

## FRESNO COUNTY MENTAL HEALTH PLAN

## OUTCOMES REPORT- Attachment A

### PROGRAM INFORMATION:

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

### FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$5,438,914	<b>Program Actual Amount:</b>	\$ 5,507,779
<b>Number of Unique Persons Served During Time Period:</b>	449		
<b>Number of Services Rendered During Time Period:</b>	45,728		
<b>Actual Cost Per Person served:</b>	\$ 12,266.77		

### CONTRACT INFORMATION:

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

<b>Target Population:</b>	Adolescents, ages 12 to 17 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 Department of Behavioral Health (DBH),
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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, Managed Health Network (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 individuals 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 individuals and families are seamless. Individuals 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 PHF. Community collaboration and service integration are both increasingly critical foci to assure youth and their families are connected into community services and supports post discharge. All Stars Behavioral Health Group (SBHG) programs build and implement a bi-annual Cultural Attunement Plan which addresses multi-cultural staff hiring, training and retention; programming, policies and procedures; and elective initiatives carried out by teams to enhance cultural attunement to their service population(s). Each youth and family's issue 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. Central Stars (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.

Integrated service experiences

### 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

Measurement Tools & implementation notes are shown below. A written program Evaluation Plan is available upon request. Below details the data collection used to report program outcomes. Please refer to the Appendix for a description of each measurement tool.

Measurements <sup>1</sup>	About	Completion Rates
Electronic Medical Record (EMR)		
Incoming Referrals	This year's reports utilize SBHG's Business Analytics (BA) Dashboard suite, which includes Youth Service Information (CSI). Staff are fully trained and making use of the SBHG EMR, including modules built so that data entry moves out of excel logs, which eases automated reporting.	All screenings/assessments, youth enrollments, service entries, and Incident Reports are logged in to the SBHG EMR.  Central Star now aims to log incoming referrals & referral dispositions in the EMR as well.  Additional data notes are provided in the narrative and/or in EndNotes.
Referral Disposition		
Screenings/Assessments		
Youth Enrollments		
Service Entries		
Incident Reporting		
Outcome Measures		

<sup>1</sup> Please refer to the data tools appendix for descriptions of the tools.

Brief Psychiatric Rating Scale (BPRS-Child)	The BPRS is used for to meet Joint Commission (JC) standards for Measurement Based Care.	Staff completed BPRS-Child ratings on 492/515 (96%) youth.
Discharge Status Form	SBHG tool to track youth treatment progress and discharge circumstances.	Staff completed DC Status Forms on 363/515 (70%) discharges.
<b>Access to Care</b>		
Authorized Days Workbook	An Excel log used to track whether the county approved admissions and days for treatment.	Log is 100% complete when compared against authorized admission counts in the EMR.
Packet Tracker	An Excel logged used to track referrals and the completion of documentation related to intake.	Log is 100% complete when compared against authorized admission counts in the EMR.  Referred but not admitted youth are not yet being tracked in the EMR Referral Module, plan is to switch such entries to EMR.
<b>Stakeholder Surveys</b>		
Agency Partnership Survey	Monitor youth and agency partner satisfaction with services.	We asked 10 Agency Partners to complete the survey and received 1 response.
SBHG Caregiver Survey	A generic SBHG Caregiver Satisfaction Survey was implemented late 2022.	There were 5 respondents. The sample is small; we report but do not interpret/ generalize the results.
Crisis Program Satisfaction Survey	Gathers youth feedback about PHF services.	Youth surveys were obtained from N=123/515 (24%) completed enrollments.

### Persons Served

During FY 21-22 the PHF served 449 distinct youth across 515 enrollments. Of these, 410 distinct youth and 465 enrollments were of youth residing in Fresno County (at first admission, average and median age 15.3; range:12-18 for all). Tables 1-2 present the demographics of those served – first, all youth, then those from Fresno County only.

Table 1. All Youth Demographics

	Child/Youth (0-15)				TAY (16-25)		Ethnic Subtotals
	Female	Male	Transgender	Unknown	Female	Male	
American Indian	1				1		2 (0.4%)
Asian	6	5			6	1	18 (4%)
Black	6	4			10	4	24 (5.3%)
Hispanic	90	37	3		43	22	192 (42.8%)
Pacific Islander		1					1 (0.2%)
White	73	23	1	1	34	29	160 (35.6%)
Other	4	1			2	2	9 (2%)
Mixed	14	9			9	10	42 (9.4%)
Unknown	2				2		4 (0.9%)
<b>Gender Subtotals</b>	<b>195 (43.4%)</b>	<b>79 (17.6%)</b>	<b>4 (0.9%)</b>	<b>1 (0.2%)</b>	<b>106 (23.6%)</b>	<b>68 (15.1%)</b>	<b>449</b>

Table 2. Youth Residing in Fresno County Demographics

	Child/Youth (0-15)			TAY (16-25)		Ethnic Subtotals
	Female	Male	Transgender	Female	Male	
American Indian	1			1		2 (0.5%)
Asian	6	5		6	1	18 (4.4%)
Black	6	3		9	4	22 (5.4%)
Hispanic	84	33	2	36	19	173 (42.2%)
Pacific Islander		1				1 (0.2%)
White	66	21	1	29	26	143 (34.9%)
Other	3	1		2	2	8 (2%)
Mixed	13	7		9	10	39 (9.5%)
Unknown	2			2		4 (1%)
<b>Gender Subtotals</b>	<b>181 (44.1%)</b>	<b>70 (17.1%)</b>	<b>3 (0.7%)</b>	<b>94 (22.9%)</b>	<b>62 (15.1%)</b>	<b>410</b>

### Service Utilization

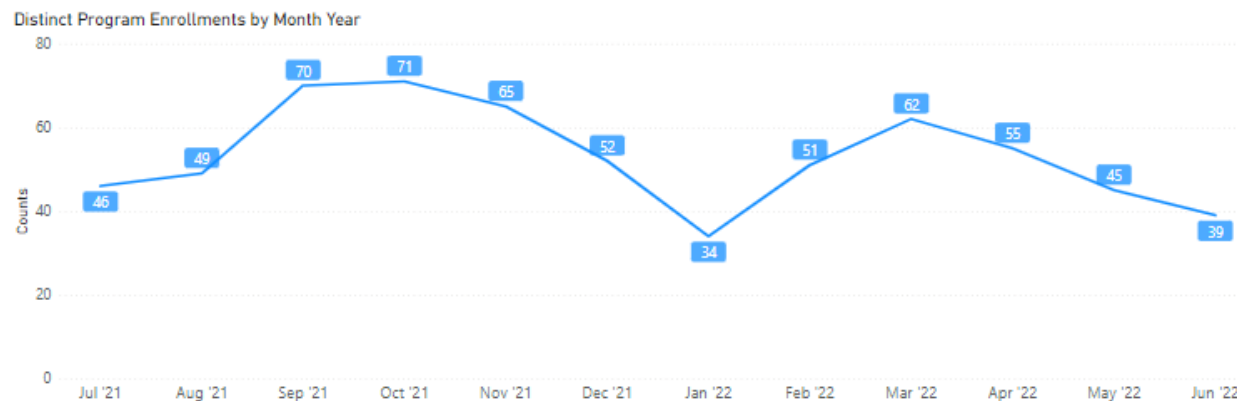
*Key Performance Indicator (KPI) = Serve 57 youth/month or 684/year*

Utilization was shy of the contract target. There were 515 program enrollments during FY 21-22 and on average, 53 youth were enrolled per month. Figure 1 presents the number of enrolled youths each month during the fiscal year. There were marked enrollment drop-offs during January and June. During January, the team was challenged by a few

COVID cases that impacted staff and youth and required briefly thinning out the milieu to facilitate social distancing (testing and precautions are continuously monitored). All COVID cases were cleared early February. Late June, power generator issues emerged across the county's building complexes and impacted the PHF's operations; while these were being worked on, the unit had to effect discharges and not accept new admissions. Thus, we report external that circumstances drove performance on this KPI, rather than referral network, referral processing, program capacity or other issues that are much more under the teams' control.

Two covid outbreaks last year: Occurred in the fall; lasted a while. Let-up in the holidays, where seasonally the census is lower. June 18<sup>th</sup> – power outage. Needed to evacuate the building from the 20<sup>th</sup> – 25<sup>th</sup>, & 27<sup>th</sup> – July 5<sup>th</sup>. In between, raised census slowly because on generator power. June seasonal – summer break on schools

Figure 1. Distinct Program Enrollments by Month and Year FY 2020-21



### Access & Efficiency

The PHF received 2,896 referrals for 2,102 distinct youth during FY 21-22. Of these, 1,402 (48%) of total referrals and 946 (45%) of distinct individual referrals were from Fresno County. Of all referrals, 502 were accepted (17%) for 439 unduplicated youth (21%), 305 of which are from Fresno County (70%; Table 3).

Table 3. Referrals Received during FY 21-22

	Referrals	Unduplicated Youth Referrals	Referrals Accepted	Unduplicated Youth Accepted
<b>Fresno County</b>	1402 (48%)	946 (45%)	360 (722%)	305 (70%)
<b>All Other Counties</b>	1494 (52%)	1156 (55%)	142 (28%)	134 (31%)
<b>TOTAL</b>	2896	2102	502	439

*Key Performance Indicator (KPI) = Time between receipt of a referral and contact with the referring agency is prompt.*

During FY 21-22, 40% of referrals were addressed within 1 hour. These 40% are likely due to the FTE Program Coordinator responding to calls. On average, it took the PHF staff 6 hours to contact the referring agency once a referral was received<sup>i</sup>. This time lapse ought to be examined by management for possible improvement in the future – e.g., what would it take to cut response time hours by half on average? The PHF is aware of the 6-hour average response time and will investigate next Fiscal Year how to respond to referring agencies more quickly.

*Key Performance Indicator (KPI) = Time between referral and admission to the PHF meets state timely access to care standards.*

During FY 21-22, close to 50% of youth were admitted within 24 hours of the incoming referral, and more than 90% were admitted within 48 hours. Table 4 presents percentages of youth admitted by number of days from incoming referral. Less than 1% were admitted after 4 days (state standard is 96 hours when Preauthorization is required).<sup>ii</sup>

Table 4. Days from Referral to PHF Admission

Referral To Admission	
# Days	% Of Youth
<1	49.9%
1	41.5%
2	5.8%
3	1.2%
4	1.2%
5	0.4%

*Key Performance Indicator (KPI) = Denial rate of admissions when a bed is available*

Many (83%) referrals were denied. Table 5 presents the reasons for not entering the PHF at the time of referral. Among the reasons, the unavailability of beds accounted for only 0.1% of denials. Thus, program capacity is not inhibiting the uptake of referrals into an admission per se, rather it seems the referral sources (primarily human service workers across multiple counties) may be very quickly pivoting to other placement options during the six-hour average PHF response time to incoming referrals. We imagine referral parties are contacting multiple potential providers at once and they will take the first setting available given the urgencies surrounding a youth in crisis. Thus, cutting the team's average response times in half ought to be a program quality improvement goal this coming year. Only 21 youth were denied because they would not benefit from the program. These are often the youth returning to the program multiple times and not benefiting from the treatment.

Table 5. Reasons for Non-Admittance to the PHF

Denial Reason	Count	Percentage
Youth placed elsewhere	1835	76.6%
No contract with county	90	3.8%
Youth is underage	69	2.9%
Youth does not meet program requirements	59	2.5%
Youth is overage	47	2.0%
No Contract with Private Insurance	41	1.7%
Youth does not benefit from program	21	0.9%
Bed not available	2	0.1%
Other/not specified	230	9.6%
Total	2394	100%

*Key Performance Indicator (KPI) = Denial rate of PHF days not meeting Medi-Cal necessity criteria per utilization review*

The overall Medi-Cal denial rate for the FY was 2/3281 days or .0006, indicating that admitted youth 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. The 2 days denied by Medi-Cal were from Stanislaus County in



August 2021, due to not meeting medical necessity. Table 6 presents the number of days approved and denied by Medi-Cal by month across FY 21-22.

Table 5. Days Approved by Medi-Cal

	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22
<b>Days Approved</b>	163	117	442	343	212	245	249	316	440	310	319	125
<b>Days Denied</b>	0	2	0	0	0	0	0	0	0	0	0	0
<b>% Denied</b>	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

### Effectiveness

*Key Performance Indicator (KPI) = Reduced high-risk behaviors and associated incidents*

There are two primary data sources that inform this KPI – the Brief Psychiatric Rating Scale (BPRS) and Incident Report (IR) data.

#### **Brief Psychiatric Rating Scale (BPRS):**

At the PHF, each youth is surveyed at admission, every 2 days, and at discharge. During FY 21-22, 492/515 (96%) of youth were surveyed at least 2 times, with an average time of 7 days 9 hours between first and last assessments. We first pause to thank the clinicians for getting their measurements done fully which facilitates a robust interpretation of these data!

To examine changes in youth' behaviors from first to last available records, a paired t-test was conducted on the total BPRS scores, comparing each youth's score on their first and last available records of the same enrollment. As seen in Figure 2, youth show a statistically significant reduction ( $p < .01$ ) in their overall BPRS scores, indicating they manifest fewer overall symptoms over the course of their PHF episode of care. This total score declined by 58%. Additionally, a McNemar's Chi-Square test shows that the proportion of youth who fell below the cutoff score (a total score of 27 or above is considered "at risk") significantly albeit modestly shifted (4% fewer youth "at risk") from their initial to last assessment (Figure 3). Given the level of care and the psychiatric crisis of the youth we do not expect most youth to no longer be at clinical risk; this is why aftercare services are so important for those returning to the community from a hospital setting. Specific reductions in average scores at the item level can be found in Figure 4, demonstrating there

were improvements across all items. In particular note the good effect sizes with respect to items 4. Depressed Mood, 5. Inferiority, 7. Distractibility, 8. Tension and 9. Anxiety.

Figure 2. BPRS Average Total Scores  
[N=492/515 (96%) Matched Pairs Completion Rate]

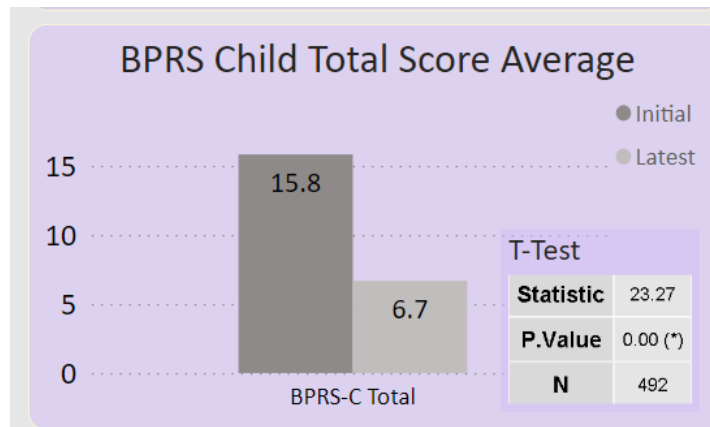


Figure 3. BPRS Youth at Risk

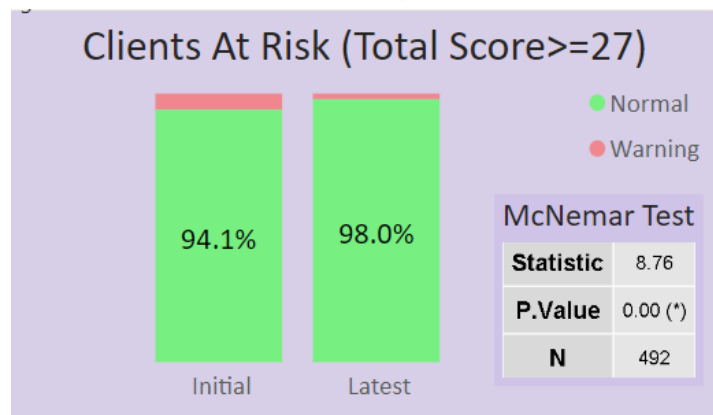


Figure 4. BPRS Child Items  
[Reduced average scores are desirable]

Average Initial and Latest Item Scores		
Item	Initial	Latest
1. Uncooperativeness- negative, uncooperative, resistant, difficult to manage	0.50	0.20
2. Hostility- angry or suspicious affect, belligerence, accusations and verbal condemnation of others.	0.33	0.15
3. Manipulativeness- lying, cheating, exploitive of others.	0.56	0.33
4. Depressed mood- sad, tearful, depressive demeanor.	3.26	1.18
5. Feeling of inferiority- lacking self- confidence, self-depreciatory, feeling of personal inadequacy.	2.83	1.08
6. Hyperactivity- excessive energy expenditure, frequent changes in posture, perpetual motion.	0.99	0.70
7. Distractibility- poor concentration, shortened attention span, reactivity to peripheral stimuli.	2.02	1.01
8. Tension- nervousness, fidgetiness, nervous movements of hands or feet.	2.33	0.82
9. Anxiety- clinging behavior, separation anxiety, preoccupation with anxiety topics, fears or phobias.	3.12	1.23

### Incident Reports (IRs)

Staff intervene and/or respond to, monitor and report risk behavior and other types of incidents that occur at the PHF. During FY 21-22, the PHF had 237 total incidents, involving 170 distinct youth. Figure 5 arrays incident counts by month. Figure 6 arrays incidents by type. Figure 7 shows staff's interventions by type.

Many (43%) incidents were about staff discovering child maltreatment which had occurred prior to admission and may have precipitated or contributed to the youth being in crisis. These usually (95%) required CPS reporting by our staffs (sometimes the report was already or recently made by other providers prior to a youth's arrival on the unit).

Of all incidents, some involved youth risk behaviors such as Assaults (11%), Injury to Self/Others (9%), Threatening Others (9%), Equipment/Property Damage (8%), Sexual Behavior (3%), AWOLs (2%) and Substance Use Related (<1%). Incident rates may be affected by the balance of youth in the milieu at that time – for example, more admissions of those with anger management and aggression issues, or with self-harm tendencies, may raise a month's rates.

The program team applies Professional Assault Crisis Training (Pro-ACT) that focuses on early intervention, prevention and mitigation – thus staff know how to avoid use of restrictive interventions whenever possible and they apply such at low rates, which can be seen in Figure 5 across the months of the FY. Overall, staff managed the setting competently and generally achieved low rates of incidents, 65 per 1,000 patient days.

For individual youth, PHF treatment usually results in a reduction in risk behaviors -- 94% are discharged because they no longer meet medical necessity -- and youth may not discharge back to the community if they remain a threat to themselves or others or are profoundly disturbed in ways that manifest in disorganized and/or impulsive risky behaviors.

Figure 5. PHF Incidents by Month (FY 21-22)

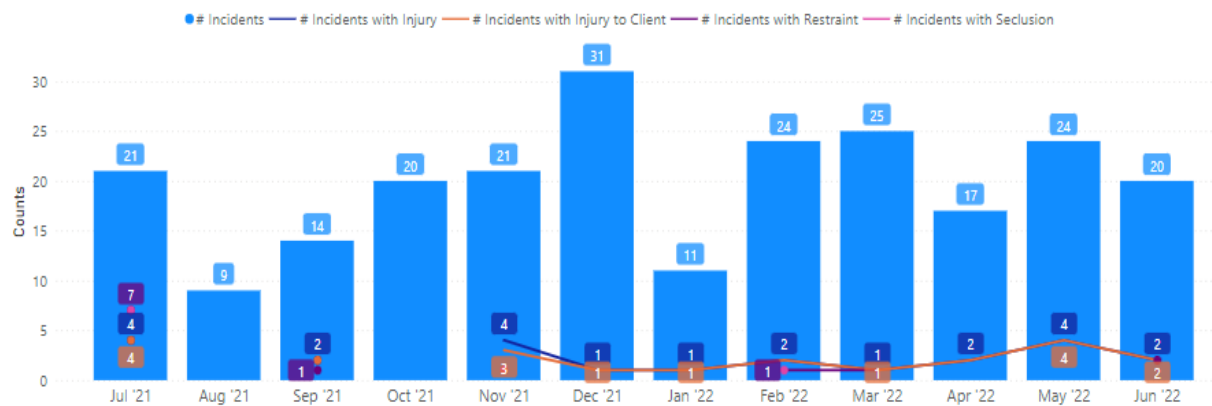


Table 6. Incident at the PHF by Type (21-22 FY)

Incident Type	Total for FY	Rate	Mean per month	Rate per 1,000 patient days
Child Maltreatment	111	43.0%	9	28.03
Other	33	12.8%	3	8.33
Assault and assault attempts	29	11.2%	2	7.32
Injury (self or other inflicted)	23	8.9%	2	5.81
Threats	22	8.5%	2	5.56
Equipment/Property	21	8.1%	2	5.30
Sexual Behavior	8	3.1%	1	2.02
AWOL	6	2.3%	1	1.52
Health/Medical/Medication	3	1.2%	0	0.76
Substance Use Related	2	0.8%	0	0.51
<b>Total</b>	<b>258</b>	<b>100.0%</b>	<b>22</b>	<b>65.15</b>

Table 7. Most Common Incident Interventions  
[Proportions >3% Among 366 Discrete Interventions Logged]

Action Taken	Total for FY	Proportion of Actions
Report Filed, Child Abuse (Suspected)	106	29.0%
Medical Doctor Notified	28	7.7%
Parent/Guardian Notified	27	7.4%
Change of Placement	22	6.0%
Other	20	5.5%
Counseling	19	5.2%
Intramuscular Medication Administered	18	4.9%
Brief Physical Prompt	15	4.1%
Police Involvement	14	3.8%
Physical Restraint*	13	3.6%
Medical Emergency Room Visits	12	3.3%
Search (Voluntary/Involuntary)	12	3.3%

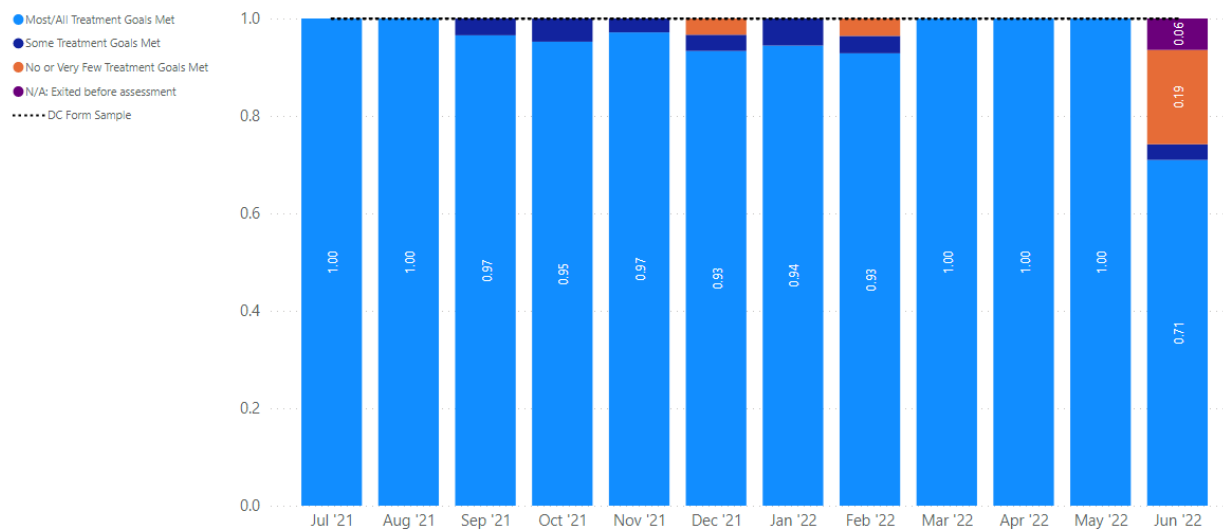
\* This does not include Mechanical Restraints which are not used at SBHG facilities.

*Key Performance Indicator (KPI) = Acquisition of coping, communication, and community life skills*

Based on clinician's entries on the SBHG Discharge Status Form, 97% of youth met some, most or all of their treatment goals, shown below. This information positively contributes to our understanding of the program's effectiveness from a clinical perspective as treatment goals typically focus simultaneously on reducing risk behaviors while advancing the youth's coping, communication and community life skills.

Figure 6. Youth's Progress on Treatment Goals  
[N=363/515 (70%) Discharge Status Forms]

Treatment Progress Proportions by Time Period and Answer



### Efficiency

In our reporting this year, efficiency is reflected in: a) maintaining a disciplined, focused program despite some external challenges (COVID outbreaks, facility power generation failures) in which the team accomplished comprehensive screenings, assessments and treatment so the youth quickly stabilized; b) having effective strategies that help youth learn how to better manage their wellness, which they may value and carry forward into their lives; c) effecting after-care plans with linkages to next-on services, especially those that are community-based; and, d) minimizing the need for youth to be readmitted to the PHF, especially within 30 days of being discharged from the PHF.

*Key Performance Indicator (KPI) = The average length of stay is within county expectations*

Among the 515 enrollments during FY 21-22, the average length of stay was 9 days, and the range was 1 to 98 days -- there was 1 unusual circumstance exceeding a month.<sup>iii</sup> Much service is provided in the little over one week of an average stay – we have thoroughly documented our service types and varied practitioners' contributions in prior annual reports and service utilization data (types/mixes) for FY 21-22 is readily available upon request.

Figure 7. PHF Average LOS in Days by Month FY 21-22



*Key Performance Indicator (KPI) - Collaborative approaches and treatment strategies to reduce hospital readmission of youth, esp. among those with frequent PHF readmissions*

Central Star uses various strategies to reduce hospital readmissions. For example, staff use Motivational Interviewing (MI) -- trained to in our Core Practices training program -- to engage and align with youth's own desires to feel better, learn from their crisis experience and to apply what they are learning to their life so they might avoid future crisis as much as possible. Almost all (95%) youth were introduced to and guided to develop a Wellness Recovery Action Plan (WRAP) during groups and individual rehabilitation sessions this last year. In this process, the youth and staff create a wellness toolbox, identify early warning signs for a crisis, and create a crisis plan. Youth on a repeat admission are asked about their WRAP and engaged in updating it; this includes discussing what worked before and what more they might include in their wellness toolkit, and benefit from with respect to aftercare and social supports. Additionally, Youth and family are also provided many opportunities to collaboratively join in treatment, as well as in planning for discharge/aftercare. For instance, staff collaborate with the youth on a Behavioral Health Plan as part of their toolkit when they have challenging behaviors.



Another approach implemented at the request of Kern County was to review all charts for individuals re-admitted within 30 days. The SBHG EMR shows a youth's previous enrollments. When a youth is readmitted to the PHF, their charts are reviewed by staff. This is standard policy regardless of how long ago they were prior admitted to the program, and it is a good standard practice in place for all youth, from any referring/authorizing county.

On the Crisis Program Satisfaction Survey, the majority of youth somewhat or very much agreed that they developed WRAP, safety and after care plans, received useful information, and were satisfied with the services (Figure 8).

Figure 8. Crisis Program Satisfaction Survey  
-- somewhat/very much agreed on items pertinent to avoiding crisis --  
[N=123 (23%) Youth Respondents]

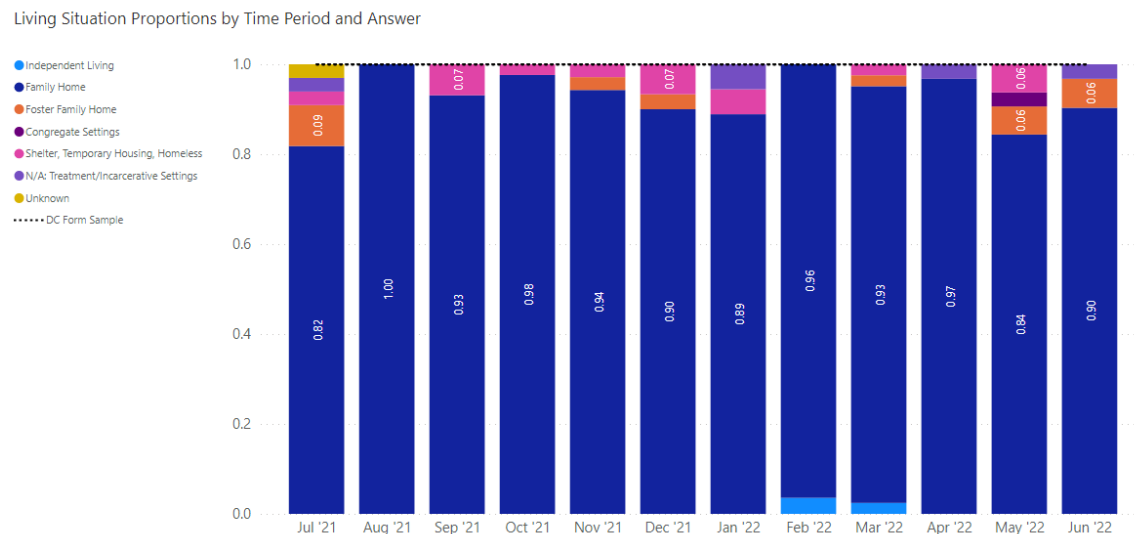


*Key Performance Indicator (KPI) = Effective discharge planning as demonstrated by referral and linkage to other DBH programs, community providers and other community resources*

The PHF team brings focused efforts and produces results at connecting youth into after-care services. We first present the discharge destinations of PHF youth during FY 21-22, estimate the proportions who leave to higher end care, followed by information about the community based after-care linkages and supports the team effected.

Based on available SBHG Discharge Status Form data (70% completion rate), most youth (92%) discharged to a family home. Others left to foster homes (3%), shelters/temporary housing (3%), independent living (<1%), or unknown destinations (<2%, related to moving out of the area or the county). This information is consistent with the patterns seen in prior years using other types of data collection and record sets.

Figure 9. Discharge Destinations of PHF Youth by Month FY 21-22  
[n=363/515 (70%) Discharge Status Forms Completed]



Nonetheless, we note again the incomplete sample on this form and that we are working to improve completion rates and improve staff's understanding of some of the fields which currently produce confusing and/or possibly incomplete data.

We estimate (applying logic and math to multiple other fields on the Discharge Status Form) that n=20 (4%) youth discharged to higher-end care (including medical and psychiatric hospitals, residential care and incarcerative settings).

Please note that this number may be higher because of the evacuations that occurred in June. The PHF needed to send six youth to the Emergency Room and transferred five other youth to a higher level of care.

Regarding the referrals and/or linkages<sup>iv</sup> staff provide, of the 363 discharges with a Discharge Status Form, 95% were provided two or more referrals/linkages (n=344). All (n=362) but one discharge had one or more referral and/or linkage. The most common types of referrals and/or linkages included referrals to Regular Outpatient (93%) and Psychiatric Services (89%). Figure 10 shows the proportions of youth who receive different counts of referrals/linkages. Table 10 arrays referrals/linkages by types.

Figure 10. Proportions of Youth/Families with Referrals/Linkage Counts  
[n=363/515 (70%) Discharge Status Forms Completed]

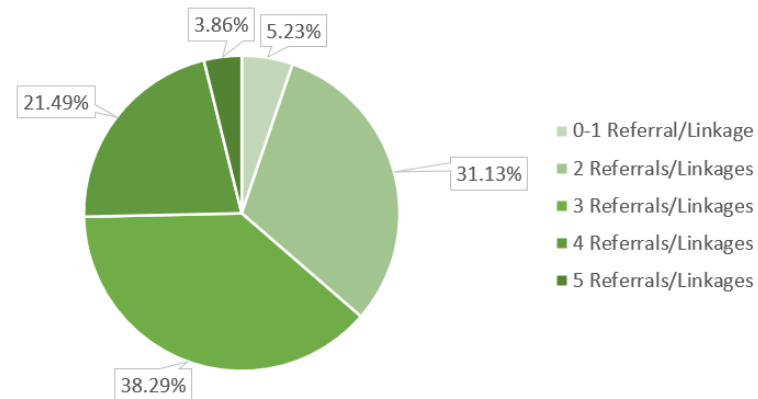


Table 7. Behavioral and Community Linkages for PHF Youth FY 21-22

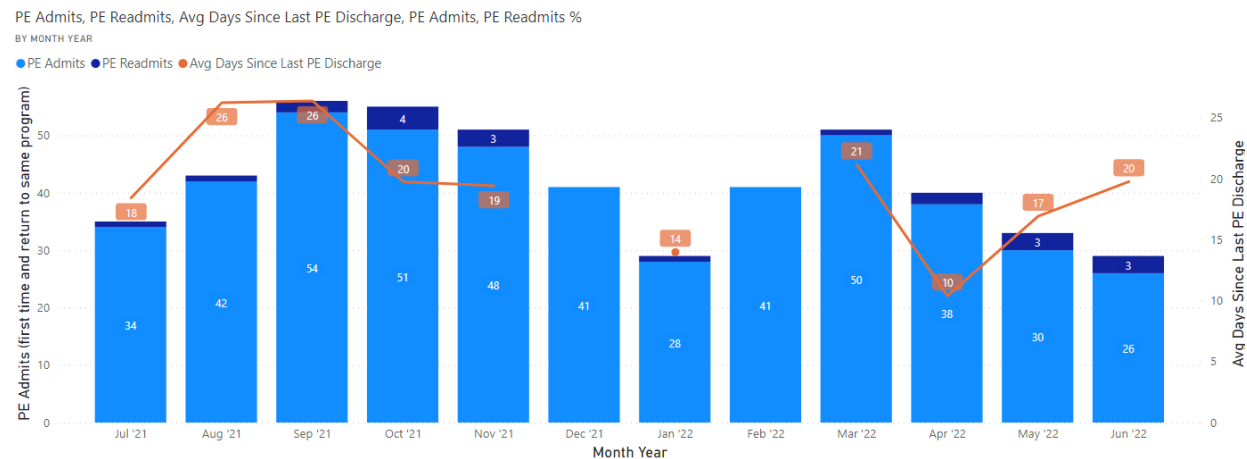
Regular Outpatient Services	93%
Psychiatric Services/Medication Supports	89%
Intensive Outpatient Treatment	15%
Peer Services & NAMI-Affiliated Groups	12%
School-Based Counseling	6%
County Case Management	4%
Other Behavioral Health Care	3%

Outpatient Substance Abuse Treatment	1%
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*Key Performance Indicator (KPI) = Most youth were admitted to the PHF once and few required repeat admissions.*

In our organization's culture, we highly value being data driven and have built dashboards that enable our staff teams to actively monitor readmissions to the PHF. The proportions of youth readmitted to the PHF within 30 days is shown below from our Business Analytics (BA) dashboard (Figure 11). During FY 21-22 there were 21 (4%) readmits out of 504 total admissions that occurred within 30 days of the previous admission.

Figure 11. PHF Readmissions Within 30 Days.



Additionally, most youth (89%) had only one PHF enrollment.

Table 11. Proportions with One, Two, Three... Enrollments Within FY 21-22

# Enrollments	Percent of Youth
One (1)	89%
Two (2)	9%
Three (3)	2%
Four (4)	<1%

An additional collaborative approach we'd like to work toward is periodically examining county data of the PHF's youth's use of other services pre- and post- PHF discharge, especially high-end care (hospitals, emergency rooms, residential programs, etc.). Our research department team has analyzed similar datasets for some of our other programs, then brought forward such data to our teams and county partners to cull and apply lessons learned for reducing hospital readmissions of youth. A few months back, we requested a county report on hospital readmissions of PHF youth in the wider system of care (to other settings than the PHF) and we will gladly share and update our report should such information become available.

### Stakeholder Satisfaction

*Key Performance Indicator (KPI) = Youth and caregivers report being satisfied with the services they or their youth received.*

#### **Youth Satisfaction**

Youth are surveyed as they prepare for discharge. They may decline and thus there may be sampling bias in the results. This last year the team was able to collect n=123 surveys. The majority of youth (97%) rated 'somewhat' or 'very much' that they were overall satisfied with the services of the program. Indeed, based on this sample, all survey items scored around/above 90% - even "recommending the program to others" was endorsed by 89.4% of the youth.

We note that Kern County expects at least 80% endorsements from youth on overall satisfaction, a performance indicator that was met.

Additionally, safety items that are necessary inquiries for our company's Joint Commission Accreditation, were met at high levels of endorsement (94% or greater) (Figure 12, items 4, 10 & 11).

Figure 12. Crisis Program Satisfaction Survey Results  
[n=123/515 (24%) Respondent Rate]

Number	Question	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	1.6%	97.6%	0.8%	3.75	123
2	Staff understood my cultural background	4.7%	87.7%	7.5%	3.71	106
3	Staff communicated hope and confidence in me to overcome my struggle	1.6%	97.5%	0.8%	3.85	122
4	I felt safe and supported during my crisis	2.4%	96.7%	0.8%	3.82	123
5	Staff helped me develop a plan for after I leave this program	1.6%	96.7%	1.6%	3.86	122
6	I was introduced to Wellness Recovery Action Plan (WRAP)	0.8%	97.6%	1.6%	3.93	123
7	I was provided useful information about my medication and health	1.6%	95.1%	3.3%	3.84	123
8	I was introduced to resources in my community	7.3%	90.2%	2.4%	3.66	123
9	Staff took time to listen to what I needed	3.3%	93.5%	3.3%	3.76	123
10	Staff helped me feel safe and develop a safety plan if needed	0.8%	97.6%	1.6%	3.85	123
11	The setting was safe, clean and comfortable	4.9%	93.5%	1.6%	3.76	123
12	My needs and goals for using this service were met	4.9%	93.5%	1.6%	3.75	123
13	I received services in a timely manner	2.2%	95.6%	2.2%	3.81	91
14	I would recommend this program to others	4.9%	89.4%	5.7%	3.74	123
15	Overall, I am satisfied with the services I received from the program	1.6%	96.7%	1.6%	3.83	123

### Caregiver Satisfaction

The PHF team recently piloted a new caregiver satisfaction survey. There were only five respondents so far and it is too soon to convey results.

### Fresno County Cultural Humility Survey

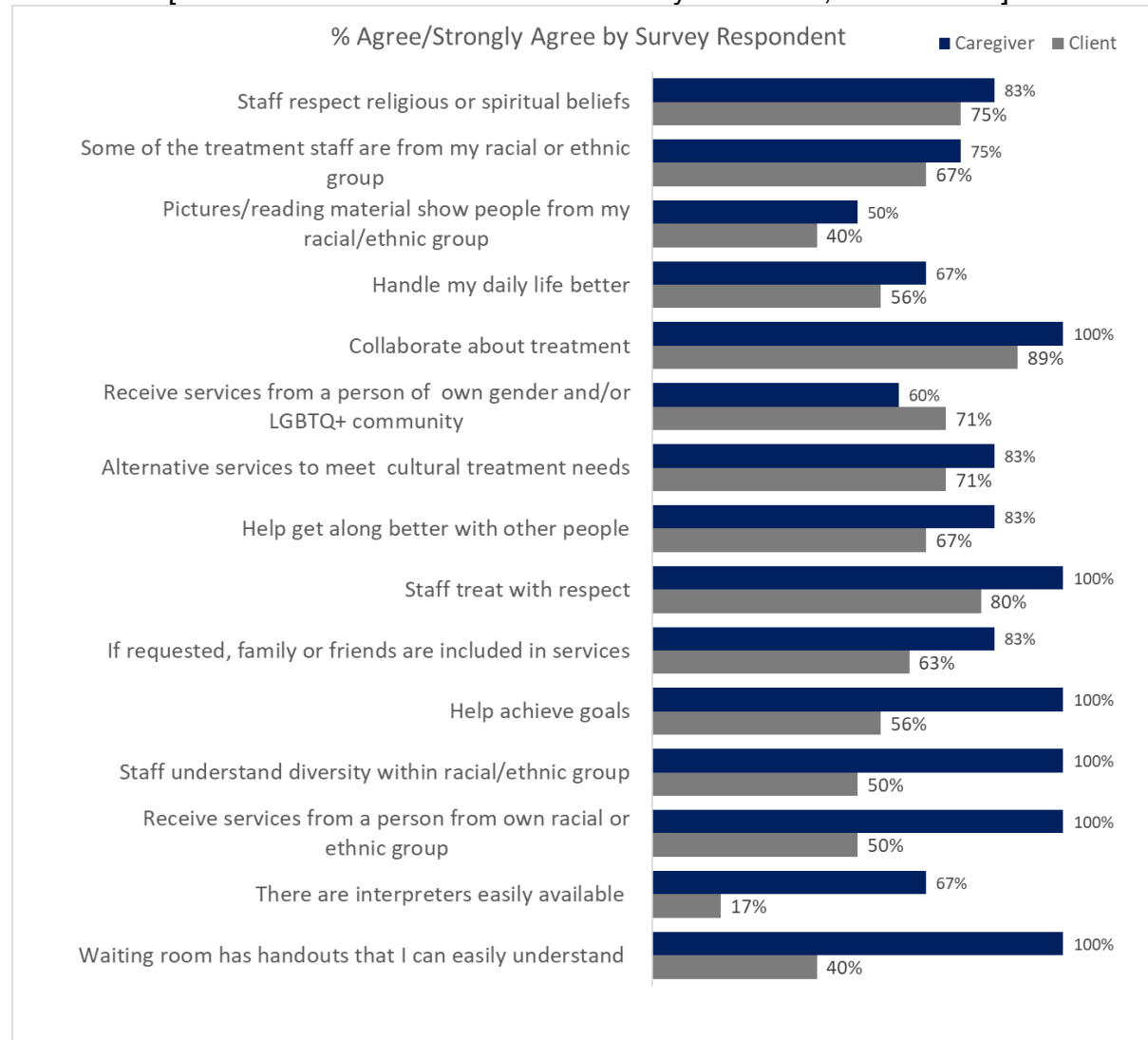
Fresno County administered a Cultural Humility Survey system-wide during a brief cross-sectional survey window March 2022. Our team participated and gathered 10 surveys from youth in the facility at the time and 6 from their caregivers. The results were markedly disparate between youth and caregiver perspectives, with caregivers expressing more satisfaction than the youth on most items. This survey uses a 5-point Likert scale, where 5 = Strongly Agree, 4 =

Agree, 3 = Neither Agree nor Disagree, 2 = Disagree, 1 = Strongly Disagree and 0= N/A. Satisfaction includes 'agree' and 'strongly agree' responses combined.

The team was disappointed by the youth's feedback (especially) and studied their responses carefully as part of their ongoing Cultural Attunement process. They have since set about addressing low scoring items that are relatively immediately addressable – e.g., improving available literature is very doable, while increasing staff diversity is a longer-term process that can be worked on as staff turn-over. Please note that much available literature is based on donations and that there aren't many pictures of reading materials available in the waiting room. Regarding access to interpreters, the team observed one person served endorsed such was available, while four youth rated "neither agree nor disagree" and three youth responded "NA." The team has a process for assuring interpreters using the county's language line services when needed, they are now making sure staff know how to engage the process.

We also note this survey's small sample, and that the larger respondent group to the Youth Satisfaction Survey was much more satisfied. Sampling bias likely impacts both surveys, in different ways, and the team learns from the different foci and contexts of the varied surveys.

Figure 13. Fresno County Cultural Humility Survey  
[n=10 PHF Youth and n=6 PHF Family Members, March 2022]



*Key Performance Indicator (KPI) = Agency partners report being satisfied with the PHF program*



### Agency Partner Satisfaction

Central Star administered the Agency Partnership Survey to solicit feedback about their experiences with the program. The survey was sent to n=10 partners and n=1 person responded. This person endorsed all 27 survey items with 'agree' or 'strongly agree' ratings, mostly 'strongly agree'. Please see EndNotes<sup>v</sup> to espy the items and ratings. In written feedback, this respondent shared appreciation and suggestions for improvements:

- ❖ “We really appreciate the service that Central STAR PHF provides in Fresno and the gap it fills in providing a service needed in the Central Valley.”
- ❖ “(Have) the social workers call us every 2 days to give a brief clinical update from their perspective on our youth there.
- ❖ (Have) DC planners not delay in seeking out voluntary residential mental health treatment facility placement for the patient if that is what the STAR clinical team is recommending.

### Appendix: Data Tools [LISTED IN ALPHABETICAL ORDER]

#### 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 vary by question.

#### Brief Psychiatric Rating Scale (BPRS)

The BPRS-C-9 is used by clinicians nationally to measure short-term changes in youth psychiatric symptoms, and it is especially fitted for crisis settings as it addresses high risk behaviors/symptoms that are sensitive to change when effective short term mental health treatment is provided. Each one of its 9 items is scored on a 7-point scale: 0= “Not Present” to 6= “Extremely Severe”, and reductions in scores are desirable. Youth are categorized at “risk” if they have a total score greater than or equal to 27. The BPRS is administered at intake, updated as needed, and upon discharge by a clinician trained on the tool. SBHG released a BPRS BA Dashboard suite in 2021 to support the program's measurement of care efforts – for tracking individual youth as well as aggregated data. The aggregated dashboards represent analysis that use matched pairs only (youth with both an initial and subsequent score). Clinicians were trained to use the BPRS T2T Dashboard to inform treatment and aftercare service planning. This process meets and fulfils Joint Commission (JC) accreditation standards for measurement-based care.

**Caregiver Satisfaction Survey**

The SBHG Caregiver Satisfaction Survey measures caregiver satisfaction and identifies areas for improvement. The tool includes some standard, required questions from the Joint Commission about safety in the setting. The survey includes 5-point Likert scale agreement questions and also captures the caregiver's voice through free response questions.

**Crisis Program Satisfaction Survey**

The SBHG Crisis Program Satisfaction Survey is gathered from willing youth as they discharge, and measures youth satisfaction and their ideas about areas for improvement. The tool includes some standard, required questions from the Joint Commission about safety in the setting. The survey uses a 4-point Likert scale to measure satisfaction: 4 = Very Much, 3 = Somewhat, 2 = A little, and 1 = Not at All. The survey also has an option for "Don't Know." A 5th option, "Don't Know" is also available to respondents; this option is excluded from analysis and thus response rates vary by question.

**Discharge Status Form**

The SBHG DC Status Form, with entries made by clinicians in the EMR at the time the youth is discharged, tracks categorical information of varied types. A program goal is to discharge the youth into favorable circumstances with sufficient community-based 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. Please note that some questions on the DC Status Form allow multiple selections and thus not all percentages will add to 100%. The DC Status Form is administered at discharge.

**EndNotes**

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<sup>i</sup> Based on 2,621 / 2,896 (91%) of referrals with valid dates in the tracking log.

<sup>ii</sup> Based on 501 / 502 (99.8%) of referrals with valid dates in the tracking log.

<sup>iii</sup> The unusual circumstance involved a youth who was admitted as a CPS dependent. The youth was conserved during the stay and had the support of Tuolumne County to keep safe. Ended up transferring to the Star View Adolescent Center to receive services.

<sup>iv</sup> We aim for actual contacts made between our staff, next on provider(s) and the youth/family, not just referral names and numbers given to the youth/caregiver on a piece of paper. However, sometimes the latter is best possible in a circumstance.

^ Items and ratings on SBHG's Agency Partner Survey –

N=1 Agency Partnership Responses

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Attention is given to functioning in basic life domains as needed			100%	
Attention is given to identifying and supporting client strengths			100%	
Client & family partnership is encouraged			100%	
Clients and family members are treated with dignity and respect			100%	
Clients are linked to community resources by discharge			100%	
Clients learn to cope better with loss, grief and/or trauma			100%	
Facility is pleasant & comfortable			100%	
Facility is safe & well supervised			100%	
I would recommend this program to a client or family in need			100%	
Overall treatment program is effective			100%	
Program provides a needed level of care in the community			100%	
Referrals are handled in a timely fashion			100%	
Services are based upon best practice standards			100%	
Staff are culturally sensitive			100%	
Staff focus on the best interests of the client and family			100%	
The length of stay is appropriate			100%	
The program director is responsive and knowledgeable			100%	
The program documents and communicates outcomes			100%	
We value your staff input			100%	
Aftercare planning is appropriate			100%	
Program offers creative or non-traditional service options			100%	
Staff are professional and responsive			100%	
We inform your staff about client status			100%	

Agency Partner Summative Questions



DEPARTMENT RECOMMENDATION(S):

Click here to enter text.