Fresno County Wraparound External Report: Annual Status Report (FY18) – Attachment A

Drogram Titles	Senate Bill 163 Wraparound and	Provider:	Uplift Family Services (formerly EMQ
Program Title:	Therapeutic Foster Care Services		FamiliesFirst)
Program Description:	Wraparound services, including mental health support services, and Therapeutic Foster Care services to up to 150 children and their families who have a serious mental illness or serious emotional disturbance, and are either at imminent risk of out-of-home placement or are returning from an out-of-home placement. The program philosophy includes developing individualized service plans for each youth and family in order to wrap services around the family which build upon their unique strengths and needs. Traditional and non-traditional support services are provided to participating youth and families with the ultimate goal of stabilizing each youth so that s/he can be successful at home, in school and in his/her community.	MHP Work Plan:	2-Wellness, recovery, and resiliency support
Age Group Served 1:	CHILDREN	Dates Of Operation:	June 2004 to 09/30/2018
Age Group Served 2:	ADULT	Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Medical FFP		Other, please specify below
Funding Source 2:	EPSDT	Other Funding:	County Senete Bill 163 Trust Fund
FISCAL INFORMATION:			
Program Budget Amount:	\$4,500,000	Program Actual Amoun	t: \$4,249,007.13 (including both Medi-Cal services and SB163 non Medi-Cal services
Number of Unique Clients So Number of Services Rendere	-		

Contract-Operated	Type of Progra	m: WRAP
– 06/30/2016 plus tv	vo optional twelve	
	Renewal Date:	07/01/2018
ge 18 & Over:	High Intensity Treatment/FSP (case	load 1:12)
ge 0-17:	Intensive Outpatient (TBS, Wrap)	
	07/01/2015 – 09/30/ – 06/30/2016 plus tv	07/01/2015 – 09/30/2018 (07/01/2015 – 06/30/2016 plus two optional twelve month periods plus three months) Renewal Date: ge 18 & Over: High Intensity Treatment/FSP (case)

TARGET POPULATION INFORMATION:

Target Population:Children and Youth (ages 5-21) who are either adjudicated as either a dependent or ward of the juvenile
court and would be placed in a Department of Social Services (DSS) licensed group home at a rate
classification level (RCL) of 10 or higher; adjudicated as either a dependent or ward and who has
experienced three or more placement moves or psychiatric hospitalizations within the past twenty-four
months; in an adoptive placement or has a finalized adoption and qualifies for Adoption Assistance Program
benefits and has an urgent and/or intensive mental health need which causes impairment at school, home,
and/or in the community; and/or is at imminent risk of placement in a RCL 10 or above, or currently placed in
a RCL 10 or above is within sixty days of returning to the community.

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

Community collaboration

Integrated service experiences

Integrated service experiences

Please describe how the selected concept (s) embedded :

Cultural inclusiveness and family engagement is supported by appropriately trained program staff, including qualified family members, and partnerships with community-based organizations with experience and expertise in cultural, ethnic, and linguistically sensitive services. Focus populations include Latino, Southeast Asian, African American, and Native American cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

A uniform, comprehensive assessment and a multidisciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family's needs without duplication or conflict. Changes to the Plan of Care are driven by the family's evolving needs, desires, and achievements, and developed in the context of a multi-system team approach.

An integrated financial screening process initiated during the Assessment Center intake ensures that no or limited means of payment does not exclude children and families from services.

Innovative, integrated, high-quality plans are developed one child, one family at a time, ensuring that the process is individualized and unique to the family's beliefs, language, and values. All services are respectful of the family's chosen goals and sensitive to the family's environment, cultural background, and preferences. Holistic service planning addresses the full scope and complexity of the family's needs to maintain health and stability. Facilitators, clinicians and other clinical staff, Social Workers, and Care Managers work with families to ensure that they have complete ownership of the service plan and are invested in its success. The colocation of specific agency staff, collaborative decisionmaking, and a full range of service and treatment options provide support for families historically unaware, unwilling, or unable to access mental health services in traditional settings.

Through the provision of community-based services, Uplift Family Services is able to bring services to children and families who would not otherwise have access to care, or for whom access is limited due to transportation and other barriers. Additionally, we provide services for all referred individuals regardless of insurance coverage.

The organization directly provides or makes referrals for a comprehensive range of prevention and treatment services, including acute care services when necessary. Informal community and neighborhood resources and supports are an integral part of the program and are utilized in numerous creative, non-traditional ways. On

a macro level, leadership from each Uplift Family Services program participates in meetings with senior management representatives from system partners (i.e. child welfare services, children's mental health, juvenile probation, county office of education) to assess and ensure coordination and collaboration across all parts of the larger social service system.

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

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Goals/Objectives	Performance Measure	FY18
Efficiency- Cost Effectiveness	1.1) 70% of productivity for Medi-Cal billing. (Source: Finance Department; per contract baseline)	76%
Effectiveness –	2.1) 50% of youth will improve in individual and family functioning status. (Source: CANS LDF Family)	60%
Improved Family Functioning	2.2) 50% of youth will improve family relationships and communication. (Source: CANS CS Family)	61%
Effectiveness –	3.1) 50% of caregivers will improve ability to provide daily care of youth. (Source: CANS CGSN domain; Improvement is defined as caregiver improving at least 60% of CGSN actionable items to non-actionable)	60%
Improved Parent Functioning	3.2) 50% of caregivers will improve ability to maintain safe environment. (Source: CANS CGSN Safety)	N/A
	3.2) 50% of caregivers will improve development of natural support system. (Source: CANS CGSN Social Resources)	66%
	4.1) 50% of youth will improve Interpersonal skills. (Source: CANS CS Interpersonal)	38%
Effectiveness – Improved Youth Functioning	4.2) 50% of youth will improve emotional and behavioral status. (Source: CANS CBEN domain; Improvement is defined as youth improving at least 60% of CBEN actionable items to non- actionable)	52%
	4.3) 50% of youth will improve clinical condition and quality of life. (Source: CANS Total; Improvement is defined as youth improving at least 60% of Total CANS actionable items to non-actionable)	35%

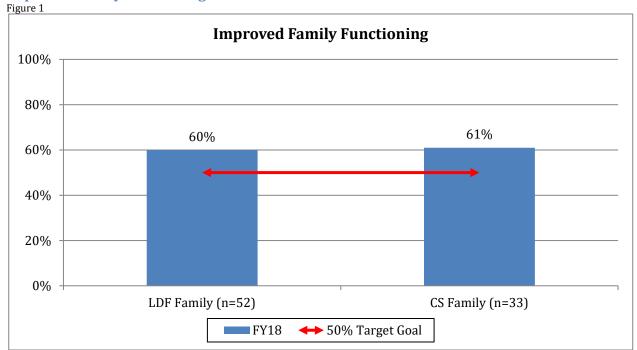
	4.4) 70% of youth will improve school attendance or maintain at a minimum attendance average of 3 out of 5 school days. (Source: CANS LDF School Attendance)	81%
	4.5) 80% of youth will improve School Behavior. (Source: CANS LDF School Behavior)	64%
	4.5) 80% of youth will improve Academic Performance. (Source: CANS LDF School Achievement)	54%
	4.7) 25% of youth will discharge to less restrictive classroom settings. (Source: CEDE – Current School Placement)	43%
	 4.6) 80% of youth will decrease (or maintain at 0) number of expulsions/suspensions during the last 3 months services. (Source: CEDE Expulsion and Suspension) 	83%
	5.1) 80% of youth In-Home at Admit, will remain In-Home or move to a less restrictive setting (not including less restrictive GH setting). (Source: CEDE Predominant Living Situation)	81%
	5.2) 75% of youth Out-of-Home at Admit, will improve to In-Home or move to a less restrictive setting (not including less restrictive GH setting). (Source: CEDE Predominant Living Situation)	N/A
Effectiveness – Placement Stability	5.3) 75% of youth will improve to in-home setting post-discharge. (Source: Wrap 6-Months Post-Discharge Predominant Living Situation; Baseline Source: CEDE at Discharge).	57%
	5.4) 70% of youth will maintain in-home setting post-discharge. (Source: Wrap 6-Months Post-Discharge Predominant Living Situation; Baseline Source: CEDE at Discharge).	95%
	5.5) 50% of caregivers will improve ability to manage youth's behaviors. (Source: CANS CGSN Supervision)	88%
Satisfaction	6.1) 80% of youth and families will be satisfied with Wraparound Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction)	YSS-F: 81% YSS: 70%
Effectiveness – Juvenile Justice Involvement	7.1) 80% of youth with probation violations at Time 1 will decrease their number of probation violations during the last 3 months of program participation compared to the prior 3 month period. (Source: CEDE Probation Violations)	25%
	7.1) 80% of youth with no probation violations at Admit will maintain at 0 their number of probation violations during the last 3 months of program participation compared to the prior 3 month period. (Source: CEDE Probation Violations)	97%
Effectiveness – Goal Attainment	8.1) 40% of youth will have positive goal attainment outcomes. (Source: Reason for Discharge: Goal Achievement, Attained Dependency, and Reunification; per program baseline. Exclude LOS <60 Days)	46%

Family Search and Engagement Outcomes	9.1) 50% of youth participating in FSE services will improve stability of significant relationships in his/her life. (Source: CANS CS Relationship Permanence, per FSE Committee baseline)	50%
	9.2) 90% of youth participating in FSE services will increase the number of relationship/connections. (Source: FSE Data Collection Form, per FSE Committee baseline)	67%
	9.3) 80% of youth participating in FSE services will form sustainable relationships. (Source: FSE Data Collection form. Sustainable relationships is defined as connected & still in contact monthly, weekly, daily, or living per FSE Committee baseline)	100%
Effectiveness – Fidelity Outcomes	10.1) 75% youth and families will achieve a combined total fidelity score of at least 75% (adequate fidelity). (Source: WFI-EZ Overall Fidelity)	74%
	10.2) 75% of CFT observation will have a combined total fidelity score of at least 75% (adequate fidelity). (Source: TOM 2.0 Overall Fidelity)	82%

Notes: (1) Outcomes/Goals based on FY18 program logic model; (2) The CANS series (CANS 0-4, CANS 5+) are scored on a 4point Likert scale (0, 1, 2, 3) and are assessed based on Actionable (2, 3) versus Non-Actionable (0, 1) ratings. The former denotes a problem with varying levels of severity, whereas, the latter denotes either no problem or a history of a problem. Improvement is described by moving from an actionable rating to a non-actionable rating from admit to discharge, maintenance is described by maintaining a non-actionable rating from admit to discharge. (3) No outcomes measured access to services in the FY18 program logic model.

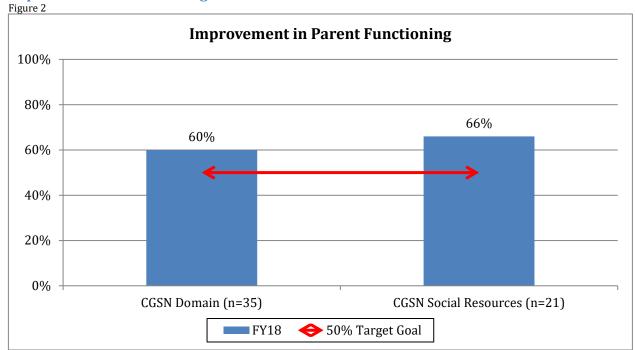
OUTCOMES FOR DISCHARGED YOUTH

This annual status report includes outcome data on youth with a length of stay greater than 60 days. In FY18, 138 youth (86%) met the LOS 60 days criterion. During FY18, nine (nine met 60 days criterion) Matrix Wraparound youth were discharged from Uplift Family Services Fresno County Wraparound. Six youth participating in Family Search and Engagement services were discharged during FY18. See Appendix C for additional CANS outcomes.



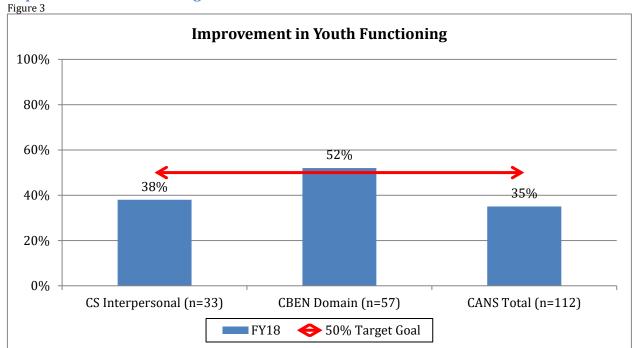
Improved Family Functioning

Source: CANS 5+ (07/11/18). Notes: (1) FY18 LDF Family (N=86), CS Family (N=54). (2) CANS Item: N=Number of youth with an actionable rating at Admit. n=number of youth improved to non-actionable at Discharge. (3) Data includes 0-4, 5+, and ANSA-T paired data.



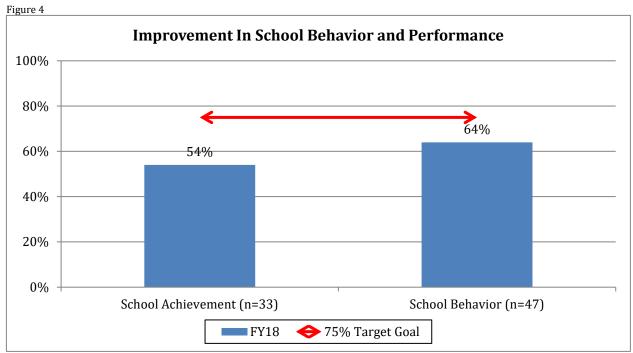
Improved Parent Functioning

Source: CANS 5+ (07/11/18). Notes: (1) FY18 CGSN Domain (N=58), CGSN Safety (N=1), and CGSN Social Resources (N=32). (2) CANS Item: N=Number of youth with an actionable rating at Admit. n=number of youth improved to non-actionable at Discharge. (3) CANS domain and total: N=Number of youth with paired data, n= number of youth improving on at least 60% of actionable items. (4) Data includes 0-4, 5+, and ANSA-T paired data. (5) Too few cases to report data on CGSN Safety (N=1). (5) Domain percentage only include CANS 5+ Admit and Discharge pairs.

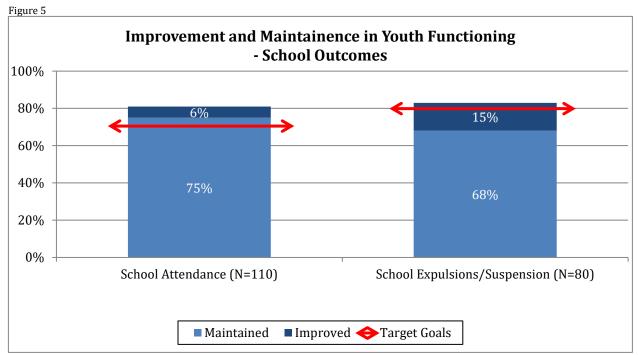


Improved Youth Functioning

Source: CANS 5+ (07/11/18). Notes: (1) FY18 CS Interpersonal (N=86), CBEN domain (N=110), CANS Total (N=112). (2) CANS Item: N=Number of youth with an actionable rating at Admit. n=number of youth improved to non-actionable at Discharge. (3) CANS domain and total: N=Number of youth with paired data, n= number of youth improving on at least 60% of actionable items. (4) Data includes 0-4, 5+, and ANSA-T paired data. (5) Domain percentages only include CANS 5+ Admit and Discharge pairs.

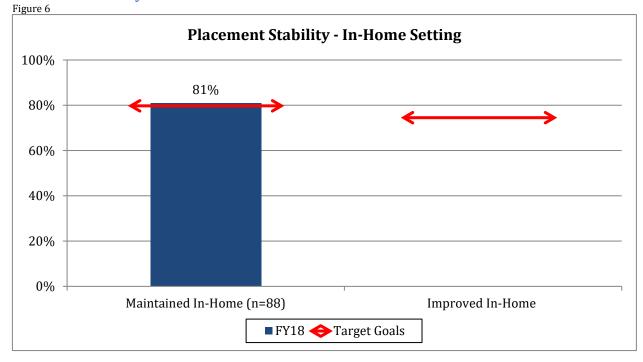


Source: CANS 5+ (07/11/18). Notes: (1) FY18 School Achievement (n=61), and School Behavior (N=73). (2) N=Number of youth with an actionable rating at Admit. n=number of youth improved to non-actionable at Discharge.

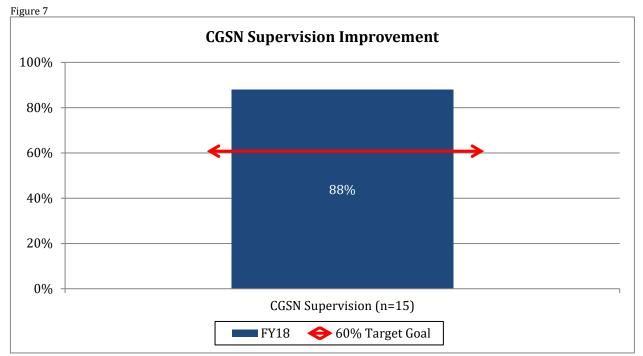


Source: CANS & CEDE (07/11/18). Notes: (1) Paired CEDE (Admit and Discharge), includes youth with a LOS greater than 60 days. (2) N=total number of youth with paired data. (3) Number of Youth improved and maintained: School Attendance, n=90; School Expulsions/Suspension, n=66; (4) Target Goals: School Attendance =70% and School Expulsion/Suspensions =80%.

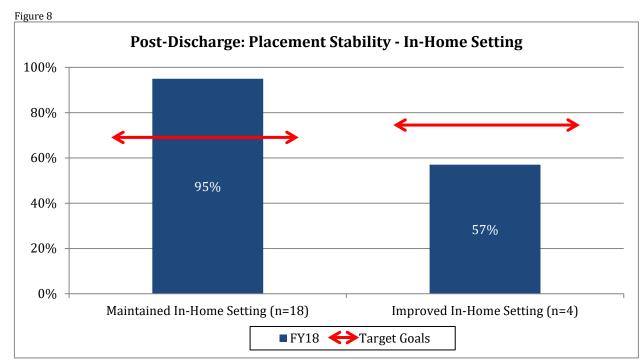
Placement Stability



Source: CEDE (07/11/18). Notes: (1) Paired CEDE (Admit and Discharge), includes youth with a LOS greater than 60 days. (2) Number of youth with paired data: In-Home at Admit = 109, Out of home at Admit=1 (3) n= number of youth improved and maintained; (4) Target Goals: Maintained In-Home =80% and Improved In-Home=75%. (5) Too few data for Improved In-Home (n=1).



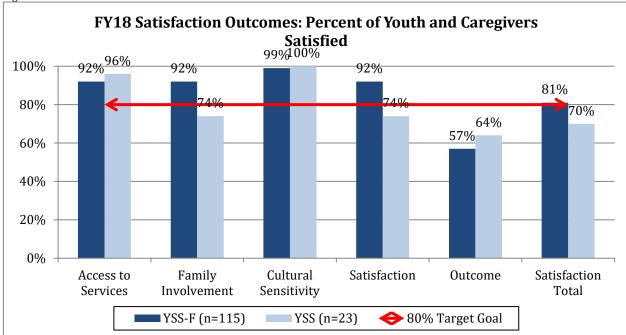
Source: CANS (07/11/18). Notes: (1) FY18: Number of Youth Actionable at Admit N = 17. n=number of youth improved. (2) Data includes 0-4, and 5+paired data.



Source: CEDE & 6-Months Post-Discharge (07/11/18). Notes: (1) FY18: Number of Youth In-Home at Discharge = 19. Number of Youth Out of Home at Discharge = 7. n=number of youth improved or maintained. (2) Target Goals: Improvement =75%, Maintained=70%.

Satisfaction Outcomes

Figure 9



Source: Consumer Perception Survey and Satisfaction at Discharge (07/16/18).

Juvenile Justice Outcomes

In FY18, 97% (102 of 105; including seven MATRIX youth) of discharged youth with zero probation violations at Admit maintained at zero probation violations at Discharge, and 25% (1 of 4) of discharged youth decreased their number of probation violations from Admit to Discharge.

Goal Attainment

Positive goal attainment is defined as reason for discharge due to goal achievement, reunification, and attained dependency. It is our goal that 40% of youth has positive goal attainment at program discharge. In FY18, 64 (46%; n=138) youth discharged, with a LOS greater than 60 days, including three MATRIX youth, reached positive goal attainment.

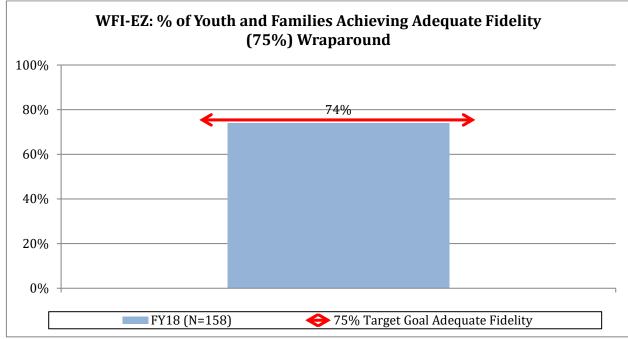
Family Search and Engagement (FSE) Outcomes

Youth who participate in Uplift Family Services' Family Search and Engagement services are expected to improve their relationship permanence. It is our goal that 50% of youth improve in relationship permanence at the end of FSE services. In FY18, paired FSE start and FSE end data was available for six customers. Four youth had paired CANS data and two youth (50%) improved and one youth remained not actionable (25%) in the relationship permanence item. Sixty-seven percent of youth increased the number of relationships and 100% of youth formed sustainable relationships. All youth were connected and in contact with their family member at the end of FSE services.

Fidelity Outcomes

Figure 10

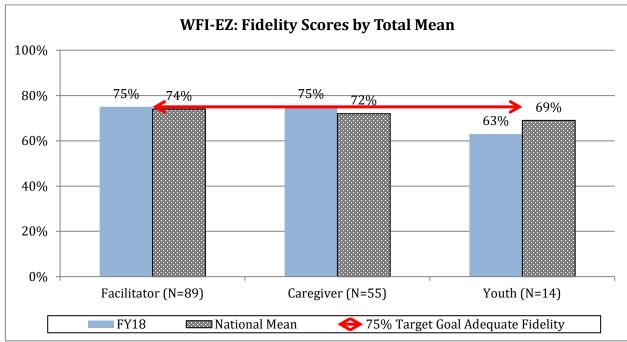
FRESNO COUNTY MENTAL HEALTH PLAN



Source: WFI-EZ Wrap Track Report (07/20/18). Note: (1) N= number of youth.

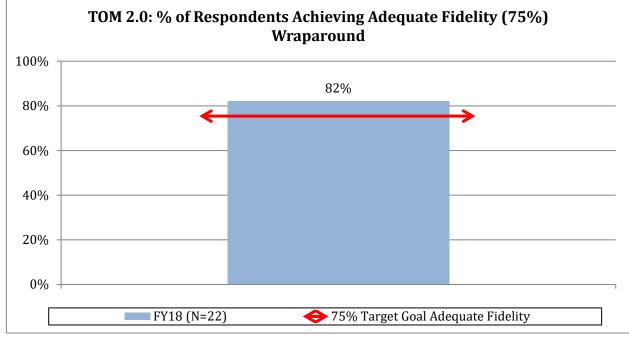
Figure 11

FRESNO COUNTY MENTAL HEALTH PLAN



Source: WFI-EZ Wrap Track Report (07/20/18). Notes: (1) FY18: Facilitator (n=30), Caregiver (n=31), Youth (n=13), and Combined Respondents (n=74). (2) Fresno Wraparound began utilizing the WFI-EZ on February 1, 2016. (3) National Means are represented by respondent.

TOM Outcomes Figure 12



Source: TOM 2.0 Wrap Track Report (07/20/18). Note: (1) N= number of respondents.

DEPARTMENT RECOMMENDATION(S):

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