PROGRAM INFORMATION:

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

FISCAL INFORMATION:

Program Budget Amount:	$2,174,889	**Program Actual Amount:**	$1,679,145.90
Number of Unique Clients Served During Time Period:	181		
Number of Services Rendered During Time Period:	55,322		
Actual Cost Per Client:	$9,277.05		

CONTRACT INFORMATION:

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

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

TARGET POPULATION INFORMATION:

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

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: adult 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)

Community collaboration

Cultural Competency

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

Access to underserved communities

Please describe how the selected concept (s) embedded :

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

Please see the Form B attachment or the report below.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

Program Outcome & Goals

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

		❖ Status at Discharge
5. Effectiveness of transportation coordination, upon discharge	(3) Access (to next-on services)	Described in: ❖ Status at Discharge
6. Improve participants' experience of achieving wellness and recovery	(1) Effectiveness	Described in: ❖ BASIS-24 Analyses ❖ RAS Analyses ❖ Status at Discharge *Also see endnote regarding RR tools.
7. Surveys of persons-served, family members, other providers and community stakeholders	(4) Satisfaction & Feedback (of clients, family, community)	Described in: ❖ Crisis Satisfaction Surveys SBHG Agency Partner Survey to be administered in the coming year.
8. Timeliness between referral and a completed assessment, assessment to first treatment service, and first to next treatment service	(3) Access	Described in: ❖ Referrals, Access and Integrated Care
9. Timeliness of bridging prescriptions	(3) Access (at arrival, prior Rx's)	Described in: ❖ Referrals, Access and Integrated Care
10. Timeliness of identifying individuals with a serious mental illness	(3) Access	Described in: ❖ Referrals, Access and Integrated Care
11. Timeliness of response to sick call and health service requests	(3) Access	Described in: ❖ Referrals, Access and Integrated Care

12. Timeliness of subsequent follow-up visits -- within two weeks or less of discharge	(3) Access (at discharge)	Described in: ❖ Referrals, Access and Integrated Care
13. Timely continuity of verified community prescriptions for medication(s) after CRT discharge	(3) Access (at discharge, medication retention)	Described in: ❖ Referrals, Access and Integrated Care

* Central Stars successfully requested, received and analyzed data on the County's Reaching Recovery (RR) tools, a Fresno County Adult System of Care mandate for our CS TAY FSP program this year. We look forward to being able to also access and analyze RR data on our CRT individuals served should such data be made available to the SBHG RFP Dept in the future. RR tools: Recovery Needs Level (RNL), Recovery Marker Inventory (RMI), Consumer Recovery Measure (CRM).

What Outcome Measures Are Being Used? 1) Behavior and Symptom Identification Checklist (BASIS-24) completed by individuals served; 2) Recovery Assessment Scale (RAS) completed by individuals served; 3) SBHG EMR DC Status Form; 4) Consumer Surveys/Phone Interviews conducted at discharge, with plans to implement 72 hrs. and one month post discharge surveys in the coming year; 5) SBHG Agency Partner Survey (plans to administer in the coming year); 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 planned for implementation (e.g., Post discharge follow-up interviews, access to County RR data), as well as protocols with refinements. For an example of the latter, as part of SBHG's continuous efforts to improve effectiveness and outcomes in an individual-driven and data-informed manner, this past year we implemented a new data reporting system that allows staff to view BASIS-24 outcome data for individual's monitoring (i.e., Treat-to-Target or T2T) and aggregated program quality improvement. The BASIS-24 along with the RAS meet the Joint Commission's requirement for the use of a standardized tool to provide measurement-based care. Thus, the program is in compliance with SBHG's accreditation standards. However, the team must address and improve data collection to achieve more complete BASIS, RAS record sets.

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.

What Barriers Prevent the Program from Achieving Better Outcomes? Please see the information provided below about continuing 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 individuals would benefit from more resources after discharge. Unfortunately, these barriers are currently amplified by the COVID-19 pandemic, but we look forward to continuing our partnership with the County in these challenging times to build better solutions, options and capacities for CRT residents as they return to the community after crisis stabilization.

What Changes to the Program Would You Recommend Improving the Outcomes? Ensuring an appropriate level of care following discharge would yield the greatest benefit to outcomes for individuals served. The program has improved outcome completion rates at discharge on the EMR DC Status Form, thus providing a more complete picture of strengths and areas-of-need to ensure appropriate levels of aftercare planning and treatments. In addition, the program arranges for aftercare resources (e.g., transportation, service and community linkages, etc.) and will be implementing post-discharge follow-ups to ensure services and supports for uninterrupted recovery after their crisis episode. Further integration and collaboration with Fresno County's System of Care will yield the greatest improvements.

Referrals, Access, and Integrated Care

- N=321 (FY 19-20 N = 368) referrals were logged July 2020 thru June 2021 (FY 20-21).
  - Among all referrals, N=223 (69%) were accepted for admission, meeting program eligibility.
  - N=123 referrals were not subsequently enrolled. Of those, N=96 were declined due to not meeting medical necessity, safety concerns, full capacity, or other issues. The remaining 27 were initially accepted but later withdrawn.
  - Referrals primarily came from Fresno County (69%) – see **Table 1** for the breakdown by county and enrollment status.
  - Referrals from Fresno County came from these settings: 174 Community Behavioral Health Clinic, 23 Community Regional Medical Center, 18 Exodus CSC, 6 Exodus PHF, and 2 Clovis Community Hospital.
  - The average days between the initial referral and admit dates was 3 days and 97% of enrollments were admitted within 10 days of the initial referral.
- In FY 20-21, there were N=208 enrollments (N = 254 in FY 19-20) of N = 181 distinct individuals (N = 208 in FY 19-20).

- Of the 181 distinct clients enrolled in FY 20-21, N=159 had only a single enrollment. N=17 had 2 enrollments and N=5 had 3 enrollments.
- Of the 208 enrollments, 198 were admitted in the current FY and 10 were carryovers from the prior FY.
- At the end of the FY, there were 192 discharged enrollments and 16 active enrollments at the CRT.
- For the 192 discharges, the average length of stay (LOS) was 21 days with a median LOS 28 days (Average LOS = 17 days in FY 19-20).

❖ All individuals served were between the ages of 18 and 60. At the time of their first enrollment in FY 20-21, the average and median age was 36 years (Average Age = 36 years in FY 19-20). Detailed demographics are shown below in **Table 2**.

Table 1. Count Referrals by Referral County

County	Enrolled	Not Enrolled	Grand Total
Fresno	148	74	222
Santa Clara	15	21	36
Alameda	16	13	29
Kern	10	5	15
Tulare	6	5	11
Ventura	1	2	3
Siskiyou	0	1	1
Napa	1	0	1
Los Angeles	0	1	1
Placer	1	0	1
San Francisco	0	1	1
Grand Total	**198**	**123**	**321**

Table 2. Client Demographics at first enrollment in FY 20-21.

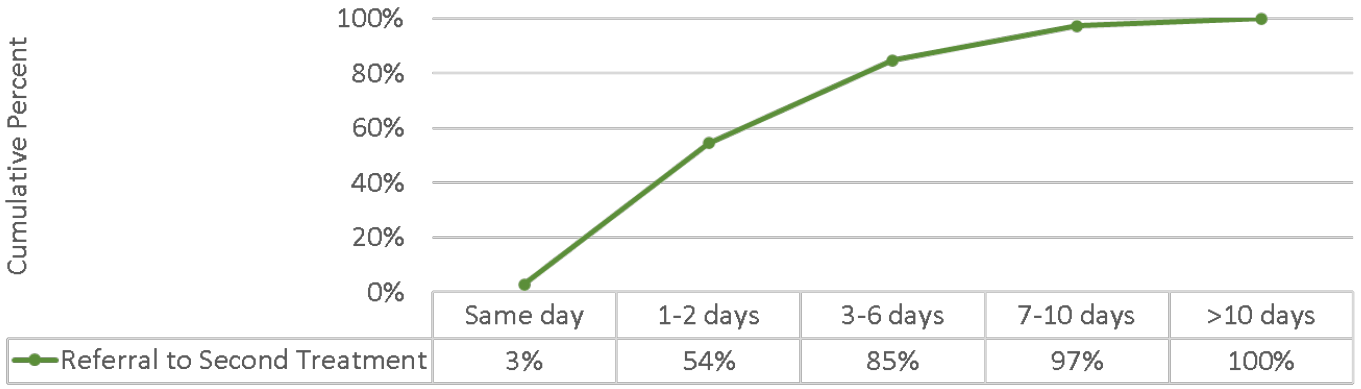
Ethnicity/Race	18-25 years old		>25 years old		Grand Total
	Female	Male	Female	Male	
American Indian	0	0	2	3	5
Asian	0	1	2	4	7
Black	3	4	5	10	22
Hispanic	4	8	9	22	43
White	4	7	23	32	66
Mixed	0	1	1	5	7
Other	2	1	5	15	23
Unknown	0	1	1	6	8
Grand Total	**13**	**23**	**48**	**97**	**181**

❖ Access KPIs from above Table of Contents 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 individual served referral and a completed assessment, assessment to first treatment service, and first to next treatment service at the CRT:

- For the following analyses, we report on individuals served that were admitted in FY 20-21 and enrolled for 24 hours or more (N=184 enrollments, referred to below as "treated enrollments"). This excludes N=14 enrollments where the individual left against clinical advice (ACA) within 24 hours of admit (discussed further in Status at Discharge).
  - The average days between the initial referral and the first assessment following enrollment was 3 days
  - 99% of treated enrollments (N=183) received their first treatment the same day as their first assessment (82% in FY 19-20); the remaining 1% (N=1) received their first treatment the day following their first assessment.
  - 66% of treated enrollments (N=122) received their next (second) treatment the same day as their first treatment (15% in FY 19-20); the remaining 34% (N=62) received their next treatment the day following their first treatment.
  - On average, treated enrollments received their second treatment 3 days following the initial referral (Average = 6 days in FY 19-20).
  - 97% (N=179) received their second treatment within a week of the initial referral (71% in FY 19-20).

Figure 1. KPI #8: Days from Referral to Second Treatment



	Same day	1-2 days	3-6 days	7-10 days	>10 days
Referral to Second Treatment	3%	54%	85%	97%	100%

- Improvements in staff training, data collection and reporting (e.g., company-wide, SBHG created Timely Access to Care dashboard reports are being used to align the performance indicators to the full array of DHCS-mandated timeliness standards). These dashboards helped inform the data in this report, and ongoing training and orientations are being provided for program staff, such as those at the Central Star CRT, to use these and other dashboards. Much of the data described above and in the following timeliness related KPI sections were drawn from these dashboards, referencing internal logs to resolve inconsistencies when necessary.

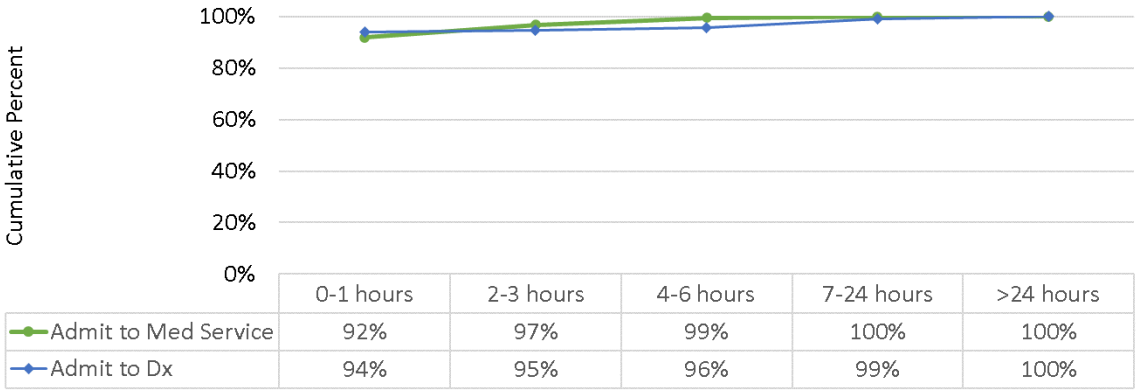
KPI #9: Timeliness of bridging prescriptions (as individuals arrive):

- Incoming prescriptions are usually available for administration to the individual 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.
- As shown in **Figure 2** below, the policy outlined above is consistent with EMR data that shows during FY 20-21, 99% of treated enrollments received their first medication-related service within 6 hours of admission (100% in FY 19-20), with the lone exception being an evening admission who received their medication service at 7 AM the following morning.
    - The average time to first medication-related service was 30 minutes (Average = 1 hour in FY 19-20).

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

- Among treated enrollments, 21% had more than one primary diagnosis (N=38) and clinical pathways (areas in need of treatment) were predominately Schizophrenia Spectrum and Other Psychotic Disorders (60%) followed by internalizing conditions (47%). The most common internalizing condition was Depressive Disorders.
- Like bridging prescriptions, timely access to care provided by the CRT ensures that individuals with a serious mental illness are identified quickly (see **Figure 2**). For treated enrollments, the time between admission and first diagnosis was 65 minutes (median = 0 minutes). 100% received a diagnosis within 48 hours.

Figure 2. KPIs #9-10 Hours from Admit to Medication Service and Diagnosis



	0-1 hours	2-3 hours	4-6 hours	7-24 hours	>24 hours
Admit to Med Service	92%	97%	99%	100%	100%
Admit to Dx	94%	95%	96%	99%	100%

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 individuals are given prompt and proper care in emergencies. There were 14 medical- and injury-related IRs in FY 20-21 (N=12 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 one 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 seeks 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 discharge 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 discharge linkages is quick with near immediate (next day) uptake into next-on services. However, if a resident is not so connected, post discharge connections mean our staff support the individual 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 discharge plan, the nurse calls in 30 days. If the resident is homeless, or did not identify a discharge 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 CRT 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 20-21:
  - N=39 staff participated in, on average, 23 courses each (Average = 15 courses in FY 19-20) and all staffs are on track to meet their full set of required courses anchored to their position and date of hire.
  - Staff achieved, on average, 50 training credits each (Average = 38 credits in FY 19-20) which represent a combined total of 1,948 hours of training for the team during the year (Total = 1,451 hours in FY 19-20). They passed all tests/certifications (minimum passing score = 80%) at an overall average 95% performance rate (note: 23% of units did not have scores and testing was likely not required).
  - N=117 training courses were delivered (N=78 in FY 19-20), with topics shown below (see Table 3):

Table 3. Course Names
2020 Health Competency Fair
21st Century Schools: Teaching Today's Students
5150 Initial Certification (Fresno County)
5150 Recertification
A Primer for Working with Psychosis
AATBS Account Setup Tutorial
Adult ADHD (AATBS)

Affairs: Helping Couples Heal (AATBS)
Aggression Replacement Training (ART) (All Staff)
Aging (AATBS; Pre-license Course)
Anxiety Treatment via Telehealth (PESI)
Assessment and Treatment of Children-Adolescents with Autism Spectrum Disorder (AATBS)
ATOD: Addiction and the Family System
ATOD: Advanced Issues in Substance Abuse Treatment
ATOD: Marijuana Basics
ATOD: Physiology and Pharmacology of Addiction
ATOD: Relapse, Trauma, and Addictions
Autism Spectrum Disorder: A Clinical Guide for General Practitioners (AATBS)
BinaxNOW COVID Testing Training
Bullying (AATBS)
California Law and Ethics for CSWs -- 12 Hour (AATBS)
California Law and Ethics for CSWs -- 6 Hour (AATBS)
California Law and Ethics for MFTs -- 12 Hour (AATBS)
Children Exposed to Domestic Violence (AATBS)
Civil Rights Act Training (All Staff)
Claims and Targets
Clients with Anger Issues (AATBS)
Clinical Supervision: A Competency-Based Approach 2019 (AATBS)
Clinical Supervision: Traditional and Contemporary Issues and Processes -- 2019 (AATBS)
Close Reading
Columbia Suicide Severity Rating Scale Course
Community Safety Intervention (CSI)
CONCUR TRAINING
Connecting Teachers and Families: Mental Health and Social and Emotional Supports in the Remote and Hybrid Classroom
Core Practice Alcohol Tobacco & Other Drugs (ATOD) Inpatient/Residential Programs
Core Practice Treatment Staff Supervision (All Management-Sups)
Core Practice Wellness Recovery Action Plan (WRAP)
Core Practice: Cultural Attunement
Core Practice: Motivational Interviewing I
Core Practices Alcohol Tobacco and Other Drugs (ATOD) (All Staff)
Core Practices: Externalizing Behavior Conditions
Core Practices: Internalizing Behaviors Conditions
Core Practices: Trauma 101

CPR Certification (PHF & CRT)
CPR Refresher (PHF)
CPR/AED Certification
Crisis Management with High-Risk Clients (PESI)
CRT Forms Workshop
CULTURAL DIVERSITY RESOURCE FAIR
CULTURAL IQ: Creating a Welcoming Environment
De-Escalation and Crisis Communication Training
Depth of Knowledge
Distractions While Driving
Domestic Violence Training
Ethics and Professional Boundaries
First Aid Certification
Fresno County Documentation and Billing 0922 (All Staff)
Fresno County Introduction & Implementation of Cultural Responsiveness (IICR)
General Compliance
HIPAA
How Culture and Race Can Impact Identifying & Treating Mental Health Conditions
HR Management Academy Overview
HR New Hire Benefits Overview
HR Wage and Hour Training
HR: DailyPay for Managers
HR: FMLASource for Managers
HR: Sexual Harassment for All Staff (Gallagher) 0922
IT Security 2019: Phishing and Identity Theft
IT Security Q1 2019: Spearphishing Attacks
IT Security Q2 2019: Password Security
Lesson Planning
LGBT Training (Cultural Attunement Plan)
Management Academy
Mandated Reporting
Mandated Reporting Refresher
Mechanical Restraint (PHF)
Mental Health and the Autism Spectrum
Motivational Interviewing
Motivational Interviewing Basics: Engaging the Telehealth World Through a Trauma-Informed Lens

NEO Condensed
NX 101 - Introduction to the NX EMR Environment (EMR Training Module)
NX 102 - Client Demo, Health Info, Scanned Docs & BAs (EMR Training Module)
NX 103 - Enrolling and Discharging Clients (EMR Training Module)
NX 104 - eMAR (EMR Training Module)
NX 105 - Reports Module & Supervisors (EMR Module)
NX 106 - Referral Module (EMR Training Module)
NX 201 - Transitioning from Classic to NX EMR Environment (EMR Module)
Opioid Abuse, Addiction, and Treatment (AATBS)
Patient Right Training (PHF Staff)
Pro-ACT Day 1
Pro-ACT Day 2
Pro-ACT Day 3
Pro-ACT Refresher Day 1
Pro-ACT Restraints Refresher Day 2
Proper Use of PPE
Relias Fresno County Virtual Training
SAFE-T Suicide Risk Screening and Assessment
Safety, Emergencies, and Infection Control
Safety: General Safety (Safety)
Safety: Infectious Diseases and Other Contagions (Safety)
Safety: Workplace Violence Prevention (Safety)
SBHG ESOP and Enhanced 401k
SBHG Mission and Vision
Self-Care at the Intersection of Motivational Interviewing and DBT
Self-Guided Training Binder
Sexual Harassment for All Staff
Sexual Harassment Training for Supervisors
Specific Compliance
Student Engagement
Suicide Prevention, Risk Assessment, and Intervention (AATBS)
Telehealth and DBT (PESI)
Telehealth for Teens, Parents, and Groups: Art Therapy Techniques to Reduce Anxiety and Depression (PESI)
Telehealth Meets Play Therapy (PESI)
Total Quality Management TQM
Transition to Independence (TIP) PART 1 (All Staff)

Water Safety for Parents and Caregivers
Working with LGBT Individuals (AATBS)

- Fidelity also pertains to staff's use of the practices they train for in their work with the residents. One example is the integration and active use of evidence-based practices (EBPs), such as WRAP. **Table 4** below -- reporting available on 97% of discharged enrollments in FY 20-21 (N = 186) -- indicates that WRAP is taking hold at the CRT. 61% were guided to write a WRAP (47% in FY 19-20) during their stay at the CRT.

Table 4. Use of WRAP	FY 20-21		FY 19-20
Use of WRAP	Count	Percent	Percent
YES, written WRAP	114	61%	47%
SOMEWHAT, introduced and discussed ideas, but no written plan	37	20%	32%
NO, not introduced, not written	35	19%	21%
Grand Total	186	100%	100%

- In addition, 69% of discharged enrollments (63% in FY 19-20) 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 individual 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).
- The program utilizes SBHG's TQM system, a comprehensive and integrative approach that incorporates Joint Commission standards for the delivery of behavioral healthcare. SBHG's TQM system which includes 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.
- Clinical supervisors and QA staffs actively monitors the milieu for high-risk issues, incident reporting (IRs), and client grievances. There were N=101 IRs filed in FY 20-21 (N=134 in FY 19-20) involving N=105 residents. None of the incidents involved resident seclusions or restraints. On average, 2 actions per incident were documented, including preventative de-escalations and supportive debriefing sessions with individuals.
- The program received and responded to 11 complaints/grievances in FY 20-21 (N=20 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.

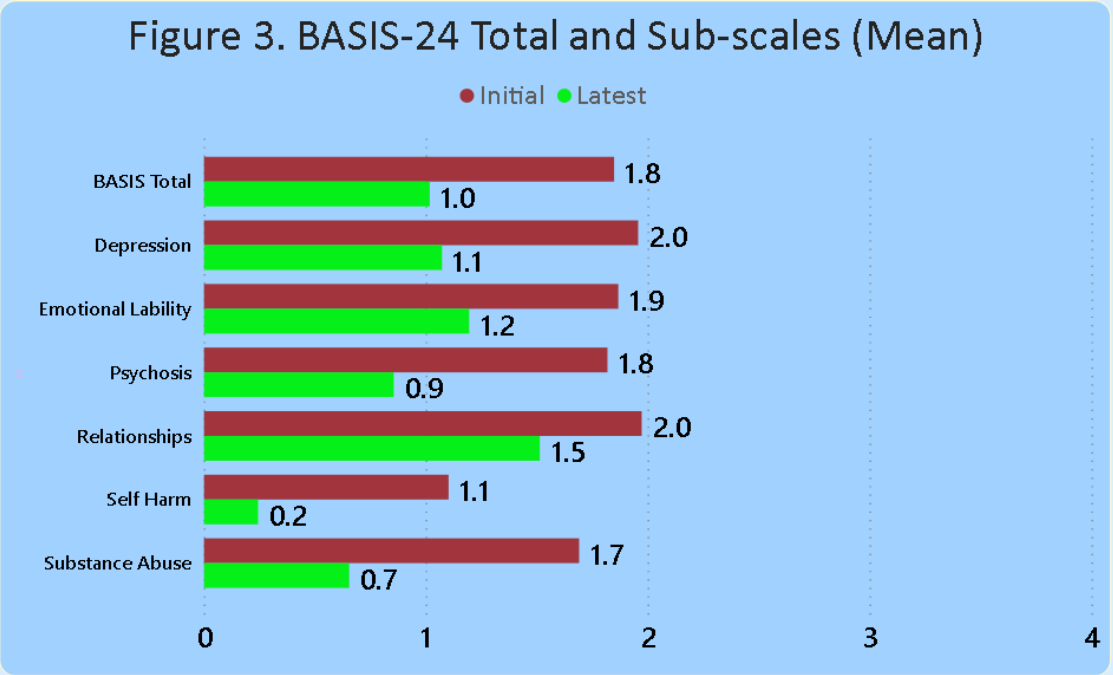
- The past year, Central Star's leadership managed this now mature program with continued focus on teamwork, positive County relations, staff productivity and a focus on the persons-served and family results -- while also proactively supporting staff, persons-served, and families through the changing, challenging circumstances of providing needed mental health services during the ongoing COVID-19 pandemic. Starting March 2020, the COVID-19 pandemic necessitated additional safety screening and policies for both staff and residents.
  - Our company's Infection Control Plan (ICP) provides guidance to minimize the spread of COVID-19, including protocols and actions to implement/relax as public health directives change. When COVID-19 hit, SBHG subsidiaries relied on the ICP to minimize its spread. The plan includes protocols for screening staff, persons served and visitors; responding to positive symptoms; increased cleaning/disinfecting; reconfiguring activities and spaces to facilitate physical distancing; ensuring masks are available to/used by staff and clients; and ensuring adequate personal protective equipment (PPE).
  - SBHG hosts information sessions with all staff for Q & A regarding all info about COVID, vaccines, etc. These calls are held as frequently as needed to keep staff informed. For those working in our facility-based programs, we contracted with a lab statewide to provide rapid COVID testing to staff and persons-served. The company also launched:
    - An internal website for treatment staffs with information, resources and materials (e.g., fillable forms, telehealth navigation, engagement & session scripts)
    - A public website for family and persons-served to discover reliable information, sheltering-in-place activities, resources and materials (e.g., creative things to do with children in the home, teaching aides, how to find rental assistance); and
    - Evaluative protocols to track and understand the impact the agency's pandemic responses (e.g., provision of telehealth services) has on program operations, staff and persons-served/families. SBHG has stayed abreast of changes in CDC, CA DPH, DSS CCLD, DHCS, and County requirements related to COVID-19 and will continue to do so to ensure compliance.
- Following the prior year's review process, the company received our Joint Commission (JC) Accreditation report October 2019, and the agency, including Central Star, was re-accredited for another three-year term. The JC will visit our programs again Spring 2022.
- Central Star is recently updating their SBHG Bi-Annual Cultural Attunement Plan for FY 21-22 & 22-23. 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 persons-served 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 motivated to support 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: submitted this last year for Jul-Dec 2020, Jan-Jun 2021.

BASIS-24 Outcome Analyses

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

- In the SBHG Outcomes Dashboards, there were 71 Behavior and Symptom Identification Scale (BASIS-24) forms administered in FY 20-21 across 53 distinct enrollments and 53 unduplicated persons-served in FY 20-21. Below we report on 17 matched pre- and post- assessment pairs (28 days on average between the initial and discharge assessments).
  - Note: this is 9% available sample out of all discharges (8% in FY 19-20). Improving completion rates of the BASIS and other measurements -- especially as residents exit the program -- is a continued QI focus.
- The **Figure 3** below shows mean ratings for the six subscales that comprise the BASIS-24. 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.
- Following their stay at the CRT, clients reported significant reductions in their BASIS Total score ($p < .001$), as well as significant reductions in all subscales except for "Relationships". Relationships and Emotional Lability subscales showed the smallest reductions, thus suggesting that an emphasized focus on emotional and social health would benefit CRT clients in the future.



Matched Pairs T-Tests

Domain	Statistic	P.Value	N
BASIS Total	7.63	0.000	17
Depression/Functioning	6.46	0.000	17
Emotional Lability	3.12	0.007	17
Psychosis	3.85	0.001	17
Relationships	1.42	0.174	17
Self Harm	4.12	0.001	17
Substance Abuse	4.96	0.000	17

- The BASIS-24 self-ratings on each item, organized by subscale and degree of improvement (e.g., highest change score), is shown in **Table 5** below. Consistent with the subscale analysis above, the greatest improvements were found in the depression and substance use subscales. Notably, there were improvements on most items within each subscale, with one exception – whether persons-served felt like they "had someone to turn to" for help. One goal of the program in the coming FY is to better provide residents with community and mental health resources they need to continue their path toward recovery.
- Overall, the BASIS matched-pairs data suggest that individuals leave the CRT program "set up for success" with more control and confidence regarding their issues, less problems with drug and alcohol use, and fewer psychotic symptoms. These improvements align with the comprehensive psychiatric and clinical treatments provided at the CRT.

Table 5. BASIS Individual Items.

Subscale	#	Question	Initial	Latest	Difference
Depression/Functioning	1	Managing your day-to-day life?	2.07	0.93	1.14
Depression/Functioning	2	Coping with problems in your life?	2.21	1.07	1.14
Depression/Functioning	3	Concentrating?	2.00	1.00	1.00

Depression/Functioning	12	Feel nervous?	2.36	1.36	1.00
Depression/Functioning	10	Feel sad or depressed?	2.00	1.14	0.86
Depression/Functioning	9	Feel confident in yourself?	2.50	2.21	0.29
Emotional Lability	13	Have thoughts racing through your head?	2.21	1.64	0.57
Emotional Lability	18	Have mood swings?	1.71	1.64	0.07
Emotional Lability	19	Feel short-tempered?	1.50	1.43	0.07
Psychosis	15	Hear voices or see things?	1.43	0.79	0.64
Psychosis	16	Think people were watching you?	1.71	1.14	0.57
Psychosis	14	Think you had special powers?	0.93	0.64	0.29
Psychosis	17	Think people were against you?	1.36	1.21	0.14
Relationships	4	Get along with people in your family?	2.29	2.00	0.29
Relationships	5	Get along with people outside your family?	2.43	2.21	0.21
Relationships	6	Get along well in social situations?	2.43	2.29	0.14
Relationships	7	Feel close to another person?	1.93	1.93	0.00
Relationships	8	Feel like you had someone to turn to if you needed help?	1.69	2.00	-0.31
Self-Harm	11	Think about ending your life?	1.00	0.57	0.43
Self-Harm	20	Think about hurting yourself?	0.92	0.85	0.08
Substance Abuse	24	Have problems from your drinking or drug use?	2.00	0.43	1.57
Substance Abuse	23	Try to hide your drinking or drug use?	1.14	0.50	0.64
Substance Abuse	21	Have an urge to drink alcohol or take street drugs?	1.29	0.79	0.50
Substance Abuse	22	Anyone talk to you about your drinking or drug use?	1.57	1.21	0.36

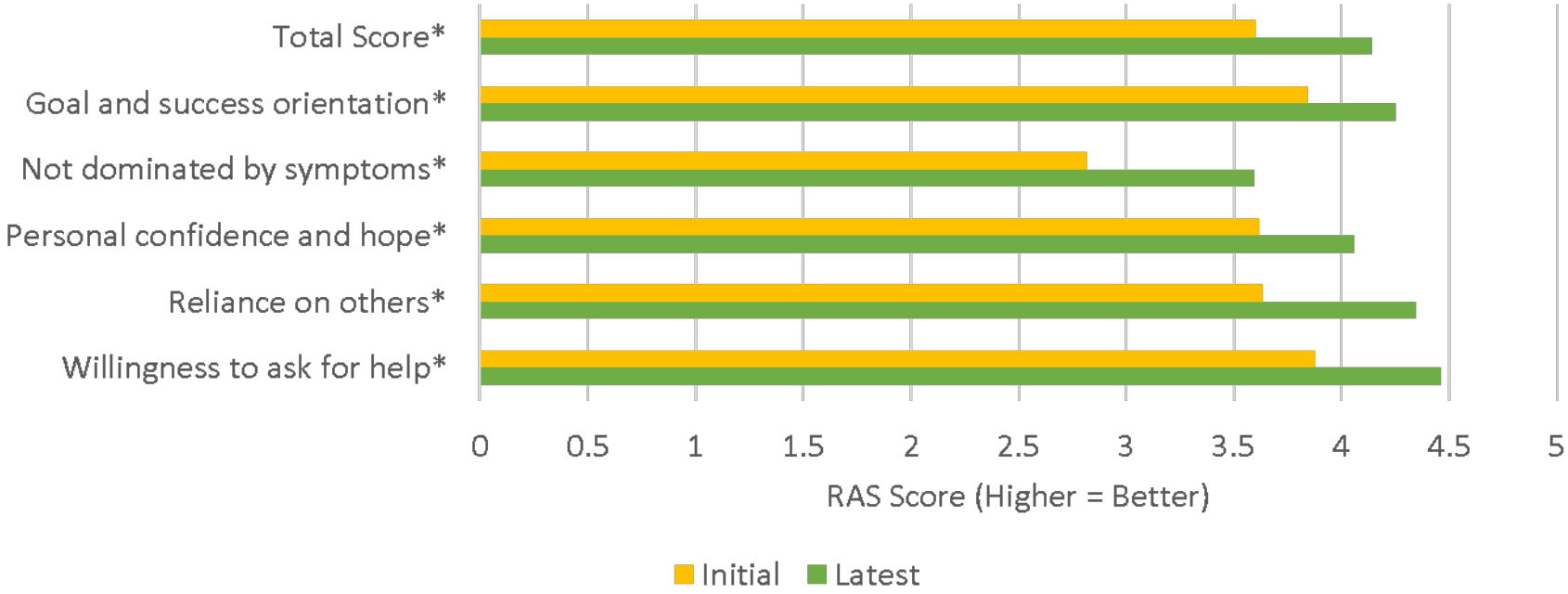
RAS Outcome Analyses

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

- For FY 20-21, there were 78 Recovery Assessment Scale (RAS) assessments (24-item version) with 53 distinct individuals and enrollments. Below we report on 24 matched pre- and post- assessment pairs (average 26 days between assessments), which is a 13% available discharge sample (9% in FY 19-20).

- 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 4** below shows mean ratings for the RAS total score and the five subscale factors. Individuals showed a significant improvement on RAS total scores and all 5 subscales, a notable improvement from the prior FY where only the RAS total score and willingness to ask for help showed a significant improvement.

Figure 4. RAS Total and Sub-scales



- Table 6 below shows the mean ratings (higher is better) for each RAS item, organized by factor and degree of improvement (i.e., the change in score). Consistent with the factor analysis above, improvements were seen in all individual items.
- Thus, the RAS outcomes data, in conjunction with the BASIS-24 outcomes data, indicate that individuals exhibit measurable improvements in their recovery, attributable to the services provided during their stay at the Central Star CRT. In the following section, we report on linkages to aftercare following discharge and other discharge-related metrics, as these factors are critical to sustaining recovery in CRT residents.

Table 6. RAS Individual Items.						
#	Subscale	Question	Initial	Latest	Difference	N
2	Goal and success orientation	I have my own plan for how to stay or become well.	3.17	4.04	0.88	24
5	Goal and success orientation	I have a purpose in life.	3.75	4.25	0.50	24
3	Goal and success orientation	I have goals in life that I want to reach.	4.17	4.50	0.33	24
4	Goal and success orientation	I believe I can meet my current personal goals.	3.83	4.08	0.25	24
1	Goal and success orientation	I have a desire to succeed.	4.29	4.38	0.08	24
16	Not dominated by symptoms	My symptoms interfere less and less with my life.	2.88	3.75	0.88	24
17	Not dominated by symptoms	My symptoms seem to be a problem for shorter periods…	2.92	3.75	0.83	24
15	Not dominated by symptoms	Coping with my mental illness is no longer the main focus…	2.67	3.29	0.63	24
9	Personal confidence and hope	I like myself.	3.67	4.38	0.71	24
14	Personal confidence and hope	I continue to have new interests.	3.48	4.13	0.65	23
21	Personal confidence and hope	I can handle stress.	3.04	3.58	0.54	24
8	Personal confidence and hope	I can handle what happens in my life.	3.29	3.79	0.50	24
11	Personal confidence and hope	Something good will eventually happen.	4.00	4.46	0.46	24
7	Personal confidence and hope	Fear doesn't stop me from living the way I want to.	3.29	3.63	0.33	24
10	Personal confidence and hope	If people really knew me, they would like me.	3.79	4.08	0.29	24
13	Personal confidence and hope	I'm hopeful about my future.	3.96	4.21	0.25	23
12	Personal confidence and hope	I have an idea of who I want to become.	4.04	4.25	0.21	23
24	Reliance on others	It is important to have a variety of friends.	3.46	4.26	0.80	23
23	Reliance on others	Even when I don't believe in myself, other people do.	3.75	4.43	0.68	23
22	Reliance on others	I have people I can count on.	3.63	4.30	0.68	23
6	Reliance on others	Even when I don't care about myself, other people do.	3.71	4.38	0.67	24
18	Willingness to ask for help	I know when to ask for help.	3.63	4.42	0.79	24
20	Willingness to ask for help	I ask for help, when I need it.	3.96	4.46	0.50	24
19	Willingness to ask for help	I am willing to ask for help	4.04	4.50	0.46	24

Status at Discharge (SBHG EMR DC Status Form)

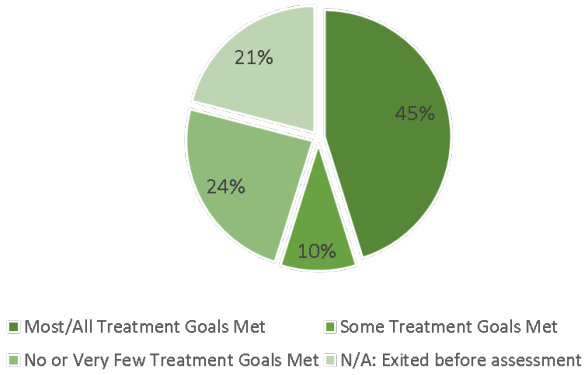
KPI #3 and KPI #6: Effectiveness of crisis residential treatment interventions and Improve participants' experience of achieving wellness and recovery:

- 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 97% of closed cases in FY 20-21 (N=186 of 192), a strong sample of records (94% in FY 19-20). **Table 7** shows the primary reason for clients' discharge from the program:
- Over half (59%) of discharged enrollments completed the program, a 24% increase from FY 19-20.

Table 7. DC Reason	FY 20-21		FY 19-20
Reason	Count	Percent	Percent
Client/Family Completed Program	109	59%	35%
Client/Caregiver Refused Services	90	24%	39%
Other	32	17%	16%
No Longer Meet Eligibility	21	1%	9%
Grand Total	**229**	**100%**	**100%**

- Even though they might not all complete the program, and some may require further treatment elsewhere, 45% of CRT discharges made progress on most or all their individualized treatment goals (32% in FY 19-20), shown below (see Figure 6):

Figure 6. Treatment Goals at DC



KPI #4: Effectiveness of discharge planning

- From the DC Status Form, 71% of residents were discharged to a known living situation (57% in FY 19-20), the remaining 39% had unknown destinations (left ACA) (see **Table 8**). Among known living situations, 58% were to an independent, family, or congregate setting, 11% were to a shelter or a situation of being homeless, and 31% were to a treatment or incarcerated setting.

- Notably compared to FY 19-20, a greater proportion of individuals had a known living situation at discharge, and among those with a known living situation, a smaller percentage went to a shelter or a situation of being homeless.

Table 8. Living Situation at Discharge	FY 20-21			FY 19-20	
Living Situation	Count	% Total	% Known	% Total	% Known
Known	**132**	**71%**	**100%**	**57%**	**100%**
Independent, Family, or Congregate Setting	77	41%	58%	11%	43%
Treatment or Incarcerated Setting	41	22%	31%	14%	24%
Shelter or Homeless	14	8%	11%	19%	34%
Unknown	**54**	**29%**	-	**43%**	-
Grand Total	**186**	**100%**	-	**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 20-21 discharge cohort with available records, 80% had one or more aftercare services or community resource linkages planned or provided by discharge (75% in FY 19-20). In addition, 42% had four or more planned or provided services/linkages at discharge (7% in FY 19-20).
- Among those with planned services or provided resources, the most common was Public Benefits (N=103) followed by Full-Service Partnership (N=81), Outpatient Services (N=66), and Psychiatry/Medication Services (N=66).
- 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 :

- Along with ensuring individuals are linked to public benefits at discharge, the program also provides linkages and resources for housing, transportation, and legal services, as well as residentially based services.
- 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 individual'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 persons served satisfaction, SBHG implemented the use of a revised anonymous satisfaction surveys at discharge available to the individuals 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 21 responses, and **Table 9** below shows the number responded (≠ "Unknown" or Blank), average score, and percent satisfied for each item.

Table 9. Crisis Satisfaction Surveys.

Question	Somewhat/ Very Much (3-4)	Average Score (1-4)	N Responded (≠ "Unknown" or Blank)
I felt safe and supported during my crisis	100%	3.89	19
I was provided useful information about my medication and health	100%	3.95	19
My needs and goals for using this service were met	100%	3.95	19
Overall, I am satisfied with the services I received from the program	100%	3.95	19
Staff communicated hope and confidence in me to overcome my struggle	100%	3.95	19
Staff took time to listen to what I needed	100%	3.95	19
The setting was safe, clean, and comfortable	100%	4.00	19
I was treated with dignity and respect by staff	100%	3.94	17
I would recommend this program to others	100%	4.00	18
I was introduced to Wellness Recovery Action Plan (WRAP)	95%	3.74	19
Staff helped me feel safe and develop a safety plan if needed	95%	3.84	19
Staff understood my cultural background	95%	3.63	19
Staff helped me develop a plan for after I leave this program	94%	3.83	18
I was introduced to resources in my community	89%	3.74	19

- Overall, persons served expressed satisfaction (85% or greater satisfied) with their stay at the CRT across all items. Notably, residents were satisfied with the above-and-beyond approach, treatment services, and compassionate nature of staff, and positive comments reflect this sentiment.

- A few representative examples:
  - *The information on coping skills. the single room for privacy and reflection. the compassion that staff had for clients.*
  - *The staff, residents that I met. I felt so welcomed in the facility. kind and compassionate individuals.*
  - *The groups that would discuss problems. the groups that would discuss relationships. the groups that would have me interact*
  - *I love that everybody was nice to me. what I like best is that they gave everybody chores. I feel like WE are all family*
  - *I feel VERY safe here. if someone in here wanted to cause trouble I believe staff very capable of handling it!*
  - *Keep on advertising! keep on being 247! keep on answering the phone when someone needs help.*
  - *Group meetings. That you take me if I need to go to Walmart.*
  - *COMPASSION BY STAFF*
- Items for improvement and suggestions identified by residents -- that the program will focus on improving in the future – including support before and after their stay at the CRT, persons served communication and services, as well as quality of life improvements such as privacy and food variety.
  - *I think this program is excellent. Tt's the county that needs to provide more SAFE places to send people when released! this program is A+*
  - *It would be good if I got more feedback on my appointment requests and whether they were approved or not*
  - *Talk more about certain mental health illnesses*
  - *PROGRAMMING CLASSES SHOULD BE MANDATORY*
  - *More guided meditation groups, and more help creating a list for coping skills*
  - *Camp outs outside, movie nights*
  - *Biscuits and gravy 2nd week*