PROGRAM INFORMATION:

Program Title:	Community Services Program	**Provider:**	Central Star Behavioral Health, Inc.
Program Description:	Outpatient specialty mental health services for children and youth with serious emotional disturbances and parents with serious mental illness, and court-specific services to children and families in Fresno County's Child Welfare Services system.	**MHP Work Plan:**	4-Behavioral health clinical care 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, 2016 - June 30, 2017
Funding Source 1:	Medical FFP	**Funding Source 3:**	Other, please specify below
Funding Source 2:	EPSDT	**Other Funding:**	DSS Funding

FISCAL INFORMATION:

Program Budget Amount:	$3,600,000.00	**Program Actual Amount:**	$3,068,050.84
Number of Unique Clients Served During Time Period:	983		
Number of Services Rendered During Time Period:	18,714 services (1,121,669 units)		
Actual Cost Per Client:	$3,121.11		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	07/29/2014 – 06/30/2019 (07/29/2014 – 06/30/2017 plus two optional one-year extensions)	**For Other:**	Click here to enter text.
		Renewal Date:	07/01/2019
Level of Care Information Age 18 & Over:	Medium Intensity Treatment (caseload 1:22)		
Level of Care Information Age 0- 17:	Outpatient Treatment		

TARGET POPULATION INFORMATION:

Target Population: All referred children, youth, parents, guardians, and foster parents involved with a child's CWS case. The target population includes children and youth referred to in the Katie A Settlement Agreement as members of "class" and "subclass."

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)

Integrated service experiences

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, including community collaboration (not listed) are well expressed for this kind of program and throughout service delivery. Central Star mental health staff collaborate with child welfare, courts, and/or behavioral healthcare staff for referrals, on Child and Family Teams (CFT), in court, and for case management activities. Our staff masters and applies Evidence Informed Practices, Evidence-Based Practices, and community best practice standards selected specifically for their attunement to the needs of the service population; and, we employ multi-culturally diverse staff familiar to the Fresno communities being served. All of our services are anchored to principles of individualized care, and include explicit wellness/recovery and resiliency-promoting rehabilitative skills, therapeutic interventions and connections into community resources. By definition, the provision of specialty mental health services helps to meet the needs of Kate A. child welfare/foster care clients 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 the 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

Effectiveness:

Measurements include domains and/or items of the the Child and Adolescent Needs and Strengths (CANS) and the SBHG Child Client Outcomes Report (COR), completed by clinical staffs at admission and every six months during services through discharge. CANS datasets are currently maintained in an Excel Workbook; the Child COR is a form in the SBHG EMR.

Target Goals

Key effectiveness related outcomes include:

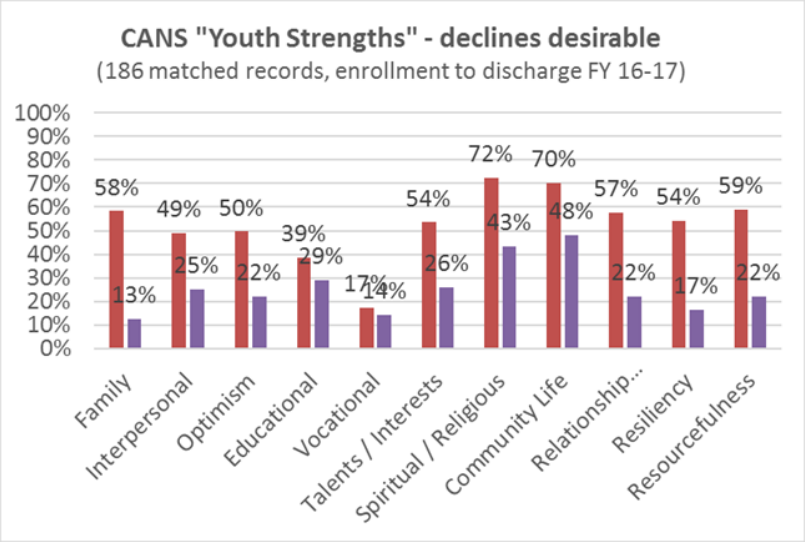
- Improved Child and Family Functioning
- Reduced Caregiver Challenges & Strain
- Reduced Child Maltreatment (Child Welfare Recidivism)
- Increased Endurance of Permanency Placements
- Improved Schooling Outcomes (Child/Youth & Young Adults)
- Improved Vocational and Employment Outcomes (Older Youth & Young Adults)

Results

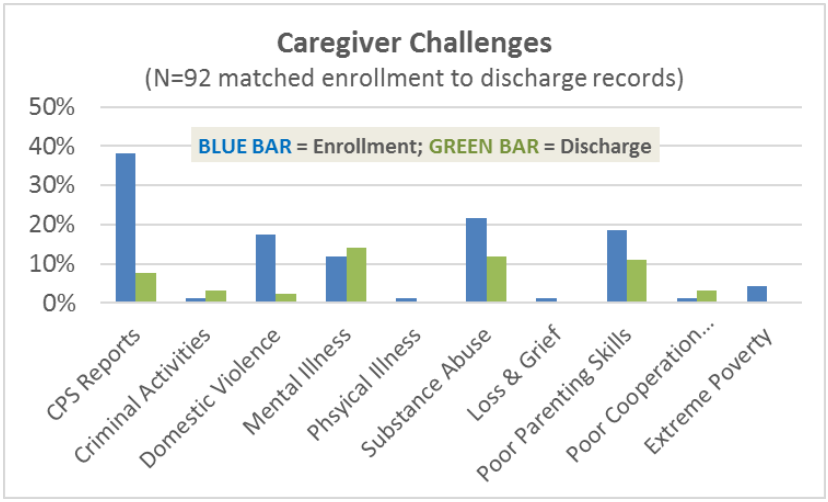
The child welfare system does not specify specific numeric benchmarks; however, improvements in the number of children living in family homes with relational permanence and safety are expected. Triangulation across the multiple indicators available in our data reveals a positive pattern. We also note that this area of measurement would be strengthened by access and analysis of child welfare data sets. Nonetheless, we detected an uptick in the proportion of children living in family homes -- of any type, excluding foster care -- from roughly 35% at enrollment to 68% by discharge. This corresponds to maintaining or improving relational permanence, with 56% sustaining the same caregiver during treatment; and, 88% of those who shift caregivers return to, or newly achieve, a family connection. There also appears to be a reduction in the percent with caregivers having one or more CPS reports filed while the children/youth are in the program – from roughly 38% in the six months prior to enrollment to 8% in the six months prior to discharge.

In FY 16-17, significant results (ChSq, $p<.002$) were observed on 9/14 subscales of the CANS, Youth Functioning domain, and all others either trended in the desirable direction or held steady. Showing improvements (fewer moderate to severe ratings by discharge) were Family, Living Situation, Social Functioning, Recreation, Legal, Sexuality, School Behavior, School Achievement and School Attendance. There are also

many subscales on the CANS, Youth Strengths domain, that show positive results, with proportionately fewer clients at clinically actionable levels of concern by discharge:



On the Child COR clinicians indicate whether the caregiver has any among ten types of challenges that impact their child(ren)'s well-being, especially the child(ren)'s mental health treatment and prognoses. The proportions with caregiver challenges at enrollment to discharge (over the six months prior to each report) are graphed below:

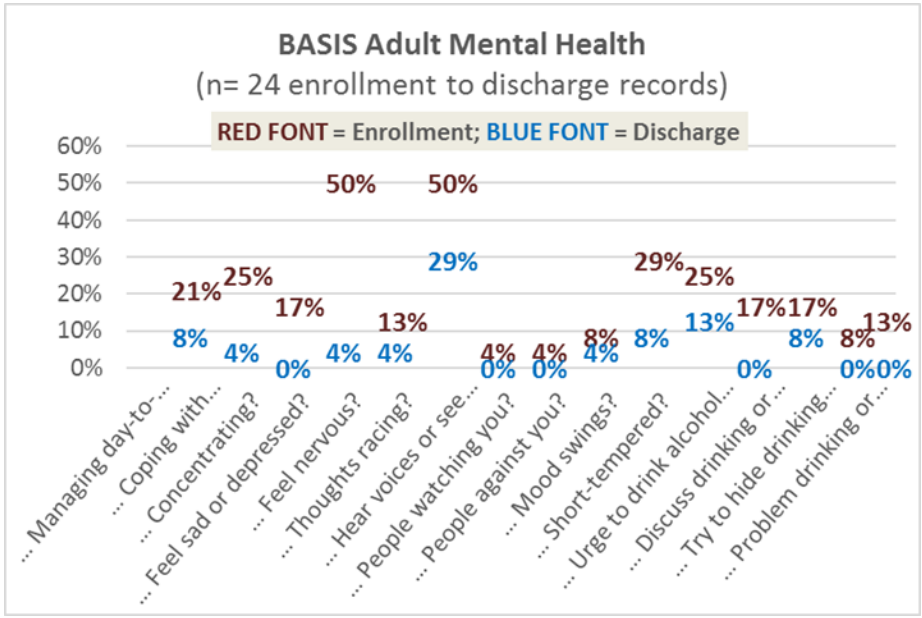


Overall, each caregiver had 1.2 of these challenges at enrollment and 0.5 at discharge (Paired Samples *t*, p<.000). The range narrowed and the proportions with 1+ shifted downward (54%, 33%) as did the proportions with 3+ such challenges (17%, 5%). Note that "mental illness" of a caregiver involved with the child welfare system involves a process of discovery and there is such during the child's CS program enrollment; also, "poor cooperation with child's treatment" may at times prompt and thus be associated with a discharge.

Efficiency:

This is an operationally-focused program that provides a large volume of community-based services, while incorporating evidence-informed and evidence-based mental health practices, to clients served on average for under 8 months. Most achieve some or all of their individualized treatment goals. On average, among those discharged, each participated in 882 minutes of direct mental health treatment, which represents 79% of their total minutes (other is staff time for documentation, travel, etc.), and they each received 6 distinct mental health service types, including those tailored specifically for the child welfare population (e.g., dependency court activities, intensive home-based services, and intensive care coordination).

While not a typical interpretation of the meaning of efficiency, our Central Star program engages adults into their own mental health treatment services, as their families become involved in the child welfare system. This represents a significant advancement at addressing identified needs of caregivers in a prompt and timely way for their own and their family's/children's benefit. In the past year we used the Behavior & Symptom Identification Scale (BASIS) to track adult mental health, with results below, comparing the proportions with actionable levels of concern at enrollment to discharge, as reported by the adult client themselves regarding their "last week" (fewer symptoms desirable):



Access:

As a specialized program for those involved with child welfare, the team pays close attention to incoming referrals, and have smoothed out the referral and intake process considerably since the program began in 2014, resulting in improved mutual understanding with child welfare and timely access to care to families in much need. Those referred (N=781) experienced 4.3 days on average to first contact (range 0 to 16). Most referrals, 460 (59%) were standard referrals; 262 (34%) priority; and, 59 (7%) crisis. Time to first contact is driven by priority status; crisis referrals are almost always seen on the day of the referral or the very next day. On average, priority referrals are seen within 3 days and standard referrals within 1 week.

A majority, 515 (66%) of those with a referral within FY 2016-17 entered into services; 85 (11%) were pending assessment or case assignment as of the end of the year; and 181 (23%) were never enrolled and became inactive due to: service refusals, received services elsewhere, lack of medical necessity, hospitalization, incarceration, CWS case closures, and 1 death. Controlling for those in pending status at the end of the year and excluding those not qualified for enrollment from among the above dispositions, the referral to uptake rate was 81%. From there, the average time to first service (which is usually assessment/evaluation) is 2 days. The program provided mental health treatment to 993 unduplicated individuals within the year, 702 children/youth (under age 18) and 291 young adults and adults.

Satisfaction and Feedback:

We will be gathering fresh agency partner feedback using SBHG's standard survey protocol within the next six months.

Cross-sectional MHSIP surveys were gathered during both the fall and spring state/county measurement windows. In the last (spring) round, we had 111 respondents – 29 children/youth, 34 young adults, and 48 adults/caregivers. Children/youth ratings ranged from 65% to 100% endorsements across 26 items. Young adults' ratings ranged from 70% to 97% endorsements across 36 items. Adults' ratings ranged from 67% to 98% endorsements across 26 items. Across age groups, respondents rated the program very high (above 95% endorsements) on items related to: being listened to, treated with respect, respecting their culture, liking the services and staff, convenience (locations, hours, etc.), and the belief in their ability to grow. Open-ended comments were very positive and constructive. A couple of examples are: *from a caregiver*…. "To help [my child] cope with everyday life and learn to get along with others and not to hurt herself or anyone else. [Staff] has been monumental in helping [my child] and me to cope and understand [my child]"; *from another caregiver*: "Love the home visiting, kids feel more welcome and enjoy it."; and, *from a young adult*: "The Central Star department listens to me and gives me support and they listen to me and we try to solve the problem.".