

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

## PROGRAM INFORMATION:

<b>Program Title:</b>	Central Star Youth Psychiatric Health Facility (PHF)	<b>Provider:</b>	Central Star Behavioral Health, Inc.
<b>Program Description:</b>	Acute inpatient care for adolescents	<b>MHP Work Plan:</b>	4-Behavioral health clinical care Choose an item. Choose an item.
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	April 20, 2015 - Present
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Medical FFP	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Realignment	<b>Other Funding:</b>	Private Insurance

## FISCAL INFORMATION:

<b>Program Budget Amount:</b>	\$4,161,818	<b>Program Actual Amount:</b>	\$2,030,664 (Fresno County clients) (\$2,932,811 – Total Cost)
<b>Number of Unique Clients Served During Time Period:</b>	301 Fresno County clients		
<b>Number of Services Rendered During Time Period:</b>	2,408 Fresno County bed days		
<b>Actual Cost Per Client:</b>	\$6,746.39 per client		

## CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	PHF/Inpatient
<b>Contract Term:</b>	Jan 2015 – Jun 2020 (01/01/2015 to 06/30/2018 plus two optional twelve-month periods)	<b>For Other:</b>	Click here to enter text.
<b>Level of Care Information Age 18 &amp; Over:</b>	Choose an item.	<b>Renewal Date:</b>	07/01/2020
<b>Level of Care Information Age 0- 17:</b>	Choose an item.		

The levels of care shown above do not apply. This program provides acute inpatient psychiatric services for adolescents.

## TARGET POPULATION INFORMATION:

**Target Population:** Adolescents, ages 12 to 18 in acute mental health distress who present a threat of harm to self, and/or others and/or grave disability (severe personal disorganization and inability for self-care and/or functioning safely in the community). Clients include Medi-Cal beneficiaries, Medicare and Medicare/Medi-Cal beneficiaries, and indigent/uninsured clients who are referred by DBH, other County departments, contract providers, a hospital emergency room, juvenile hall, and other agencies.

**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

Cultural Competency

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

Access to underserved communities

**Please describe how the selected concept (s) embedded :**

All core concepts are reflected in the operation of the PHF. Community collaboration and service integration are both increasingly critical foci to assure youth and their families are connected into community services and supports post discharge – please see the section on Form C ‘Collaborative approaches...’. All Stars Behavioral Health Group (SBHG) programs build and implement a bi-annual Cultural Attunement Plan which addresses multi-cultural staff hiring, training and retention; programming, policies and procedures; and, elective initiatives carried out by teams to enhance cultural attunement to their service population(s). Each youth and family’s issues and needs prompting crisis and hospitalization are assessed and addressed through an individualized plan of care, and the youth’s own WRAP, with assertive attention to stabilizing the youth while in the setting and connecting them into post discharge treatment services and resources. CS’s PHF

in Fresno County helps the county to meet the community need for acute psychiatric care, and provides an important gateway for those not prior linked to community-based mental health services.

#### PROGRAM OUTCOME & GOALS

- **Must include each of these areas/domains:** (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder

- **Include the following components for documenting each goal:** (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

Please see below, organized by above domains. Information on data methods and evaluation plan details are available on Form C.

#### Effectiveness:

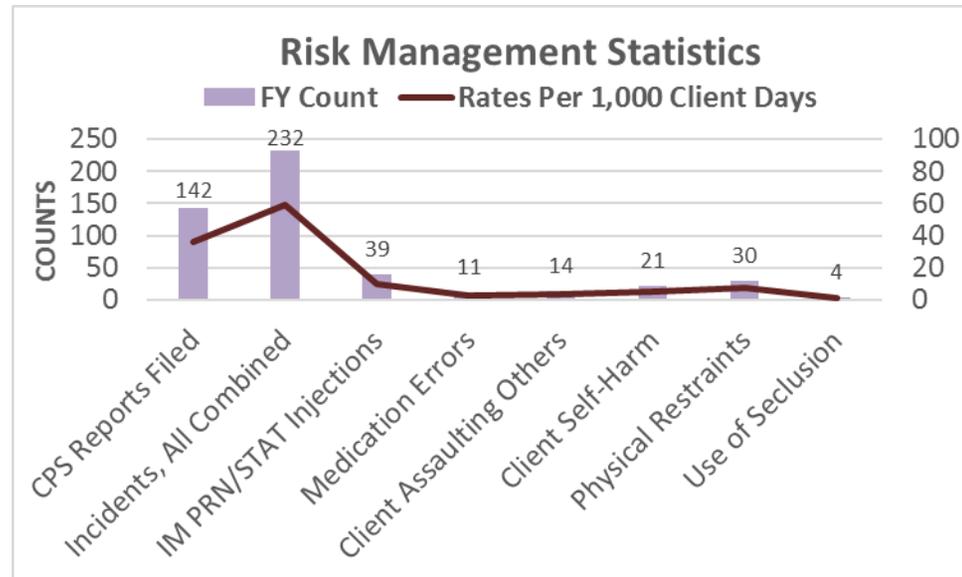
Effectiveness indicators include measurements recorded at discharge in the client's record (SBHG's EMR) by the PHF's clinical social workers regarding discharge dispositions, discharges statuses, and youth's opportunity to benefit from treatment services including reduced high-risk behaviors and wellness education for improved self- and family- management of the youth's mental health condition(s). The latter are derived from service entries made by staff throughout treatment, also recorded in the client's record and in SBHG's EMR Incident Report Module.

#### **Target goals are as follows:**

- At least 95% exit to community (non-institutional) settings with referrals and linkages to community-based services.
- At least 85% achieve good to fair prognoses for future mental health stability from the perspective of their professional clinical staff.
- Those in need will have appropriate medication prescription(s) to support their mental health stability (cessation of acute symptoms).
- At least 80% will not require any additional, subsequent hospitalization(s).
- While in the facility, all youth will have multiple opportunities to learn wellness self-management and to stay safe in the milieu.

#### **Results:**

The program stabilizes and prepares a majority of youth to return to family (85%) or foster family (11%) with varied levels of prognoses, (61% Fair; 29% Good; and 10% Poor) and consistent attention to referrals for needed next-on services (all obtain at least one, 2.4 on average), as well as with medication prescriptions (82% receive 1.9 Rx on average). While in the facility, they have multiple orienting opportunities to learn the tenets of mental health wellness self-management (WRAP), in groups and/or individually: 70% participate in at least one WRAP group during their brief stay; and, 55% work on their own WRAP individually with rehabilitation staffs. Family members also have the opportunity to attend "Family Night" which is hosted once a week for orientation to wellness and family support. The milieu is managed proactively by staffs whom sustain excellence (no or very low rates of undesirable incidents) on indicators related to risk behavior management, facility safety and security, patient's rights, and lack of beneficiary complaints (e.g., no AWOLs, 1 beneficiary complaint during the FY). The graph below shows indicator areas with counts over three per type for the entire FY.



Since the program opened, most youth (80%) have had only one PHF episode (admission) and fewer than 5% have had more than three PHF admissions. The episode count on average is 1.4 and ranges from 1 to 12. Among Fresno youth, the average historical episode counts is 1.6; same range; 74% with one episode only. More information about repeat admissions and efforts to more firmly connect discharging youth with outpatient providers is addressed under the heading “*Collaborative approaches....*” in Form C, related to the county’s EQRO PIP project.

Efficiency:

Hospital efficiency is about the delivery of an intensive amount of services by a collaborative multi-disciplinary staff working 24/7 in a congregate care setting, able to establish medical necessity for the admission while safely stabilizing patients for discharge within a short amount of time. The team achieved 100% medical authorizations for admissions for nearly every month this past fiscal year, overall the rate was 99% approvals. Thus, 1% of Fresno admissions were not authorized per Fresno county’s utilization review process. On average, based on admission and discharge dates recorded in the SBHG EMR, a PHF episode lasts 5.9 days, with a median of 4.7 days; similar in Fresno (5.9 average, 4.6 median). During FY 16-17, episode lengths were similar with an average of 5.8, median 4.5; same in Fresno for the last year (5.9, 4.3).

Access:

The availability of the setting is a great boost for the local community and Central Valley region, which had prior gone for many years without a psychiatric hospital specialized for adolescents. Since the program opened, through the end of FY 16-17, there were 1,437 admissions of 1,023 youth to the Central Star PHF. During FY 16-17, there were 693 admissions of 544 unduplicated youth; including 418 admissions of 301 unduplicated youth from Fresno (recorded in the county's Avatar database – there is an additional subset of youth whom reside in Fresno County admitted via private insurance). Overall and during the recent fiscal year, Fresno County Medicaid youth comprise 60% of all admissions and 55% of youth. Other counties making use of the facility include Stanislaus, Madera, Tulare, Mariposa and Kings, as well as seven other counties at low numbers (e.g., one to a few admissions each).

Fresno County clients are ages 12 to 17 years at the time of their first admission, with an average and median of 15 years. They are 67% female and 51% Latino; other heritages include 23% Anglo, 12% Other or Mixed, 10% African, 3% Asian and 1% Native. The Fresno profile for the recent fiscal year is the same, with a small bump in the proportion of Latinos (FY 16-17 = 54%) and a corresponding decrease in those with Anglo heritages. Profiles of the remaining (non-Fresno) population are available upon request.

The admission process commences close to the time of referral in most circumstances. Factors that may interrupt timely uptake into services include a youth being placed elsewhere, incomplete information for assessment, or a pending Medi-Cal necessity determination. We are working on activating our EMR referral tracking log with the PHF team, to report on total referrals to admissions and to automate tabulations of date/time differences between a referral and admission/first service for better reporting in the future.

Satisfaction:

Discharging youth provide positive reports and ratings about their experiences at the PHF. The PHFs rehab staff randomly surveys youth exiting the facility. Our FY 16-17 sample was N=45 youth; all of whom (100%) reported at discharge that they “Are more confident now, after being in the program, in (their) ability to recover and cope with (their) mental health.” Additional survey results are shown below. In the coming year, we will increase the count of youth surveyed, and add a caregiver/family survey and will structure a process for more feedback about the program and its operations from community partners.

