

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Adult Crisis Residential Treatment	Provider:	Central Star
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:	Program Started February 2019
Age Group Served 2:	Choose an item.	Reporting Period:	Jul 2019 thru Jun 2020
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:	\$2,121,453	Program Actual Amount:	\$1,550,269
Number of Unique Clients Served During Time Period:	208		
Number of Services Rendered During Time Period:	TBD		
Actual Cost Per Client:	\$7,453.22		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Crisis Stabilization
Contract Term:	Click here to enter text.	For Other:	Click here to enter text.
		Renewal Date:	Click here to enter text.
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 crisis residential treatment.

TARGET POPULATION INFORMATION:

Target Population:	Individuals ages 18-59 facing emotional/behavioral crisis and referred by crisis continuum
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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

Cultural Competency

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

Access to underserved
communities

All core concepts are reflected in the operation of the CRT. Community collaboration and service integration are both increasingly critical foci to assure adult clients 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 client's and family's issues and needs prompting crisis treatment are assessed and addressed through an individualized plan of care, and the client's own 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 & 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

Name of Program:

Central Star Behavioral Health Crisis Residential Treatment

What is the Program/Contract Goals?

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. The program opened 02/28/19.

Program Type: Contract-Operated

Type of Program: Crisis Stabilization

Other: [Click here to enter text.](#)

CLINICAL INFORMATION:

Does the Program Utilize Any of the Following? **All three are applied.**

Evidence Informed Practice

Best Practice

Evidence Based Practice

The program uses the EBPs of Wellness Recovery Action Plans (WRAP), Seeking Safety (for dual trauma and substance use), and Aggression Replacement Training as core components of group rehabilitative services. These are augmented by individual recovery supports based on staff's knowledge of the curricula; additionally, we anchor varied skill sets and discrete practices/interventions to EBPs used widely in the company (such as Motivational Interviewing and Cognitive Behavioral Therapy) through our Core Practices staff training program. Medical staffs apply nursing and psychiatry best practices, guided by our company's Senior Nursing Consultant; and, all staffs are trained in Pro-Act™ for the prevention, de-escalation and intervention of high risk behaviors in the milieu. Other evidence informed and/or best practices include creative-expressive arts, journaling, psychological and wellness education, therapeutic recreational/physical activity, and coaching independent living skills.

Other: See below regarding service array

Please Describe: The program provides outreach, collaterals, case consultations & case management along with mental health screenings and assessments, testing, treatment planning, therapy & rehabilitation. The team includes peer staffs & self-help practices such as WRAP. Safety is monitored with interventions that include safety plans, risk behavior incident management and client debriefing and milieu incident recovery. Integrated substance abuse screening & brief interventions are provided along with psychiatric & nursing services, incl. medication support. Much attention is focused from the time of an admission on supporting client access, referrals & linkages of multiple types across life domains so clients are connected up with the resources they need by discharge -- housing, education, employment, health care, legal assistance, social supports, community life including recreation, etc.

OUTCOMES

Contract KPIs

This is the second report on the program, which opened to clients late February 2019. Data protocols are mostly implemented, but data analyses are limited at this time in some areas in part due to the COVID-19 pandemic. Our contract Key Performance Indicators (KPIs) and the status of data tracking systems are shown below. Reporting is also organized into the four county (Attachment A) groupings: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback.

County Domain	Contract KPI	Data System Status/Description
Satisfaction of regulators (with quality & compliance)	1. Audits and other performance and utilization reviews of health care services and compliance with regulations and the terms and conditions of the contract.	Described in: ❖ Fidelity, Quality and Compliance
Efficiency	2. Cost offset and/or cost reduction studies to be carried out in partnership with county	We look forward to the opportunity to partner with the county for such an analyses.
Effectiveness	3. Effectiveness of crisis residential treatment interventions	Described in: ❖ BASIS-24 Analyses ❖ RAS Analyses ❖ Status at Discharge *Also see endnote regarding RR tools.
Effectiveness	4. Effectiveness of discharge planning	Described in: ❖ Status at Discharge

Access (to next-on services)	5. Effectiveness of transportation coordination, upon DC	Described in: ❖ Status at Discharge
Effectiveness	6. Improve participants' experience of achieving wellness and recovery	Described in: ❖ BASIS-24 Analyses ❖ RAS Analyses ❖ Status at Discharge *Also see endnote regarding RR tools.
Satisfaction of clients, family, community	7. Surveys of persons served, family members, other providers and community stakeholders	Described in: ❖ Crisis Satisfaction Surveys SBHG Agency Partner Survey not yet administered, but will be this coming year.
Access	8. Timeliness between client referral and a completed assessment, assessment to first treatment service, and first to next treatment service	Described in: ❖ Referrals, Access and Integrated Care
Access (at arrival, prior Rx's)	9. Timeliness of bridging prescriptions	Described in: ❖ Referrals, Access and Integrated Care
Access	10. Timeliness of identifying clients with a serious mental illness	Described in: ❖ Referrals, Access and Integrated Care
Access	11. Timeliness of response to sick call and health service requests	Described in: ❖ Referrals, Access and Integrated Care

Access (at DC)	12. Timeliness of subsequent follow-up visits -- within two weeks or less of discharge	Described in: ❖ Referrals, Access and Integrated Care Optimally, determined from access to wider county data; Post DC Surveys will also inform and are being implemented at this time.
Access (at DC, Rx retention)	13. Timely continuity of verified community prescriptions for medication(s) after CRT discharge	Described in: ❖ Referrals, Access and Integrated Care Initial, limited data available at this time.

* Request submitted for datasets and/or reports based on the county's Reaching Recovery tools, Fresno County Adult system of care mandates. CRT staff are ready to start making use of RR data at admission, monthly and discharge along with any aggregated reports that may be available. The team is currently unable to access Avatar to view and draw down relevant reports and look forward to being able to with the following RR tools:

1. Recovery Needs Level (RNL)
2. Recovery Marker Inventory (RMI)
3. Consumer Recovery Measure (CRM)

What Outcome Measures Are Being Used? 1) Behavior and Symptom Identification Checklist (BASIS-24) completed by clients; 2) Recovery Assessment Scale (RAS) completed by clients; 3) SBHG EMR DC Status Form; 4) Consumer Surveys/Phone Interviews conducted at discharge, 72 hrs. and one month post discharge (implementation currently underway); 5) SBHG Agency Partner Survey; 6) Fresno County Reaching Recovery Tools (listed above); and, 7) varied screenings/assessments, incident tracking and other clinical/QA data tracking systems. Note that individuals under age 18 will also have Child and Adolescent Needs Scale (CANS-50) per state mandate.

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? No data additions are sought at this time, beyond protocols implemented already or being implemented, as well as protocols with refinements. For example of latter, this past year we added a few questions about safety to our DC Client Survey, to meet Joint Commission

requirements. The Joint Commission also requires use of a standardized tool for individual client monitoring and aggregated program quality improvement – the BASIS & RAS meet their standards, thus the program is in compliance with our accreditors.

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 information below, topically organized. Thank you.

What Barriers Prevent the Program from Achieving Better Outcomes? Please see the information provided below about barriers to optimal placements, housing, health care providers, etc. in the system of care for CRT's discharging residents. Results from our Crisis Satisfaction Survey (detailed below) also indicate that clients' would benefit from more resources after discharge. Unfortunately, these barriers have been amplified due to the COVID-19 pandemic. We look forward to continuing our partnership with the county to build better solutions, options and capacities for CRT residents as they return to the community after crises stabilization.

What Changes to the Program Would You Recommend to Improve the Outcomes? Ensuring an appropriate level of care following DC would yield the greatest benefit to outcomes for clients. The program is seeking to improve outcome completion rates at discharge to provide a more complete picture of strengths and areas-of-need at discharge. In addition, the program arranges for aftercare resources (e.g., transportation, service and community linkages, etc.) and has implemented post-DC follow-ups to ensure an uninterrupted recovery from crisis episodes. Further integration and collaboration with Fresno County would yield the greatest improvements.

Referrals, Access and Integrated Care

N=368 referrals were logged July 2019 thru June 2020. Among all referrals, 246 (67%) were accepted for admission, meeting program eligibility. Referrals primarily came from Fresno County (76%) from these settings: 160 Community Behavioral Health Clinic, 91 Exodus PHF, 26 Community Regional Medical Center, 2 Adventist Health, and 1 each from Kaiser Permanente and St. Agnes Medical Centers.

In FY 19-20, there were 254 enrollments of 208 individuals; at the end of the year, 244 closed episodes and 10 active clients at the CRT. The average length of stay was 16.5 days; median 14.7 days (range same day to 61 days). The clients were all 18 years or older, with an average age of 36.2 years at first enrollment (median = 34.6, range 18.1 to 59.8). Detailed demographics are shown below (see Table 1):

Table 1. Race Groups by Age Categories	18-25 years old		>25 years old		Ethnic	
	Female	Male	Female	Male	Total	Percent
African American	2	1	11	13	27	13%
Asian American	0	0	3	5	8	4%

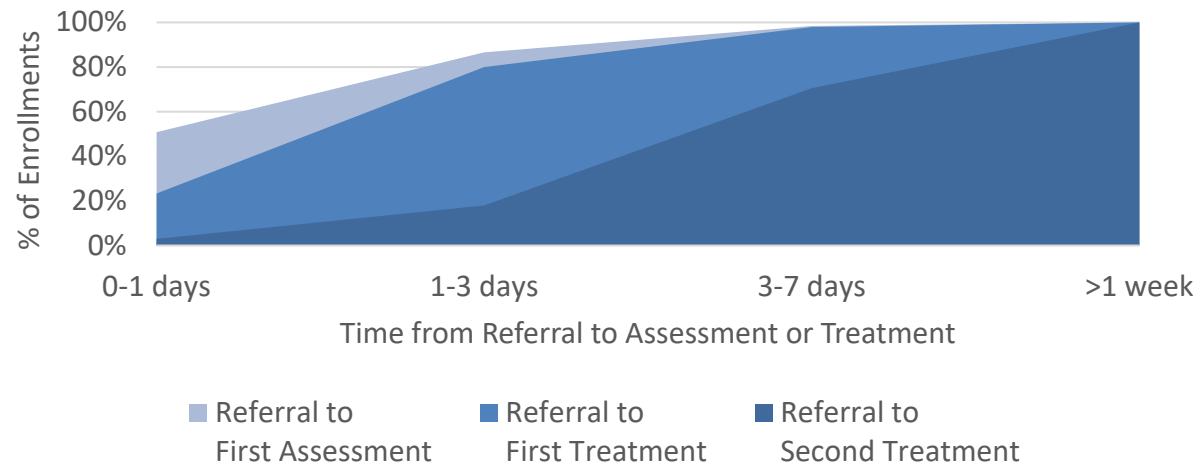
Caucasian	3	3	31	51	88	42%
Hispanic	5	5	9	29	48	23%
Native American	0	0	4	4	8	4%
Other or Mixed Heritage	2	0	7	13	22	11%
Unknown	0	1	4	2	7	3%
Age Group x Gender Totals	12	10	69	117	208	100%

Access KPIs from above list are addressed below with notes about data infrastructure and current challenges in context of the county's overall system of care:

KPI #8: Timeliness between client referral and a completed assessment, assessment to first treatment service, and first to next treatment service

- ❖ The average days between the initial referral and the first assessment following enrollment was 1.4 days; from assessment to first treatment was 0.8 days (referred and treated on the same day); and, from first to second treatment was 3.5 days.
- ❖ On average, enrollments received their first treatment session/intervention 2.2 days following the initial referral, and their second one 5.7 days following initial referral.
- ❖ Most enrollments (71%) received their second treatment within a week of the initial referral (see Figure 1 below):

Figure 1. KPI #8: Timely Access to Care

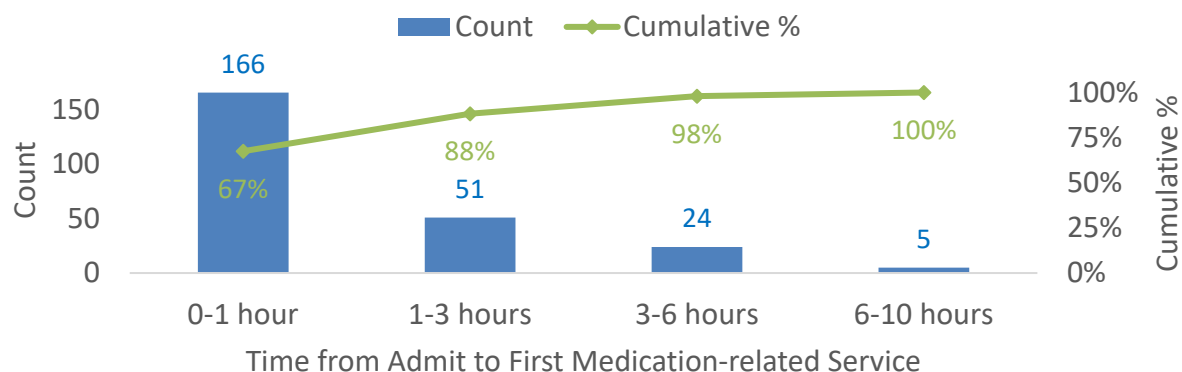


- ❖ N=35 individuals were declined CRT services at least once, due to not meeting medical necessity, safety, or other issues – 23 of these persons (66%) were subsequently enrolled.
- ❖ Please note: company-wide, SBHG created 'Engagement and Retention Dashboards' (aka Timely Access to Care) to align the performance indicators on these dashboards to state DHCS standards. These dashboards are being trained to now and will enable thorough reporting on the full array of mandated timeliness indicators. For the data described above, we utilized a combination of tracer logs and EMR data.

KPI #9: Timeliness of bridging prescriptions (as clients arrive)

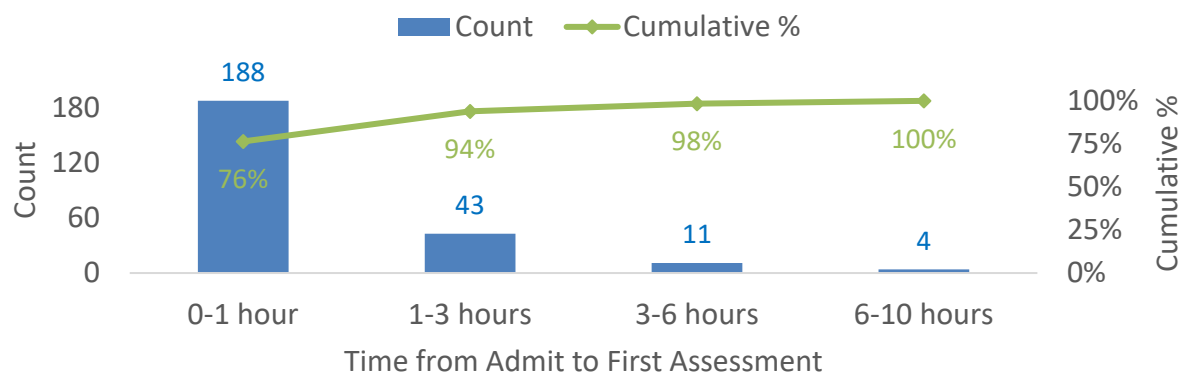
- ❖ Incoming prescriptions are usually available for administration to the client in a timely manner (same day or very next day) because the team works with a limited number of referral sources with whom they can readily and successfully communicate. With regards to arrivals from ERs, crisis settings and acute psychiatric hospitals, the CS CRT nurse on duty arranges to have medications delivered with the incoming resident. Omnicare typically delivers meds in one day and the CS CRT doctor will provide the resident with bridging medications while awaiting the delivery.
- ❖ The policy outlined above is consistent with EMR data that shows during FY 19-20, 100% of enrolling clients receive their first medication-related service or their first encounter with a psychiatrist within 9 hours of admission (mean = 1 hour, median = 15 minutes) (see Figure 2).

Figure 2. KPI #9: Timeliness of bridging prescriptions

**KPI #10: Timeliness of identifying clients with a serious mental illness**

- ❖ Most CRT adults have more than one primary diagnosis (64%) and clinical pathways (areas in need of treatment) were predominately internalizing conditions (58%) and/or major mental illnesses (47%). The most common internalizing condition was major depression; and, the most common major mental illness was schizoaffective disorder.
- ❖ Timely access to care provided by the CRT ensures that clients with a serious mental illness are identified quickly; for enrolled clients, the time between admission and the first assessment or encounter with a psychiatrist following was 43 minutes (median = 9 minutes, max = 8.7 hours) (see Figure 3).

Figure 3. KPI #10: Timeliness of identifying mental illness

**KPI #11: Timeliness of response to sick call and health service requests**

- ❖ Residents are continuously monitored and are taken immediately to emergency/urgent care services when such is warranted. Incident reports (IRs) indicate that clients are given prompt and proper care in emergencies. There were 12 medical- and injury-related IRs in FY 19-20. All 12 medical- and injury-related IRs were discovered and reported within 3 hours of the time it occurred (75% were discovered at the time of the incident). Of these 12 IRs, 10 were followed up with an ER/Hospital visit, 1 was followed up with first aid and notified MD, and finally the last 1 it was determined that no treatment was necessary.
- ❖ Additionally, the CS Resource Specialist schedules residents for passes; and, works with nursing staff to effect requests for non-emergency health care. Additionally, as residents arrive at the CRT, the team implements screenings sought by the county to facilitate integrative health care. In addition to mental health, substance use, and medical health, the county wants specific screenings that are too often missed in the health care history of those we serve. These encompass breast exams, colorectal screenings, diabetes screenings, and screening for depression among those with substance abuse conditions. The CRT team makes routine appointments to request these screenings (apart from depression, which is screened at the CRT).
- ❖ We note that obtaining appointments is an issue for those who are not already connected to a Primary Care Physician (PCP). The team works intently to establish a PCP for each resident that does not have one; however, the new PCP's appointments may be months out, sometimes after the person's stay at the CRT. The team has worked to button down record-keeping for passes and health care visits: dates, times, providers, settings/locations, documenting persistence, etc.; such linkages as a topic is also inquired as part of our new post DC protocols (see #12).

KPI #12: Timeliness of subsequent follow-up visits -- within two weeks or less of discharge

- ❖ The team is implementing a 72 hr., and 1-month post DC protocol to check with the client/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. We note, based on experience so far, that if a resident is already connected to the county Department of Behavioral Health (DBH), or receives Full Service Partnership (FSP) services while at the CRT, the timeliness of effecting post DC linkages is quick with near immediate (next day) uptake into next-on services. However, if a resident is not so connected, post DC connections mean our staff support the client with a walk-in visit, ideally scheduled ahead of their CRT discharge. There is a barrier to doing this with DBH doctors who will not see CRT residents while they are still under the care of CRT doctors. We would like to see this barrier, a "catch-22" situation, resolved to better effect the best practice of a warm hand-off for adults with serious mental illness.

KPI #13: Timely continuity of verified community prescriptions for medication(s) after CRT discharge

- ❖ The CS CRT nurse works with the resident to identify a pharmacy, then calls in medications. If the resident has a verified DC plan, the nurse calls in 30 days. If the resident is homeless, or did not identify a DC plan, the nurse calls in 15 days, with a 15 day refill. Also see #12.
- ❖ In addition, as detailed in the DC Status Form section below, the CRT staff arrange for behavioral health treatment services after discharge, including Psychiatric/Medication Services.

Fidelity, Quality and Compliance**KPI #1: Audits and other performance and utilization reviews of health care services and compliance with regulations and the terms and conditions of the contract**

- ❖ The topics below address varied aspects of traditional compliance and quality assurance, as well as distinct features of SBHG's Total Quality Management (TQM) program which also encompasses practice fidelity achieved through training and monitoring, creative QA/QI processes, and Joint Commission Accreditation.
- ❖ Programmatic fidelity, service quality, and compliance with CRU regulations starts with achieving necessary certifications (e.g., Medi-Cal site) along with the recruitment, hiring, training and supervision of staff. The Central Star Training Department reports many details regarding trainings delivered and provided to each staff. During FY 19-20:
 - N=38 staff participated in, on average, 15.4 courses each (median = 15, range = 1 to 33); and, all staffs are on track to meet their full set of required courses anchored to their position and date of hire.

- They achieved, on average, 38.2 training credits each (median = 37.4, range = 3 to 104.8) which represent a combined total of 1,450.5 hours of training for the team during the year. They passed all tests/certifications (minimum passing score = 80%) at an overall average 96% performance rate (note: 23% of units did not have scores and testing was likely not required).
- N=78 training courses were delivered, with topics shown below (see Table 2):

Table 2. Course Name
02.28.20 Outcome Measurement Tools
5150 Initial Certification (Fresno County)
5150 Recertification 0922
AATBS Account Setup Tutorial 1512
Active Shooter Training
Ages and Stages Questionnaires (ASQ:SE-2)
CANS (CS)
Civil Rights Act Training (All Staff)
Columbia Suicide Severity Rating Scale (CSSRS)
Columbia Suicide Severity Rating Scale Course 1512
Community Services (CSCS) Program Meetings
Compassion Focused Therapy (CFT) Training (All Staff)
Competency Fair (PHF)
Core Practice Treatment Staff Supervision (All Management-Sups)
Core Practices: Externalizing Behavior Conditions
Core Practices: Internalizing
Core Practices: Trauma 101 1512
COVID19 Screening Competency Assessment (PHF Staff)
CPR Certification (PHF & CRT)
Distractions While Driving 1512
Drug Impairment
First Aid Certification
Fresno County Documentation and Billing 0922 (All Staff)
Fresno County Health Equity and Multicultural Diversity
Gang Awareness Training
General Compliance 1512
HIPAA 1512
HIV and AIDS: A Therapist's Reference Guide to Treatment Issues (AATBS) 1512

HR Inservice Training
HR Management Academy Overview 1512
HR New Hire Benefits Overview 1512
HR Wage and Hour Training 1512
HR: DailyPay for Managers 1512
HR: FMLASource for Managers 1512
HR: Sexual Harassment for All Staff (Gallagher) 0922
HR: Sexual Harassment for CA Supervisors (Gallagher) 0922
Human Trafficking Training
IT Security 2019: Phishing and Identity Theft 1512
IT Security Q1 2019: Spearphishing Attacks 1512
IT Security Q2 2019: Password Security 1512
LGBT Training (Cultural Attunement Plan)
Management Academy
Mandated Reporting 1512
Mechanical Restraint (PHF)
Microsoft Excel 2016: Beginner 1512
Motivational Interviewing 1512
Motivational Interviewing I
NEO Condensed
NEO Day 1 (CRT)
NEO Day 1 (PHF)
NEO Day 2 (CRT)
NEO Day 2 (PHF)
Net CE
Peer Support Learning for the 21st Century
Pro-ACT Day 1
Pro-ACT Day 2
Pro-ACT Day 3
Pro-ACT Instructor Training with Restraint 5 Day (CS PHF)
Pro-ACT Refresher Day 1
Pro-ACT Restraints Refresher Day 2
Proper Use of PPE 1512
Safety: General Safety 1512

Safety: Infectious Diseases and Other Contagions 1512
Safety: Workplace Violence Prevention 1512
Seeking Safety
Self Harming Awareness
Specific Compliance 1512
Suicidal Behaviors in Clinical High-Risk Populations
Suicide Assessment Treatment and Management
TAY Program Staff Meetings
TB 101 for Health Care Workers (Web Based)
Total Quality Management TQM 1512
Transition to Independence (TIP) PART 2 (All Staff)
Vital Sign Monitoring Competency Assessment (PHF Staff)
Wellness Recovery Action Plan (WRAP) 2-Day FC Training (All Staff)
Wellness Recovery Action Plan (WRAP) Training (All Staff)
Workplace Violence Prevention Training
WRAP (TEAMMATES) Training

- ❖ Fidelity also pertains to staff's use of the practices they train for in their work with clients. One example is the integration and active use of EBPs, such as WRAP. Below -- reporting available on 94% of discharged enrollments in FY 19-20 (N = 229) -- indicates that WRAP is taking hold in the milieu: there are good proportions (79%) guided to write a WRAP or introduced to WRAP concepts during their stay at the CRT.

Table 3. Use of WRAP	Count	Percent
YES, written WRAP	108	47%
SOMEWHAT, introduced and discussed ideas, but no written plan	73	32%
NO, not introduced, not written	48	21%
Grand Total	229	100%

- ❖ The program utilizes SBHG's Total Quality Management (TQM) system, a comprehensive and integrative approach that incorporates Joint Commission standards for the delivery of behavioral healthcare. SBHG's TQM system which include the use of quality assurance checklists, internal service documentation audits, incident tracking/reporting, responses to consumer complaints/grievances, and varied methodologies applied for continuous quality improvement projects including Rapid Cycle Improvement Process (RCIP) and Continuous Quality Improvement (CQI) cycles. TQM data are reviewed each fall at the program's Quality Council to which stakeholders are invited to attend.

- ❖ In FY19-20, Rapid Cycle Improvement Process (RCIP) topics included Record of Care, Treatment, and Services documentation and nursing billing. Tracer logs in this same time period indicated staff were “knowledgeable of their tasks and their roles in the referral/intake process,” but needed a better understanding of the referral process at a system level.
- ❖ Clinical supervisors and QA staffs actively monitors the milieu for high risk issues, incident reporting (IRs), and client grievances. There were 134 IRs filed involving 99 residents in FY 19-20 (11 per month); none of the incidents involved client restraints. Below Table 4 details the counts of incidents by type, as well as the number of documented actions per incident.

Table 4. Types of Incidents	# Incidents	# of Actions per Incident
AMA/Unplanned Discharge	52	2.12
Other	50	2.96
Health/Medical/Medication	10	3.20
Threats	10	1.50
AWOL	6	2.33
Assault	3	2.33
Substance - Use/Abuse or Overdose	3	1.33
Equipment/Property	2	2.00
Injury	2	3.50
Sexual Behavior	1	5.00
Grand Total	139	2.49

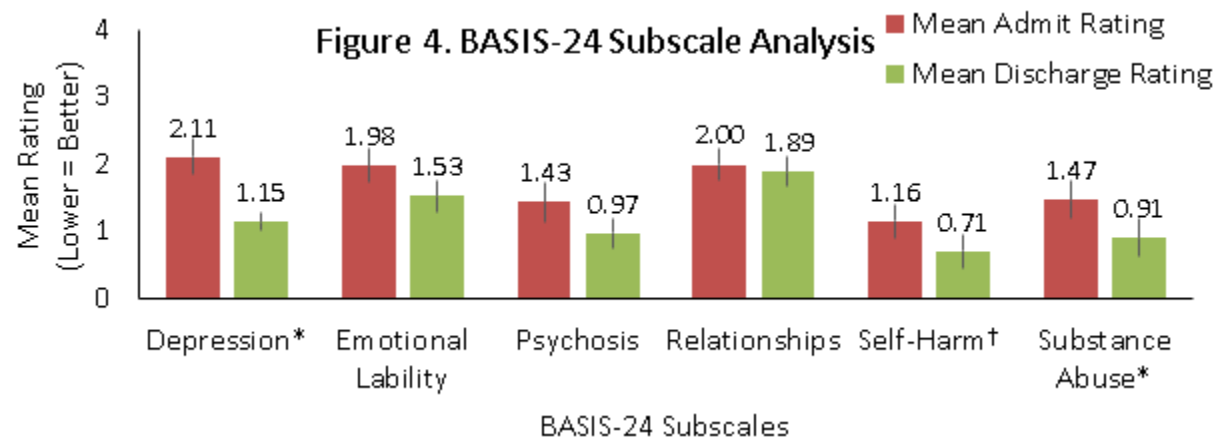
- ❖ The program received and responded to 20 client complaints/grievances in FY 19-20. These related to staff behavior, resident behavior, and facilities/rules. The program director personally met with persons involved to resolve the issues. In a few instances, corrective and/or disciplinary actions regarding staff comportment were needed and enforced.
- ❖ The past year, Central Star’s leadership managed this now mature program 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. Starting March 2020, the COVID-19 pandemic necessitated additional safety screening and policies for both staff and residents, and as a result of these efforts there have been no positive cases of COVID-19 at the CRT facility.
- ❖ A virtual CCL audit concerning the CRT’s response to COVID-19 was conducted in March 2020. No deficiencies were found, and it was determined that the program exceptionally followed CDC and public health guidelines and communicated with residents and community about COVID risks and responses.

- ❖ Following the prior year's review process, the company received our Joint Commission Accreditation report October 2019, and the agency, including Central Star, was re-accredited for another three-year term.
- ❖ Early in the FY, Central Star updated their SBHG Bi-Annual Cultural Attunement Plan for FY 19-20 & 20-21. This process, with the plan developed in tandem with other Central Star programs, encompasses these actionable areas: a) staff trainings; b) cultural attunement basics as needed (e.g., written policies and procedures, translations of consumer documents, ADA accommodations, Language Line use, assessing and acting upon differential outcomes from a cultural lens, HR recruitment strategies, etc.); and, c) elective projects. Central Star as an agency launched a cultural attunement committee as a prior elective project, which serves to guide community integration activities that involve leaders and staff connecting into their respective communities in new and meaningful ways. CRT leadership are especially interested in joining the county's efforts to address housing and placement capacity for persons with serious mental illness to improve their residential stability and sense of community. Central Star also began the new six month reporting process, per county requirements, on cultural competency plan updates. The update for Jan-Jun 2020 period was submitted in August 2020.

BASIS-24 Matched-Pairs Analyses

KPI #3 and KPI #6: Effectiveness of crisis residential treatment interventions and Improve participants' experience of achieving wellness and recovery

- ❖ The team administered 123 Behavior and Symptom Identification Scale (BASIS-24) forms with 77 unduplicated clients between March 2019 and June 2020. Below we report on 19 matched pre- and post- assessment pairs (discharged between June 2019 to June 2020 with 27.2 days on average between admit and discharge), which is an 8% available sample out of all discharges. Improving completion rates of the BASIS and other measurements -- especially as residents exit the program -- is a continued QI focus. The BASIS-24 rating scales are numeric, and for reporting purposes all items were recoded so that lower ratings reflect less difficulties or less frequent symptoms.
- ❖ The Figure 4 below shows mean ratings for the six subscales that comprise the BASIS-24. Following their stay at the CRT, clients reported reductions in all six subscales, significant reductions in depression ($p < .001$) and substance abuse ($p < .05$), and a marginal reduction in self-harm ($p = .06$). Emotional lability and relationship subscales showed the smallest reductions, thus suggesting that an emphasized focus on emotional/social health would benefit CRT clients in the future.



The BASIS-24 self-ratings on each item, organized by subscale and degree of improvement (e.g., highest change score), is shown in the table below. Asterisks indicate items with a significant reduction, beyond chance occurrence, of self-reported problems from admit to discharge (no items showed significant increases). The greatest improvements were found in the depression subscale both in the mean rating as well as the % actionable (a response of 3 or 4). Notably, there were improvements on most items within each subscale, even if they did not reach statistical significance. This suggests that their stay at the CRT is beneficial for most clients, and they leave the program with a more control and confidence regarding their issues.

Table 5. Basis Items

Subscale	Item	Question	Mean Rating			% Actionable (≥ 3)		
			Admit	Discharge	Change	Admit	Discharge	Change
Depression	1*	... Managing your day-to-day life?	2.05	0.79	1.26	42%	0%	42%
	2*	... Coping with problems in your life?	2.26	1.00	1.26	53%	0%	53%
	3*	... Concentrating?	2.16	1.00	1.16	42%	11%	32%
	12*	... Feel nervous?	2.42	1.42	1.00	63%	21%	42%
	10*	... Feel sad or depressed?	2.11	1.26	0.84	53%	5%	47%
	9	... Feel confident in yourself?	1.68	1.42	0.26	37%	21%	16%
Emotional	13	... Have thoughts racing through your head?	2.47	1.89	0.58	63%	32%	32%
Lability	18	... Have mood swings?	1.84	1.37	0.47	37%	21%	16%
	19	... Feel short-tempered?	1.63	1.32	0.32	26%	16%	11%
Psychosis	15*	... Hear voices or see things?	1.53	0.89	0.63	26%	16%	11%
	16	... Think people were watching you?	1.79	1.16	0.63	37%	16%	21%
	17	... Think people are against you?	1.47	1.11	0.37	26%	16%	11%
	14	... Think you had special powers?	0.95	0.74	0.21	11%	5%	5%
Relationships	8	... Feel like you had someone to turn to if you needed help?	2.37	1.63	0.74	63%	32%	32%
	7	... Feel close to another person?	2.47	2.00	0.47	58%	47%	11%
	5	... Get along with people outside your family?	1.74	1.79	-0.05	37%	37%	0%
	6	... Get along well in social situations?	1.63	1.89	-0.26	37%	47%	-11%
	4	... Get along with people in your family?	1.79	2.16	-0.37	32%	47%	-16%
Self-Harm	11	... Think about ending your life?	1.17	0.67	0.50	17%	11%	6%
	20	... Think about hurting yourself?	1.11	0.78	0.33	11%	11%	-1%
Substance	24*	... You have problems from your drinking or drug use?	1.89	0.68	1.21	47%	16%	32%
Abuse	23†	... You try to hide your drinking or drug use?	0.89	0.39	0.50	26%	6%	21%
	21	... You have an urge to drink alcohol or take drugs?	1.42	1.00	0.42	21%	11%	11%
	22	... Anyone talk to you about your drinking or drug use?	1.53	1.37	0.16	16%	21%	-5%

*Significant reduction of symptoms from admit to discharge ($p < .05$ two tailed).

†Marginal reduction of symptoms from admit to discharge ($p < .05$ one tailed).

RAS Matched-Pairs Analyses

KPI #3 and KPI #6: Effectiveness of crisis residential treatment interventions and Improve participants' experience of achieving wellness and recovery

- ❖ The team completed 119 Recovery Assessment Scale (RAS) assessments (20-item version) with 81 individuals (dated April 2019 – October 2019). Below we report on 21 matched pre- and post- assessment pairs (discharged between June 2019 to June 2020 with 36 days on average between admit and discharge), which is a 9% available discharge sample. RAS ratings are numeric, i.e. 1=Strongly Disagree, 2=Disagree, 3=Not Sure, 4= Agree and 5=Strongly Agree and all items have positive valence, thus higher scores are desirable.
- ❖ Figure 5 below shows mean ratings for the five factors that comprise the RAS. The greatest self-reported issue at admit was the ability to cope with symptoms (M = 2.62). This factor showed a significant improvement at discharge (p = .002), and the greatest numerical at discharge (difference M = 0.92). On average clients did not report problems in the other four factors at admit, and though we observed numerical improvements in these other factors, only help-seeking showed a significant improvement (p < .05).

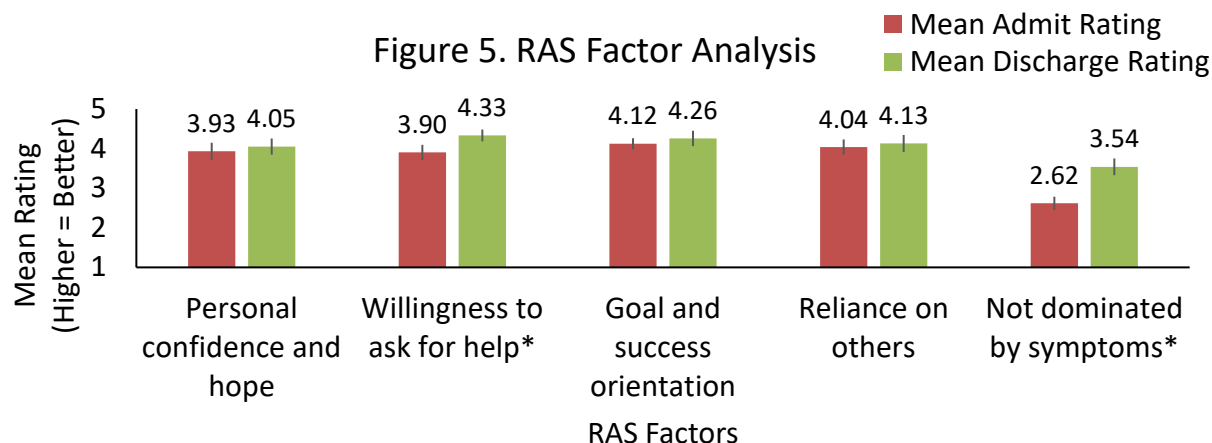


Table 6 below shows the mean ratings (higher is better) and % actionable (a response of 1 or 2) for each RAS item, organized by factor and degree of improvement (e.g., the change in score). Bolded items indicate a significant improvement from admit to discharge (no items showed significant decline). Consistent with the factor analysis above, significant improvements were found in the help-seeking and coping with symptoms factors both in the mean rating as well as the % actionable (a response of 3 or 4). Improvements in these two factors suggest that sufficient linkages to aftercare following discharge will be critical to sustaining recovery in CRT clients. This is a topic that is explored in the following section.

Table 6. Ras Items

Factor	Item	Question	Mean Rating			% Actionable (<=2)		
			Admit	Discharge	Change	Admit	Discharge	Change
1. Personal confidence and hope	7	I can handle what happens in my life.	3.52	3.95	-0.43	19%	10%	10%
	8	I like myself.	3.85	4.15	-0.30	24%	15%	9%
	11	I'm hopeful about my future.	3.81	3.95	-0.14	10%	10%	0%
	10	Something good will eventually happen.	4.33	4.24	0.10	0%	0%	0%
	9	If people really knew me they would like me.	4.29	4.00	0.29	5%	10%	-5%
2. Willingness to ask for help	17*	I ask for help, when I need it.	3.71	4.33	-0.62	19%	5%	14%
	15*	I know when to ask for help.	3.76	4.19	-0.43	14%	5%	10%
	16	I am willing to ask for help	4.24	4.48	-0.24	10%	0%	10%
3. Goal and success orientation	2	I have my own plan for how to stay or become well.	3.43	3.95	-0.52	14%	14%	0%
	4	I believe I can meet my current personal goals.	4.00	4.29	-0.29	5%	10%	-5%
	5	I have a purpose in life.	4.14	4.14	0.00	5%	10%	-5%
	3	I have goals in life that I want to reach.	4.48	4.43	0.05	0%	5%	-5%
	1	I have a desire to succeed.	4.57	4.48	0.10	0%	10%	-10%
4. Reliance on others	18	I have people I can count on.	3.62	3.86	-0.24	24%	14%	10%
	20	It is important to have a variety of friends.	4.14	4.29	-0.14	10%	10%	0%
	6	Even when I don't care about myself, other people do.	4.19	4.24	-0.05	5%	10%	-5%
	19	Even when I don't believe in myself, other people do.	4.20	4.10	0.10	5%	10%	-5%
5. Not dominated by symptoms	13*	My symptoms interfere less and less with my life.	2.38	3.52	-1.14	57%	24%	33%
	14*	My symptoms seem to be a problem for shorter periods of time...	2.95	4.00	-1.05	33%	10%	24%
	12	Coping with my mental illness is no longer the main focus of my life.	2.52	3.10	-0.57	52%	38%	14%

*Significant improvement from admit to discharge ($p < .05$ two tailed).

Status at Discharge (SBHG EMR DC Status Form)

KPI #3 and KPI #6: Effectiveness of crisis residential treatment interventions and Improve participants' experience of achieving wellness and recovery

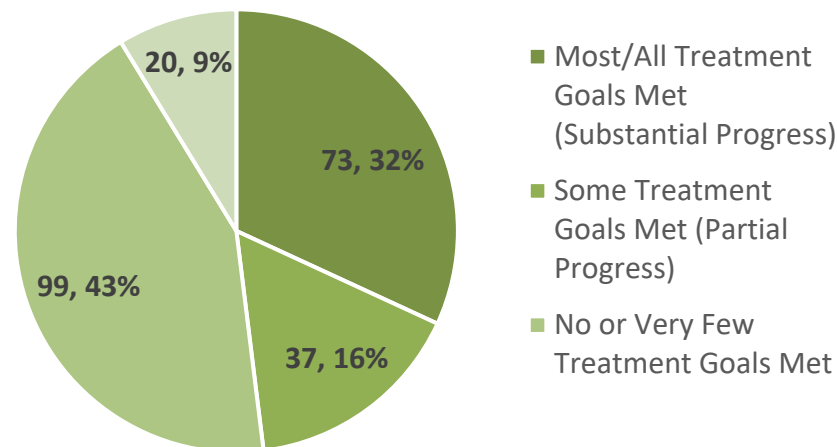
- ❖ The following data derives from staff's recording varied aspects of each discharged client's status, results, and aftercare plans in the SBHG EMR. The DC Status Form was implemented in spring 2019, and data are available on 94% of closed cases in FY 19-20 (N=229 out of 244), a strong sample of records. Table 7 shows the primary reason for clients' discharge from the program.

Table 7. DC Reason	Count	Percent
Client/Caregiver Refused Services	90	39%

Client/Family Completed Program	81	35%
Other	36	16%
No Longer Meet Eligibility	21	9%
Services Dc'ed by Authorizing Entity	1	0.4%
Grand Total	229	100%

- ❖ Even though they might not all complete the program, and some may require further treatment elsewhere, approximately half of CRT residents made progress on some, most, or all of their individualized treatment goals, shown below (see Figure 6):

Figure 6. Treatment Goals at DC



- ❖ Overall, 63% of discharged enrollments (N=144) participated in the EBPs that are part of CRT programming (such as WRAP) with at least a minimum number of sessions delivered to provide a sufficient dose of the practice for the client to benefit from the EBP (note: other residents may have also participated in a few EBP sessions, but not at a level considered and rated by staff as sufficient to benefit from the practice).

KPI #4: Effectiveness of discharge planning

- ❖ From the DC Status Form, N=131 residents were discharged to a known living situation, the remaining N = 98 had unknown destinations (left AMA) (see Table 8). Among known living situations, 43% were to an independent, family, or congregate setting, 34% were to a shelter or a situation of being homeless, and 24% were to a treatment or incarcerative setting.

Table 8. Living Situation at Discharge	Count	% Total	% Known
Known	131	57%	100%
Independent, Family, or Congregate Setting	56	11%	43%
Shelter or Homeless	44	19%	34%
Treatment or Incarcerative Setting	31	14%	24%
Unknown	98	43%	-
Grand Total	229	100%	-

- ❖ The DC Status Form also captures information about the types of services and supports, behavioral health and community resources tracked separately, that are part of the aftercare plans for those leaving the CRT. For the FY 19-20 discharge cohort with available records, 75% had one or more aftercare services or community resource linkages planned or provided by discharge. Details are below.

Table 9. # Planned Service or Resource After DC	Count	Percent
0	57	25%
1	63	28%
2	53	23%
3	40	17%
4 or more	16	7%
Grand Total	229	100%

- ❖ Among those with planned services or provided resources, the most common was outpatient services (N=105) followed by community housing/transportation resources (N=48, also see below), Full Service Partnership (N=29), and Psychiatry/Medication Services (N=28).
- ❖ In addition to the DC Status Form, residents also receive detailed aftercare instructions and discharge summaries from medical staff (e.g., Physicians and Psychiatrists) to facilitate their community connectedness and transition to recovery.

KPI #5: Effectiveness of transportation coordination, upon DC

- ❖ Transportation has not been an issue and we provide such whenever needed by a discharging resident (e.g., bus passes/vouchers). The challenge regarding discharges is securing the client's next placement and/or housing. The CRT does not have housing slots available, nor an adult services program that feeds into a longer-term program for those not in mental health crisis. Finding housing is especially difficult for those without an income who do not have a substance use disorder. There are a

few SUD programs that do not require payment but placement into these programs is difficult because of COVID-19. In addition, there is nothing comparable for persons with only mental health concerns.

Crisis Satisfaction Surveys

KPI #7: Surveys of persons served, family members, other providers and community stakeholders

- ❖ To track client satisfaction, SBHG implemented the use of anonymous satisfaction surveys available to clients at residential and crisis programs as they prepare for discharge. Questions touch on topics ranging from services to staff to facilities and food.
- ❖ In FY 19-20, we received 106 responses (out of 244 discharges), and Table 10 below shows the number and percent satisfied for each item.
- ❖ Overall, clients expressed satisfaction (85% or greater satisfied) with their stay at the CRT across a majority of items (bolded). Notably, residents were satisfied with the level of care provided by the staff, and positive comments reflect this sentiment. A few representative examples:
 - ... these staff members all empathized with me and left an impression on me that will last a lifetime toward my future.
 - The CRU peer counselors have helped me to feel happy, independent, and hopeful for the future.
 - They helped me to calm down when I start to have a manic episode by redirecting me and supporting me.
 - They have helped me in too many ways through personal experiences, making feel worthy, and shared that I am not alone.
 - ... in particular have helped my recovery in all areas. To be more patient and thoughtful with my future decision. Very encouraging.
- ❖ Items for improvement identified by clients -- that the program will focus on improving in the future -- include discharge planning, substance abuse treatment, and quality of life improvements such as privacy and food variety.

Table 10. Crisis Satisfaction Survey Questions and Results	N Responses	# Satisfied	% Satisfied
comfortable?	104	98	94%
attractive?	105	97	92%
food that taste good?	105	95	90%
avoid mental health crisis?	105	92	88%
treat me with dignity and respect?	104	91	88%
help me work on the goals and problems that I select?	104	91	88%
understand my cultural background?	102	88	86%

work on my personal goals and problems?	106	91	86%
provide me with skills/tools to avoid hospitalizations?	101	86	85%
provide information about my medications and health?	106	90	85%
see more options to my problems and my future?	106	90	85%
teaching me to get along with others?	106	90	85%
good variety and choice of food?	104	88	85%
treat me as if I am not helpless and can turn my life around?	104	88	85%
enjoyable or interesting?	106	88	83%
food that is healthy?	105	87	83%
attend to my needs and culture when helping through crisis?	102	84	82%
learn about and cope better with loss, grief and/or trauma?	106	86	81%
allow me enough privacy?	105	85	81%
prepare for discharge?	105	85	81%
get along better with others?	104	82	79%
make use of new, creative or non- traditional service offerings?	105	82	78%
help make me feel safe?	106	81	76%
connect to community services and agencies?	105	79	75%
connect to my peers in the community?	105	78	74%
help me overcome substance use, abuse or dependency?	105	76	72%
Average % Satisfied			83%

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.