

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

FSP PROGRAM INFORMATION:

Program Title:	Transition Age Youth (TAY) Full-Service Partnership (FSP)	Provider:	Central Star
Program Description:	TAY FSP provides an intensive level of service contacts and supports to assist late teens and 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, 2022 - June 30, 2023
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:	\$ 2,929,036	Program Actual Amount:	\$ 1,803,012
Number of Unique Clients Served During Time Period:	143.00		
Number of Services Rendered During Time Period:	8,731		
Actual Cost Per Client:	\$ 12,932.40 billed per person served		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	10/10/2018 – 06/30/2023	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 clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Community collaboration

Community collaboration

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

Access to underserved communities

Please describe how the selected concept (s) embedded :

From the outset, enrolled persons served are assisted by an interdisciplinary team of staff who 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. The program team

applies the Transition to Independence (TIP) practice model when working with young adults.

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.

All services are focused per the person’s served collaboratively authored individualized service plan that tap the program’s generous array of recovery oriented and wellness practices.

Regardless of community of origin, by design, the program addresses 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

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	Notes	Completion Rate & Data Health
Electronic Medical Records (EMR)		
Incoming Referrals		All screenings/assessments, person served enrollments, service entries, and Incident Reports are logged in to the SBHG EMR.
Referral Disposition		

¹ Please refer to the Appendix for a description of each data collection tool.

Screenings/Assessments	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 make use of the SBHG EMR, including modules built to move data entry out of excel logs (e.g., IRs), which facilitates automated reporting via SBHG’s BA Dashboards.	Central Star also aims to log incoming referrals & referral dispositions in the EMR.
Person served Enrollments		
Service Entries		
Incident Reporting		
County Data		
Access to Care Domo Dashboards	We routinely request and receive Access to Care metrics from the County’s Domo Dashboards. These use the Access Forms as a main data source and show calendar days rather than business days.	Central Star completed 39 Access Forms for persons served who have not recently Mental Health Services in the last 12 months.
Measurement Based Care		
Behavior & Symptom Identification Scale (BASIS-24)	Outcome tools used to facilitate Measurement Based Care to Joint Commission Standards: <ul style="list-style-type: none"> - BASIS-24: young adults aged 18-25 - PSC-35: young adults up to 18 yrs. CANS data are also applied to both individual person care monitoring and in aggregated dashboards and reports.	These analyses used matched pairs of initial and latest assessments. The matches may be intake to discharge or intake to update. There were BASIS-24 matched pairs for 119 of 127 young adults older than 18 yrs. and enrolled long enough to have a matched pair (94% completion rate). On average, there were 596 days between the initial & latest assessment. There were CANS-50 matched pairs for 53 of 77 young adults under 20 yrs. and enrolled long enough to have a matched pair (69% completion rate). On average, there were 448 days between the initial & latest assessment. There were PSC-35 matched pairs for 19 of 23 young adults younger than 18 and enrolled long enough to have a matched pair (83% completion rate). On average, there were 375 days between the initial & latest assessment.
Child Adolescent Needs & Strengths (CANS-50)		
Pediatric Symptom Checklist (PSC-35)		

<p>Patient Health Questionnaire (PHQ)-9</p>		<p>The PHQ-9 was implemented electively by the team this year to track treatment responses to group services. There were 63 PHQ-9s completed to date and 19 matched pairs. Please see the section on QI initiatives for additional information.</p>
<p>Outcomes</p>		
<p>Mental Health Services Act (MHSA) Data Collection and Reporting (DCR)</p>	<p>Required MHSA forms for FSP programs. Used to inform partnership, track key events, and monitor client’s progress over time.</p>	<p>Our sample for analysis consisted of 124 records (young adults with mandatory PAF forms) of unduplicated young adults served in FY 2022-23 (a completion rate of 124/150 (83%). The average time of treatment for this sample at CS TAY FSP at the time of analysis (July 2023) was 612.8 days (range: 15-1730).</p>
<p>TIP Timeline</p>	<p>SBHG tool used by case managers to track linkages and progress related to such over time.</p>	<p>52 out of 53 persons served admitted in FY 2022-23 had their initial TIP assessments done. One person served was admitted during June 2023, and thus their assessment is only expected in August 2023. Thus, the completion rate is 100%.</p>
<p>DC Status Form</p>	<p>SBHG tool to track person served treatment progress and discharge circumstances.</p>	<p>There were 63 discharges in FY 2022-23 and 63 with a DC Status Form, a 100% completion rate.</p>
<p>Stakeholder Surveys</p>		
<p>Agency Partnership Survey</p>	<p>Monitor person served and agency partner satisfaction with services.</p>	<p>N=5 Agency Partners provided feedback.</p>
<p>Consumer Perception Survey – Mental Health Statistics Improvement Project (MHSIP)</p>		<p>Per request by contract monitor, TAY FSP completed the CPS for N=5 persons served. Their responses are included in the report.</p>

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

Outcome Analysis

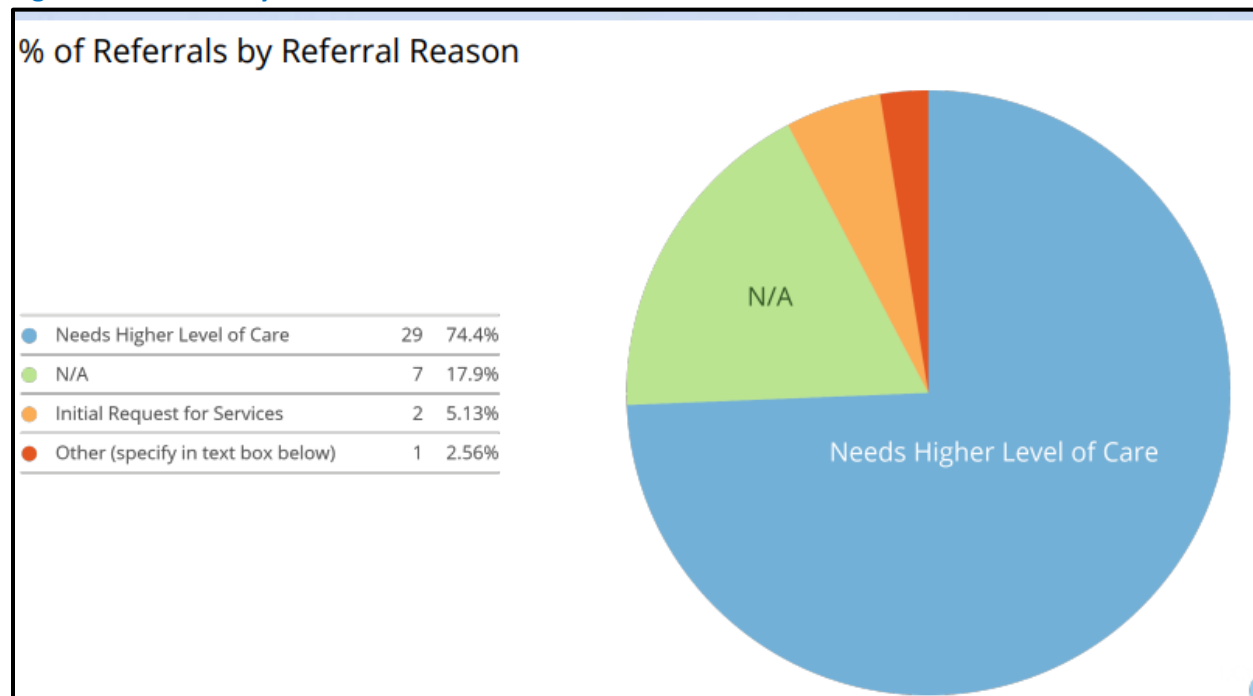
In FY 2022-23, the Transition Age Youth (TAY) Full-Service Partnership (FSP) served 150 young adults across 151 enrollments. Below reports on program Key Performance Indicators (KPIs) for these young adults.

Service Type & Timely Access Standard

Outpatient Mental Health Services within 10 business days

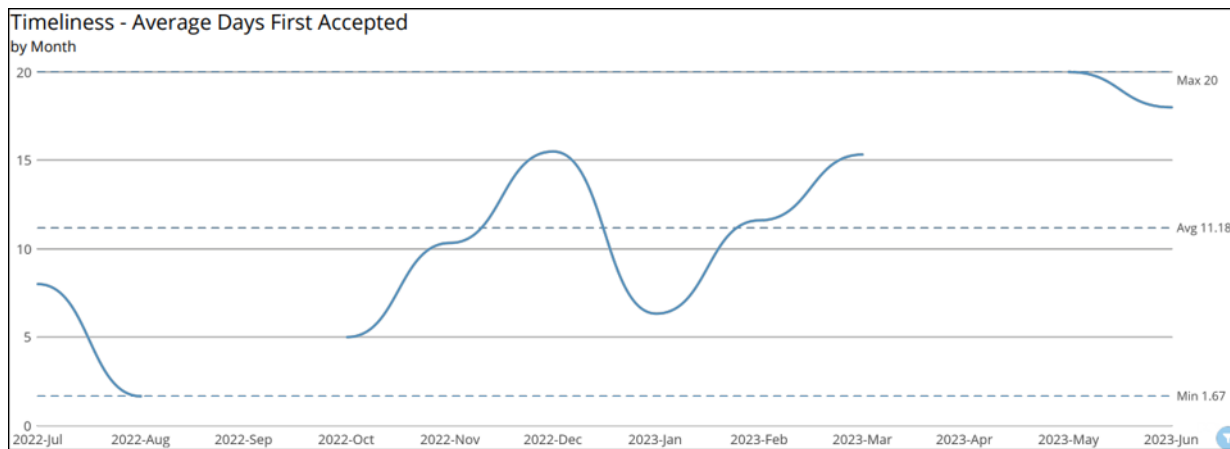
The TAY FSP program processed 81 referrals and 39 Access Forms. Timeliness of services analysis is based on the Fresno County Domo Referral Dashboard. These dashboards use two different forms as a data source: the Access Form is completed for prospective young adults who have not received any mental health services in the past 12 months. The referral form is completed for all young adults. Figure 1 shows referrals by referral reason.

Figure 1. Referrals by Reason



Fresno Domo Referral Dashboards show Calendar Months on the y-axis (Figure 2, below). In discussion with the county, it was understood that the Code of Federal Regulations (CFR) Timeliness Access to Care requirement is 10 business days. As such, until the Domo Access to Care Dashboards are refined to track against federal standards, it will track 40% higher on average due to its inclusion of weekend days for each calendar week. Domo Figure 2 below shows that the average calendar days from referral to first accepted appointment was 11.4 calendar days, or 8.1 business days, which is within the expected 10 business days of the CFR. Gaps in the trend line show months where the TAY FSP received no Access Forms. All first offered appointments were the first accepted appointments.

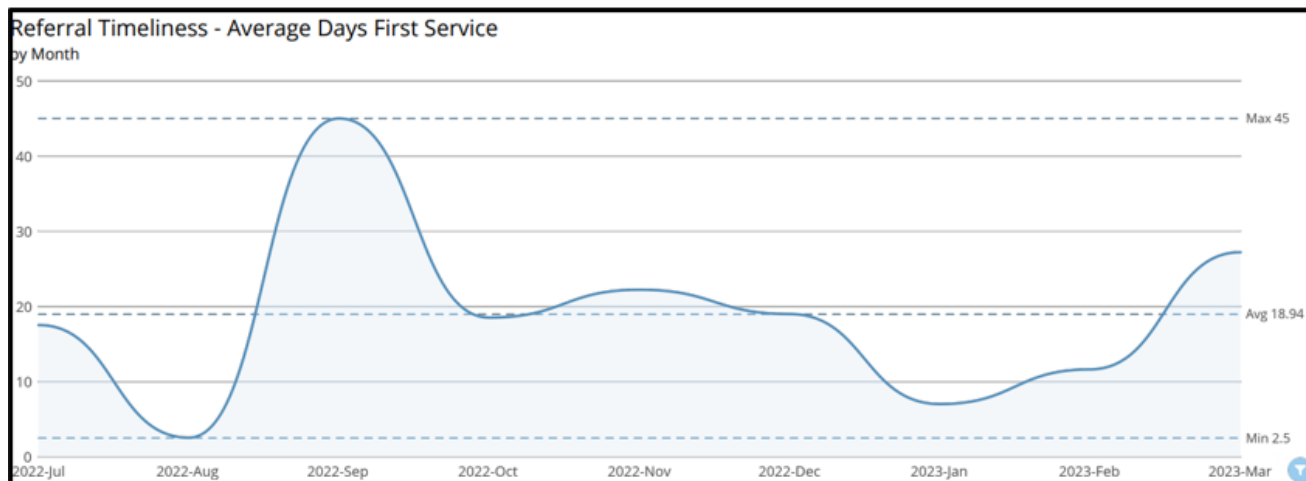
Figure 2. Referral Timeliness – Average Days until First Accepted Appointment



8.1
average Business Days until first accepted

Figure 3 below shows that the first service occurred within 13.1 business days on average after the referral.

Figure 3. Referral Timeliness – Average Days to First Service



13.1
average Business Days until first service

Psychiatry within 15 business days

Please note that across the following graphs, County Domo Dashboard statistics track 40% above federal requirements; Gaps in the trend line show months where the TAY FSP received no Access Forms.

The TAY FSP referred 47 young adults to Medication Services this Fiscal Year. Figures 4 below shows the average days from referral to first offered appointment and percentage of appointments within 15 business days Figure 5 shows the average days from referral to first kept appointment and percentage of appointments within 15 business days. Note that no psychiatry referrals were made nor received in September 2022.

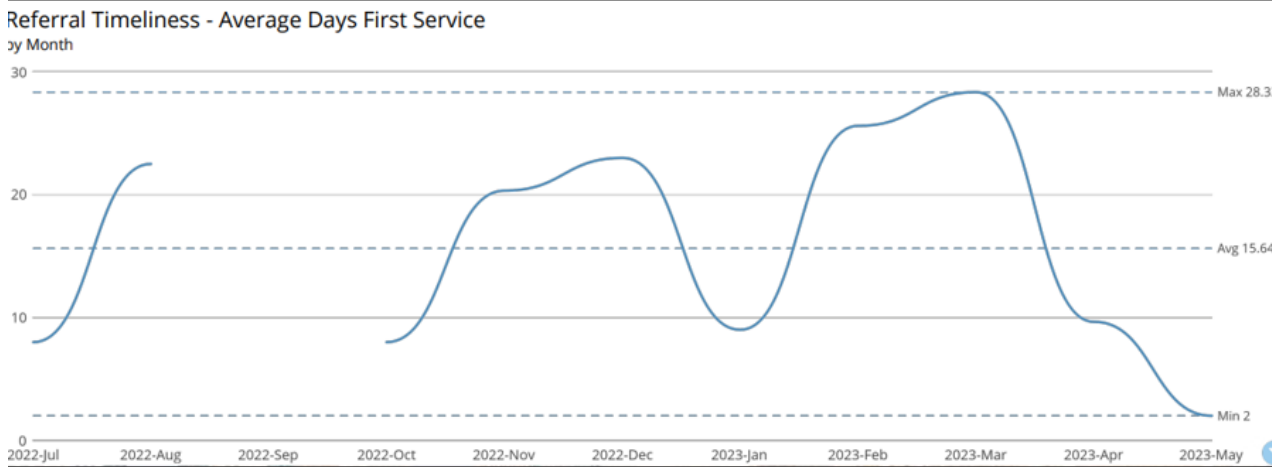
Figure 4. Average days from Referral to First Offered Appointment



10.8

average Business Days until first service

Figure 5. Average days from Referral to First Service



11.8

average Business Days until first service

During the prior FY (FY 2021-22), Central Star struggled to ensure psychiatry appointments occurred within 15 business days. Central Star started to schedule psychiatry appointments during initial contacts with young adults to better facilitate timely access to psychiatry services. As a result, appointments this FY (FY 2022-23) occurred within 15 business days on average. Overall average business days are presented next to the graphic.

Linkages & Referrals

Within thirty (30) days of enrollment, one hundred percent (100%) of young adults will have participated in forming their Individualized Service Plan.

Central Star completes all Plans of Care (POC) within 30 days of enrollment. In the POC process, the clinician partners with the person served to determine their desired outcomes/goals and the interventions to be used. This is currently tracked and monitored in an Excel workbook to ensure that POCs are completed within 30 days.

- Within ninety (90) days of being enrolled in the FSP, one hundred percent (100%) of young adults who did not have SSI will have made applications completed to receive SSI
- Within six (6) months of being enrolled in the FSP, one hundred percent (100%) of young adults will have linkages to and documentation of a Primary Care Physician.
- Within one hundred twenty (120) days of enrollment, one hundred percent (100%) of young adults will be provided/linked to job coaching activities.
- Within ninety (90) days of enrollment, at least seventy-five percent (75%) of applicable young adults will have been offered the opportunity to participate in Supportive Education and Employment Services
- Within one hundred twenty (120) days of enrollment, at least ninety-five percent (95%) of applicable young adults will have been offered the opportunity to participate in Supportive Education and Employment Services

During young adults' intake appointment (typically within young adults' first week of enrollment, depending on their availability), young adults' 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. In January 2022, we introduced a revised, close to final, version of our new tracking system for TIP related

variables which is planned to be added to SBHG’s automated BA reporting system during CY 2023. This system tracks 50 TIP-related milestones divided across four time periods: admission, 1-3 months, 4-6 months, and 7-12 months. At each time-period, clinicians update the status of all related milestones, as well as milestones from previous time-periods that hadn’t been fully completed for various reasons related to the person served.

Table 1 below presents 9 TIP KPI-related milestones for all young adults admitted to the program during the FY 2022-23. Four of these items are tracked at admission, two are tracked 1-3 months after, and three are tracked at 4-6 months after enrollment. As evident in the table, within less than 5 days on average, young adults’ initial statuses were assessed, including SSI, primary care, employment, and education needs. All young adults who needed and desired assistance in these domains started the process immediately. Job coaching needs such as writing resumes and reading paychecks were assessed within less than 90 days on average. Job and education needs were also reassessed about 6 months post enrollment, providing additional support such as linkages to persons who need it.

Table 1. TIP Timeline Milestones Assessment

Assessment Time Period	Linkage	Assessed Sample	Within Time Period	Mean Days: Enrollment to Assessment	Range Days: Enrollment to Assessment	Completed	Needed: Starting Process/Will Work with Manager	Needed, but: Denied by Client/Denied by Official/At a later Date	MIA/Other	Unneeded
Admission	Sign up for Social Security	52	92.3%	3.9	0-102	9.6%	50.0%	13.5%	0.0%	26.9%
Admission	Link to Primary Care Physician	52	92.3%	4.7	0-158	23.1%	44.2%	1.9%	0.0%	28.8%
Admission	Are you enrolled in school? (Link if applicable)	52	90.4%	4.4	0-71	13.5%	38.5%	15.4%	0.0%	32.7%
Admission	Are you employed? (Link to appropriate resources if applicable such as See’s Program or Workforce Connection)	52	92.3%	4.4	0-102	9.6%	48.1%	17.3%	0.0%	25.0%
1 to 3 Months	Teach how to write a resume	42	61.9%	73.2	0-200	28.6%	26.2%	11.9%	16.7%	16.7%
1 to 3 Months	Teach how to read a paycheck stub?	42	54.8%	87.6	0-396	9.5%	38.1%	16.7%	16.7%	19.0%
4 to 6 Months	What progress have you made with education-related goals? (Re-evaluate Education needs; possible linkage to employment/education group)	34	70.6%	137.9	7-300	8.8%	35.3%	29.4%	17.6%	8.8%
4 to 6 Months	What progress have you made with employment-related goals? (Re-evaluate employment needs; possible linkage to employment/education group)	33	69.7%	135.9	7-300	3.0%	42.4%	21.2%	18.2%	15.2%
4 to 6 Months	Revisit job interview skills and continue role-play for mastery of skills	33	72.7%	127.8	7-280	9.1%	30.3%	30.3%	18.2%	15.2%

Although the above tabled numbers are overwhelmingly positive, given this is a new data collection system, Central Star will audit the records of persons served, including those not yet assessed, for data completeness and accuracy.

Process CriteriaMinimum 3 contacts/week per person served

During FY 2022-23, the young adults had an average of 89 service encounters each, which translates to 1.72 service contacts per person per week. Though below the 3 contacts per week; discussions with the county revealed that this is satisfactory so long as people are receiving the appropriate number of contacts, e.g., fewer contacts as people titrate to a lower level of care. We also acknowledge that Central Star struggled with staffing throughout the year and referred people to other providers to ensure services were provided. Central Star continues to work on strategies to retain individuals, including 4 – 10 work schedules and other employee benefits.

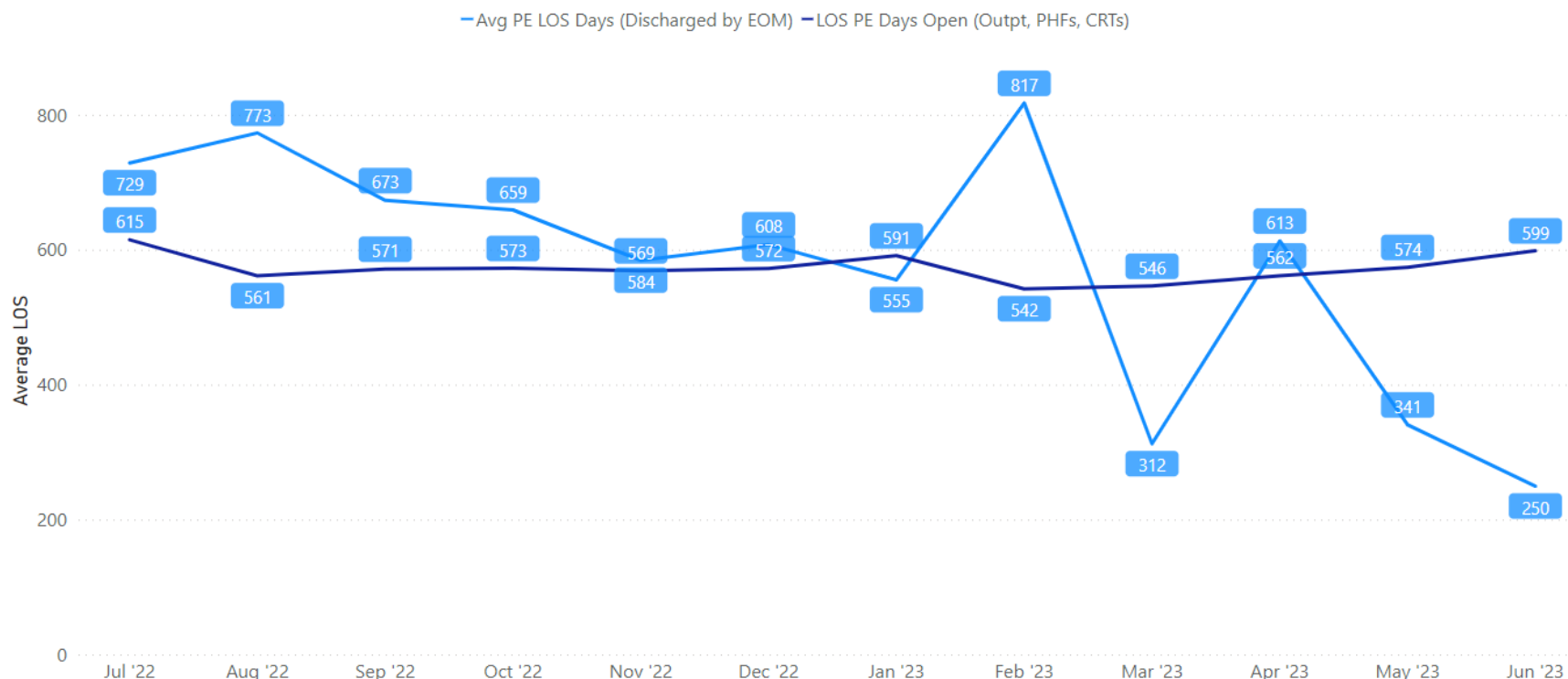
At least 1 contact/week is face-to-face

Approximately 52% of team members' service encounters with young adults were in person face-to-face during the last year (0.90 face to face weekly, on average). The rest of the time contacts were either by phone or during on-line telehealth sessions as staff continued to provide services safely during the waning phase of the COVID pandemic and adjusted their in-person encounters due to reports of lice and bed bugs on the persons and/or in the homes of some of those being served. Nonetheless, overall, the average total volume of services per person served increased and service encounters lasted longer as the year progressed, quarter by quarter. Please note we expect a reduction in face-to-face services in the coming Fiscal Year due to CalAIM's disincentivizing in-person services.

Typical LOS of 2-3 years

In FY 2022-23, the program served N=150 unduplicated individuals in 151 enrollments with an average LOS of 626 days for persons served who were discharged at the end of the month (1.7 years; Figure 6). Note that this was an increase from FY 21-22, where people had an average LOS of 453 when discharged at end of the month. Central Star discharges young adults after 60 days of repeated unsuccessful efforts to contact them, although there may be some case-by-case variation; for instance, a person served will be discharged after 30 days if there is absolutely no way to contact the person served (e.g., moved out of county). Additionally, people often turn 25 during the program and are linked to another program, e.g., adult FSP or a lower level of care. Central Star continues to keep youth engaged and examine how the length of services may relate to discharge types and outcomes. Figure 6 below shows the LOS of the FSP's young adults during FY 2022-23.

Figure 6. Person served Length of Stay (LOS) by Program Enrollments (PE) opened & closed at End of Month



Effectiveness

We will address the following KPIs by presenting results of MHS data analyses available for CS TAY FSP young adults served during FY 2022-23. Results presented are the product of SBHG’s Research & Program Practices Department’s (RPP) MHS datasets analysis and reporting system. This year, the CS TAY FSP team has continued implementing an MHS tracking, mentoring, and accuracy monitoring procedure, resulting in high data quality.

Our sample for analysis consisted of 124 records (young adults with mandatory PAF forms) of unduplicated young adults served in FY 2022-23 (a completion rate of 124/150 (82.7%). The average time of treatment for this sample at CS TAY FSP at the time of analysis (July 2023) was 612.8 days (range: 15-1730).

Each person served will have no more than 6 hospitalizations, incarcerations, or homelessness during their 1st 6 months with the program

This indicator is met for all young adults. Adults served 6 months or more had a range of 1-5 KETs with an average of 0.24 during this time period (Table 2).

No more than 3 key events of hospitalizations, incarcerations, or homelessness during months six to twelve (6-12) of enrollment in program

This indicator is met for 105/106=99% of young adults who were served at least 12 months. These adults had a range of 1-4 KETs with an average of 0.21 during this time period.

Table 2 below presents the average, minimum, and maximum number of hospitalizations, incarcerations, and homelessness Key Event Trackers (KETs) per person served during distinct phases (time periods) in the young adults' treatment. Column 4 ("N Persons served") refers to the number of young adults enrolled for at least the given time-period.

Table 2. KETs per months enrolled with program

Time Period	Average	Min	Max	N Clients
Enrollment to Date	0.27	0	5	123
0-6 Months	0.24	0	5	113
6-12 Months	0.21	0	4	106
12-18 Months	0.09	0	2	99

Zero (0%) days of homelessness after being enrolled in the program.

Ninety percent (90%) reduction in person’s days in inpatient psychiatric hospitalizations after being enrolled in FSP compared to the year before being enrolled in the FSP.

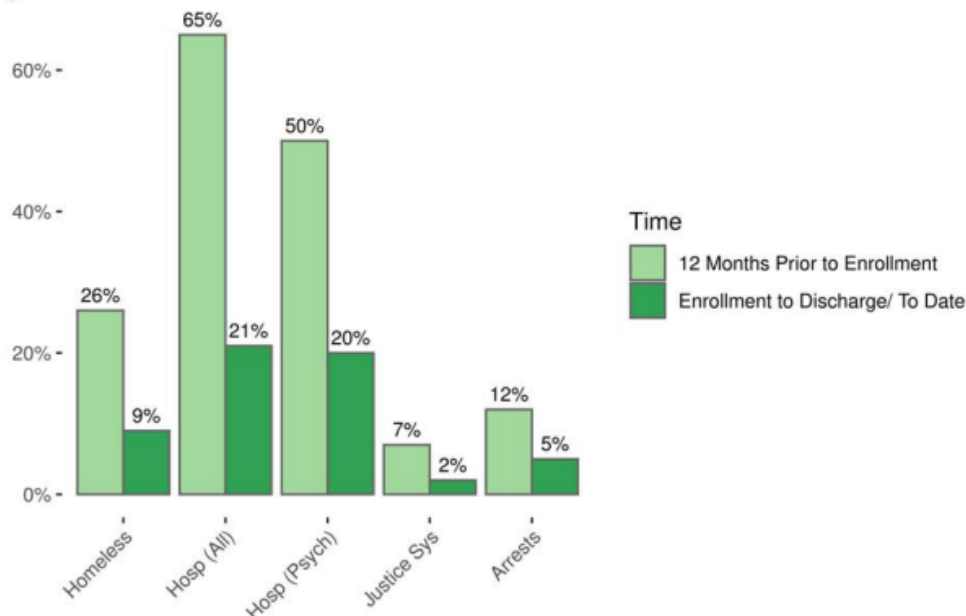
Ninety percent (90%) reduction in person’s days incarcerated after being enrolled in FSP compared to the year before being enrolled in the FSP.

Below we report changes in the average counts of occurrences of homelessness, hospitalizations, incarcerations, and arrests 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, and Figure 7 compares percentages of young adults with more than one occurrence before and during service. This analysis includes a small subset of young adults who transferred to Central Star from other organizations (N=6 served in FY 2022-23 who had PAFs): with these young adults, we compare their 12 months prior to treatment in their prior organization, to their time in treatment at Central Star.

Table 3. KET 12 Months Before Treatment and 12 Months After Treatment.

Outcome	Mean Occurrences Per Year Before Treatment	Mean Occurrences Per Year of Treatment	T Value	P Value
Homelessness	0.85	0.06	3.36	0.00
All Hospitalizations	1.62	0.27	7.79	0.00
Psychiatric Hospitalizations	1.31	0.24	6.21	0.00
Justice System Involvement	0.10	0.02	2.38	0.02
Arrests	0.21	0.05	2.27	0.03

Figure 7. KET 12 Months Before Treatment and 12 Months After Treatment.



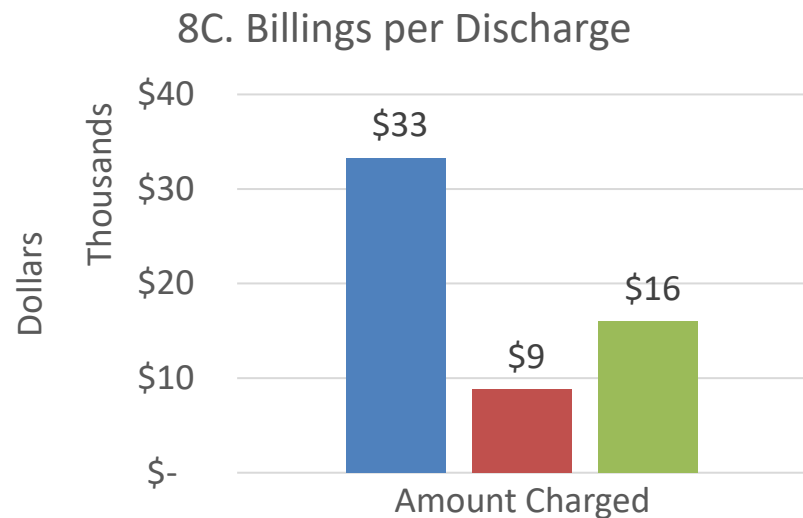
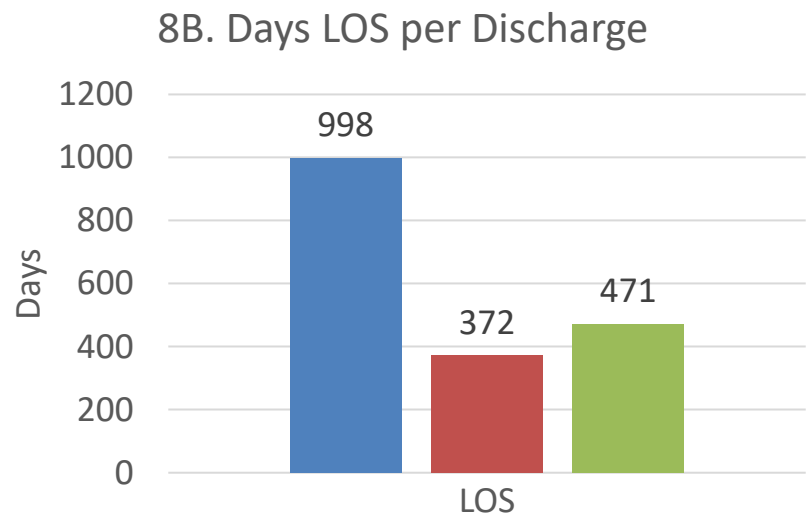
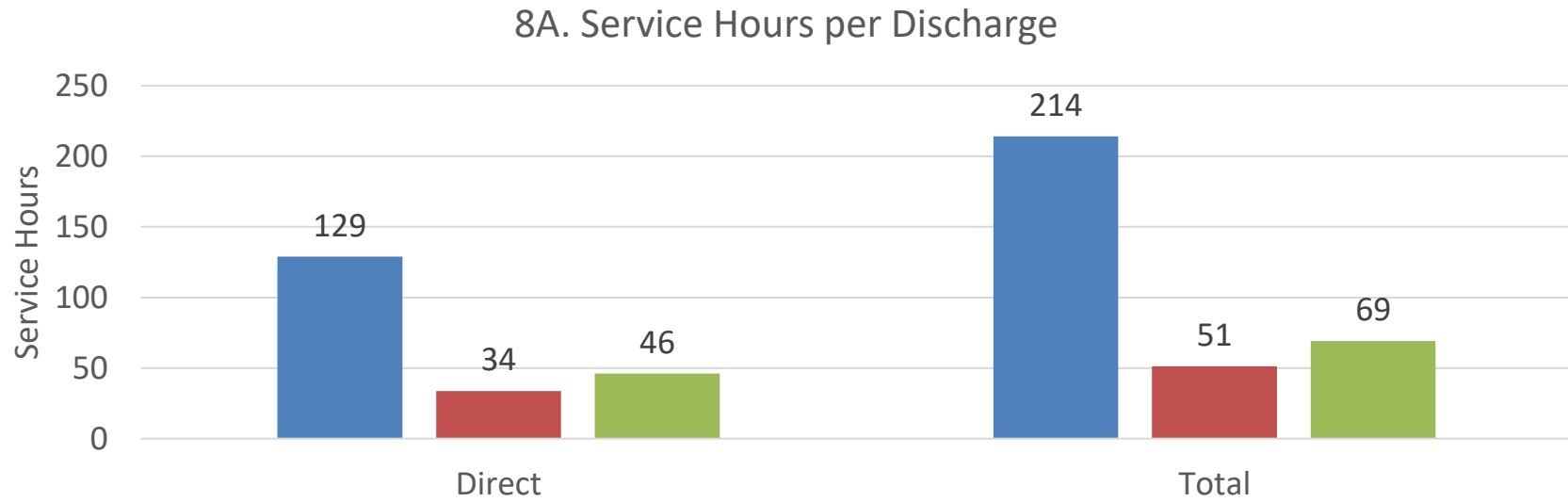
Results are very impressive; statistically significant reductions were found in the average occurrences across all 5 critical indicators: homelessness, all types of hospitalizations and psychiatric hospitalizations specifically, justice system involvement, and arrests. Central Star’s TAY FSP team’s positive impacts on young adult lives are evident in these impressive outcomes.

Efficiency

Service hours per person achieving positive outcomes, total budget (actual cost) per person served, length of stay and direct service hours of treatment staffs

Of the 65 discharges in FY 2022-23, clinicians reported that 25 met some, most, or all treatment goals (40%). These 25 discharges averaged more direct and total service hours (Figure 8A), more days LOS (Figure 8B), and more service billings (Figure 8C) compared to discharges who met no or few treatment goals (N = 34) and discharges who left the program prior to receiving an assessment or treatment (N = 4). These figures illustrate that greater time and resource allocation is associated with greater achievement of treatment goals.

Figure 8. Per discharge (A) Service Hours, (B) Days LOS, and (C) Service Billings across the entire enrollment by treatment progress at discharge. Error bars are the standard error of the mean.



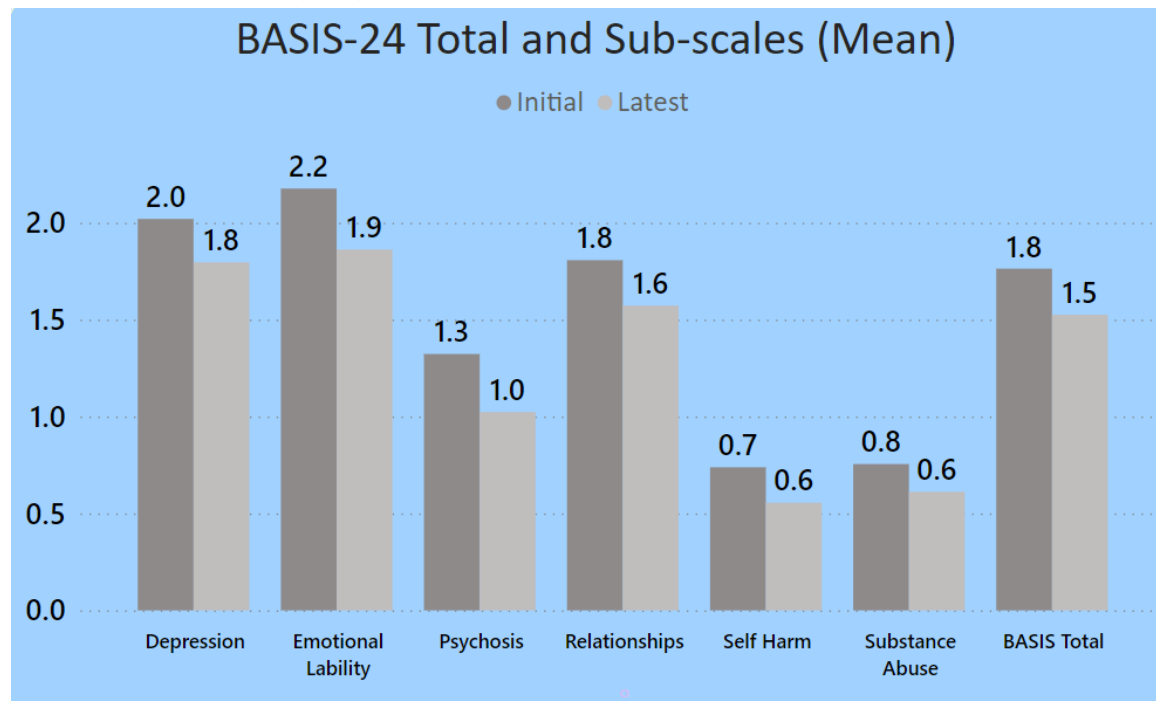
Reduction in Symptoms & Improved Functioning

We will address the following KPI by examining matched pair aggregate results from the BASIS-24, CANS-50, and PSC-35 presented below.

Behavioral and Symptom Identification Scale (BASIS-24)

When looking at initial and latest scores in the BASIS total and subscales as shown in Figure 9 below, statistically significant improvements (where a lower score = better), were found on the Depression/Functioning ($p = 0.03$), Relationships ($p = 0.04$), Emotional Lability ($p = 0.01$), Psychosis ($p = 0.01$), and Substance Abuse ($p = .04$) subscales. In November of 2022, the team began administering the BASIS-24 more frequently, every 3 months. This helps inform treatment, care, and services, and also improves the matched pairs completion rate to better understand the effect of the treatment. It is very good to see these high-risk areas abate some; last year, there was no difference in the Total Score from the Initial to Latest assessment. Now, we see decreases in a positive direction. Additionally, there was a statistically significant improvement on the Relationships subscale whereas last year the sub-scale moved in a negative direction; we attribute these improvements in outcomes to the team's quality improvement projects that dovetailed with supporting people emerging from the pandemic - i.e., more young adults are participating in groups, socializing with each other before/after groups, and in their room & board communities.

Figure 9. BASIS-24 Initial & Latest Mean
 [N = 114 Matched Pairs (76%) FY 2022-2023]

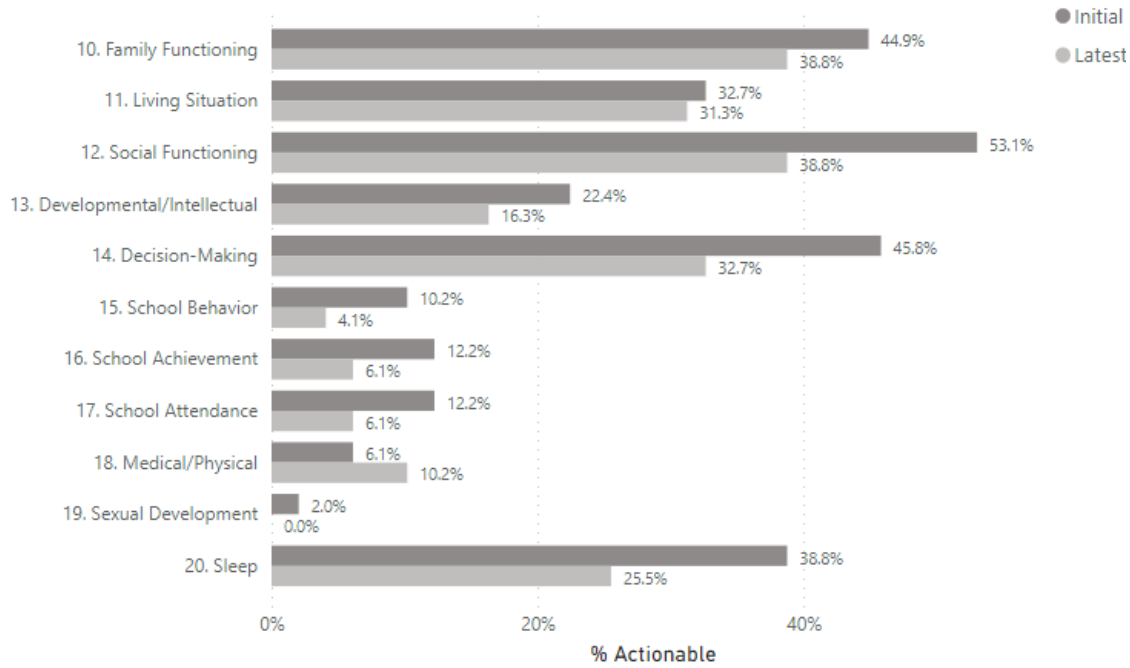


Child and Adolescent Needs Scale (CANS-50)

The percentage of young adults with actionable items on the CANS-50 Life Functioning domain (multiple discrete items) are shown in Figure 10 below. A McNemar's test did not show statistically significant improvements; however most items did show desirable, lower ratings over time on average. Note that the Medical and Physical items increased. We believe this reflects stepped up staff efforts to connect persons served with their Primary Care Physicians (PCPs) (part of the TIP Timeline Project) which resulted in more medical/physical concerns being identified over the course of treatment.

Figure 10. CANS 50 Life Functioning
 [N = 49 Matched Pairs (33%) FY 2022-2023]

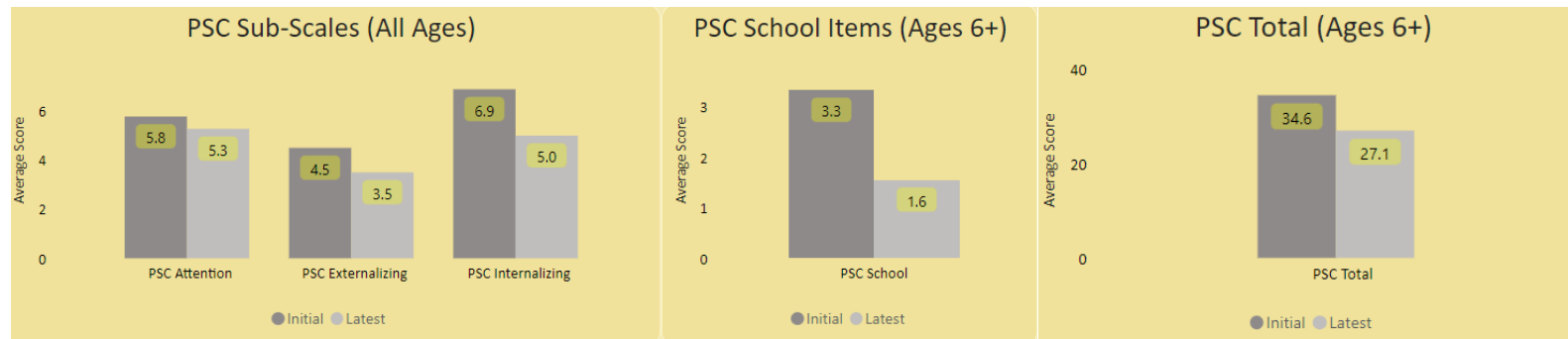
Percentage Actionable



Pediatric Symptom Scale (PSC-35)

PSC-35 matched pairs were small (N=18) as the measurement is not required with young adults 18 yrs. or older at intake. Even with the small sample, all items and subscales showed numerical reductions as shown in Figure 11 below. Moreover, the percentage of matched pairs with an “at risk” total score decreased from 64% at the initial assessment to 60% at the latest assessment, a 4% improvement.

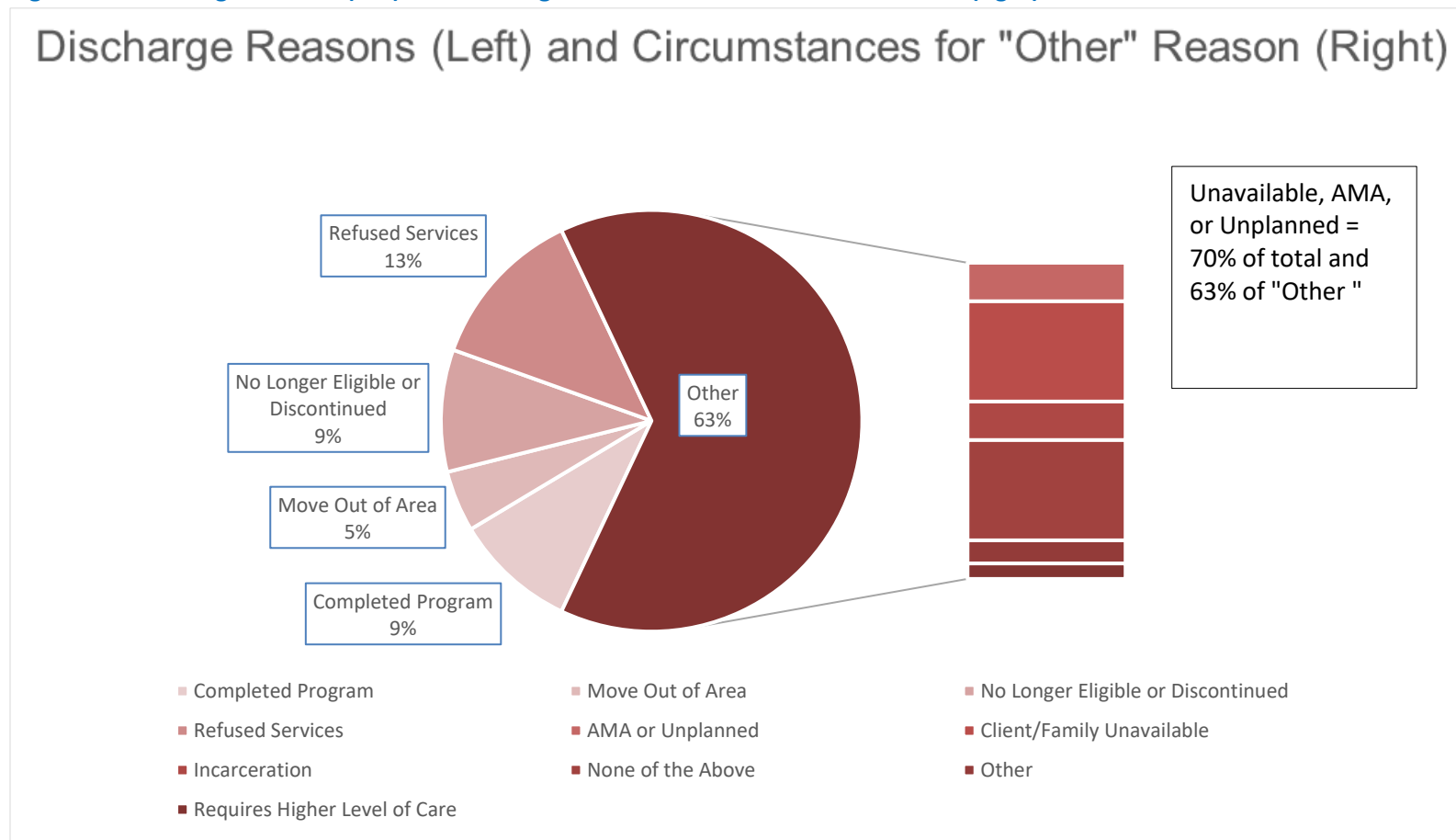
Figure 11. PSC-35 Initial and Latest Average Scores.



Successful Discharges

Out of 63 discharges in FY 2022-23, staff completed 63 discharge status forms (100% completion rate). Among those 63 discharges with a reported discharge reason, 6 completed the program (10%), 8 refused services, 3 moved out of the area, 6 no longer met eligibility criteria, and 40 other reported reasons (Figure 12, left). Please note that “Other” might be due to the person served being unreachable by the team (“missing in action” MIA). MIAs may not always be negative as some young adults might simply disengage from services after they’ve made improvements to their own satisfaction; sometimes people make improvements then disappear. Based on the reported Discharge Circumstances, 28 of 40 (70%) of “Other” reasons were due to the Person served/Family being unavailable or an AMA or Unplanned Discharge (Figure 12, right).

Figure 12. Discharge Reasons (left) and Discharge Circumstances for "Other" Reasons (right).



Satisfaction

Satisfied Young Adults

The TAY FSP participated in the state mandated Consumer Perception Survey (CPS) in Spring 2023. The TAY FSP received the results (N=5) respondents and analysis was conducted for CPS Survey items (Figure 14) and CPS Domains (Figure 13). All respondents were satisfied with the overall services provided by TAY FSP and most were

satisfied with community supports, service access and process, and personal effectiveness domains (Figure 13). Central Star will explore how they can better support persons served to do better in social situations, school/work, handling situations, and friendships.

Figure 13. CPS Satisfaction by Domain

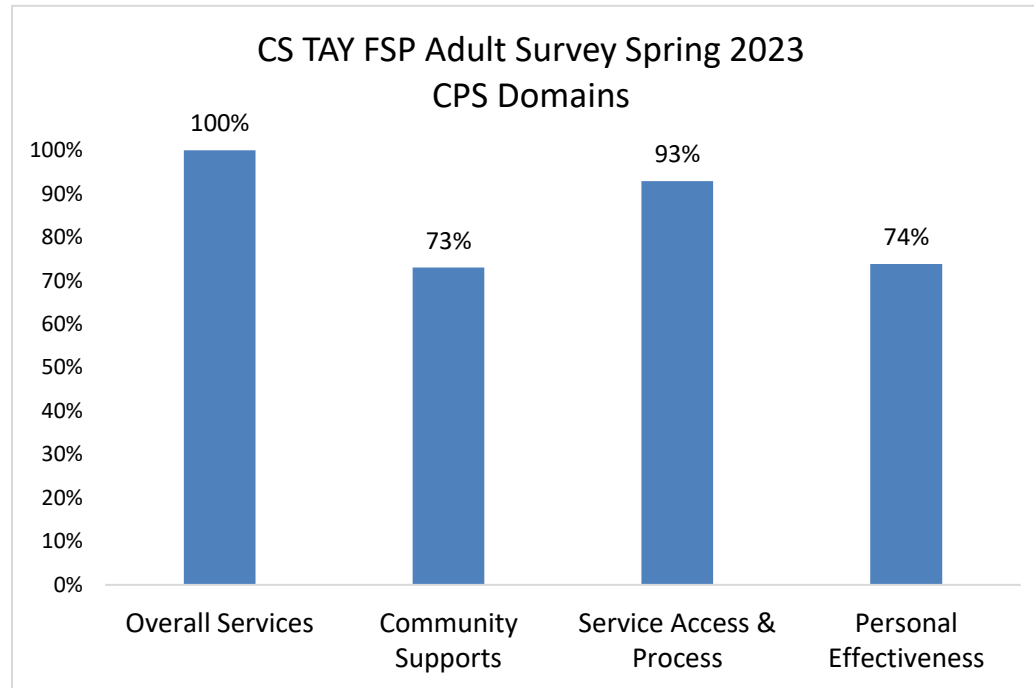


Figure 14. Agreement Percentages for CPS Survey Items



Satisfied Agency Partners

TAY FSP requested feedback from N=18 agency partners and N=5 responded (28% response rate). The respondents agreed with all of the statements in the Services and Facility category.

Figure 15. Fresno TAY FSP Perceptions about Services

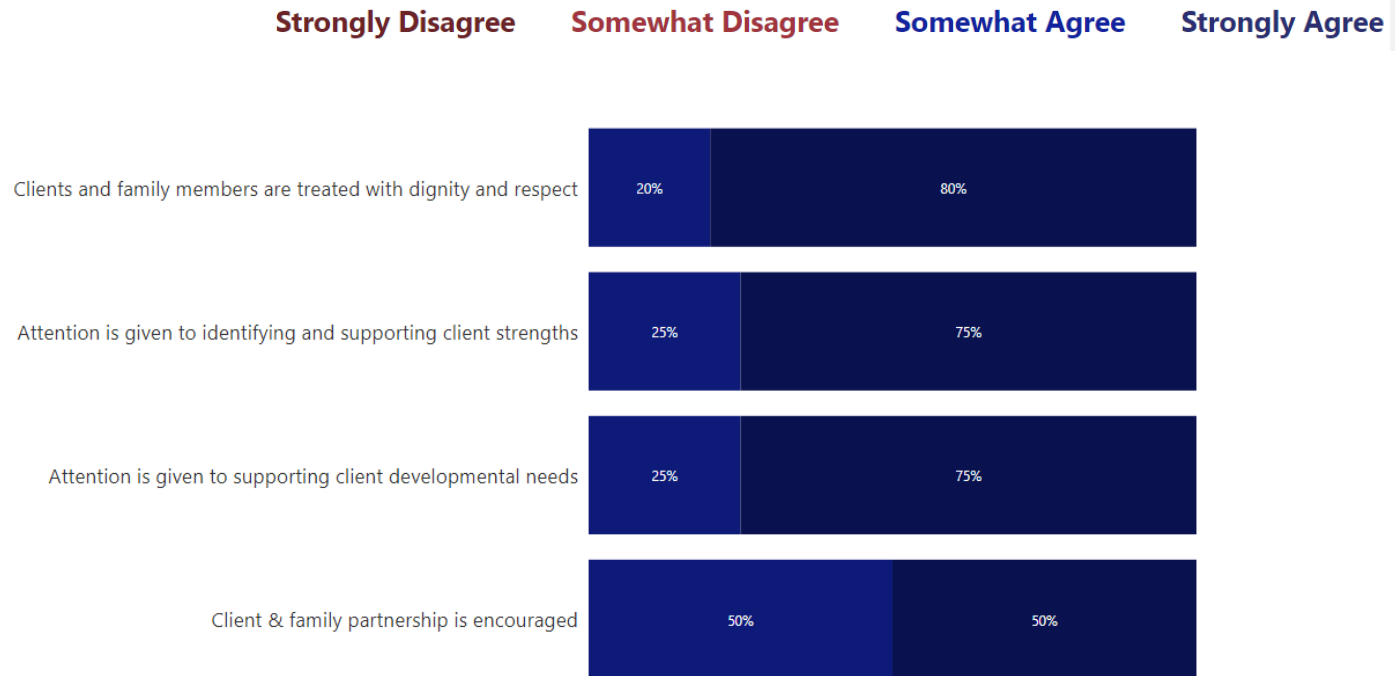


Figure 16. Fresno TAY FSP Perceptions about Facility

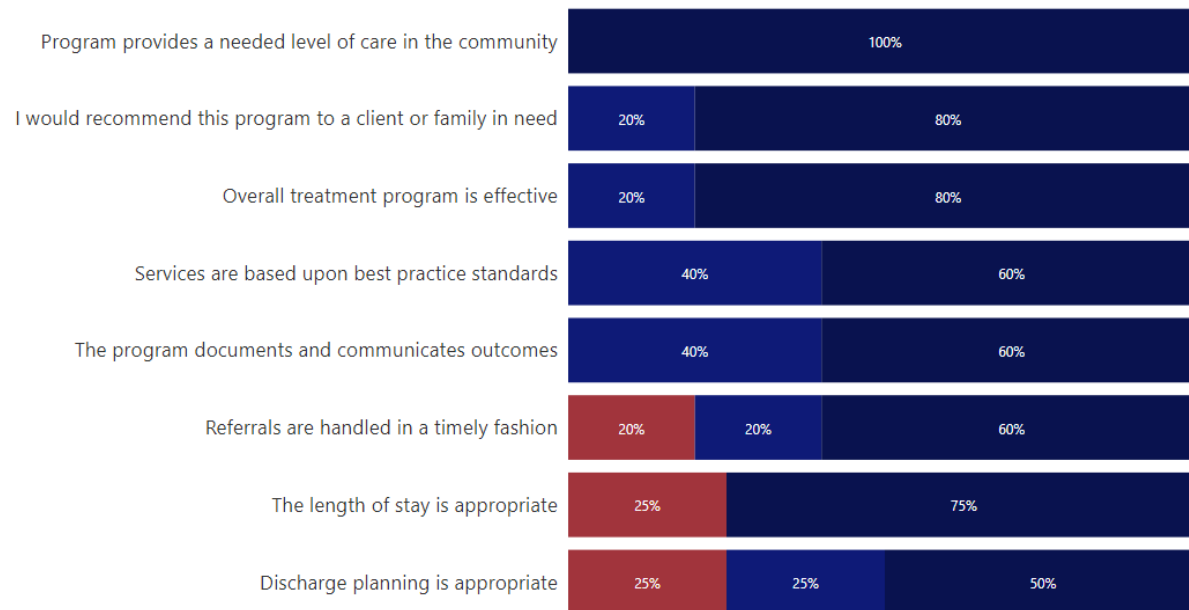
Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree



A few agency partners disagreed with statements in the Program category. One respondent recommended staff engage in training for higher acuity individuals to improve their outcomes. Another respondent recommended to put persons served in day programs due to some of them having free time. The program is not funded to provide day programs, but we will guide staff to discover further resources that may be available in the community.

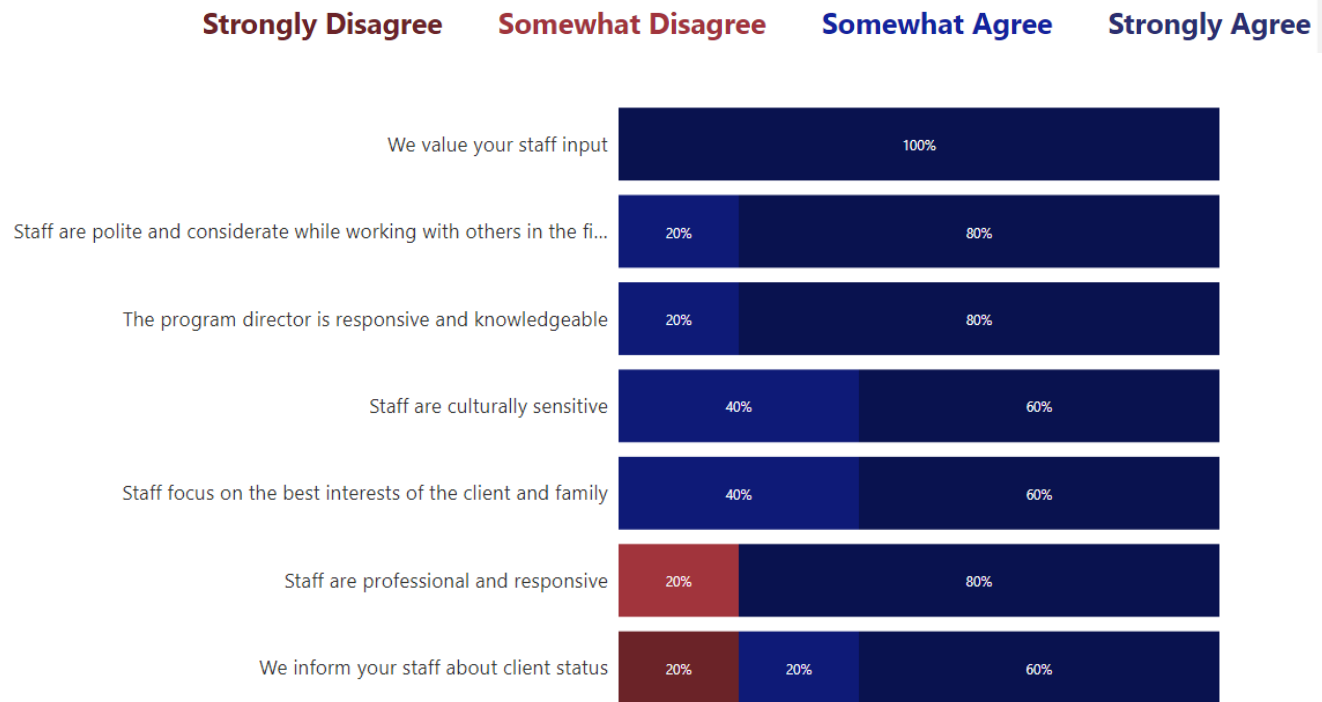
Figure 17. Fresno TAY FSP Perceptions about Program

Strongly Disagree **Somewhat Disagree** **Somewhat Agree** **Strongly Agree**



The respondents agreed with most of the statements in the staff category. One respondent disagreed with the statements “Staff are professional and responsive” and “We inform your staff about client status”. One respondent elaborated on this statement and recommended improving the collaboration with agencies who refer or engage with those served. They recommended staff engage more with the county when they have questions about operations and to be open to suggestions on improving engagement outcomes. Two respondents recommended for staff and county partners to meet. One recommended a field trip for people served, vendors, CS’s counselors and agency partners so that they all get better acquainted. Another respondent recommended county partners to meet with staff so that they can work together on finding young adults jobs and they also wrote that they are happy to work as a team. We very much appreciate and will be following up on these generous suggestions to involve partners more with community activities on behalf of young adults.

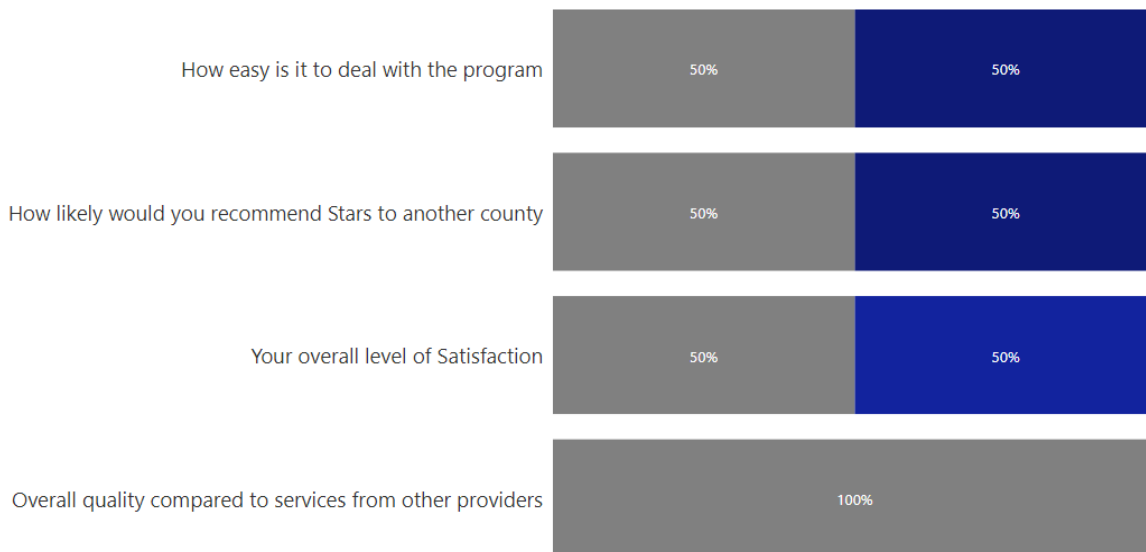
Figure 18. Fresno TAY FSP Perceptions about Staff



Below are respondents' rating on their overall perception regarding the TAY FSP.

Figure 19. Fresno TAY FSP Overall Perceptions

1 = Poor Rating 2 3 4 5 = Good Rating



Fidelity

TIP Fidelity Probes are interviews of staff carried out by a QA person or a supervisor who is not the interviewees' direct report. The interviews are with staff who will share information about their work with the TAY during the prior few months. The interview is for the agency to monitor the TIP practice model, address training and QI needs. There are two probes: Personal Effectiveness & Wellbeing and Education, Employment & Career. Each probe has 3 parts, Part A explores the staff's (TF- Transition facilitator) knowledge of and work with the youth (YP= young person) regarding the topic. Part B explores the staff's application of TIP Model Core Practices with youth. Part C reviews TIP documentation.

Ratings range from 1 = Poor Description, 2 = Limited Description, 3 = Somewhat Clear Description, and 4 = Fully Clear Description.

Central Star FSP completed 1 Employment and Career, 1 Education and Career, and 2 Personal Effectiveness probes in the last fiscal year (Figure 20). Figure 21 shows the TF’s knowledge of and work with the youth and Figure 22 shows application of TIP Model Core Practices & TIP activity documentation. Central Star scored above SBHG’s 85% standard in all completed sections. Kudos for their strong practices in support of young adult employment and career! SBHG’s Stars Training Academy and Fidelity Specialist are working to further team members’ training, understanding and practice capacity regarding the multi-faceted TIP program model.

Figure 20. Central Star TAY FSP Scores by Probes

	YP's Strengths	YP's Growth Needs	TF's Role	TF's Knowledge & Activities	TIP Implementation	Service Documentation
Education and Career	100%	100%	100%	100%	100%	100%
Employment and Career	100%	100%	100%	100%	100%	100%
Personal Effectiveness & Wellbeing	88%	98%	100%	95%	97%	100%

Figure 21. Central Star TAY FSP Combine Scores, Part A: TF knowledge of and work with the youth

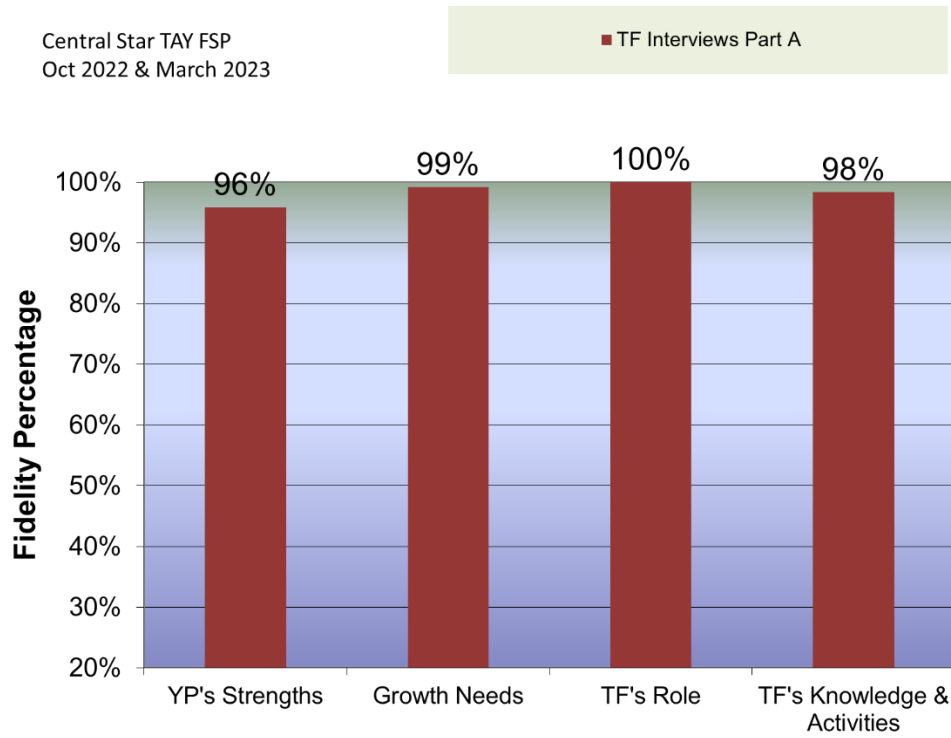
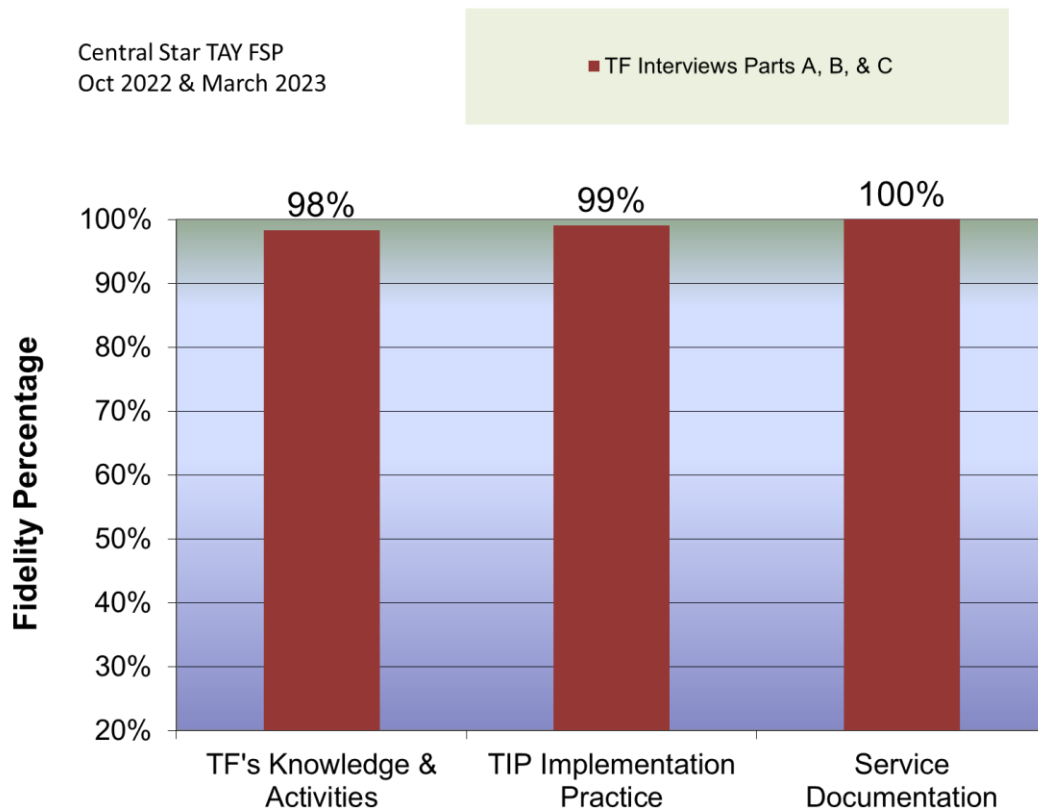


Figure 22. Central Star TAY FSP Combine Scores, Part B (TF’s application of TIP Model Core Practices) and Part C (TIP Documentation)



Quality Improvement Projects

The TAY FSP participated in the company’s Suicide Safe Care Initiative over the last few years which produced improvements in SAFE-T screening/assessment completion rates, better use of EMR Alerts and Safety Plans – and most importantly, reductions in risky self-harm behaviors and suicidality (ideation, plans, and/or attempts). A Suicide Safe Care Dashboard suite will soon become available to program staff and ease their process of monitoring toward continuous

quality improvement regarding the initiative's new indicators (incident tracking and reporting has been in place since the program opened).

Additionally, this report highlights two quality improvement projects by the TAY FSP this Fiscal Year: renewed tracking of Housing data and augmented clinical care with depression groups and utilizing Managing and Adapting Practice (MAP) during individual therapy.

Tracking housing data has been an ongoing challenge due to staff turnover and changing expectations from different Rooms & Board operators. The TAY FSP developed an excel workbook that tracks housing dates and income changes over time of those served. According to the tracker, the TAY FSP housed people 28 times this Fiscal Year; 8 people returned to assisted housing. Most people (n=17) were housed in Jeremiah Home; the others (n=10) were housed in Sukoon Living. Most of these persons served still have no income (n=16), five are employed and four are on SSI. Of the eight people who left assisted housing, three moved in with family, two went to rehabilitation facilities and 2 were evicted (and one had no reason documented).

For the second QI project, the team identified high depression scores on the BASIS-24 during the prior year and sought to address this further clinically. The TAY FSP augmented their clinical care with Depression Groups and the coordination methodology of Managing and Adapting Practice (MAP) applied to individual therapy sessions. People completed a PHQ-9 at the end of every group and individual session to measure symptoms over time. A total of 63 PHQ-9s were completed and there were 19 people with matched two or more assessments. On average, the initial assessment's total score was 16.9 and the latest assessment's total score was 12.3, a 27% reduction in total score.

Appendix Data Collection tools

Standardized Measurements of Care:

[BASIS-24](#). The Behavioral and Symptom Identification Scale (BASIS) is a standardized outcome tool to track the person's progress over time and inform treatment. 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 meets JC accreditation standards for measurement-based care. It consists of 24

questions (with additional demographic questions) that yield 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. Please note that not all items have negative valence and understanding of the tool is required to interpret it properly. The BASIS is administered at intake, update (if person served is extended beyond 30 days) and discharge. The analysis uses matched pairs; only persons served with an initial score and a later subsequent score are analyzed.

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 – 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.

PSC-35. 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."

PHQ-9. The Patient Health Questionnaire (PHQ-9) is a widely used tool across health and mental health clinics nationally that screens, supports diagnostic decision-making and monitors the severity of depression. It has 9 items that measures frequency of depression symptoms on a 4-point Likert scale: 0 = Not at all, 1 = Several Days, 2 = More than half the days, and 3 = Nearly Everyday.

Discharge Status:

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 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. 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.

Stakeholder Surveys:

Agency Partnership Surveys. 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.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.