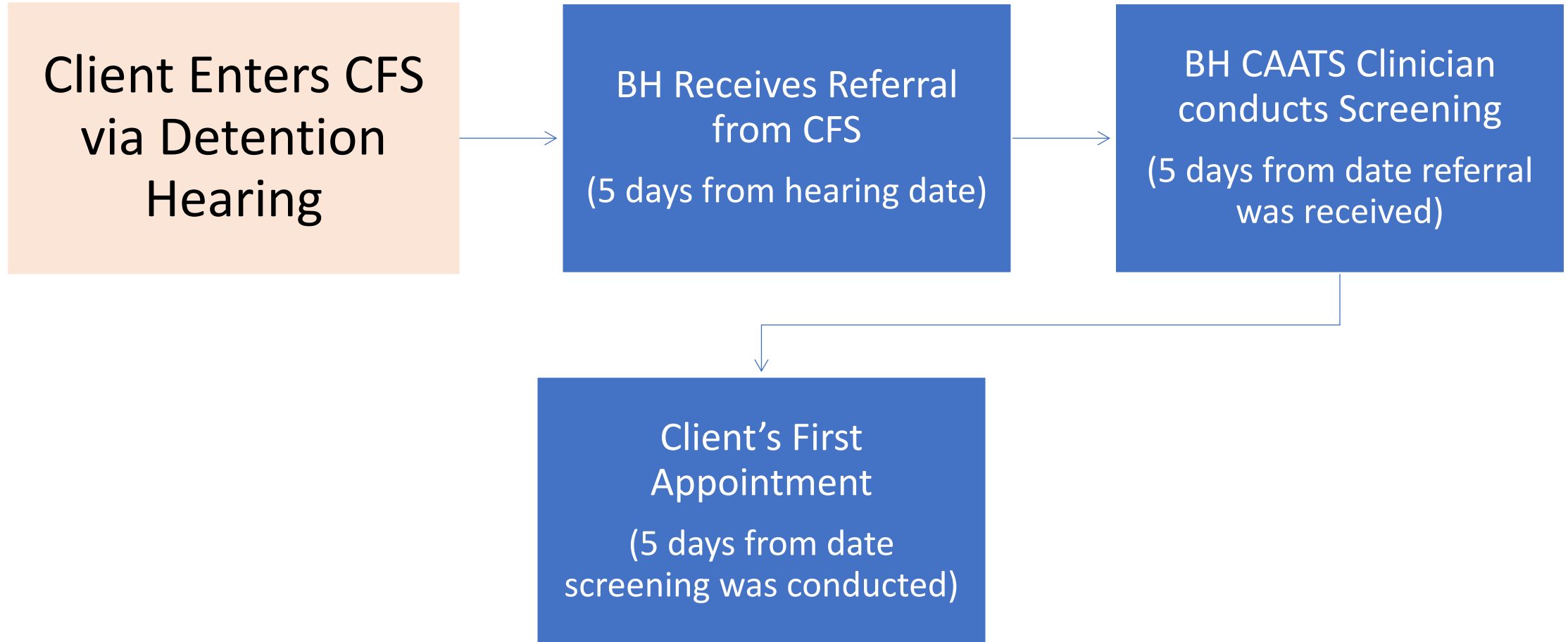


Children's Accelerated Access to Treatment and Services (CAATS)

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	864
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 eligible HSA youth in care of VCBH

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.

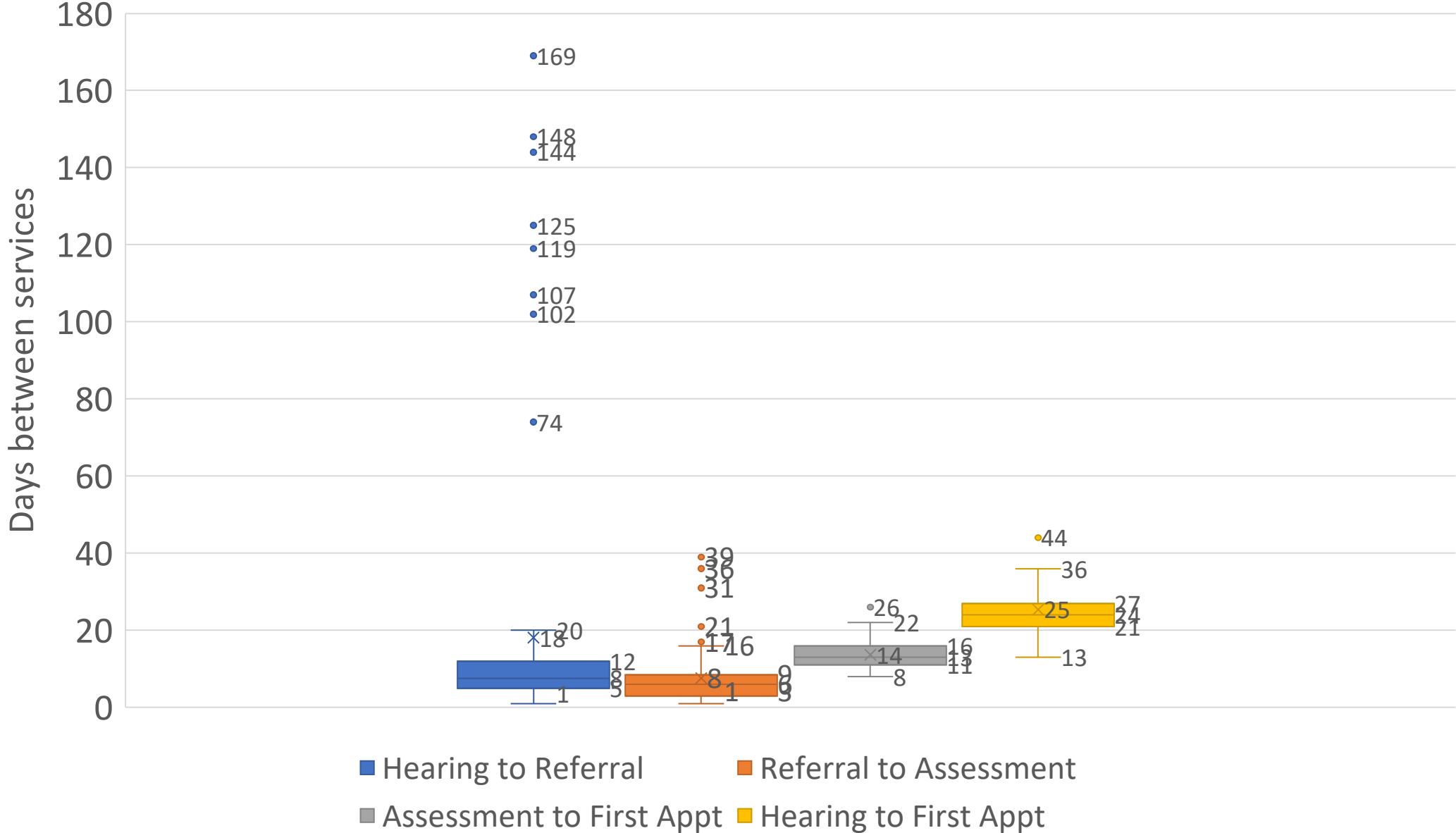
Time to Service Comparison – Goal Timeframe

	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

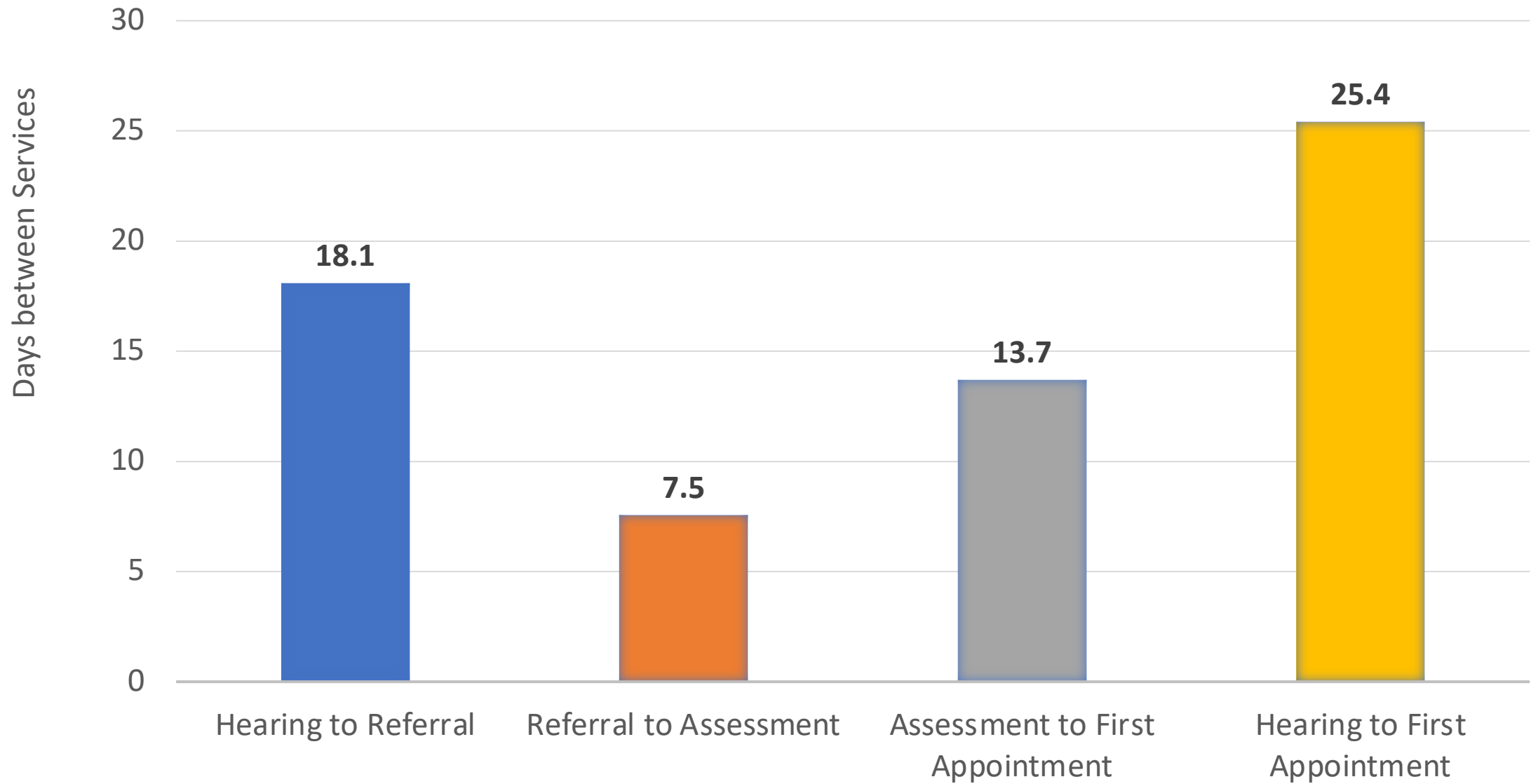
¹Matched clients with detention dates from July 2017 – Jan 2018 (N=151*) *In this cohort, an additional 20 children were already in care of VCBH before referral from HSA. The metrics here include only clients who were new to VCBH services.

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

Time to Service

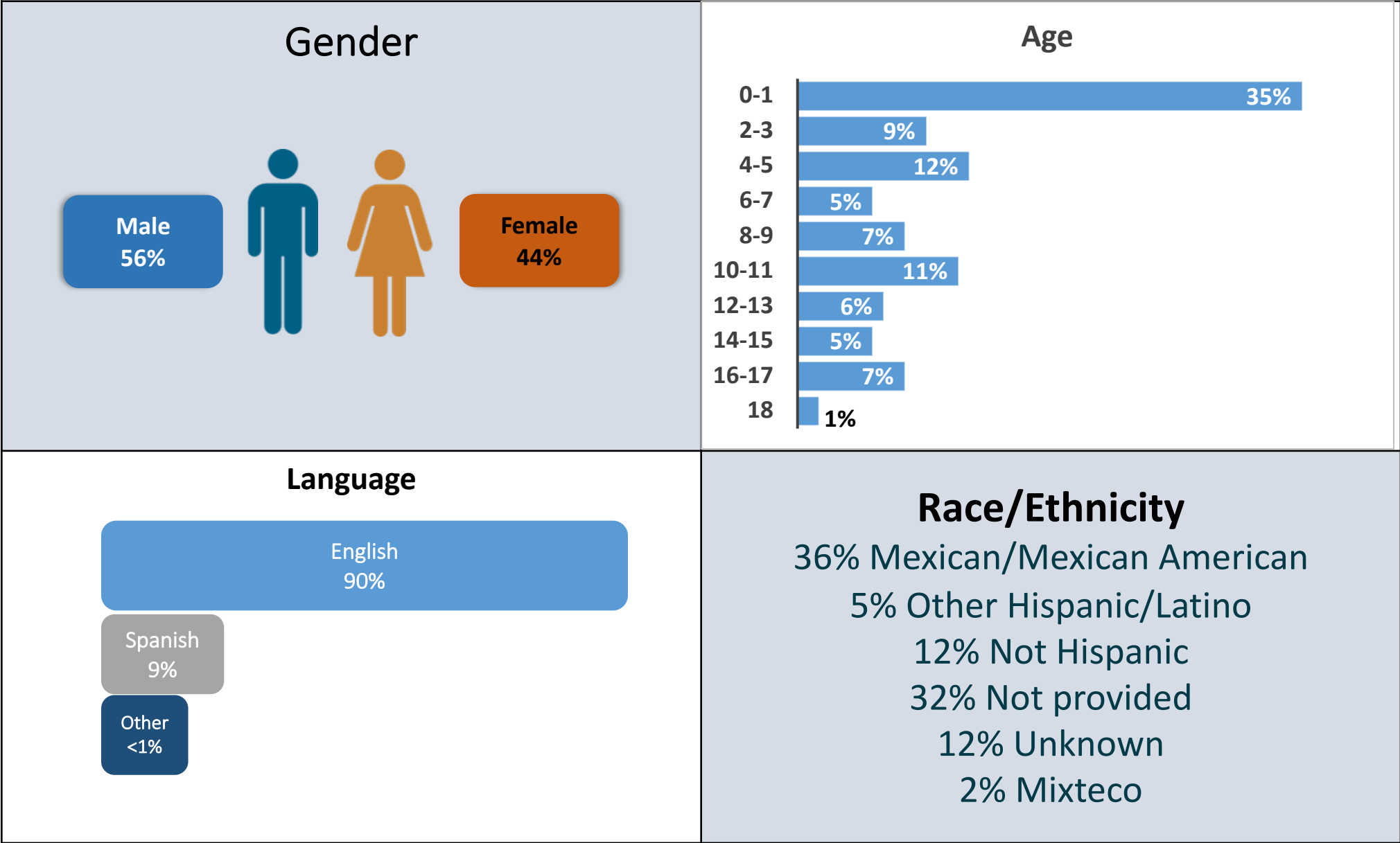


TOTAL TIME TO SERVICE



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:

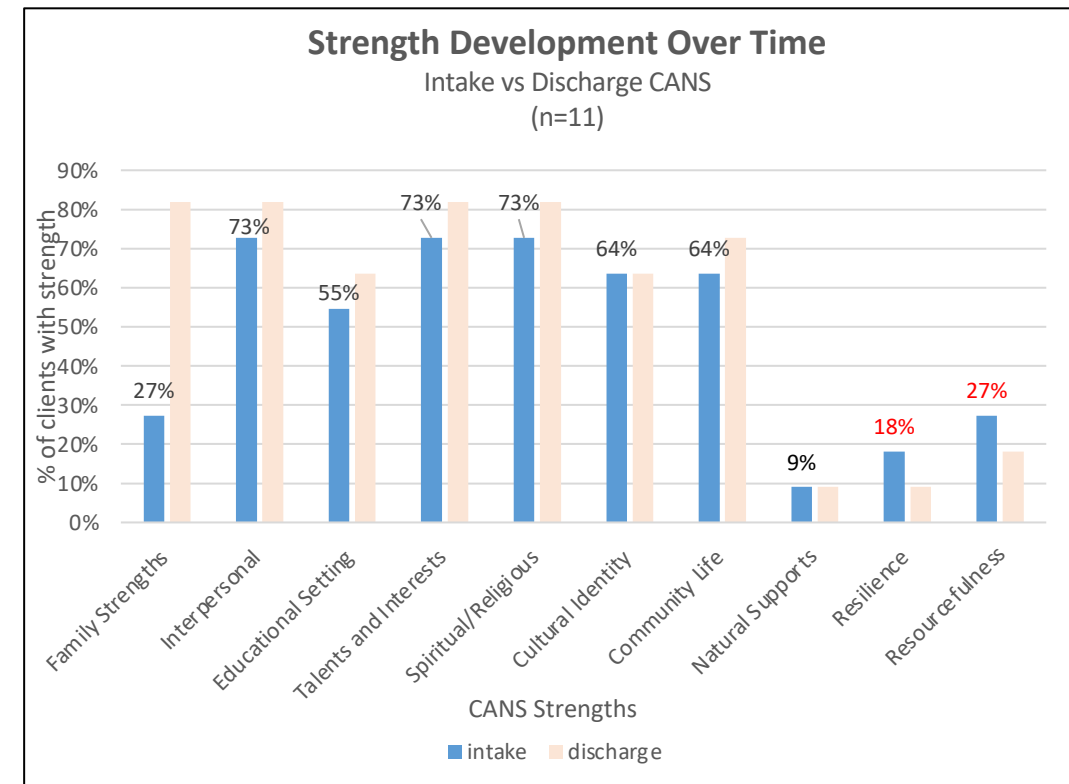
Score	Indicates:
0	No Evidence
1	History or Suspicion
2	Interferes with functioning; action needed
3	Disabling, dangerous; immediate or intensive action needed

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

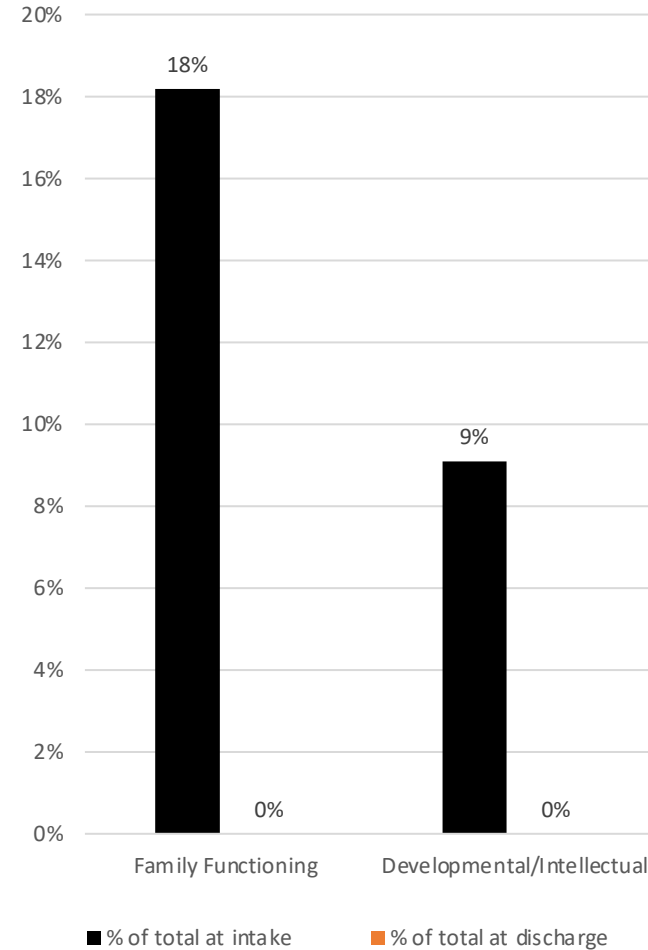


Life Functioning

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

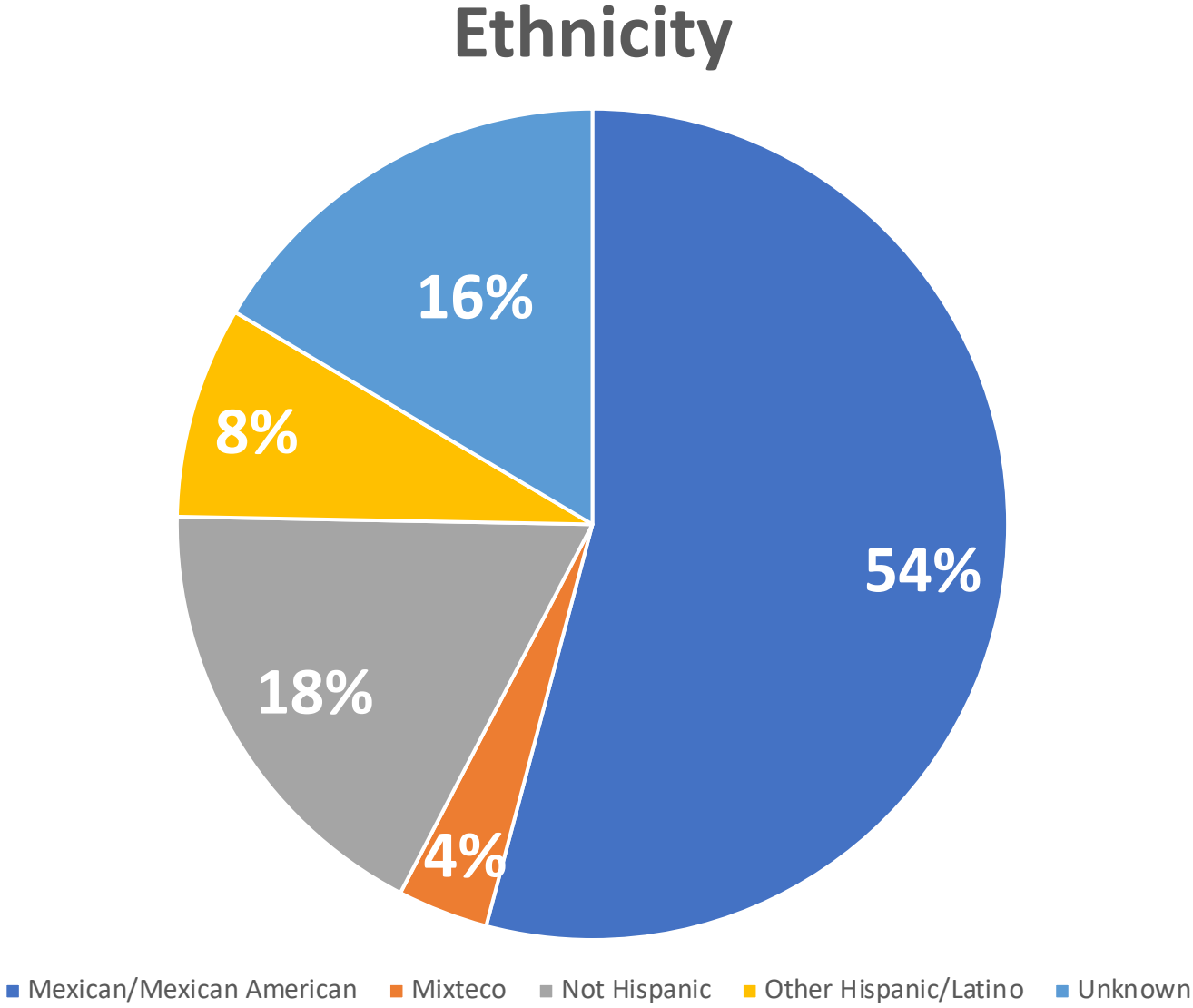
Date range:
October 4, 2018 –
February 20, 2019

- 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

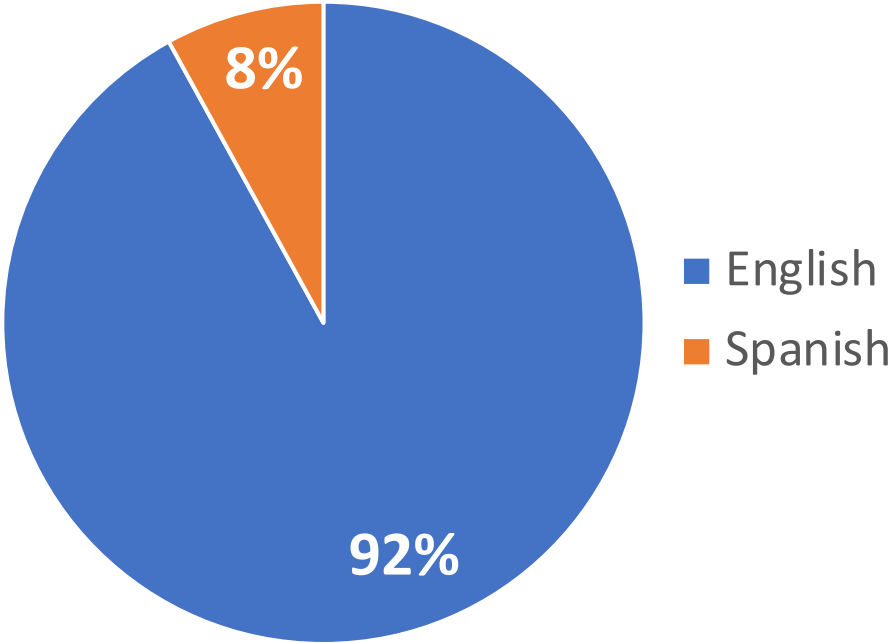
Race	Number of clients
White	2
Other	1
Not reported	131
Total	134



Additional Demographic Information - Language

Primary Language

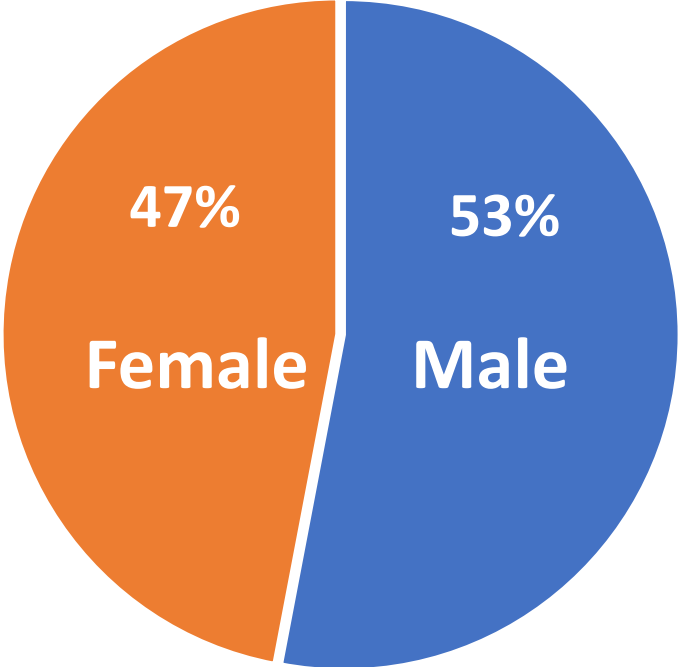
Primary Language	Number of clients
English	122
Spanish	11
Other	1
Total	134



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 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