



## EDC BH Division Evaluation Committee Review Mtg. Questions & Responses

*Prevention Wraparound Services: Juvenile Services Project*

### OVERVIEW

#### *Can you give us an overview of your program?*

SSYAF's **Prevention Wraparound Services: Juvenile Services Project** provides comprehensive care to keep children safe, at home, in school, and out of trouble. This program supports youth and families involved with child welfare or juvenile justice, using early intervention to prevent more restrictive and costly placements like group homes, hospitalization, or youth detention. Employing a strength-based, family-centered, and community-based planning process, the program emphasizes permanency, safety, and well-being. SSYAF follows the National Wraparound Initiative (NWI) principles for high fidelity wraparound. Services, typically lasting up to six months, are individualized and may include screening, treatment plans, family engagement, mental health services, safety planning, community resource linkage, and flexible funding for essential non-mental health resources. Flexible funds are also available to support emergency housing or crisis needs (i.e. transportation, child-care, medication, education, and food rewards for service participation).

#### *What is your accountability for funding and services?*

At SSYAF, we ensure accountability for funding and services through several key measures:

1. **Regular Financial Audits:** Independent annual audits verify our financial compliance and integrity.
2. **Detailed Reporting:** We provide comprehensive financial and programmatic reports to funders and stakeholders.
3. **Outcome Measurement:** We track performance indicators and gather client feedback to assess program effectiveness.
4. **Governance and Oversight:** Our Board of Directors ensures alignment with our mission and reviews financials and outcomes regularly.
5. **Continuous Improvement:** Regular evaluations and client feedback help us enhance our services.
6. **Regulatory Compliance:** We adhere to all relevant local, state, and federal regulations.

These measures ensure our funding is used effectively and our services benefit the families and communities we serve.

*Please share with us how your project provides comprehensive programs: family advocacy and support; behavioral and mental health services; substance use prevention and treatment; juvenile justice intervention; mentoring; foster care; adoption services; and pre-and post-adoption support in El Dorado County overall.*

As an agency, we provide a comprehensive array of services, including family advocacy and support, behavioral and mental health services, substance use prevention and treatment, juvenile justice intervention, mentoring, foster care, adoption services, and both pre- and post-adoption support.

In El Dorado County, we offer specialized community-based programs such as targeted mental health support, prevention and wraparound services for youth involved in the juvenile justice and child welfare systems. Additionally, we collaborate with El Dorado County Child Welfare to deliver Peer Partner Services, further enhancing our commitment to holistic care and support.

*Please share with us how many interactions you have had within the El Dorado County community beyond families and youth, i.e. schools [public/private/residential care], interacting with Health and Human services, foster parents, kinship and adoptive parents, and additionally, working in collaboration with any residential care facilities in El Dorado County?*

The agency is engaged in an array of partnerships including Behavioral Health, Child Protective Services, Adoption Assistance Program (AAP), local schools, local psychiatric hospitals, and the County Probation Department.

The goal of our Prevention program is to build connections with any system of support that impacts youth in services. We have build relationships with school staff including EDSRO's (El Dorado School Resource Officers), Public Health Nurses, County Child Welfare, County Probation, Behavioral Health and community resources (AA/NA groups, churches, Big Brother/Big Sisters) to support building community for youth and families. We have worked collaboratively with residential placements within El Dorado County, with the focus of supporting youth in transition from placement or attempting to prevent placement. If placement is determined, our team works to ensure the placement team has all information necessary to support the youth moving forward. In addition to system connections, we support resources families, kinship and adoptive parents with connections with Adoption Assistance Program (AAP) and other community resources to ensure they can meet the needs of the youth and families.

#### ACCESS/LINKAGE

*How often does your client require re-entry into your program or another? Do you know who monitors this outside your agency?*

*We have seen youth re-referred to our program due to new needs arising or needing additional support for the same need. We track duplicate youth who have been re-referred to our agency but do not track admission into programs outside of our agency. In FY 23/24, 1 youth required re-entry into the program. The youth was initial served for 61 days before family left the country for an extended period of time. The youth was re-referred to services when the family returned to the country and served for a 6-month period. SSYAF is unaware of who monitors this outside of our agency.*

*How do you find or what resources do you provide to your families in regard to natural support for families?*

At SSYAF, we are dedicated to helping families build and strengthen their natural support systems. We provide resources such as community connections, peer support, and comprehensive resource directories. Our culturally responsive practices ensure families connect with meaningful supports. Through family-centered planning, we involve families in decision-making, helping them utilize their strengths and community resources. We also promote holistic health practices to enhance overall well-being. By fostering these connections, we empower families to thrive and achieve their goals.

*How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, and indifferent?*

Our Wraparound Prevention program prioritizes compassionate, patient, and caring interactions with individuals. Our staff are trained to approach every interaction with empathy and understanding, listening actively to clients' concerns and ensuring they feel heard and valued. Patience is key, allowing clients to express themselves without feeling rushed, while a caring attitude is evident in every aspect of our work. We avoid rushed or indifferent interactions by structuring our program to give staff adequate time with each client, fostering a supportive environment. Continuous training and feedback ensure that our staff provide the highest standard of compassionate mental health care.

*Do you use a screening tool when hiring employees that are compassionate, patient and interactive in a positive way? If so, what is it? Can you provide some examples.*

SSYAF will recruit, hire, and promote qualified and diverse individuals, reflective of the cultural, racial, ethnic and linguistic diversity of El Dorado County to fill positions and maintain appropriate staffing levels for service delivery. SSYAF utilizes industry best practices to achieve fair, open, competitive processes in all employee recruitment and selection. SSYAF complies with all local, state, and federal regulations in recruitment, selection, placement, and promotion of qualified individuals.

All SSYAF staff meet the necessary qualifications to provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mental health services appropriate to their position. All staff will receive training in cultural competency/cultural humility and demonstrate knowledge of the linguistic and cultural needs of the communities being served. All staff complete a List of Excluded Individuals/Entities (LEIE) screening (Medi-Cal fraud), Livescan fingerprint clearance through the Department of Justice, Federal Bureau of Investigation, and Child Abuse Index, an extensive interview process involving behavior-based questions, a simulated role-play scenario, and rigorous reference and employment background checks.

*Do your families have access to flex funds via your program?*

Yes, a small portion of the budget has been allocated for flex funds to be used to access specific-non-mental health resources identified within the treatment plan that are needed by the child/youth and their family to successfully fulfill their individualized treatment plan. In the case of a family emergency, flex funds are used to temporarily provide housing stability or

support to a family in crisis. Examples include: funding for transportation, child-care, medication, education expenses, etc.

*How are you directly supporting families and not just the individual in your program?*

We support the entire family with professional treatment and compassionate care, so every youth has the opportunity to thrive at home, in school, and *in the community*.

*How long is your services? 12 or 18 months? What does the transition plan look like for a family leaving your services? How far in advance do you start this transition plan? 6 months or 8 months before your end date?*

Services are individualized and short-term, typically not exceeding 6 months. Transition planning starts at intake, in our informed consent documentation and care plans, transition planning begins by talking about long term resources and linkage needs to support youth and family. In our Child & Family Team (CFT) meetings, we review transition plan and create action items for the youths treatment team to support youth and family to complete to support the transition plan. A youth may extend beyond the 6 month period if an immediate safety need arises for a youth.

## TRAINING

*Do you provide ongoing training for your staff?*

Yes, we have an extensive training plan for staff which includes ongoing training needs.

*Do you have experienced social workers and therapists shadowing and supervising newer employees closely?*

SSYAF's staffing composition for the Prevention Wraparound Services –Juvenile Justice Project consists of the following qualified and diverse professionals who ensure consistent delivery of High-Fidelity Wraparound practices – a clinically licensed and experienced Clinical Program Director; a clinically licensed and experienced Associate Program Director; a certified High-Fidelity Wraparound Coach; licensed or license-eligible Therapists/Clinicians; Facilitators (Mental Health Rehabilitation Specialist (MHRS)); Wraparound Specialists (Mental Health Assistant (MHA) I, II, III); a Family/Peer Partners; and a Youth Advocate (staff with “lived” experienced).

*It's important for our foster youth and those adopted from foster care to have consistent and highly trained/experienced caregivers, therapists, and professionals. Are your therapists licensed? What are all the different modalities your therapist is trained in besides trauma-informed and Cognitive behavioral therapy (CBT)?*

*Are your staff going through California wraparound classes via UC Davis?*

Yes, we are currently going through the process with UC Davis and transitioning our assessments and fidelity paperwork to be in alignment with UC Davis.

*Do your employees have lived experience/peer providers for example parent partners? Or youth partner? Do these roles follow California certification roles? Are lived exp/peer providers consumer, family members or caretakers of children/youth with mental illness?*

A key element of the program design is the support of SSYAF's Family and Youth Partnership Team to help ensure voice and choice in service delivery. SSYAF's Family Partners and a Youth Advocate (peer partners) who have lived experience in one or all of the systems that our families are interacting with (child welfare, probation, and/or mental/behavioral health). These important peer support positions work as part of Child and Family Teams, to exchange their perspectives on child and family strengths, partner with parents in the delivery of services, and provide self-help support systems. Their voice is a crucial part of policy and program development. These individuals also work with youth, parents, and caregivers to help engage families in positive relationships with the treatment team, and to provide information to youth and families that will enable and empower them to make informed decisions regarding their own or their child's mental health treatment.

## CAPACITY

*How many are engaged in your program in EDC? Via what way, for example, CPS, behavioral health, or other funding sources?*

Out of 76 referrals received in the last year, 22 youth were referred by probation, 35 youth were referred by child welfare and 19 youth were referred by another system (ACCESS, school or other mental health provider).

*What services does your organization provide for a family that needs more than CBT?*

Services include (but are not limited to): Therapeutic Services (i.e. Individual or Family Therapy; Skills Building support for symptom management; Caregiver/Parent Support); Support for Permanency Planning; Independent Living Skills/Support; Linkage to Community Resources; Psychiatric/Medication Support Service Linkage; Case Management to support with Treatment Plan; and Coordination of Services.

*What is your average staff caseload per position?*

SSYAF's Facilitator/Specialist team will work with 20 youth and their families at a time in this proposed model (1:10 youth/ family to staff ratio). Services will be tailored to, and consistent with, the intensity of services needed by each family on the caseload. The average and maximum caseload size never exceeds the caseload dictated by county policy or contract. In those situations where an Evidence Based Practice (EBP) is used, the average and maximum caseloads never exceed the caseload dictated by the EBP developer through the respective certification or other oversight process. The average length of does not exceed 6 months.

*What is your retention rate?*

This last fiscal year, our staff retention rate in the prevention program was 100%

*Do you take a team approach with each case, especially the more challenging ones? If so, what does this look like? Is this to provide more in-home support besides 1 or 2 hours weekly? Do you provide in-home support on the weekends and outside of Monday through Friday, 8am to 5pm?*

Absolutely, we will tailor our services to meet the needs of the families. We have several families who receive upwards of 5-15 hours weekly in the home, school and community. Staff will work with families to meet the needs of the youth, working as early as 7am and as late as 7pm. Families have access to our on-call crisis support line 24/7 for support.

*What efforts are made to provide linguistically and culturally competent services/programs?*

SSYAF ensures commitment to cultural and linguistic competence and recognizes the value of racial, ethnic and cultural diversity. All staff receive training in cultural competency/cultural humility and demonstrate knowledge of the linguistic and cultural, as well as gender responsiveness needs of the communities being served. Staff ensure that individual treatment plans reflect the values, strengths, and core beliefs of each participant and their family. Additionally, SSYAF employs bilingual staff who can conduct assessments and deliver services in the County's threshold languages (i.e., English and Spanish) and utilizes local interpretation/translation services as necessary to provide interpreting skills in other languages. SSYAF ensures the competence of individuals providing language assistance. SSYAF bilingual staff have attended specialized mental health interpreter training to meet the needs of the diverse populations served. Additionally, SSYAF works collaboratively with El Dorado local providers and community leaders to meet the specific needs of youth and families served.

*Do you have a staff member who does research for support, services, or programs outside of your organization to meet the needs of the family? If yes, please give examples.*

Not at this time.

*How many people seeking services did your organization turn away or has declined to provide services after starting them over the course of a year? Why? Behavioral? Medical? Wait list? Other and please be specific.*

In our Prevention Wraparound program we do not turn away or decline to provide services to families. The only exception is for youth who have Medi-Cal insurance are connected to Specialty Mental Health Services (SMHS).

## GOALS/EVALUATION

*How do you measure your success, and what challenges have you faced?*

During the intake and assessment process, our team assesses for mental health related needs utilizing tools such as the CANS-50; CSE-IT; PSC-35; CODA; and a comprehensive Core Assessment evaluating biopsychosocial history, risk assessment, and mental health history.

Challenges: Our main challenge this year was limited community resources to connect families to once our 6 month timeline had been completed and family requesting additional time in services. The team also received several referrals for youth who have Medi-Cal insurance.

Accomplishments: During the current review period, out of 48 youth who completed services, 94.44% of youth completed services successfully and made moderate to significant improvement in the CANS needs items.

*Does your agency's Board of Directors or management include any mental health consumer members?*

Yes, SSYAF's Board of Directors and management team include members who are mental health consumers. SSYAF firmly believes in the importance of incorporating diverse perspectives and lived experiences into our leadership structure. This inclusion ensures that programs and services are not only empathetic but also effective in addressing the needs and challenges faced by those experiencing mental health concerns. By having mental health consumers actively involved in our decision-making processes, we can continuously improve and tailor our approaches to better serve our community. Their insights and experiences are invaluable in shaping policies and strategies that promote mental wellness and support recovery.

*What are your desired outcomes/treatment goals? How often are these achieved?*

**Project Goals**

- Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems.
- Engage families through a more individualized casework approach that emphasizes family involvement.
- Increase child/youth safety without an over-reliance on out-of-home care.
- Improve permanency outcomes and timeliness.
- Improve child and family well-being.
- Prevent involvement in the juvenile justice system.

*What are the two or three obstacles in your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?*

Limited resources in El Dorado County and time limitations.

*What has been successful?*

Our team has partnered with our referring partners of CPS, ACCESS and Probation to provide training and facilitate conversation around our services and create an open dialogue to best support with coordination of care. We have a monthly cross-systems meeting where we discuss the current census, the needs of the youth and families, any critical incidences, or significant concerns, and plans for transition as clients near the end of services. With this information, we support youth and families in accessing care within their county and plan.

*Do you have a way to seek staff input on how the program works for your families?*

We seek feedback from staff weekly in staff consultations, bi-weekly in staff meetings, quarterly in staff quarterly reviews and yearly in anonymous surveys.

*Do you use input from the clients' ideas for the program? If yes, please give examples In order to improve services or outcomes, what support do you need from the Behavioral Health services or commission?*

At SSYAF, we actively incorporate youth and families' input to enhance our programs. Examples include youth and family panels and satisfaction surveys, which have led to new activities and resources. We measure satisfaction outcomes through surveys and direct feedback from youth and family panels, ensuring our services evolve based on client experiences and needs. To improve our services, we need increased funding, better data sharing, and advocacy for supportive policies.

*How do you measure your outcomes? What do those criteria consist of?*

SSYAF's Quality Improvement (QI) Department evaluates programs utilizing the following indicators and outcome tools:

- **Program outcomes** – *Are children and families better when they complete the program?*  
-Program outcomes are measured using assessments (including Evidence Based Practices specific assessments) to identify treatment needs at intake and annually; Child & Family Team (CFT) Meetings for care planning, evaluation, monitoring, and adapting; discharge assessments to determine progress made toward treatment needs and overall functioning; the Child and Adolescent Needs and Strengths (CANS 50), the Pediatric Symptom Checklist (PSC-35), and the Transition Readiness Scale (TRS).
- **Youth & Family Satisfaction** – *Did youth and families served get what they expected and needed?*  
-Satisfaction outcomes are measured using results from youth and family satisfaction survey results, as well as direct feedback from youth and family panels.
- **Program Implementation** – *Did we follow the model and meet program goals?*  
-Implementation of the program is measured using fidelity checklists, regular program audits, and compliance reports, which monitors and ensures program model adherence.

<b>DATA</b>
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*What data to support statistically how many families and youths were served in 2023 in relation to the above-referenced Project? Please share data as to how provider plans to use their funding stream for the 2024 year regarding the above referenced programs.*

Expenditures	FY 2021-22	FY 2022-23	FY 2023-24
Unduplicated Individuals Served	39	40	48
Cost per Participant	\$		
Age Group	FY 2021-22	FY 2022-23	FY 2023-24



0-15 (children/youth)	28	30	35
16-25 (transitional age youth)	11	10	13
26-59 (adult)	0	0	0
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

*How is that data tracked, and can you provide redacted reports to support youth and families served throughout Northern California, more specifically, El Dorado County.*

We track data through our own electronic health record. We are always looking to partner with counties to provide data when requested to support with initiatives or advocacy to support with meeting the needs of the community.

*Please share with us some data or information regarding the utilization of your Empowerment Training Center and what agencies, if any, participated in this program that you offer.*

The Empowerment Training Center (ETC) is a workforce development program that is uniquely designed to strengthen skills and development of employees locally, state wide, and nationally. SSYAF’s Empowerment Training Center also provides training and support to individuals with lived experience who are on a path of recovery and are willing and able to assist others who are in earlier stages of the recovery process. These individuals’ viewpoints and experiences are included in the training, education, and support. The Empowerment Training Center also includes wellness, recovery, and resiliency principles; instills hope; encourages self-leadership techniques; is culturally responsive; and includes a training model that ensures services are provided in the best interest of families and community.

There are multiple branches of support trainings under the ETC initiative that all members of the community can utilize:

- Community Resource Trainings: Community based trainings and info sessions are open to the public via zoom to learn more about community resources, panels, and facilitated training sessions. These trainings can also be brought directly to agencies, schools, and community partners for individualized training sessions facilitated by a Peer advocate.
- Parent University: A school based training series to empower parents to become full partners in their children’s lives for the purpose of building additional skills, knowledge, resources, and confidence as a parent.
- Life University: A school based training collaborative for students in middle and high school to learn more about life skills in a safe and affirming learning environment.
- Peer Pipeline: A training and mentorship initiative for individuals with lived experience with system navigation who want to strengthen their skills as a Peer Advocate, or strengthen their readiness for the peer Advocacy field.

*Is there any other aspects of the program you would like to share with us today?*

SSYAF’s extensive experience includes:

- 1.) High Fidelity Wraparound (HFW) implementation and monitoring procedures, supported by a HFW Coach, High Fidelity monitoring team, and a comprehensive HFW package built into SSYAF's electronic health record system.
- 2.) All staff trained and certified to deliver Wraparound service consistent with the principles and phases of HFW.
- 3.) Expertise in adoption-informed best practices to support adoptive families and youth in adoption readiness, post-adoption support, and supporting youth who are needing a second permanency plan after a dissolved adoption.
- 4.) The utilization of a wide array of evidence-based and promising practices.
- 5.) Competency in serving Commercially Sexually Exploited Youth/Children (CSEC) through specialized training through the West Coast Children's clinic and Stanford's investment in CSEC youth advocates with lived experience providing the evidence-based Seeking Safety curriculum.
- 6.) Long-standing partnership with Probation, including an understanding of the Probation-specific assessments and best practices along with experience implementing a short-term Prevention model of HFW for lower risk youth. Additionally,
- 7.) SSYAF provides HFW services backed by a strong and comprehensive infrastructure, which includes the following internal resources: Quality Improvement (QI), Fund Development, Human Resources, Information Technology (IT), Facilities, and a Finance Department to ensure quality measures and support the organization's capacity for financial strength; continuous quality improvement measures; staff hiring, retention, and training; effective service delivery; evaluation and outcome reporting.