

PROGRAM INFORMATION:

Program Title:	Child Welfare Mental Health (CWMH)	Provider:	Central Star Community Services
Program Description:	Outpatient Mental Health Services, incl. for Child Welfare Katie A Subclass eligibility	MHP Work Plan:	1-Behavioral Health Integrated Access Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates Of Operation:	July 29, 2014 - present
Age Group Served 2:	ADULT	Reporting Period:	July 1, 2022 - June 30, 2023
Funding Source 1:	Medical FFP	Funding Source 3:	Choose an item.
Funding Source 2:	EPSDT	Other Funding:	DSS

FISCAL INFORMATION:

Program Budget Amount:	\$ 5,238,163	Program Actual Amount:	\$ 3,788,701.20
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Number of Unique People Served During Time Period: 725
Number of Services Rendered During Time Period: 17,420
Actual Cost Per Person: \$ 5,225.79

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
Contract Term:	07/01/2019 – 06/30/2023	For Other:	Click here to enter text.
		Renewal Date:	Click here to enter text.
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

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

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult persons 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 people and families are seamless. Persons served and their families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

Community collaboration

Cultural Competency

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

Access to underserved communities

Please describe how the selected concept (s) embedded:

All of these concepts are well expressed in there being funding for this kind of program and throughout service delivery. Central Star (CS) mental health staffs collaborate with child welfare, courts, and/or behavioral healthcare staff for referrals, on CFTs, in court, and for case management activities. Our staff master and apply Early Intervention Programs (EIPs), Evidence Based Practices (EBPs) and community best practice standards selected specifically for their attunement to the needs of the service population; and we employ multi-culturally diverse staffs familiar to the Fresno communities being served. All services are anchored to principles of individualized care and include explicit wellness/recovery and resiliency-promoting rehabilitative skills, therapeutic interventions, and connections into community resources. Integrated psychological testing and psychiatry services are available as needed. The provision of specialty mental health services helps to meet the needs of Katie A child welfare/foster care people, whom have been

historically unserved, underserved and/or poorly served and we abide by the CAPP and Katie A Core Practice models as well as Stars Behavioral Health Group (SBHG) standards for collaboration and service integration.

PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
 - **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy
 Below details the data collection used to report program outcomes. Please refer to the Appendix for a description of each measurement tool.

Data Collection Tools ¹	About	Completion Notes
Electronic Medical Record EMR Data		
Incoming Referrals	This year’s reports utilize SBHG’s Business Analytics (BA) Dashboard suite. The BA Dashboards contain 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, which facilitates automated reporting via SBHG’s BA Dashboards.	All screenings/assessments, enrollments for persons served, service entries, and Incident Reports are logged in the SBHG EMR. Central Star also aims to log incoming referrals & referral dispositions in the EMR.
Referral Disposition		
Screenings/Assessments		
Enrollments for Persons Served		
Service Entries		
Incident Reporting		
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 276 Access Forms for people who have not recently Mental Health Services in the last 12 months.
Outcome Measures		

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

ASQ	Outcome measures facilitate Measurement Based Care to Joint Commission Accreditation Standards. There are three primary Measurement Based Care tools: - ASQ: persons served, aged 0-5 - BASIS-24: persons served, over age 18 - PSC: persons served, aged 3 – 18 The three Measurement Based Care tools along with the CANS are used for aggregate analysis.	This analysis involved 132 ASQ measurements of persons served enrolled during Fiscal Year 2022-23 (completion rate of 85%). Second, we conducted a matched pairs analysis of 43 people served who had at least 2 forms each.
BASIS-24		There were 54 BASIS-24 matched pairs available of 201 caregivers enrolled in the program long enough to have a matched pair (44% completion rate).
CANS-50		There were 213 CANS-50 matched pairs (57% completion rate, please note that 376 persons served were expected to have matched pairs within the reporting period
PSC-35		There were 236 PSC matched pairs available of 376 child/youth persons served who we expected to have a matched pair (a 63% completion rate).
Discharge Measures		
Discharge Status Form	Form completed by treatment staff in the SBHG EMR to track progress of persons served & circumstances at discharge.	There were 463 discharges in Fiscal Year 2022-23 with a 100% DC Status Form completion rate
Stakeholder Satisfaction		
Agency Partnership Survey	SBHG survey to gather feedback from Agency Partners in the county system of care.	There were 7 respondents in Fiscal Year 2022-2023 for CWMH.
Mental Health Services Improvement Program (MHSIP) Consumer Perception Surveys (CPS)	State mandated and county administered annual survey process. Youth and caregivers may complete forms on-line or via paper and pencil.	No data is available for this report.

Group Surveys		
Parent Group Engagement Survey	Formative survey to assess parent’s engagement and changes in parental attitudes over the course of treatment	CWMH piloted a Groups Engagement Survey this year. Only 3 responses were captured; more effort will be made to collect survey responses next Fiscal Year.

Outcome Analysis

In Fiscal Year 2022-23, CWMH Community Services served 513 children across 529 enrollments and 191 adults across 201 enrollments. The analysis below reports on program key performance indicators (KPIs) for these persons served.

Timeliness of Service

The Child Welfare Mental Health (CWMH) Community Services program processed 583 referrals. Analyses of the timeliness is based on the Fresno County Referral Dashboard. These dashboards use two different forms as a data source: the Access form is completed for prospective persons served who have not received any mental health services in the past 12 months. The Referral form is completed for all persons referred to the program. Also note that Fresno Domo Referral Dashboards show Calendar Days on the y-axis (Figures 1-4). In collaboration with Fresno County, it is understood that the Code of Federal Regulations (CFR) Timeliness Access to Care requirement is 10 business days, not calendar days. As such, the Domo Access to Care Dashboards average 40% higher because there are 2 additional weekend days included for each calendar week.

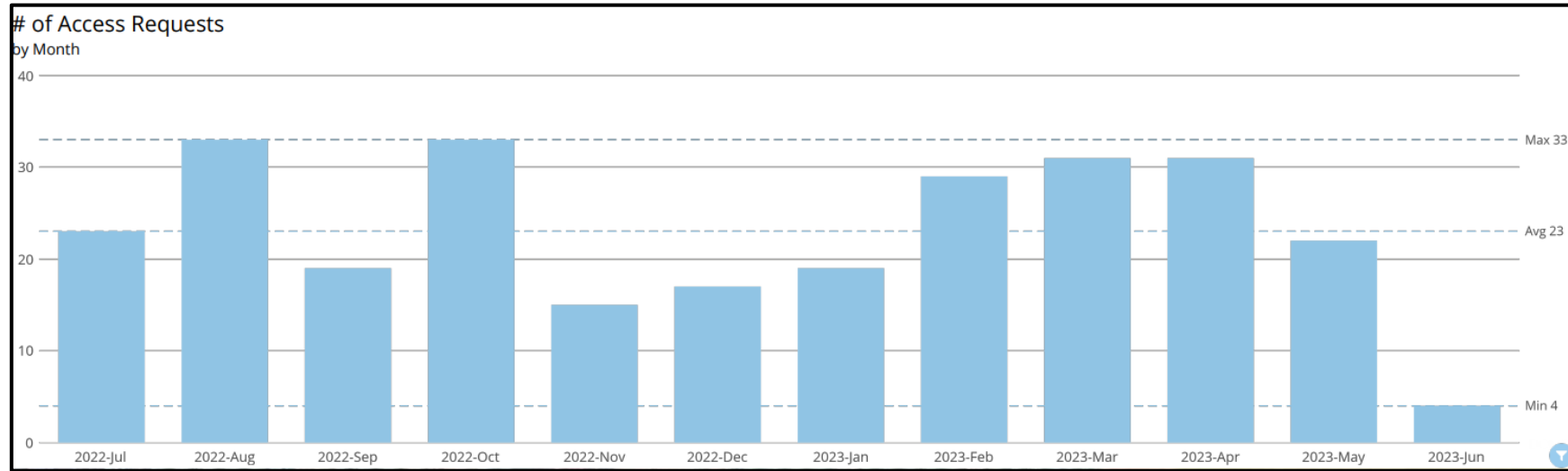
Crisis Referrals – complete assessment in three (3) days

No urgent assessments were needed this Fiscal Year as there were no referrals categorized as crisis received from the County CWMH team.

Standard Referrals – complete assessment in ten (10) days

There were 276 access requests this Fiscal Year (Figure 1). 63.8% of these assessments were for children and 36.2% were for adults.

Figure 1. Access Requests by Month.



As shown in Figure 2, the program had an average of less than 10 calendar days from referral to first offered non-urgent assessment in seven months of this Fiscal Year. When adjusting for the 40% increase due to the inclusion of weekends (non-business days), Central Star’s average days to the first offered assessment was below 14 days (which is approximately 10 business days) during all months except November and February. Clinician shortages in the county impacted hiring during these times; additionally, some staff – and families -- were not available during the holidays. When staff experience difficulties contacting referred families, they reach out to Department of Social Services (DSS) workers to confirm availability and they send out no contact letters requesting responses. Staffing issues and availability were resolved in later months.

Figure 2. Timeliness to First Offered Non-Urgent Assessment.

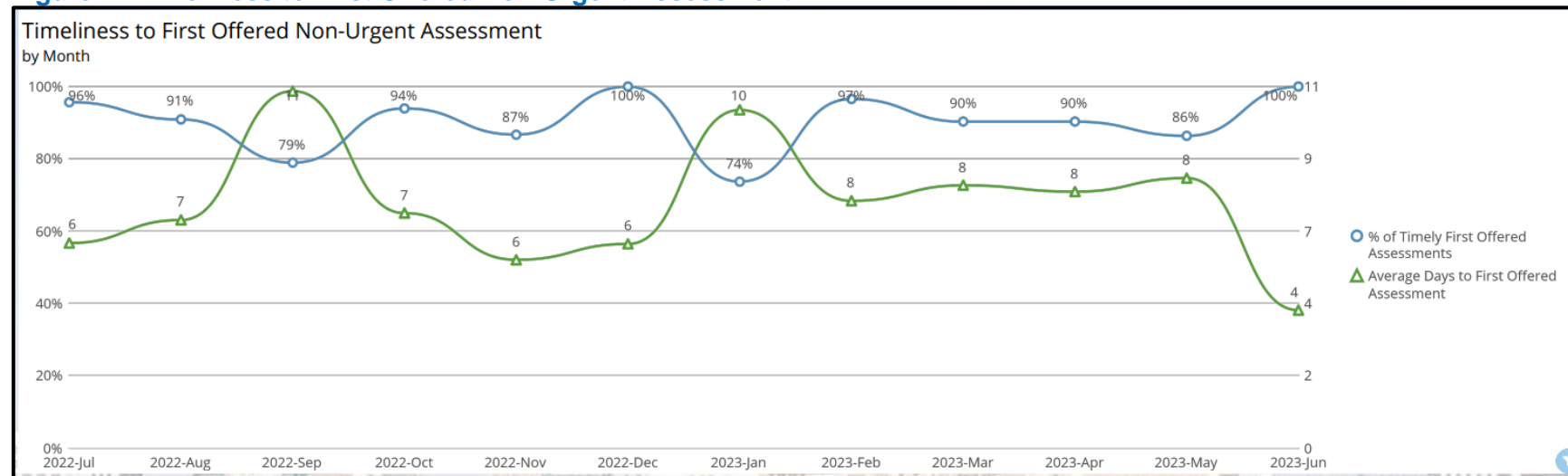
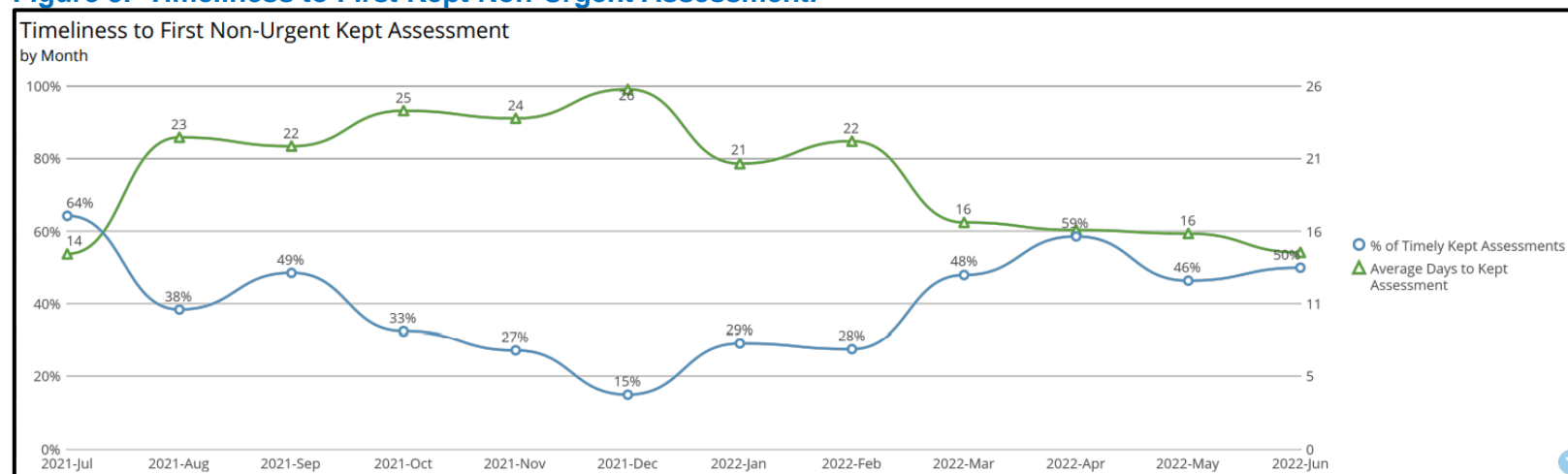


Figure 3, below, shows the percentage of kept assessment appointments within the timeliness standard and the average calendar days to the first kept assessment appointments. Last Fiscal Year, many of the persons served declined appointments in the 10-day timeframe or did not attend their scheduled appointment. This was an ongoing challenge and Central Star brainstormed how to keep persons served engaged until their first assessment. Strategies included making reminder calls one business day before the appointment and informing caregivers and adult persons served that their social workers would be informed if they failed to attend. As a result, the average days to the first kept non-urgent assessment appointment decreased from the previous Fiscal Year; on average, there were 19.8 days to the first kept non-urgent assessment appointment in Fiscal Year 21-22 and 14.7 days in Fiscal Year 22-23. This 25% decrease in days can be attributed to Central Star’s strategies and should be celebrated. Central Star also offers an initial Parent Engagement Group that previews treatment and how it benefits children and families prior to receiving services. This helps keep parents engaged and helps to de-stigmatize treatment. As there are no additional resources to do outreach and engagement before the person is formally opened with the program, Central Star’s will continue with their existing processes to sustain to the state standard of intakes by 15 days of referral.

Figure 3. Timeliness to First Kept Non-Urgent Assessment.



Psychiatric Referrals – complete assessment in fifteen (15) days & Timely access to services from referral to medication evaluation, when appropriate

Note that Fresno Domo Referral Dashboards show Calendar Days on the y-axis. In collaboration with Fresno County, it is understood that the Code of Federal Regulations (CFR) Timeliness Access to Care requirement is 10 business days, not calendar days. As such, the Domo Access to Care Dashboards average 40% higher because there are 2 additional weekend days included for each calendar week. Central Star handled 51 medication referrals this Fiscal Year. On average, there were 17.8 calendar days (12.7 business days) from referral to the day of first offered appointment (Figure 4); a 29% decrease from the 25.1 days reported in Fiscal Year 21-22. This change is attributed to Central Star’s ongoing efforts to train staff to update the contact information and appointment changes of persons served, more rigorous collection of contact information, and to more auditing and refresher trainings with the Licensed Psychiatric Technician (LPT). Central Star revised the psychiatric referral form to include a confirmation process of the most updated contact information from the person. As such, Central Star will be aware of any placement changes from the person’s enrollment to their psychiatric referral. Central Star expects this to further facilitate timely medication evaluations.

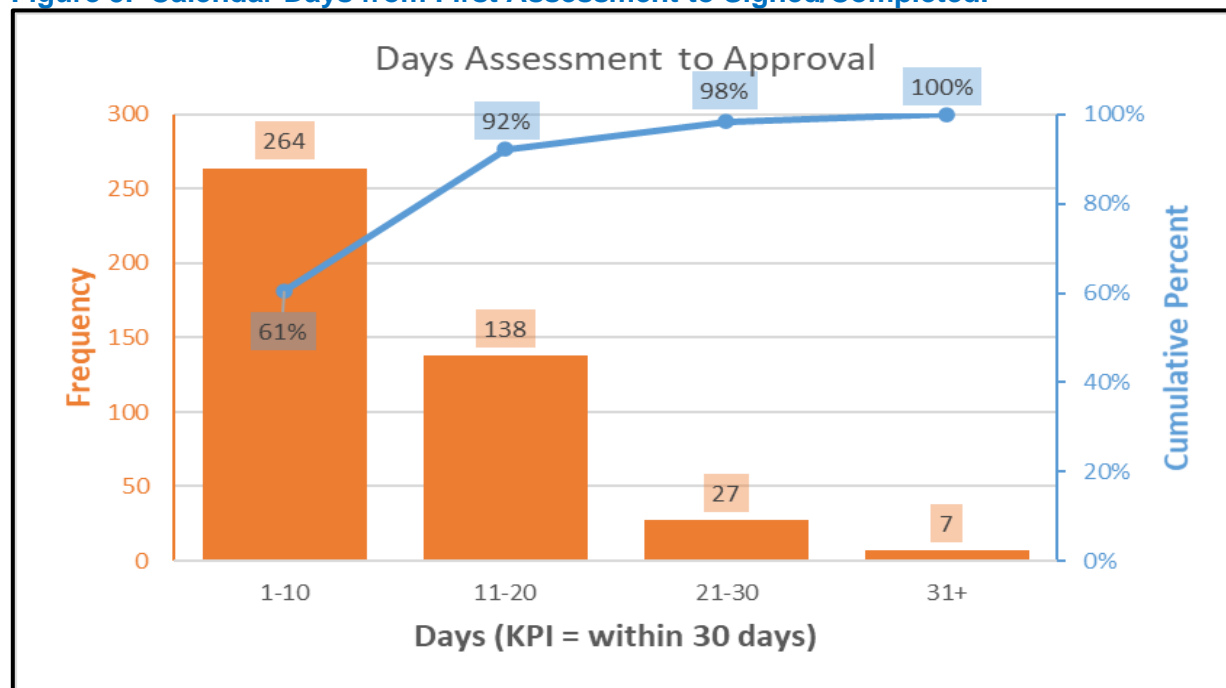
Figure 4. Average Calendar Days to First Offered Psychiatric Appointment.



100% of all assessments will be signed/completed within thirty (30) days

As shown in Figure 5, below, of the 436 enrollments in Fiscal Year 2022-23, the initial assessment was completed, signed, and approved for billing within 30 days for the majority of those served with who had tracking data (n=429, 98% complete data).

Figure 5. Calendar Days from First Assessment to Signed/Completed.



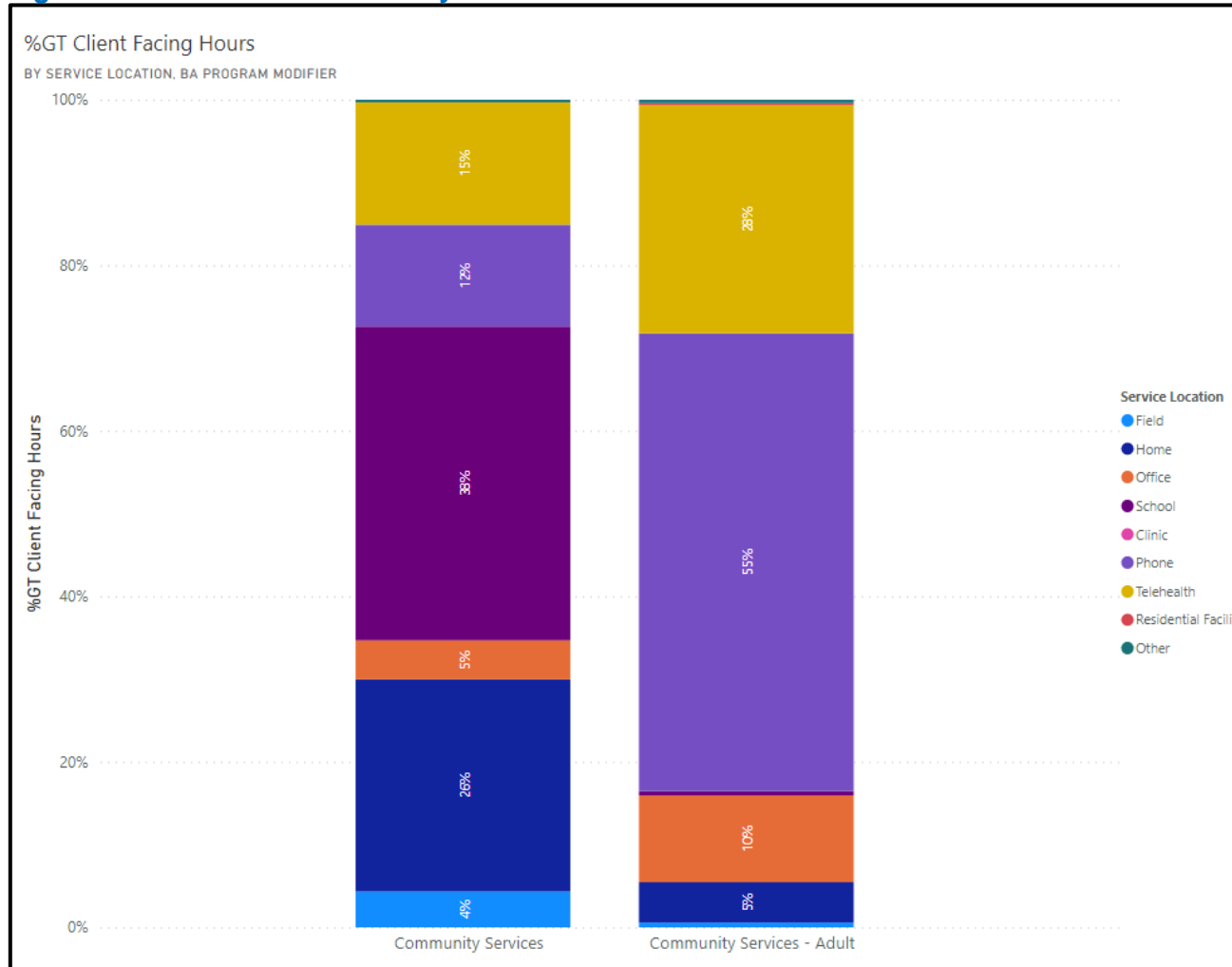
Access and Engagement

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

The graph below shows the billable % of direct service hours per service location. Figure 6 below shows metrics per service population, children (or “Community Services”) and adults (or “Community Services – Adult”).

For children, 68% of direct service hours were provided in the home or community-based setting (field or school). When including phone and telehealth hours, which most often occur in the home setting, this percentage increases to 95%. With adults, 5.5% of services were provided in home or community-based settings. When including phone and telehealth, 89% are direct service hours. Only 5% of children’s services and 10% of adult services are provided in the office.

Figure 6. Direct Service Hours by Service Location



Central Star institutionalized their processes so almost all services are provided in the community or home. Nonetheless, Central Star experiences challenges at times delivering services in the home or community. First, families may not want services in their home. Additionally, there have been challenges with school accessibility and maintaining Memorandums of Understanding (MOUs) with school partners, such that Central Star staff have been denied access to provide services at the school. To meet this metric, Central Star will focus on building a more open channel of communication with the county about delivering services at schools. This includes a new protocol

for when staff have challenges accessing the school campus. Central Star staff are also now trained to call ahead to the school to reduce the number of times they are denied access. With these new protocols, Central Star expects to be able to meet the county’s newly updated contract goal.

Contractor will track the number, type, and location of services per person served

Table 1 below shows the service types and counts of service encounters for the last Fiscal Year. The service with the highest amount of service encounters for children is case management, and for caregivers it is individual therapy. Next year, we expect to have fewer Collateral and more Family Therapy billed due to CalAIM.

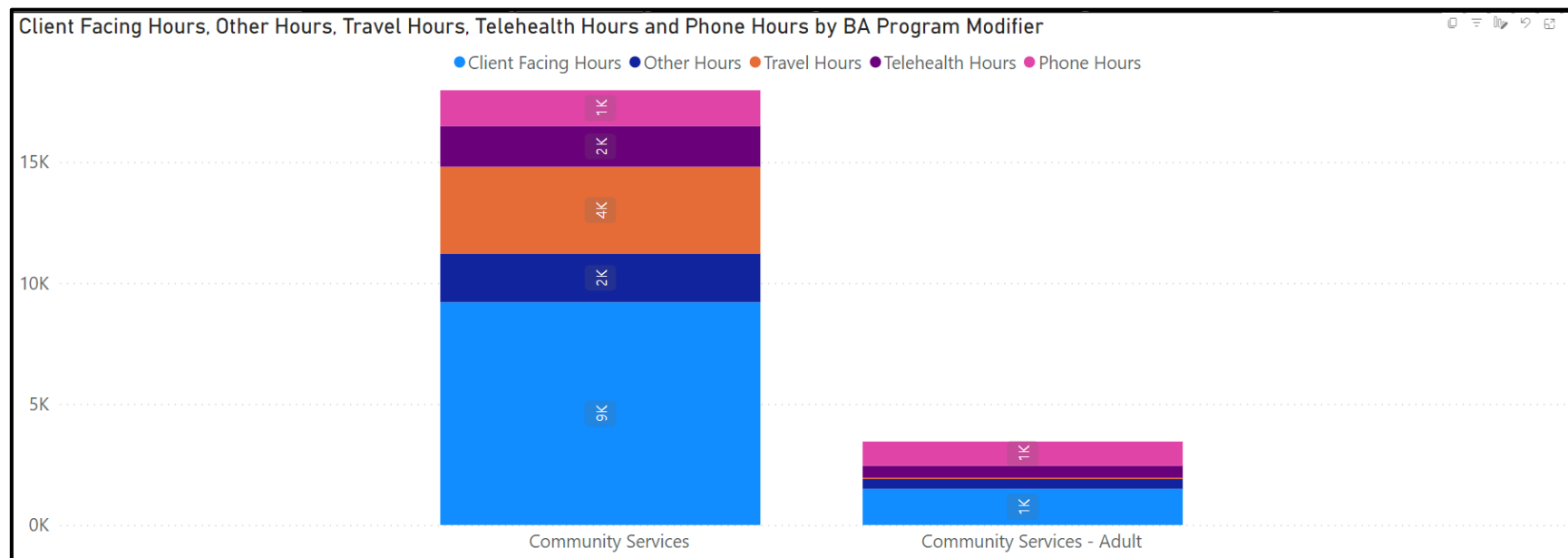
Table 1. Service Encounters Served by Modality (billable services only)

Services	Child Counts	Caregiver Counts	Grand Total Counts
Assessments	422	152	574
Case Management	6,153	806	6,959
Collateral	585	-	585
Crisis Intervention	12	3	15
Family Therapy	22	-	22
Group Rehabilitation	-	3	3
Group Therapy	-	23	23
Individual Rehabilitation	3,069	120	3,189
Individual Therapy	3,803	1,296	5,099
Plan of Care	716	176	892
Grand Total	14,782	2,579	17,361

* Child Count N = 511, Caregiver Count N = 191

There were 10,700 in-person service encounters and 2,188 telehealth service encounters during Fiscal Year 22-23 for children and adults combined. There were also 2,476 service encounters via phone. Figure 7 below depicts the total percentage of billable services by activity type (person served facing, travel, telehealth, phone and other hours).

Figure 7. Service Encounters by Activity Type and Program.



The expectation is that a minimum of fifteen percent (15%) of CONTRACTOR’s services will be Intensive Home-Based Services (IHBS)

Of the 19,402 total service encounters documented in EMR for the reporting year, 449 were IHBS. With non-billable services removed from the total count of encounters, the IHBS percentage is 4% (Table 2).

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

Note that Central Star uses a collaborative screening tool to identify persons served who are eligible and meet criteria for IHBS/ICC. This is so all those served are considered for IHBS/ICC services. DBH’s Managed Care Division requires that those with pre-authorization for and receiving IHBS services are reviewed/re-submitted every 90 days to ensure the appropriate level of service is provided. We understand that re-authorization will no longer be required in Fiscal Year 23-24 and a single new authorization form will be used; this will help increase the percentage of IHBS services delivered. Central Star will monitor the number of IHBS services given the new authorization process to determine whether additional strategies will be needed to increase IHBS services. However, Central Star recognizes that IHBS services are optional and team members respect peoples’ decisions. Future reporting will also account for people who do not qualify for IHBS services.

Table 2. Billable Service Encounters by Service Category.

# Service Mix by Events	
Service Category	Service Events
Assessments	574
Case Management	6,959
Collateral	585
Crisis Intervention	15
Family Therapy	22
Group Rehabilitation	3
Group Therapy	23
Individual Rehabilitation	3,189
Individual Therapy	5,099
Plan of Care	892
Total	17,361

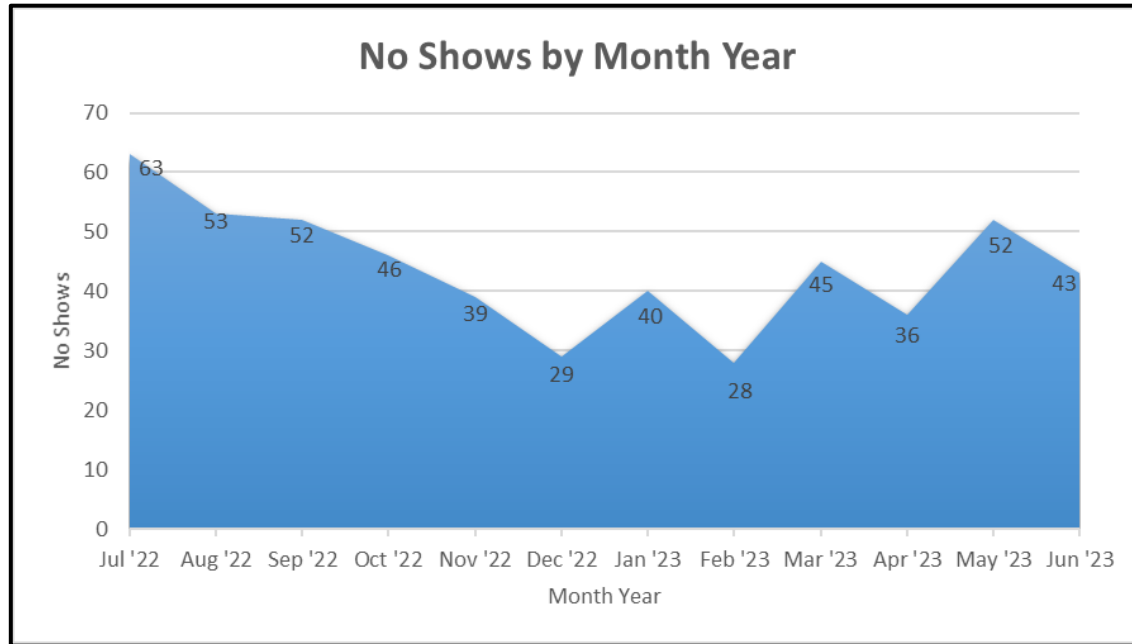
Clinician attendance at 100% of team meetings

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

Contractor will track the “no-show” and cancellation (by person served or provider) rates for treatment

Among the 22,219 service encounters during Fiscal Year 22-23 (counting both discharged and currently active youths/adults’ services), there were a total of 526 ‘No Shows’, a 2.64% rate. Figure 8 below shows the total ‘no shows’ by month for the 2022-2023 Fiscal Year. Central Star is currently working with SBHG’s EMR and RPP departments to set up clearer tracking of cancellations as distinguished from ‘No Shows’ by provider and person served; additionally, in Fiscal Year 23-24, Central Star will revisit and possibly upgrade their no-show/cancellation policy to avoid the extra costs associated with visiting people in the community which is necessitated by CalAIMs.

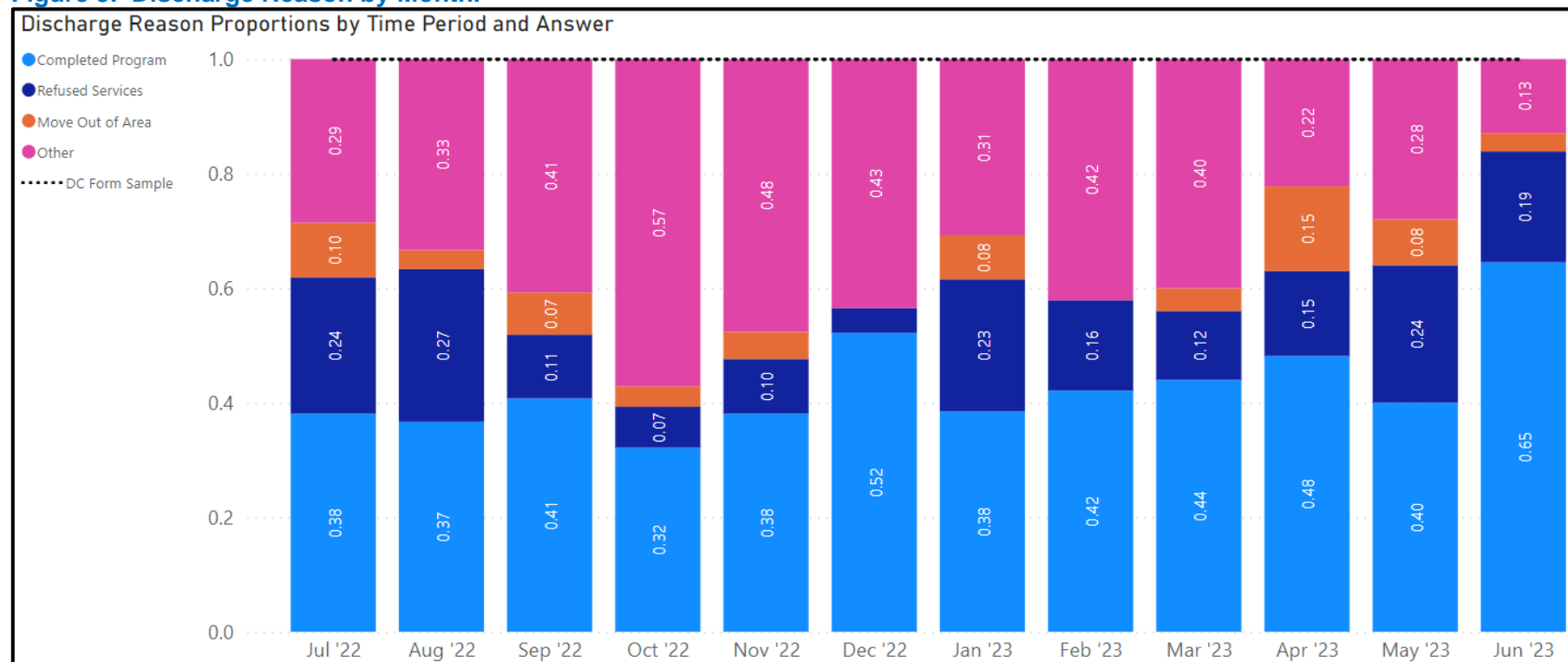
Figure 8. No Shows by Month.



Contractor will track the number and reasons for discharge

Out of 458 discharges in Fiscal Year 2022-23, staff completed 458 Discharge Status Forms (100% completion rate). Among those 456 discharges with a reported discharge reason, almost half (45%) no longer met eligibility criteria; CWMH Community Services completes DC Status Forms for those who are referred to the program yet are not eligible to receive services. The 229 individuals who “no longer met” eligibility represent a portion of the population who were referred and did not meet mental health services criteria. Completing the DC Status Form helps track medical necessity and discharge circumstances, including when treatment is provided by another program. Individuals who no longer met eligibility were excluded from the graphic below. Of the remaining discharges, 43% completed the program, 16% refused services, 6% moved out of the area, and 35% discharged for another reason. When reviewing “other” discharge reasons, Central Star found that staff were incorrectly selecting this when there were other options, e.g., “no longer met eligibility.” Central Star will re-train staff on the form to improve data accuracy for reporting.

Figure 9. Discharge Reason by Month.



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

All persons served in the CWMH Community Services program have an open child welfare case. Below Table 3 shows the treatment progress for persons served at discharge, by service population. Please note that a significant number of referrals exit the program before assessment. This is because staff complete the DC Status Form for referrals who receive an NOABD² and do not qualify for SMHS. The DC Status Form is completed to track their circumstances at discharge.

Table 3 below shows the percentage of goal progress per service population when excluding those individuals who exited before assessment. When considering the percentage of persons served who met some, most, or all treatment goals, 78% of children served and 58% of adults served were successfully discharged from the program. Central Star will continue partnering with adults served to reach and maintain 70% successful discharge in the future. Among discharges that completed the program (n=117), 95% (n=111) met most/all treatment goals, 5% (n=6) met some treatment goals and 0% (n=0) met none or very few treatment goals. Next Fiscal Year, Central Star

² Notice of Adverse Benefit Determination (NOABD)

will start their revised group services to promote engagement with adults. The curriculum complements their individual therapy with a focus on depression, anxiety, and traumatic stress, with the expectation that this will help improve more people’s treatment goals.

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

Treatment Goals Met	Children		Adults	
Most/All	102	52%	21	31%
Some	52	26%	18	27%
No or Very Few	43	22%	28	42%

Wellness, Recovery, and Resiliency Supports

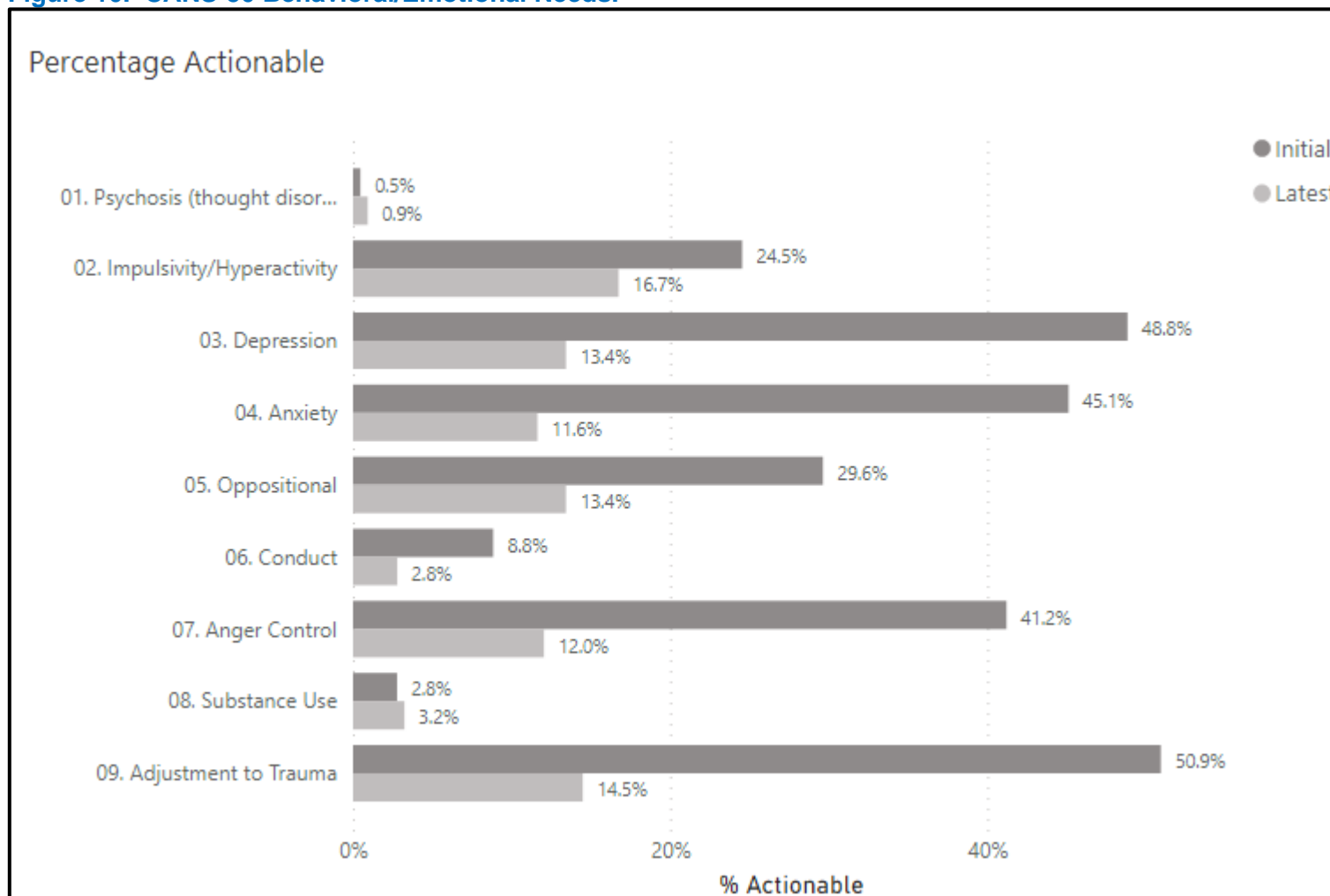
Improved Child Functioning

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

CANS-50

Figure 10 below shows the percentage of actionable items (2 or 3 response) when comparing initial and latest scores in the CANS-50 Behavioral/Emotional Needs subscale.

Figure 10. CANS-50 Behavioral/Emotional Needs.



A McNemar's test indicated that there was a statistically significant improvement in seven of nine Behavioral and Emotional Needs subscale items. In other words, the percent of persons served with actionable scores decreased following treatment for seven of the nine items (78%). The two items that did not show a significant improvement were psychosis and substance abuse. Both were likely not significant due to floor effects, with 0.5% actionable psychosis scores and 2.8% actionable substance abuse scores at the initial assessment. These items and their significance values (p values) are shown in Table 4 below.

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

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

McNemar Test Results			
Item	Statistic	P Value	N
1. Psychosis (thought disorder)	NA	NA	216
2. Impulsivity/Hyperactivity	6.92	0.01 (*)	215
3. Depression	59.84	0.00 (*)	215
4. Anxiety	50.52	0.00 (*)	214
5. Oppositional	23.59	0.00 (*)	216
6. Conduct	6.86	0.01 (*)	214
7. Anger Control	49.92	0.00 (*)	216
8. Substance Use	0.00	1.00 (ns)	216
9. Adjustment to Trauma	60.50	0.00 (*)	212

PSC-35

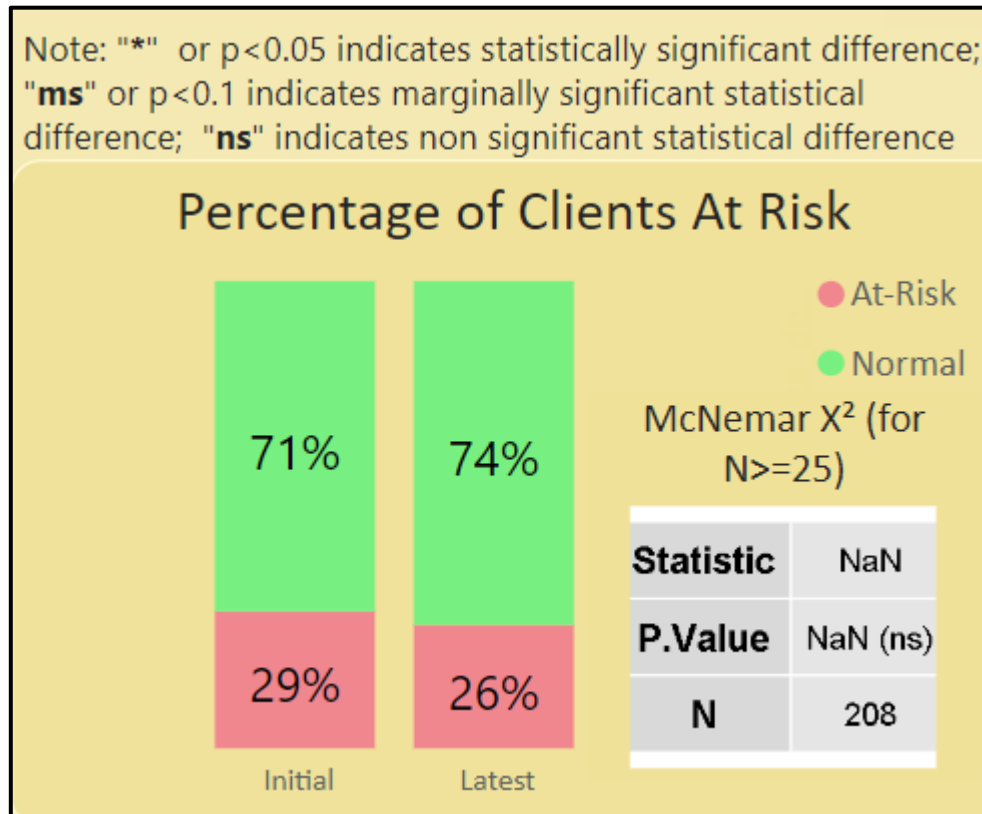
Table 5 below depicts matched-pairs analyses of initial versus latest PSC total scores and subscale scores. The matched pairs T-Test indicates that there are statistically significant reductions (*) when comparing the initial and latest Total Ages 6+ and Internalizing domains. There was also a marginally significant difference for the School domain (Table 5).

Table 5. PSC Matched Pairs T-Tests.

Matched Pairs T-Tests (for N>=30)			
Domain	Statistic	P.Value	N
Total (Ages 3-5)	NA	NA	26
Total (Ages 6+)	2.20	0.03 (*)	210
Attention	1.44	0.15 (ns)	236
Internalizing	2.23	0.03 (*)	236
Externalizing	1.22	0.22 (ns)	236
School	1.78	0.08 (ms)	204

While 29% of persons served had “at risk” total scores at the initial assessment, 26% were “at risk” at the latest assessment – a 3% improvement. Moreover, a McNemar’s test of the percentage of persons served with “at risk” total scores indicated non-significant difference (Figure 11).

Figure 11. McNemar’s test on initial and latest percentage of persons served with “at risk” Total Score.



ASQ-3

Improvements in very young children’s well-being and functioning are also evident from ASQ-3 analysis. One hundred and thirty-two (132) children under the age of 5, served in Fiscal Year 22-23, had at least one ASQ-3 form administered (number of forms per person served range: 1-5; completion rate: 85%). Table 6 below presents percentages of persons served with possibly concerning scores in each domain, by form type (time interval). Note that these aggregated percentages are not necessarily expected to drop by the later intervals, as each child is enrolled at a different age, and their first assessment (reflecting their state before treatment) is matched to their age at enrollment. See the next segment for more refined analyses of records matched per person served.

Table 6. ASQ-3; Percentage of Persons Served with Concerning Scores, by Time Interval (From Type).

Interval	Sample	Communication		Gross Motor		Fine Motor		Problem Solving		Personal Social		Overall	
		No Concern	Possible Concern ("Below"/"Monitoring")	No Concern	Possible Concern ("Below"/"Monitoring")	No Concern	Possible Concern ("Below"/"Monitoring")	No Concern	Possible Concern ("Below"/"Monitoring")	No Concern	Possible Concern ("Below"/"Monitoring")	No Concern	Possible Concern (Bolded Responses)
2 Months	5	80.00%	20.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	90.00%	10.00%
4 Months	8	87.50%	12.5%	75.00%	25.0%	50.00%	50.0%	62.50%	37.5%	87.50%	12.5%	85.90%	14.1%
6 Months	11	100.00%	0.0%	100.00%	0.0%	81.82%	18.2%	100.00%	0.0%	81.82%	18.2%	87.50%	12.5%
8 Months	6	100.00%	0.0%	83.33%	16.7%	83.33%	16.7%	66.67%	33.3%	83.33%	16.7%	91.67%	8.3%
9 Months	2	100.00%	0.0%	50.00%	50.0%	50.00%	50.0%	50.00%	50.0%	100.00%	0.0%	80.93%	19.1%
10 Months	3	100.00%	0.0%	100.00%	0.0%	66.67%	33.3%	100.00%	0.0%	100.00%	0.0%	86.00%	14.0%
14 Months	7	100.00%	0.0%	71.43%	28.6%	100.00%	0.0%	71.43%	28.6%	100.00%	0.0%	80.95%	19.0%
16 Months	6	83.33%	16.7%	50.00%	50.0%	66.67%	33.3%	66.67%	33.3%	83.33%	16.7%	74.07%	25.9%
18 Months	7	71.43%	28.6%	100.00%	0.0%	85.71%	14.3%	85.71%	14.3%	100.00%	0.0%	82.54%	17.5%
20 Months	6	83.33%	16.7%	100.00%	0.0%	83.33%	16.7%	83.33%	16.7%	83.33%	16.7%	88.89%	11.1%
22 Months	5	80.00%	20.0%	80.00%	20.0%	60.00%	40.0%	60.00%	40.0%	60.00%	40.0%	77.80%	22.2%
24 Months	8	87.50%	12.5%	87.50%	12.5%	62.50%	37.5%	87.50%	12.5%	87.50%	12.5%	75.00%	25.0%
27 Months	9	100.00%	0.0%	100.00%	0.0%	100.00%	0.0%	100.00%	0.0%	100.00%	0.0%	84.30%	15.7%
30 Months	8	75.00%	25.0%	87.50%	12.5%	75.00%	25.0%	87.50%	12.5%	87.50%	12.5%	81.19%	18.8%
33 Months	7	85.71%	14.3%	100.00%	0.0%	100.00%	0.0%	71.43%	28.6%	85.71%	14.3%	84.29%	15.7%
36 Months	17	76.47%	23.5%	94.12%	5.9%	64.71%	35.3%	82.35%	17.6%	82.35%	17.6%	85.29%	14.7%
42 Months	14	92.86%	7.1%	92.86%	7.1%	85.71%	14.3%	100.00%	0.0%	92.86%	7.1%	84.29%	15.7%
48 Months	15	86.67%	13.3%	86.67%	13.3%	73.33%	26.7%	86.67%	13.3%	86.67%	13.3%	86.67%	13.3%
54 Months	21	95.24%	4.8%	90.48%	9.5%	90.48%	9.5%	90.48%	9.5%	90.48%	9.5%	88.57%	11.4%
60 Months	23	91.30%	8.7%	82.61%	17.4%	78.26%	21.7%	86.96%	13.0%	86.96%	13.0%	92.61%	7.4%

To gauge improvement in response to treatment for persons served, we compared the initial and latest available assessments, for all persons served, treated long enough to have at least 2 assessments (N=43 matched pairs). Table 7 presents decreases in the percentage of persons served with scores in the “Below Cutoff” zone (indicating normal functioning and development) from the initial to latest available assessments in all 5 domains – while results were insignificant, statistically, due to the smaller sample, reductions are nevertheless evident.

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

	Percentage of Clients in Below Cutoff Score (Indicating Concern)		McNemar Test P.Value
	Initial Assessment	Latest Assessment	
Communication	20.9%	9.3%	NS
Gross Motor	16.2%	6.9%	NS
Fine Motor	32.5%	23.2%	NS
Problem Solving	16.2%	9.3%	NS
Personal-Social	13.9%	9.3%	NS

Additionally, we examined the proportion of "overall" questions indicating concerns in the initial and latest available assessments and found that it significantly decreased from 24.5% to 14.8% ($t=2.71$; $p<.001$).

ASQ-2

The ASQ-2 tool supplements the ASQ-3 by assessing young children’s social-emotional challenges. One hundred and twenty-three (123) persons under the age of 5, served in Fiscal Year 22-23 had at least one ASQ-2 form administered (number of forms per person served range: 1-8; completion rate: 79%). Table 8 below presents the average percentage of questions indicated as “concerning” to parents, by form type (time interval). Note, that as in the ASQ-3, these aggregated percentages are not necessarily expected to drop by the later intervals, as each child is enrolled at a different age, and their first assessment (reflecting their state before treatment) is matched to their age at enrollment.

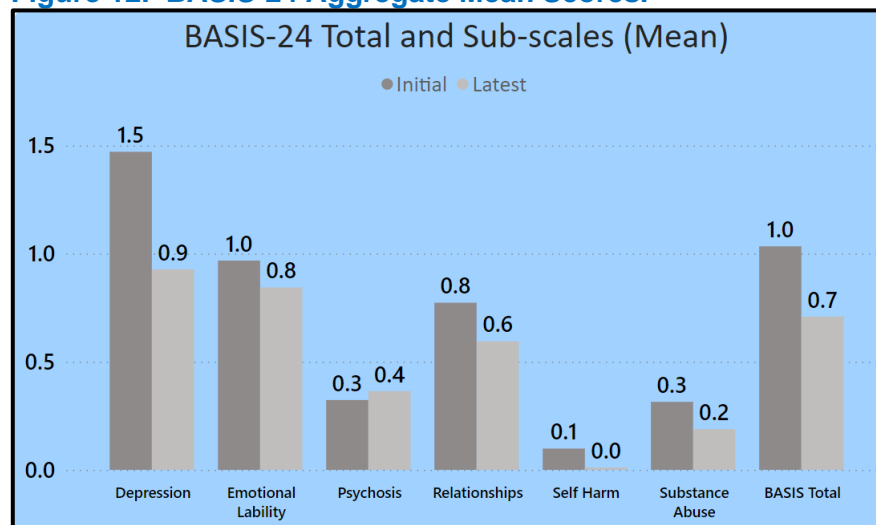
Table 8. ASQ-2; Percentage of Persons Served with Concerning Scores, by Time Interval (From Type).

Interval	Sample	No Concern	Concern (Above Cutoff/Monitoring)
2 Months	4	75.00%	25.00%
6 Months	24	83.33%	16.7%
12 Months	22	40.91%	59.1%
18 Months	14	71.43%	28.6%
24 Months	18	33.33%	66.7%
30 Months	12	33.33%	66.7%
36 Months	25	56.00%	44.0%
48 Months	30	50.00%	50.0%
60 Months	35	62.86%	37.1%

Improved Functioning for Adult Persons Served

Figure 12 below shows average initial and latest BASIS total and subscale scores. Note these scores are weighted based on norms published by the tool authors and lower scores reflect fewer reported symptoms. The total score and each subscale all showed a numerical improvement from the initial to the latest assessment. Furthermore, matched pair T-test results (N=55) show that a statistically significant reduction in the Total Score ($p<.001$) and the Depression/Functioning ($p < .001$), Emotional Lability ($p = .39$), and Psychosis ($p = .64$) subscales within this sample of adult persons served. There was a slight increase in Psychosis over time; Central Star delivers Medication Services and actively works to support persons with psychosis. Additionally, next Fiscal Year Central Star aims to implement CBT for Psychosis to better support people with such conditions. The practice is consistent with Recovery Model (destigmatizing, normalizing, constructively work with symptoms) including WRAP (wellness, triggers, cognitive coping strategies for one’s toolkit, etc.).

Figure 12. BASIS-24 Aggregate Mean Scores.

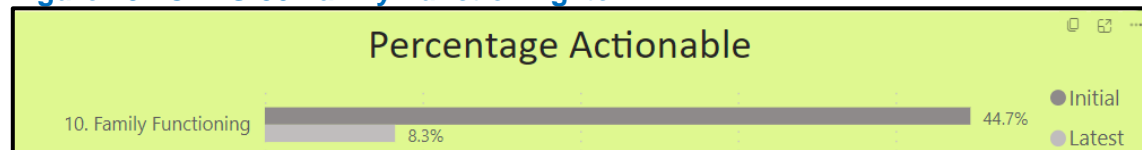


Improved Family Functioning

Among children served, a McNemar test on the “Family Functioning” item of the CANS-50 Life Functioning subscale indicated that there was a statistically significant reduction (*) in the percent of persons served with actionable Family Functioning scores when comparing initial to latest assessments (p < .001; Figure 13).

Among adults served, the BASIS item “Get along with people in your family” did not exhibit a significant decrease from initial (M = 0.73) to latest (M = 0.73). This was due to a floor effect, with persons served reporting very few issues even at the initial assessment.

Figure 13. CANS-50 Family Functioning Item

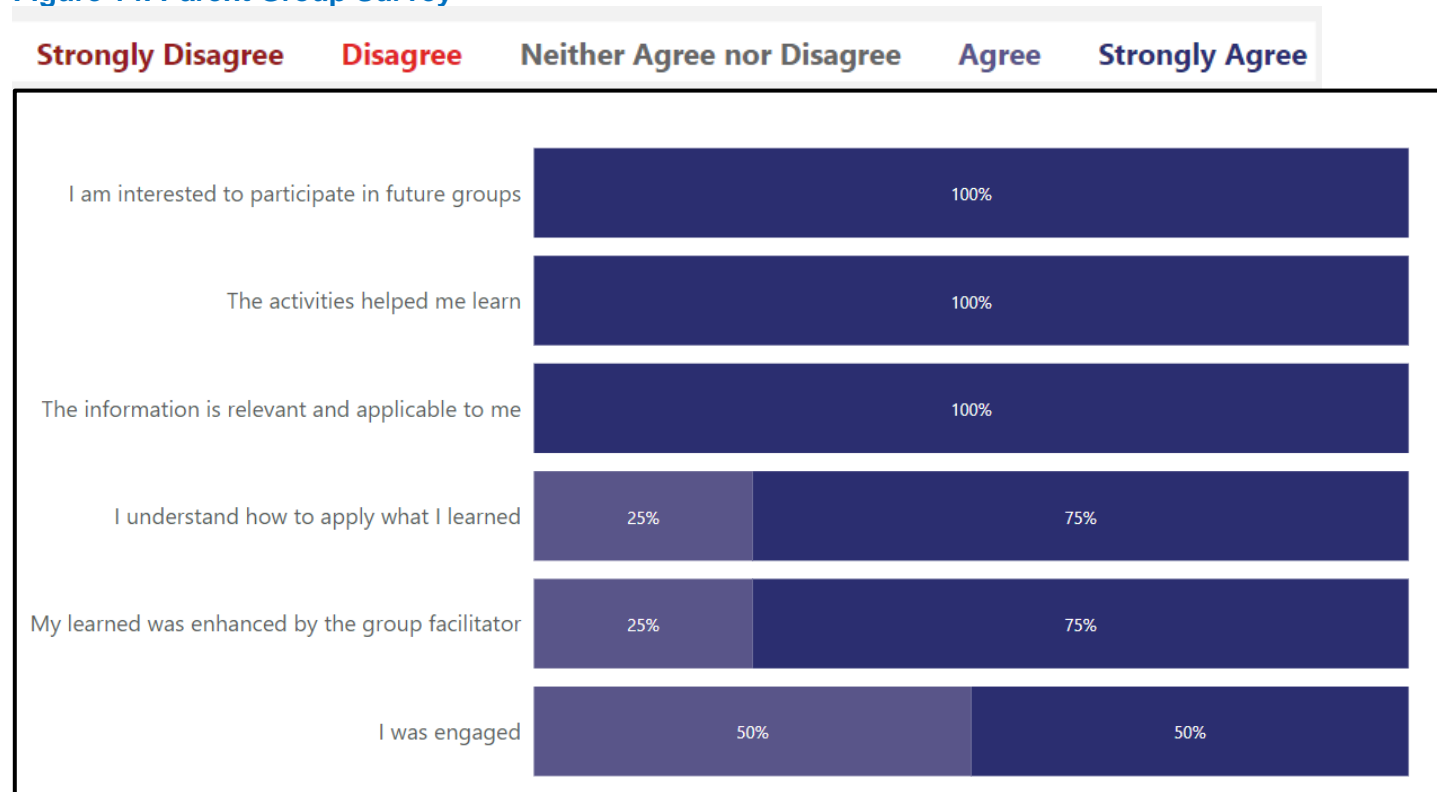


Improved Parent Functioning

The following KPI will be addressed by examining the CWMH Community Services Parent Group Engagement Questionnaire and CANS-50 Caregiver Primary Domain findings. Four respondents completed the Parent Group Survey before groups were paused this Fiscal Year while Central Star restructured the group curriculum to better address adult clients’ needs. Preliminary results were promising, and all respondents agreed that the groups helped them learn and they could apply the lessons (Figure 14). In written feedback, respondents wrote that they liked the staff and being able to discuss skills and challenges with the therapist and the overall group.

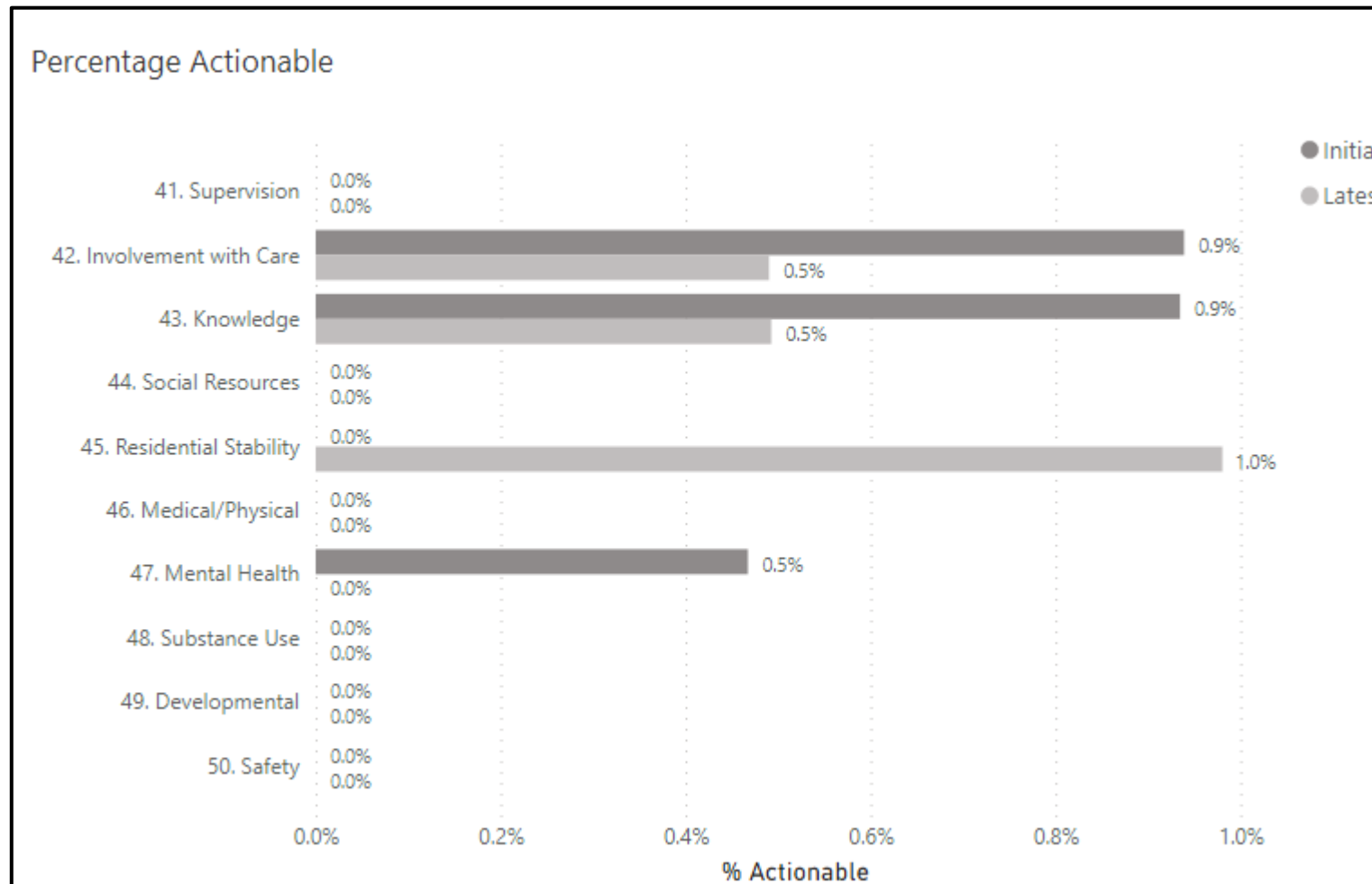
Respondents thanked the team for hosting the group and recommended it be in person and they continue the group activities, e.g., Jeopardy.

Figure 14. Parent Group Survey



The CANS-50 Caregiver Primary domain results are shown in Figure 15 below. McNemar test results indicate there is no statistically significant difference in any item in this domain. This was due to the negligible actionable ratings on the items in this domain at either the initial or the latest assessment. As a result, there is little room for program improvement. The slight increase in Residential Stability, 0% initially with actionable items and 1% latest with actionable items, is likely due to changing caregivers over the course of treatment, e.g., when the person has a changing foster parent or when the person is reunified with their caregiver.

Figure 15. CANS-50 Caregiver Domain Items at initial and latest assessment.



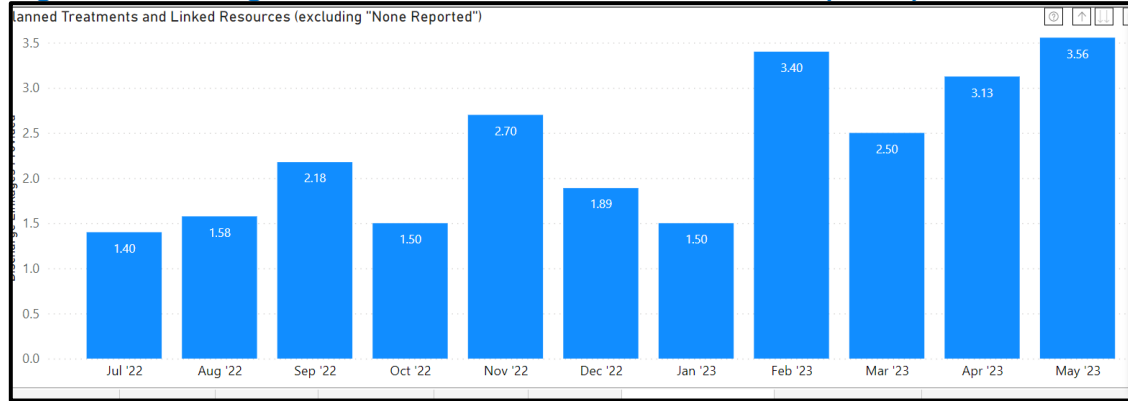
Effective DC Planning

Among 424 discharges in Fiscal Year 2022-23 staff reported at least one planned Behavioral Health Treatment Service (BHTS) or Community Resource Linkage (CRL) provided at time of discharge. Of these 424 discharges, an average of 1.50 referrals/linkages were provided (Figure 16).

Of the 298 child discharges linked to at least one BHTS, the most common BHTS linkages were to county case management (7%), individual therapy or rehabilitation (43%), school-based counseling (13%), or an “other” BHTS (26.7%). 126 adult child discharges were

linked to at least one BHTS and the most common BHTS linkages were to regular outpatient services (49%), outpatient education or treatment (40.7%), individual therapy or rehab (31%) or an “other” BHTS (20%).

Figure 16. Average Behavioral Health Treatment Services (BHTS) and Community Resource Linkages (CRL) by Month.



Consumer Satisfaction

Consumer Perception Survey (CPS) Results

Central Star CWMH Community Services participated in the state mandated Consumer Perception Survey (CPS) in Spring 2023. Fresno county returned data for the CPS in late July; The CWMH did not receive data for this year.

Satisfied Agency Partners

Central Star CWMH requested feedback from N=18 agency partners and collected 7 responses (39% response rate). The respondents agreed with all statements in the Services, Facility and Program categories.

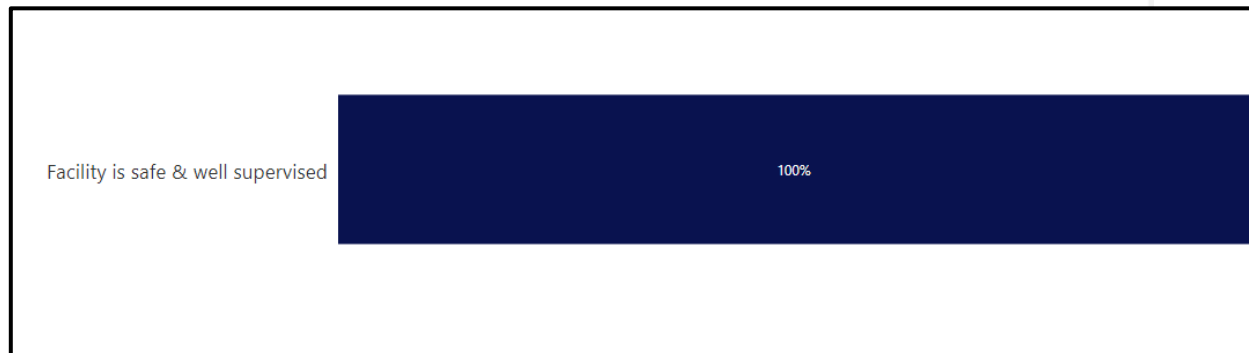
Figure 17. Fresno CWMH Perception about Services

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



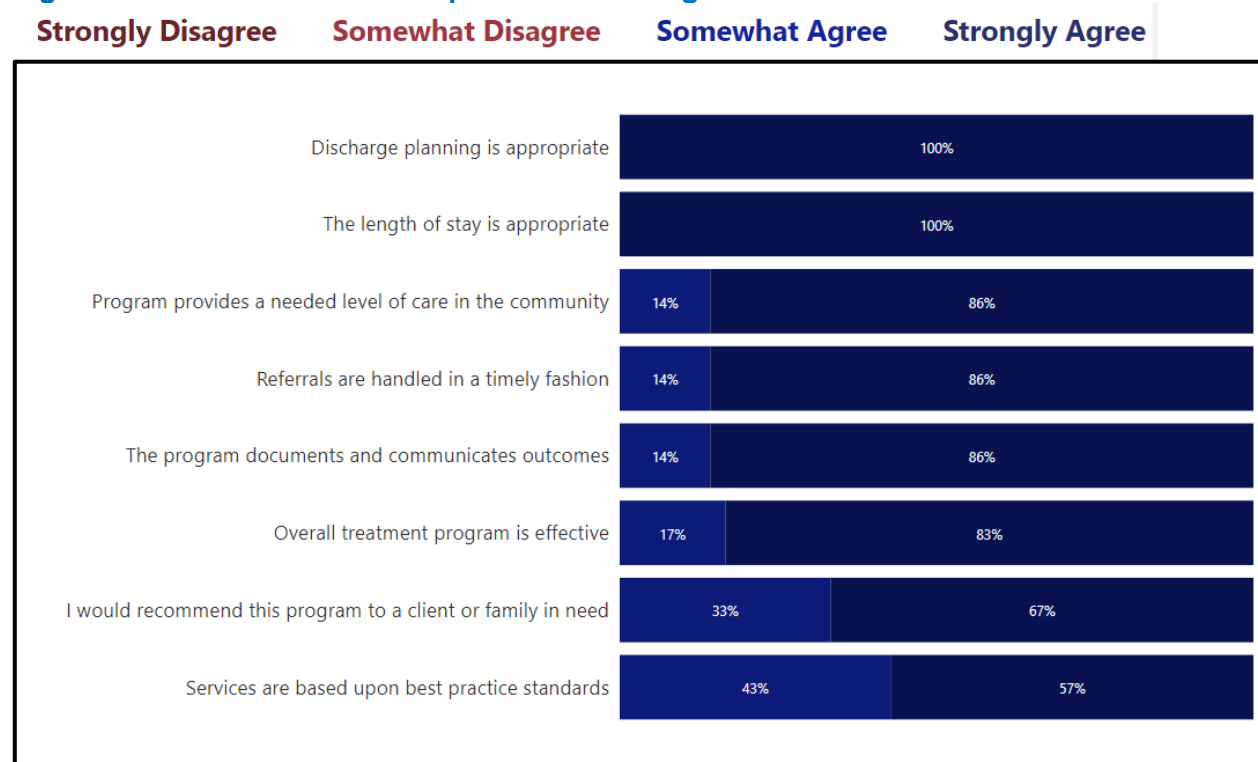
Figure 18. Fresno CWMH Perceptions about Facility

Strongly Disagree Somewhat Disagree Somewhat Agree Strongly Agree



Although all respondents agreed with the statements in the Program Category, one respondent recommended the program to improve the turnaround time for the mental health treatment plan.

Figure 19. Fresno CWMH Perceptions about Program



The respondents agreed with all of the statements in the staff category, however one had recommendations regarding communication. One respondent wrote that there are a few staff members who they have had difficulties reaching or communicating with and recommend improving communication. The respondent stated that the program manager and administrator respond to issues and concerns timely, however there are other staff they have sent multiple reminders to in order to receive a response from them.

Figure 20. Fresno CWMH Perceptions about Staff

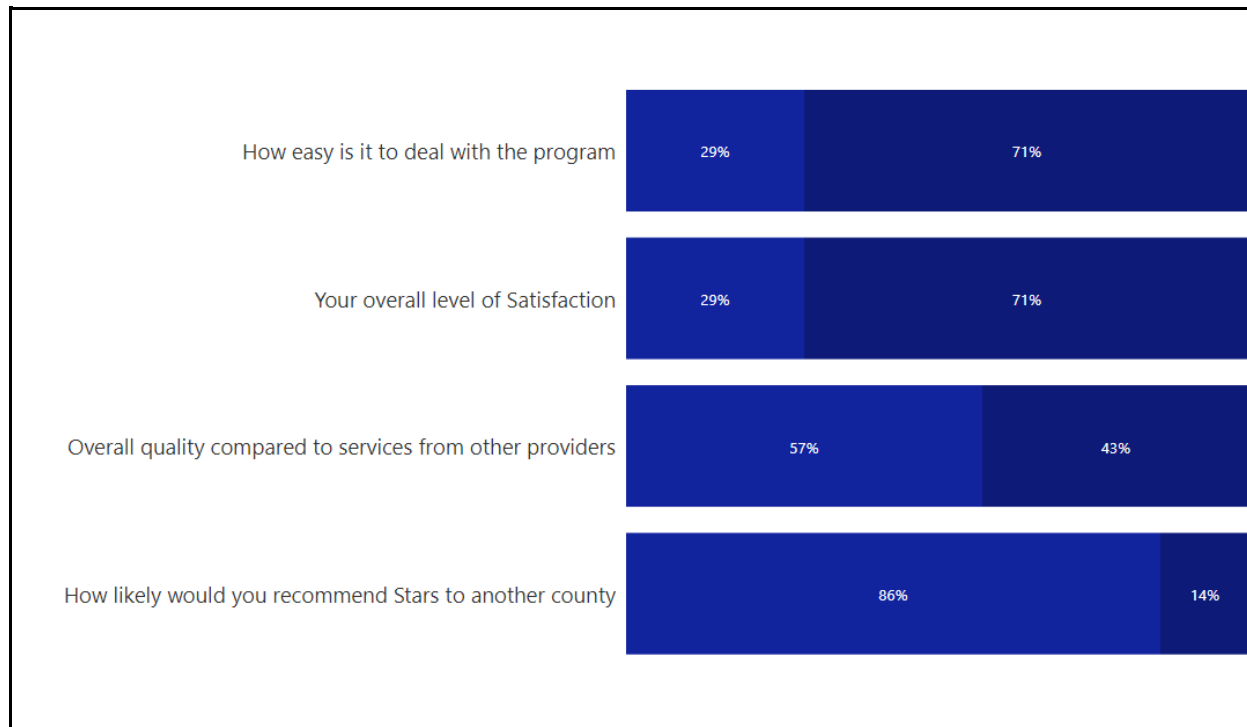




Below are the respondents' rating on their overall perception regarding the Fresno CWMH.

Figure 21. Fresno CWMH Overall Category Fiscal Year 22-23 Results

1 = Poor Rating 2 3 4 5 = Good Rating



Referrals & Engagement

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

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

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

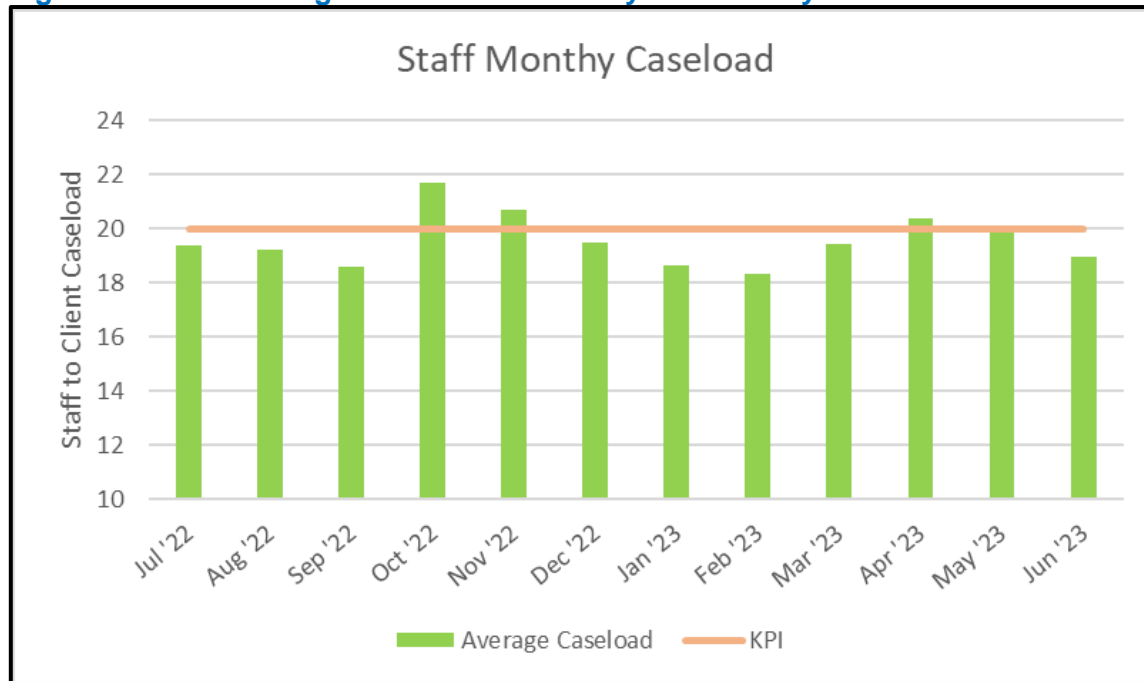
Central Star records ICC meeting notes as a progress note (PN ICC 207). To determine the frequency of ICC meetings, this analysis reviewed the frequency of these PNs per person served in the Fiscal Year. Any PNs made within 5 days of the previous PN was

excluded from analysis. On average, ICC PNs occurred every 30.8 days. The majority (60%) occurred within 31 days. 13 ICC PN occurred outside of the 90-day requirement. Staff will review the cases where this occurred outside the 90-day requirement. Additionally, we are revising our data collection system to accurately capture all ICC PNs in our regular dashboard reporting so Central Star can monitor this metric. To ensure timely ICC meetings, Central Star will continue to coordinate with county partners including DSS, schools, and social workers. Additionally, Central Star will train a staff member to create individual client alerts in the EMR to monitor ICC PN timeframes.

CONTRACTOR shall not go over a 1:20 staff-caseload ratio

Over the course of Fiscal Year 2022-23, 22 distinct staff were assigned as the primary case worker across 730 distinct program enrollments. On average, staff had a monthly caseload of 19.6 distinct program enrollments. Figure 22 below shows the average caseload across each month of Fiscal Year 2022-23. Please note that there is more expected flexibility in Fiscal Year 23-24 with the staff caseload, so long as the quality of services remains unaffected.

Figure 22. Staff average and median monthly caseload by month.



Appendix: Outcome Tool Descriptions

ASQs

The Ages & Stages Questionnaire (ASQ) assesses children's development in communication, fine and gross motor skills, problem solving, personal-social skills, and additional "overall" age-related possible problem-indicators. The assessment identifies children that would benefit from additional support in the screened areas. Clinicians were trained to use the ASQ-3 and ASQ2: Socio-Emotional (ASQ-SE) to inform treatment and aftercare service planning. The ASQ2-SE meets JC measurement of care accreditation standards.

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

Analysis for the ASQs were two-fold. First, using all forms for persons served, we examined percentages of forms with concerning scores (below cutoff), by form type (interval). Second, we conducted a matched pairs analysis of persons served who had at least 2 forms each.

BASIS

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

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

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

CANS

The Child & Adolescent Needs & Strengths (CANS) is a multi-purpose tool to support clinical decision making with children. The tool contains 50 items rated on a 4-point Likert scale, where 0 = lowest and 3 = highest. An actionable level of clinical concern is defined

as a rating of 2 or 3. CANS implementations can vary and typically have 5+ domains, including: (1) Life Functioning, (2) Child Behavioral/Emotional Needs, (3) Risk Behaviors, (4) Caregivers Resources & Needs, and (5) Cultural Factors. The CANS is administered at intake, every 6 months, and at discharge. This analysis yielded 247 matched pairs (53% completion rate, please note that 462 persons served were expected to have matched pairs within the reporting period); only persons served with an initial and a latest assessment were analyzed. On average, there were 395 days between the initial and latest assessment.

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

PSC

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

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

DC Status Form

One program goal is to discharge the person served into favorable circumstances with sufficient supports. Contextually, this encompasses their reason for discharge, circumstances related to discharge, discharge destinations and placement types, including if they were discharged to a situation of homelessness or shelter, and what referrals and linkages were provided. The SBHG Discharge (DC) Status Form, with entries made by clinicians in the EMR at the time the person served is discharged, tracks categorical information for each of these elements. There were 631 discharges in Fiscal Year 21-22 and 586 with a DC Status Form for a 93% completion rate. Please note that some questions on the DC Status Form allow multiple selections and thus not all percentages will add to 100%.

Stakeholder Satisfaction

Agency Partnership Survey

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

analysis and thus response rates will vary by question. The survey also provides space for agency partners to provide narrative comments.

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

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

Group Surveys**Parent Groups Survey**

Last year, CWMH used a Parent Cafe Engagement questionnaire to evaluate group effectiveness, including questions on caregivers' agreement on their engagement, learning, and interest in the group. CWMH has discontinued the survey and will pilot a new instrument to monitor group effectiveness that captures data on person's symptomatology using the Patient Health Questionnaire Depression (PHQ-9) and the Generalized Anxiety Disorder (GAD-7).

DEPARTMENT RECOMMENDATION(S):

No recommendations at the moment