

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

| | | | |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| Program Title: | TEAMMATES Wraparound | Provider: | Central Star Behavioral Health |
| Program Description: | Comprehensive, individualized services designed to address and resolve multiple child and family needs among children and families with socially and ecologically complex and challenging life circumstances. | MHP Work Plan: | 2-Wellness, recovery, and resiliency support |
| Age Group Served 1: | CHILDREN | Dates Of Operation: | June 2018 to present |
| Age Group Served 2: | ADULT | Reporting Period: | July 1, 2019 – June 30, 2020 |
| Funding Source 1: | Medical FFP | Funding Source 3: | Other, please specify below |
| Funding Source 2: | EPSDT | Other Funding: | County SB 163 Funds |

FISCAL INFORMATION:

| | | | |
|------------------------------------------------------------|-------------|-------------------------------|--------------------------------------------------------------------------|
| Program Budget Amount: | \$4,500,000 | Program Actual Amount: | \$3,891,392.00 (including both Medi-Cal and SB163 non Medi-Cal services) |
| Number of Unique Clients Served During Time Period: | 264 | | |
| Number of Services Rendered During Time Period: | 23,469 | | |
| Actual Cost Per Client: | \$15,219.38 | | |

CONTRACT INFORMATION:

| | | | |
|-----------------------------------------------------|-----------------------------------------------------------------|-------------------------|----------|
| Program Type: | Contract-Operated | Type of Program: | WRAP |
| Contract Term: | 06/01/2018 – 06/30/2021 plus two optional twelve-month periods) | For Other: | |
| | | Renewal Date: | 7/1/2021 |
| Level of Care Information Age 18 & Over: | Medium Intensity Treatment (caseload 1:22) | | |
| Level of Care Information Age 0- 17: | Intensive Outpatient (TBS, Wrap) | | |

TARGET POPULATION INFORMATION:

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|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Target Population: | Children/youth, ages birth through 18 and their families who typically have a history of multi-system involvements and/or out-of-home placements with a need for support to sort out and address issues while building on strengths to achieve safe, stable and positive family life or alternative permanency arrangements for children. |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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:

(All apply)

Access to underserved communities

Integrated service experiences

Community collaboration

Cultural Competency

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

Please describe how the selected concept(s) embedded:

Communitiies served include foster youth in fulfillment of KatieA requirements.

From the outset, enrolling clients are assisted by an interdisciplinary team of staff whom work closely together and with the child/youth and family to coordinate, communicate and focus services as needed. This includes screening, assessments, referral and linkages to primary health care and to a wide range of community-based resources, services and supports; it also includes much in vivo work with young adults so they are accompanied and supported during varied aspects of community life functioning.

Central Stars' Bi-Annual Cultural Attunement Plan addresses staff training needs; policies, procedures and protocols; and, elective projects to meet the needs of the service population.

All services are focused per the client's Child and Family Team (CFT) process and the collaboratively authored individualized service plan that taps into the program's generous array of interventionists (staff types), mental health treatment, family-focused services, and wellness practices.

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

OUTCOMES:

| Tool | Rationale(s) | Status |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Varied screening & assessment tools (e.g., ACES, CSSRS, PHN, SBIRT)* and service delivery tracking.</p> <p>Screenings & assessments are completed during intake, and also later during services when needed. Service entries occur continuously as services are provided.</p> | <p>Required by county, SBHG and/or SBHG for Joint Commission (JC) accreditation. Guides service planning for resolution of needs and risks.</p> | <p>Implemented. Completed in SBHG electronic health record (EHR).</p> |
| <p>Varied TQM/QA and program/practice fidelity tracking (IRs, QI projects, JC Tracers, staff training, cultural attunement plans, wraparound fidelity, etc.).</p> <p>TQM data collection timetables are driven largely by a published CQI calendar and QI project dates.</p> <p>Wraparound fidelity protocols will be completed on an ongoing basis to obtain a valid annual sample of observations.</p> | <p>Information to monitor quality of care, practice fidelity and cultural attunement for quality assurance and improvement.</p> <p>Wraparound fidelity tools:</p> <ul style="list-style-type: none"> • Team Observation Measure (TOM) • Wraparound Fidelity Index (WFI-EZ) • SBHG Four Truths Survey** | <p>Most tracking systems are implemented at this time. CQI review (quality council) is scheduled for Fall 2020.</p> <p>Wraparound Fidelity Index (WFI-EZ) obtained data from 16 caregivers and 11 facilitators for the FY 19-20.</p> <p>Team Observation Measure (TOM) received data from 20 WRAP CFT meetings for the FY 19-20.</p> |
| <p>Performance Outcome System (POS) – Child Adolescent Needs Scale (CANS-50) and Pediatric Symptom Checklist (PSC-35).</p> <p>These tools are completed at intake, every six months through discharge.</p> | <p>State DHCS mandate for children’s services, applied to Children ages 4 to 18 at time of program enrollment.</p> <p>PSC meets SBHG’s JC requirement for use of one standardized tool per age group served.</p> | <p>Staff trained, protocols provided. Team completed N= 42 CANS-50 and N=25 PSC-35 this year for the FY 19-20.</p> |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Ages & Stages Questionnaire (ASQ).</p> <p>ASQ is completed at intake, every six months and discharge.</p> | <p>Tool for small children up to age 5 that assesses developmental milestones and pre-school functioning (meets JC requirement for youngest ages).</p> | <p>Recently implemented. Baseline profiles are provided; there are too few matched sets to report treatment results at this time.</p> |
| <p>SBHG EHR Child Outcomes Report (COR) and DC Status Form.</p> <p>COR is completed at intake and discharge; DC Status Form at discharge.</p> | <p>Used SBHG-wide to capture varied categorical statuses at intake and at discharge, incl. referrals/linkages provided for aftercare.</p> | <p>Implemented. Matched (pre to post) Child COR avail on N=107 (74%) discharges; DC Status on N=135 (94%) discharges for the FY 19-20.</p> |
| <p>Client, Family & Agency Partner Surveys (state MHSIP surveys, SBHG Agency Partner Surveys).</p> <p>Mandated state surveys collected twice a year from persons seen during a 1-week window (fall, spring).</p> | <p>Agency Partner Surveys required by SBHG.</p> | <p>Team participated in state MHSIP data collection during fall 2019 (13 youth respondents) for the FY 19-20.</p> <p>Agency Partner Surveys yield 8 responses for the FY 19-20.</p> |

* Adverse Childhood Experiences, Columbia Suicide Severity Rating Scale, Pain Health Nutrition, Screening Brief Intervention and Referral to Treatment (substance abuse risk screening questions).

** Tool designed in collaboration with Los Angeles County Child Welfare Special Program's Bureau for feedback to system on allied professionals (e.g., child welfare workers) participation on Child Family Teams (CFTs). SBHG research indicates that strong participation of allied professionals is critical to CFT and wraparound outcomes. Elective: program applied the tool once in the past, and will consider doing so again this coming year.

*** Spring 2020 data collection used mixed methods (incl. on-line due to COVID-19) and data forms were not available for processing by SBHG; thus, we eagerly await a report back from the county.

The Central Star Wraparound program opened June 2018. In FY 2019-20, the program served 264 unduplicated children and youth. May (91%) also received mental health treatment per their individualized wraparound plans of care. As of the end of the FY, there were 143 discharged youth and 121 active youth, continuing with services.

The program's participants were 61.4% male and 38.6% female; with diverse ethnocultural heritages that include 44% Latinx; 27% Caucasian; 24% African-American; <3% Asian American; and <3% Native American/Other/Mixed/Unknown. At the time of enrollment, they ranged in age from 3 to 18 yrs. Average 13.3, median = 13.9). Demographic subgroups are shown below:

Table 1. Race groups by Age Categories

| | Birth thru 5 | Ages 6 thru 10 | Ages 11 thru 17 | Total | % |
|------------------------------|-----------------|-------------------|--------------------|-------|-------|
| African American | 3 | 16 | 41 | 60 | 24.2% |
| LatinX | 3 | 20 | 85 | 108 | 43.5% |
| Asian American | 0 | 4 | 3 | 7 | 2.8% |
| Caucasian | 3 | 19 | 45 | 67 | 27.0% |
| Native | 0 | 0 | 6 | 6 | 2.4% |
| American/Other/Mixed/Unknown | | | | | |
| Age X Gender Subtotal | 9 | 59 | 180 | 248 | 1 |
| N = 248* | | | | | |

*Demographics on subset 94% with available data.

The clinical pathways (areas in need of treatment) of the children and youth were predominately internalizing conditions (38.6%) or externalizing conditions (34.8%), along with a few (1.1%) evidencing a major mental illness. Approximately 12.1% had a deferred diagnoses. The most common internalizing conditions were Post Traumatic Stress and Dysthymia; the most common externalizing conditions were Attention Deficit with Hyperactivity and Oppositional Defiant Disorder.

The sections that follow organize the contract KPIs and available data to date within Fresno County's topical areas for reporting: Access, Effectiveness, Efficiency and Satisfaction.

ACCESS:

The numbering of KPIs keys to the full list on first page.

1. Mental health services for KatieA subclass members, among others, are provided.
2. Population trends, demography, cultural & linguistic needs are addressed.
3. Timeliness of care standards are met (referral to first service, etc.).
4. Barriers to access and to effective care are identified and addressed.

- The Katie A subclass is well served. A majority (78%) of all clients participated in Intensive Care Coordination (ICC) and 82% with Intensive In-Home Services (IIHBS), modalities specific to this subclass. During the FY, each client with these services (whether active or closed cases), participated, on average, in 118 discrete ICC service dates encompassing 52 units/minutes (median 50 range 1 to 256); and, in 124 discrete IIHBS service dates encompassing 79 units/minutes (median 73 range 4 to 247).
- The program participated, along with all of Central Star, in the creation of their first bi-annual Cultural Attunement plan, completed and submitted to the county on June 2019. The plan follows CLAS topics and addresses staff training; policies, procedures and protocols; and, elective projects designed to boost awareness, competencies, and responsiveness to Central Star's (CS) service populations. Central Star also recently met the county requirement for reporting on its cultural competency plan update at six months (Jan-Jun report submitted late August).
- CS works in tandem with Stars Behavioral Health Group (SBHG) to assure data collection for monitoring performance to the state DHCS timeliness of care standards (e.g., 10 days from referral to first MH appointment; 15 days for psychiatry appointment). This past year:
 - The average days from referral to enrollment (EHR date/time stamps) is 6 days (median =5, range 0 to 41). Overall, 88% were enrolled within 10 days (0 thru 9 days) of referral. Referrals have not yet been coded in the EHR for urgency, but they will be.
 - Company-wide, SBHG offers teams Business Analytic (BA) Dashboards with real-time monitoring of access to care milestones. These dashboards are available and their use is currently being trained to. The team continued their required submissions pertaining to the Network Adequacy Certification Tool (NACT).
- Any barriers to access and/or to the full range of needed, effective services will be reviewed at the team's upcoming fall Quality Council (aka CQI) to which stakeholders are invited to participate (this year, it will be on-line due to COVID-19).

EFFECTIVENESS:

The numbering of KPIs keys to the full list on first page, not necessarily in sequence; they are placed here for the topical domain of effectiveness:

5. Effectiveness of treatment interventions
6. Improved family involvement (parents, siblings, child client, etc.)
8. Safely and stably maintain children in least restrictive placements (or step down)
9. Effectiveness of discharge planning

Child Outcomes Report (COR) Data. The information below reflects analysis of N=107 (95.5%) of discharged clients' matched Child Outcome Report (COR) records for FY 19-20.

- In aggregate, the children and youth did not experience a shift in schooling-related disciplinary issues from enrollment to discharge (→), similar proportions (21% → 22%) had one or more disciplinary issues (truancies, suspensions, etc.) and a similar average count of such events over time in treatment (M=.26, M=.28). However, based on the available sample, in aggregate, school attendance did improve (41% → 62% attending 4+ days per week), as did course grades (13% → 43% achieving "C" grades or better). We note that with

improved attendance, there was actually more opportunity to “get in trouble” at school, yet disciplinary actions did not increase, which is a good result.

- Improvement or stability in a living situation was achieved by many (65%) (see table 1): close to 32% successfully maintained in a family home, 12% transitioned from foster home to family home, 27% maintained in foster home, and 7% maintained in a group home.
- Less desirable shifts, in much smaller proportions, occurred when youth moved from a family/foster home to a group home (8%), detention facility (6%), homeless shelter (1%) or unknown by discharge (1%).
- The following table details progress with family reunification at enrollment (ADM) to discharge (DIS), pertinent to children on this track at some point during CS Wraparound (96% of population). Close to 17% of children/youth had parents able to resume legal status (child custody) from the courts by discharge (CWS case closure).

Table 2. Family Reunification from Admission to Discharge

| | |
|-------------------------------------------------------|-------|
| <u>Reunification Achieved by Discharge:</u> | 22.4% |
| Achieved at ADM | 2.8% |
| In Progress at ADM, Achieved by DIS | 12.1% |
| Unknown at ADM, Achieved by DIS | 6.5% |
| Reunification Failed at ADM, Achieved by DIS | 0.9% |
| <u>Reunification in Progress by Discharge:</u> | 17.8% |
| In Progress at ADM, In Progress by DIS | 13.1% |
| Unknown at ADM, In Progress by DIS | 3.7% |
| Reunification Failed at ADM, In Progress by DIS | 0.9% |
| <u>Reunification Failed by Discharge:</u> | 11.2% |
| In Progress at ADM, Failed by DIS | 3.7% |
| Failed at ADM | 3.7% |
| Unknown by at ADM, Failed by DIS | 3.7% |
| <u>Reunification Unknown by Discharge:</u> | 48.6% |
| Unknown at ADM and DIS | 28.0% |

| | |
|---------------------------------------------|-------|
| In Progress at ADM, Unknown by DIS | 11.2% |
| Reunification Failed at ADM, Unknown by DIS | 9.3% |

- Roughly 29% of the children youth served were well along with permanency when they enrolled – that is, they had a prospective family identified, a permanent foster home, or had been adopted. By discharge this permanency planning percentage dropped a bit to 27.1%. Clinicians rate (“Yes” or “No”) whether caregivers’ challenges “impact the child’s mental health functioning and/or treatment prognoses” (see table 3). Below shows the distribution over time of the proportions for 10 challenges where each was either never an issue (“challenge free”), ceased being an issue (“improving”), persisted as an issue throughout services (“continued”) or newly appeared as an issue (“worsened”). We note that a process of discovery – clinicians’ recognizing more issues as they work with families over time – can shape these data. Newly detecting issues, even if discovered well along in services, is important and considered for aftercare planning.

Table 3. Caregiver Challenges (N = 107)

| Challenges | Challenge Free "No" at ADM "No" at DIS | Improving "Yes" at ADM "No" at DIS | Continued Challenge "Yes" at ADM "Yes" at DIS | Worsening "NO" at ADM "YES" at DIS |
|-----------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------|------------------------------------------|
| CPS Reports | 53% | 37% | 7% | 3% |
| Criminal Activity | 100% | 0% | 0% | 0% |
| Domestic Violence | 95% | 2% | 0% | 4% |
| Mental Illness | 92% | 5% | 0% | 3% |
| Physical Illness | 87% | 5% | 2% | 4% |
| Substance Abuse | 91% | 5% | 0% | 4% |
| Loss and Grief | 100% | 0% | 0% | 0% |
| Poor Parenting Skills | 83% | 2% | 1% | 15% |
| Tx Non Compliance | 90% | 1% | 1% | 8% |
| Poverty | 98% | 1% | 1% | 1% |

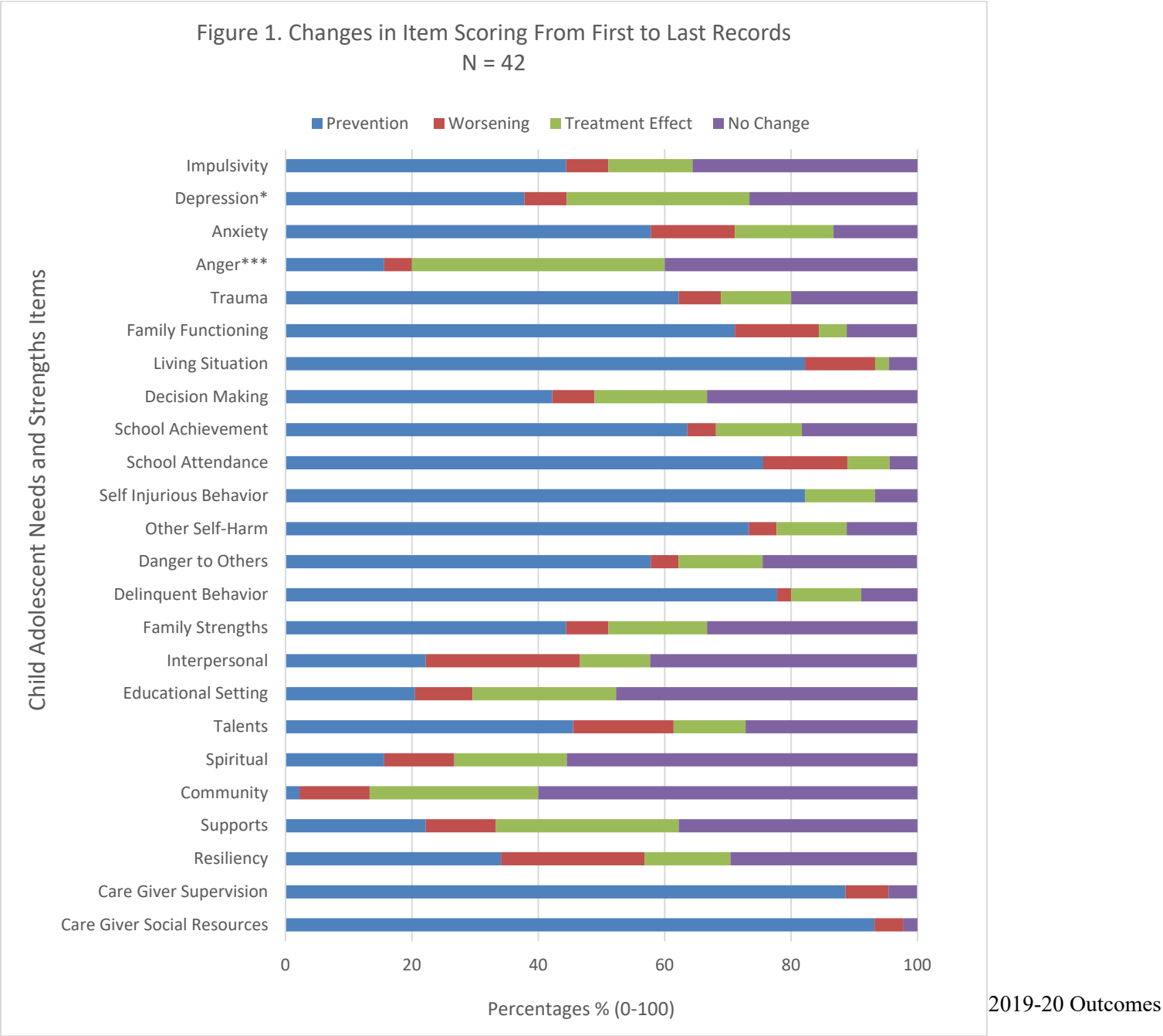
- With regards to Table 3, above, we note that we serve Medi-Cal client populations, which by definition means enrolling individuals must meet federal poverty criteria. Our clinicians must then further identify if the family's poverty status impacts the child's mental health and/or treatment prognoses. Mostly, clinicians do not rate that as true upon intake; and they may be missing something important. Thus, we are adding additional discussion to our cultural attunement trainings to sensitize clinicians to recognize when/how poverty and/or financial hardship might impact child clients and how they can intervene with the family to promote safe and healthy coping even when under economic duress; and, to connect families to available resource supports.
- Over 68% met all, most or some of their mental health treatment goals by discharge.

*Please note youth/families may be multi-tracked in the child welfare system: working on both reunification and permanency simultaneously; thus, proportions across tables do not add to 100%.

CANS-50 Analyses.

The team administered 86 Child and Adolescent Need and Strengths (CANS-50) forms regarding unduplicated clients thru June 2019 matched cases. The following analyses are based on matched record sets of N = 42 clients with at least 2 records (admit-re-assessment; admit-discharge; no missing data) (see Figure 1) (on average there were 45-46 response per item).

- CANS-50 ratings are numeric, i.e., 0 = No evidence; 1 = History, mild, suspicion; 2 = Moderate, action needed; 3 = Severe, disabling, dangerous, immediate action needed. Ratings of "2" or "3" are "Actionable" and indicate a need for clinical intervention. Ratings of "0" or "1" are "Non-Actionable", although new information or watchful waiting may be shift that. Generally, it is desirable to have lower ratings (less difficulties, less frequent symptoms, more strengths to build upon) and smaller proportions with 2+ ratings.
- Tabled below are the proportions of clients who transitioned from being "Actionable" to "Non-Actionable ("Treatment effect") or vice versa ("Worsening") or maintained stability by either staying "Actionable" ("No Change") or staying "Non-Actionable" ("Prevention") from first to last available record, for each analyzed item. Asterisks * indicate the treatment effect was significant (McNemar test). Data is only reported on CANS items with an average population score of 0.25 or more at intake (at least some prevalence apparent in the population)
- Highlights are that among Child Behavioral/Emotional Needs items, 2/5 (40%) showed significant treatment effects: Depression and Anger. All other domains showed no statistically significant from pre to post assessments. The small available CANS data sample may play a role in not being able to detect gains.
- There is limited available data. Improved data collection/submission is needed to be fully confident in the pattern of results described.



PSC-35 Analyses.

The PSC-35 consists of 35 items which are the caregiver's ratings about their child's behaviors, and it distinguishes between children aged 4 – 5 yrs. and 6 – 18 yrs., with the latter having higher cutoff scores to indicate psychological impairment. The team administered 43 unduplicated clients and 25 had complete data on the Pediatric Symptom Checklist (PSC-35) forms thru June 2019 (see Table 4). There was no data for children ages 4 – 5 yrs. for any analysis.

- PSC-35 ratings are numeric, i.e. 0 = Never; 1 = Sometimes, and 2 = Often, with lower ratings being desirable. For each client, a total score is computed by adding the scores of the 35 items. No more than 4 items can be missing per client. For clients aged 6 – 18, a total score greater than 28 indicates psychological impairment.
- Additionally, scores for 3 distinct domains are computed: “Internalizing Problems” (sum of items 11, 13, 19, 22, and 27; cutoff of 5 or above for impairment), “Attention Problems” (sum of items 4, 7-9, and 14; cutoff of 7 or above for impairment), and “Externalizing Problems” (sum of items 16, 29, and 31-35; cutoff of 7 or above for impairment).
- Notably, 2 of the 3 subscales as well as the total score showed desirable significant reductions from first to last records. In the table, p values highlighted in yellow indicate statistically significant reductions from first to last record (Paired Means T-test). See table 5 below for results.
- There is limited available data. Improved data collection/submission is needed to be fully confident in the pattern of results described.

Table 4. PSC - 35 Items Means Pair T-Test Pre and Post

| PSC - 35 Items | <u>Pre</u> | | <u>Post</u> | | Change in Mean Score | P - Value |
|------------------------------------|------------|------|-------------|------|-------------------------|--------------|
| | Mean | SD | Mean | SD | | |
| 1. Complains of aches/pains | 0.38 | 0.64 | 0.27 | 0.45 | 0.12 | 0.449 |
| 2. Spends more time alone | 1.04 | 0.77 | 0.62 | 0.75 | 0.42 | 0.013 |
| 3. Tires easily, has little energy | 0.77 | 0.82 | 0.27 | 0.45 | 0.50 | 0.003 |
| 4. Fidgety, unable to sit still | 1.00 | 0.85 | 0.96 | 0.72 | 0.04 | 0.832 |
| 5. Has trouble with a teacher | 0.81 | 0.75 | 0.62 | 0.80 | 0.19 | 0.306 |
| 6. Less interested in school | 0.96 | 0.66 | 0.77 | 0.82 | 0.19 | 0.232 |
| 7. Acts as if driven by a motor | 0.88 | 0.82 | 0.42 | 0.76 | 0.46 | 0.020 |
| 8. Daydreams too much | 0.69 | 0.79 | 0.46 | 0.51 | 0.23 | 0.185 |
| 9. Distracted easily | 1.19 | 0.69 | 0.85 | 0.67 | 0.35 | 0.071 |
| 10. Is afraid of new situations | 0.92 | 0.74 | 0.77 | 0.71 | 0.15 | 0.444 |

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

| | | | | | | |
|-----------------------------------------------|------|------|------|------|-------|-------|
| 11. Feels sad, unhappy | 1.00 | 0.75 | 0.73 | 0.60 | 0.27 | 0.148 |
| 12. Is irritable, angry | 1.38 | 0.50 | 0.96 | 0.53 | 0.42 | 0.009 |
| 13. Feels hopeless | 0.65 | 0.75 | 0.31 | 0.47 | 0.35 | 0.036 |
| 14. Has trouble concentrating | 1.19 | 0.63 | 0.73 | 0.67 | 0.46 | 0.015 |
| 15. Less interest in friends | 0.58 | 0.70 | 0.35 | 0.49 | 0.23 | 0.136 |
| 16. Fights with others | 0.88 | 0.71 | 0.73 | 0.72 | 0.15 | 0.356 |
| 17. Absent from school | 0.50 | 0.71 | 0.46 | 0.65 | 0.04 | 0.846 |
| 18. School grades dropping | 0.85 | 0.83 | 0.54 | 0.71 | 0.31 | 0.161 |
| 19. Is down on him or herself | 0.77 | 0.82 | 0.54 | 0.58 | 0.23 | 0.207 |
| 20. Visits doctor, finding nothing wrong | 0.35 | 0.69 | 0.12 | 0.33 | 0.23 | 0.136 |
| 21. Has trouble sleeping | 0.77 | 0.76 | 0.69 | 0.68 | 0.08 | 0.691 |
| 22. Worries a lot | 0.81 | 0.80 | 0.65 | 0.75 | 0.15 | 0.461 |
| 23. Wants to be with you more than before | 0.85 | 0.88 | 0.69 | 0.79 | 0.15 | 0.527 |
| 24. Feels he or she is bad | 0.62 | 0.64 | 0.42 | 0.64 | 0.19 | 0.232 |
| 25. Takes unnecessary risks | 0.56 | 0.77 | 0.48 | 0.51 | 0.08 | 0.664 |
| 26. Gets hurt frequently | 0.42 | 0.70 | 0.31 | 0.55 | 0.12 | 0.416 |
| 27. Seems to be having less fun | 0.62 | 0.70 | 0.38 | 0.50 | 0.23 | 0.161 |
| 28. Acts younger than children his or her age | 0.42 | 0.58 | 0.46 | 0.71 | -0.04 | 0.824 |
| 29. Does not listen to rules | 1.15 | 0.61 | 0.92 | 0.69 | 0.23 | 0.265 |
| 30. Does not show feelings | 1.00 | 0.69 | 0.42 | 0.58 | 0.58 | 0.000 |
| 31. Does not understand other's feelings | 0.92 | 0.74 | 0.50 | 0.65 | 0.42 | 0.019 |
| 32. Teases others | 0.73 | 0.72 | 0.58 | 0.58 | 0.15 | 0.256 |
| 33. Blames others for his or her troubles | 1.04 | 0.73 | 0.36 | 0.64 | 0.68 | 0.001 |
| 34. Takes things that do not belong self | 0.42 | 0.76 | 0.35 | 0.56 | 0.08 | 0.691 |
| 35. Refuses to share | 0.46 | 0.65 | 0.50 | 0.65 | -0.04 | 0.832 |

Note: 25 clients completed all of the items; on average 25-26 clients' answer per item Standard Deviation (SD); Yellow highlights indicate the difference from pre to post as statistically significant at the P > .05, .01, or .001

Table 5. Sub Scale Pre and Post Means Pair T-Test

| | <u>Pre</u> | | <u>Post</u> | | Change in Mean score | P-value |
|---------------|------------|------|-------------|------|----------------------------|---------|
| | Mean | SD | Mean | SD | | |
| Attention | 4.96 | 2.89 | 3.42 | 2.76 | 1.54 | 0.036 |
| Internalizing | 3.85 | 2.57 | 2.62 | 2.17 | 1.23 | 0.042 |
| Externalizing | 5.58 | 3.19 | 4.58 | 3.21 | 1.00 | 0.206 |

Note: 25 clients completed all of the items; on average 25-26 clients' answer per item Standard Deviation (SD); Yellow highlights indicate the difference from pre to post as statistically significant at the $P > .05$

- In this sample, the items that improved statistically significantly were: spending time alone, tiring easily, over acting, feeling irritable, feeling hopeless, concentrating problems, showing no feelings, no understanding other's feelings, and blaming others for his or her trouble ($P < .05$, .01, and .001). The overall mean scores on these items reduced from first to last record, beyond what might be seen by chance.
- For the sub scale analyses there were an improvement for 2 of the 3 scales. The attention and internalizing sub scales both saw a reduction in the overall mean scores at the .05 level.

Status at Discharge (SBHG EMR DC Status Form):

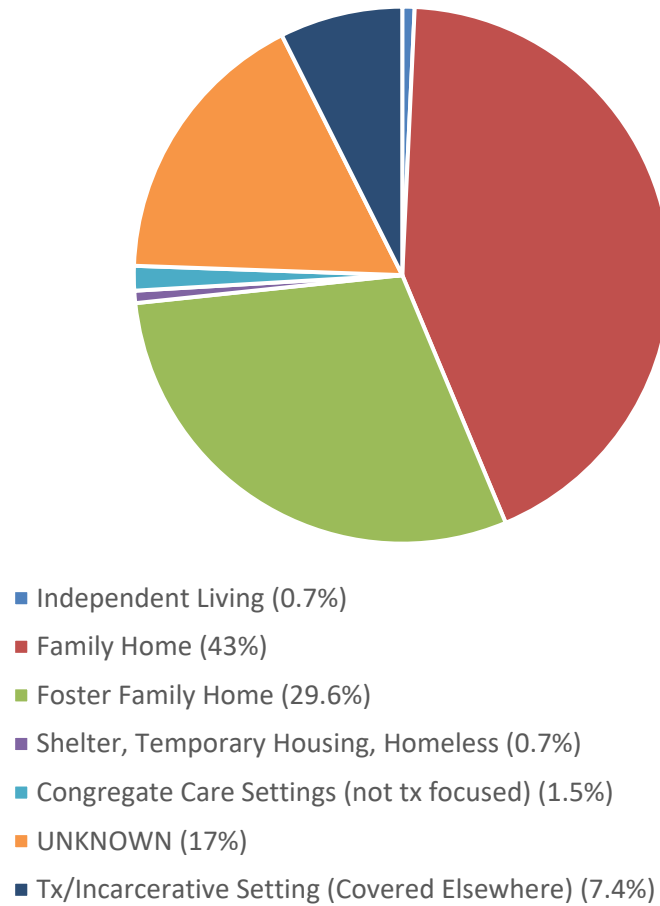
- The following tabled information derives from staff's recording varied aspects of each discharged client's status, results, and aftercare plans in the SBHG EMR. The DC Status Form was implemented this past spring, and data are available on N=135/143 (94%) closed cases through the end of the FY 2020. We commend the team for their effective implementation and high completion rate of this form.

Table 6. Discharge Reason

| | <u>Counts</u> | <u>Percent</u> |
|-------------------------------------|---------------|----------------|
| Client/Caregiver Refused Services | 23 | 17.0% |
| No Longer Meet Eligibility | 4 | 3.0% |
| Other (e.g., No Contact, Transfers) | 25 | 18.5% |
| Client/Family Completed Program | 48 | 35.6% |
| Moved Out of Area | 24 | 17.8% |
| Services Dc'd by Authorizing Entity | 11 | 8.1% |
| Total | 135 | 82.2% |

- We think the available strong sample is representative, and thus if we remove 'no longer meeting eligibility', 'moved out of area', and 'services discontinued by authorizing entity' (dispositions outside the program's control) from the denominator, the program's overall completion rate is 48/(135-39) or 50% for the FY 19-20 period.

Figure 2. Discharged Living Situation
(N = 135)



- The SBHG EMR DC Status Form also captures information about the types of services and supports, with behavioral health and community resources tracked separately, that are part of aftercare plans for those leaving Wraparound. For the discharge cohort thru June with available records, 75% were linked to one or more aftercare services of each broad type (behavioral health, community resources). Details shown below.

Figure 4. Behavioral Health Referrals & Linkages
Proportions Among Subset (75%)

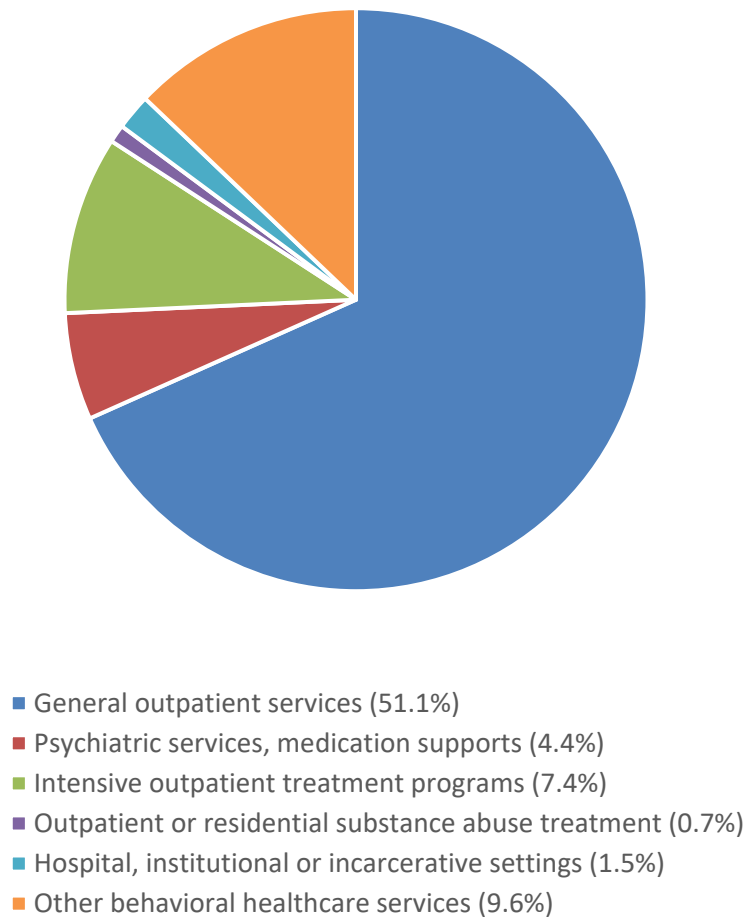
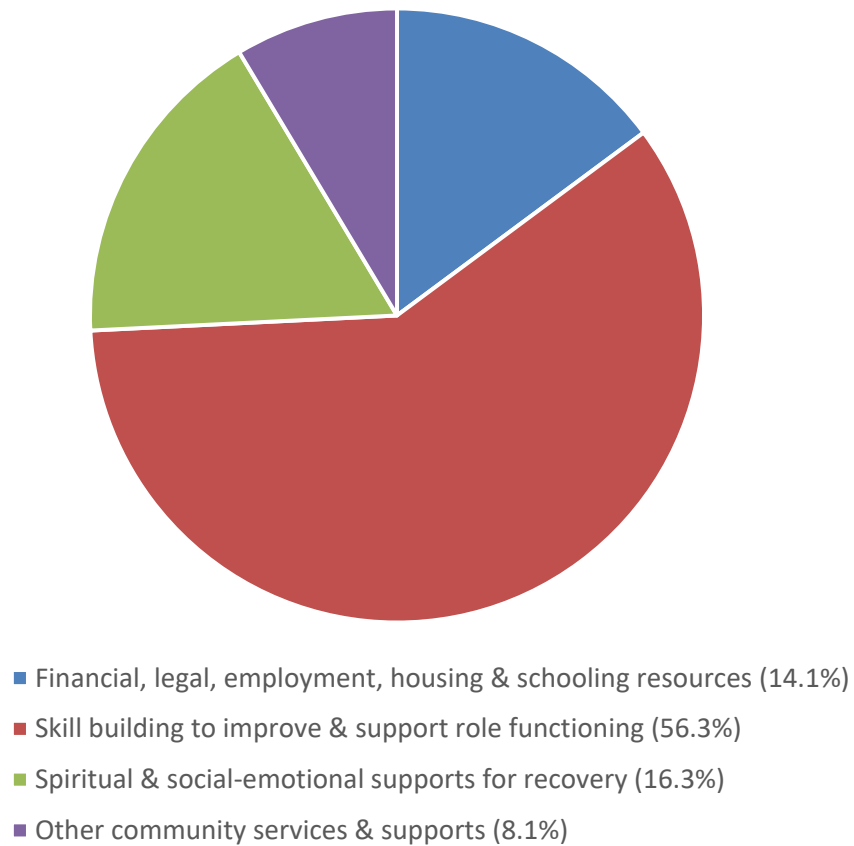


Figure 5. Referrals and linkages to Community Services & Supports Proportions
Among Subset (94.8%)



EFFICIENCY

The numbering of KPIs keys to the full list on first page, not necessarily in sequence; they are placed here for the topical domain of efficiency:

7. Effectiveness of training care providers
10. Services are community-based, comprehensive, coordinated and individualized.
11. Favorable central tendencies re: length of stay, units and costs per client/episode.
12. Cost neutrality – no requests for additional funding.
13. Information and reports are shared with a defined distribution list.

Training Report

- Central Star's training department maintains detailed logs of staff trainings, which are a mix of classroom and on-line trainings, and are available for inspection. Many staff hired into Wraparound from other SBHG programs, and the transferred staffs along with new hires have participated, on average, in 41 trainings each (range hours 11.25 to 139.5; average = 46.6) during FY 2019-20, anchored to their individual scope of practice.

Examples of topics are:

AF-CBT Training Day (1-3) and Consultation Conferences (1-5)
Ages and Stages Questionnaire (ASQ)
Aggression Replacement Training (ART) (All Staff)
Assessment and Treatment of Oppositional Defiant Disorder
California CANS 50, Trainings, Recertifications
CBT for Psychosis - Introduction
Cerdian Training
Child Abuse Assessment and Reporting (AATBS), Mandated Reporting (CDSS)
Child Abuse Prevention Conference
Child Sexual Abuse and TF-CBT Related Approaches to Therapy
Civil Rights Act Training (All Staff)
Clinical Case Consultation (CS)
Clinical Supervision (Supervisors)
Clinical Supervision Training (ALL)
Columbia Suicide Severity Rating Scale
Community Resource (CS)

Core Practices: Alcohol Tobacco and Other Drugs (ATOD)
Core Practices: Externalizing Conditions
Core Practices: Internalizing Conditions
Core Practices: Motivational Interviewing
Core Practices: The Clinical Picture from Assessment to Discharge
Core Practices: Trauma 101
CS Targeted Documentation Training
Cultural Competence: Current Multicultural Issues in Research and Therapy
Department Specific Training Checklist (All Staff) 0922
Distractions While Driving
Documentation Refresher (All Staff)
Documentation and Billing/General Compliance Training
Documentation Training Part I (CS)
Drug Awareness & Drug Trafficking
Effects of Domestic Violence on Children
Emergency Preparedness: Fire Safety & Disaster Annual Refresher
EMR Training (All Staff)
Exceptional Parents Unlimited 0-5 Training
Family Therapy Training
Fresno County Documentation and Billing
Fresno County HEMCDT & SBHG HEMCDT
Fresno Gang Awareness
General Compliance
Group Facilitation Training (CS)
Guidelines for Writing Tx Plan Objectives
HIPAA
HR Management Academy Overview
HR New Hire Benefits Overview
HR Wage and Hour Training
Human Sexuality
ICC Coordinator Training (Wrap)
Islamic Culture Awareness Training
IT Security: Password Security

IT Security: Spearphishing Attacks
Judge's Report Training
Katie A. and Trauma Stewardship
Katie A. Training (CS)
Law and Ethics for Marriage and Family Therapists (CA) (AATBS)
Management Academy (All Staff)
Mandated Reporting
Mental Health: Culture, Race, and Ethnicity
NAMI's Services, Multiculturalism and Mental Health (CS and PHF)
NEO Condensed
NEO Days 1 - 5
New Hire Benefits Overview
Online Incident Reporting (CS)4
Overview of the Child Welfare Process (CS)
Overview of the Child Welfare System
Parent Child Interaction Therapy (PCIT)
Patients' Rights Annual Refresher
Pediatric Symptom Checklist (PSC)
Peer Support
Performance Management Trainings
Primer for Working with Psychosis
Pro-ACT for CS
Psychological Evaluation Overview
QPR Training
Safety, Emergencies, and Infection Control
SBHG Child COR Training
SBHG Law and Ethics
Seeking Safety
Sexual Harassment Trainings (Staff, Supervisors)
Specific Compliance
Burnout Prevention
TF-CBT Overview
The Great Shake Out (All Staff)

The Impact of Child Abuse on Brain Development (CS)
The Joint Commission (TJC) Safety Training
Theraplay (CS)
Time Management Training
TJC Tracers (CS)
Total Quality Management TQM
Transgender 101
Transition to Independence (TIP)
Trilogy Training for Staff and Supervisors (CS)
Understanding Trauma Informed Care: Interventions for Child Welfare
Workplace Bullying & Violence Prevention
WRAP and Wellness Education (Staff, Supervisors)
Wraparound CFT Facilitation
Wraparound Fidelity
Wraparound Service Process and Protocols

Teammates Fidelity Data

- Supervisors were trained by SBHG's Fidelity Specialist on administering the standardized wraparound fidelity tools (TOMs, WFI) and the program has a contract in place for anonymous, secure database entries and reporting with the University of Washington.
- Supervisors completed the Wraparound Fidelity Index (WFI-EZ) with 16 caregivers and 11 facilitators during FY 19-20, a solid start. They have sampling targets and a maintenance plan in place moving forward.
- Supervisors completed the Team Observation Measure (TOM) on 20 WRAP CFT meetings, also a solid start. They also have TOMs sampling targets and a maintenance plan in place moving forward.
- Facilitators have begun to provide structured feedback on the CFT process based on WFI and TOMs results, including areas that pertain to the participation of allied professionals. The program's fidelity data will be shared at their coming Quality Council.

WFI Findings:

Families and clients were overall satisfied with wraparound participation (M=1.4), process (M=1.3), and meeting needs (M=1.4), and their sense of confident in the team's abilities to care for youth (M=1.4). These means are either on par or higher than the national wraparound means. Areas of improvement include co-creating a treatment plan that will be successful; and, assuring that wraparound teams include people important to the family and that such natural community support persons (e.g., friends, family, faith-based) be present at CFT meetings.

TOM Findings:

- Improvements are needed to full meeting attendance from youth, school representatives, and natural/community support (rated 57% overall which is below our company benchmark of 85%).
- Among those in attendance, effective teamwork was high, 94% average.
- Encouragement of the youth to contribute to his or her treatment plan needs to improve (rated 38%); however, the overall average ratings related to the domain “Driven by Strengths and Family Needs (in which youth contribution is one item) was strong at 90%.
- The overall average for the topic of basing plans on priority needs was 88%. A potential item for improvement within this domain is establishing how the team knows whether youth and family’s needs are being addressed.
- The domain regarding use of natural and community supports achieved 66% success. Specifically, the involvement of natural support (43%) and family connected to the community (53%) are items that drive the need for improvement in this area.
- Outcomes based process is generally satisfactory. One item that requires attention is the team’s effort to review if the youth and family are achieving their goals (67%).
- Skill facilitation is generally high (93%). An item for improvement within this domain is the facilitator’s preparedness of documents and materials prior to meetings (79%).
- Overall, the TOMs data are helpful and show that while the results are generally satisfactory across domains, there are specific items within each area that require attention and improvement in the coming year.

Service Utilization

- The central tendencies of service delivery per client enrollment, for all N=151 closed cases, are shown below (see Table 7). Overall, 75% of the service units involve direct client/caregiver contact (vs. ‘other’ time for documentation, travel, etc.).

Table 7. Utilization Central Tendencies FY 19-20

| <u>Service Type</u> | Clients | Average Minutes | Median Minutes | SD | Range |
|----------------------|----------------|------------------------|-----------------------|-----------|--------------|
| Care Plans & Updates | 138 | 52 | 45 | 36 | 0 - 242 |
| Case Management* | 133 | 3105 | 810 | 4810 | 0 - 42072 |
| Collateral | 2 | 58 | 58 | 3 | 56 - 60 |

| | | | | | |
|----------------------------------|-----|------|------|------|-----------|
| Crisis Intervention | 10 | 102 | 54 | 144 | 0 - 532 |
| Family Therapy & Rehab** | 118 | 2111 | 1412 | 2515 | 0 - 13100 |
| Group Therapy & Rehab | 24 | 122 | 101 | 103 | 16 - 451 |
| Individual Therapy & Rehab | 85 | 322 | 150 | 718 | 0 - 6135 |
| Psychiatric & Nursing Services | 132 | 32 | 0 | 118 | 0 - 826 |
| Screenings, Assessments & Intake | 151 | 37 | 0 | 66 | 0 - 448 |
| Wraparound Activity Note | 144 | 591 | 439 | 601 | 0 - 3169 |

Note: N = 158; * Includes ICC; ** Includes IHHBS

- The average length of stay among discharged youth was 258 days (SD = 176); median 249 days, range 8 to 741. About 39.2% were discharged within 6 mos.
- Additional funding was not sought during the FY.
- The team follows county guidelines and instructions for reporting.

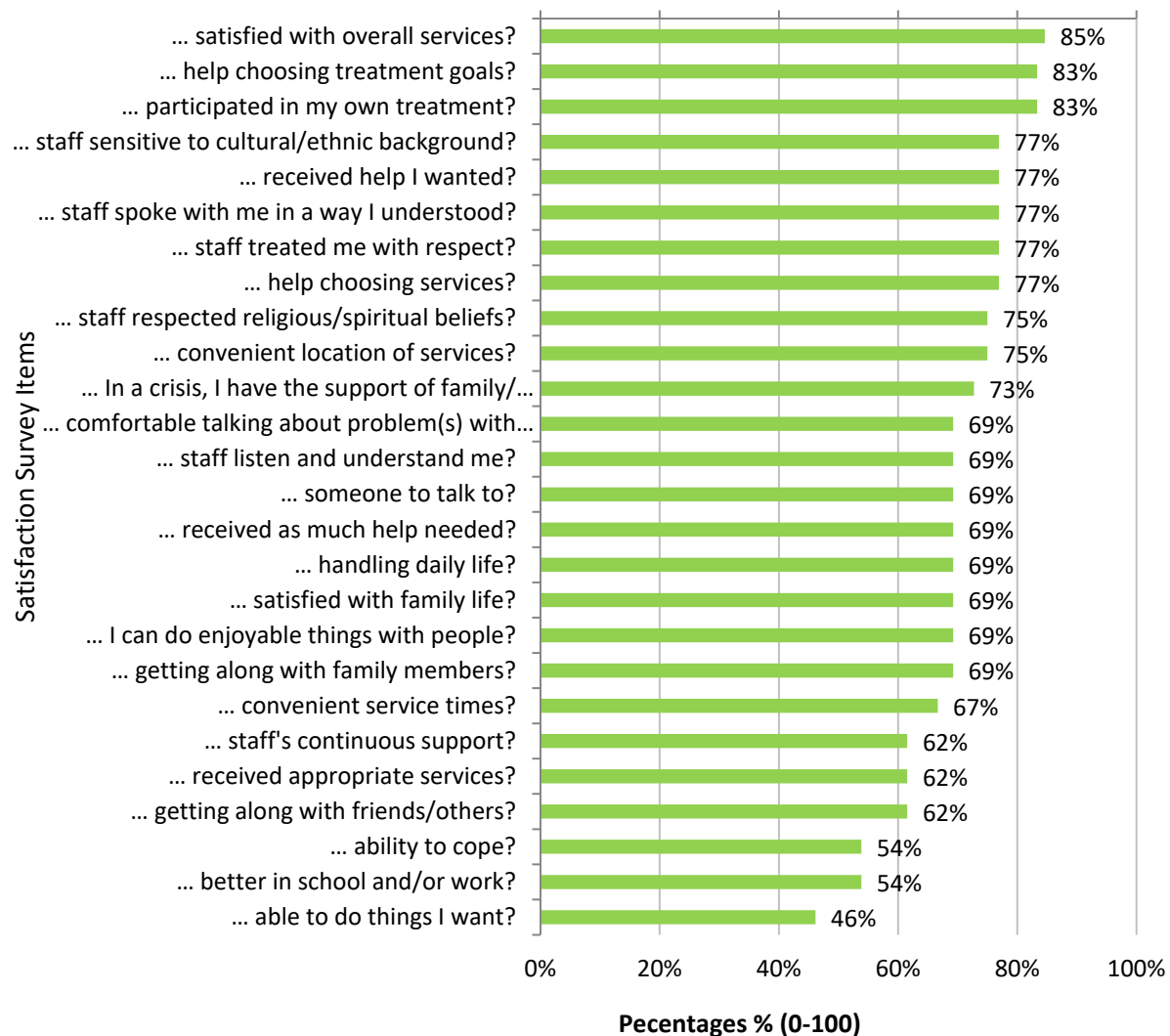
SATISFACTION

Client Satisfaction.

During Fall 2019 survey cycle, a majority of youth were satisfied with the overall services provided (85%), felt they were part of the treatment plan discussion (83%) and treatment goal conversations (83%). Youth responses to survey items are shown below.

Figure 7. Percent Satisfaction by Survey Item

YOUTH (N=13)



- The items falling below company benchmark (85% or better results expected) pertain to perception of outcomes; they were not prioritized for quality improvement at the time. This is because the MHSIP surveying process is cross-sectional (persons seen during a 1-week window) and many respondents were not far along in services to report treatment gains.
- A small sampling of comments:
 - Female youth – “The most helpful thing is having someone to go to when I feel like I have no one.”
 - Male youth – “The support with school.”
 - Female youth – “I felt I could talk to them.”
 - Male youth – “Someone to talk to and plan goals.”

Agency Partner Feedback.

To better understand and collaborate with our partners when serving wraparound clients, we asked our partners to fill out our agency partner survey on SurveyMonkey. Eight of our partners responded (N = 8).

- Overall the respondents ‘Strongly Agree’ or ‘Somewhat Agree’ to our abilities to handle referrals in a timely fashion, felt our agency staff was kept informed about client’s status, felt staff was a valued part of the Child and Family Team, thought the program manager and staff were responsive and knowledgeable, felt staff was culturally sensitive, and thought clients and family members were treated with dignity and respect.
- Areas of improvements (rated ‘Somewhat Disagree’ or ‘Strongly Disagree’ or ‘Don’t know’) were our agency’s document processes, communication about program outcomes (below are two quotes that reflects our partners’ concerns), and questions about the use of flexible funds. Two examples of comments and improvable that the team will attend to are shared below:
 - *“The amount of staff turnover is a challenge. Often correspondence goes unanswered and efforts to collaborate are unsuccessful due to turnover, or lack of communication when a new staff member comes on-board (especially facilitators). Additionally, getting copies of ICC Plans can be a challenge (does not consistently happen within 48 hours of the meeting), and often there are errors on the Plan that require corrections.”* – Partner 1
 - *“I have seen that with many of the wraparound clients I’ve been involved with or heard about, the Wrap CFS’s only have one session per week with the youth for one hour. Sometimes there are 2 one-hour sessions per week with some of the clients. I feel that if a youth is high-needs enough to need Wrap, they should be getting one-on-one services at least 3 times per week and the sessions don’t always need to be exactly one hour long, they should be longer as appropriate.”* – Partner 2

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.