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 - present
Age Group Served 2:	ADULT	**Reporting Period:**	July 1, 2020 - June 30, 2021
Funding Source 1:	Medical FFP	**Funding Source 3:**	Realignment
Funding Source 2:	EPSDT	**Other Funding:**	County SB 163 Funds

FISCAL INFORMATION:

Program Budget Amount:	$4,500,000	**Program Actual Amount:**	$3,393,710.50
Number of Unique Persons Served During Time Period:	240		
Number of Services Rendered During Time Period:	23,875		
Actual Cost Per Person Served:	$14,140.46		

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:	07/01/2021
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:

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:
(May select more than one)

Community collaboration

Cultural Competency

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

Access to underserved communities

Integrated service experiences

Please describe how the selected concept (s) embedded :

Communities served include foster youth in fulfillment of KatieA requirements.

From the outset, referred individuals 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 protcols; and, elective projects to meet the needs of the service population.

All services are focused per the youth'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

Outcome Measures	Notes
Access to Care:	
Katie A	Data is captured in SBHG's Electronic Medical Record (EMR) & displays on Business Analytics (BA) Dashboards.
Referrals	
Timely Access	BA Dashboard focused on Timely Access to Care, state/county standards.
Client Profiles	
Effectiveness:	
Child & Adolescent Needs & Strengths (CANS)	State Department of Health Care Services (DHCS) Performance Outcome System (POS) mandates, completed with youth ages 4 to 18, at intake, every 6 months, and discharge.
Pediatric Symptom Checklist (PSC)	SBHG's Treat to Target (T2T) PSC Dashboard provides real time data on youth progress, fulfills JC accreditation standards.
Ages & Stages Questionnaire (ASQ)	Tool for children up to age 5 that assesses developmental milestones and pre-school functioning. Staff enter scores into a HIPAA secure, proprietary on-line database reporting system. ASQ meets our JC requirements for young children.
Client Outcome Report (COR)	Child COR is administered at intake, every 6-months, & discharge
DC Status Form	DC Status Form augments data collected at discharge. Tools capture categorical status on life domains, system of care, & aftercare referral & linkage
Efficiency:	
Service Utilization	Sustainment of collaborative structures and processes; separate service tracks for psychiatric services, psychological evaluations, and adult caregivers.

Length of Stay (LOS)	Utilization data is captured in SBHG's Electronic Medical Record (EMR) & displays on Business Analytics (BA) Dashboards.
Stakeholder Satisfaction:	
Agency Partnership Survey	SBHG Agency Partner Survey administered to one or more programs within Central Star annually.
Consumer Perception Survey (CPS)	Mandated cross-sectional state survey collected from persons served and caregivers twice a year (unless cancelled by the state/county) during a 1-week period. NOTE: Recent CPS spring 2021 data are not yet available for provider agency and program review
Total Quality Management:	
Staff Training	Trainings managed by Central Star 's Training Department, staff training data are tracked in SBHG's training database.
Cultural Attunement	Bi-Annual Cultural Attunement Plan updated for FY 21-22 & FY 22-23. Actionable items address staff trainings, policies & procedures, and elective projects. Plan available upon request; progress reported at SBHG's CQI Councils.
Practice Fidelity	WFI-EZ Client/caregiver perceptions about whether the wraparound process adheres to practice model.
	TOMs completed for 22 WRAP CFT meetings.
Quality & Compliance	Encompasses Rapid Cycle Improvement Projects (RCIPs), Incident Reporting (IR), grievances/complaints, are institutionalized with routine reporting. Results summarized in this report. Will present at annual Continuous Quality Improvement (CQI) Councils.
COVID Response	SBHG's Infection Control Plan (ICP) in response to COVID-19 Pandemic

Telehealth Services	Abiding SBHG practice standards, the agency continues to offer telehealth services along with in-person care.

* The SBHG Child Client Outcomes Form was recently discontinued. To close out our use of the tool, we provide a separate report on COR data, with just a few selections included in this report.

Outcome Analysis

Access to Care:

A. Mental health services for Katie A subclass members, among others, are provided.
B. Population trends, demography, cultural & linguistic needs are addressed when designing, planning & delivering services.
C. Referral to first contact to intake to assessment to first treatment service to next treatment service are completed in timely manner.
D. Barriers to access and to effective care are identified and addressed as the person's served transition to/from higher level services.

Katie A Subclass members

Katie A subclass members received Intensive Care Coordination (ICC) or Intensive Home-Based Services (IHBS). The wraparound program delivered 13,249 ICC services and 4,931 IHBS services to 224 Katie A Subclass youth in the 2020-21 Fiscal Year. Katie A Subclass youth accounted for 93% (n = 224 / 240) of persons served.

Referrals

During the 2020-21 Fiscal Year, Wraparound received 138 referrals and admitted 94% of them (N = 130). Seventeen percent of the referrals were re-admissions (N = 24). Almost all referrals (93%) came from the Department of Social Services. The only other referral source was Probation.

Timely Access to Care

During the 2020-21 Fiscal Year, the Wraparound program admitted 130 referrals. The average time from <u>referral to program enrollment</u> was 7 days (median = 6 days, range = 0 minutes – 62 days). Most (85%) persons served enrolled within 9 days of their referral.

Data was available to calculate time from <u>referral to first service</u> for 111 of 130 enrollments (85%). The average time from referral to first service was 6 days (median = 5 days, range = 0 days to 62 days). Most (85%) of persons served were first seen within 8 days of their referral. Please note that data discrepancies on timeliness indicators may be due to some missing data. Individuals with more time from referral to program enrollment had higher propensity to not have available data regarding the time to first service.

<u>Client Profiles</u>

During 2020-21 Fiscal Year, Wraparound served N=240 unduplicated persons served. The majority of those were male (61%). Forty percent were Hispanic and 28% were African Americans/Blacks. Table 1 below shows a cross-tabulation of gender and race/ethnicity for 2020-21 Fiscal Year.

Table 1 - Wraparound Demographics

Race/Ethnicity	Female	Male	Transgender	Grand Total
American Indian	0%	2%	-	2%
Asian	1%	1%	0%	2%
Black	13%	15%	-	28%
Hispanic	12%	28%	-	40%
Mixed	2%	2%	-	3%
Other	1%	0%	-	2%
White	10%	13%	1%	24%
Grand Total	**38%**	**61%**	**1%**	**101%**

*Note: the number of persons served differs from the number of referrals or enrollments in a year as some individuals enrolled in a previous year and continued into services during the fiscal year being reported on.

* The average age of a person served at enrollment was 11 years old.

Of the 240 individuals seen in Fiscal Year 2020-21, there was more than one primary diagnosis reported in 11% of enrollments in the sample (N = 5 of 88). The most common clinical pathway (areas in need of treatment) were internalizing disorders (48%) such as anxiety and mood disorders. Another common clinical pathway were externalizing disorders (37%) such as impulse control disorder.

Effectiveness:

KPIs related to program effectiveness are as follow. Different measurement tools, described in the measurement table, page 2, illuminate results for these indicators:

E. Effectiveness of Treatment Interventions
F. Improved Family Involvement (parents, siblings, child, etc.)
G. Effectiveness of Training Care Providers
H. Safely and stably maintain children in -- and/or step them down to -- least restrictive placements, family homes & family-like settings.
I. Effectiveness of Discharge Planning

Child & Adolescent Needs & Strengths (CANS-50)

The Child & Adolescent Needs & Strengths (CANS-50) is a multi-purpose tool to support decision making with children. The tool contains 50 items rated on a 4-point Likert scale, where 0 = lowest and 3 = highest. An actionable level of clinical concern is defined as a rating of 2 – 3. CANS implementations can vary and typically have 5+ domains, including: (1) Life Functioning, (2) Child Behavioral/Emotional Needs, (3) Risk Behaviors, (4) Caregivers Resources & Needs, and (5) Cultural Factors. The CANS is administered at intake, every 6 months, and at discharge. This analysis uses matched pairs; only children being served who had an intake score and a later subsequent score are analyzed.

For this CANS analysis, only items with an average of 0.25 or more in the initial assessment were analyzed. The figures below shows the percentage of persons served with an actionable score in the initial and latest assessment. The percentage in the label denotes the percentage of persons served with an actionable score in the initial assessment. Please note that the Asterix, (*), and the green bars indicate that the difference between initial and latest assessment was statistically significant at 0.05 alpha level. Caregiver needs & strengths and child behavior/emotional needs domains require the most attention in this population.

Figure 1 – Child & Behavioral Emotional Needs Domain –
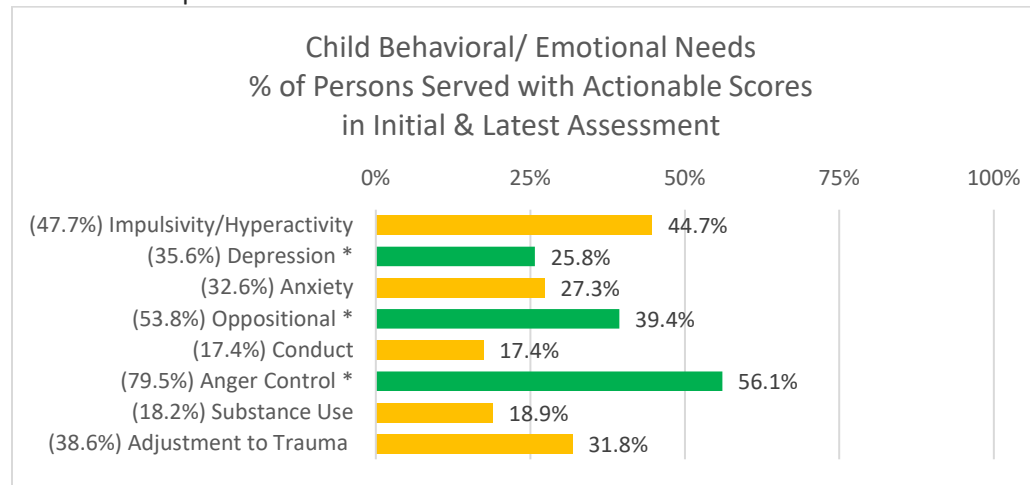Proportions with Actionable CANS Scores Over Time in Treatment

Child Behavioral/ Emotional Needs
% of Persons Served with Actionable Scores
in Initial & Latest Assessment

(47.7%) Impulsivity/Hyperactivity	44.7%
(35.6%) Depression *	25.8%
(32.6%) Anxiety	27.3%
(53.8%) Oppositional *	39.4%
(17.4%) Conduct	17.4%
(79.5%) Anger Control *	56.1%
(18.2%) Substance Use	18.9%
(38.6%) Adjustment to Trauma	31.8%

Figure 2 - Life Functioning Domain - Proportions with Actionable CANS Scores Over Time in Treatment

Life Functioning
% of Persons Served with Actionable Scores
in Initial & Latest Assessment

(22.7%) Family Functioning	22.7%
(9.8%) Living Situation	12.1%
(19.7%) Social Functioning	15.2%
(5.3%) Developmental/Intellectual	6.1%
(56.6%) Decision-Making *	37.9%
(36.4%) School Behavior	28.0%
(28.8%) School Acheivement	27.3%
(15.9%) School Attendance	21.2%
(2.3%) Sexuall Development	3.0%
(27.3%) Sleep	22.0%

FY 2020-21 Outcomes
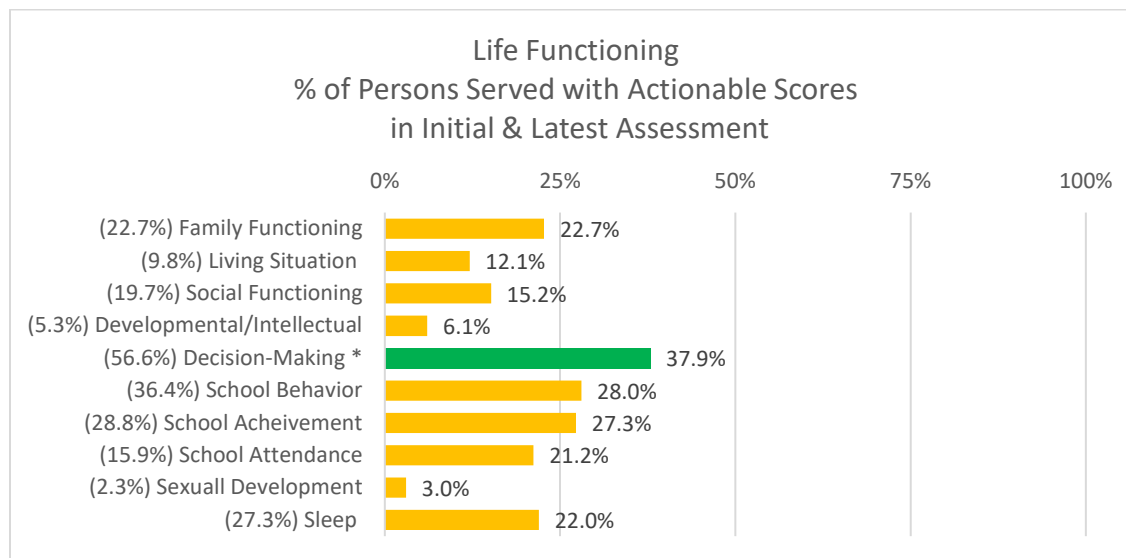
Figure 3 - Risk Behaviors Domain - Proportions with Actionable CANS Scores Over Time in Treatment

Risk Behaviors
% of Persons Served with Actionable Scores
in Initial & Latest Assessment

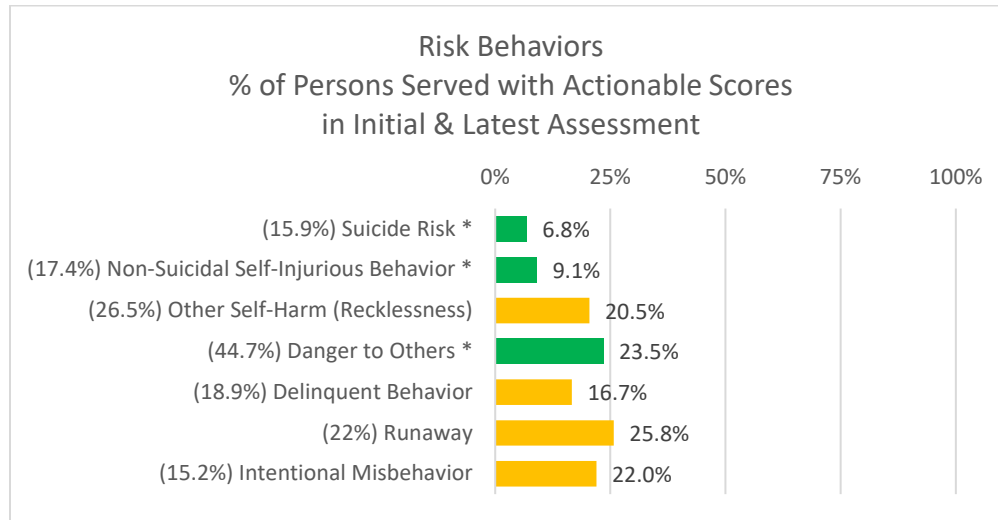|	
(15.9%) Suicide Risk *	6.8%
(17.4%) Non-Suicidal Self-Injurious Behavior *	9.1%
(26.5%) Other Self-Harm (Recklessness)	20.5%
(44.7%) Danger to Others *	23.5%
(18.9%) Delinquent Behavior	16.7%
(22%) Runaway	25.8%
(15.2%) Intentional Misbehavior	22.0%

Figure 4 - Caregiver Needs & Strengths Domain - Proportions with Actionable CANS Scores Over Time in Treatment

Caregiver Needs & Strengths
% of Persons Served with Actionable Scores
in Initial & Latest Assessment

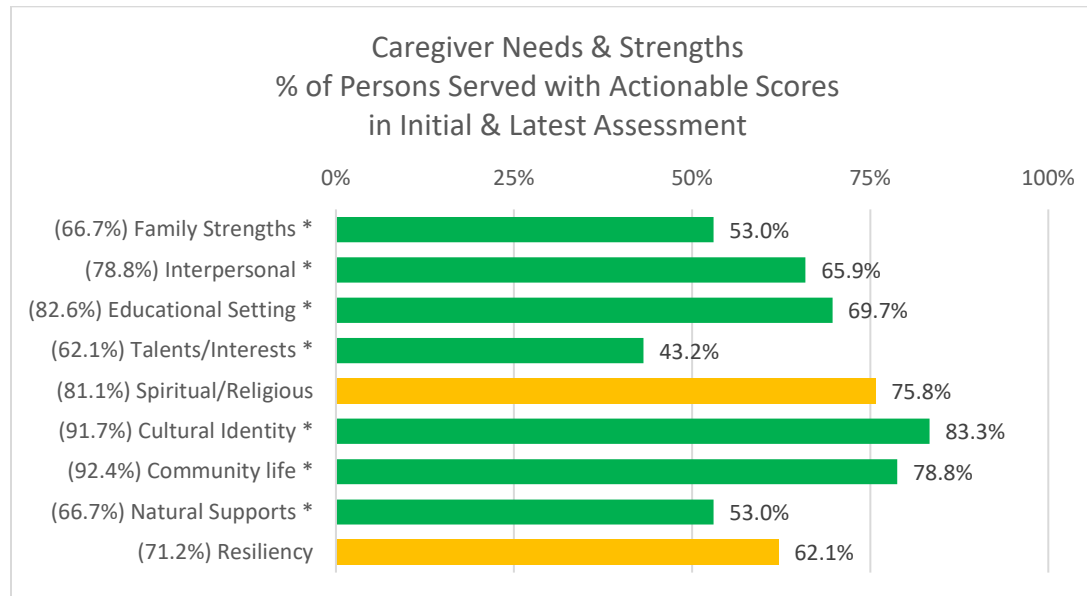|	
(66.7%) Family Strengths *	53.0%
(78.8%) Interpersonal *	65.9%
(82.6%) Educational Setting *	69.7%
(62.1%) Talents/Interests *	43.2%
(81.1%) Spiritual/Religious	75.8%
(91.7%) Cultural Identity *	83.3%
(92.4%) Community life *	78.8%
(66.7%) Natural Supports *	53.0%
(71.2%) Resiliency	62.1%

FY 2020-21 Outcomes

Figure 5 - Caregiver Resources & Needs Domain - Proportions with Actionable CANS Scores Over Time in Treatment

Caregiver Resoures and Needs
% of Persons Served with Actionable Scores in Initial & Latest
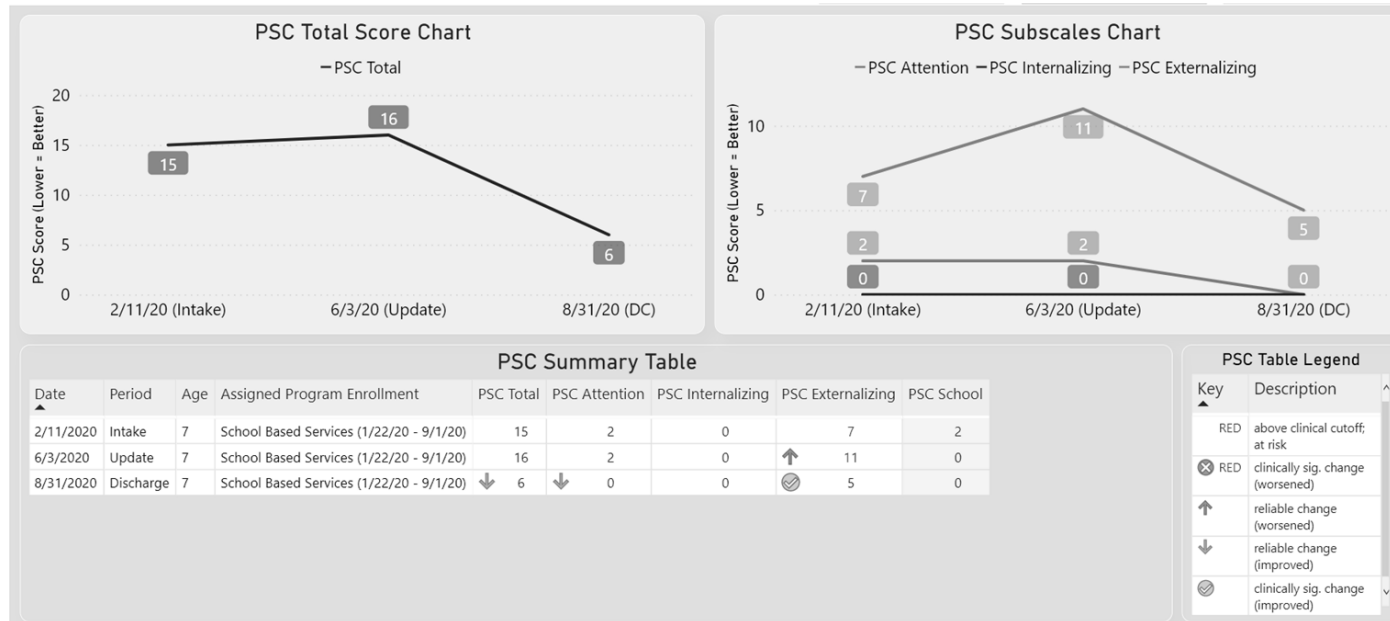Assessment
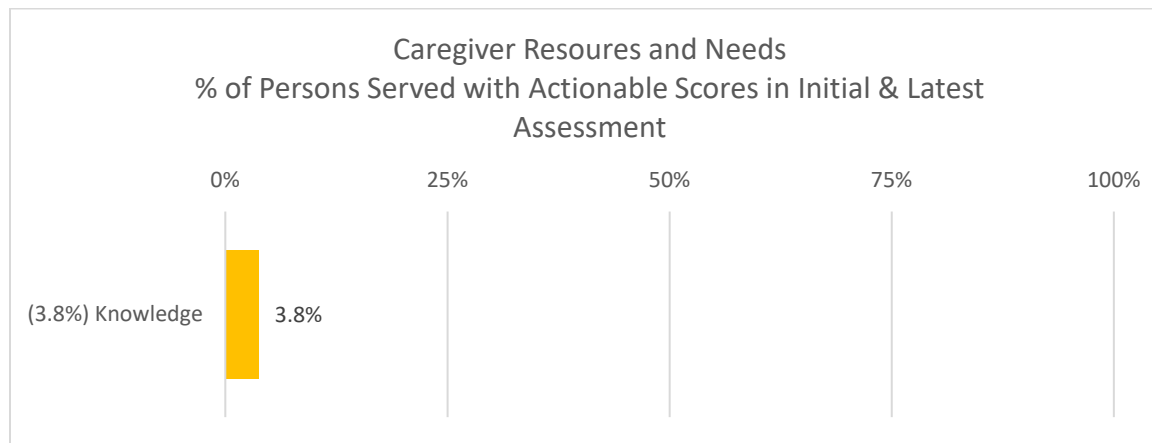
Pediatric Symptom Checklist (PSC-35)

The Pediatric Symptom Checklist (PSC-35) consists of 35 items the caregiver rates about their child's behaviors. PSC-35 questions use a 3-point Likert scale to assess frequency of behavior: 0 = Never, 1 = Sometimes, 2 = Often. Schooling related questions include an NA option. For each person served, a total score is computed by summing the score of the completed items; no more than 4 items may be missing for a valid sore. The PSC has different total-cutoff scores for psychological impairment between children aged 4 – 5 years old (cut-off = 24) and 6 – 18 years old (cut-off = 28). If the person served scores above the cut-off, they are considered to be "at-risk." The PSC is administered at intake, every 6 months, and at discharge. This analysis uses matched pairs; only child/youth persons served with an intake score and a later subsequent score are analyzed. Using our new PSC T2T reporting system, there were matched pairs available on 104 of 235 child/youth.

Figure 6 provides a snapshot of the PSC Treat to Target (T2T) Dashboard, an example of one person served. The individual had 3 assessments: at intake, update, and discharge. The graphs show the individual's PSC total and subscale scores over time.

Figure 6 - PSC T2T Dashboard Example

Paired t-tests indicate there were statistically significant (unlikely chance occurrences) improvements found between the initial and latest assessment regarding: the total scores of individuals aged 6+ (p-value = 0.00), the attention sub-scale (p-value = 0.00), the internalizing sub-scale (p-value = 0.00), the externalizing sub-scale (p-value = 0.00), and school based items (p-value = 0.00).

Ages & Stages Questionnaire (ASQ-3)

The Ages & Stages Questionnaire (ASQ-3) assesses children's development in communication, motor skills, problem solving, and personal-social skills. The assessment identifies children that would benefit from additional support in the screened areas. Clinicians were trained to use the ASQ-3 to inform treatment and aftercare service planning. The ASQ-3 meets our company's JC measurement of care accreditation standards.

The ASQ is a set of questionnaires with age-appropriate indicators to measure a child's development from 2 – 60 months. Questionnaires are administered every 2 months until 24 months, then every 3 months until 36 months, then every 6 months until 60 months.

Questions use a 3-point Likert scale, where Yes = 10, Sometimes = 5, and Not Yet = 0. Question sub-scales are totaled and then compared to a cut-off to determine the level of actionable concern (above the cutoff = means no concern). Sub-scale scores are adjusted when items are missing. Table 2 below shows the cut-off scores for the ASQ-3 administered from 23 months to 25.5 months.

Table 2 - Sample of ASQ-3 Cut-Off Scores by Developmental Domain

(23 months 0 days thru 25 months 15 days)

ASQ Area	Cut-off Score
Communication	22.77
Gross Motor	41.84
Fine Motor	30.16
Problem Solving	24.62
Personal Social	33.71

Table 3 below shows overall scores by age interval. Details regarding levels of actionable concerns by developmental domain are available in the Appendix. Please note that analysis below is for both Central Star's TEAMMATES Wraparound & Mental Health for Child Welfare (MH4CW) programs combined. Unfortunately – and we apologize - data for the past fiscal year was not recorded with a program identifier. This glitch is currently being resolved and next year we will report program results separately.

Table 3 - ASQ-3 Overall Levels of Concern by Age Intervals

N=221	Concerning		Not Concerning	
Intervals, Sample	Count	Percent	Count	Percent
2 months, n=3	2	67%	1	33%
4 months, n=19	9	47%	10	53%
6 months, n=13	5	38%	8	62%
8 months, n=8	4	50%	4	50%
9 months, n=2	1	50%	1	50%
10 months, n=3	2	67%	1	33%
12 months, n=7	3	43%	4	57%
14 months, n=12	7	58%	5	42%
16 months, n=5	3	60%	2	40%

18 months, n=11	5	45%	6	55%
20 months, n=4	2	50%	2	50%
22 months, n=1	1	100%	0	0%
24 months, n=5	3	60%	2	40%
27 months, n=6	3	50%	3	50%
30 months, n=17	9	53%	8	47%
33 months, n=8	3	38%	5	63%
36 months, n=14	10	67%	5	33%
42 months, n=24	13	50%	13	50%
48 months, n=18	10	56%	8	44%
54 months, n=16	10	59%	7	41%
60 months, n=21	8	38%	13	62%
Overall		51%		49%

Client Outcome Report (COR)

Below are a selection of results based on the SBHG Child Client Outcomes Report (Child COR). The tool was recently decommissioned from use. A full report called *Central Star Wraparound: SBHG Child Client Outcome Report Data* on these data was submitted to the county along with this Annual Report to the county.

- The program supported a few children/youth as they transitioned into family homes (prior to the last FY there were 43% in a family home at first record and 46% by last record; this last fiscal year, the proportions rose from 30% to 32% over time in treatment). Unfortunately, there were some shifts of youth leaving a family home or foster care to residential treatment or to an incarcerative setting -- prior to the last FY, such placements rose from 5% to 19%; during the last year, from 9% to 16% over youths' time in the program. Given this pattern, we recommend stepped up programmatic attention to practices and interventions designed to reduce high level placements, particularly among foster youth.

- Nonetheless, in the overall population, Parent/Legal Guardianships increased from 6% to 12% while children were in treatment. There was a 13% net gain in Family Reunifications, and a 7% net gain in Permanent Foster Care arrangements, along with N=6 New Adoptions. Such upticks pertain to all years of the program as measured by the Child COR, and the pattern of upticks held during this last fiscal year.

Additionally, and constructively, the proportion of youth getting newly into trouble with the law declined some while youth were in services – across all years from 17% at first record to 15% at second record; and, from 25% to 19% in the sample of years prior to FY 20-21.

- Analyses of Caregiver Challenges which negatively impact a child's mental health (10 measured including CPS reports, mental illness, domestic violence, etc.), suggest that program staff may be experiencing some, albeit limited success in their efforts to intervene with caregivers around some of these kinds of challenges. Importantly, there is an increase in the identification of challenges over a family's time in the program in some key areas – specifically, parenting skills and caregivers' history of treatment non-adherence. This pattern holds across both time samples (records prior to last FY, and last FY).

- School attendance remained pretty steady over youths' time in services for the period prior to the last FY (84% initial record to 82% last record), but substantial declines were evident this last year (from 91% to 76%, a 16% reduction in those regularly attending 4-5 days per week). We note that clinician's or wraparound facilitator's capacity to track school attendance accurately was likely compromised by COVID circumstances in which schooling occurred in varied settings (home, school, mixed). The reported declines in attendance, did not appear to negatively impact academic achievement: prior to this last FY, those achieving "C" grades or better rose from 42% to 57%, a 36% increase; and, during the last FY, the proportions went from 51% to 59%, a 16% increase.

SBHG EMR DC Status Form

The DC Status Form is used to track categorical information at the time of discharge, including discharge reasons, circumstances related to discharge, living situation, treatment progress and referrals/linkages that are part of the individual's aftercare plan. Please note that some questions on the DC Status Form allow multiple selections (more than one pertinent to a given person served) and thus not all percentages add to 100%.

During the 2020-21 Fiscal Year, a DC Status Form was completed for 143 of the 144 discharges (99%). Please note that the DC Status Form was not completed for Wraparound individuals who only received mental health services.

- Regarding Discharge Reasons, 36% persons served completed the program, 16% moved out of the area, 15% refused services, and 6% were discontinued by the agency.

- Regarding Circumstances at Discharge, 17% of the persons served/families were unavailable, 13% were AMA or unplanned, and 8% required a higher level of care.

- For Treatment Progress, 39% met most or all treatment goals, 8% met some treatment goals, 36% met no or very few treatment goals, and 17% exited before the assessment. The adjusted percent (missing records removed from denominator) is 56% with all, most or some treatment goals met.

- As to Living Situation at Discharge, 36% of persons served were living in a family home and 38% were living in a foster family home. 9% lived in a shelter, temporary housing, or were homeless, and 13% were discharged to an unknown location.

- Regarding Community Resource Linkages (CRL), 43% were linked to a CRL after discharge, 25% were not in need of linkage, and 32% refused linkage. The main resource linkages were life skills (20%), recreational activities (19%), and mentoring programs (10%).

Efficiency:

A. Services are community-based, comprehensive, coordinated and individualized.
B. Central tendencies regarding length of stay, units of services and costs per person served/episode are favorable.
C. Cost neutrality – no requests for additional funding.
D. Information and reports are shared with a defined distribution list.

Service Utilization

Table 4 shows the total number of services (discrete service encounters) for the persons served. The counts portrayed are of services delivered during the last FY, not completed episode data.

Table 4 - Service Encounters by Modality

| Services	Total Services
Assessments	1,272
Case Management	14,025
Collateral	8
Crisis Intervention	9
Group Rehabilitation	6
Group Therapy	44
Individual Rehabilitation	6,168
Individual Therapy	76
Outreach	78
Plan of Care	492
Grand Total	**22,178**

* 242 Persons Served

Length of Stay (LOS)

Among the 285 persons discharged during the 2020-21 Fiscal Year, the average LOS was 258 days. This is the same as in the prior year. Figure 7 below shows the LOS of children & caregivers served over the 2020-21 Fiscal Year.

Figure 7 – Child & Adult Caregiver LOS in Days
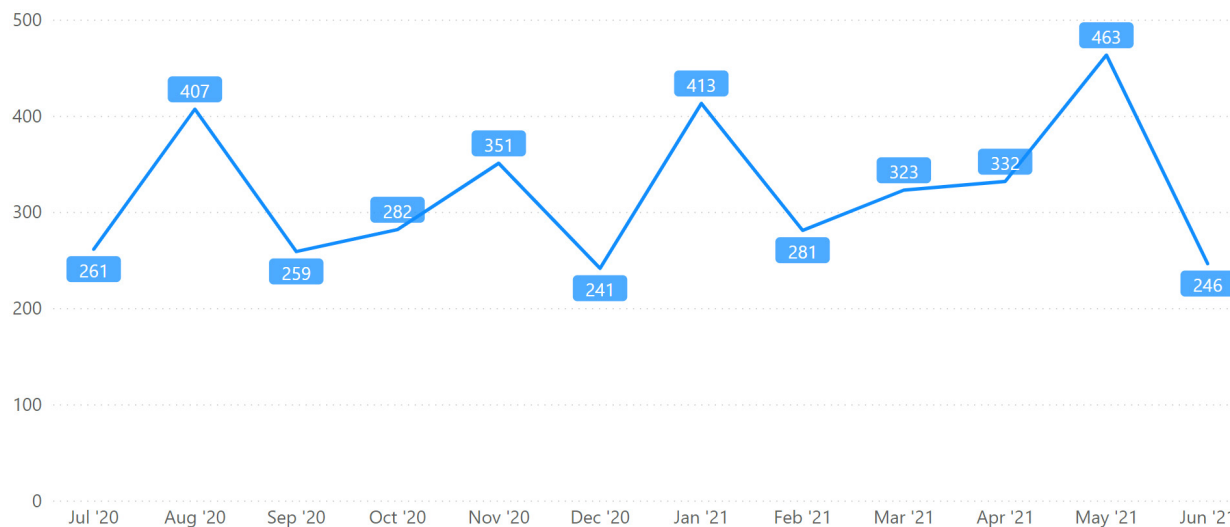
Stakeholder Satisfaction

    J.   High levels of satisfaction with services

    K.   High levels of agency stakeholders' appraisals of program, staff & services

Agency Partnership Survey

       Agency Partnership Surveys are administered every few years to agency partners (e.g., allied professional, community service partners, contract monitors) to assess their satisfaction with the agency's (i) treatment, (ii) staff, and (iii) general operations. Wraparound specific questions are also included. The questions use a 4-point Likert scale, where 4 = Strongly Agree, 3 = Somewhat Agree, 2 = Somewhat Disagree, 1 = Strongly Disagree. A 5th option, "Don't Know" is also available to respondents; this option is excluded from analysis and thus response rates will vary by question.

The Wraparound program had 6 respondents to the Agency Partnership Survey this last year. All respondents rated the general, treatment, and wraparound related questions positively (strongly or somewhat agree) and, all but one respondent rated the staff topics positively.

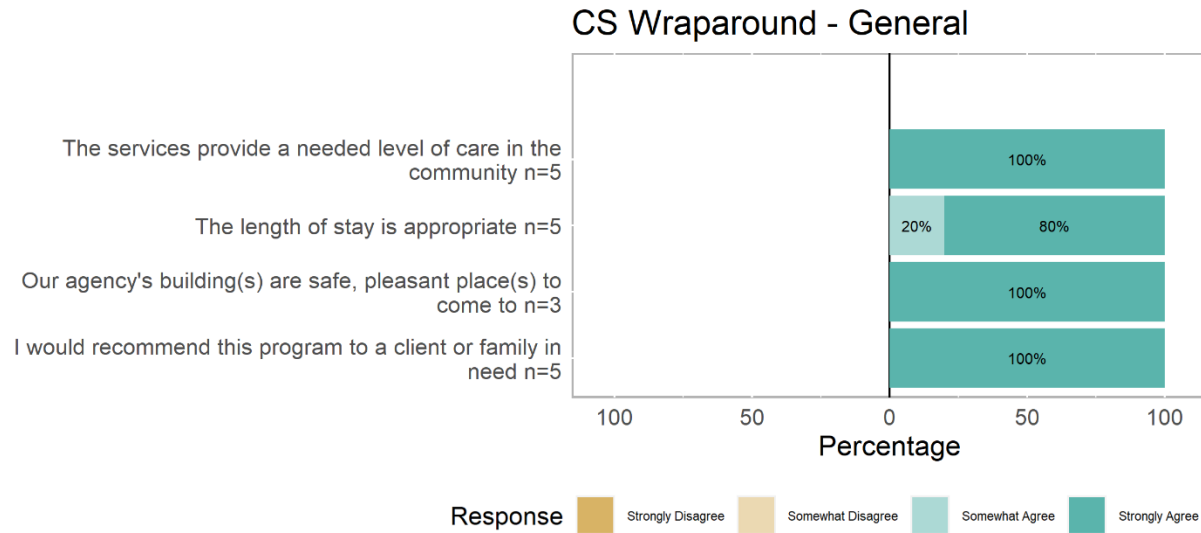Figure 8 - Agency Partnership Survey Results - General Topics

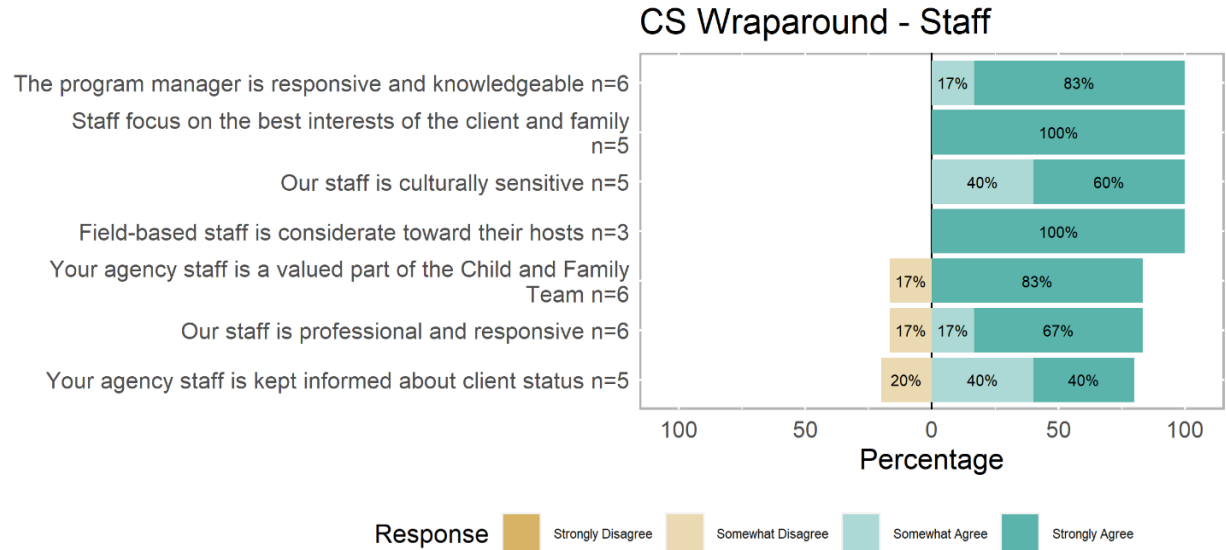Figure 9 - Agency Partnership Survey Results - Staff Topics

CS Wraparound - Staff

Question	Percentages
The program manager is responsive and knowledgeable n=6	17% / 83%
Staff focus on the best interests of the client and family n=5	100%
Our staff is culturally sensitive n=5	40% / 60%
Field-based staff is considerate toward their hosts n=3	100%
Your agency staff is a valued part of the Child and Family Team n=6	17% / 83%
Our staff is professional and responsive n=6	17% / 17% / 67%
Your agency staff is kept informed about client status n=5	20% / 40% / 40%

Response: Strongly Disagree, Somewhat Disagree, Somewhat Agree, Strongly Agree

Figure 10 - Agency Partnership Survey Results- Treatment Topics

CS Wraparound - Treatment

Question	Percentages
The program documents and communicates program outcomes n=5	20% / 80%
The overall service program is effective n=5	100%
Referrals are handled in a timely fashion n=5	100%
Attention is given to identifying and supporting client strengths n=5	100%

Response: Strongly Disagree, Somewhat Disagree, Somewhat Agree, Strongly Agree

Figure 11 - Agency Partnership Survey Results – Wraparound Questions

CS Wraparound - Wrap

Question	Somewhat Agree	Strongly Agree
The program embodies wraparound best practices n=5	20%	80%
Natural community support resources are maximally engaged n=4	50%	50%
Flexible funds are applied helpfully and appropriately n=2		100%
Clients and family members are treated with dignity and respect n=5		100%
Client and family voice and choice are continually honored n=4		100%

Response: Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree

Consumer Perception Surveys (CPS)

Wraparound participated in the state mandated Consumer Perception Survey (CPS) in Spring 2021. We no longer have front-end access to the forms as they are completed - survey forms are either completed on-line or submitted to the county; SBHG eagerly anticipates a report from the University of California, Los Angeles (UCLA) the responsible entity for providing reports. Please also note the fall 2020 survey cycle was cancelled by the state due to the COVID pandemic, and the state's new data system development that was underway but not ready at the time.

Please note there are also wraparound fidelity measures, reported below, among which are items related to child/caregiver satisfaction with services.

Total Quality Management

The program utilizes SBHG's Total Quality Management (TQM) system, a comprehensive and integrative approach that incorporates Joint Commission standards for the delivery of behavioral healthcare. SBHG's TQM system includes (1) Staff trainings, (2) Cultural Attunement, (3) Practice Fidelity, (4) Rapid Cycle Improvement Process (RCIP), (5) JC Tracers, (6) Incident Reports, (7) Complaints & Grievances, (8) COVID Response, (9) Telehealth Services.

Staff Trainings

The Central Star Training Department keeps detailing training logs of training delivered and provided to staff. During the Fiscal Year 2020-21, N = 39 staff participated in a total of 676 courses. On average, each staff participated in 17.33 courses (std = 9.91, median = 14.00). Staff spent a total of 1415.09 hours in training; each staff spent on average 36.28 hours in training (std = 27.55, median = 26.75). Staff earned a total of 1421.34 credits. For the courses that required passing tests, staff passed with an average of 88%. There were 111 training courses were delivered, available in the Appendix.

Cultural Attunement

SBHG refers to our program as 'Cultural Attunement' (vs 'Cultural Competency') to reflect principles of humility and continuous learning so that we can beneficially attune our programming, services, and interventions to the needs of our diverse persons served and their families. This past spring, Central Star updated their bi-annual Cultural Attunement Plan to focus on staff trainings; updates to policies and procedures (vis a vis national Culturally and Linguistically Appropriate Services (CLAS) standards); and, elective projects. For the latter, the agency team is launching initiatives to focus on youth/family engagement toward better use of interventions and resources that address substance abuse; and, for measuring their progress and outcomes. This is in addition to sustaining their Cultural Attunement Committee's roster of community integration activities along with a newsletter that the committee started this past year.

Practice Fidelity:

Supervisors are trained by SBHG's Fidelity Specialist on administering standardized wraparound fidelity tools (the Wraparound Fidelity Index and Team Observation Measure (TOM.v2.0). The former involves interviews with youth, caregivers and facilitators; while the latter involves direct observations of Child Family Team (CFT) meetings. Supervisors completed WFI-EZ protocols for N=14 Caregivers and N=18 Facilitators and N=22 TOMs.

WFI-EZ. Wraparound Fidelity Index (WFI-EZ) practice adherence results are shown on Table 5. Central Star scores higher than the national mean on all four WFI-EZ satisfaction questions.

Table 5 - Satisfaction on the WFI-EZ

WFI-EZ Satisfaction Questions	Central Star Mean	National Mean
C1. I am satisfied with the wraparound process in which my family and I have participated	1.60	1.41
C2. I am satisfied with my/child's progress since starting the wraparound process	1.30	1.05
C3. Since starting wraparound, our family has made progress toward meeting our needs	1.30	1.18
C4. Since starting wraparound, I feel more confident about my ability to care for my youth and things have improved with my family	1.60	1.15

TOMs. The TOM 2.0 has 36 closed ended indicators with 3 responses: Yes = 1, No = 0, NA = coded null. By Key Elements, Central Star Wraparound had higher fidelity scores than the national mean on all elements except Use of Natural & Community Supports (NCS). Wraparound scored 100% on indicators 2a, 2c, and 2e for effective teamwork. However, only 9% of meetings had at least one natural or community support for the youth and family present at the meeting. This was identified as a Quality Improvement (QI) project for the program. Table 6 below shows the Central Star Means vs National Means for TOM Key Elements.

Table 6 - Wraparound Means vs National Means for TOM Key Elements

TOMS WRAP – Fidelity % by Key Elements	Central Star Mean	National Mean
Effective Teamwork (ETW)	95.5%	86.0%
Driven by Strengths & Families (DSF)	90.0%	74.0%
Based on Priority Needs (BPS)	80.1%	67.0%
Use of Natural & Community Supports (NCS)	57.2%	67.0%
Outcomes Based Process (OBP)	90.3%	58.0%

Rapid Cycle Improvement Process (RCIP)

As part of SBHG's Total Quality Management (TQM) system, programs engaged in Continuous Quality Improvement (CQI) projects including Rapid Cycle Improvement Process (RCIP) and CQI cycles. During the Fiscal Year 2020-21, RCIP topics included: Care Timelines, Partner Survey, and Discharge Documentation. TQM data are reviewed each fall at the program's Quality Council to which stakeholders are invited to attend.

Joint Commission (JC) Tracers

A tracer on persons served conducted in January 2021 indicated that the team can improve learning the clinical mental health administration process, i.e., that staff can improve their understanding on clinicians gather the data on the assessment, the youth's unique challenges, and how to apply these towards treatment. No other tracers were conducted.

Incident Reports (IRs)

Clinical supervisors and QA staff actively monitor youth's high-risk issues, incident reporting (IRs), and grievances. In the 2020-21 Fiscal Year, there were 36 IRs filed for children receiving services. Nine of these incidents were for abuse and 7 were for threats towards others or themselves. As a result of these IRs, 41 incident interventions were taken by staff, including 11 police involvements and 8 filings of Suspected Child Abuse Reports.

Complaints/Grievances

There were no youth/caregiver complaints during the 2020-21 Fiscal Year.

COVID Response

Our company's Infection Control Plan (ICP) provides guidance to minimize the spread of COVID-19, including protocols and actions to implement/relax as public health directives change. When COVID-19 hit, SBHG subsidiaries relied on the ICP to minimize its spread. The plan includes protocols for screening staff, persons served and visitors; responding to positive symptoms; increased cleaning/disinfecting; reconfiguring activities and spaces to facilitate physical distancing; ensuring masks are available to/used by staff and persons served; and ensuring adequate PPE. SBHG hosts information sessions with all staff for Q & A regarding any and all info about COVID, vaccines, etc. These

calls are held as frequently as needed to keep staff informed. For those working in our facility-based programs, we contracted with a lab statewide to provide rapid COVID testing to staff and persons served. The company also launched: « an internal website for treatment staff with information, resources and materials (e.g., fillable forms, telehealth navigation, engagement & session scripts); « a public website for family and youth to discover reliable information, sheltering-in-place activities, resources and materials (e.g., creative things to do with children in the home, teaching aides, how to find rental assistance); and « evaluative protocols to track and understand the impact the agency's pandemic responses (e.g., provision of telehealth services) has on program operations, staff and youth/families. SBHG has stayed abreast of changes in CDC CA DPH, DSS CCLD, and DHCS, and County requirements related to COVID-19 and will continue to do so to ensure compliance.

Telehealth Services

Telehealth services occur when staff and persons served have real-time, synchronous communication through both video and audio. This can be accomplished through computer, tablet, laptop, cellphone or other internet-connected devices with audio and video capabilities using our approved MS Teams Platform, a HIPAA compliant Telehealth application, for which we maintain a HIPAA Business Associates Agreement with Microsoft. Our Telehealth Policy and Procedure (PGM 1.91 Telehealth Services) addresses the purpose and appropriate uses (per DHCS Information Notice 20-009) of telehealth, its definition, how to get real-time user support/technical assistance, and procedures. Procedures encompass technical set-ups/steps, informed consent, HIPAA/privacy and rights protections, session logistics (e.g., schedule and conduct a session so that a child at home has privacy with their therapist), behavioral de-escalation during a session, documentation and claiming. Additional clinical topics are addressed through clinical rounds led by our Vice President of Clinical Services. These included issues such as how to translate our use of EBPs well into a telehealth context, and how to monitor for high-risk behaviors and heightened vulnerabilities of youth and family members. Some of these risks/vulnerabilities (e.g., abuse/maltreatment, domestic violence, substance abuse, suicidality) may be less observable and/or disclosed in a telehealth context; thus, extra guidance to staff and their sustained attention and vigilance to such risks were very important and helpful to address.

Our outpatient staff continued to provide intake, crisis interventions, and aftercare planning/discharge sessions in person whenever possible during the pandemic, and more routinely during periods in which the pandemic wanes. Thus, youth/families typically experience a mix of delivery contexts (office, field, telehealth) over the course of care. Staff are instructed to pay attention to what service contexts seems to work well -- or not -- with individual youth/families, and to abide youth/family preferences as safety allows. They are also expected to continue to deliver their practices to fidelity so that we remain grounded in optimal clinical care, regardless of service context. We think of Telehealth as a method or mechanism for connecting and communicating that should not alter basic sound clinical practice and judgment.

DEPARTMENT RECOMMENDATION(S):

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