

Stars Behavioral Health Group (SBHG) Launches Outcomes Initiative

As of June, 2005, Stars Behavioral Health Group programs began tracking outcomes across four domains that will help us address key questions that are vitally important to the children, youth, young adults, families, adult clients and communities we serve. The domains are:

- I. **HOME** – Are clients safe at home or in family-like settings, including returning to the community from institutional settings?
- II. **SCHOOL AND VOCATION** – Are clients attending and progressing at school and/or vocationally?
- III. **HEALTH AND MENTAL HEALTH** – Are clients improving in their health and mental health, including recovery and resiliency?
- IV. **LAW** – Are clients out of trouble with the law?

SATISFACTION with services has been measured for a number of years using both the California State Department of Mental Health’s consumer surveys, as well as peer-reviewed SBHG youth, family, and agency partner satisfaction surveys.

SBHG designed tools with input from leaders and staff throughout the company that measure outcomes in the four domains. For example an *Independent Living Skills Scale* (ILSS) addresses a number of areas of functioning and the *Client Outcomes Report* (COR) was created to flesh out measurement of indicators across all four domains. A sample of part of the COR, the SCHOOL/VOCATION domain, is shown below and is used by youth outpatient programs across the company. An abbreviated version of the public domain tool *Scale to Assess Restrictions of Educational Settings* (SARES) is integrated into the COR, as is the *Client Living Environment Profile* (CLEP). Standardized tools such as the *Child and Adolescent Functional Assessment Scale* (CAFAS) are purchased and used in most child and youth programs. Additionally, there are various standardized tools applied to evaluations of specialty services, emerging best practices, and evidence-based practices, such as the *How I Think* (HIT) questionnaire used in evaluation of *Aggression Replacement Therapy* (ART) and *EQUIP* groups.

DOMAIN TWO: SCHOOL AND VOCATION	
Ed Status:	1. <input type="checkbox"/> Regular 2. <input type="checkbox"/> Special Education 3. <input type="checkbox"/> Special Education (SED AB3632)
Grade Level	<input type="checkbox"/> PreSch <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th OLDER YOUTH: <input type="checkbox"/> GED Prep <input type="checkbox"/> Trade/Vocational <input type="checkbox"/> Adult/Cont Ed <input type="checkbox"/> College
SARES (School Setting):	1. <input type="checkbox"/> Hospital/ Correctional Facility-Based Instruction 2. <input type="checkbox"/> Residential Day Treatment w/ NPS 3. <input type="checkbox"/> Home-Based Instruction 4. <input type="checkbox"/> Non-Residential Day Treatment w/ Schooling 5. <input type="checkbox"/> Alternative School (Separate Campus) 6. <input type="checkbox"/> Alternative School (Integrated Campus) 7. <input type="checkbox"/> Special Education Classroom (100% of day) 8. <input type="checkbox"/> Special Education Classroom (Less than 100% of day) 9. <input type="checkbox"/> Regular Classroom w/ Resource or Consult Services 10. <input type="checkbox"/> Regular Classroom 11. <input type="checkbox"/> Other (Specify): _____
School Attendance:	Generally, how many days is the child getting to school during a five (5) day week? <input type="checkbox"/> Zero <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> Unknown
School Discipline	Report what occurred during this period (unchecked means none occurred):

Problems:	1. <input type="checkbox"/> Truancy # _____ 2. <input type="checkbox"/> Suspension(s) # _____ 3. <input type="checkbox"/> Expulsion(s) # _____ 4. <input type="checkbox"/> Other School Problems: _____
Academic Achievement:	What are the usual grades of the child? 1. <input type="checkbox"/> Exceptional (Almost all A's) 4. <input type="checkbox"/> Below Average (Almost all C's and D's) 2. <input type="checkbox"/> Above Average (Almost all A's and B's) 5. <input type="checkbox"/> Failing (Almost all D's and F's) 3. <input type="checkbox"/> Average (Almost all B's and C's) 6. <input type="checkbox"/> Unknown (No Reliable Source)
Current Work/Vocation	1. <input type="checkbox"/> Not Working 2. <input type="checkbox"/> Unpaid Position/Volunteer 3. <input type="checkbox"/> Stipend/Paid 4. <input type="checkbox"/> <u>Unknown</u> Type of Work/Position: _____
Current Work/Voc Hours	How many hours each week is the client volunteering and/or working for pay? <input type="checkbox"/> Zero <input type="checkbox"/> 1 to 10 <input type="checkbox"/> 11 to 20 <input type="checkbox"/> 21 to 30 <input type="checkbox"/> 31 to 40 <input type="checkbox"/> Over 40 <input type="checkbox"/> <u>Unk</u>

The selection of indicators and measurements for each domain is shaped by county contracts and state and local systems of care, including the California *Mental Health Services Act* (MHSA) outcomes protocol. Program protocols are flexibly adapted to include required tools; for example, the STARS CS program uses a county-mandated *Community Functioning Evaluation* (CFE) instead of the SBHG *Independent Living Skills Scale* (ILSS). Data interfaces including XML schemas and transactions to secure data submission sites are observed and program staff participates in available county and/or program trainings regarding anonymous and secure data collection and data entry procedures. Training departments have integrated trainings on outcome measurement tools into their core curricula, which include reliability testing of staff using the tools. Consumers are oriented to quality and outcome measurement procedures and consent to participate; additionally, some programs hold focus groups with consumers to gather feedback about services. Quality and outcome data are presented and reviewed in continuous quality improvement (CQI) committees and councils, are used to design, and monitor quality improvement projects and program initiatives related to client care.