

PROGRAM INFORMATION:

Program Title:	Senate Bill 163 Wraparound and Therapeutic Foster Care Services	Provider:	Uplift Family Services (formerly EMQ 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.		
Age Group Served 1:	CHILDREN	MHP Work Plan:	2-Wellness, recovery, and resiliency support
Age Group Served 2:	TAY	Dates Of Operation:	June 2004 to present
Funding Source 1:	Medical FFP	Reporting Period:	July 1, 2016 – June 30, 2017
Funding Source 2:	EPSDT	Funding Source 3:	Other, please specify below
		Other Funding:	County Senate Bill 163 Trust Fund

FISCAL INFORMATION:

Program Budget Amount:	\$4,500,000	Program Actual Amount:	\$4,075,552.99
Number of Unique Clients Served During Time Period:	196		
Number of Services Rendered During Time Period:	12,608		
Actual Cost Per Client:	\$20,793.64		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	WRAP
Contract Term:	07/01/2015 – 06/30/2018 (07/01/2015 – 06/30/2016 plus two optional twelve month periods)	For Other:	Click here to enter text.
		Renewal Date:	07/01/2018
Level of Care Information Age 18 & Over:	High Intensity Treatment/FSP (caseload 1:12)		
Level of Care Information Age 0- 17:	Intensive Outpatient (TBS, Wrap)		

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 dependant or ward and who has experienced three ore 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 empairment 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:

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
 Cultural Competency
 Community collaboration

Integrated service experiences
Access to underserved communities

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 multi-disciplinary 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 co-location of specific agency staff, collaborative decision-making, 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:

Effectiveness: Cost Effectiveness, Placement Stability, Juvenile Justice Involvement, Goal Attainment, Family Search and Engagement Outcomes; Efficiency: Improved Family Functioning, Improved Parent Functioning, Improved Child Functioning, Fidelity Outcomes; Access: Services provided to target population; Satisfaction: Client satisfaction

Table 1

Goals/Objectives	Performance Measure	FY17
Cost Effectiveness	1.1) 70% of productivity for Medi-Cal billing. (Source: Finance Department; per contract baseline)	80%
Improved Family Functioning	2.1) 50% of youth will improve in individual and family functioning status. (Source: CANS LDF Family)	65% (n=34/52)
Improved Parent Functioning	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)	74% (n=23/31)
	3.2) 50% of caregivers will improve development of natural support system. (Source: CANS CGSN Social Resources)	71% (n=15/21)
Improved Youth Functioning	4.1) 50% of youth will improve Interpersonal skills. (Source: CANS CS Interpersonal)	36% (n=20/55)
	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% (n=35/68)
	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)	37% (n=26/70)
	4.4) 70% of youth will improve school attendance or maintain at a minimum attendance average of 3 out of 5 school days. (Source: CEDE Average Number of School Days; Improvement is defined by increase in attendance from less than 3 days per week, at Time 1, to 3+ days at Time 2. Maintenance is defined as youth attending school 3+ days at Time 1 and maintaining school attendance at Time 2.)	80% (n=55/69)
	4.5) 80% of youth will improve Academic Performance. (Source: CANS LDF School Achievement)	50% (n=21/42)
	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)	87% (n=40/46)
Placement Stability	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)	70% (n=14/20)
	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)	80% (n=17/56)

	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).	100% (n=4/4)
	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).	82% (n=14/17)
	5.5) 50% of caregivers will improve ability to manage youth’s behaviors. (Source: CANS CGSN Supervision)	64% (n=7/11)
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% (n=64/79) YSS: 60% (n=18/30)
Juvenile Justice Involvement	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% (n=65/67)
Goal Attainment	8.1) 40% of youth will have positive goal attainment outcomes. (Source: TIER Reason for Discharge: Goal Achievement, Attained Dependency, and Reunification; per program baseline. Exclude LOS <60 Days)	50% (n=35/70)
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% (n=2/4)
Fidelity Outcomes	10.1) 75% youth and families will achieve a combined total fidelity score of at least 75% (adequate fidelity). (Source: WFI-4 and WFI-EZ Overall Fidelity)	56% (n=23/41)

Notes: Outcomes/Goals based on FY17 program logic model; (2) The CANS series (CANS 0-4, CANS 5+) are scored on a 4-point 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.

APPENDIX: CANS OUTCOMES

Table 2: CANS 5+: Mean Number of Actionable Items by Total and Domain

CANS 5+: Mean Number of Actionable Items by Total and Domain (n=70)			
CANS Domains	Admit	Discharge	Stat Sig.
LDF	4.54	2.79	≤ .001
CS	6.93	4.99	≤ .001
ACCU	.14	.09	n.s.
CGSN	1.14	.79	n.s.
CBEN	3.66	2.30	≤ .001
CRB	.77	1.57	.016
Total CANS	17.19	11.73	≤ .001

Source: CANS 5+ (07/14/17). Notes: (1) n=number of youth discharged in FY17 with paired CANS data. (2) LOS of discharged youth is 60+ days. (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Admit and Discharge. (5) Paired Sample T-Test. (6) n.s.= not statistically significant.

Table 3

CANS 5+: Mean Number of Actionable Items by Total and Domain (n=70)			
CANS Domains	Number Actionable Items	Number Improved on Actionable Items	% Improved
LDF	317	173	55%
CS	483	167	35%
ACCU	10	7	70%
CGSN	71	49	69%
CBEN	256	119	46%
CRB	54	25	46%
Total CANS	1191	540	45%

Source: CANS 5+ (07/14/17). Notes: (1) n=number of youth discharged in FY17 with paired CANS data. (2) LOS of discharged youth is 60+ days.; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Admit and Discharge. (5) Improvement is defined as an actionable rating (2, 3) at Admit to non-actionable rating (0, 1) at Discharge.

Table 4

CANS 5+: Percent of Youth Improving on 60% of Actionable Items			
CANS Domains	Number of Youth with Paired Data	Number of Youth Improved on 60% of Actionable Items	% Improved
LDF	67	35	52%
CS	70	18	26%
ACCU	6	3	50%
CGSN	31	23	74%
CBEN	68	35	52%
CRB	22	7	32%
Total CANS	70	26	37%

Source: CANS 5+ (07/14/17). Notes: (1) n=number of youth discharged in FY17 with paired CANS data. (2) LOS of discharged youth is 60+ days.; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Admit and Discharge. (5) Improvement is defined as an actionable rating (2, 3) at Admit to non-actionable rating (0, 1) at Discharge.

DEPARTMENT RECOMMENDATION(S):

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