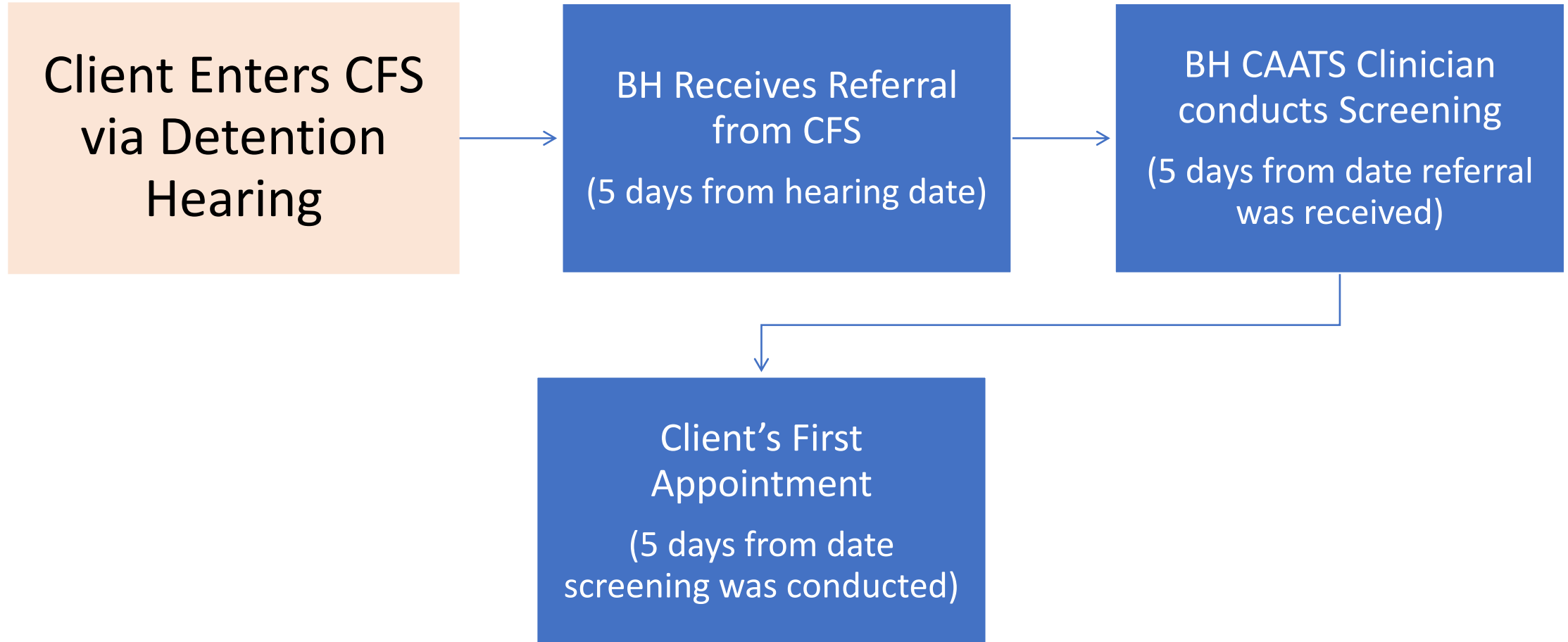


Children's Accelerated Access to Treatment and Services (CAATS)

Preliminary Analyses

1/25/2019

CAATS Process Overview and Goals



Datasets Analyzed

- EVALCORP completed an exploratory analysis of 4 unique datasets provided by VCBH
 - Each dataset reflects a different time period, illustrated in the table below

Dataset	Description	Timeframe Provided	# of clients
1. Time to Service	Time from enrollment to referral, assessment, and first appointment	February - June 2018	128 referred 49 had a first appointment
2. CANS	Assessment form provided to all clients referred to VCBH	April 4 th – December 31 st , 2018	100 Intake 42 Discharge
CANS subset April - June 18		April 4 th - June 30 th , 2018	59 Intake, 13 Discharge
3. PSC-35	Screening tool completed by parent to identify cognitive, emotional, and behavioral problems	October 3 rd – December 31 st , 2018	144
4. Demographics	This dataset was assessed for descriptive information		135

Time to Service: Detailed Metrics (Total Clients Entering CFS System via Hearing = 158)

Matched clients with detention dates from February – June 2018				
	Total Clients	Average Number of Days	Shortest Number of Days (Range)	Percent of Clients Seen Within Goals Set
Hearing to Referral	108	18.1	1 day (1-169 days)	38% of clients referred in 5 or fewer days
Referral to Assessment	93	7.5 days	1 day (1 –39 days)	49% of clients seen in 5 or fewer days
Assessment to First Appointment	35	13.7 days	8 days (8–26 days)	69% of clients seen in 15 or fewer days
Hearing to First Appointment	35	25.4 days	13 days (13-44 days)	9% of clients seen in 15 or fewer days

HSA Youth Served Comparison

In the months preceding CAATS implementation (July 2017-Jan 2018), **245** youth were served by HSA

In the months after CAATS implementation (Feb 2018 – June 2018), **150** youth were served by HSA

Goal: 100% of HSA youth coming into care will receive VCBH services

Eligible HSA Youth Served by VCBH			
	# eligible youth served in HSA	# youth matched and referred in VCBH	% of youth matched and referred in VCBH
Before CAATS Implementation (July 1 – Jan 21, 2018)	233	151*	69%
After CAATS Implementation (Feb 1 – June 20, 2018)	134	128	95%

*Excludes 20 individuals who were already receiving VCBH services

Time to Service Comparison – Number of Clients Served

	Number of Clients Served	
	Before CAATS implementation ¹	After CAATS implementation ²
Hearing to Referral	147	108
Referral to Assessment	108	93
Assessment to First Appointment	0	35
Hearing to Assessment	106	87

¹Matched clients with detention dates from July 2017 – Jan 2018 (N=151*)

²Matched clients with detention dates from February – June 2018 (N=158)

*In this cohort, an additional 20 children were already in care of VCBH before referral from HSA. The metrics here include only clients who were new to VCBH services.

Time to Service Comparison – Average Number of Days

	Number of Clients Served		Average Number of Days	
	Before CAATS implementation ^{1*}	After CAATS implementation ²	Before CAATS implementation ¹	After CAATS implementation ²
Hearing to Referral	147	108	15.1 days	18.1 days
Referral to Assessment	108	93	24.1 days	7.5 days
Assessment to First Appointment	0	35	--	13.7 days
Hearing to Assessment	106	87	38.5 days	22.7 days

¹Matched clients with detention dates from July 2017 – Jan 2018 (N=151*)

²Matched clients with detention dates from February – June 2018 (N=158)

*In this cohort, an additional 20 children were already in care of VCBH before referral from HSA. The metrics here include only clients who were new to VCBH services.

Time to Service Comparison – Range of Days

	Number of Clients Served		Shortest Number of Days (Range)	
	Before CAATS implementation ¹	After CAATS implementation ²	Before CAATS implementation ¹	After CAATS implementation ²
Hearing to Referral	147	108	0 days (0-73 days)	1 day (1-169 days)
Referral to Assessment	108	93	6 days (6-75 days)	1 day (1 –39 days)
Assessment to First Appointment	0	35	--	8 days (8–26 days)
Hearing to Assessment	106	87	12 days (12-94 days)	2 days (2-161 days)

¹Matched clients with detention dates from July 2017 – Jan 2018 (N=151*)

²Matched clients with detention dates from February – June 2018 (N=158)

*In this cohort, an additional 20 children were already in care of VCBH before referral from HSA. The metrics here include only clients who were new to VCBH services.

Time to Service Comparison – Goal Timeframe

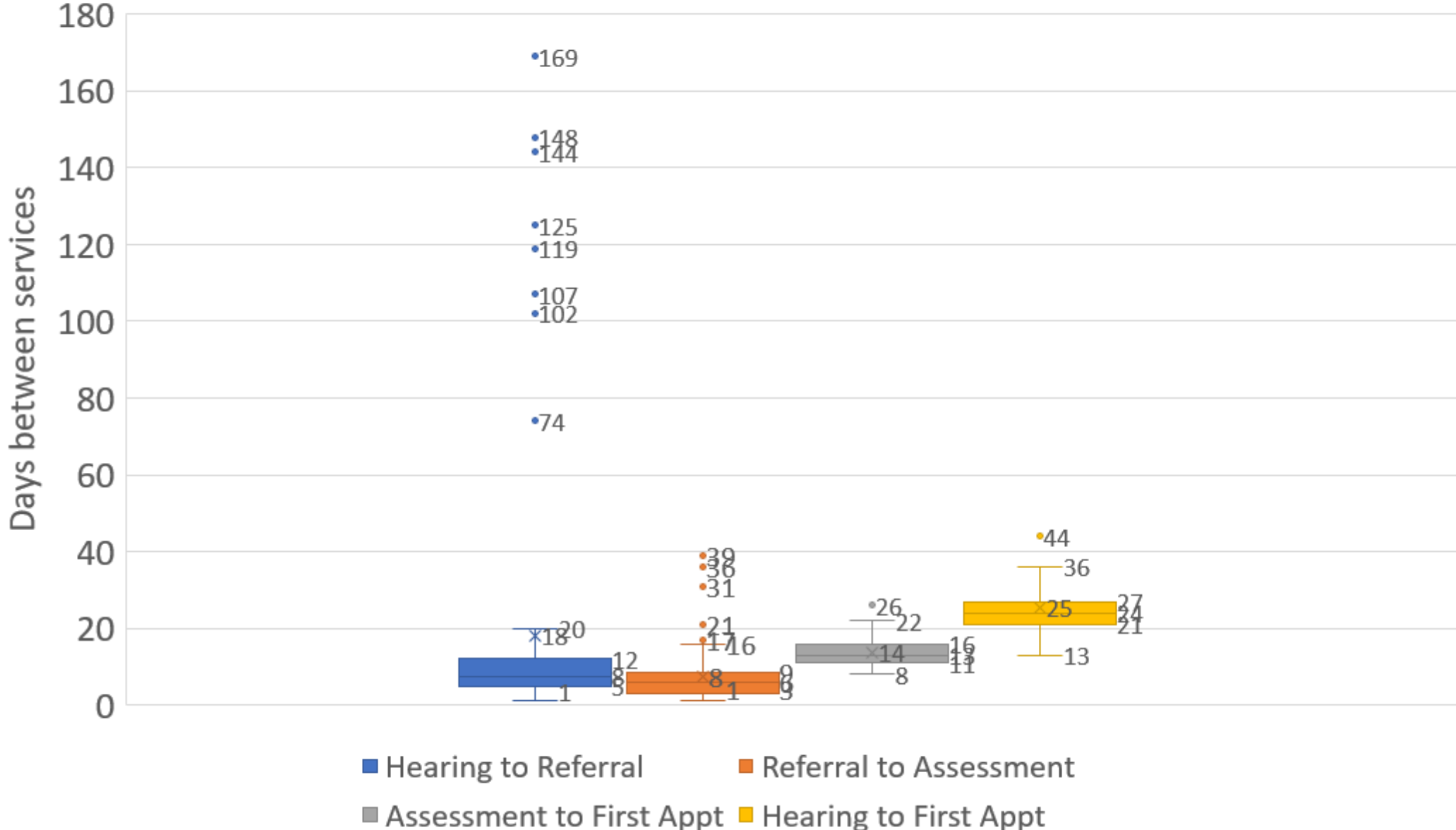
	Number of Clients Served		Percent of Clients Seen Within Goal Timeframe	
	Before CAATS implementation ¹	After CAATS implementation ²	Before CAATS implementation ¹	After CAATS implementation ²
Hearing to Referral	147	108	12% of clients referred in 5 or fewer days	38% of clients referred in 5 or fewer days
Referral to Assessment	108	93	0% of clients seen in 5 or fewer days	49% of clients seen in 5 or fewer days
Assessment to First Appointment	0	35	0% of clients seen within 7-month time frame	69% of clients seen in 15 or fewer days
Hearing to Assessment	106	87	0% of clients seen in 10 or fewer days	30% of clients seen in 10 or fewer days

¹Matched clients with detention dates from July 2017 – Jan 2018 (N=151*)

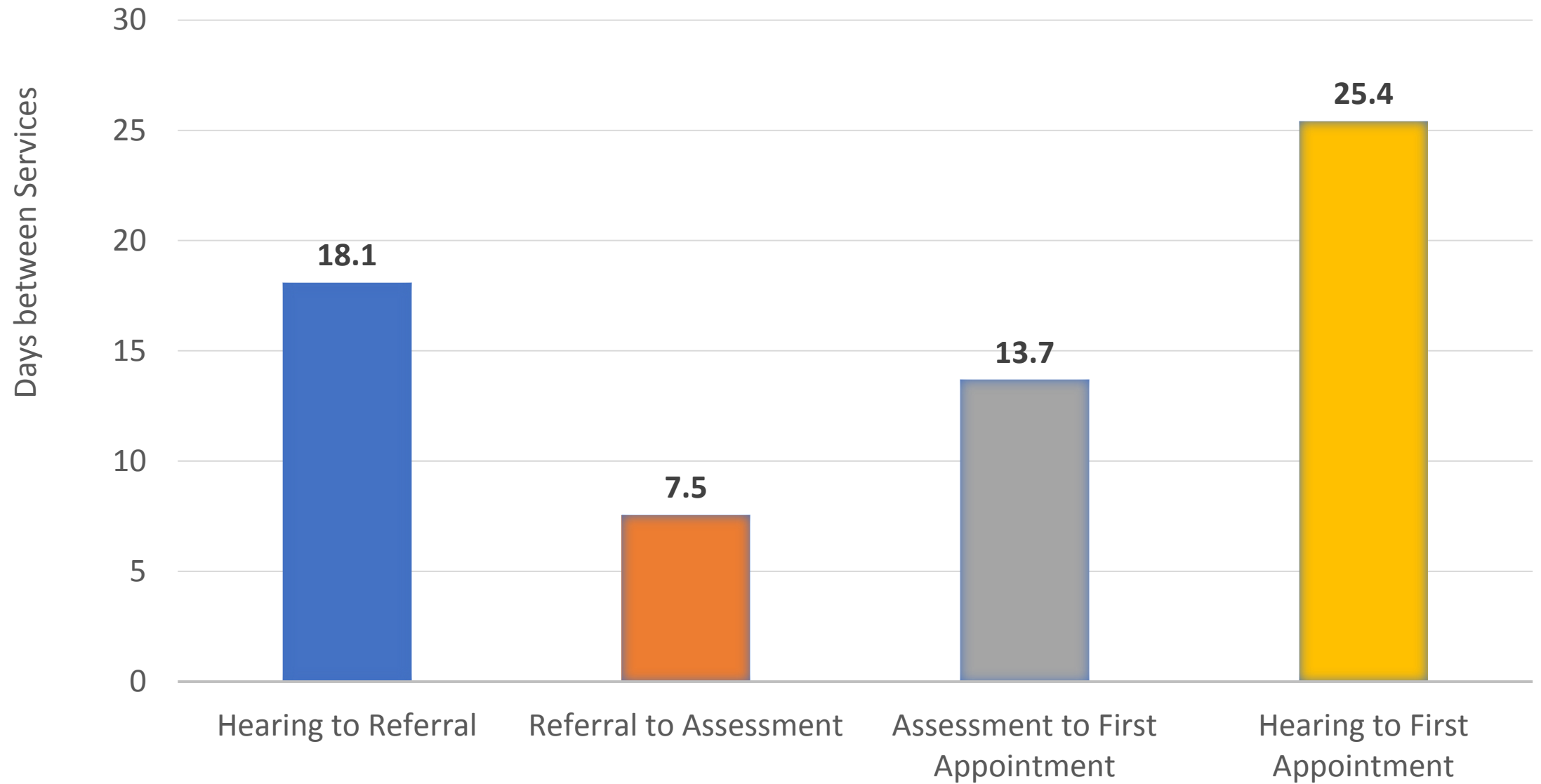
²Matched clients with detention dates from February – June 2018 (N=158)

*In this cohort, an additional 20 children were already in care of VCBH before referral from HSA. The metrics here include only clients who were new to VCBH services.

Time to Service

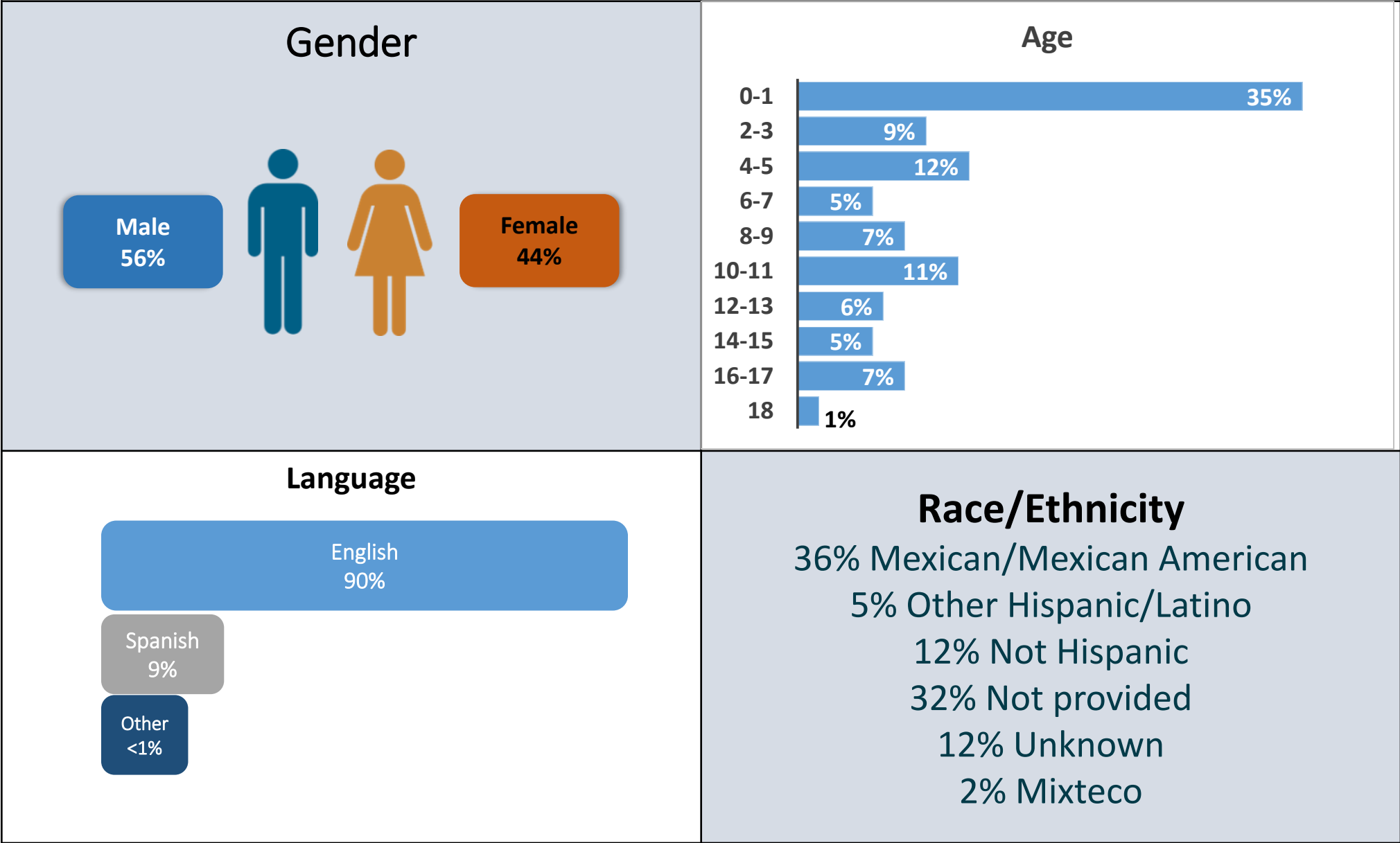


TOTAL TIME TO SERVICE



Average number of days between services for matched clients with detention dates from February – June 2018

Demographics: Matched Clients with Detention Dates from Feb – June 2018



Child and Adolescent Needs and Strengths (CANS)

Inventory used during screening to assess:

- a) Level of trauma of Ventura County youth in dependency
- b) Outcomes of mental health intervention

Administered by clinicians to all foster youth:

- a) During intake, discharge, and 6 month follow up
- b) 5 domains comprised of 58 items
- c) Score of 0-3 on each item is summed to create a domain score

CANS Assessment – Five Domains and Rating Scale

Domain	Item
Traumatic Stress Symptoms	Emotional and/or Physical Dysregulation Intrusions/Re-Experiencing Traumatic Grief & Separation Hyperarousal Avoidance Numbing Dissociation Time Before Treatment
Life Functioning	Family Functioning Living Situation Social Functioning Recreational Developmental/Intellectual Communication Legal Decision Making School Behavior School Achievement School Attendance Medical/Physical Sexual Development Sleep

Domain	Item
Child Behavioral and Emotional Needs	Psychosis (Thought Disorder) Autism Spectrum Attention/Concentration Impulsivity/Hyperactivity Depression Anxiety Oppositional Behavior Conduct Adjustment to Trauma Substance Use Anger Control
Strengths	Family Strengths Interpersonal Optimism Educational Setting Vocational Talents and Interests Spiritual/Religious Cultural Identity Community Life Relationship Permanence Natural Supports Resilience Resourcefulness

Domain	Item
Risk Behaviors	Suicide Risk Non-Suicidal Self-Injurious Behavior Other Self-Harm (Recklessness) Danger to Others Runaway Fire Setting Sexually Reactive Behavior Sexual Aggression Delinquent Behavior Intentional Misbehavior Victimization/Exploitation Bullying Others

Rating Criteria:

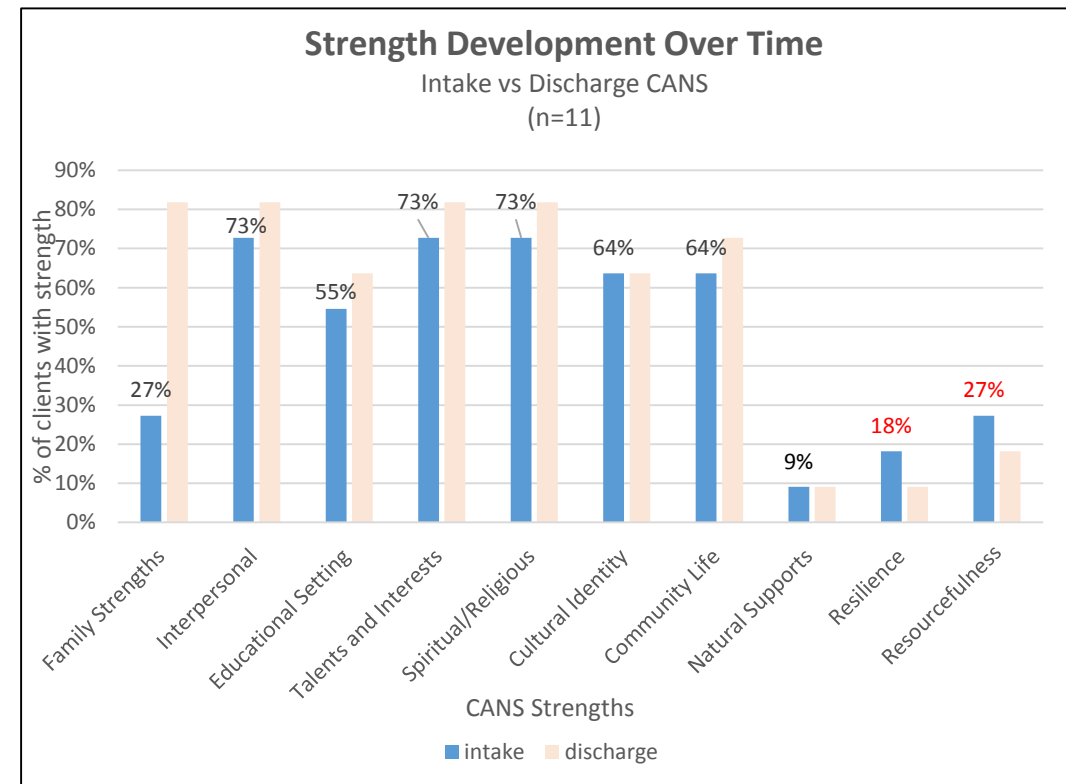
Score	Indicates:
0	No Evidence
1	History or Suspicion
2	Interferes with functioning; action needed
3	Disabling, dangerous; immediate or intensive action needed

Strengths

Intake scores: Clients Assessed Feb – June 2018 (N=59)	
Strengths Domain Items (CANS Core 50)	% of clients with strength
Family Strengths	38%
Interpersonal	33%
Educational Setting	49%
Talents and Interests	62%
Spiritual/Religious	75%
Cultural Identity	71%
Community Life	75%
Natural Supports	45%
Resilience	49%
Resourcefulness	49%

Client strengths are defined by a score of 0 or 1 on a scale of 0-3

Rating Criteria – Strengths:	
Score:	Indicates:
0	Centerpiece Strength
1	Useful Strength
2	Identified strength
3	No evidence

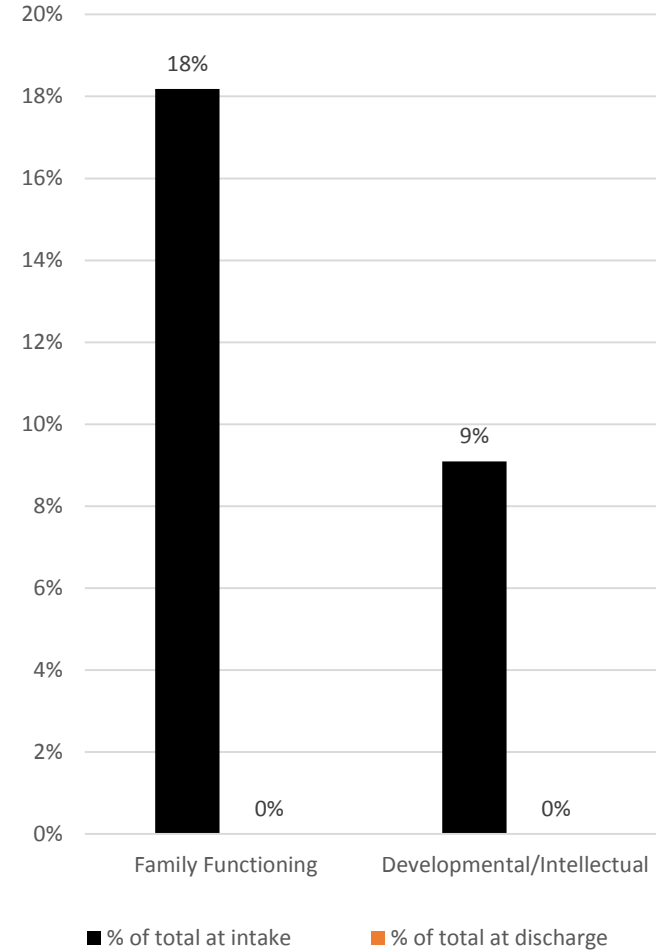


Life Functioning

Intake scores: Clients Assessed Feb – June 2018 (N=59)	
Life Functioning Domain (Core 50)	% of clients with actionable need
Family Functioning	33%
Living Situation	19%
School Achievement	15%
Sleep	11%
School Attendance	6%
Medical/Physical	6%
Sexual Development	6%
Decision Making	5%
School Behavior	5%
Developmental/Intellectual	4%

“Actionable need” for an item is defined by a score of 2 or 3 on the rating scale of 0-3

Key Intervention Needs Over Time
Including Discharge CANS
(N=11)



Behavioral and Emotional Needs

Intake scores: Clients Assessed Feb – June 2018 (N=59)	
Behavioral Domain Items (Core 50)	% of clients with actionable need
Adjustment to Trauma	33%
Anxiety	24%
Depression	22%
Anger	13%
Conduct	11%
Oppositional Behavior	9%
Impulsivity	9%
Psychosis (Thought Disorder)	2%
Substance Use	2%

Of the 11 individuals completing both intake and discharges within the period of Feb – June 2018, no clients showed actionable need for intervention on any Behavioral and Emotional Needs item at the Intake assessment or at the Discharge assessment

“Actionable need” for an item is defined by a score of 2 or 3 on the rating scale of 0-3

Risk Behaviors

Intake scores: Clients Assessed Feb – June 2018 (N=59)	
Risk Domain Items (CANS Core 50)	% of clients with actionable need
Victimization/Exploitation	8%
Bullying Others	5%
Sexually Reactive Behavior	4%
Non-Suicidal Self-Harm	2%
Danger to Others	2%
Runaway	2%
Sexual Aggression	2%
Delinquent Behavior	2%
Intentional Misbehavior	2%
Suicide Risk	0%
Other Self-Harm (Recklessness)	0%

Of the 11 individuals completing both intake and discharges within the period of Feb – June 2018, no clients showed actionable need for intervention on any Risk item at the Intake assessment or at the Discharge assessment

Traumatic Stress

Intake scores: Clients Assessed Feb – June 2018 (N=59)	
Trauma Domain Items	% of clients with actionable need
Emotional and/or Physical Dysregulation	20%
Intrusions/Re-Experiencing	7%
Traumatic Grief & Separation	12%
Hyperarousal	3%
Avoidance	2%
Numbing	0%
Dissociation	0%

5 individuals completed both intake and discharges within the period of Feb – June 2018; no clients showed actionable need for intervention on any Traumatic Stress item at the Intake assessment or at the Discharge assessment

Pediatric Symptom Checklist- 35

- 35 item inventory completed by parents
- Used to assess the improvement of youth experiencing mild to moderate symptoms
- Score of Never (0) - Often (2) for each item
- Highest possible score = 70; Score of 28 or above indicates impairment
- Administered starting October 1, 2018

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

1. Complains of aches/pains
2. Spends more time alone
3. Tires easily, has little energy
4. Fidgety, unable to sit still
5. Has trouble with a teacher
6. Less interested in school
7. Acts as if driven by a motor
8. Daydreams too much
9. Distracted easily
10. Is afraid of new situations
11. Feels sad, unhappy
12. Is irritable, angry
13. Feels hopeless
14. Has trouble concentrating
15. Less interest in friends
16. Fights with others
17. Absent from school
18. School grades dropping
19. Is down on him or herself
20. Visits doctor with doctor finding nothing wrong
21. Has trouble sleeping
22. Worries a lot
23. Wants to be with you more than before
24. Feels he or she is bad
25. Takes unnecessary risks
26. Gets hurt frequently
27. Seems to be having less fun
28. Acts younger than children his or her age
29. Does not listen to rules
30. Does not show feelings
31. Does not understand other people's feelings
32. Teases others
33. Blames others for his or her troubles
34. Takes things that do not belong to him or her
35. Refuses to share

Pediatric Symptom Checklist - 35

HSA matched clients seen between October 24th, 2018 and February 20th, 2019

Average Score: 16.4

Number of clients:
144

Date range:
October 4, 2018 –
February 20, 2019

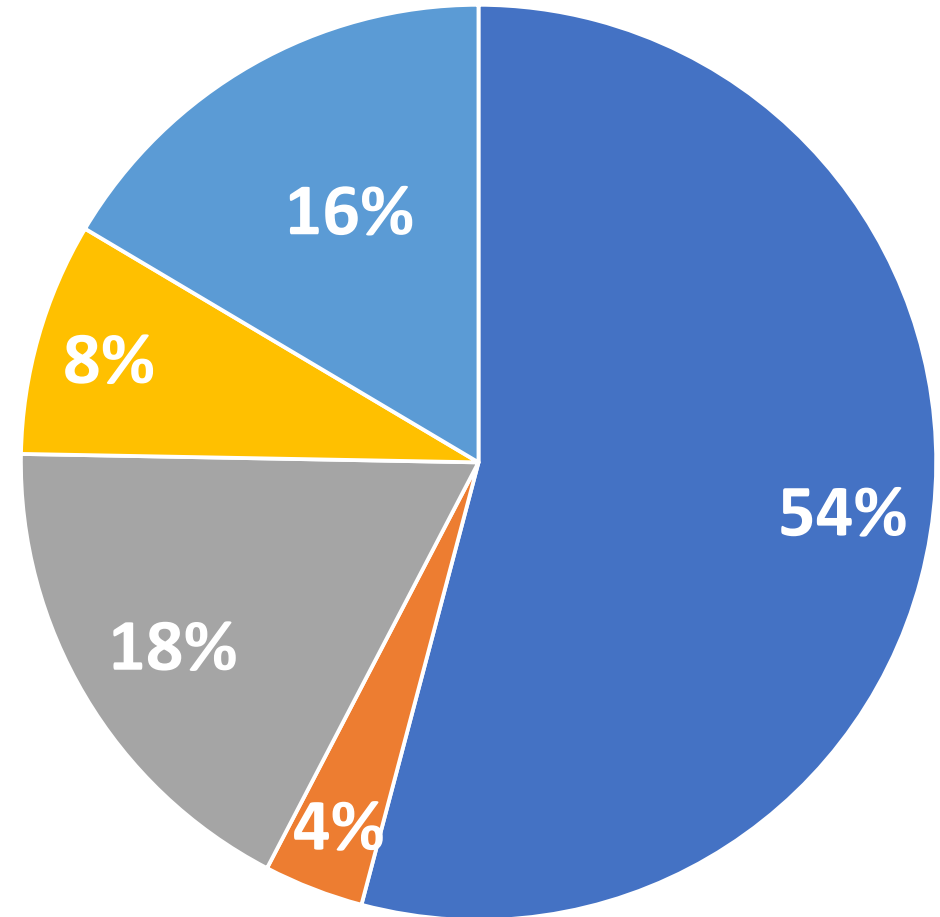
- 19% of clients scored at or above the threshold for impairment
- 81% of clients scored under the threshold for impairment

Demographic information – Ethnicity & Race

Ethnicity	Number of clients
Mexican/Mexican American	46
Mixteco	3
Not Hispanic	15
Other Hispanic/Latino	7
Unknown	14
Total	134

Race	Number of clients
White	2
Other	1
Not reported	131
Total	134

Ethnicity

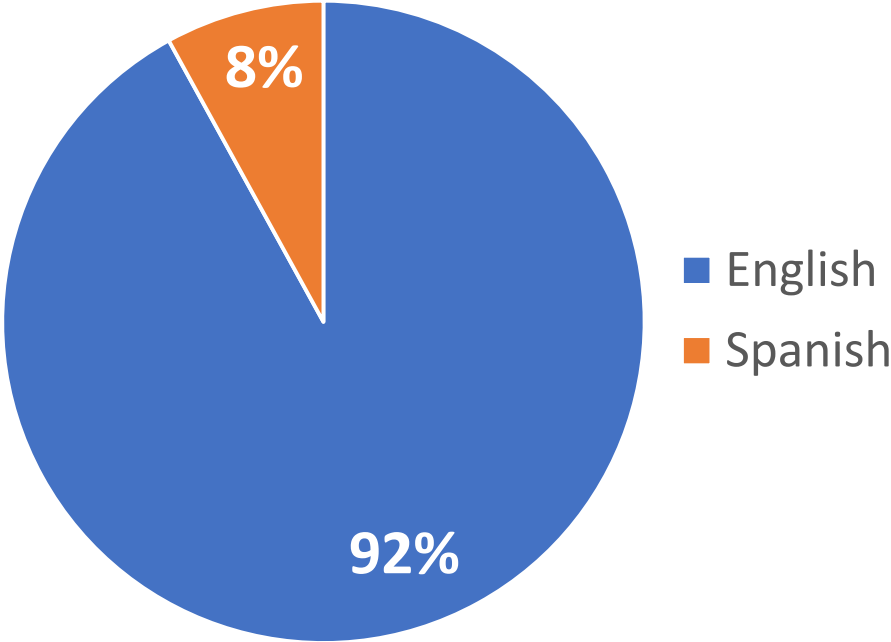


■ Mexican/Mexican American
 ■ Mixteco
 ■ Not Hispanic
 ■ Other Hispanic/Latino
 ■ Unknown

Additional Demographic Information - Language

Primary Language

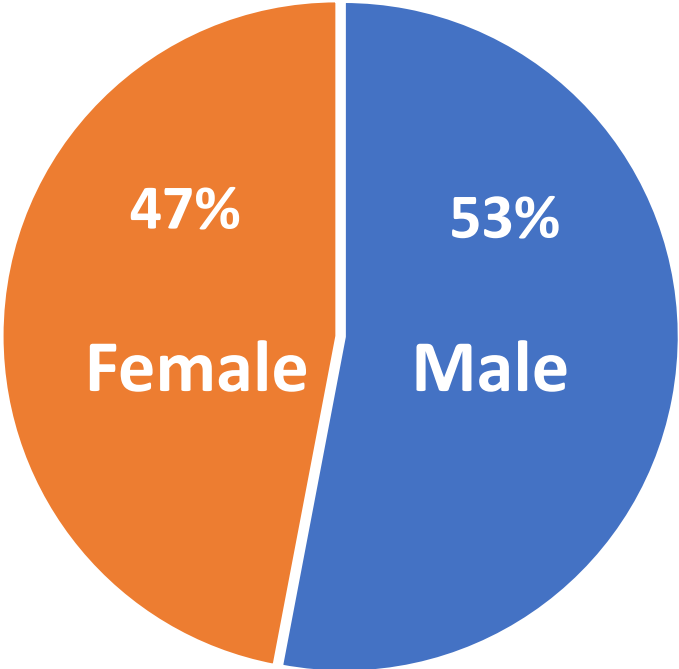
Primary Language	Number of clients
English	122
Spanish	11
Other	1
Total	134



Additional Demographic Information - Gender

Gender	Number of clients
Male	71
Female	62
Not reported	1
Total	134

Gender



Data Anomalies and Limitations

- **Outliers/Anomalous Cases**

- Duplicate cases identified in time to service, CANS, and PSC-35 data sets
- Several outliers were identified for the hearing and referral dates

Limitations

- Data entry errors were identified, which impacted time to service calculations (i.e., in place of hearing or admit dates, dates pertaining to “other” services were entered)
- Analyses were completed on four unique datasets some with differing time frames, as such data are presented for each data set; and a comprehensive story could not be assessed

Recommendations & Potential Next Steps

- Discuss the feasibility of implementing quality assurance systems and checks
- Identify cut off points/outliers for analyses moving forward
- Potentially meet to discuss how the disparate data sets can be viewed together to tell a more comprehensive story of client service provision and outcomes