PROGRAM INFORMATION:

Program Title:	Community Services Program	**Provider:**	Central Star Behavioral Health, Inc.
Program Description:	Outpatient specialty mental health services and court-specific services for children and youth in Fresno County's child welfare services system, and their families	**MHP Work Plan:**	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	July 29, 2014 -- present
Age Group Served 2:	ADULT	**Reporting Period:**	July 1, 2017 - June 30, 2018
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: $4,000,000 **Program Actual Amount:** $3,035,978.46

Number of Unique Clients Served During Time Period: 992

Number of Services Rendered During Time Period: 21,112 services (1,110,925 units of service)

Actual Cost Per Client: $3,060.46

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:**	
		Renewal Date:	7/1/2019

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)

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

Cultural Competency

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

All of these concepts, including community collaboration (not listed) are well expressed 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 (CFTs), in court, and for case management activities. Our staff master and apply Evidence-Informed Practices (EIPs), Evidence-Based Practices (EBPs), and community best practice standards selected specifically for their attunement to the needs of the service population. Central Star also employs a 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. Additionally, 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 in order to meet the needs of Katie A child

welfare/foster care clients whom have been historically unserved, underserved and/or poorly served.

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 Stars Behavioral Health Group (SBHG) Child Client Outcomes Report (COR), completed by clinical staff at admission and every six months during services through discharge. CANS datasets are currently maintained in an Excel Workbook and the Child COR form is maintained in the SBHG electronic medical record.

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)

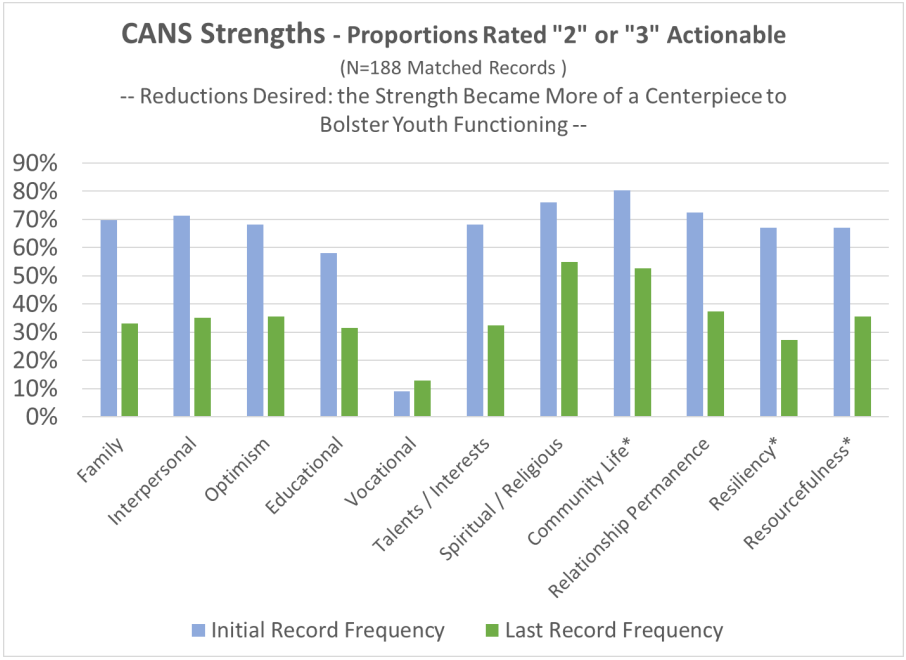
Results

CANS indicators are presented for select domains of Youth Functioning (including in the family) and Youth Strengths

★ Youth Functioning: 8/14 subscales had sufficiently actionable ratings among youth at first record to report and test proportional shifts by discharge. Of these 8 subscales, all trended in the desired direction: Family, Living Situation, Social Functioning, Recreational, Sleep, School Behavior, School Achievement and School Attendance. Family (the youth's functioning in the family) and Social Functioning tested significantly (not a chance occurrence) as well as in the desired direction.

★ Youth Strengths: All 11 subscales can be reported and 10/11 shifted in the desired direction – note that in this domain, a lower rating means the prior actionable concern that the "strength" was not identified is no longer the case – it is now recognized and

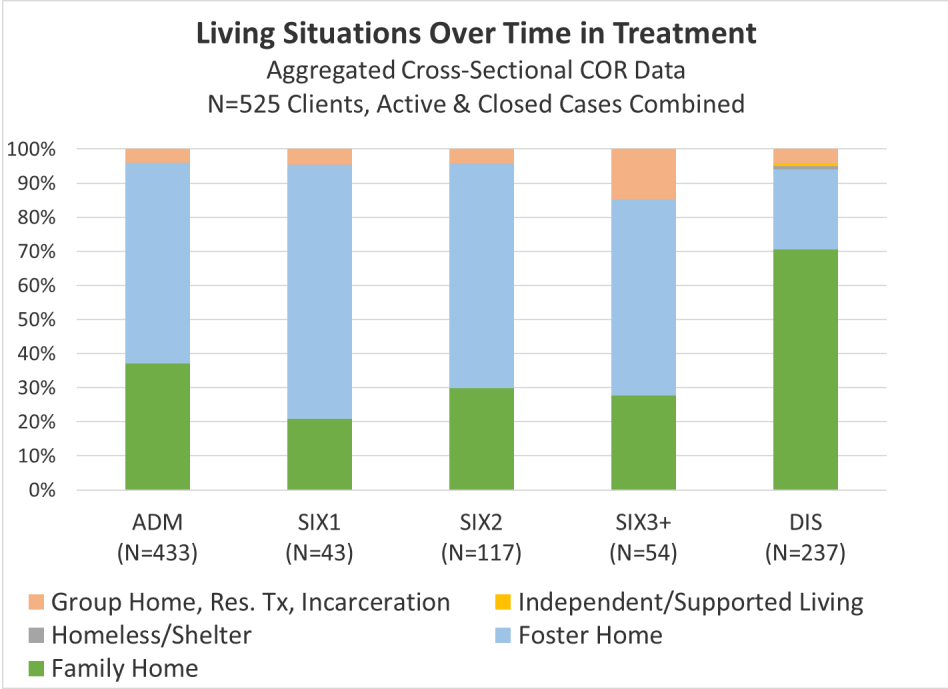
contributing to the youth's well-being. The improved scales are Family, Interpersonal, Optimism, Educational, Talents / Interests, Spiritual / Religious, Community Life, Relationship Permanence, Resiliency and Resourcefulness. Of these, Community Life, Resiliency and Resourcefulness achieved testing significance.



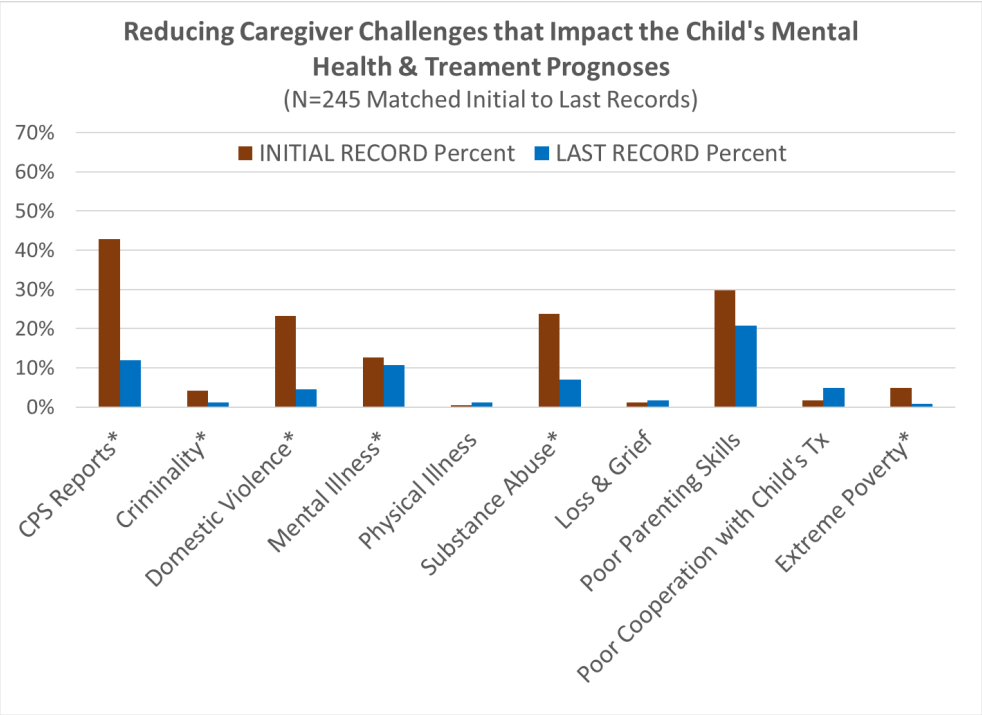
The proportions of children/youth living in different contexts are graphed below for a large aggregate sample of SBHG Child Client Outcomes Reports (COR), N=525; which are amplified by matched paired data, N=245. The analyses reveal:

- Variability over time in the program in the proportions living in family homes vs. foster homes.
- Uptick associated with long term clients (SIX3+ in graph below = 1.5 years or more) in their transition to independent/supported living settings.
- Few (N=10) discharges where the child/youth is in a group home (7, 3%), residential treatment (2, 0.8%), incarcerated (1, 0.4%) or homeless shelter (1, 0.4%).
- Notable rise in the proportions living in family homes, with most having transitioned from foster care (detailed information on types of family homes are available on request – bio, adoptive, relatives, etc.).
- 26% (63/245) of children/youth shift from a foster home to a family home while in the program.
- 5% had achieved Family Reunification as of admission, this rose to 31% by the last record (matched sample).

- 6% had achieved permanent foster care as of admission, this rose to 11% by the last record; and, 3% (N=8) of youth were adopted after entering the program.
- 33 youth with permanency or emancipation planning underway (roughly half of all youth) had one or more adult support persons in their life at the time of admission, whereas 43 of these youths did by their last record.
- The distributional shifts described above from the COR matched record sets, N=245, were all statistically significant (ChiSq <.000), meaning not likely chance occurrences.



On the Child COR clinicians indicate whether the caregiver has any among ten types of challenges that impact their 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 1.4 of these challenges at enrollment, and 0.6 at discharge (Paired Samples *t*, p<.000). The marked reductions in the proportion of caregivers engaging in child maltreatment (CPS reports) is heartening, as are the results for many of these indices.



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. For closed cases this past year, children/youth participated in 1,474 minutes of services (24.6 hours) of which close to 80% are direct client time. The services took place on 46 discrete dates in which one or more service(s) was documented. There is considerable range and variation (large standard deviations) as expected in individualized service programs and in programs with compulsory features (court ordered option) where engagement and retention can be challenging. The average span of treatment (enrollment to discharge date) among closed child/youth cases was 286 days (median = 229).

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. For adult clients, the central tendencies of service utilization were an average of 654 minutes (10.9 hours), 77% client time, average of 28 service dates, also with variability/individualization, and an average span of treatment of 193 days (median = 174).

Access:

Most referrals in the FY, 666/782 (85%), were considered "standard" per CWS criteria, to be seen within 30 days; others were "priority" 100/782 (13%) to be seen within 14 days; and, a few 16/782 (2%) were "crisis" to be seen within 7 days. This year, the team began tracking the number of days prospectively *from the date of referral to their very first contact* to support their focused efforts and commitment to easing access to services, regardless of subsequent complexities that may impact the timelines of case openings. The first contact typically focuses on outreach and engagement and does not necessarily mark the case opening (enrollment) date; the latter may be impacted by engagement and eligibility issues, as well as scheduling logistics with the family. There were 5.9 days on average to first contact; this indicator of timely access exceeds CWS criteria:

Days to First Contact:					
		ALL REFERRALS		1ST PERSON IN FAMILY	
	GOALS:	Avg	% ≤ Days**	Avg***	% ≤ Days
	Crisis (≤7 days)	0.1	70.6%	0.1	72.2%
	Priority (≤14 days)	3.1	97.3%	2.9	97.7%
	Standard (≤30 days)	6.4	99.6%	6.3	99.6%
	N	782		263	
Outliers	1 @ 56 days - an adult and the first person in the family to be contacted				

**The "% ≤" are the proportion of all clients under the heading (not bucketed by crisis, priority, or standard referrals) that meet the time frames of the referral bucket categories. For example, 97.7% of all the first persons in a family contacted were first contacted within 14 days of the referral.
***Avg. days to first contact among all family members involved in a CSW case (in which there are multiple family members) are 2.3 for crisis, 3.1 for priority and 6.3 for standard.

A majority, 434 (60%) of those with a referral in the fiscal year* opened into services; 78 (11%) were pending assessment or case assignment as of the end of the year; 187 (26%) were deemed inactive (initially) due to service refusals, served elsewhere, lack of medical necessity, hospitalization, incarceration and CWS case closures. There were numerous duplicate referrals and (sadly) one death. Eventually, the team processed 1.4 referrals for every enrollment (782/571) which included re-contacting N=98/187 (52%) of those in Inactive Status at their first contact. By the end of the year, 571/730 (78%) of (non-erroneous) referrals culminated in enrollment; and 571/673 (85%) of qualified referrals (items in brown font in table below removed from denominator) did so.

Most services are delivered in home, school and community settings (42%) or in outpatient offices (34%) or via phone (22%).

Satisfaction and Feedback:

Cross-sectional MHSIP surveys were gathered during both the fall and spring state/county measurement windows. In the last (spring) round, we had 34 children/youth, 54 young adults/adults, and 151 family members/caregivers, combined total of 239 which is double the respondent rate from the prior spring. Across age groups, respondents rated the program positively, above 85% endorsements on most items. Results by respondent type are graphed on Form C.

- 21/26 (81%) of YOUTH survey items met/exceed company benchmark
- 20/26 (77%) of CAREGIVER survey items met/exceed company benchmark
- 26/36 (72%) of TAY/Adult survey items met/exceed company benchmark

Open-ended comments were positive and constructive. A few examples are:

- *From a male youth age 15* …. "they taught me how to keep calm when I'm angry, they talked to me about things going on with me."
- *From a female youth*, age 16… "I don't think that I can say or do anything to improve the services. I learned out to reach my goals and control my problems."
- *From caregiver of female youth, age 13*… "giving me many ideas how to improve the relationship between my daughter."
- *From caregiver/foster parent of multiple children*… "every time things have happened, I would text (staff person) and she would get back at me as soon as possible. "
- *From caregiver of female child, age 9*… "our therapist helping our family with ways to relieve stress and handle emotions and arranging for TBS services."

Additional information:

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.