

# 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 to present
<b>Age Group Served 2:</b>	Choose an item.	<b>Reporting Period:</b>	July 1, 2017 - June 30, 2018
<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>	\$4,280,486	<b>Program Actual Amount:</b>	\$2,401,180
<b>Number of Unique Clients Served During Time Period:</b>	342		
<b>Number of Services Rendered During Time Period:</b>	2,859 Bed Days		
<b>Actual Cost Per Client:</b>	\$7,020.99		

## CONTRACT INFORMATION:

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	
<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>	PHF Inpatient
		<b>Renewal Date:</b>	07/01/2019
<b>Level of Care Information Age 18 &amp; Over:</b>	Choose an item.		
<b>Level of Care Information Age 0- 17:</b>	Choose an item.		

The levels of care shown in the menu do not apply. The program provides acute inpatient services to 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, a contract provider with DBH, a hospital emergency room, Juvenile Justice Campus, and other agencies. Additionally, the program serves those with private insurance through contracts and referrals from Kaiser, Anthem Blue Cross, Avante Behavioral Health Plan, Cigna Behavioral Health, Magellan, MHN, Three Rivers Provider Network and Value Options.

**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

Integrated service experiences

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. 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. Central Star’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

Click here to enter text.

***Effectiveness:***

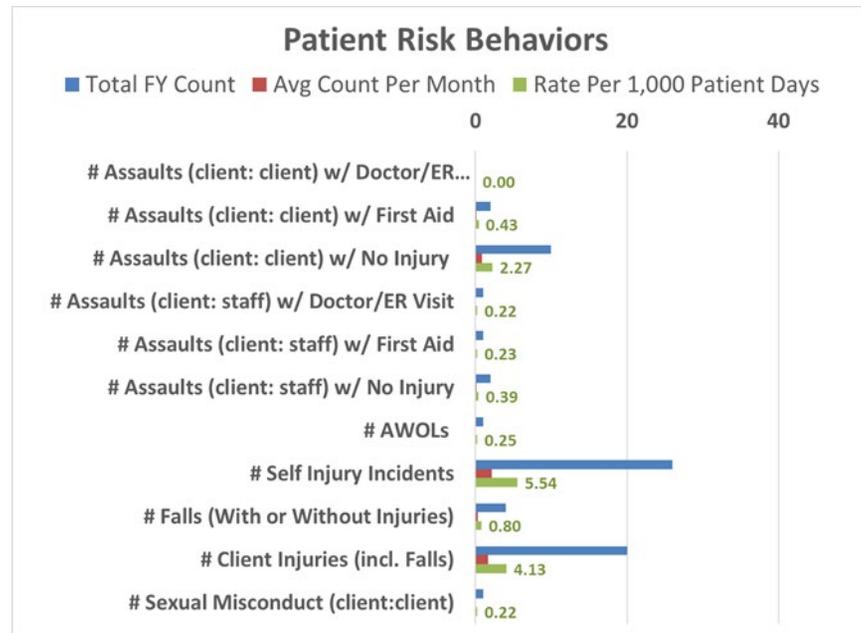
Effectiveness indicators include measurements recorded at discharge in the client's record (SBHG's EMR) by the PHF's clinical social workers regarding discharge dispositions, discharges statuses, and youth's opportunity to benefit from treatment services including reduced high-risk behaviors and wellness 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.

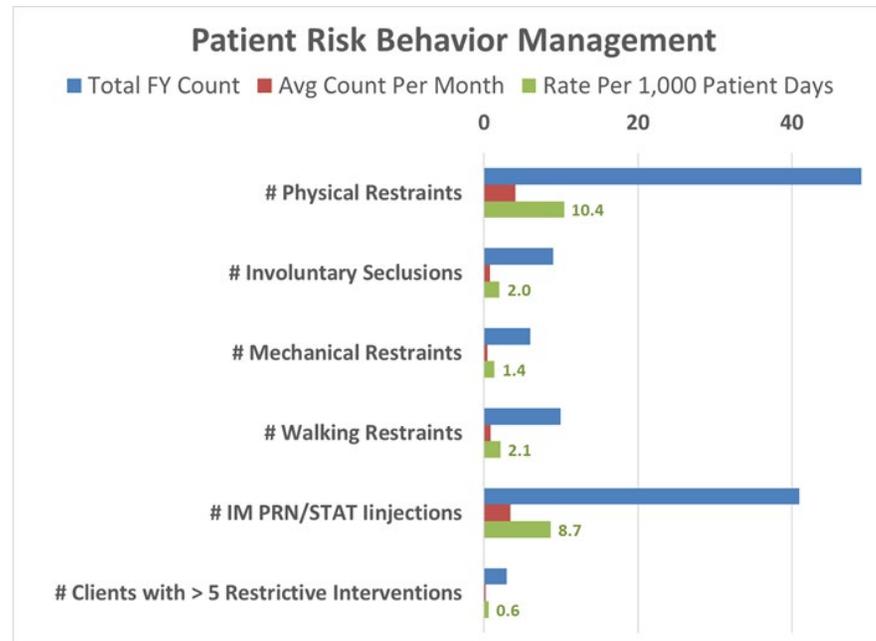
**Target goals are as follows:**

- 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 (99%) to return to family homes or community placements. There were few exceptions and no discharges to incarcerative settings, nor to homeless shelters this past year. There were 13 acute medical transfers and one AMA discharge. The team collaborated with the County and other providers in the community this past year on a program improvement plan regarding post-discharge referral uptake and tracking – efforts and results to date are described in the report attached. While in the facility, they had multiple orienting opportunities to learn the tenets of mental health wellness self-management (WRAP): nearly all had WRAP as part of their treatment plan; 82% participated in WRAP groups on the unit; and 98% engaged with rehabilitation staffs in follow-up individualized coaching on their wellness self-management skills. The milieu is managed proactively by staff 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., 1 AWOL, 7 external beneficiary complaints during the FY). Graphs below depict information about risk behavior management in the milieu:





**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. They also engaged in an initiative to improve the admission process; this resulted in the hiring of a new Admissions Coordinator position trained and capable of facilitating timely intakes, especially with complex referrals such as those where much information gathering from varied sources is needed to assess what is going on and to begin the process of synthesizing information toward an effective discharge.

Since the program opened, most youth (80%) have had only one PHF episode (admission). Among Fresno youth, the figure is 78% with one episode only; average historical episode counts of 1.5; range of 1 to 14. Fewer than 2% of all Fresno clients have had more than 3 PHF episodes since the program opened. Within the last FY, 80% of Fresno PHF youth were admitted once; their average episode count was 1.2; range of 1 to 5 admissions within the year. Please see other sections of the report and the adjunctive document on the program’s collaborative efforts to understand and address PHF readmissions among Fresno County youth.

PHF episodes during FY 17-18 lasted 6.6 days on average (median = 6 days) which is up compared to the historical average of 5.9 days (median = 5 days). For Fresno County clients, in FY 17-18 the average LOS was 6.5 days (median = 6 days) and historically, 5.7 days (median= 5). Almost 15% of Fresno County cases (episode N=80, client N=65) were in the setting for 10 days or more. Close to 70% of those with a long LOS ( $\geq 10$  days) arrived from a crisis stabilization program; the rest came in from the local hospital emergency room. There were 74% female (compared to 64% in overall population) and half 50% are diagnosed with unspecified episodic mood disorder (compared to 33% in overall population). Additional study might be warranted to understand the reasons for their long hospital episodes and the kinds of gender and diagnostically attuned programming and supports (within and beyond the PHF) that might help prevent such long hospitalizations.

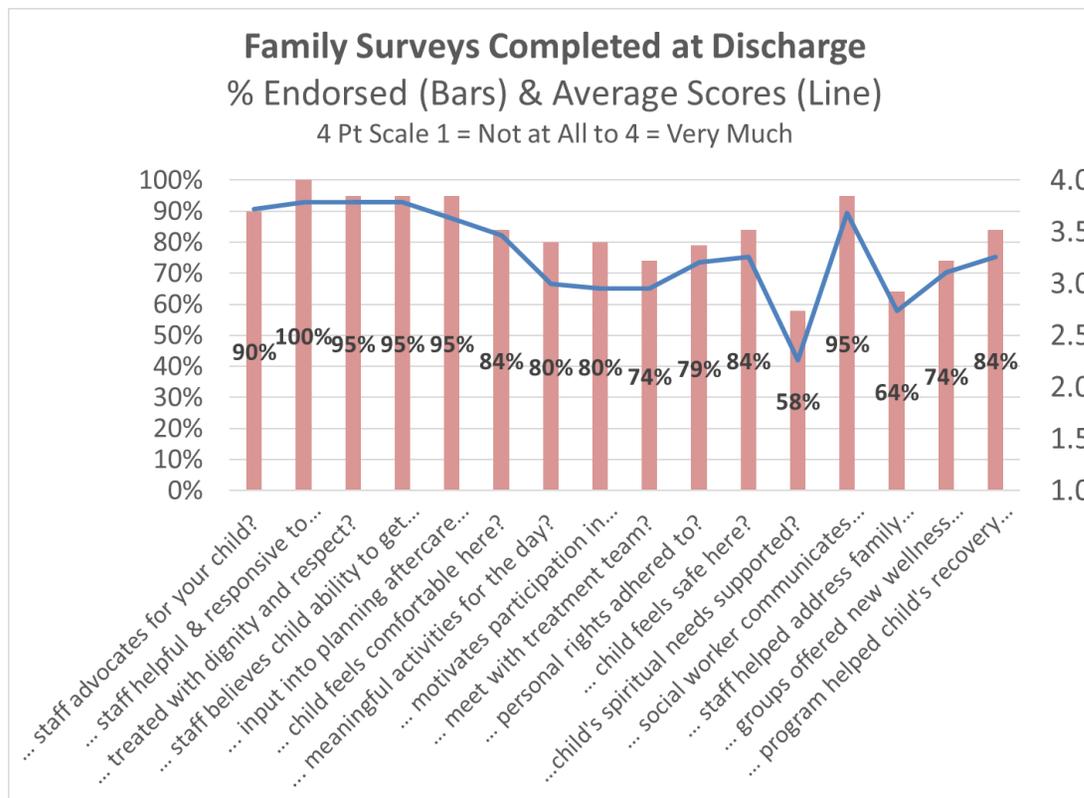
### **Access:**

The availability of the setting continues to be a great boost for the local community and Central Valley region. During FY 17-18, there were 545 admissions of 423 unduplicated youth from Fresno County. Fresno County adolescents comprised 76% of all admissions during the year. Other counties making use of the facility are as follows with their admission counts: Stanislaus (74), Madera (42), Tulare (31), Merced (20), Ventura (3), San Joaquin (3), MISSING INFO (2), Mariposa (1) Kings (1), and El Dorado (1) for a total of 178 admissions apart from Fresno County.

Fresno County clients are ages 12 to 17 years at the time of their first admission, with an average and median of 15 years. There were 53% Latino; other heritages include 27% Anglo, 11% African, 4% Asian, 4% Mixed/Other and 1% Native. Their clinical profile includes 88% with first listed primary diagnoses of an internalizing condition; of which 10% have psychotic features. Another 5% have psychotic spectrum diagnoses.

### **Satisfaction:**

Program staff gathered N=19 exit surveys from family members for feedback about how they are doing. This process with caregivers started Jan 2018, and survey administration needs to ramp up to obtain a better annual sample size. 80% reported “Yes” to the statement, “Are you more confident, now that your child has been in the program that they will recover and cope better with their mental health?” Below are other survey results – items below 85% endorsement (very much or somewhat responses combined) are currently undergoing review for actionable QI.

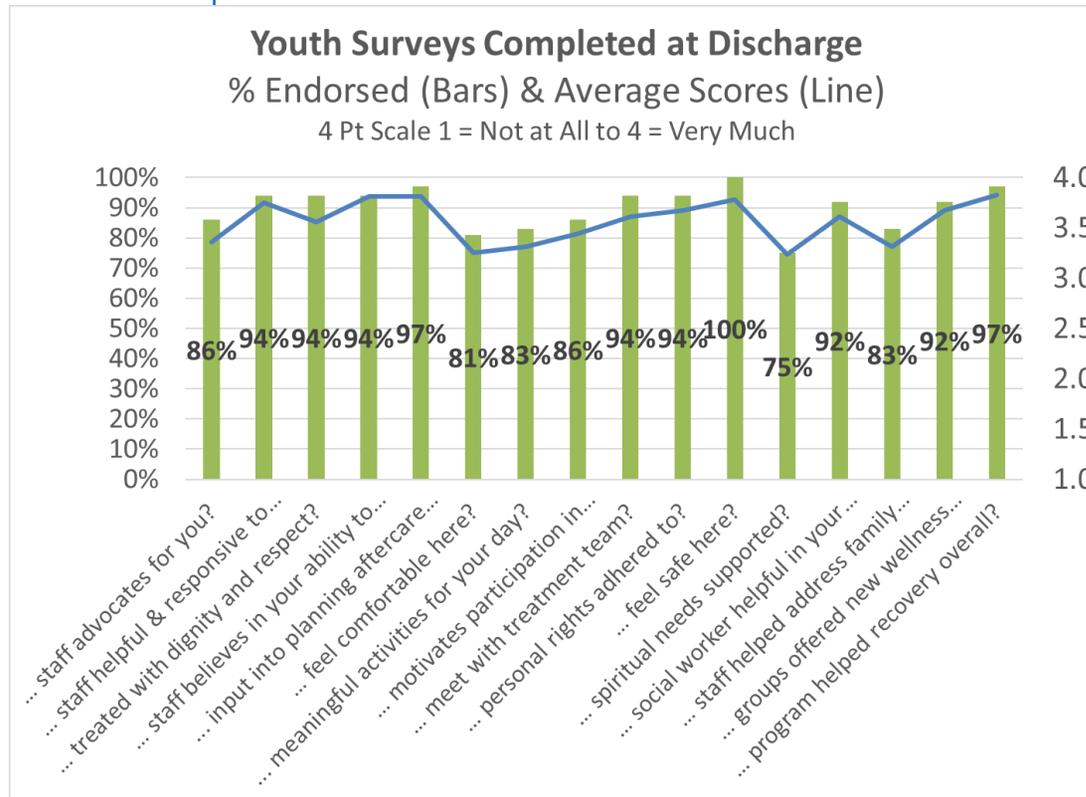


Examples of caregiver comments:

- Asian American male family member, age 45 ... “I feel that all the staff as a whole were helpful in helping my child recover. Each person he came in contact with gave him respect, showed empathy and were encouraging”
- Latin American female family member, age 52.... (staff show) “honesty, respect, caring, individual time for each child, understanding”
- Anglo American female family member, age unknown.... (staff are) “motivational, conscientious, creative and caring”
- African American female family member, age 47 ... (program and staff are) “angels sent from heaven”

Some family respondents noted they would like to see a bigger space, more beds, greater use of games during groups, more communication, and opportunities for family members of the youth in the setting at the time to come together.

N= 36 discharge surveys were gathered from youth this past year. The surveying process has been ongoing for a couple of years now, and survey administration needs to improve to obtain a better annual sample size. In the small sample gathered, 97% reported “Yes” to the statement, “Are you more confident now, after being in the program, in your ability to recover and cope with your mental health?” Other results are also positive:



Examples of youth comments:

- Mixed Ethnic male, age 16...”they listen, joke around with us and makes us feel better and comfortable”
- Anglo American male, age 16...”the chef works hard on our meals and I appreciate it”
- Latin American female, age 17... “the programs help -- so long as you do your part of the job and put in effort”
- Latin American female, age 16...”all the groups are great and meaningful”

Generally, the youth were positive about the physical setting, although more than one noted they would like better bedding and more comfortable couches. Some expressed a need for more help dealing with their families.

**DEPARTMENT RECOMMENDATION(S):**

Click here to enter text.