PROGRAM INFORMATION:

Program Title:	Adolescent Psychiatric Health Facilty (PHF)	**Provider:**	Central Star Behavioral Health, Inc.
Program Description:	Acute inpatient care for adolescents age 12 through 17 years.	**MHP Work Plan:**	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	August 1, 2015 - present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2020 - June 30, 2021
Funding Source 1:	Medical FFP	**Funding Source 3:**	Other, please specify below
Funding Source 2:	Realignment	**Other Funding:**	Private Insurance

FISCAL INFORMATION:

Program Budget Amount:	$3,434,124	**Program Actual Amount:**	$3,029,000.74 (Fresno County)
Number of Unique Clients Served During Time Period:	431 Fresno County (593 total)		
Number of Services Rendered During Time Period:	64,564		
Actual Cost Per Client:	$7,028.84 per Fresno County Person Served		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	PHF/Inpatient
Contract Term:	01/1/2015 – 6/30/2018 plus two optional one-year extensions	**For Other:**	Click here to enter text.
		Renewal Date:	June 31, 2021
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Choose an item.		

The levels of care shown in the menu do not apply. The program provides acute inpatient services to adolescents.

TARGET POPULATION INFORMATION:

Target Population:	Adolescents, ages 12 to 18 years, in acute mental health distress who present a threat of harm to self, and/or others, and/or grave disability (severe personal disorganization and inability for self-care and/or functioning safely in the community). Inclusive of Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, and the indigent/uninsured who are referred by DBH, other County departments, a contract provider with the DBH, hospital emergency room, Juvenile Justice Campus, other counties, and other agencies. Additionally, the program serves those with private insurance through contracts

and referrals from Kaiser, Anthem Blue Cross, Avante Behavioral Health Plan, Cigna Behavioral Health, Magellan, MHN, Three Rivers Provider Network and Value Options.

CORE CONCEPTS:
- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:
(May select more than one)

Community collaboration

Cultural Competency

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

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

All core concepts are reflected in the operation of the PHF. Community collaboration and service integration are both increasingly critical foci to assure youth and their families are connected into community services and supports post discharge. All Stars Behavioral Health Group (SBHG) programs build and implement a bi-annual Cultural Attunement Plan which addresses multi-cultural staff hiring, training and retention; programming, policies and procedures; and, elective initiatives carried out by teams to enhance cultural attunement to their service population(s). Each youth's and family's issues and needs prompting crisis and hospitalization are assessed and addressed through an individualized plan of care, and the youth's own WRAP, with assertive attention to stabilizing the youth while in the setting and connecting them into post discharge treatment services and resources. CS's PHF in Fresno County helps the County to meet the community need for acute psychiatric care and provides an important gateway for those not prior linked to community-based mental health services.

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

What Outcome Measures Are Being Used? Data for program evaluation includes: 1) SBHG Electronic Medical Record (EMR) data entered by program staff regarding person served registry (demographics, clinical profile, etc.), service utilization (incoming referrals, admit/discharge dates, outgoing referrals & linkages), and risk behavior incident reports; 2) Exit interviews and survey methodologies to capture additional information and perspectives from persons served, families and/or agency partners; 3) Repeated measurements using standardized tools to asses person's served changes in symptoms in response to treatment at the PHF; 4) When available from the County system of care dataset analyses to assess patterns of crisis/hospital and other high end services relative to community services and supports by persons served before and after their PHF service episodes, and 5) This Fiscal Year (FY) a post discharge survey has been implemented. Preliminary results are available in this report.

What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program's Effectiveness? This past FY, a new SBHG Crisis Program Discharge Survey was implemented, and results are available in the current report for a partial year's sample of person's served feedback using the new survey tool. The surveying process was automated with completed forms scanned by program staff and programming onto an SBHG's Business Analytics (BA) dashboard, which provides the program with continuous independent access to the data. In the current year, FY 21-22, a new caregiver exit satisfaction survey will also be reviewed for implementation, which will further improve the program's real time access to person served and family feedback. Additionally, this year, the Brief Psychiatric Rating Scale for Children (BPRS-C) 9-item joint Commission (JC) approved outcome scale which has been used by the program since October 2019, has been integrated into the BA system, with automated reports as well as data extracts available for program staff to track individual person served changes in symptoms and aggregated program results over time - helping to inform future care at both the individual and program levels. This FY, SBHG furthered their implementation of suicide screening, assessment and intervention protocols. All SBHG agencies apply the Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Assessment Five Step Evaluation and Triage (SAFE-T) protocol to: 1) identify risk factors; 2) identify protective factors; 3) conduct suicide inquiry; 4) determine risk level and individual interventions; and 5) document. The Columbia Suicide Severity Rating Scale (C-SSRS) is used at step 3) to conduct suicide screenings and assessments. Furthermore, Assessing and Managing Suicide Risk (AMSR) protocols are used to further assess, monitor and provide ongoing preventive interventions for people with suicide screening risk. On the C-SSRS, a positive screening leads to additional immediate and follow-on assessments and triggers an EMR Alert for suicidality – an icon on the person served record that supports safety awareness and coordination among the team on behalf of the person served. Alerts are only removed when the lead clinician determines through continued assessments and interventions that the risk is substantially reduced/eliminated. Finally, the program piloted a post discharge survey this FY, allowing the program to gain insight on the post

discharge situation of persons served (preliminary results available). This survey may be modified this FY based on a comprehensive review of results.

Describe the Program's analysis (i.e., have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.): See below.

Access to Care

KPI 1: *Short amount of time between person served referral and admission to the PHF:*

- Staff maintains a short amount of time between receiving referrals and contacting the referral source. In FY 20-21, 100% of the referral sources (referral contact person) were contacted by the PHF's admissions staff within 24 hours (3.25 hours on average.) *
- All referred persons served who were accepted to the program were admitted within 24 hours from the time referral was received (7 hrs. on average). **

KPI 2: *Low denial rate of those who do not meet Medi-Cal medical necessity criteria:*

- The Medi-Cal denial rate for the FY was <1%, indicating that admitted persons served qualified for psychiatric hospitalization abiding Medicare guidelines and that this type of expensive restrictive resource is being appropriately used for those who genuinely need it. There was a total of 10 Medi-Cal denials, with only one being from Fresno County due to an absence of Fresno Medi-Cal insurance; a treatment authorization request (TAR) was immediately sent. All other denials were partial, related to missing documentation regarding Medi-Cal necessity. Regardless, the persons served were attended while staff sought proper documentation from referring parties.
- Referrals: The PHF tracking log encompassed 2,573 referrals of 2,085 distinct individuals from July 1, 2020 through June 30, 2021. Out of these, 1,237 (48%) of total referrals and 945 (45%) of distinct individual referrals were from Fresno County (Table 1).
- Enrollments: Out of the referrals, there were 701 enrollments (27% of all referrals) of 593 unduplicated youth (28% of referred individuals). Of these, 526 (75%) of enrollments and 431 (73%) of the youth were from Fresno County (Table 1).

Table 1. **Referrals and Enrollments of all PHF youth for the 20-21 FY.**

	Referrals	Unduplicated Persons Served Referrals	Enrollments	Unduplicated Enrollments
Fresno County	1237 (48%)	945 (45%)	526 (75%)	431 (73%)
All Other Counties	1336 (52%)	1140 (55%)	175 (25%)	162 (27%)
TOTAL	2573	2085	701	593

- Denial Reasons: The reasons for not entering the PHF at time of referral are shown in Table 2. ***

Table 2. **Other Reasons for Denial.**

Denial Reason	Count	Percentage
Person served placed elsewhere	1214	62.8%
No beds available	156	8.1%
No contract with county	138	7.1%
Does not meet 5150 requirements	54	2.8%
Person served is underage	52	2.7%
No contract with county or private insurer	73	3.7%
Other/not specified	245	12.7%
Bed hold expired	2	0.1%
Total	1934	100.0%

Overall, in the 20-21 FY, 701 enrollees (593 unduplicated youth; 431 from Fresno County) were served with an average LOS of 7 days. Youth were aged 11 to 17 at the time of their first admission (average and median age is 15 yrs. old; 83.1% are <17 yrs.). Majority were females (70%), 29% males, and 1% are transgender. The youth's demographics are shown in Tables 3-4, first all served youth, then Fresno County youth only:

Table 3. **Demographics of All PHF Youth FY 20-21**

	Ages 12-14			Ages 15-27			Ethnic Subtotals:
	Female	Male	Trans-gender	Female	Male	Trans-gender	
African American	10	5		12	8		35 (5.9%)
Latin American	98	29	2	114	65	1	309 (52.1%)
Anglo American	65	18	1	76	31	2	193 (32.5%)
Asian American	7	1		6	5		19 (3.2%)
Native American		1		1			2 (0.3%)
Mixed	7	3		6	2		18 (3%)
Other/Unknown	6	1		7	3		17 (2.9%)
Age Grp X Gender	193	58	3	222	114	3	593

Table 4. **Demographics of Fresno County PHF Youth FY 20-21**

	Ages 12-14			Ages 15-27			Ethnic Subtotals:
	Female	Male	Trans-gender	Female	Male	Trans-gender	
African American	8	4		11	8		31 (7.2%)
Latin American	79	23	1	83	49	1	236 (54.8%)
Anglo American	44	13	1	46	17	1	122 (28.3%)
Asian American	7	1		5	4		17 (3.9%)
Native American		1					1 (0.2%)
Mixed	6	1		4			11 (2.6%)
Other/Unknown	5	1		5	2		13 (3%)
Age Grp X Gender	149	44	2	154	80	2	431

Data Notes:

*Based on 2062 referrals with valid referral receipt and notification dates.

**Based on 296 accepted referrals with valid receipt and acceptance dates.

***Sixty-four (2.4%) of referrals had incorrect person served name/referral date and could not be verified. Thus, denial count may be inflated by up to 64.

Effectiveness of Care

KPI 3: *Reduced high risk behaviors (safety):*

Institutionally, safety is our number one priority for youth, staffs and visitors at the PHF. The team tracks incidents related to youth's risk behaviors and the use of restrictive interventions, as well as other kinds of occurrences that may present safety risks. Incident details, including antecedents, descriptions and follow-up activities, including external reporting when required, are recorded in the SBHG EMR and monitored for quality of care and potential improvements by CS's QA staffs and managers. Overall, for the 20-21 FY, the team reported 267 incidents. Some incidents involve more than one type of occurrence. Table 5 presents occurrences tracked by staff, which took place at the PHF in the 20-21 FY, their frequency, average per month, and rate per 1,000 patient days, and Table 6 presents the actions taken in response to these incidents.

Overall, staff managed the setting proactively and generally achieved low rates of risky incidents per 1,000 patient days (Table 5). In 103/303 (34%) of the incidents reported, a child protective service (CPS) report was filed. CPS reports are necessary when youth are being maltreated by persons in their lives; such maltreatment greatly contributes to their psychiatric trauma and the need for intervention, services and supports. PHF staff are mandated reporters. Additional actions taken by staff in response to incidents are described in Table 6. *

Table 5. **Incidents at the CS PHF (20-21 FY)**

Incident Type	Total for FY	Rate	Mean per month	Rate per 1,000 patient days
Child abuse (prior/during service)	103	34.0%	8.6	20.3
AMA/Unplanned Discharge	2	0.7%	0.2	0.4
Assaults, assault attempts & threats	63	20.8%	5.3	12.4

Sexual misconduct	10	3.3%	0.8	2.0
Blood/Body Fluid Contact	1	0.3%	0.1	0.2
Suicide Attempt	2	0.7%	0.2	0.4
All other person served injuries (including accidental)	42	13.9%	3.5	8.3
Property damage	15	5.0%	1.3	3.0
Threats	23	7.6%	1.9	4.5
Health/Medical/Medication	5	1.7%	0.4	1.0
Other	37	12.2%	3.1	7.3
TOTAL	**303**	**100.0%**	**25.3**	**59.7**

Table 6. **Action Taken in Response to Incidents at the CS PHF (20-21 FY)**

Action Taken	Total for FY	Rate
Suspected Child Abuse Report Filed	99	17.4%
MD Notified	65	11.4%
Parent/Guardian Notified	55	9.7%
PRN incl IM Medication Provided	44	7.7%
Change of Environment	27	4.7%
Counseling	27	4.7%
Brief Physical Prompt	25	4.4%
Restraint	24	4.2%
Staff Debriefing	17	3.0%
First Aid Given	16	2.8%
Denial of Rights - Other	13	2.3%

Seclusion	10	1.8%
Other	147	25.8%
TOTAL	**569**	**100.0%**

Data Notes:

* Other includes additional notations made, additional person served debriefings provided, additional documentations of no need for further interventions, etc.

When addressing risky behaviors -- and, particularly bizarre or out of control behaviors, assaultive, and/or sexual aggression that poses imminent harm to self or others -- staff use ProACT™ (professional assault training) to de-escalate the situation with the goal of minimizing the use of restrictive or chemical interventions (mechanical restraints are not used at the Central Star PHF). Staff routinely conduct debriefing protocols with persons served after incidents, once calm is restored, to maximize youth's opportunities to learn from the encounters, reflect on how they would like to handle things better for themselves in the future, and to provide feedback to staff about how the person served might be more effectively de-escalated.

These efforts produce results as evident in the discharge forms completed for exiting persons served:

- 91% of persons served were discharged due to no longer meeting eligibility (crisis acuity markedly reduced)
- 90% of persons served were discharged to family homes (86%) or foster homes (4%)
- 62% of youth were in a voluntary legal status, meaning they have no court involvement by discharge
- Almost all persons served (92%) left the PHF with all or most of their individual treatment goals met (the rest either meet some of their goals or exited before assessment was made).

KPI 4: *Increased acquisition of community living, coping and communication skills*
KPI 5*: Collaborative approaches and treatment strategies to reduce readmission of persons served with frequent readmissions to the facility*
KPI 6: *Effective discharge planning as demonstrated by referral and linkage to other DBH programs, community providers and other community resources*

The vast majority (99%) of youth leave the facility with various behavioral services planned for after their discharge. These mostly include psychiatric services (87%) and regular outpatient services (91%; Table 7). Moreover 92% of persons served are provided with community resource linkages.

Table 7. **Behavioral and Community Linkages for PHF Youth FY 20-21**

Regular Outpatient Services	91%
Psychiatric Services Incl. Medication Supports	87%
Intensive Outpatient Treatment	12%
County Case Management	2%
Family Therapy or Rehabilitation	1%
Residentially-Based Services	1%
Outpatient Substance Abuse Treatment	1%
Other Behavioral Healthcare	4%

Maintaining a low recidivism rate is a high priority for the PHF team, as evident in the program's recidivism rates. The PHF team builds upon prior collaborative efforts with the County and community provider network to engage a range of activities that positively situate each youth and family with needed referrals/linkages as they discharge. These activities include communications, coordination, resource finding, and active problem solving for each youth that begins as soon as the youth is admitted and continues over the days and weeks after they leave the setting through the involvement of County case managers and next-on providers. Table 8 presents recidivism rates among all program persons served and among Fresno persons served separately. In both groups, strong majorities (> 80% of persons served) had only one enrollment in 20-21 FY.

Table 8. **PHF Recidivism**

All Persons Served			**Fresno Persons Served**		
1 Enrollment	508	85.7%	1 Enrollment	357	82.8%
2 Enrollments	65	11.0%	2 Enrollments	57	13.2%
3 Enrollments	17	2.9%	3 Enrollments	14	3.2%
4 Enrollments	2	0.3%	4 Enrollments	2	0.5%
5 Enrollments	1	0.2%	5 Enrollments	1	0.2%

In the 20-21 FY, the PHF program team launched a surveying process to check in with caregivers within a few days of the youth's discharge, and it focuses on a subset of departing youth about which the staff have the most concerns regarding aftercare. From Sept 2020 through June 2021, they completed N=128 post discharge interviews via telephone: although they spoke with a few

youths, most interviews were with caregivers (95%) and the interviews occurred on average at about four days post discharge (range from 1 to 20 days). The protocol was designed primarily as a quick well-being check-in, and to ascertain whether the caregiver was cognizant of and connecting in with the referrals, resources, and supports on the youth's aftercare plan. The conversations allow PHF's staff to inform, reaffirm and trouble-shoot the youth's aftercare planning needs with the caregiver, including redirecting them to available resources if they seem unaware of, or confused about anything. In this first sample:

- Most caregivers (88%) reported their youth was doing good, fine or ok at the time; most (75%) reported the youth currently had no symptoms; nor significant sources of distress (91%). A few (N=3, 2%) reported the youth experienced additional crisis interventions and/or encounters with the police since discharge.
- Majorities (86%) reported being aware of their youth's prescription(s) for psychiatric medication(s) and majorities (81%) knew how to get these prescriptions filled - and they could name their pharmacy and identify the refill cycle.
- Caregivers identified on average 1.6 additional referral resources each that they were linked to for aftercare. Most commonly, their primary behavioral healthcare supports were a therapist (80%) and/or psychiatrist (68%), although N=20 (16% of Persons Served) also identified a specific service program such as Intensive Outpatient.
- In roughly half the cases (49%) they already had their first appointment; the other half (49%) were scheduled; only 2% were not yet scheduled. There appeared to be few barriers related to transportation to appointments (97% reported they had transportation); moreover, about half (52%) were being seen or going to be seen via telehealth.

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

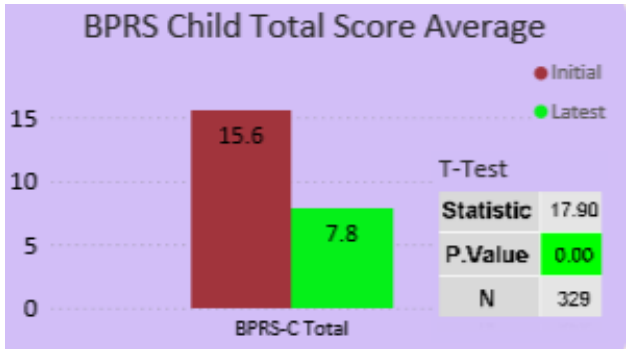
The BPRS is widely used by clinicians nationally to measure short-term changes in person's served psychiatric symptoms. Each item is scored on a 7-point scale: 0= "Not Present" to 6= "Extremely Severe"; reductions in scores are desirable. CS PHF clinicians began using the BPRS-C 9-item version October 2019, with each person served being surveyed at admission, every three days, and at discharge. As mentioned, the BPRS scale has been integrated into SBHG's BA system, providing the program independent continuous access to updated BPRS analysis.

The sample for the 20-21 FY analysis consisted of 329 enrollments served in the FY with at least two BPRS records. The average time between the two assessments was 6 days,19 minutes. To examine changes in person's served symptoms from first to last available records, a paired t-test was conducted on the total BPRS scores, comparing each person's served score on their first available record to their score on their last available record of the same enrollment. Results are presented separately for all persons

served (Figure 1; N=329), and Fresno persons served only (Figure 1, N=244). Additionally, a McNemar's Chi-Square is conducted to test whether the percentage of persons served who are below the cutoff score (above a total score of 27 is considered "at risk") has increased from the initial to latest assessment (Figure 2 all Persons Served, Fresno Persons Served). Specific Item descriptions can be found in Figure 3 (All Persons Served) & Figure 4 (Fresno Persons Served), along with the average initial and latest score for each item.

Figure 1. **BPRS Total Initial and Latest Average Scores**

All Persons Served (N=329)



Fresno Persons Served (N=244)

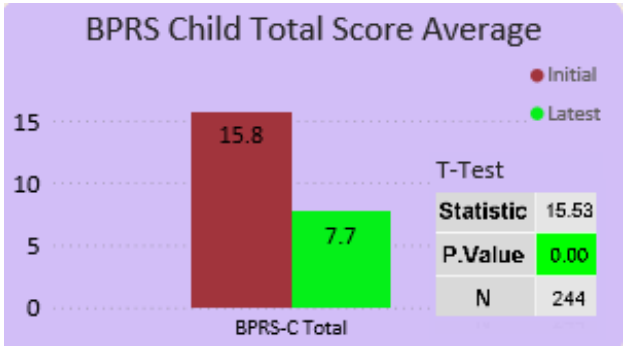
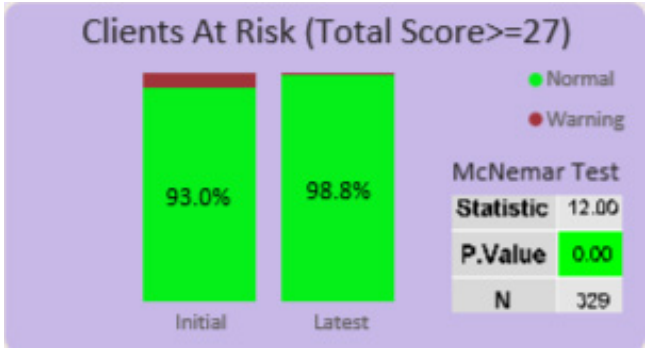


Figure 2. **BPRS Percentage of Persons Served "At Risk" in Initial and Latest Assessments**

All Persons Served (N=329)



Fresno Persons Served (N=244)

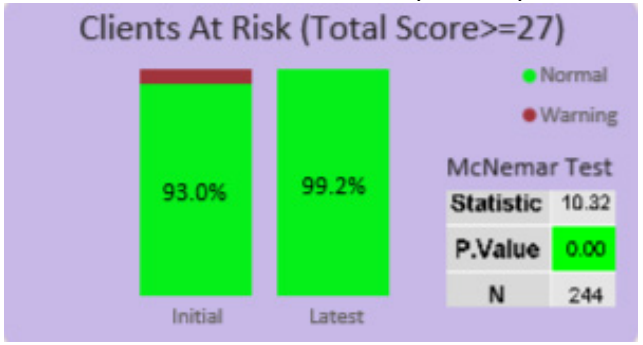


Figure 3. **BPRS 9 Items Initial and Latest Average Scores (All Person Served; N=329)**

Average Initial and Latest Item Scores

Item	Initial	Latest
1. Uncooperativeness- negative, uncooperative, resistant, difficult to manage	0.49	0.41
2. Hostility- angry or suspicious affect, belligerence, accusations and verbal condemnation of others.	0.50	0.37
3. Manipulativeness- lying, cheating, exploitive of others.	0.62	0.56
4. Depressed mood- sad, tearful, depressive demeanor.	3.13	1.16
5. Feeling of Inferiority- lacking self- confidence, self-depreciatory, feeling of personal inadequacy.	2.86	1.24
6. Hyperactivity- excessive energy expenditure, frequent changes in posture, perpetual motion.	0.96	0.64
7. Distractibility- poor concentration, shortened attention span, reactivity to peripheral stimuli.	2.09	1.23
8. Tension- nervousness, fidgetiness, nervous movements of hands or feet.	2.14	0.93
9. Anxiety- clinging behavior, separation anxiety, preoccupation with anxiety topics, fears or phobias.	2.82	1.26

Figure 4. **BPRS 9 Items Initial and Latest Average Scores (Fresno Persons Served; N=244)**

Average Initial and Latest Item Scores

Item	Initial	Latest
1. Uncooperativeness- negative, uncooperative, resistant, difficult to manage	0.48	0.36
2. Hostility- angry or suspicious affect, belligerence, accusations and verbal condemnation of others.	0.48	0.30
3. Manipulativeness- lying, cheating, exploitive of others.	0.61	0.52
4. Depressed mood- sad, tearful, depressive demeanor.	3.18	1.19
5. Feeling of Inferiority- lacking self- confidence, self-depreciatory, feeling of personal inadequacy.	2.98	1.21
6. Hyperactivity- excessive energy expenditure, frequent changes in posture, perpetual motion.	0.97	0.66
7. Distractibility- poor concentration, shortened attention span, reactivity to peripheral stimuli.	2.04	1.24
8. Tension- nervousness, fidgetiness, nervous movements of hands or feet.	2.16	0.95
9. Anxiety- clinging behavior, separation anxiety, preoccupation with anxiety topics, fears or phobias.	2.84	1.26

Overall, BPRS results are impressive. We commend the program for their successful implementation of this tool this past year. Over just a few days of treatment, average scores of all 9 psychiatric symptoms measured were lower, with the total score significantly dropping by 50% for both samples (All Persons Served and Fresno Persons Served only). Moreover, McNemar test revealed that a significant percentage of persons served went from being in the "at risk" category (per the BPRS total score) in the initial assessment to the "normal" category at the latest assessment, again, for both samples.

Fidelity, Compliance and Quality Assurance

The Central Star Total Quality Management (TQM) program continued this FY, completing two Rapid Cycle Improvement Processes (RCIP): 1) the PHF's Youth Counselors (YC) underwent extensive retraining on running groups, including on topics such as structuring and identifying group topics, increasing person served group participation, setting boundaries, and methods for

improving quality of groups; and, 2) SBHG and the program team built a system for discharge planning/case management to better document discharge planning that starts while the child/youth is at the facility.

Along with staff's continued focus on the program's quality and success, the PHF has also continued and expanded their COVID-19 policies to maximize quality of care under the COVID challenging circumstances. In addition to specific entry procedures, staff trainings, person served counseling, and facility re-organization, the PHF added additional containment strategies such as transitioning to on-line visits via skype/teams, COVID screening and testing prior to person served acceptance, and rapid COVID tests as needed. There was one incident in which a person served who was discharged to a hospital tested positive for COVID. As a result, the team withheld admission until all staff were tested negative for COVID.

Persons served and Caregivers Complaints:

The team tracks complaints made by persons served and caregivers, and their resolution. This past FY, the program team received and responded to 40 complaints from persons served. These mostly related to misunderstandings between individuals and staff or person's served perceptions that staff was rude, disrespectful, or that person's served needs were not fully met. Each complaint was fully investigated by the program administrator/ coordinator including separate meetings with the individual and the staff involved. In a few instances, disciplinary actions regarding staff comportment were needed and taken, including one termination. Other complaints pertained to issues such as lack of food options for vegetarians and noise level at night, all which staff handled sensitively and to person's served satisfaction.

Efficiency

Admission and Service: The program has a 16-bed capacity and this year they maintained an average daily census of 13.9 persons served. For the community's referral network, this means they can typically, readily tap this resource for youth in need of hospitalization, and, as reported under Access to Care, PHF intake staff are quick to respond to incoming referrals. They sort out eligibility, gather needed paperwork, and facilitate timely admissions, all of which are important to their busy professional partners in the community.

Over just a few days, PHF staff provide an average of 109 discrete service processes to each youth/family, during an episode of care. Table 9 presents the average number of services by type of service.

Table 9. **PHF Services**

Service Category	Average Per Person Served	Services Included
Acknowledgements & Consents	**10**	Authorization to take Photograph for ID and Other Person served Preferences for Staff Intervention Person served Preferences for Staff Update Consent for use of Psychiatric Medication 10.06 Consent to Medical and Psychiatric Treatment Denial of Rights Packet Grievance /Appeal Procedures and Beneficiary HIPAA Protecting Confidentiality/Privacy Practices MH Rights of Patients PHF Hand Book Receipt Request for Voluntary Adm to PHF and Auth for Tx Seclusion/Restraint Person served Debriefing Report
Assessments	**14**	AIMS (Abnormal Involuntary Movement Scale) CS PHF Diagnosis Information CS PHF Inpatient MHP Assessment 19.12 CSPHF Behavioral Risk Assessment 16.03 CSPHF Medical Risk Assessment 16.03 Discharge Status Form 19.10 PHF Nursing Assessment 19.12 Rehab Assessment (ILSS) SBHG BPRS - Child 20.11 SBHG Life Events Checklist 19.06 SBHG Safe-T Suicide Assessment 20.06 SBHG Safe-T Suicide Risk Screening 20.06 Suicide Assessment rev. 8.15
Collateral	**3**	CS PHF Collateral 17.07

Narrative Progress Report	**20**	Interdisciplinary Progress Note PHF Rehab Progress Note PHF Social Service PN Social Worker Admission PN - CS PHF Social Worker Discharge PN - CS PHF
Nursing, Physician & Psychiatry Services	**36**	Admission Progress Note Denial of Rights Progress Note History and Physical 19.12 Medical Progress Note Medication Reconciliation Nurse Shift Summary 16.10 Physician Discharge Summary - Central Star Physician's Order - Admission - CS PHF 19.12 Physician's Order - Denial of Rights 19.12 Physician's Order - Discharge - CS PHF 19.12 Physician's Order - Medication - CS PHF 19.12 Physician's Order - Other 6.13 Physician's Order - Precautions - PHF 19.12 Psychiatric Evaluation - CS PHF Psychiatric Progress Note
Plan of Care	**27**	CS PHF Discharge Planning Summary 21.05 eMAR

Hospital care is expensive. The PHF team actively manages youth's lengths of stay (LOS), with individuals discharging as soon as they are behaviorally safe and stable. As in prior years, the program's average LOS this year was stably low, at seven days, with 87% of episodes ended within ten days.

Person Served and Caregiver Satisfaction

As part of SBHG implementing a uniform, automated company-wide reporting process, the CS PHF transitioned to a new satisfaction survey tool, which is gathered at person's served discharge. To attain a valid sample, the team administered at least

three surveys each week, randomly from among discharging persons served, and their caregivers. Due to this change of forms, our data sample was smaller for this past year (N=178; representing the second half of the FY).

Overall, persons served think very highly of the program, as evidenced in the youth surveys: 95% were "very much" or "somewhat" satisfied with the services they received and 87% would recommend the program to others (items 13-14; Figure 5). Moreover, many youths commented positively about the "great food" at the facility, as well as the welcoming, friendly, and supporting staff (e.g., "the staff is perfect, they listen and pay attention…"). Some constructive criticism was given too, which is welcomed, with comments such as "I feel like there needs to be more 1 on 1 time" or the groups being a little "boring". Managers are reviewing person's served feedback to guide future training/coaching. We note that one area in which some persons served were dissatisfied was the "lack of touch" rule in the facility, implemented to prevent inappropriate interactions.

Figure 5 Person Served Survey- Distribution of Ratings

Item	Text	Not at All/ A Little (1-2)	Somewhat/ Very Much (3-4)	Don't Know (0)	Average Score	Sample Size
1	I was treated with dignity and respect by staff	5.1%	93.8%	1.1%	3.73	178
2	Staff understood my cultural background	6.7%	80.9%	12.4%	3.70	178
3	Staff communicated hope and confidence in me to overcome my struggle	6.2%	92.1%	1.7%	3.75	178
4	I felt safe and supported during my crisis	6.2%	92.7%	1.1%	3.68	178
5	Staff helped me develop a plan for after I leave this program	5.6%	92.1%	2.3%	3.73	177
6	I was introduced to Wellness Recovery Action Plan (WRAP)	2.8%	96.6%	0.6%	3.89	178
7	I was provided useful information about my medication and health	3.9%	93.8%	2.2%	3.78	178
8	I was introduced to resources in my community	11.8%	84.3%	3.9%	3.57	178
9	Staff took time to listen to what I needed	5.1%	93.8%	1.1%	3.74	176
10	Staff helped me feel safe and develop a safety plan if needed	4.0%	94.4%	1.7%	3.78	177
11	The setting was safe, clean and comfortable	6.9%	91.4%	1.7%	3.63	175
12	My needs and goals for using this service were met	7.4%	90.3%	2.3%	3.69	176
13	Overall, I am satisfied with the services I received from the program	3.4%	94.9%	1.7%	3.82	175
14	I would recommend this program to others	9.7%	86.9%	3.4%	3.65	175

What Barriers Prevent the Program from Achieving Better Outcomes? On average, PHF's persons served are discharged with significantly marked improvement in symptoms and multiple resources (e.g., linkages in the community) to support their healing within the community. Improving data input, data quality control, and staff's usage of SBHG's new BA dashboard reporting systems will empower the program to continuously monitor their data and results for ongoing quality improvements.

What Changes to the Program Would You Recommend to Improve the outcomes 1) Reinforcement of data collection and accurate documentation by management; 2) Documenting all incoming referrals correctly in the EMR (rather than the Packet Tracker as was done historically) to improve data quality and enable automation of reports using SBHG's BA dashboard system; 3) Work with SBHG's RPP Dept to build an automated data capture and reporting system for group services, through SBHG's EHR to a BA Dashboard. This will allow clinical program managers and staffs to better track group services participation by types of groups/EBPs being provided.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.