



**Behavioral Health**  
**Children and Youth Collaborative Services-CYCS**

**0-5 Comprehensive  
Treatment Services**

Fiscal Year 2014-2015 Report



**O-5 Comprehensive Treatment Services** is the joint effort of First 5 of San Bernardino County and County of San Bernardino Department of Behavioral Health (DBH). The intention is to provide comprehensive services for young children throughout the county through close collaboration with multiple community based organizations.

The program is divided into two programs: Screening, Assessment, Referral and Treatment (SART) and Early Identification and Intervention Services (EIIS). The intention was to continue the high quality of intensive service provided through SART while initiating a new program, EIIS, to provide a less intensive service to this population and expand the population to include more children who do not qualify for Medi-Cal services.

Four Agencies implement SART in six locations, and also provide EIIS in the same clinics. There are two additional EIIS agencies serving the rural communities of Crestline and Barstow. Due to the start-up processes involved with opening new programs (e.g., obtaining Medi-Cal Certification) FY 14-15 is the first full year of operation for 0-5 Comprehensive Treatment Services.

During FY14-15 it became clear that additional funding was needed to ensure services were available for all qualified children. First 5 and DBH expanded the funding for mental health services across all programs with a proportionally larger increase being given to EIIS as the demand for this program was so high. Although this increase was only finalized toward the end of FY14-15 it has allowed all contracted agencies to enter into next fiscal year staffed at a higher level, so it is expected that even more children will be served in FY15-16.

Monthly countywide SART and EIIS Providers and Funders Meetings are held to discuss the functioning of the programs at the agency and system levels. More specifically, the providers share information regarding staff, referrals, and treatment, while DBH shares information regarding data collection and preliminary analyses utilizing the performance outcome measures in Objective Arts (OA), as well as data pulled from SIMON and included in the Special Programs Report for Outcomes, Utilization, and Treatment (SPROUT).

## Children's Services – **SART & EIIS** *Fiscal Year 14-15 Report*

### 0-5 Comprehensive Treatment Services:

- SART Centers in Six Locations:
  - Ontario
  - San Bernardino
  - Redlands
  - Apple Valley
  - Big Bear
  - Yucca Valley
- EIIS Program in Eight Locations:
  - Ontario
  - San Bernardino
  - Redlands
  - Apple Valley
  - Big Bear
  - Yucca Valley
  - Barstow
  - Crestline

**Screening, Assessment, Referral, and Treatment (SART)** serves children between the ages of 0-5 who are experiencing social, physical, cognitive, behavioral, developmental, and/or psychological issues. It is an intensive program that serves at risk children, many of whom have been exposed to abuse, neglect, and/or substances in utero.

The SART Program serves this population by utilizing a transdisciplinary approach, which includes screening, assessment, referral, and treatment by clinicians, pediatricians, public health nurses, occupational therapists, speech and language therapists, and pediatric neuropsychologists.

Some of the primary referral sources for SART include the following:

- Department of Children and Family Services (CFS)
- San Bernardino Preschool Services and Headstart Program

FY 14-15 is the eleventh year of operation for SART and the second year of operation under the current contractual arrangement. SART referrals have increased in the past year, especially from CFS. Some of the providers have addressed this increasing need by streamlining their processes to reduce wait times for screening and assessment. The providers have also addressed this increasing need by hiring additional staff, and providing relevant training on the 0-5 population.

## Children's Services – **SART & EIIS** *Fiscal Year 14-15 Report*

The SART providers include:

- Desert Mountain Children's Center (DMCC) with locations in:
  - Apple Valley
  - Big Bear,
  - Yucca Valley
- Victor Community Support Services (VCSS) located in San Bernardino
- West End Family Counseling (WEFC) Center located in Ontario
- Christian Counseling Service (CCS) located in Redlands

**Early Identification and Intervention Services (EIIS)** serves a similar, but less severe population than the SART population. This program focuses on providing specialty mental health and attachment enrichment services to children between the ages of 0-5. These services are intended to improve the social, cognitive, emotional, behavioral, and developmental functioning of these children. In addition, these children may or may not have experienced abuse or trauma, but are perceived as being at risk for manifesting problems in the above areas without the provision of attachment enrichment activities.

The EIIS program began providing services in 2013-2014 with FY 14-15 being the first full year of operations, but they were still impacted by start-up issues. For example, although Medi-Cal certification was completed in FY13-14, many of the agencies were still developing the internal structures needed to meet the ongoing demands of Medi-Cal Services. During the course of FY14-15 the smaller and more rural EIIS programs developed a solid pattern of services for young children in the rural areas of Barstow and Crestline. The EIIS office in Needles, which tried to maintain an operational presence through FY13-14 was closed in early FY14-15 due to lack of referrals.

The EIIS programs operated by the SART Centers were in high demand for most of the centers. EIIS programs served many foster youth who did not qualify for the level of care provided by SART. This system has allowed many children, not in need of SART services, to receive helpful mental health and related services. This includes children who do not display sufficient difficulties to allow for EPSDT Medi-Cal Services, but who may benefit from interventions to help promote healthy attachment and development.

## Children's Services – **SART & EIIS**

*Fiscal Year 14-15 Report*

The EIIS providers include:

- Desert Mountain Children's Center (DMCC) with locations in:
  - Apple Valley
  - Big Bear
  - Yucca Valley
- Victor Community Support Services (VCSS) located in San Bernardino
- West End Family Counseling (WEFC) Center located in Ontario
- Christian Counseling Service (CCS) located in Redlands
- Lutheran Social Services (LSS) located in Barstow
- Hearts and Lives located in Crestline

This report includes summary information for the SART and EIIS Programs for FY 2014-2015 (FY 14-15). Information has been obtained from the Objective Arts (OA) database and the DBH database (SIMON). SIMON information was obtained from the Special Programs Report for Outcomes, Utilization, and Treatment (SPROUT) generated by DBH's Research and Evaluation (R&E).

- Part one: **Who do we see** – descriptive information regarding the clients served including:
  - How many children seen
  - Demographics of those seen (i.e., age, gender, and ethnicity)
  - Diagnostic breakdown of those served
  - Issues/Concerns presented at the start of services
- Part two: **What do we do** – detailed information regarding services including:
  - Types of services provided in these programs
  - Frequency of services
  - Initial treatment patterns
- Part three: **How do we help** – evaluates information regarding the impact of services on the children's functioning including:
  - Resolution of clinical issues/concerns
  - General improvement in life functioning
  - Impact on other identified issues/concerns
- Part four: **Key Findings** and **Future Steps**

Children's Services – **SART & EIIS**  
*Fiscal Year 14-15 Report*

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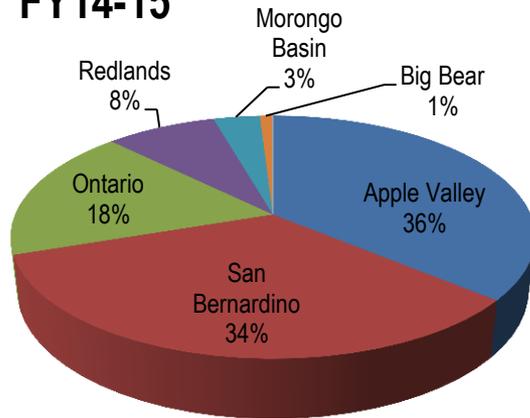
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*2,589 children were served in the SART Program throughout San Bernardino County*

## SART FY14-15



	FY 2013-2014	FY 2014-2015
Quarter 1	Estimate 600	849
Quarter 2	753*	1,203
Quarter 3	876*	1,404
Quarter 4	947	1370
Annual	1,686	2589

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

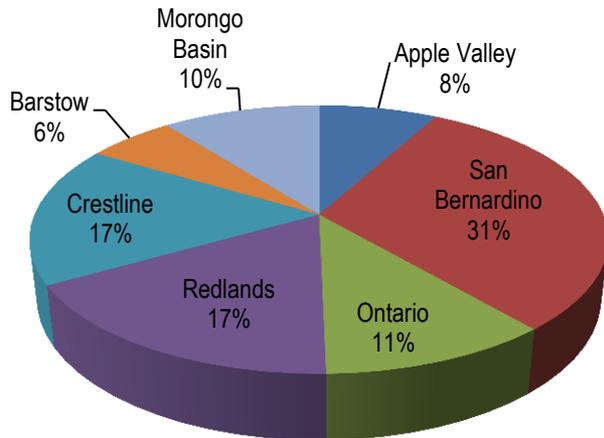
\* Is not an unduplicated count

### Children's Services – **SART & EIS** Fiscal Year 14-15 Report

- A total of **2,589** children were served through SART in FY14-15.
- This is an increase of **903** children over FY 13-14, which was the start-up year for three of the six SART Centers.
- The number of unique clients served remained relatively stable for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of FY14-15.
- The number of referrals to the major SART Centers continue to increase (especially from CFS), and providers have changed in their processes to effectively accommodate these referrals and reduce wait times.

**641** children were served in the EIIS Program throughout San Bernardino County

## EIIS FY 14-15



	FY 2013-2014*	FY 2014-2015*
Quarter 1	Unknown	197
Quarter 2	82	347
Quarter 3	105	276
Quarter 4	184	292
Annual	280	641

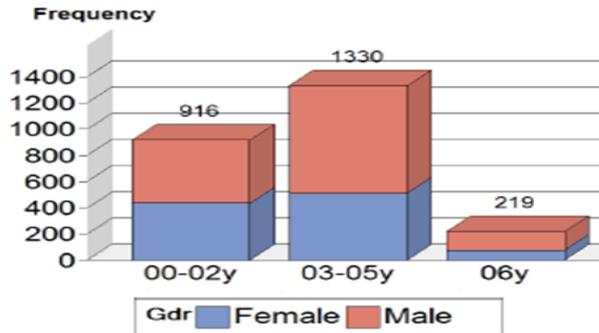
Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)  
 \* Is not an unduplicated count

### Children's Services – **SART & EIIS** Fiscal Year 14-15 Report

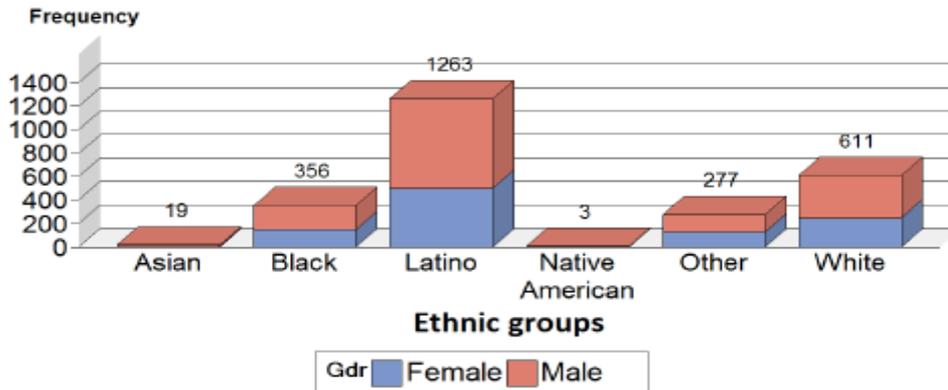
- **641** children were served through EIIS in FY 14-15.
- This is an increase of **361** children since FY 13-14, which was the start-up year for EIIS.
- The contract increase will be in effect for all of FY15-16, so an additional increase in the number of children served is expected.

## SART FY 14-15

Unduplicated Clients by Gender and Age Groups



Unduplicated Clients by Gender and Ethnic Groups

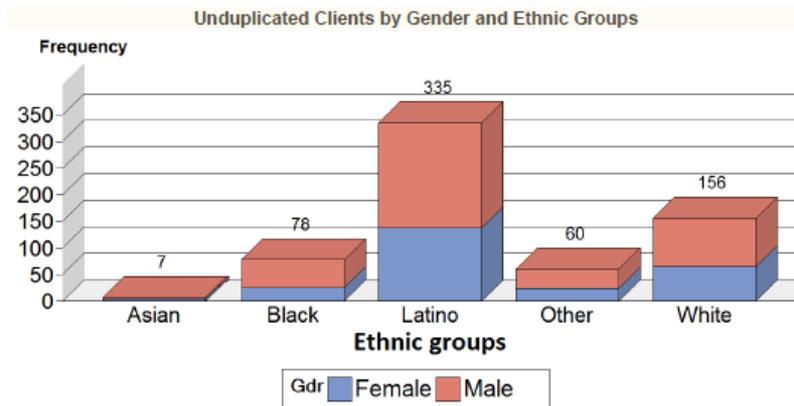
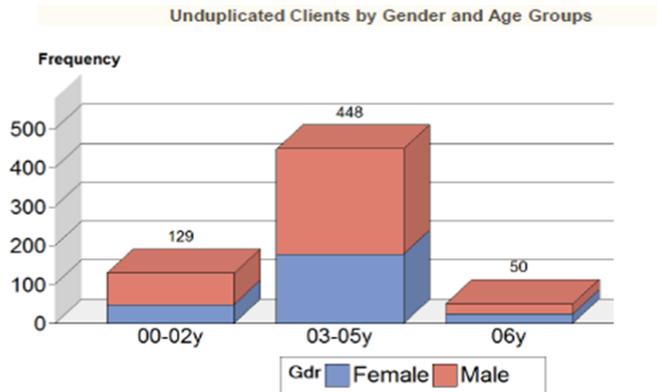


### Children’s Services – SART & EIS Fiscal Year 14-15 Report

- The largest group of the children served in the SART program during the fiscal year were male, Latino, and between the ages of 3 and 5. This is consistent with data from FY 13-14.
- The client ethnicity breakdown for children served in the SART program during FY 14-15 is proportionate to that of the population of San Bernardino.
- Through the inclusion of DBH’s Prevention and Early Intervention (PEI) SART is able to serve children past their 6<sup>th</sup> Birthday, but this is small group of children as the primary focus is on 0-5.

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

## EIIS FY 14-15

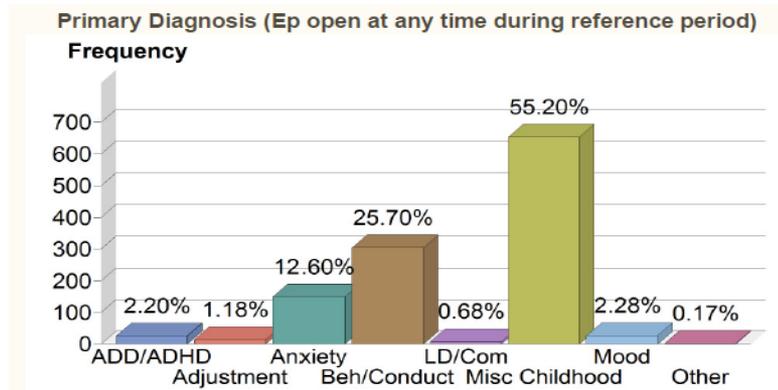


### Children’s Services – **SART & EIIS** Fiscal Year 14-15 Report

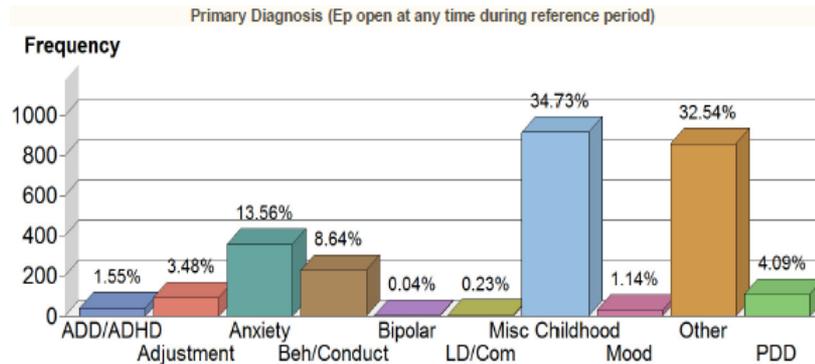
- As was seen in the SART Program, the largest group of children served in EIIS are male, Latino, and between the ages of 3 and 5.
- The distribution of age, gender, and ethnicity also remain consistent when comparing with the FY 14-15 Quarter data reported throughout the year.

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

## SART FY 13-14



## SART FY 14-15



LD/Com = Learning Disorders / Communication Disorders

**Note:** The disorders that fall in the Miscellaneous Childhood category below include tic and movement disorders, as well as enuresis and encopresis among others that are not captured in the other categories

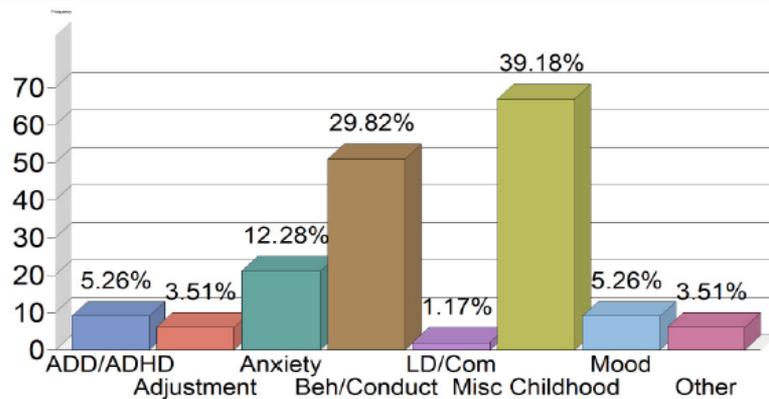
Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

### Children's Services – SART & EIS Fiscal Year 14-15 Report

- Diagnostic categories provide an indication of the primary difficulties faced by children, as each child only has one primary diagnosis.
- Diagnostics categories typically represent the primary clinical issue for a child.
- Misc. Childhood and “Other” are the largest groups due to the tendency of diagnostic criteria to be geared toward older children and adults.

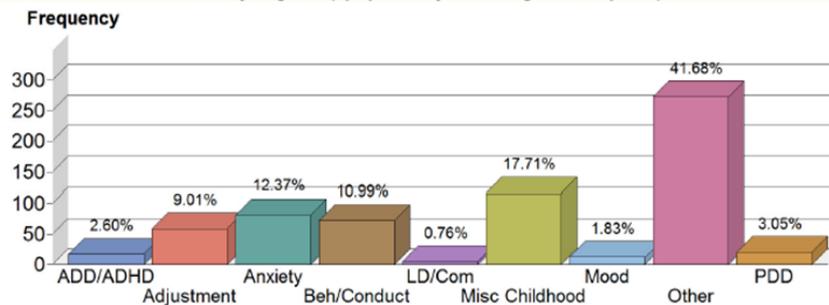
## EIIS FY 13-14

Primary Diagnosis (Ep open at any time during reference period)



## EIIS FY 14-15

Primary Diagnosis (Ep open at any time during reference period)



LD/Com = Learning Disorders / Communication Disorders

**Note:** The disorders that fall in the Miscellaneous Childhood category below include tic and movement disorders, as well as enuresis and encopresis among others that are not captured in the other categories

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

### Children's Services – SART & EIIS Fiscal Year 14-15 Report

- FY 13-14 indicated a very high percentage of children with behavioral difficulties as their primary problem.
- The decreased percentage of behavior/conduct diagnoses likely indicate a increased diversity of children served in EIIS and an increase in the primary problems being related to emotional difficulties.
- This shift in the distribution of diagnoses matches the high level of Medi-Cal services being provided.

*At intake, children had issues in the following global domains:*

- **SART FY 13-14:**
  - Life Functioning – 83.33%
  - Behavioral/Emotional Needs – 83.46%
  - Risk Behaviors – 14.23%
  - Issues specific to the 0-5 population – 92.43%
- **SART FY 14-15:**
  - Life Functioning – 89.68%
  - Behavioral/Emotional Needs – 91.72%
  - Risk Behaviors – 19.53%
  - Issues specific to the 0-5 population – 93.79%

### Description of Domains:

**Life Functioning:** This domain relates to a variety of basic life functioning activities (e.g., Family, Medical, Sleep)

**Behavioral/Emotional Needs:** This domain relates to emotional and behavioral problems that closely relate to clinical diagnoses (e.g., Impulsivity/Hyperactivity, Anxiety, Oppositional)

**Risk Behaviors:** This domain includes items that represent severe risk to self or others (e.g., Self-Mutilation, Danger to Others, Sexual Aggression)

**Issues specific to the 0-5 population:** Items in this domain relate either to the child's functioning (e.g., Motor, Sensory, Communication) or experiences (e.g., Maternal Availability, Empathy for Child)

Data: Objective Arts – Progression Report

### Children's Services – **SART & EIS** *Fiscal Year 14-15 Report*

- The majority of children seen at SART have a need for help related to their general functioning and their behavioral or emotional needs.
- Approximately 1 out of 5 children are engaging in some type of activity perceived to be risky so that harm could come to them or someone else.
- The increases in percentages from FY13-14 to FY14-15 are believed to be related to closer monitoring of the accuracy of scoring the CANS and not an actual increase in difficulties.

*Children were seen for a variety of difficulties, the most common ones were:*

- **SART FY 13-14:**
  - Affect Dysregulation – 48.4%
  - Anger Control – 36.2%
  - Oppositional Behavior – 33.1%
  - Communication – 43.2%
  - Regulatory Problems – 42.9%
  - Substance Exposure – 33.9%
  - Maternal Availability – 33.7%
  - Adaptability – 32.3%
- **SART FY 14-15:**
  - Affect Dysregulation – 61.8%
  - Anger Control – 43.8%
  - Anxiety – 37.8%
  - Oppositional Behavior – 34.7%
  - Adjustment to Trauma – 58.4%
  - Communication – 45.8%
  - Attachment – 40.5%
  - Regulatory Problems – 57.3%
  - Adaptability – 36.7%
  - Maternal Availability – 35.3%
  - Substance Exposure – 32.5%

Data: Objective Arts – Outcome Snapshot Report

## Children's Services – **SART & EIS** *Fiscal Year 14-15 Report*

- Focus on individual items with the Child and Adolescent Needs and Strengths (CANS) provides more specific information about the needs of children.
- Over half of children have difficulty modulating their emotional experiences.

*At intake, children had issues in the following global domains:*

- **EIS FY 13-14:**
  - Life Functioning – 73.68%
  - Behavioral/Emotional Needs – 82.11%
  - Risk Behaviors – 20%
  - Issues specific to the 0-5 population – 74.16%
- **EIS Quarter 1 FY 14-15:**
  - Life Functioning – 79.33%
  - Behavioral/Emotional Needs – 79.67%
  - Risk Behaviors – 20.67%
  - Issues specific to the 0-5 population – 70.9%

### Description of Domains:

**Life Functioning:** This domain relates to a variety of basic life functioning activities (e.g., Family, Medical, Sleep)

**Behavioral/Emotional Needs:** This domain relates to emotional and behavioral problems that closely relate to clinical diagnoses (e.g., Impulsivity/Hyperactivity, Anxiety, Oppositional)

**Risk Behaviors:** This domain includes items that represent severe risk to self or others (e.g., Self-Mutilation, Danger to Others, Sexual Aggression)

**Issues specific to the 0-5 population:** Items in this domain relate either to the child's functioning (e.g., Motor, Sensory, Communication) or experiences (e.g., Maternal Availability, Empathy for Child)

Data: Objective Arts – Progression Report

## Children's Services – **SART & EIS** Fiscal Year 14-15 Report

- Although a lower percentage of children served through EIS show impairments or needs, approximately the same (20%) display risky behaviors.
- The percentages of shown difficulties (i.e., approximately 75%) matches the percentage of services provided within EIS which are perceived to be in compliance with EPSDT Specialty Mental Health Services requirements.

*Children were seen for a variety of difficulties, the most common ones were:*

- **EIIS FY 13-14:**
  - Anger Control – 40.8%
  - Affect Dysregulation – 38%
  - Oppositional – 36.6%
  - Anxiety – 31%
- **EIIS FY 14-15:**
  - Oppositional Behavior – 42.7%
  - Affect Dysregulation – 45.3%
  - Anger Control – 47.0%
  - Impulsivity/Hyperactivity – 30.3%
  - Anxiety – 26.0%
  - Regulatory Problems – 27.4%
  - Attachment – 22.1%

Data: Objective Arts – Outcome Snapshot Report

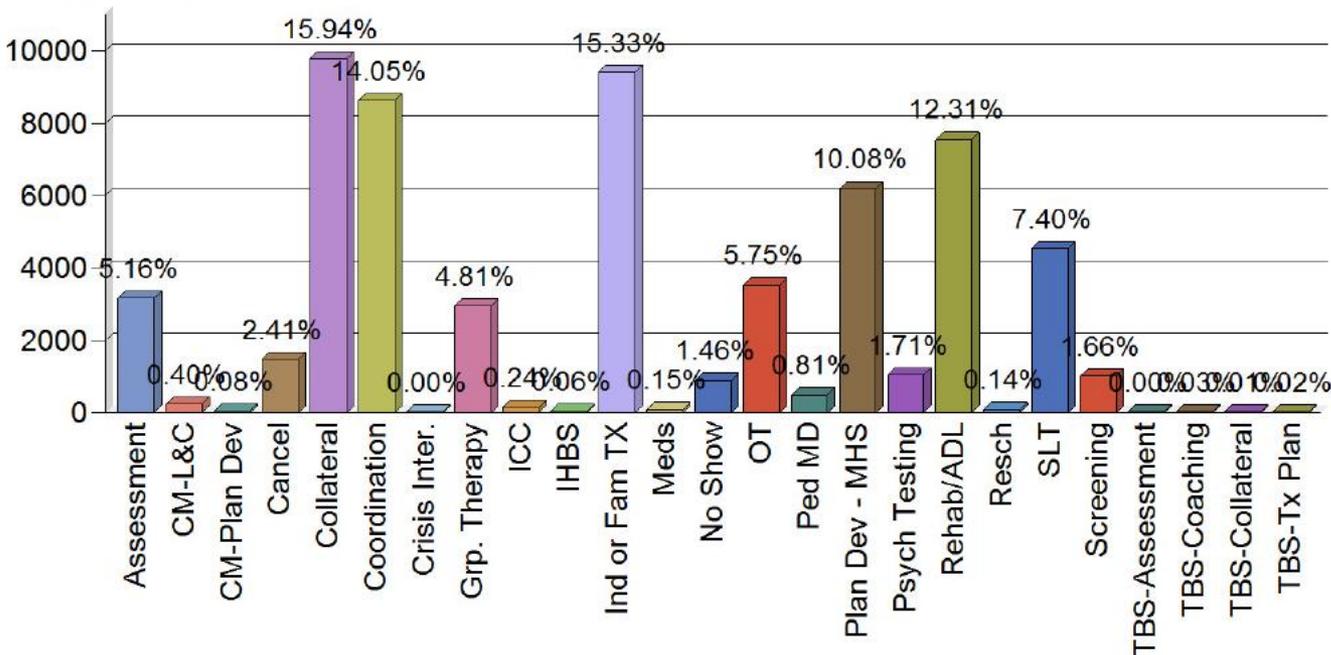
## Children's Services – **SART & EIIS** *Fiscal Year 14-15 Report*

- Specific areas of need addressed in EIIS programs are consistent from FY13-14, but there are more areas for which at least 25% of the children have a need.
- The specific needs of Anger Control, Affect Dysregulation, and Oppositional Behavior are consistently present in many of the children served.

*SART services are provided by a transdisciplinary team, including mental health clinicians, pediatricians, public health nurses, pediatric neuropsychologists, occupational therapists, and speech and language therapists*

Total Services by Type

Frequency



## Children's Services – SART & EIS

Fiscal Year 14-15 Report

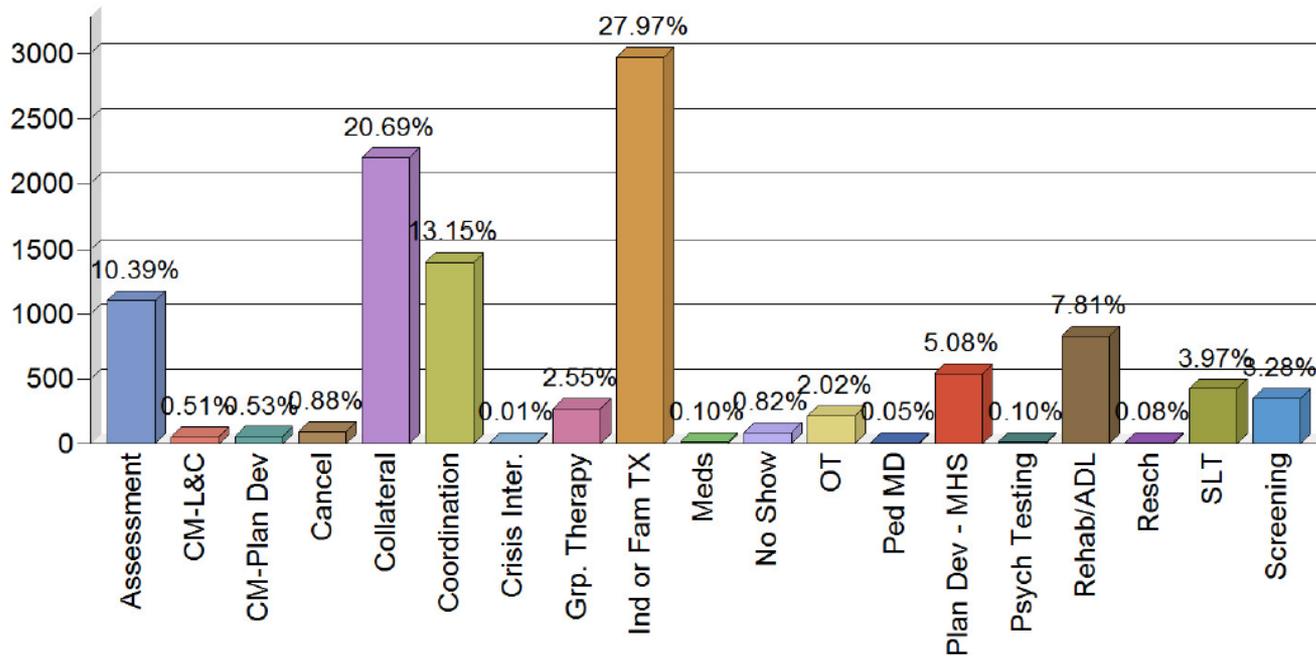
- Efforts to facilitate children accessing SART or other programs are indicated by Coordination. Coordination services are 14.05% of the services provided and account for 7.2% of the time captured through billing and tracking efforts
- The majority of our mental health services are:
  - Collateral – Working with Significant Others to help client
  - Individual or Family - Therapy
  - Rehabilitation/ADL – Skill building activities
- Non-Mental Health Services provided include:
  - Speech & Language – 7.4%
  - Occupation Therapy – 5.75%
  - Pediatric Services – 0.8%

*The EIIS program includes Occupational Therapy while others do not. All EIIS programs include mental health services, which are reported here.*

Children’s Services – **SART & EIIS**  
Fiscal Year 14-15 Report

Total Services by Type

Frequency



- Use of Coordination services within EIIS are very similar to efforts in SART. Coordination is:
  - 13.15% of the services provided by EIIS, and
  - 5.66% of the time captured
- The majority of our mental health services are similar to SART, but with Assessment being done more frequently. This is due to the short length of services.
- Non-Mental Health Services provided include:
  - Speech & Language – 3.97%
  - Occupation Therapy – 2.02%%
  - Pediatric Services – 0.05%
- This pattern matches the intention of the program.

## *Initial Engagement and Service Pattern* **SART FY 14-15**

- Average number of hours provided, per week, for the initial 12 weeks: **2.3**
- Average number of days between Assessment and first Treatment Service: **38**
- Average length of treatment for a client in this program: **197**
- Average number of days between treatment services: **6.2**
- Percentage of children who never went longer than 20 days between services: **35.71**
- Percentage of children who never went longer than 30 days between services: **55.81**

### Children's Services – **SART & EIS** *Fiscal Year 14-15 Report*

- Due to the highly complicated assessment process and treatment planning activities the first treatment service (e.g., therapy) does not occur very quickly, but typically a little more than 2 hours of assessment or coordination activities are provided per week during the assessment time.
- During the assessment process SART Centers provide initial interventions (e.g., parenting suggestions) which are not counted as formal treatment.
- Once in treatment, the services are consistently provided, with the average time between services being less than one week.

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)



## *Initial Engagement and Service Pattern* **EIS FY 14-15**

- Average number of hours provided, per week, for the initial 12 weeks: **2.0**
- Average number of days between Assessment and first Treatment Service: **26.2**
- Average length of treatment for a client in this program: **133.5**
- Average number of days between treatment services: **6.1**
- Percentage of children who never went longer than 20 days between services: **45.5**
- Percentage of children who never went longer than 30 days between services: **68.96**

Data: Specialized Programs Report for Outcomes, Utilization, and Treatment (SPROUT)

### Children's Services – **SART & EIS** *Fiscal Year 14-15 Report*

- EIS also has a complicated assessment and treatment planning process, as it should given the age of the children; however, it is less time consuming and children are able to start treatment more quickly.
- EIS programs are providing 2 hours of assessment or coordination activities per week prior to the start of treatment.
- The length of stay for EIS children is, on average, two months less than SART children. This matches the program design.
- As with SART, EIS provides consistent services to children with the average number of days between services being less than one week.

## 1. Improvements in Global Domains of Functioning – Reliable Change Index:

- Comparisons are made of individual client's scores across time to show if significant changes have occurred

## 2. Statistically Significant Decreases in Need per Item – Progression Report:

- Conversion of CANS-SB data into a binomial distribution with comparison of scores from admission to discharge
- Uses McNemar's Chi-square
- Limitation: Limited ability to detect change when less than approximately 35% of children presented with a problem for the specific item

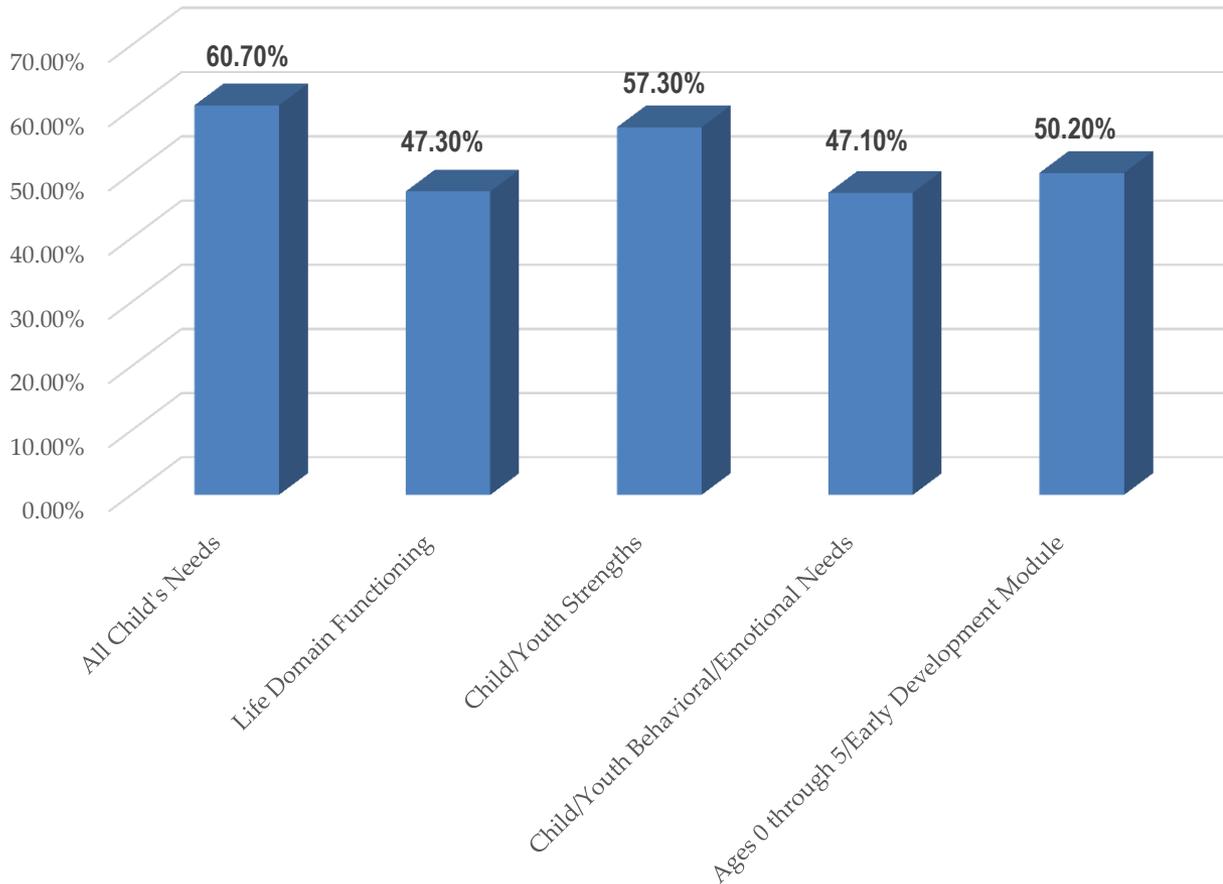
## 3. Resolution of Need for Identified Children:

- For children who presented with a specific problem, what percentage of these children had the issue resolved?

### Children's Services – **SART & EIS** *Fiscal Year 14-15 Report*

- Evaluation of the effectiveness of a program is focused on clarifying how many children improved on or resolved an issue
- Order of evaluation:
  1. Was there improvement in functioning at a global level?
  2. For specific needs that are common, do fewer children have that need at the end of treatment?
  3. For any specific need, what percentage of children with this need either improved or resolved this need?

## Percentage of Children who generally improved functioning or decreased needs

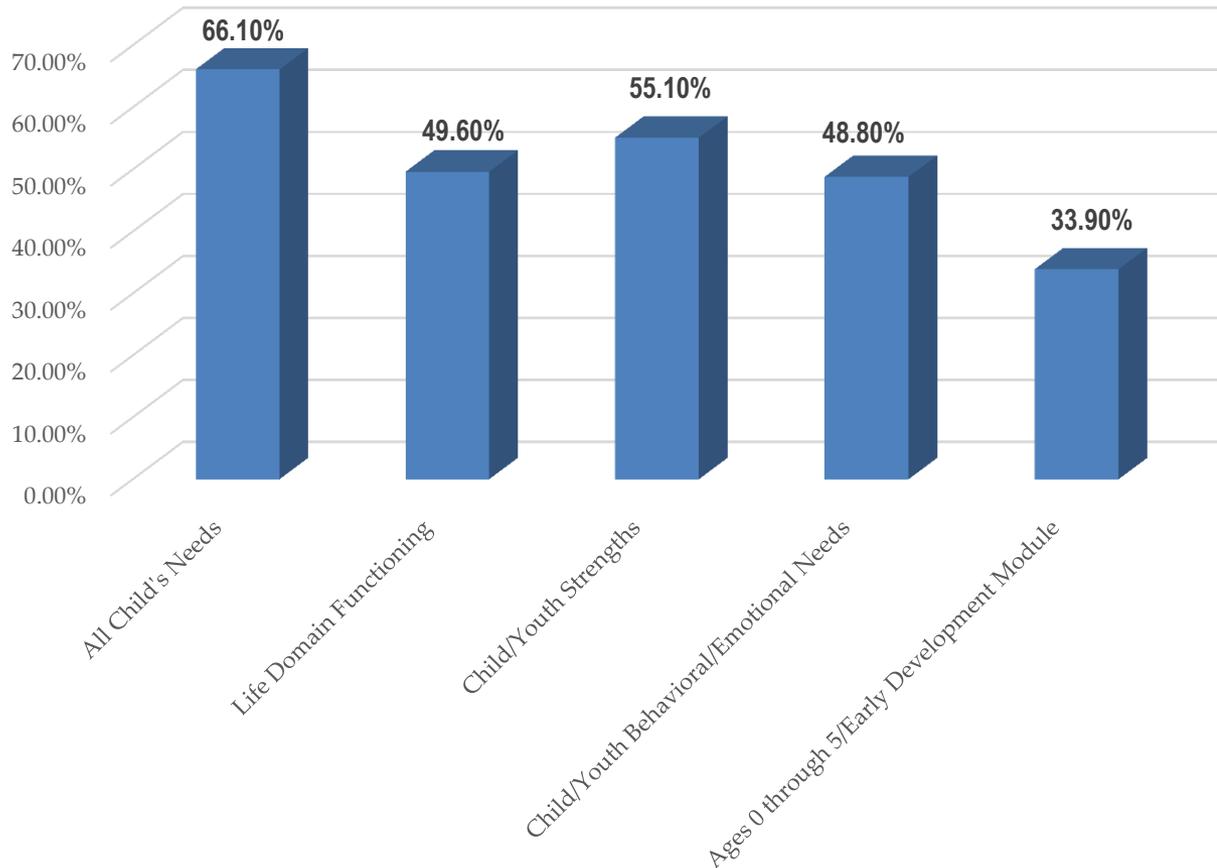


Data: Objective Arts – Progression Report

### Children's Services – **SART & EIS** Fiscal Year 14-15 Report

- Answering the single question of do we have evidence of effectiveness for the program is best answered by broadening our focus and considering any statistically significant improvement as evidence of effectiveness.
- All Child's Needs: 60.7% of the children seen at SART display some type of improvement in their functioning or decrease in their impairments.
- Treatment Effectiveness Research: Percentage significantly above 33% indicate an effective program.

*Percentage of Children who generally improved functioning or decreased needs*



Children's Services – **SART & EIIS**  
*Fiscal Year 14-15 Report*

- Answering the single question of do we have evidence of effectiveness for the program is best answered by broadening our focus and considering any statistically significant improvement as evidence of effectiveness.
- All Child's Needs: 66.1% of the children seen at EIIS display some type of improvement in their functioning or decrease in their impairments.
- Treatment Effectiveness Research: Percentage significantly above 33% indicate an effective program.

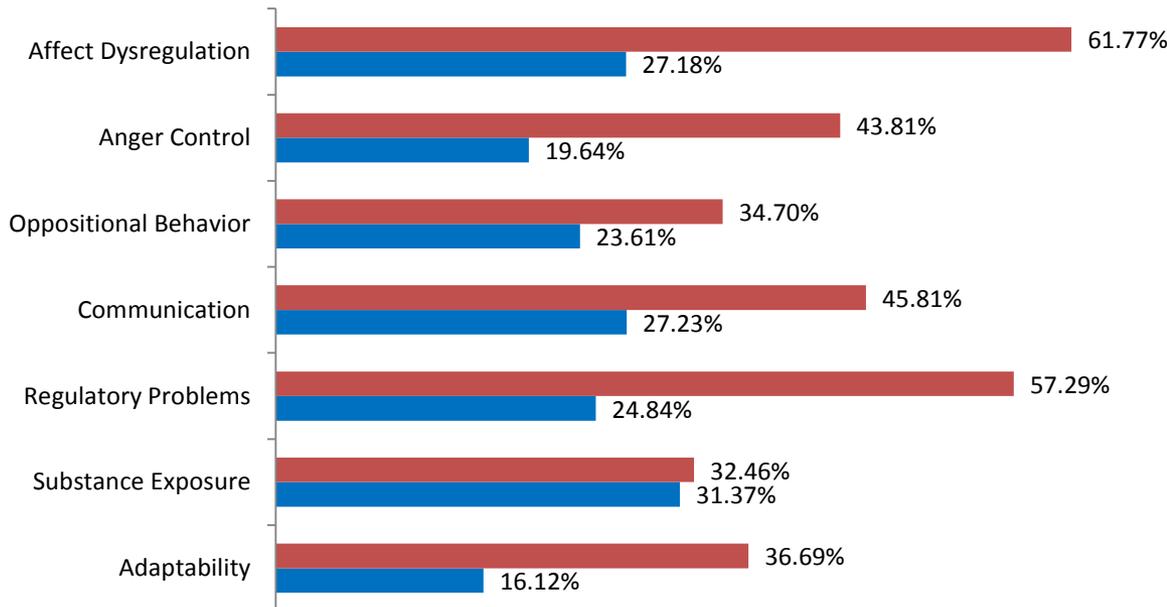
Data: Objective Arts – Progression Report



## Decrease in Need Per Item (Intakes to Discharges)

### SART FY 14-15

■ Initial ■ Discharge



Data: Objective Arts – Progression Report

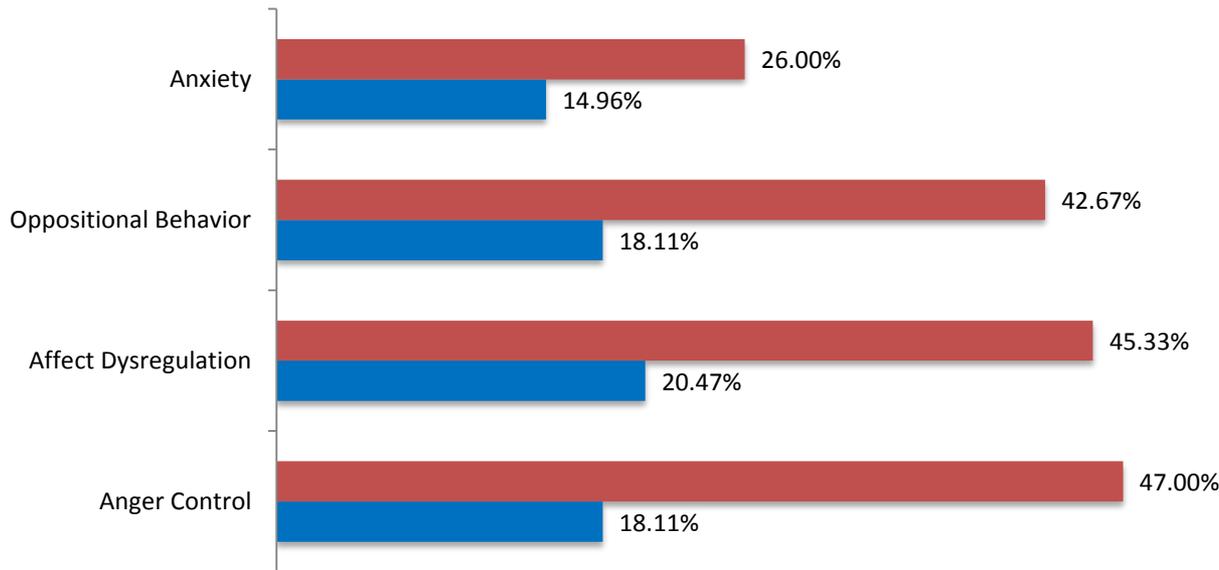
### Children's Services – **SART & EIIS** Fiscal Year 14-15 Report

- This chart shows the percentage of children who needed help with a specific issue at initial and then upon discharge.
- Children who continued to have difficulties with an item may have shown significant improvement in other items such that ending services was appropriate.
- Similar findings were obtained in FY 13-14, indicating consistency over the last two years.
- Substance Exposure is included as a contrast. Since this item refers to the exposure to substances in utero it should be unchanged over time. The slight fluctuation is likely due to clarifications provided during treatment.

## Decrease in Need Per Item (Intakes to Discharges)

### EIIS FY 14-15

■ Initial ■ Discharge



Data: Objective Arts – Progression Report

### Children's Services – **SART & EIIS** Fiscal Year 14-15 Report

- This chart shows the percentage of children who needed help with a specific issue at initial and then upon discharge.
- Obtaining statistical significance for any item in EIIS is less likely due to the smaller number of cases that have been closed.
- Although fewer items are listed, these are very important needs the children faced at the onset of EIIS and treatment was effective at resolving these issues.

## Resolution of an Identified Need

### SART Annual FY 14-15

Areas of Functioning	Percent Resolved
Family Conflicts	65%
Living Situation	75%
Sleep	63%
Anxiety	67%
Oppositional Behavior	50%
Adjustment to Trauma	64%
Anger Control	61%
Affect Dysregulation	58%
Communication	39%
Regulatory Problems	53%
Attachment	62%
Adaptability	59%

### Children's Services – **SART & EIS** Fiscal Year 14-15 Report

- The “Percent Resolved” represents the percentage of children who, at intake, needed help with an issue, but at discharge no longer needed help.
- Any percentage significantly higher than 33% is considered to indicate effective treatment.
- Approximately 2/3 of all children needing help with Family Conflicts, Sleep, Anxiety, Adjustment to Trauma, Anger Control, and Attachment resolved these issues.
- Living Situation refers to the level of difficulties the child is causing others in the home. 3/4<sup>th</sup> of children with this issue were helped by SART.

Data: Objective Arts – Impact Report



## Resolution of an Identified Need

### EIIS Annual FY 14-15

Areas of Functioning	Percent Resolved
Family	62%
Living Situation	70%
Oppositional	63%
Anger Control	57%
Affect Dysregulation	58%
Attachment	63%

### Children's Services – **SART & EIIS** *Fiscal Year 14-15 Report*

- The “Percent Resolved” represents the percentage of children who, at intake, needed help with an issue, but at discharge no longer needed help.
- Any percentage significantly higher than 33% is considered to indicate effective treatment.
- Sixty percent or more of all children needing help with Family, Living Situation, Oppositional, and Attachment resolved these issues.
- EIIS is clearly helping children resolve very important difficulties that, if unchanged, could lead to larger problems over time.

Data: Objective Arts – Impact Report



4 year old Hispanic Male in SART services for 5 months. His presenting problems included having significant issues separating from mom, poor interaction with peers, and aggressive behaviors (e.g., hitting and slapping). His aggression and anxiety prevented Mom from doing regular grocery shopping. When she would take him his level of anxiety resulted in bath room accidents and his aggressive would leave mom in tears.

He would not make eye contact or sit with peers. He would sit next to his mom and not interact with others. He now can be separated from mom, without hitting and kicking, and plays with peers. He displays no disruptive behaviors. He now smiles and makes eye contact with peers and says “thank you” if they have been working together. Now during play time on the playground he will engage with other kids without prompting.

Treatment included PCIT, individual therapy, behavior modification, social skills coaching and play therapy. Both mom and child are much happier. Mom can go to the grocery store and engage and play with him.

- **Increased Number of Children Served:**
  - SART served 2,589 children
    - increase of 53.6%, or 903 children, from FY13-14
  - EIIS served 641 children
    - Increase of 129%, or 361 children, from FY13-14
- **Evidence of Consistent Services:**
  - Systematic Quarterly Monitoring of type and frequency of services indicate children are receiving service in accordance with program intentions
  - On average children receive a treatment service slightly more often than once a week
- **Evidence of Effective Services:**
  - Utilization of CANS within 0-5 Comprehensive Treatment indicates that across both SART and EIIS;
    - 61.8% of children treated show some type of improvement
    - Effectiveness of treatment for individual concerns (e.g., Anxiety or Attachment) range from 45% to 75%
- **End of Year 20% Contract Increase:**
  - First 5 approval of shifting funds to be used as local match for EPSDT Medi-Cal Specialty Service allowed for annual contract increase of \$2,338,880 for entire program
  - This increase continues in FY15-16 and should result in a further increase in numbers of children served

## Children's Services – **SART & EIIS** *Fiscal Year 14-15 Report*

### Notes of Appreciation:

SART and EIIS programs exist to serve children and are only feasible due to the support provided by the Executive Teams of First 5 and DBH.

SART and EIIS programs do an excellent job helping children and families because of the committed staff at all the Community Based Organizations.

This 0-5 Comprehensive Treatment Services Report requires multiple data sources that are a compilation of efforts between DBH- Research and Evaluation (R&E), SART and EIIS Providers, and DBH Children and Youth Collaborative Services (CYCS). The efforts of all staff involved in this process are greatly appreciated.