FRESNO COUNTY MENTAL HEALTH PLAN   OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Child Welfare Mental Health (CWMH)	**Provider:**	Central Star Community Services
Program Description:	Outpatient Mental Health Services, incl. for Child Welfare KatieA Subclass eligibility	**MHP Work Plan:**	1–Behavioral Health Integrated Access
			Choose an item.
			Choose an item.
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	July 29, 2014 - present
Age Group Served 2:	ADULT	**Reporting Period:**	July 1, 2021 - June 30, 2022
Funding Source 1:	Medical FFP	**Funding Source 3:**	Choose an item.
Funding Source 2:	EPSDT	**Other Funding:**	DSS

FISCAL INFORMATION:

Program Budget Amount:	$ 5,126,573	**Program Actual Amount:**	$3,970,093.15
Number of Unique Persons Served During Time Period:	902		
Number of Services Rendered During Time Period:	18,228		
Actual Cost Per Person served:	$ 3,507.76		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	07/01/2019 – 06/30/2022 plus two optional one-year extensions	**For Other:**	Click here to enter text.
		Renewal Date:	July 1, 2022
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population:	All referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The program serves 3 populations: (1) Children (2) Caregivers of the children served, and (3) general population, where it provides psychological evaluations and medication support.

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 persons served 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 persons served and families are seamless. Persons served 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 of these concepts are well expressed in there being funding for this kind of program and throughout service delivery. Central Star (CS) mental health staff collaborate with child welfare, courts, and/or behavioral healthcare staffs for referrals, on CFTs, in court, and for case management activities. Our staff master and apply EIPs, EBPs and community best practice standards selected specifically for their attunement to the needs of the service population; and, we employ multi-culturally diverse staff familiar to the Fresno communities being served. All of our services are anchored to principles of individualized care, and include explicit wellness/recovery and resiliency-promoting rehabilitative skills, therapeutic interventions and connections into community resources. Integrated psychological testing and psychiatry services are available as needed. By definition, the provision of speciality mental health services helps to meet the needs of Katie A child welfare/foster care persons served whom have been historically unserved, underserved and/or poorly served and we abide the CAPP and KatieA Core Practice models as well as SBHG standards for collaboration and service integration.

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
Below details the data collection used to report program outcomes. Please refer to the Appendix for a description of each measurement tool.

Data Collection Tools[1]	About	Completion Notes
Electronic Medical Record EMR Data		
Incoming Referrals	This year's reports utilize SBHG's Business Analytics (BA) Dashboard suite. The BA Dashboards contain Client Service Information (CSI). Staff are fully trained and making use of the SBHG EMR, including modules built to move data entry out of excel logs, which facilitates automated reporting via SBHG's BA Dashboards.	All screenings/assessments, enrollments for persons served, service entries, and Incident Reports are logged in the SBHG EMR. Central Star also aims to log incoming referrals & referral dispositions in the EMR.
Referral Disposition		
Screenings/Assessments		
Enrollments for Persons Served		
Service Entries		
Incident Reporting		
Outcome Measures		

ASQ	Outcome measures facilitate Measurement Based Care to Joint Commission Accreditation Standards. There are three primary Measurement Based Care tools:
	  – ASQ: persons served, aged 0-5
	  – BASIS-24: persons served, over age 18
	  – PSC: persons served, aged 3 – 18
	
	The three Measurement Based Care tools along with the CANS are used for aggregate analysis.
		This analysis involved 233 ASQ measurements of persons served enrolled during FY 2021-22 (completion rate of 90.3%). Second, we conducted a matched pairs analysis of 62 persons served who had at least 2 forms (range was 1-6) each.

BASIS-24		There were 88 BASIS-24, matched pairs available of 154 caregivers enrolled in the program long enough to have a matched pair (57% completion rate).
CANS-50		There were 247 CANS-50 matched pairs (53% completion rate, please note that 462 persons served were expected to have matched pairs within the reporting period

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[1] Please refer to the Appendix for a description of outcome tools used.

|		
PSC-35		There were 288 PSC matched pairs available of 457 child/youth persons served who we expected to have a matched pair (a 63% completion rate).
Discharge Measures		
Discharge Status Form	Form completed by treatment staff in the SBHG EMR to track progress of persons served & circumstances at discharge.	There were 631 discharges in FY 2021-22 and 586 with a DC Status Form for a 93% completion rate
Stakeholder Satisfaction		
<u>Agency Partnership Survey</u>	SBHG survey to gather feedback from Agency Partners in the county system of care.	There were 5 respondents for all Central Star Fresno outpatient programs.
Mental Health Services Improvement Program (MHSIP) Consumer Perception Surveys (CPS)	State mandated and county administered annual survey process. Youth and caregivers may completed forms on-line or via paper and pencil.	No data available for this report.
Parent Measures		
Parent Questionnaire	Assess parent's engagement and changes in parental attitudes over the course of treatment.	There is a total of 139 parents/caregivers who completed the Parent Questionnaire at intake and 53 at discharge during FY 2021-22.
Parent Café Engagement Questionnaire		This survey was recently added and will be reported in the next Fiscal Year.

Outcome Analysis

In FY 2021-22, CWMH Community Services served 655 children across 685 enrollments and 244 adults across 255 enrollments. Below reports on program key performance indicators (KPIs) for these persons served.

Timeliness of Service

In Fiscal Year 2021-22, the Child Welfare Mental Health (CWMH) Community Services program processed 560 referrals (Figure 1). Analyses of the timeliness is based on the Fresno County Referral Dashboard. These dashboards use two different forms as a data source: the Access form is completed for prospective persons served who have not received any mental health services in the past 12 months. The referral form is completed for all persons referred to the program.

**Figure 1. Total Referrals by Month.**
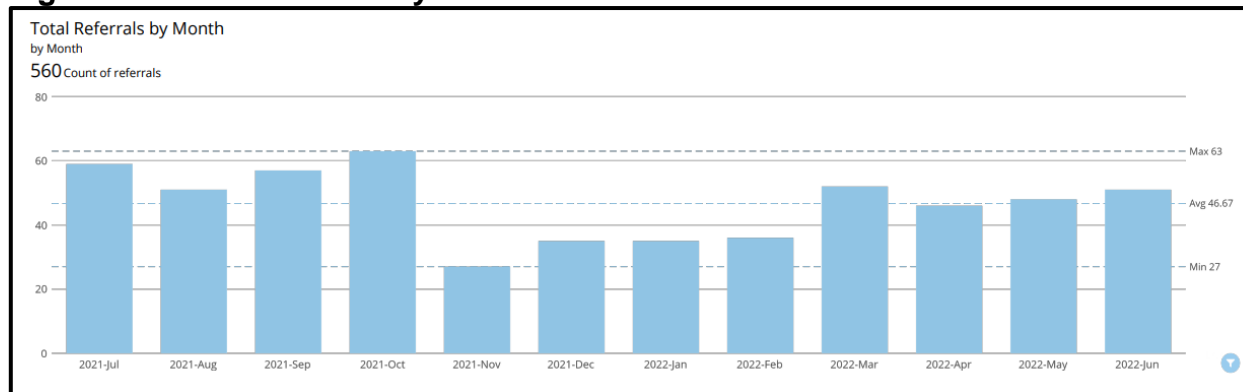
Fresno Domo Referral Dashboards show Calendar Days on the y-axis (Figures 1-6). In discussion with Fresno County, it was understood that the Code of Federal Regulations (CFR) Timeliness Access to Care requirement is 10 business days, not calendar days. As such, it's expected for the Domo Access to Care Dashboards to be on average 40% higher. This is because there are 2 additional weekend days included in each calendar week.

Crisis Referrals – complete assessment in three (3) days
No urgent assessments were needed this Fiscal Year as there were no crisis referrals.

Standard Referrals – complete assessment in ten (10) days
There were 361 non-urgent first assessments kept this Fiscal Year (Figure 2). 69.5% of these assessments were for children and 30.5% were for adults.

Figure 2. Access Requests by Month.
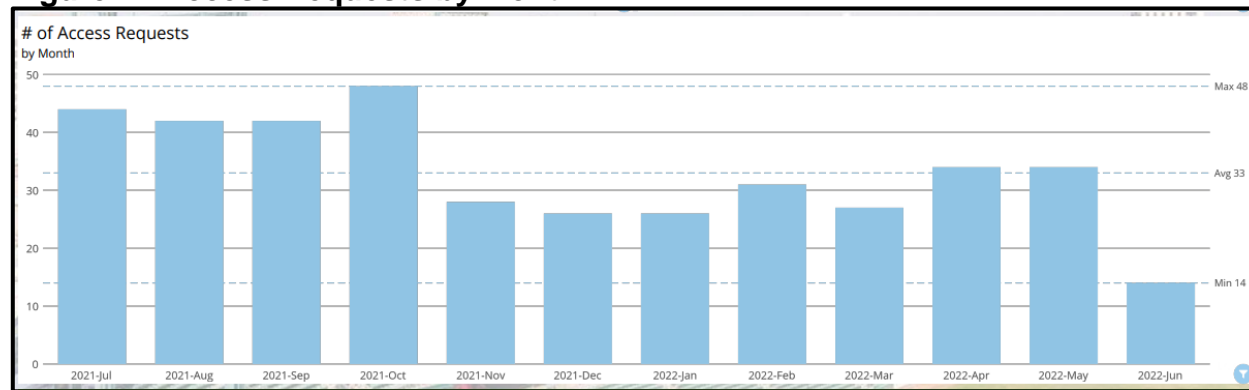
As shown in Figure 3, the program had an average of less than 10 calendar days from referral to first offered non-urgent assessment in seven months of this Fiscal Year. When adjusting for the 40% increase due to the inclusion of weekends (non-business days), Central Star's average days to first offered assessment was below 14 days (which approximates 10 business days) during all months except November and February. Staffing issues and staff availability compounded with the difficulty to contact caregivers and persons served during the holidays. During no contacts, staff reach out to Department of Social Services workers to confirm availability and send out no contact letters requesting responses. Staffing and availability issues were resolved in later months.
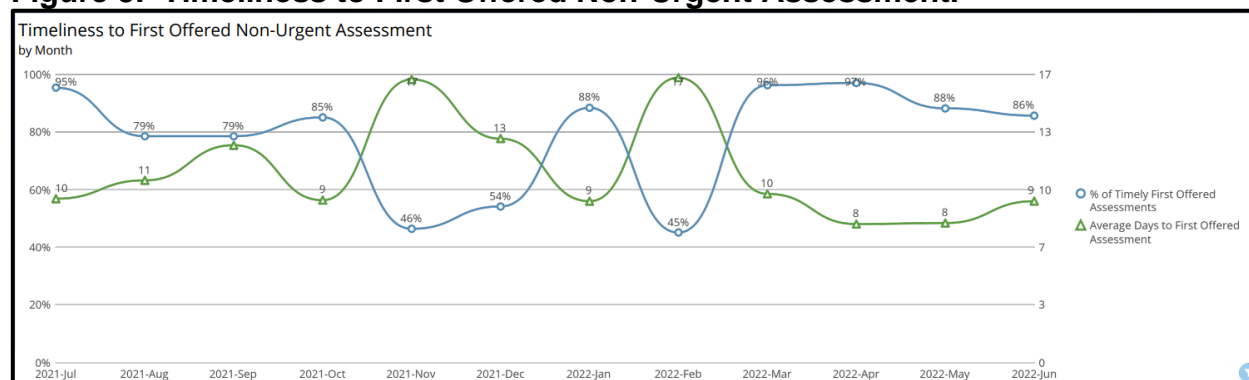
Figure 3. Timeliness to First Offered Non-Urgent Assessment.

Figure 4 below shows the percentage of kept assessments within the timeliness standard and the average calendar days to the first kept assessments. There was a high number of persons referred who declined appointments in the 10-day timeframe or did not attend their scheduled appointment. This is an ongoing challenge to address and Central Star is committed to providing timely Access to Care for those engaged and continues to brainstorm how to keep persons referred engaged until their first assessment.

Figure 4. Timeliness to First Kept Non-Urgent Assessment.
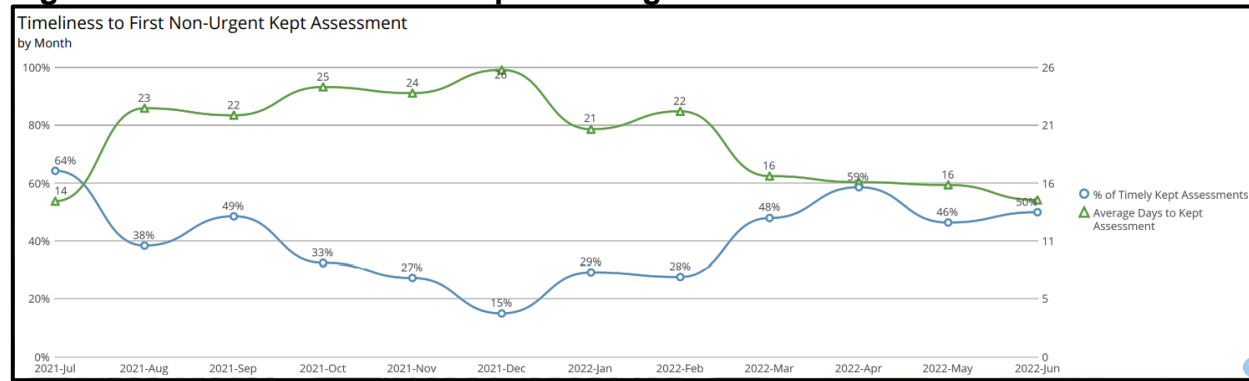
Psychiatric Referrals – complete assessment in fifteen (15) days & Timely access to services from referral to medication evaluation, when appropriate

Central Star handled 63 medication referrals this Fiscal Year (Figure 5).

Figure 5. Psychiatric Referrals in Fiscal Year.
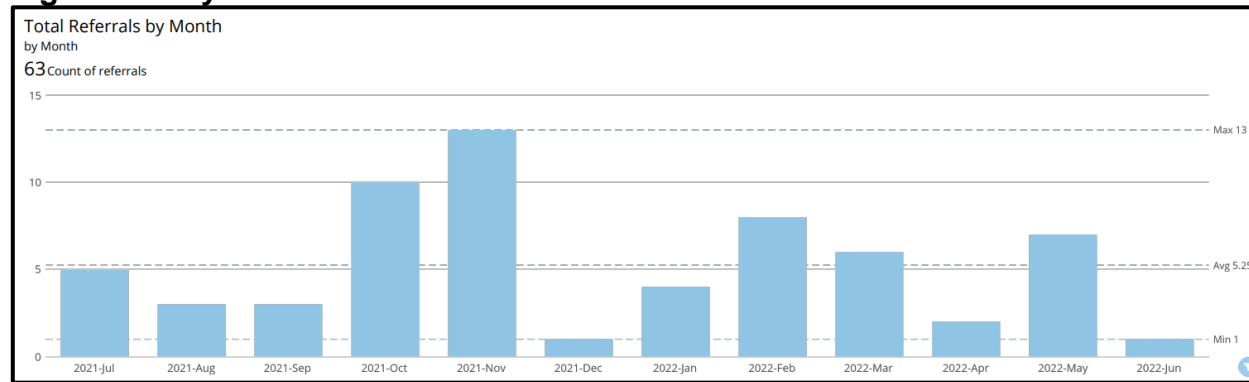
On average, there were 25.1 days from the date of the referral to the day of first offered appointment. This number increased dramatically during the winter of 2021. This followed the influx of referrals coming in October & December. There were further timely access challenges as the doctors went on vacation. One particular person served had a very long wait time due to a pending Vanderbilt Scale Assessment required by the doctor prior to scheduling the appointment. To maintain timely access, Central Star continues to train staff to update the contact information and appointment changes of persons served, and to complete audits and refresher trainings with the Licensed Psychiatric Technician (LPT).

Figure 6. Average Calendar Days to First Offered Psychiatric Appointment.
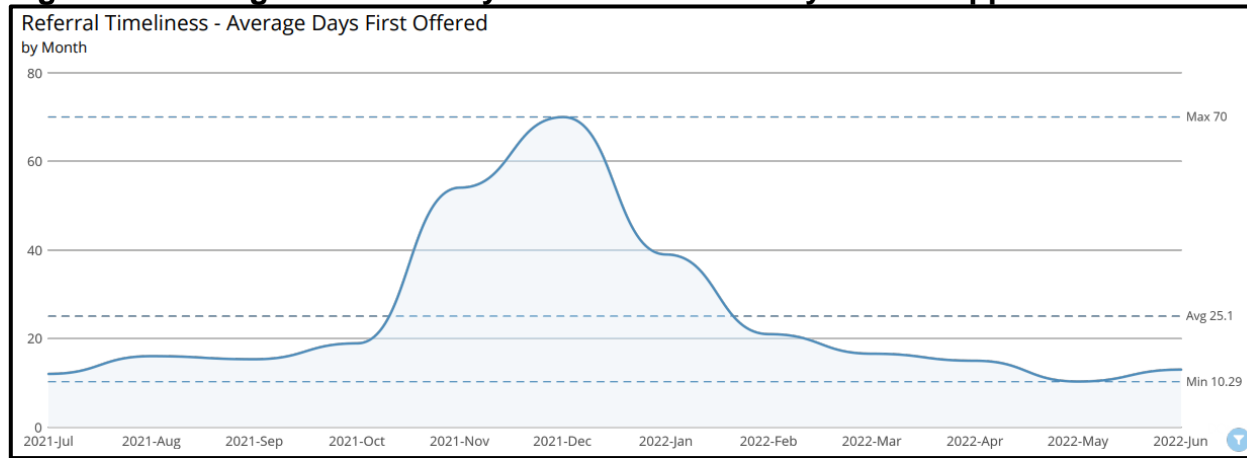
100% of all assessments will be signed/completed within thirty (30) days

As shown in Figure 7, of the 552 admits in FY 2021-22, the <u>initial</u> assessment was completed, signed, and approved for billing within 30 days for 534 distinct enrollments (97%).

Figure 7. Calendar Days from First Assessment to Signed/Completed.

Days Assessment to Approval
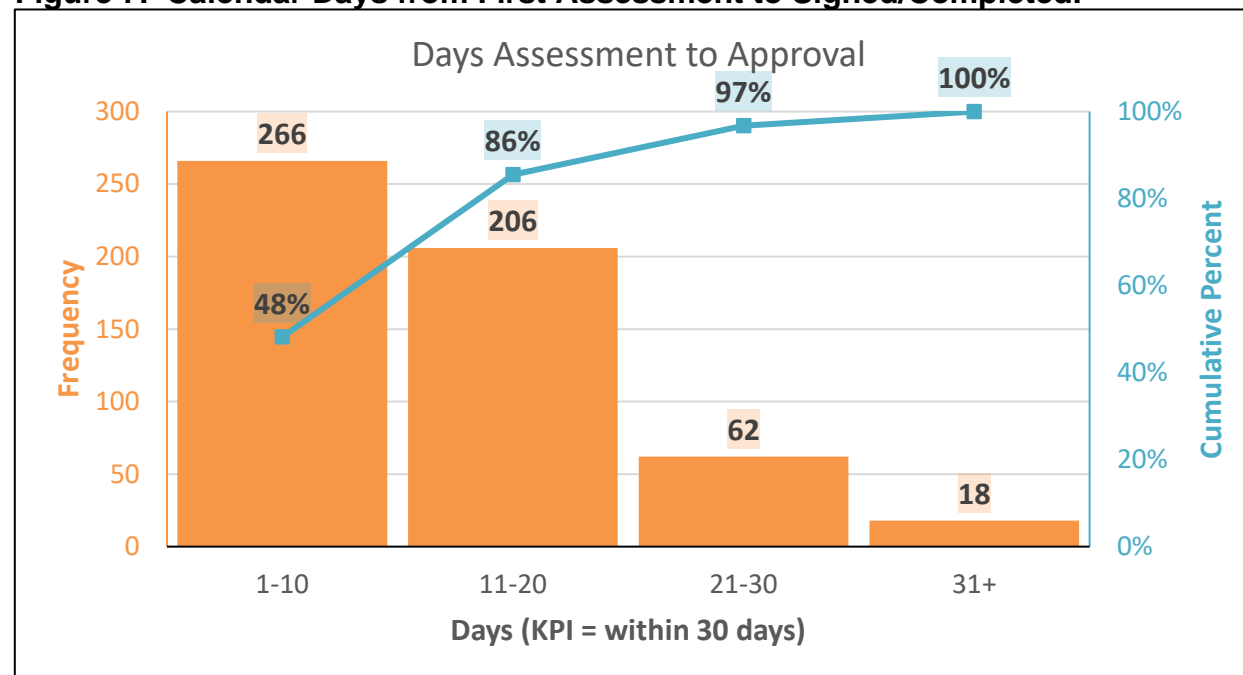
Timely access to service from assessment to ongoing treatment

According to SBHG EMR data, 485 referrals enrolled this Fiscal Year received services. On average, persons served received their first service in 2.37 days from their first assessment. 459 persons served (94.6%) received treatment within 10 business days.

Access and Engagement

70% of services for persons served will be provided in the home or a community-based setting

Central Star institutionalized their processes so almost all services are provided in the community or home. Below shows the % of direct service hours per service location. Figure 8 below shows different metrics per service population, children (or "Community Services") and adults (or "Community Services – Adult").

For children, 62% of direct service hours were provided in the home or community-based setting (field or school). When including phone and telehealth hours, which most often occur in the home setting, this percentage increases to 95%. With adults, services provided in home or community-based settings, including phone and telehealth, accounted for 93% of direct service hours. Only 3% of children services and 6% of adult services are provided in the office.

Figure 8. Direct Service Hours by Service Location

%GT Client Facing Hours
BY SERVICE LOCATION, BA PROGRAM MODIFIER
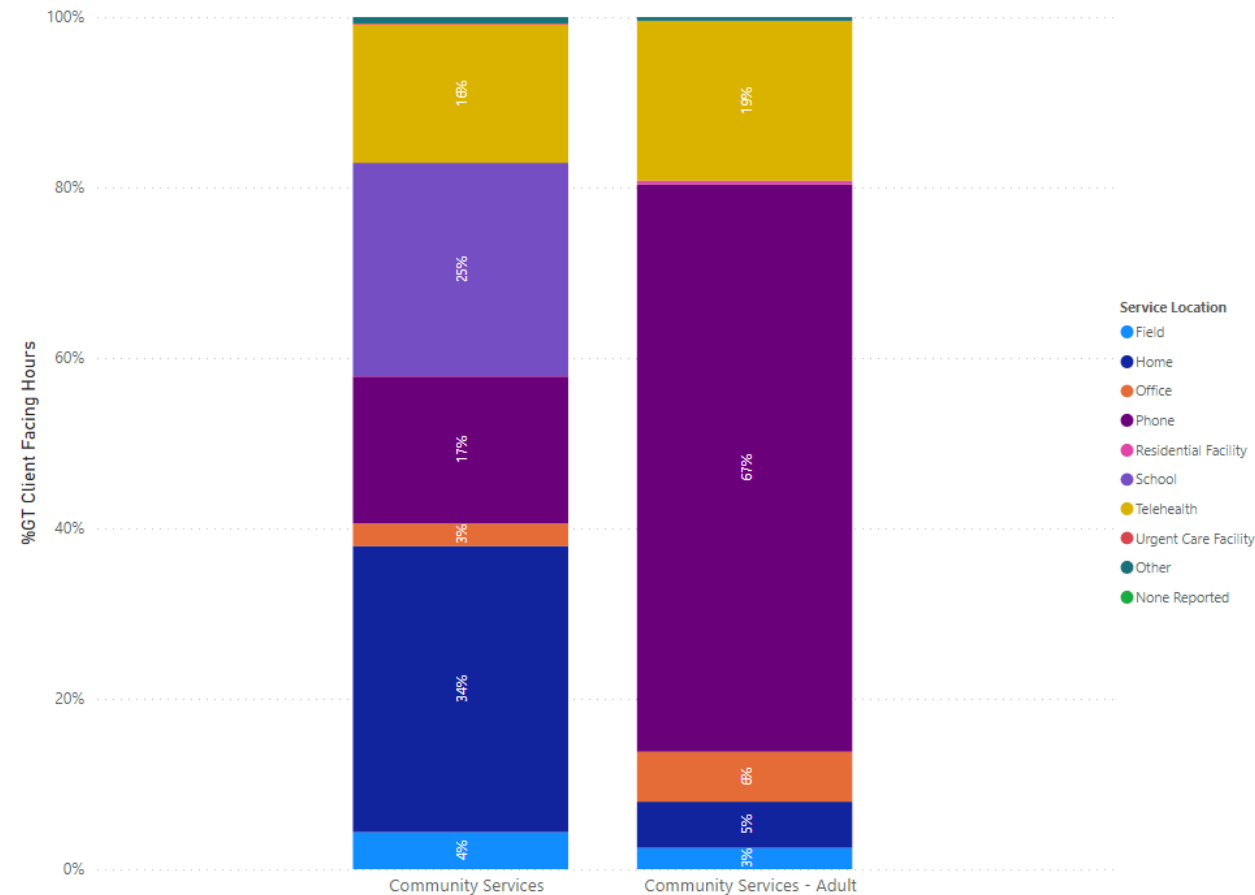
CONTRACTOR will track the number, type, and location of services per person served

    Table 1 below shows the service types and counts of service encounters per child and caregiver for the last FY. The service with the highest amount of service encounters for children served is case management, and for caregivers served it is individual therapy.

**Table 1. Service Encounters Per Persons Served by Modality (billable services only)**

FY 2020-21 Outcomes

Services	Child Counts	Caregiver Counts	Grand Total Counts
Assessments	597	197	794
Case Management	6,148	744	6,892
Collateral	809	-	809
Crisis Intervention	7	-	7
Family Therapy	23	11	34
Group Therapy	-	18	18
Individual Rehabilitation	3,328	127	3,455
Individual Therapy	4,353	1,478	5,831
Plan of Care	985	234	1,219
Grand Total	**16,250**	**2,809**	**19,059**

* Child Count N = 641, Caregiver Count N = 232

There were 9,059 in-person service encounters and 2,829 telehealth service encounters during the 2021-2022 FY. Additionally, 7,171 service encounters occurred via phone. Figure 9 below depicts the total number of billable services by activity type (in person, phone, or Telehealth).

Figure 9. Service Encounters by Activity Type and Program.

Service Encounters by Program Modifier and Service Activity Type
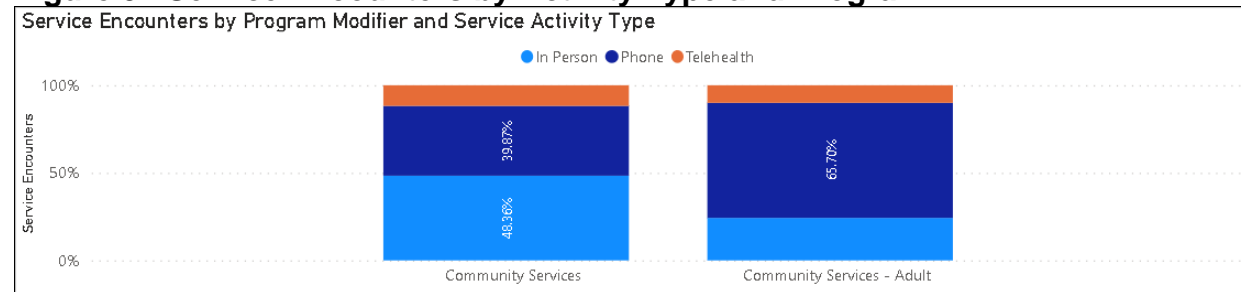
The expectation is that a minimum of fifteen percent (15%) of CONTRACTOR's services will be Intensive Home-Based Services (IHBS)

Of the 25,820 total service encounters documented in EMR for the reporting year, 1,014 were IHBS. With non-billable services removed from the total count of encounters, the IHBS percentage is 5% (Table 2).

While this is below the threshold, this might be interpreted as a good outcome. Central Star always starts persons served with other options (e.g., traditional therapy/case management) before proceeding with higher intensive services like IHBS/ICC. This lower percentage of IHBS indicates persons served were able to maintain their progress without more intensive services and titrate to lower levels of care.

Additionally, as of June 1st all providers are using a new screening tool during assessments. This is a collaborative screening tool to identify persons served who are eligible and meet criteria for IHBS/ICC. Through this process, all persons served are considered for IHBS/ICC services. Finally, DBH's Managed Care Division requires that those with pre-authorization for and receiving IHBS services are reviewed/re-submitted every 90 days to ensure the appropriate level of service is provided.

Table 2. Billable Service Encounters by Service Category.

Service Category	Service Encounters
⊞ **Assessments**	794
⊞ **Case Management**	6,892
⊞ **Collateral**	809
⊞ **Crisis Intervention**	7
⊞ **Family Therapy**	34
⊞ **Group Therapy**	18
⊟ **Individual Rehabilitation**	3,455
Individual Rehab - Central	2,441
Intensive Home Based Services (IHBS) 127 - Central	1,014
⊞ **Individual Therapy**	5,831
⊞ **Plan of Care**	1,219
Total	19,059

Clinician attendance at 100% of team meetings

Central Star has an institutionalized process to monitor clinician attendance. Our records show that our clinicians attend 100% of team meetings. Our process includes logging all team meetings into a "Clinician Attendance" workbook so that Administrative and Quality Assurance (QA) staffs can monitor to remind and ensure clinicians attend their CFTs.

CONTRACTOR will track the "no-show" and cancellation (by person served or provider) rates for treatment

Among the 25,820 service encounters during FY 21-22 (counting both discharged and currently active youths/adults' services), there were a total of 689 'No Shows', a 3.12% rate. Figure 10 below shows the total 'no shows' by month for the 2021-2022 FY. Our data currently tracks no-shows but not cancellations with or without rescheduled appointments; we are working to add these additional data fields to our EMR.

Figure 10. No Shows by Month.
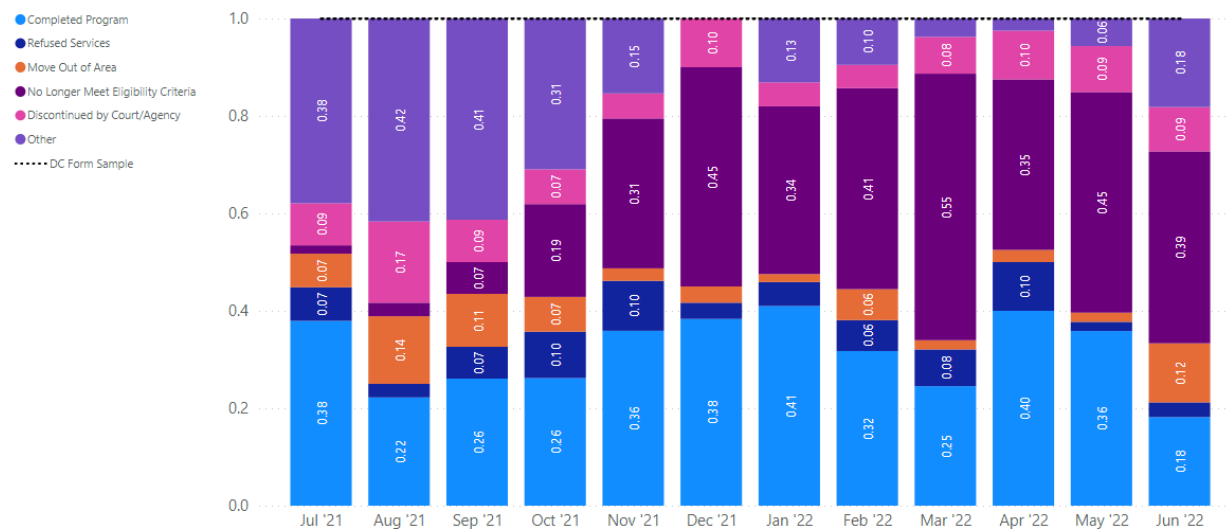
No Shows
BY MONTH YEAR
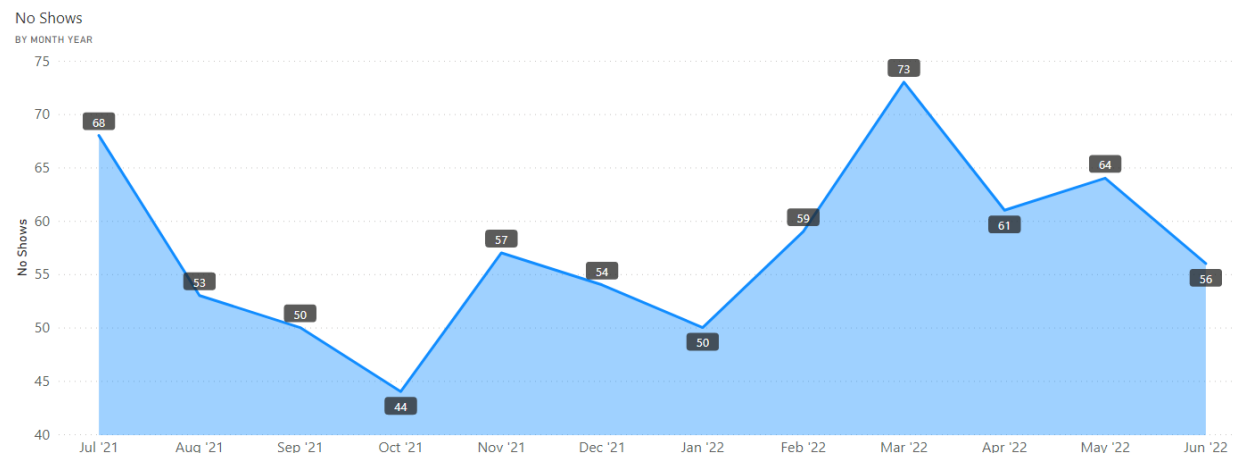
CONTRACTOR will track the number and reasons for discharge

Out of 631 discharges in FY 2021-22, staff completed 586 Discharge Status Forms (93% completion rate). The missing 45 forms may be due to staff training during the leadership transition early in the FY. Staff understood the DC Status Form was not required if 1) it was determined that an individual did not meet medical necessity from an initial mental health assessment 2) an NOA was issued to the individual 3) the discharge process was completed within 30 days of the assessment. Staff were retrained and a DC Status Form was completed for all persons served since December 2021.

Among those 586 discharges with a reported discharge reason, 191 completed the program, 35 refused services, 32 moved out of the area, 178 no longer met eligibility criteria, 48 were discontinued by court/agency, and 102 were discharged for other reasons (Figure 11). CWMH Community Services also completes DC Status Forms for those who are referred to the program yet are not eligible to receive services. The 178 individuals who "no longer met" eligibility represent a portion of the population who were referred and did not meet mental health services criteria. Completing the DC Status Form helps track medical necessity and discharge circumstances, including when treatment is provided by another program.

Figure 11. Discharge Reason by Month.

Discharge Reason Proportions by Time Period and Answer

Legend:
- Completed Program
- Refused Services
- Move Out of Area
- No Longer Meet Eligibility Criteria
- Discontinued by Court/Agency
- Other
- ..... DC Form Sample

Underline: Seventy percent (70%) of individuals with an open child welfare case will successfully complete treatment

All persons served in the CWMH Community Services program have an open child welfare case. Below Figure 12 shows the treatment progress for persons served at discharge, by service population. Please note that a significant number of referrals exit the program before assessment. This is because staff complete the DC Status Form for referrals who receive an NOABD[2] and do not qualify for SMHS. The DC Status Form is completed to track their circumstances at discharge.

Table 3 below shows the percentage of goal progress per service population when excluding those individuals who exited before assessment. When considering the percentage of persons served who met some, most, or all treatment goals, 80% of children served and 66% of adults served successfully discharged from the program. Central Star will continue partnering with adults served to ensure 70% successfully discharge in the future. Among discharges that completed the program (n=189; Figure 11), 99% met most/all treatment goals and 1% met some treatment goals.

Table 3. Treatment Progress at Discharge excluding discharges prior to assessment.

Treatment Goal Progress	Children	Adults
Most/All	60%	51%

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[2] Notice of Adverse Benefit Determination (NOABD)

Some	20%	15%
No or Very Few	20%	34%

Wellness, Recovery, and Resiliency Supports
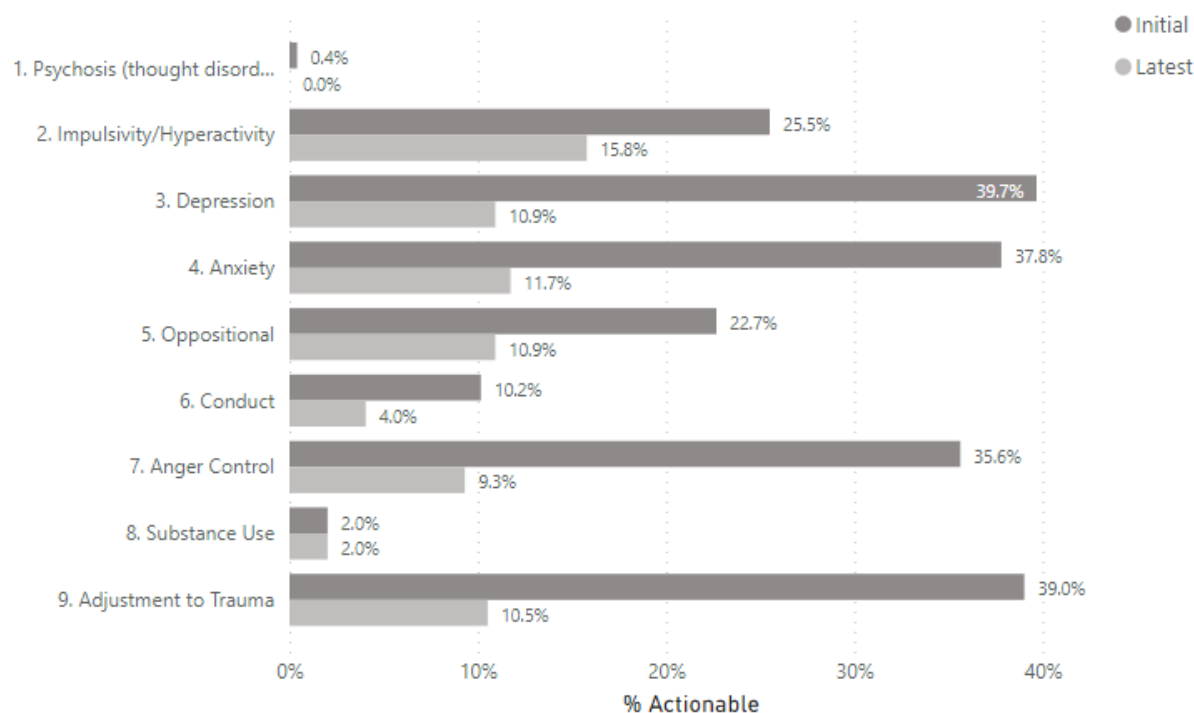
Improved Child Functioning

This KPI is addressed by examining matched pair aggregate results from the CANS-50, PSC-35, and ASQ presented below.

CANS-50

Figure 13 below shows the percentage of actionable items (2 or 3 response) when comparing initial and latest scores in the CANS-50 Behavioral/Emotional Needs subscale.

Figure 13. CANS-50 Behavioral/Emotional Needs.

A McNemar's test indicated that there was a statistically significant improvement in seven of nine Behavioral and Emotional Needs subscale items. In other words, the percent of persons served with actionable scores decreased following treatment for seven of the nine items (78%). The two items that did not show a significant improvement were psychosis and substance abuse. Both were likely not significant due to floor effects, with 0.4% actionable psychosis scores and 2.0% actionable substance abuse scores at the initial assessment. These items and their significance values (p values) are shown in Table 4 below.

Table 4. CANS 50 Behavioral/Emotional Needs McNemar's Test Results

"Actionable" to "Non-Actionable" or vice versa (otherwise "Statistic" and "P Value" will show **NA**)
* Asterisk ("*") or p<0.05 indicates statistically significant difference; "**ms**" or p<0.1 indicates marginally significant statistical difference; "**ns**" indicates non-significant statistical difference

McNemar Test Results

| Item	Statistic	P Value	N
1. Psychosis (thought disorder)	NA	NA	247
2. Impulsivity/Hyperactivity	12.02	0.00 (*)	247
3. Depression	53.85	0.00 (*)	247
4. Anxiety	48.40	0.00 (*)	246
5. Oppositional	18.23	0.00 (*)	247
6. Conduct	7.84	0.01 (*)	246
7. Anger Control	53.19	0.00 (*)	247
8. Substance Use	0.00	1.00 (ns)	247
9. Adjustment to Trauma	49.59	0.00 (*)	246

PSC-35

Table 5 below depicts matched-pairs analyses of initial versus latest PSC total scores and subscale scores. The matched pairs T-Test indicates that there are statistically significant reductions (*) when comparing the initial and latest Total, Attention, Internalizing, Externalizing, and School-Items Scores (Table 5).

Table 5. PSC Matched Pairs T-Tests.

Matched Pairs T-Tests (for N>=30)			
Domain	**Statistic**	**P.Value**	**N**
Total (Ages 3-5)	2.07	0.05 (â€)	41
Total (Ages 6+)	3.53	0.00 (*)	251
Attention	2.35	0.02 (*)	292
Internalizing	3.94	0.00 (*)	292
Externalizing	2.89	0.00 (*)	292
School	2.41	0.02 (*)	251

        Moreover, a McNemar's test of the percentage of persons served with "at risk" total scores indicated that PSC scores improved significantly following treatment (p<.001; Figure 14). While 31% of persons served had "at risk" total scores at the initial assessment, only 21% were "at risk" at the latest assessment – a 32% improvement!

Figure 14. McNemar's test on initial and latest percentage of persons served with "at risk" Total Score.
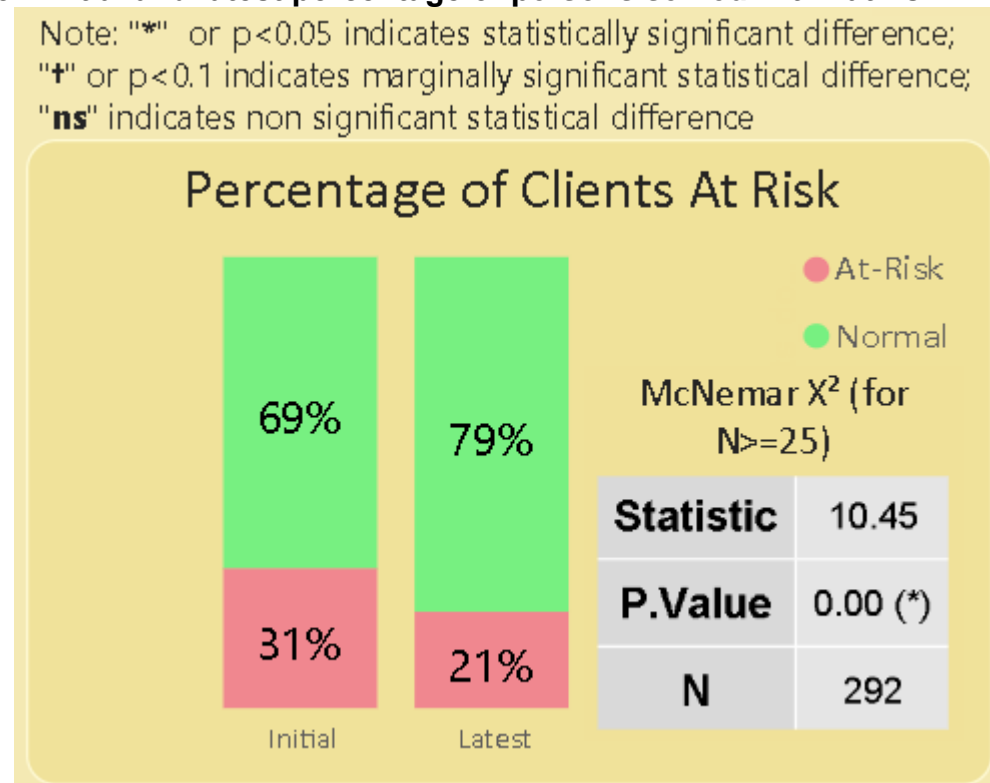
ASQ-3

    Improvements in children's well-being and functioning is also evident from ASQ-3 analysis. Two hundred and thirty-three (233) persons served in FY 2021-22 had at least one ASQ-3 form administered (number of forms per persons served range: 1-6; completion rate: 90.3%). Table 6 below presents percentages of persons served with possibly concerning scores in each domain, by form type (time interval). Note that these aggregated percentages are not necessarily expected to drop by the later intervals, as each child is enrolled at a different age, and their first assessment (reflecting their state before treatment) is matched to their age at enrollment. See the next segment for more refined analyses of records matched per person served.

Table 6. Percentage of Persons Served with Concerning Scores, by Time Interval (From Type).

Interval	Sample	Communication		Gross Motor		Fine Motor		Problem Solving		Personal Social		Overall	
		No Concern	Possible Concern ("Below"/ "Monitoring")	No Concern	Possible Concern ("Below"/ "Monitoring")	No Concern	Possible Concern ("Below"/ "Monitoring")	No Concern	Possible Concern ("Below"/ "Monitoring")	No Concern	Possible Concern ("Below"/ "Monitoring")	No Concern	Possible Concern (Responded "No")
2 Months	7	100.00%	0.00%	85.71%	14.29%	85.71%	14.29%	57.14%	42.86%	85.71%	14.29%	95.24%	4.76%
4 Months	24	87.50%	12.50%	87.50%	12.50%	62.50%	37.50%	83.33%	16.67%	83.33%	16.67%	91.15%	8.85%
6 Months	16	81.25%	18.75%	87.50%	12.50%	68.75%	31.25%	68.75%	31.25%	75.00%	25.00%	92.19%	7.81%
8 Months	10	70.00%	30.00%	50.00%	50.00%	70.00%	30.00%	70.00%	30.00%	70.00%	30.00%	85.00%	15.00%
9 Months	4	50.00%	50.00%	75.00%	25.00%	75.00%	25.00%	75.00%	25.00%	100.00%	0.00%	96.88%	3.13%
10 Months	6	66.67%	33.33%	66.67%	33.33%	100.00%	0.00%	83.33%	16.67%	100.00%	0.00%	91.67%	8.33%
14 Months	14	64.29%	35.71%	50.00%	50.00%	64.29%	35.71%	57.14%	42.86%	57.14%	42.86%	85.71%	14.29%
16 Months	10	70.00%	30.00%	70.00%	30.00%	60.00%	40.00%	70.00%	30.00%	80.00%	20.00%	81.11%	18.89%
18 Months	12	33.33%	66.67%	66.67%	33.33%	58.33%	41.67%	66.67%	33.33%	58.33%	41.67%	75.00%	25.00%
20 Months	13	76.92%	23.08%	76.92%	23.08%	61.54%	38.46%	84.62%	15.38%	53.85%	46.15%	86.32%	13.68%
22 Months	7	57.14%	42.86%	71.43%	28.57%	57.14%	42.86%	71.43%	28.57%	28.57%	71.43%	84.13%	15.87%
24 Months	15	60.00%	40.00%	60.00%	40.00%	80.00%	20.00%	73.33%	26.67%	60.00%	40.00%	85.19%	14.81%
27 Months	9	77.78%	22.22%	88.89%	11.11%	44.44%	55.56%	55.56%	44.44%	77.78%	22.22%	83.95%	16.05%
30 Months	18	57.89%	42.11%	89.47%	10.53%	42.11%	57.89%	52.63%	47.37%	89.47%	10.53%	83.16%	16.84%
33 Months	11	63.64%	36.36%	90.91%	9.09%	72.73%	27.27%	81.82%	18.18%	90.91%	9.09%	89.09%	10.91%
36 Months	26	58.62%	41.38%	72.41%	27.59%	51.72%	48.28%	58.62%	41.38%	75.86%	24.14%	85.86%	14.14%
42 Months	32	76.47%	23.53%	91.18%	8.82%	64.71%	35.29%	91.18%	8.82%	76.47%	23.53%	90.59%	9.41%
48 Months	27	68.97%	31.03%	75.86%	24.14%	58.62%	41.38%	72.41%	27.59%	68.97%	31.03%	84.48%	15.52%
54 Months	26	82.14%	17.86%	89.29%	10.71%	64.29%	35.71%	78.57%	21.43%	85.71%	14.29%	88.93%	11.07%
60 Months	27	74.07%	25.93%	74.07%	25.93%	59.26%	40.74%	55.56%	44.44%	70.37%	29.63%	88.52%	11.48%

To gauge improvement in response to treatment for persons served, we compared the initial and latest available assessments, for all persons served, treated long enough to have at least 2 assessments (N=62 matched pairs). Table 7 presents impressive increases in the percentage of persons served with scores in the "

Above" zone (indicating normal functioning and development) from the initial to latest available assessments in all 5 domains (4 of 5 were statistically significant and one- Gross Motor- was marginally significant).

Table 7. Matched Pairs Percentages of Persons Served with Non-Concerning Scores in Initial and Latest Assessments.

	Percentage of Clients in "Above" zone (No concern)		
	Initial Assessment	Latest Assessment	McNemar Test P.Value
Communication	53.2%	77.4%	0
Gross Motor	69.4%	82.3%	0.1 (MS)
Fine Motor	46.8%	69.4%	0.02
Problem Solving	56.5%	80.6%	0
Personal-Social	54.8%	80.6%	0

*Note:* Cells colored in green indicate statistical significance.

Additionally, we found that the average number of domains with scores in the "Below" or "Monitoring" zones (indicating possible concern) significantly decreased from initial (M=2.19) to latest (M=1.09) available assessments (*t*=4.2; p<.001). Finally, we examined the

proportion of "overall" questions with "No" responses (indicating concern) in the initial and latest available assessments and found that it significantly decreased from 20% to 9% (t=4.5; p<.001).

Improved Functioning for Adult Persons Served

Figure 15 below shows average initial and latest BASIS total and subscale scores. Note that these scores are weighted based on norms published by the tool authors and lower scores reflect fewer reported symptoms. The total score and each subscale all showed a numerical improvement from the initial to the latest assessment. Furthermore, matched pair T-test results (N=88) show that a statistically significant reduction in the Total Score (p<.001) and the Depression/Functioning (p < .001), Emotional Lability (p = .01), and Psychosis (p = .02) subscales within this sample of adult persons served.

Figure 15. BASIS-24 Aggregate Mean Scores.
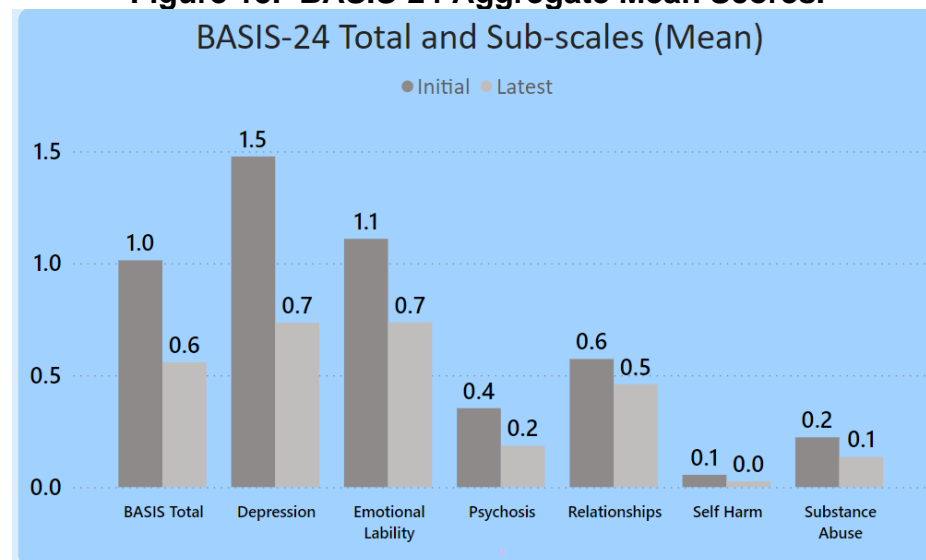
Improved Family Functioning

Among children served, a McNemar test on the "Family Functioning" item of the CANS-50 Life Functioning subscale indicated that there was a statistically significant reduction (*) in the percent of persons served with actionable Family Functioning scores when comparing initial to latest assessments (p < .001; Figure 16).

Among adults served, the BASIS item "Get along with people in your family" did not exhibit a significant decrease from initial (M = 0.63) to latest (M = 0.53). This was due to a floor effect, with persons served reporting very few issues even at the initial assessment.

Figure 16. CANS-50 Family Functioning Item

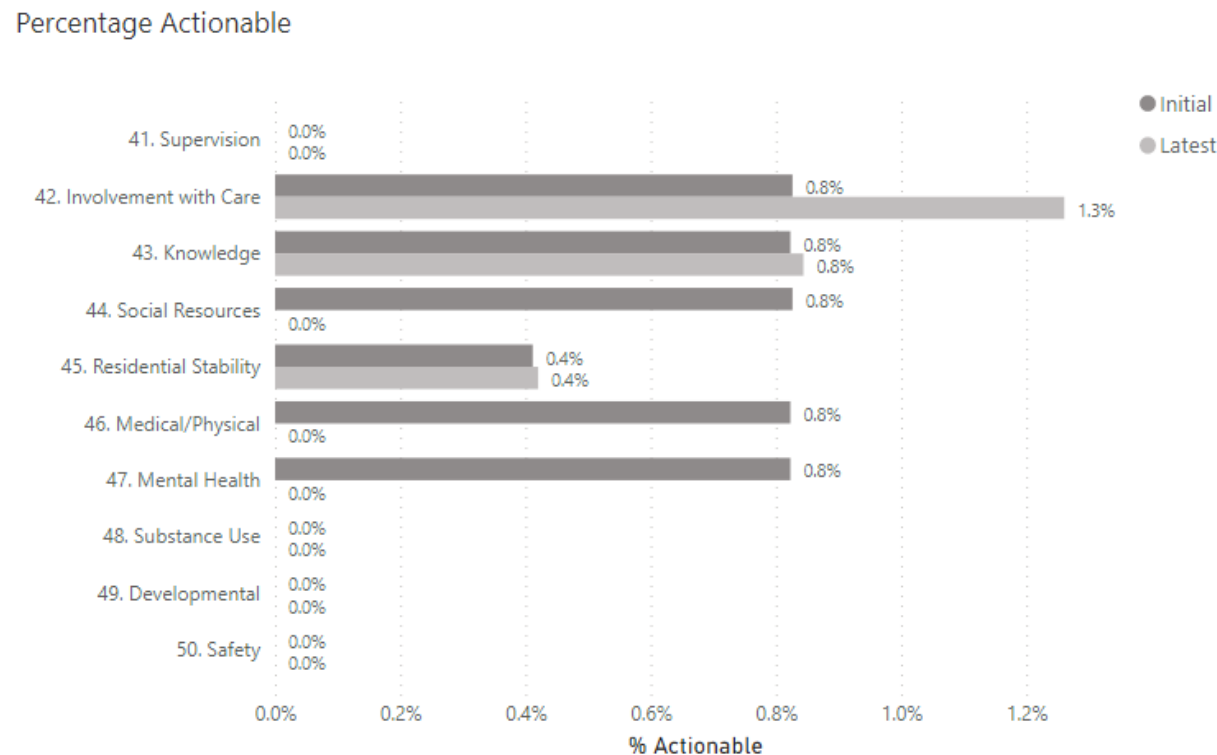Percentage Actionable

Improved Parent Functioning

 The following KPI will be addressed examining the CWMH Community Services Parent Questionnaire and CANS-50 Caregiver Primary Domain findings.

 A total of 139 parents/caregivers completed the Parent Questionnaire at intake and 53 at discharge during FY 2021-22 (Figure 17). Note the analysis was completed without matched pairs or statistical testing which impacts the validity of interpreting the results as improved parent functioning. Statements related to parent functioning and the percentage of caregivers who agree with the statements are shown in the figure below. A reduction in the proportion of caregivers agreeing with statements indicates possible improvements in parent functioning. For instance, at intake 24% of parents agreed they 'could not handle things very well' which dropped down to 13% agreeing with this statement by discharge. Note that some items had an increase in the proportion of parents who agreed with the negative valence statements. Three of these items relate to parental responsibilities and doing other things the caregiver likes.

 Central Star is reviewing this feedback to improve future services. More caregivers also agreed that they expected closer, warmer feelings for their child. This may be due to caregivers feeling more comfortable revealing their feelings after building a therapeutic alliance with the staff. Additionally, all caregivers are referred from Fresno County Department of Social Services (DSS). When they first come into treatment, they often need to acclimate to services and often portray home life with a positive skew. In the future, Central Star will strive to show caregivers their prior ratings scores and discuss their improvements over time.

Figure 17. Parent Questionnaire % Agree
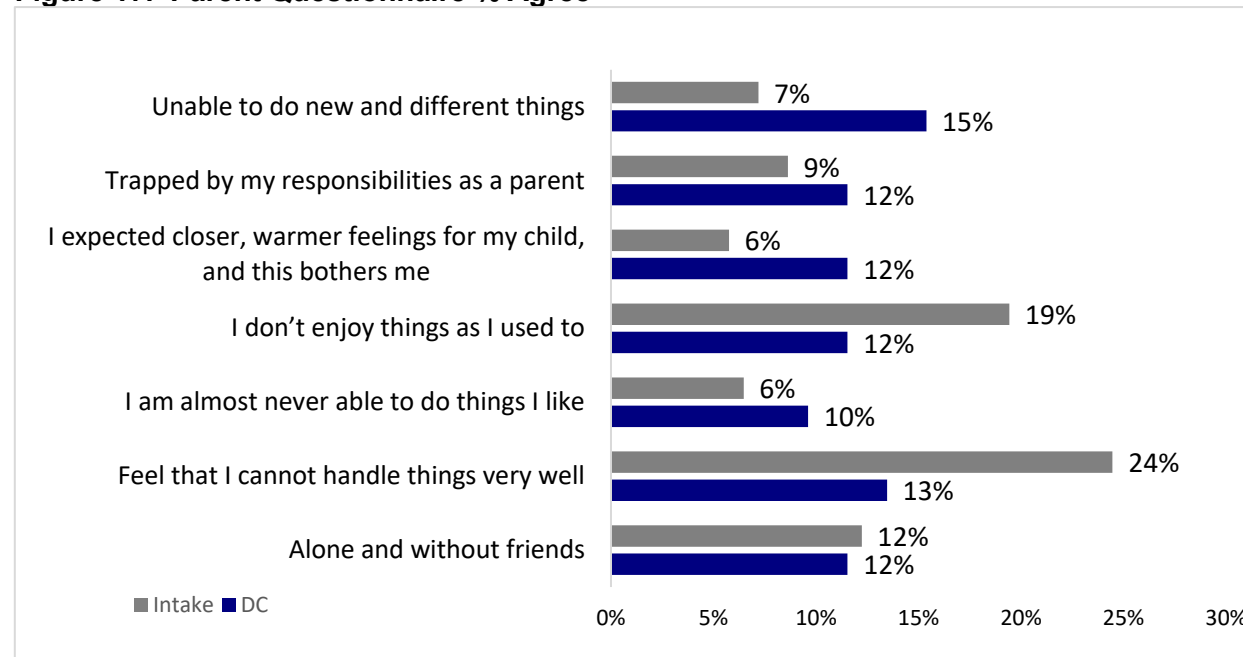
The CANS-50 Caregiver Primary domain results are shown in Figure 18 below. McNemar test results indicate there is no statistically significant difference in any item in this domain. This was due to the negligible actionable ratings on the items in this domain at either the initial or the latest assessment. As a result, there is little room for program improvement.

Figure 18. CANS-50 Caregiver Domain Items at initial and latest assessment.

Percentage Actionable

| Item	Initial	Latest
41. Supervision	0.0%	0.0%
42. Involvement with Care	0.8%	1.3%
43. Knowledge	0.8%	0.8%
44. Social Resources	0.8%	0.0%
45. Residential Stability	0.4%	0.4%
46. Medical/Physical	0.8%	0.0%
47. Mental Health	0.8%	0.0%
48. Substance Use	0.0%	0.0%
49. Developmental	0.0%	0.0%
50. Safety	0.0%	0.0%

% Actionable

Effective DC Planning

512 discharges in FY 2021-22 reported at least one planned Behavioral Health Treatment Service (BHTS) or Community Resource Linkage (CRL) provided at time of discharge. Of these 512 discharges, an average of 1.33 referrals/linkages were provided (Figure 19).

Of the 170 child discharges linked to at least one BHTS, the most common BHTS linkages were to regular outpatient services (55%), County Case management (14%), or an "other" BHTS (24%). 65 adult child discharges were linked to at least one BHTS and the most common BHTS linkages were to regular outpatient services (31%), outpatient education or treatment (9%), or residentially based services (8%).

Figure 19. Average Behavioral Health Treatment Services (BHTS) and Community Resource Linkages (CRL) by Month.

BHTS and CRL Provided per Discharge by Time Period (excluding "N/A or Unknown")
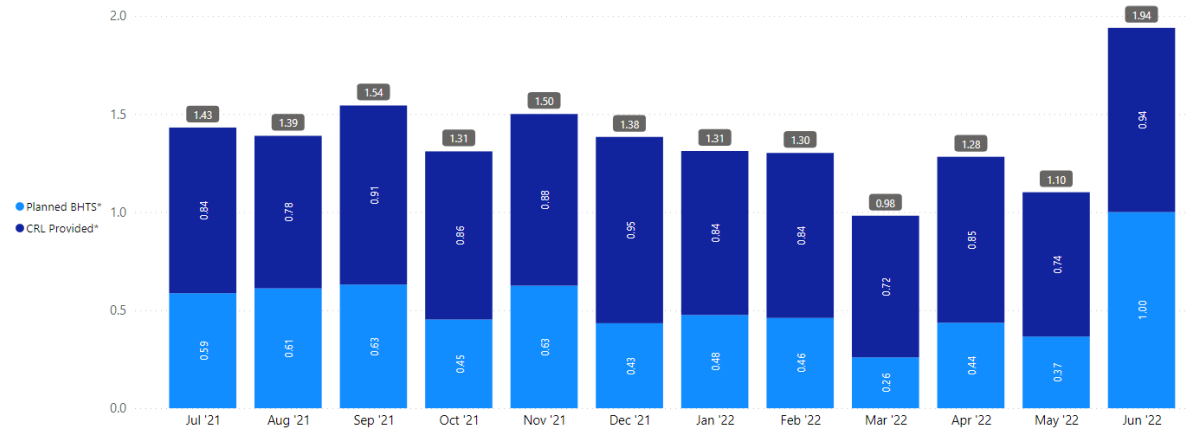

Person Served Satisfaction

Consumer Perception Survey (CPS) Results

Central Star CWMH Community Services participated in the state mandated Consumer Perception Survey (CPS) in Spring 2022. We no longer have access to all the forms as they are completed - survey forms are either completed on-line or on paper and immediately submitted to Fresno County. SBHG eagerly anticipates a report from the University of California, Los Angeles (UCLA) and/or from Fresno County, the responsible entities for providing reports, at this time.

Satisfied Agency Partners

Central Star collected 5 responses to the Agency Partnership Survey. Responses are shown for three Central Star programs: CWMH Community Services, TAY FSP, and Wraparound (Figure 20). At this time we cannon separate out which program a respondent was rating and we will improve our survey in the future to be able to report separately for CWMH Community Services. All respondents agreed/strongly agreed to all survey questions, except that the LOS is appropriate. This respondent did not provide any written explanation. Another respondent wrote: "It would be helpful if referral notes for scheduled appts were updated in Avatar."

Figure 20. Agency Partnership Survey.
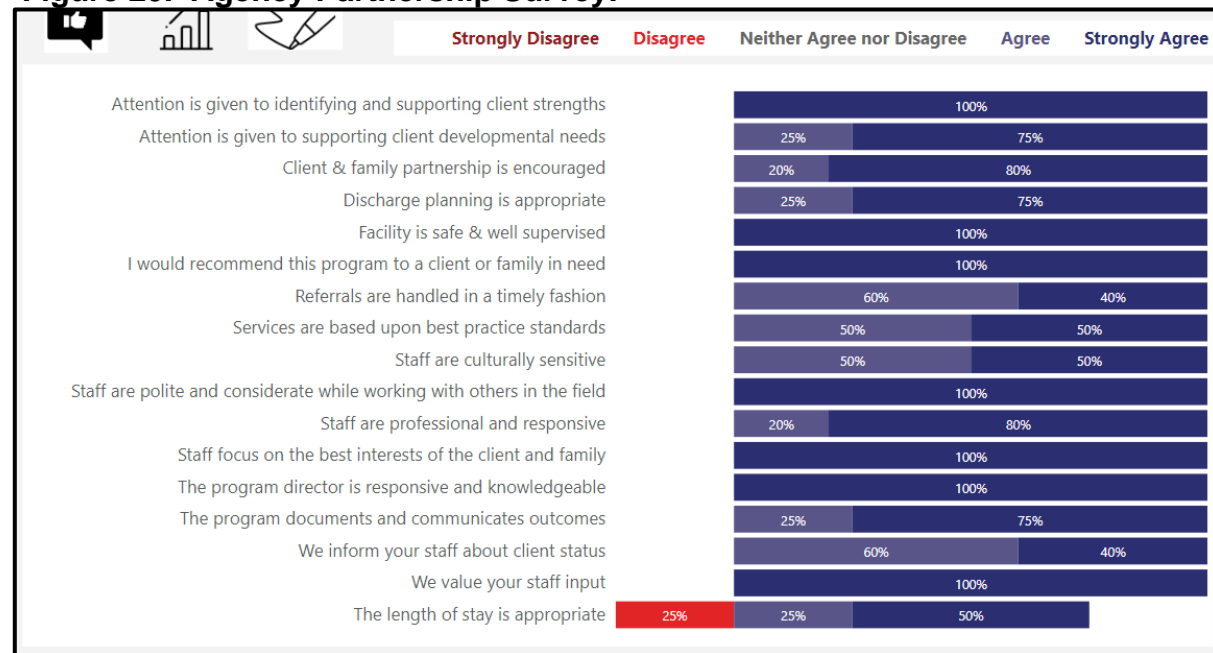
Referrals & Engagement

4 contacts per referral & 1 contact to each referral per week

After receiving a referral, Central Star attempts to contact the referred individual once a day for three consecutive days. If the person is not contacted in the first three days, Central Star attempts to contact them once a week until the referral is closed. Referrals for whom Central Star had the correct contact/placement information but were not successfully contacted are closed after 45 days. Referrals for whom Central Star does not have correct t contact/placement information and were not successfully contacted are kept open for 30 days. Contact with these individuals is done via their assigned social worker. All contacts are logged on Fresno County DBH's Access & Referral Forms. When exceeding the three contact fields provided, additional contacts are logged in the notes section of these forms.

Outpatient Mental Health Service Attend ICC meetings & team processes by other agencies, at least every 90 days

Central Star records ICC meeting notes as a progress note (PN ICC 207). To determine the frequency of ICC meetings, this analysis reviewed the frequency of these PNs per person served in the Fiscal Year. Any PNs made within 5 days of the previous PN was excluded from analysis. On average, ICC PNs occurred every 17.8 days with a mean of 13.0 days. The majority (85%) occurred within 31 days. Five ICC PN occurred outside of the 90-day requirement. Staff will review the cases where this occurred outside the 90-day requirement. Additionally, we're

revising our data collection system to accurately capture all ICC PNs. This is a new standard and will be used more consistently in the upcoming Fiscal Year.
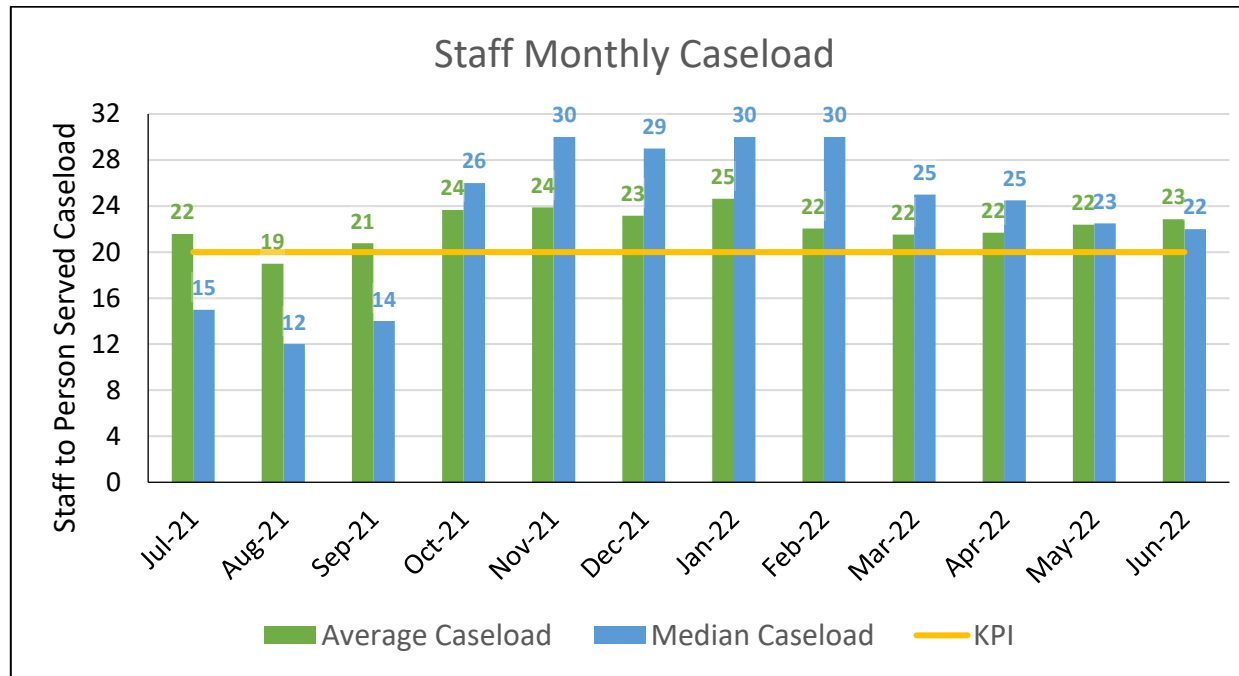
Staffing

<u>CONTRACTOR shall not go over a 1:20 staff-caseload ratio</u>

Over the course of FY 2021-22, 27 distinct staff were assigned as the primary case worker across 939 distinct program enrollments. On average, staff had a monthly caseload of 22 distinct program enrollments (staff monthly caseload median = 24). Figure 21 below shows the average and median caseload across each month of FY 2021-22.

Central Star, like any other provider, has persevered through healthcare labor shortages. Historically, Central Star worked with a caseload of 1 staff to 30 persons served. Agency managers work persistently to sustain staffing at regulated levels to meet care expectations. Currently, the program maintains a caseload closer to 1 staff per 25 persons served. This has made caseload management more sustainable. At times, multiple persons served will close at once. This may be because Fresno County closes multiple cases of persons served at once or persons served coincidentally graduate the program together. This might reduce a staff's caseload dramatically. Fresno County introduced a 4th provider this last year. Since then, referrals decreased and it has become difficult for a staff member with multiple discharges close together to rebuild their caseload. Given some persons served are seen every other week, the current 1 staff to 25 person served caseload is manageable for the time being.

Figure 21. Staff average and median monthly caseload by month.

Staff Monthly Caseload

Chart: Staff Monthly Caseload — Staff to Person Served Caseload (y-axis, 0 to 32) by month (Jul-21 through Jun-22).

Month	Average Caseload	Median Caseload
Jul-21	22	15
Aug-21	19	12
Sep-21	21	14
Oct-21	24	26
Nov-21	24	30
Dec-21	23	29
Jan-22	25	30
Feb-22	22	30
Mar-22	22	25
Apr-22	22	25
May-22	22	23
Jun-22	23	22

Legend: Average Caseload, Median Caseload, KPI (KPI line at 20)

Appendix: Outcome Tool Descriptions

ASQ

The Ages & Stages Questionnaire (ASQ) assesses children's development in communication, fine and gross motor skills, problem solving, personal-social skills, and additional "overall" age-related possible problem-indicators. The assessment identifies children that would benefit from additional support in the screened areas. Clinicians were trained to use the ASQ-3 to inform treatment and aftercare service planning. The ASQ-3 meets JC measurement of care accreditation standards.

The ASQ-3 is a set of questionnaires with age-appropriate indicators to measure a child's development from 2 – 60 months. Questionnaires are administered every 2 months until 24 months, then every 3 months until 36 months, then every 6 months until 60 months. For the domain specific questions, a 3-point Likert scale is used, where Yes = 10, Sometimes = 5, and Not Yet = 0. Question sub-scales are totaled and then compared to a cut-off to determine the level of actionable concern (above the cutoff = no concern, Monitoring = possible concern, and below cutoff = needs further assessment). Sub-scale scores are adjusted when items are missing. The "overall" questions are answered with either a "Yes" (no concern) or a "No" (possible concern).

Analysis for the ASQ-3 was two-fold. First, using all forms for persons served, we examined percentages of forms with concerning scores (below cutoff), by form type (interval). This analysis involved 233 measurements of persons served enrolled during FY 2021-22 (completion rate of 90.3%). Second, we conducted a matched pairs analysis of 62 persons served who had at least 2 forms (range was 1-6) each.

BASIS

The Behavioral and Symptom Identification Scale (BASIS) is a standardized outcome tool to track adult persons served progress over time and inform treatment. The BASIS is administered at intake, every 6 months, and at discharge. SBHG released a BASIS BA Dashboard suite in 2021 to support the program's T2T data driven care efforts. Clinicians were trained to use the BPRS T2T Dashboard to inform treatment and aftercare service planning. The BASIS also meets JC accreditation standards.

The BASIS-24 consists of 24 questions (with additional demographic questions) that score six (6) subscales and an overall average. Subscales include: (i) Depression, (ii) Relationships, (iii) Self-Harm, (iv) Emotional Lability, (v) Psychosis, & (vi) Substance abuse. Questions use a 5-point Likert scale, where 0 indicates lower frequency and a 5 is higher frequency. This analysis uses matched pairs; only persons served with at least two assessments are analyzed. The earliest (or "initial") and the latest available (or "latest") assessments were available for 88 out of 154 caregiver persons served enrolled in the program long enough to have a matched pair (57% completion rate). On average, there were 243 days between the initial and latest assessment. Note that not all persons served during the FY are expected to have matched pairs due to the time between admission and administration of survey every 6 months.

Based on norms published by the outcome authors, weighted total and subscale scores were calculated on the initial and latest assessments of the 88 matched pairs. These weighted initial and latest scores were submitted to paired sample t-tests to determine whether an individual's outcomes improved over the duration of their time in the program.

CANS

The Child & Adolescent Needs & Strengths (CANS) is a multi-purpose tool to support clinical decision making with children. The tool contains 50 items rated on a 4-point Likert scale, where 0 = lowest and 3 = highest. An actionable level of clinical concern is defined as a rating of 2 or 3. CANS implementations can vary and typically have 5+ domains, including: (1) Life Functioning, (2) Child Behavioral/Emotional Needs, (3) Risk Behaviors, (4) Caregivers Resources & Needs, and (5) Cultural Factors. The CANS is administered at intake, every 6 months,

and at discharge. This analysis yielded 247 matched pairs (53% completion rate, please note that 462 persons served were expected to have matched pairs within the reporting period); only persons served with an initial and a latest assessment were analyzed. On average, there were 395 days between the initial and latest assessment.

With these 247 matched pairs, we calculated the percent of persons served with actionable scores on each CANS-50 item, separately for the initial and the latest assessments. We then analyzed these data using McNemar's tests to examine the effect of Central Star's behavioral health treatment on reducing actionable symptoms.

PSC

The Pediatric Symptom Checklist (PSC-35) consists of 35 items the caregiver rates about their child's behaviors. The PSC is administered at intake, every 6 months, and at discharge. PSC-35 questions use a 3-point Likert scale to assess frequency of behavior: 0 = Never, 1 = Sometimes, 2 = Often. Schooling related questions include an NA option for children younger than 6 years. For each person served, a total score is computed by summing the score of the completed items; no more than 4 items may be missing for a valid score. In addition, subscale scores are computed for 4 domains: Attention, Internalizing, Externalizing, and School items.

The PSC has different total-cutoff scores for psychological impairment between children aged 4 – 5 years old (cut-off = 24) and 6 – 18 years old (cut-off = 28), as well as cutoff scores for the Attention, Internalizing, and Externalizing domains. If the person served scores above the cut-off, they are considered to be "at-risk." This analysis uses matched pairs; only child/youth persons served with an initial and a latest PSC assessment are analyzed. Using our new PSC T2T reporting system, there were 288 matched pairs available of 457 child/youth persons served who we expected to have a matched pair (a 63% completion rate). On average, there were 406 days between the initial and latest assessment. Below, analyses of initial and latest assessments include both paired-sample t-tests of the total and subscale scores, as well as a McNemar's test of the percent of persons served with an "at risk" total score.

DC Status Form

One program goal is to discharge the person served into favorable circumstances with sufficient supports. Contextually, this encompasses their reason for discharge, circumstances related to discharge, discharge destinations and placement types, including if they were discharged to a situation of homelessness or shelter, and what referrals and linkages were provided. The SBHG Discharge (DC) Status Form, with entries made by clinicians in the EMR at the time the person served is discharged, tracks categorical information for each of these elements. There were 631 discharges in FY 2021-22 and 586 with a DC Status Form for a 93% completion rate. Please note that some questions on the DC Status Form allow multiple selections and thus not all percentages will add to 100%.

Stakeholder Satisfaction

Agency Partnership Survey

Agency Partnership Surveys are administered every few years to agency partners to assess their satisfaction with the agency's (i) treatment, (ii) staff, and (iii) general operations. The questions use a 4-point Likert scale, where 4 = Strongly Agree, 3 = Somewhat Agree, 2 = Somewhat Disagree, 1 = Strongly Disagree. A 5th option, "Don't Know" is also available to respondents; this option is excluded from analysis and thus response rates will vary by question. The survey also provides space for agency partners to provider narrative comments.

Consumer Perception Survey (CPS) Mental Health Statistics Improvement Project (MHSIP)

CWMH Community Services participated in the state mandated Consumer Perception Survey (CPS) in Spring 2022. We no longer have front-end access to the forms as they are completed – survey forms are either completed on-line or submitted to Fresno County; SBHG eagerly anticipates a report from the University of California, Los Angeles (UCLA) or from Fresno County, those responsible for providing reports.

Parent Measures

Parent Questionnaire

The Child Welfare Mental health (CWMH) Community Services program serves parents of children with involvement in Fresno County's child welfare program. Central Star introduced a Parent Café Survey that measures the psychological characteristics of parents served by the program. The survey is intended to: (i) inform care and services of adult persons served, i.e., the bio parents participating in the groups; and, (ii) better understand the characteristics of their service population. The program currently administers the Parent Café Survey at intake, 6-month updates, and discharge. This survey replaces the previously proposed Active Parent Now Survey (APNS).

The Parent Café Survey was created by the SBHG RPP Department using selected questions derived from three psychometrically validated tools: (i) Adult Adolescent Parenting Inventory (AAPI), (ii) Parent Stress Index (PSI) and (iii) Confusion, Hubbub, And Order Scale (CHAOS). The questions apply a 5-point Likert scale, from 'Strongly Disagree' to 'Strongly Agree'. It also includes demographic questions and inquires on motivation to participate in mental health services.

Parent Café Engagement Questionnaire

CWMH Community Services supports caregivers via Parent Groups. These groups cover myriad topics, including patience - e.g., how to slow down or wait; and, homelife - e.g., how to create a safe home life. The formative Parent Café Survey monitors group effectiveness. The survey asks caregivers' agreement on their engagement, learning, and interest in the group. It also solicits written feedback on the groups' positive aspects & suggestions for improvement.

DEPARTMENT RECOMMENDATION(S):

No recommendations at the moment