

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Transition Age Youth (TAY) Full-Service Partnership (FSP)	Provider:	Central Star
Program Description:	TAY FSPs provide an intensive level of service contacts and supports to assist young adults with serious mental health problems to safely transition toward adult independence and stable community life functioning.	MHP Work Plan:	4-Behavioral health clinical care Choose an item. Choose an item.
Age Group Served 1:	TAY	Dates Of Operation:	Program Started 10/10/18
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Realignment
Funding Source 2:	Medical FFP	Other Funding:	Client Rent

FISCAL INFORMATION:

Program Budget Amount:	\$2,761,408.00	Program Actual Amount:	\$1,821,399.31
Number of Unique Persons Served During Time Period:	176		
Number of Services Rendered During Time Period:	9,498		
Actual Cost Per Person Served:	\$7,705.41		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	10/10/2018 – 06/30/2022 plus two optional years	For Other:	Click here to enter text.
		Renewal Date:	Click here to enter text.
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: Young adults ages 16 thru 25 at enrollment with serious and persistent mental health difficulties, including histories with one or more human service sector and life events including psychiatric trauma, crisis/hospitalizations, out-of-home placements, arrests/detentions, etc. Many persons served have psychotic spectrum conditions.

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 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

Community collaboration

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

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

Community Collaboration: From the outset, enrolling individuals are assisted by an interdisciplinary team of staff whom work closely together and with the young person and their caregivers to coordinate, communicate and focus services as needed. This includes screening, assessments, referral and linkages to primary health care and to a wide range of community based resources, services and supports; it also includes much in vivo work with young adults so they are accompanied and supported during varied aspects of community life functioning.

Integrated Service Experiences: Central Star’s (CS) Bi-Annual Cultural Attunement Plan addresses staff training needs; policies, procedures and protocols; and, elective projects to meet the needs of the service population.

Individual/Family- Driven, Wellness/Recovery/Resiliency-Focused Services: All services are focused per the individuals collaboratively authored individualized service plan that tap the program’s generous array of recovery oriented and wellness practices.

Access to Underserved Communities: Regardless of community of origin, by design, the program address the mental health treatment needs of otherwise insufficiently or poorly served young adults with serious, persistent difficulties who need an intensive level of service contacts and stability in their relationships with providers and case managers.

PROGRAM OUTCOME & GOALS

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

Outcome Analysis

Tool	Rationale(s)	Status
Varied screening & assessment tools (e.g., ACES, CSSRS, PHN, SBIRT)* and service delivery tracking.	Required by county, Stars Behavioral Health Group (SBHG) and/or SBHG for Joint Commission (JC) accreditation. Guides service planning to address needs and risks.	Implemented. Completed in the SBHG electronic health record (EHR).
Resource Specialist Tracking: primary health care, housing & transition to independence resources, referrals/linkages.	Tracking required to attune data collection to select contract KPIs.	Housing log, and TIP variable tracking system implemented (trial run)
Varied TQM/QA and program/practice fidelity tracking (IRs, QI projects, JC Tracers, staff training, cultural attunement, etc.)	Information to monitor quality of care, practice fidelity and cultural attunement for quality assurance and improvement.	TQM tracking systems are fully implemented

<p>MHSA** forms - Partnership Assessment Form (PAF), quarterly updates (3M) & Key Event Tracking (KET)</p>	<p>State DHCS mandate for FSP programs. Predominately tracks categorical statuses over time that key to many contract KPIs.</p>	<p>Implemented. Data available on N=143 enrollments (80% sample).</p>
<p>Behavioral & Symptom Identification Scale (BASIS-24)</p>	<p>Meets JC requirement for standardized treat to target (T2T) and outcome measurement.</p>	<p>Implemented. Admit-Update records analysis on N=44 young adults with 2+ records included in this report.</p>
<p>'Reaching Recovery' tools (Recovery Needs Level, Recovery Marker's Inventory Consumer Recovery Measure).</p>	<p>Fresno County DBH tool for recovery focused evaluation and outcomes reporting.</p>	<p>Implemented. Team is tracking completions in an Excel log. Analysis received from county and included in current report.</p>
<p>Performance Outcome System (POS) – Child Adolescent Needs Scale (CANS-50) and Pediatric Symptom Checklist (PSC-35)</p>	<p>State DHCS mandate for children's services, applied to TAYs <18 yrs. old at time of program enrollment.</p>	<p>Staff trained and data protocols provided. In the 20-21 FY, there were 19 persons served under 18 yrs. Old at enrolment, an insufficient sample for aggregated analysis.</p>
<p>SBHG DC Status Form</p>	<p>Used SBHG-wide to capture varied categorical statuses at discharge, referrals/linkages provided for aftercare, with reporting in dashboard format.</p>	<p>Implemented. Data available on N=56 discharges (97% sample) in FY 20-21.</p>
<p>Person served, Family & Agency Partner Surveys (state CPS surveys, SBHG Agency Partner Surveys)</p>	<p>Mandated state surveys collected twice a year from persons seen during a 1-week window.</p>	<p>*CPS Surveys were cancelled by the state Fall 2020. Spring 2021 surveys were completed on line by persons served or sent to county.</p>

	Agency Partner Surveys required by SBHG.	*Agency Partner surveys were implemented (N=3); Analysis in this report.
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What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program’s Effectiveness? The program is implementing a new tracking system for TIP related variables (described under the TQM section of this report).

Participants were 45% female, with diverse ethnocultural heritage (see Table 1). At the time of their enrollment at CS TAY FSP, they ranged in age from 16 to 25.

Table 1. Demographics of the Fresno TAY FSP Program for the 2020-21 FY.

	Ages 16-17 (10.8%)		Ages 18-25 (89.2%)		Ethnic Subtotals:
	Female	Male	Female	Male	
African American	2	0	12	10	24 (14%)
Latin American	5	3	32	50	90 (51%)
Anglo American	5	3	16	22	46 (26%)
Asian American	0	0	1	4	5 (3%)
Native American	0	0	1	1	2 (1%)
Mixed	1	0	1	3	5 (3%)
Other/Unknown	0	0	3	1	4 (2%)
Age Grp X Gender	13	6	66	91	176

The young adult's clinical pathways (areas in need of treatment) were predominately internalizing conditions (53%; predominately mood disorders), and major mental illnesses, specifically schizophrenia and other psychotic disorders (43%).

The sections that follow are organized by the county's reporting categories (access, effectiveness, efficiency, and satisfaction). In these sections, we share analyses from the SBHG EMR, MHSA DCR data collection, BASIS-24 standardized assessment, and various indicators tracked by program staff.

Access to Care:

The CS TAY FSP team tracks all referrals, admissions, and services and is utilizing SBHG's recently implemented BA dashboard system for access to this data.

- In the 20-21 FY, the program received 109 discrete referrals, of which 90 (83%) were accepted and 76 (70%) were enrolled within an average of 8.6 days from referral date (note that total number of enrolled persons served in the FY was 86, i.e., 10 individuals were enrolled without a documented referral). Those with accepted referrals who were not enrolled (14; 13%) withdrew from enrollment. Some (17%) referrals were declined by the individual; no referrals were denied by the program. Of the 109 referrals received, 80% were already established with Medi-Cal coverage.
- For enrolled persons served with a referral, the average time from referral date to first service (of any kind) was 9.3 days (range: 0-46 days; median: 5 days). Among enrolled referrals, many (N=56, 74%) received their first service within 10 days of referral. Please also see the section below for more information about timely access to care performance.

KPI: All persons served participate in their Individualized Service Plan (within 30 days of enrollment).

The service planning – and service delivery – process at CS's TAY FSP is, by design, very collaborative with young adults' input on strengths, needs and risks, safety planning, goal setting and service option selections consistent with TIP model practices.

Fidelity to the TIP model is monitored via structured protocols which were implemented this year (data will be presented next year, when there is sufficient data for meaningful analysis).

Table 2 present the mean, median, range, and 90th percentile of number of days between enrollment and first delivery of the following distinct services for the 20-21 FY:

- Assessments: AIMS, Pain Health & Nutrition, History and Physical, Nursing Assessments, MH Assessments, Suicide Risk, varied Behavioral and Medical Risk Assessments, including regarding substance use/abuse, Diagnoses, and history of placements. Such screenings and assessments are foundational to the treatment planning process.
- Case Management.
- Plan of Care.
- Individual Therapy and Rehabilitation: Individual therapy and individual rehabilitation sessions, along with non-Medi-Cal MHSA and/or county general fund mental health services, etc.

Importantly, Table 2 distinguishes between all served enrollments (N=179) including those who transferred to Central Star from a prior contracted entity and those newly enrolling into Central Stars TAY FSP. Transferred persons served had received many of their initial services with another, prior organization and therefore they don't reflect Central Star's timeliness of services accurately.

Table 2. Number of Days from Enrollment to First Service.

	Service Category	Average	Min	Max	Median	90th %
SBHG Enrollments (Excluding Transferred Persons Served (N=129)	Assessments	40.1	0	748	0	4.9
	Case Management	50.4	0	447	24	129.6
	Plan of Care	48.88	0	748	2	239
	Individual Therapy	68.7	5	447	37	179.8
	Individual Rehabilitation	61	5	449	34	164.8
All Enrollments w/Services (N=179)	Assessments	113.74	0	813	0	514
	Case Management	108	0	574	28	480
	Plan of Care	133.9	0	813	6	509.4
	Individual Therapy	132.6	5	669	48	473
	Individual Rehabilitation	121.5	1	889	35	470.8

Overall, among the non-transfer persons served, more than 90% of them received their intake screenings and assessments within 5 days of enrollment (prompting the start of their treatment plan), and other services such as individual therapy and rehabilitation within their first 6 months of enrollment. Additional services such as care plans & updates (e.g., aftercare instructions and plan), crisis intervention, group and family therapy, and other services are delivered throughout their time in treatment as needed.

KPIs:

- All persons served are set up w/ SSI (90 days of enrollment).
- All persons serveds have linkage to a PCP (6 mos. of enrollment).
- All persons serveds are provided linkages to job coaching activities (120 days of enrollment).

- 75% or more of persons served will be offered supported education and employment services in first 90 days; and 95% are offered this by 120 days.

During the persons served intake appointment (typically within their first week of enrollment, depending on that individuals availability), needs regarding benefits (SSI), primary care (PCP), education, employment, and other community resources are assessed, after which a treatment team is assigned to follow up and provide support for needed services. For SBHG enrollees (non-transfer persons served; N=129), 95% were offered assistance with setting up SSI within 90 days and a linkage to a PCP within 6 months from enrollment, and 96% were offered linkages to job coaching activities within 120 days. Moreover, 96% of persons served were offered education and employment support within 90 days. Persons served who did not receive support with these services were individuals who either did not need the service, declined it, or were AWOL to the program. Apart from a few exceptions, transferred persons served did not need these services when enrolling at CS as they were addressed by their previous provider, and those who did were offered assistance within their first 90 days of enrollment at CS.

Effectiveness of Care:

KPIs:

- Each FSP person served will have no more than (6) key events during first (6) months in program.
- Each FSP person served will have no more than (3) key events during months six to twelve (6 to 12) of enrollment in the program.
- Each FSP person served will have no more than (1) key event during months thirteen to eighteen (13 to 18) of enrollment in the program.
- FSPs will show zero percent (0%) days of homelessness after being enrolled in the program unless person served declined housing assistance.
- FSP will show ninety (90%) reduction in the persons served days in inpatient hospitalizations after being enrolled in FSP compared to the year before being enrolled.

- FSP will show ninety (90%) reduction in persons served days incarcerated after being enrolled in FSP compared to the year before being enrolled.

Mental Health Services Act (MHSA) Data Collection and Reporting (DCR) Data

We will address KPIs 6-11 by presenting results of MHSA data analyses available for CS TAY FSP persons served for the 20-21 FY. Importantly, when CS assumed the contract (October 2018), persons served were transferred to CS from another organization that had been serving these individuals, and in the 20-21 FY, 10 of these persons served were still enrolled in the CS program. For these persons served, Partnership Assessment Forms (PAFs) were completed when they enrolled with the prior organization. Unlike PAF records, Key Event Tracker (KET) and Quarterly (3M) records in our dataset reflect the individuals time at SBHG only. This means that for the transferred persons served, their before-after treatment comparisons encompass their tenure with both the prior organization and Central Star. For this reason, Central Star cannot take full responsibility for the outcomes of these individuals.

SBHG's Research & Program Practices Department (RPP) built and implemented protocols using "R" programming language for uptake and analyses of MHSA datasets, keyed to contract KPIs; moreover, the CS TAY FSP team implemented an MHSA tracking, mentoring, and accuracy monitoring procedure which greatly improved data quality this past year.

Our sample for analysis consisted of 143 records of 142 unduplicated persons served served in the 20-21 FY (a completion rate of 81% of total individuals served in the program). 23/142 (16.2%) of these were transfers from other programs (by a different organization). The average time of treatment for this sample at CS TAY FSP at the time of analysis (July 2021) was 406 days (range: 23-1003).

KPIs 6-8:

- Persons served had an average of 4.7 (range 0-40) KETS during their time in treatment in Central Star's TAY FSP program.
- Among the 112 persons served (with DCR records; 78%) who had at least six months of service at SBHG, they had an average of 2.1 (range of 0-10) KETS during their first 6 months of treatment with Central Star.

- Among the 56 (39%) persons served who had at least 12 months of service, they had an average of 1.2 (range of 0-13) KETS during months six to twelve of their enrollment (at SBHG).
- Among the 39 (27%) person serveds who had at least 18 months of service at SBHG, they had an average of 0.5 (range of 0-5) KETS during months twelve to eighteen of their enrollment (at SBHG).

Note: As stated in previous reports (for 18-19 FY and 19-20 FY), these KPIs do not distinguish between desirable and undesirable key events (e.g., a better placement/return to school vs., hospitalization/incarceration) and thus they do not necessarily indicate an improvement/worsening in the persons served outcomes. A more informative way to examine this is to analyze specific outcomes, as we will next present.

KPIs 9-11:

Bellow we report changes in number of occurrences of homelessness, hospitalizations, and incarcerations, in response to treatment at the CS TAY FSP program. Table 3 presents a paired sample t-test, comparing average number of occurrences in the 12 months prior to treatment to average number of occurrences per 12 months of treatment with CS’s TAY FSP. As mentioned earlier, a limitation in our analysis pertains to the persons served who transferred to Central Star from other organizations: in these cases, we compare their 12 months prior to treatment in their prior organization, to their time in treatment at Central Star.

Table 3. Changes in residential indicators and arrests.

	Mean Occurrences Per Year Prior to Enrollment	Mean Occurrences Per Year of Service	T Statistic	P-Value
Homelessness	1.44	0.28	5.1	0
Incarceration	0.11	0.08	0.78	0.43
Hospitalization	2.19	0.6	6	0
Arrests	0.21	0.03	4.16	0

Results are very impressive! Significant reductions were found in three of the four residential indicators. Hospitalizations, homelessness, incarcerations, and arrest occurrences were reduced by 80%, 27%, 73%, and 86%, respectively! Notably, although the reduction in incarcerations was not significant, the average number of incarcerations in the year prior to enrollment was extremely low to begin with (0.11), reducing the program's ability to achieve a statistically significant change.

CS's TAY FSP team's enormous positive impacts on young adult lives are evident in these impressive outcomes.

Behavior and Symptom Identification Scale (BASIS-24)

Behavior and Symptom Identification Scale (BASIS-24) ratings are self-reported symptoms on a 5-point scale (0 = "No difficulty" to 4 = "Extreme difficulty") anchored to "the last week". The questionnaire's 24 items compose 6 distinct domains: "Depression/ Functioning" (items 1-3, 9-10, 12), "Emotional Lability (items 13,18-19), Relationships (items 4-8), "Psychosis" (items 14-17), Substance Abuse (items 21-24), and Self-Harm (items 11,20). Items 4 – 9 of the scale were reverse coded to reflect the same direction as the other items. Decreases in average ratings on items and domains are desirable and indicate effective treatment. For persons served in the 20-21 FY, the TAY FSP team administered 432 BASIS-24 assessments to 231 unduplicated individuals. To capture meaningful changes in persons served symptoms, our sample for analysis focused exclusively on individuals with at least two BASIS-24 forms and included 110 matched *Initial* to *latest Update* records for 110 unduplicated persons served served in the 20-21 FY. The average time difference between the two records was 473 days. Paired t-tests analysis on the BASIS-24 subscales and total scores were conducted (average difference scores are presented in Figure 1). Differences in item average scores are presents in Table 2.

Figure 1. Mean Differences of Initial to latest Update Records in the BASIS-24 Total and Domain Scores.

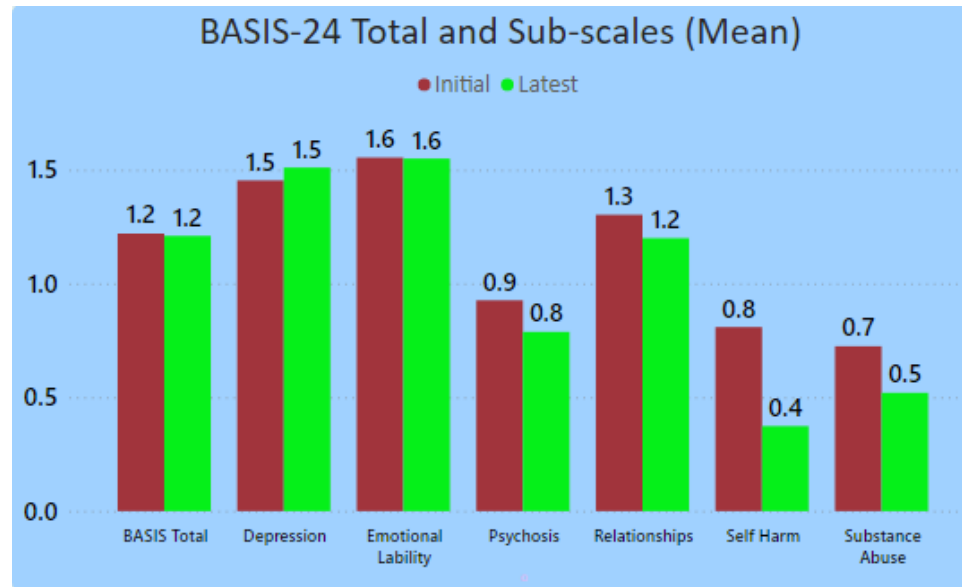


Figure 2. Mean Initial and Latest Update Scores in the BASIS-24 Items.

Average Initial and Latest Item Scores		
Item	Initial	Latest
1. ... Managing your day-to-day life?	1.71	1.97
2. ... Coping with problems in your life?	1.89	1.84
3. ... Concentrating?	2.06	2.16
4. ... Get along with people in your family?	2.27	2.41
5. ... Get along with people outside your family?	2.43	2.59
6. ... Get along well in social situations?	2.11	2.31
7. ... Feel close to another person?	1.92	1.97
8. ... Feel like you had someone to turn to if you needed help?	2.28	2.28
9. ... Feel confident in yourself?	1.82	1.87
10. ... Feel sad or depressed?	1.93	1.93
11. ... Think about ending your life?	0.87	0.40
12. ... Feel nervous?	1.90	2.13
13. ... Have thoughts racing through your head?	2.33	2.23
14. ... Think you had special powers?	0.68	0.47
15. ... Hear voices or see things?	1.32	1.19
16. ... Think people were watching you?	1.31	1.21
17. ... Think people were against you?	1.68	1.44
18. ... Have mood swings?	2.03	1.87
19. ... Feel short-tempered?	1.75	1.82
20. ... Think about hurting yourself?	1.05	0.57
21. ... Have an urge to drink alcohol or take street drugs?	1.34	1.19
22. ... Anyone talk to you about your drinking or drug use?	1.11	0.76
23. ... Try to hide your drinking or drug use?	0.67	0.39
24. ... Have problems from your drinking or drug use?	0.80	0.40

As presented in Figure 1, 4/6 of the BASIS-24 subscales scores were reduced from initial to latest assessment, and one subscale (Self-Harm) was statistically significantly reduced ($p < .05$), which means the aggregate observed reduction was unlikely a chance occurrence. The total score, as well as the Depression and emotional lability scores remained unchanged. Persons served seem to struggle most with feelings of nervousness and uncontrollable racing thoughts, as well as all indices of the relationships

subscale, all areas which are a priority focus for the program's wellness, recovery and rehabilitative programming, including what clinicians address in individual therapy (Figure 2).

Reaching Recovery Tools

This year SBHG's RPP Department received data and charts for two of the RR tools: the Recovery Markers Inventory (RMI) and the Consumer Recovery Measure (CRM). Figures 3 and 4 present changes in the percentage of persons served with positive, negative, and no change in the RMI total and domains, respectively, and figures 5-6 present changes in the percentage of persons served with positive, negative, and no change in the CRM total and domains, respectively. The following guidelines are used by the county to define changes:

- Positive change is considered an increase in RMI/CRM score from previous interval by:
 - CRM domains: An increase greater than 0.5.
 - CRM total: An increase greater than 1.
 - RMI domains: An increase greater than 1.
 - RMI total: An increase greater than 0.75.

- Negative change is considered a decrease in RMI/CRM score from previous interval by:
 - CRM domains: A decrease greater than -0.5.
 - CRM total: A decrease greater than -1.
 - RMI domains: A decrease greater than -1.
 - RMI total: A decrease greater than -0.75.

- No change is considered either no change in score or change doesn't meet the guidelines above.

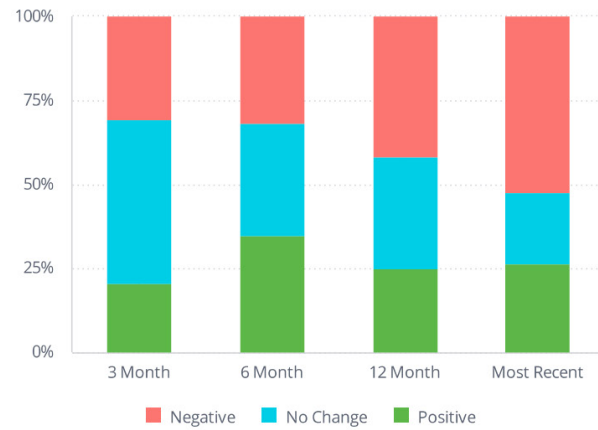
Figure 3 Percentages of Persons Served with Change in RMI Total

Change in Total RMI Score - All Domains

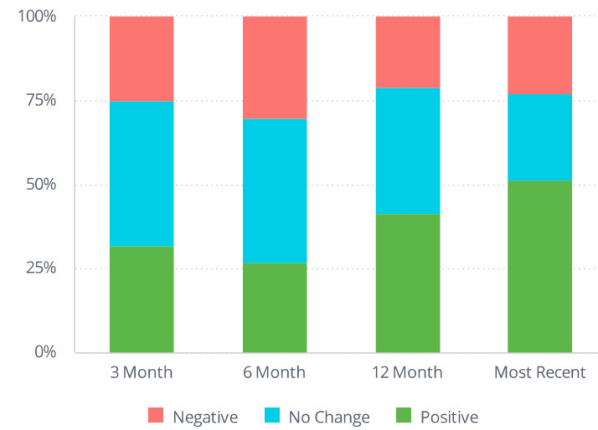


Figure 4 Percentages of Persons Served with Change in RMI Domains

Change in Education Domain



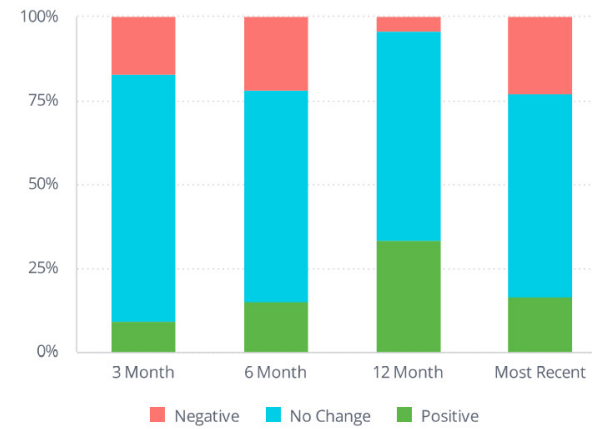
Change in Activity/Growth Domain



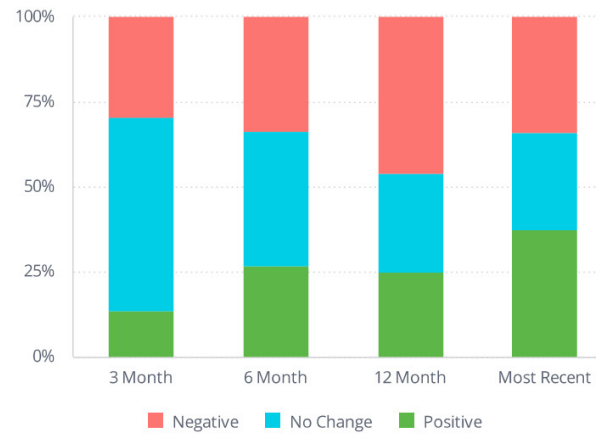
Change in Employment Domain



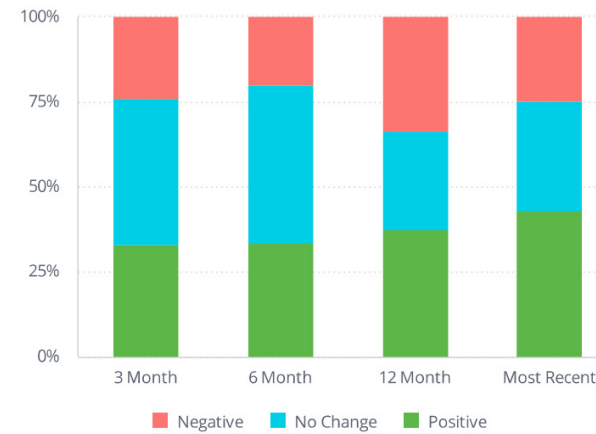
Change in Housing Domain



Change in Participation Domain



Change in Symptom Management Domain



Overall, the RMI domains with the highest percentages of improvement are the activity/growth domain (over 50% improvement from the 12-month mark to most recent), followed by the domains of participation in educational activities, and symptom management (over 25% improvement in latest assessments). Moreover, the activity/growth, participation in educational activities, and symptom management domains evidence consistent increases in the percentages of persons served who improve as they stay in the program longer.

Figure 5. Percentages of Persons Served with Change in CRM Total

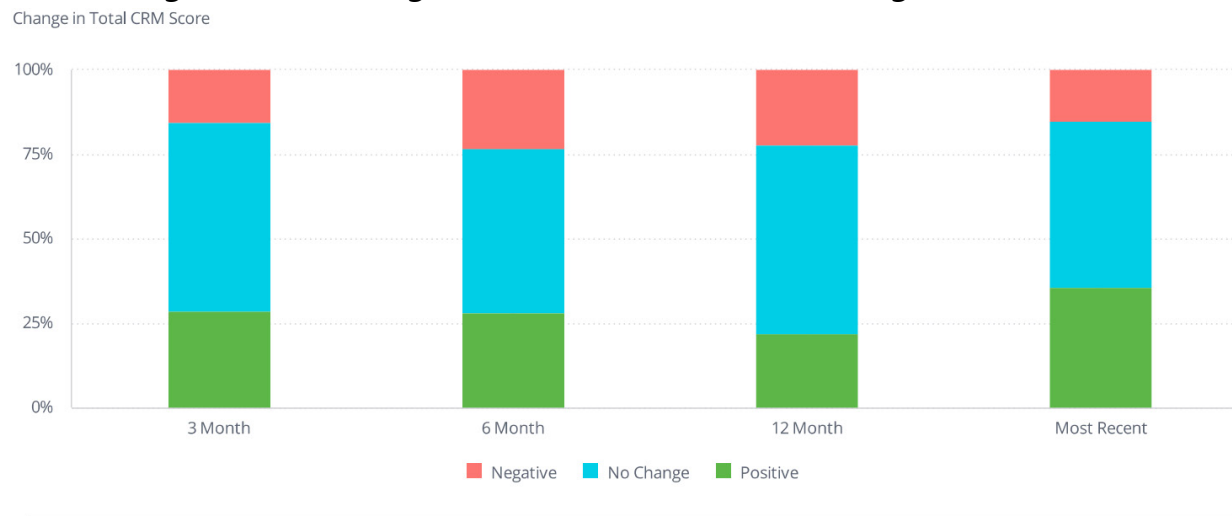
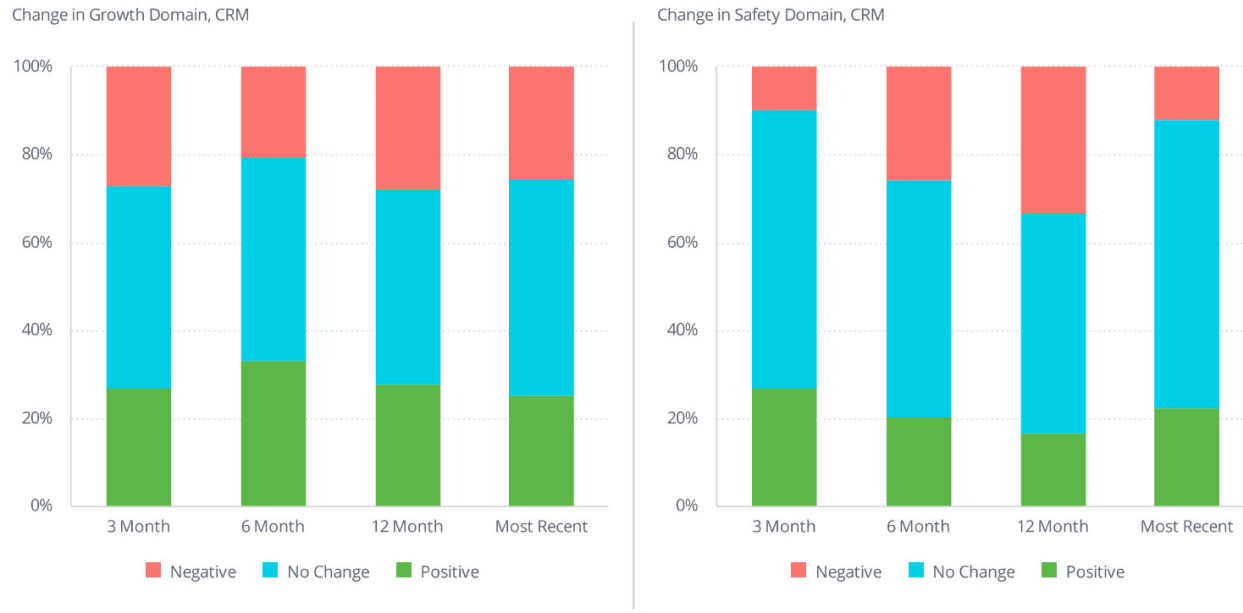
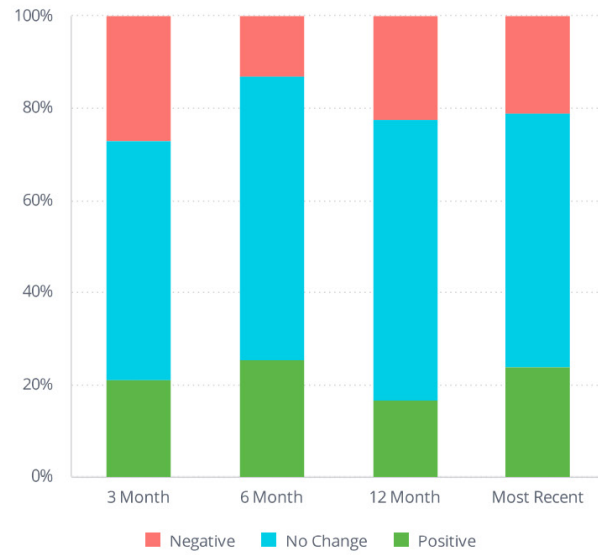


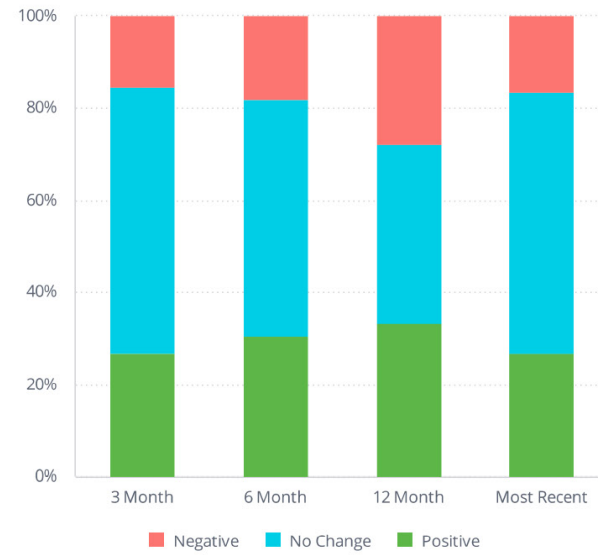
Figure 6. Percentages of Persons Served with Change in CRM Domains



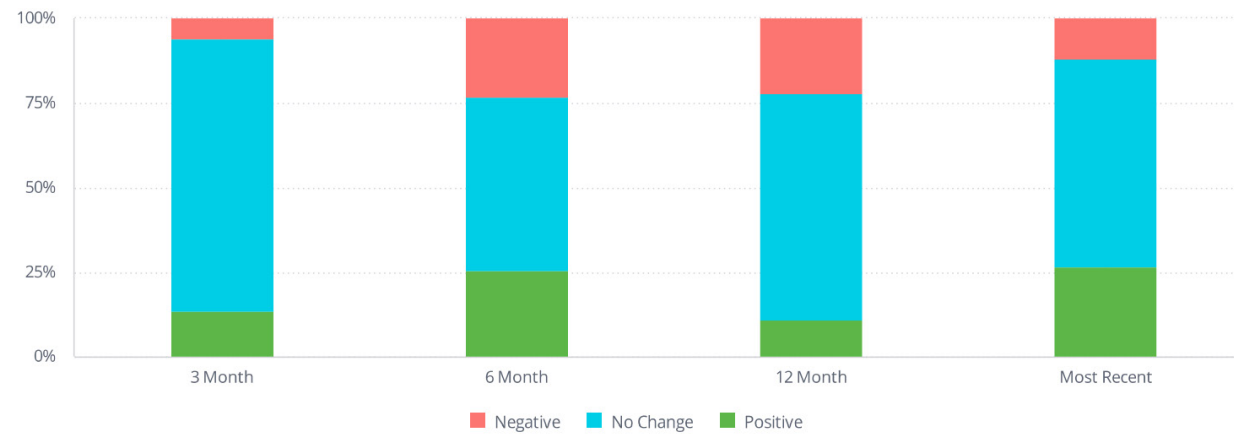
Change in Social Relationships Domain, CRM



Change in Hope Domain, CRM



Change in Symptom Management Domain, CRM



No consistent patterns were observed in the CRM data; however, percentages of persons served with positive changes are generally larger between the 12-month mark and latest assessment compared to earlier time periods, pointing to the importance of time in program for improving symptoms and overall emotional and behavioral health.

To gain deeper insights from the RR data, additional information regarding the RR tools and the raw dataset will be needed; the SBHG RPP Department aims to learn more about these tools, and how to best make sense of these data from the proprietor’s and county’s perspectives over the coming year.

Status at Discharge (SBHG EMR DC Status Form):

The following information derives from staff’s recording various aspects of each persons served discharged status, results, and aftercare plans in the SBHG EMR. Completion rates for this data for the 20-21 FY were very strong: 56/58 (97%) of discharged persons served had documentations regarding their discharge.

One important indicator tracked by staff pertains to the circumstances related to the persons served discharges, presented in Table 6 along with frequencies for 20-21 FY.

Table 6. Discharge Circumstances at the TAY FSP Program (20-21 FY).

Left Against Medical Advice (AMA)	14%
Discharged to Higher Level of Care	7%
Discharge Related to Family Unavailability	36%
Discharge Related to Incarceration	5%
Varied Other Reasons	41%

Note: A person served may have more than one discharge circumstances.

Unfortunately, many persons served are discharged AMA or due to family unavailability/ no longer meeting eligibility rather than completing the program, which explains why 50% of individuals met no or very few treatment goals. Twenty nine percent (29%) of persons served exited the program before their treatment goals were assessed, and the rest (21%) did have the desirable outcomes of meeting some or most of their treatment goals. These outcomes are atypical among SBHG's other TAY FSP programs and they may be related to the context of working with a transfer cohort (26% of discharged persons served in the 20-21 FY were transfers). However, these results are continuously improving (e.g., a notable improvement can be seen compared to the previous year) with the maturation of the program as well as increased focus on persons served with full CS enrollments.

After leaving the program, 44% of persons served are discharged to family/foster homes or to live independently. Four percent (4%) are discharged to congregate settings, 5% to other treatment/incarcerative settings (covered elsewhere), and 13% to shelters/temporary housing. The rest (34%) of the discharged persons served have unknown living situation.

Total Quality Management

Training:

Training is extremely important to program quality and effectiveness. The Central Star Training Department reports many details regarding trainings delivered and provided to each staff. For Fresno's TAY FSP staff, last FY only:

- 13 staff (3 Case Manager, 3 Mental Health Specialists, 2 Licensed nurses (LVN/LPT), 1 Clerck, 1 Quality Assurance Coordinator, 1 Peer and Family Advocate, 1 Clinical Supervisor, and 1 program director) participated in from 6 to 27 training topics each (median 16). Together, they completed 529 training hours, and each staff has completed 41 hours of training on average. Staff has achieved passing grades on all tests/certifications with an overall average grade of 95/100.
- Seventy Seven (77) training topics were delivered (69% on-line and 30% in classroom, and 1% outside). The list of trainings is show below:

1. SAFE-T Suicide Risk Screening and Assessment 1512
2. Transition to Independence (TIP) PART 1 (All Staff)
3. Transition to Independence (TIP) PART 2 (All Staff)
4. Community Safety Intervention (CSI)
5. Core Practice Wellness Recovery Action Plan (WRAP)
6. Core Practices: Internalizing Behaviors Conditions
7. Core Practices: Externalizing Behavior Conditions
8. LGBT Training (Cultural Attunement Plan)
9. Motivational Interviewing 1512
10. Specific Compliance 1512
11. General Compliance 1512
12. HIPAA 1512
13. NX 201 - Transitioning from Classic to NX EMR Environment
14. CANS (CS)
15. 5150 Recertification
16. California Law and Ethics for LMFTs -- 6 Hour (AATBS) 1512
17. CULTURAL DIVERSITY RESOURCE FAIR
18. Opioid Abuse, Addiction, and Treatment (AATBS) 1512
19. Clinical Supervision: Principles & Practices -- 2019 (AAATBS)
20. Clinical Supervision: A Competency-Based 2019 (AATBS) 1512
21. IT Security 2019: Phishing and Identity Theft 1512
22. NEO Condensed
23. Fresno County Documentation and Billing 0922 (All Staff)
24. AATBS Account Setup Tutorial 1512
25. IT Security Q2 2019: Password Security 1512
26. HR New Hire Benefits Overview 1512

27. Columbia Suicide Severity Rating Scale Course 1512
28. SBHG Mission and Vision 1512
29. SBHG ESOP and Enhanced 401k 1512
30. Total Quality Management TQM 1512
31. Mandated Reporting 1512
32. IT Security Q1 2019: Spearphishing Attacks 1512
33. Ethics and Professional Boundaries 1512
34. Core Practices: Trauma 101 1512
35. Distractions While Driving 1512
36. Safety, Emergencies, and Infection Control 1512
37. Sexual Harassment For All Staff 1512
38. Department Specific Training Checklist (All Staff) 0922
39. Fresno Co. Intro & Implementation of Cultural Responsiveness (IICR)
40. HR: Sexual Harassment for All Staff (Gallagher) 0922
41. Core Practice: Motivational Interviewing I
42. Safety: General Safety 1512 (Safety 1512)
43. Safety: Infectious Diseases Other Contagions 1512
44. Anxiety Treatment via Telehealth (PESI) 1512
45. Telehealth for Teens, Parents, and Groups: Art Therapy Techniques to Reduce Anxiety and Depression (PESI) 1512
46. Video Training Series: Dialectical Behavior Therapy (DBT) Made Simple 1512
47. Proper Use of PPE 1512
48. First Aid Certification
49. CPR Certification (PHF & CRT)
50. Core Practices Alcohol Tobacco Other Drugs (ATOD)
51. 2020 Health Competency Fair

52. Pro-ACT Refresher Day 1
53. NX 102 - Client Demo, Health Info, Scanned Docs & BAs (EMR)
54. NX 103 - Enrolling Discharging Clients (EMR)
55. NX 106 - Referral Module (EMR Training Module)
56. Safety: Workplace Violence Prevention 1512 (Safety 1512)
57. Aging (AATBS; Pre-license Course) 1512
58. Substance Abuse and Dependency -- Pre-Licensure (AATBS)
59. Adult ADHD (AATBS) 1512
60. Schizophrenia Web Quest 1512
61. ATOD: Addiction and the Family System 1512
62. ATOD: Relapse, Trauma, and Addictions 1512
63. ATOD: Advanced Issues in Substance Abuse Treatment 1512
64. ATOD: Physiology and Pharmacology of Addiction 1512
65. Telehealth Meets Play Therapy (PESI) 1512
66. Dialectical Behavior Therapy (DBT): Practical Guide (AATBS)
67. Building a Psychosis Toolkit 1512
68. CBT for Psychosis- An Introduction 1512
69. Claims and Targets 1512
70. Pro-ACT Restraints Refresher Day 2
71. Domestic Violence Training
72. CONCUR TRAINING
73. Civil Rights Act Training (All Staff)
74. Department of Social Services Family Finding & Engagement
75. HR: FMLA Source for Managers 1512
76. HR: DailyPay for Managers 1512
77. Safe Signal Community Safety 1512

Cultural Attunement

SBHG refers to our program as 'Cultural Attunement' (vs 'Cultural Competency') to reflect principles of humility and continuous learning so that we can beneficially attune our programming, services, and interventions to the needs of our diverse persons served and families. This past spring, Central Star updated their bi-annual Cultural Attunement Plan to focus on staff trainings; updates to policies and procedures (vis a vis national Culturally and Linguistically Appropriate Services (CLAS) standards); and, elective projects. For the latter, the agency team is launching initiatives to focus on persons served/family engagement toward better use of interventions and resources that address substance abuse; and, for measuring their progress and outcomes. This is in addition to sustaining their Cultural Attunement Committee's roster of community integration activities along with a newsletter that the committee this past year.

Practice Fidelity

Staff participated in freshly offered trainings on the Transition to Independence Process (TIP) Model, which focused on helping persons served to work on independent living skills with the goals of successful discharges with transitions to lower levels of care. After the training, the CS TAY FSP team completed a Rapid Cycle Improvement Process (RCIP) pertaining to tracking persons served progress with TIP milestones. A new comprehensive tracking system was implemented and it will be used to build a BA dashboard in the coming year. The tracking system allows staff to record the steps they take to support the persons served with varied activities – like securing social security or other benefits; and, with developing discrete TAY life skills like budgeting/money management, developing a resume, etc.

Quality & Compliance

- Rapid Cycle Improvement Processes (RCIPs) -- The QA team ran 3 QI projects during 20-21 FY. They focused staff on: 1) assuring timely discharges; 2) improving the timeliness of service documentation in the EMR; and, 3) Monitoring to meet documentation requirements with the psychiatry team. Additionally, the program is improving its data collection tracking. Reaching Recovery and MHSA (PAFs, KETs, 3Ms) outcome forms completion and due dates are being consistently monitored

in a designated log. As mentioned, to further improve MHSA data accuracy and quality, this year the program added a designated weekly meeting in which staff inputs data into the system and monitors its accuracy.

- Incidents - The QA team and clinical supervisor track incidents related to youth’s risk behaviors. Incident details, including antecedents, descriptions and follow-up activities, and external reporting as required, are recorded in the SBHG EMR and monitored for quality of care and potential improvements by CS’s QA staffs and managers. In the 20-21 FY, the TAY FSP program experienced 15 incidents, 14 of which involved persons served. Table 4 presents frequencies by types of incidents and Table 5 shows the actions taken in response.

Table 4. Incidents at the TAY FSP Program (20-21 FY).

	Frequency
Child Abuse	5
Assault- Person served to Other	1
Assault- Person served to Staff Assault- Other to Person served	1
Threats	7
Other	1
TOTAL	16

Table 5. Incidents Actions Taken at the TAY FSP Program (20-21 FY).

	Frequency
Assessment of Dangerous Behavior	1
Contract for Safety	1
Fire Department/Paramedic/911	1
Police Involvement	3
Psychiatric Hospitalization-Involuntary	1
Suspected Child Abuse Report Filed	6
Other	2
TOTAL	15

- Complaints/Grievances – The program received no complaints nor grievances this past year.
- Joint Commission Tracers -- These offer an in-depth assessment of the persons served care from referral through discharge -- with the goal of having at least 1 tracer completed each bi-annual period. Two JC Tracers were conducted during 20-21 FY: one about the assessment and treatment planning process; the other about staff’s knowledge with finding specific individuals documentation. The QA monitor who conducted the tracers reported that participants were knowledgeable regarding assessment and treatment planning process as well as speaking to the multiple services a person served receives in an FSP program. Participants did struggle with speaking to intake/referral process. The team will review the process of referral through intake with participants (e.g., filling out the FSP referral form, utilizing urgent care wellness center, and knowledge of the timeline that a person served should move through— referral/intake process assessment scheduling, and evaluation)

Efficiency:

Since the launching of the program, staff has been working on improving service process and efficiency.

Referral to Intake Time: As mentioned in the "Access to Care" section, the team responds to referrals exceptionally fast: Persons served are scheduled for their intake appointments within 24 hours of receiving the referral and enrolled within 8.6 days on average. This allows the program to connect persons served with housing assistance by linking them to room and board, substance abuse treatment programs, or a temporary shelter.

Service Location: While primarily relevant to access, services are provided where the person served is located or wants to be served, which also makes services efficient from the person served/caregiver perspective. Staff try to balance field work with encouraging young adults to come to the program's attractive center (incl. staff offices) which offers resources, groups, and socialization. Work done in the field and at the center can help counter the social isolation that often limits TAY's horizons of hope and their perception of opportunities. The staff team looks forward to a post-COVID return to normalized socialization opportunities. For more about how COVID and Telehealth Services were handled this past year, please see below.

COVID19:

Our company's Infection Control Plan (ICP) provides guidance to minimize the spread of COVID-19, including protocols and actions to implement/relax as public health directives change. When COVID-19 hit, SBHG subsidiaries relied on the ICP to minimize its spread. The plan includes protocols for screening staff, persons served and visitors; responding to positive symptoms; increased cleaning/disinfecting; reconfiguring activities and spaces to facilitate physical distancing; ensuring masks are available to/used by staff and persons served; and ensuring adequate PPE. SBHG hosts information sessions with all staff for Q & A regarding any and all info about COVID, vaccines, etc. These calls are held as frequently as needed to keep staff informed. For those working in our facility-based programs, we contracted with a lab statewide to provide rapid COVID testing to staff and persons served. The company also launched: « an internal website for treatment staffs with information, resources and materials (e.g., fillable forms, telehealth navigation, engagement & session scripts); « a public website for family and persons served to discover reliable information, sheltering-in-place activities, resources and materials (e.g., creative things to do with children in the home, teaching aides, how to find rental assistance); and « evaluative protocols to track and understand the impact the agency's pandemic responses (e.g., provision of telehealth services) has on program operations, staff and person served/families. SBHG has stayed

abreast of changes in CDC CA DPH, DSS CCLD, and DHCS, and County requirements related to COVID-19 and will continue to do so to ensure compliance.

Telehealth Services:

Telehealth services occur when staff and persons served have real-time, synchronous communication through both video and audio. This can be accomplished through computer, tablet, laptop, cellphone or other internet-connected devices with audio and video capabilities using our approved MS Teams Platform, a HIPAA compliant Telehealth application, for which we maintain a HIPAA Business Associates Agreement with Microsoft. Our Telehealth Policy and Procedure (PGM 1.91 Telehealth Services) addresses the purpose and appropriate uses (per DHCS Information Notice 20-009) of telehealth, its definition, how to get real-time user support/technical assistance, and procedures. Procedures encompass technical set-ups/steps, informed consent, HIPAA/privacy and rights protections, session logistics (e.g., schedule and conduct a session so that a child served at home has privacy with their therapist), behavioral de-escalation during a session, documentation and claiming. Additional clinical topics are addressed through clinical rounds led by our Vice President of Clinical Services. These included issues such as how to translate our use of EBPs well into a telehealth context, and how to monitor for high-risk behaviors and heightened vulnerabilities of persons served and family members. Some of these risks/vulnerabilities (e.g., abuse/maltreatment, domestic violence, substance abuse, suicidality) may be less observable and/or disclosed in a telehealth context; thus, extra guidance to staff and their sustained attention and vigilance to such risks were very important and helpful to address.

Our outpatient staffs continued to provide intake, crisis interventions, and aftercare planning/discharge sessions in person whenever possible during the pandemic, and more routinely during periods in which the pandemic wanes. Thus, persons served/families typically experience a mix of delivery contexts (office, field, telehealth) over the course of care. Staff are instructed to pay attention to what service contexts seems to work well -- or not -- with individual persons served/families, and to abide the preferences as safety allows. They are also expected to continue to deliver their practices to fidelity so that we remain grounded in optimal clinical care, regardless of service context. We think of Telehealth as a method or mechanism for connecting and communicating that should not alter basic sound clinical practice and judgment.

KPI:

Demonstration of the relationship between results and resources used to achieve them (specific methodology and indicator TBD per contract).

We look forward for specific methodology to be determined by the county and will address accordingly.

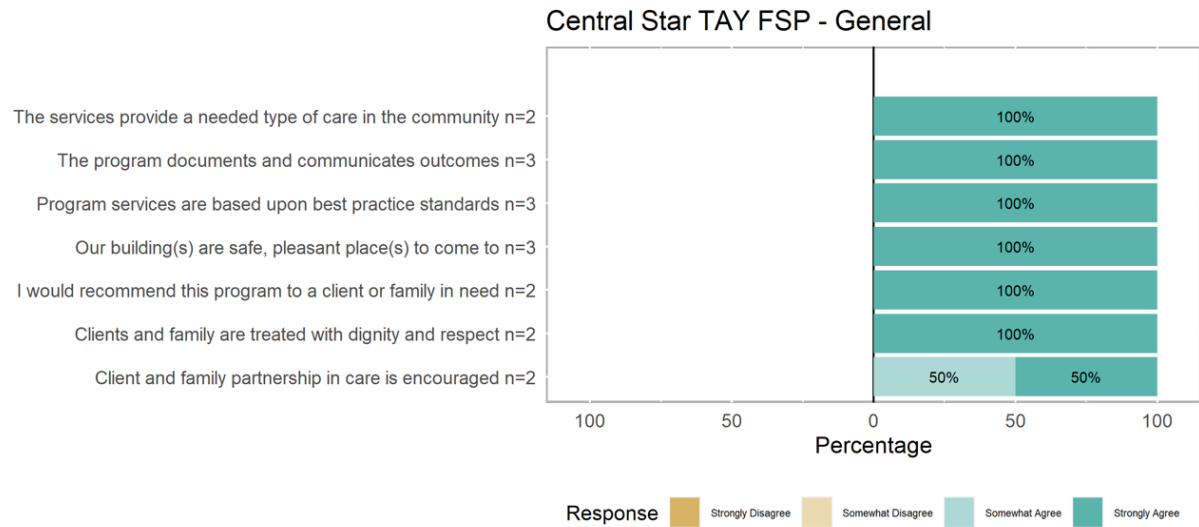
Customer Satisfaction***KPIs:***

- Satisfied Persons Served

The Consumer Perception Survey (CPS) is a state mandated survey collected twice a year (spring and fall) from persons served and their families. The state cancelled the fall 2020 survey cycle because of the pandemic and their pivot to a new reporting system; the program team supported the new surveying process this spring, with forms submitted directly on-line by the person served or gathered in person and submitted to the county by our staffs. At this time, we await results from the new reporting system.

- Satisfied Agency Partners

Agency Partnership Surveys were collected from 3 partners this FY and revealed excellent results, with all partners strongly agreeing to all items but one:



DEPARTMENT RECOMMENDATION(S):

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