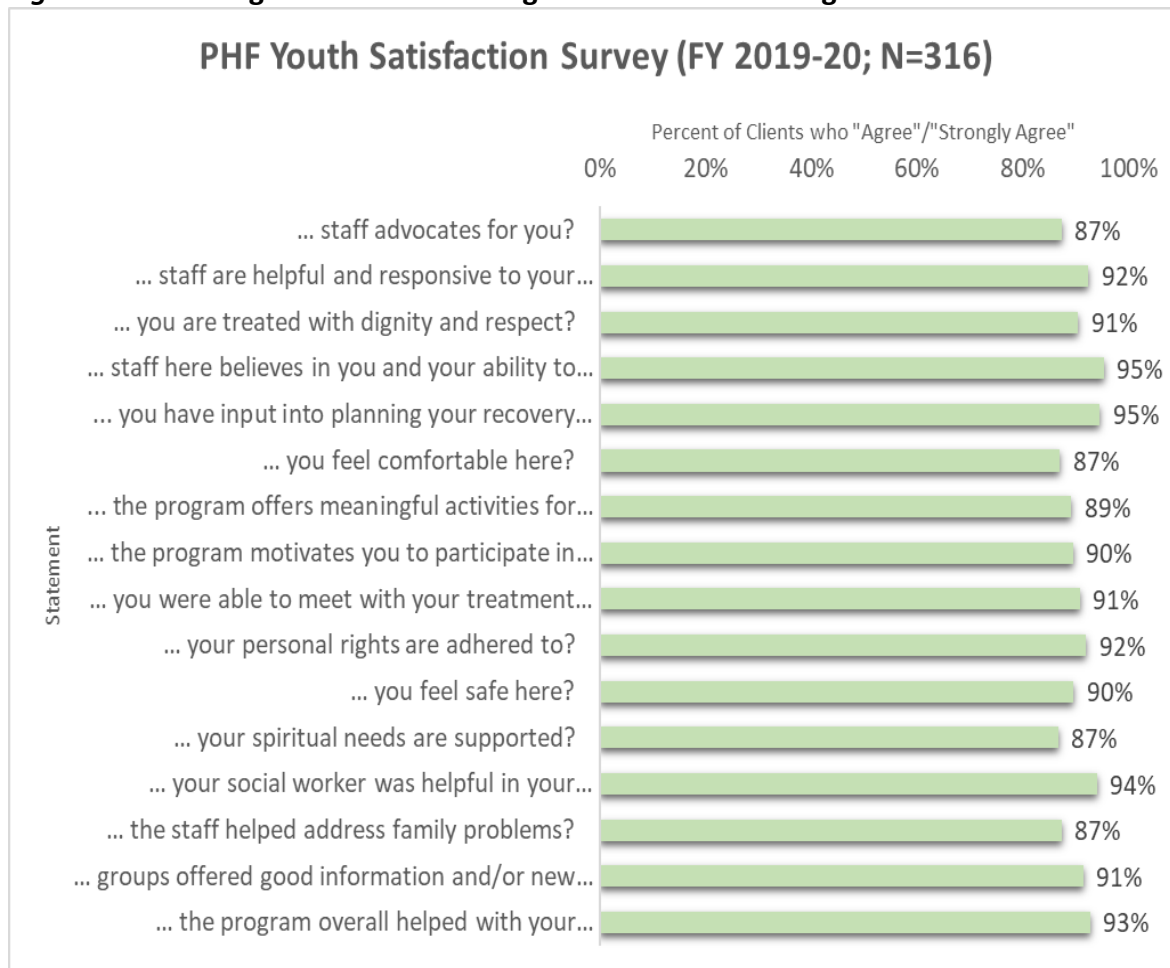
Hospital care is expensive. The PHF team actively manages youth's lengths of stay (LOS), with clients discharging as soon as they are behaviorally safe and stable. As in prior years, the program's average LOS this year was stably low, at 6.5 days (median is 6 days). While LOS ranged from 1 to 29 days, 90% of episodes ended within 10 days and there were only 21 episodes in the year that went beyond 2 weeks.

COVID19: The past year, the PHF 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. The PHF has implemented a comprehensive COVID-19 emergency plan which includes: 1) specific entry procedures for staff, clients, and visitors, 2) staff trainings on COVID-19 prevention, policies, PPE, alternative staffing including expedited hiring procedures, 3) client counseling and procedures (e.g., daily symptom checking), 4) containment strategies, and 5) facility re-organization in accordance with social-distancing policies.

Client Satisfaction:

For a valid, representative, annual sample, PHF staff are to gather at least 3 surveys each week, randomly from among the clients exiting the program, and from their caregivers. This past year, they improved their sampling compared to the previous year, and met their client sampling target. However, the caregiver sample was still below target. Surveys were collected for N=316 youth and N=40 caregivers, with results shown below.

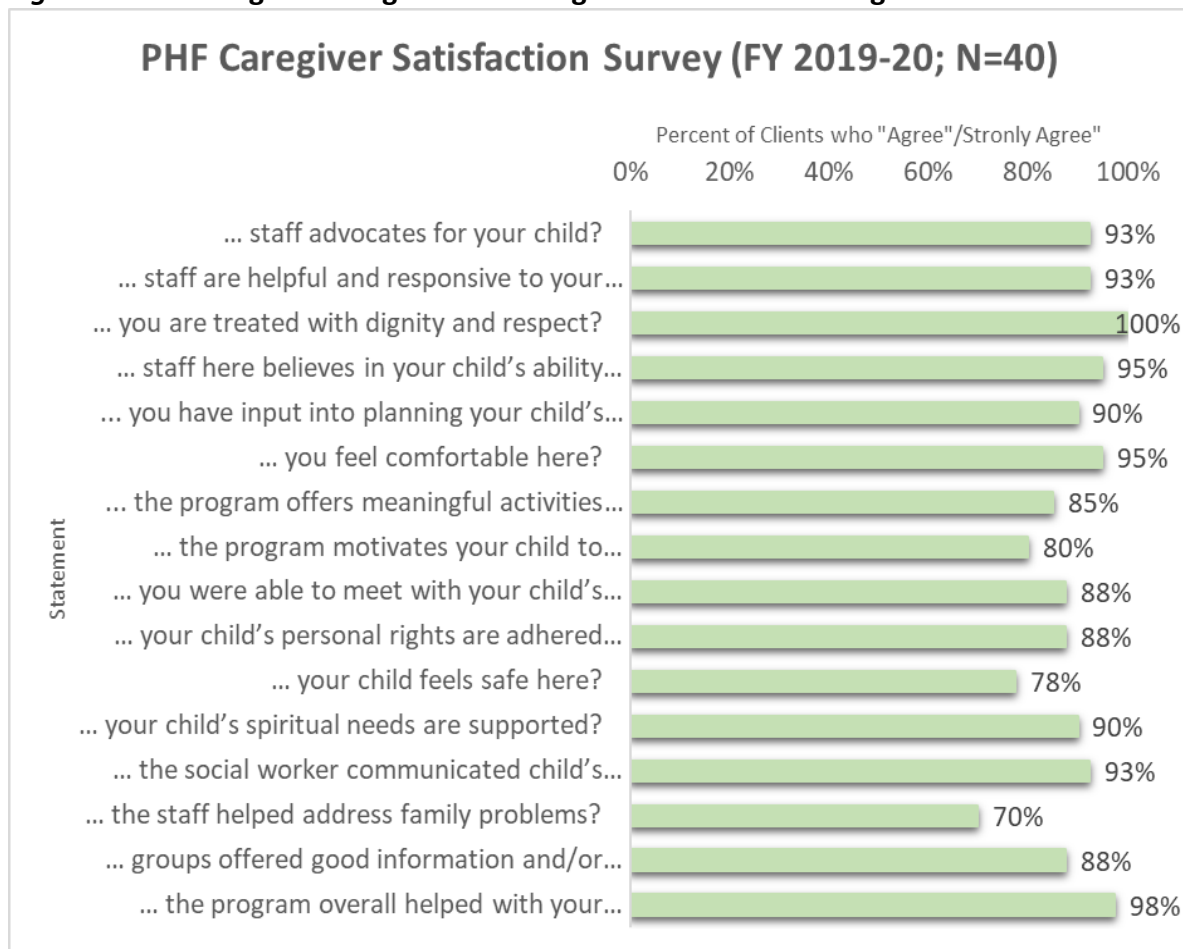
Client Surveys. Clients think very highly of the program, as evidenced in the youth surveys: At least 87% of youth "agreed" or "somewhat agreed" with all survey items (SBHG has an 85% benchmark for QI; results can be seen in Figure 2). Importantly, 94% of discharged youth in the sample reported "Yes" to the question "Are you more confident now, after being in the program, in your ability to recover and cope with your mental health?". Moreover, many youths commented positively about the food at the facility, mentioning that they were "Healthy, good, had double options, and Yummy". However, some noted that they would like "More options for diet restrictions" and that "certain allergies that patients have were not addressed". They were very positive about the PHF's staff, with comments such as: "The staff does their job really well; they are doing just fine and should keep up the good positive work". Most clients also noted that the staff is very well trained. There were some comments/feedback about specific staff -- positive as well as appropriate, constructive criticism -- which management is reviewing to guide future training/coaching. The youth noted they benefitted a lot from all the groups that are offered, especially the communication, self-regulation, and problem-solving groups. When asked what other groups they would like to see offered, some mentioned yoga/meditation exercise and more anger management. Additionally, many noted that the beds/mattresses could be more comfortable and the interior of the facility more colorful.

Figure 2. Percentage of Clients Who “Agree” or “Somewhat Agree” With Each Statement.

Caregiver Surveys. From the caregiver perspective (note: limited sample), potential ‘improvable’ are helping address family problems, and motivating youth to participate. There is also a discrepancy between the extent to which youths’ reports feeling safe (90%) and caregivers’ perceptions of their child’s feelings of safety while at the program (78%). This could be addressed better through family education about the program’s safety features and practices. We are confident about the PHF’s safety culture and track record, yet we also understand how one’s having a child in a psychiatric hospital might create anxiety about the child’s safety, and we will aim to do more to proactively ease caregiver’s worries. Nonetheless, and importantly, the majority (90%) of caregivers in the sample reported “Yes” to the question “Are you more confident now, after they were in the program, in your child’s ability to recover and cope with their mental health?”.

Caregivers feedback was overall positive and constructive. Caregiver’s value the staff: “My child was comfortable, safe, and supported. Staff was caring and kind” was one comment; and, “I like that from the time I walked my daughter in, we were treated with respect. It was like talking to family. And professionally everyone was able to answer all my immediate questions” was another comment. There were a few comments about improving communication between parents and staff, and a note that “kids might need more one on one time with the workers”, and an ask for “Better resources for family”. Even though caregivers’ sample was small, we very much appreciate their feedback, which will be reviewed for QI. Agreement percentages to all caregiver items can be found in Figure 3.

Figure 3. Percentage of Caregivers Who “Agree” or “Somewhat Agree” With Each Statement.



Agency Partner Surveys: Fresno PHF staff recently gathered Agency Partner Survey satisfaction feedback from 11 county collaborators and/or monitors of the program. All responses were positive: Most were “strongly agree” and a few were “somewhat agree.” This pattern held true across 20 survey items such as referral processing, management/staff responsiveness and professionalism; effectiveness of care, attention to client/family needs, collaboration and aftercare planning; and, providing a clean, safe supervised facility that meets high standards of care. Most (91%) said they “strongly agree” that they would recommend the facility to a family or client in need.

What Barriers Prevent the Program from Achieving Better Outcomes? We continue to value the collaborative processes which were built to help assure that youth and families are connecting into services per their aftercare plans and we will continue to prioritize and partner with the county and community of outpatient providers around these efforts.

What Changes to the Program Would You Recommend to Improve the outcomes 1) Improved leadership monitoring and reinforcement of data collection; 2) Make additions to and improve the data quality of the Packet Tracker (e.g., add referring county field, give more attention to correct input of dates, and avoid use of “Other” for denial reasons); 3) transition the BPRS to a scannable form with an automated Treat to Target data reporting system; and, 4) strengthen QA monitoring of incident information in the EMR.