

PROGRAM INFORMATION:

Program Title:	Bright Beginnings for Families (Children Full Service Partnership 0-10 Years)	Provider:	Uplift Family Services (Formerly EMQ FamiliesFirst), Exceptional Parents Unlimited (EPU) and Comprehensive Youth Services of Fresno (CYS)
Program Description:	Bright Beginnings for Families (BBFF) is a collaboration of three agencies with the goal to build stronger families, with the focus on families of children, aged 0-10 years, with complex behavioral health needs. BBFF is a Full Service Partnership that offers an array of services, in a team based approach, designed to empower families to overcome barriers and effectively meet the needs of their children.	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	July 1, 2013 - Present
Age Group Served 2:	TAY	Reporting Period:	July 1, 2015 - June 30, 2016
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Other, please specify below
Funding Source 2:	Medical FFP	Other Funding:	Behavioral Health Realignment

FISCAL INFORMATION:

Program Budget Amount:	\$3,403,339	Program Actual Amount:	\$2,980,853.69
Number of Unique Clients Served During Time Period:	471		
Number of Services Rendered During Time Period:	11,805		
Actual Cost Per Client:	\$12,698.20		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
Contract Term:	July 1, 2013 – June 30, 2018 This is a five-year base contract with no additional contract periods.	For Other:	Click here to enter text.
		Renewal Date:	July 1, 2018
Level of Care Information Age 18 & Over:	Choose an item.		
Level of Care Information Age 0- 17:	Intensive Outpatient (TBS, Wrap)		

TARGET POPULATION INFORMATION:

Target Population: Children with Serious Emotional Disturbance (SED) and their families. The target population includes unserved and underserved minority groups; from rural and metro areas that have no or limited means of payment for services; who have traditionally been reluctant to seek services from traditional mental health settings; and/or who are in danger of homelessness, hospitalizations, incarcerations, out of home placements, or emergency room visits.

MHSA CORE CONCEPTS:

Please select MHSA core concepts embedded in services/ program:

(May select more than one)

Recovery/Resiliency Orientation

Cultural Competence Orientation

Community Collaboration

Client/Family Driven Program

Please describe how the selected concept (s) embedded :

Cultural inclusiveness and family engagement is supported by appropriately trained program staff, including qualified family members, and partnerships with community-based organizations with experience and expertise in cultural, ethnic, and linguistically sensitive services. Focus populations include Latino, Southeast Asian, African American, and Native American cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

A uniform, comprehensive assessment and a multi-disciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family’s needs without duplication or conflict. Changes to the Plan of Care are driven by the family’s evolving needs, desires, and achievements, and developed in the context of a multi-system team approach. An integrated financial screening process initiated during the Assessment Center intake ensures that no or limited means of payment does not exclude children and families from services.

Innovative, integrated, high-quality plans are developed one child, one family at a time, ensuring that the process is individualized and unique to the family’s beliefs, language, and values. All services are respectful of the family’s chosen goals and sensitive to the family’s environment, cultural background, and preferences. Holistic service planning addresses the full scope and complexity of the family’s needs to maintain health and stability. Facilitators, clinicians and other clinical staff, Social Workers, and Care Managers work with families to ensure

that they have complete ownership of the service plan and are invested in its success. The co-location of specific agency staff, collaborative decision-making, and a full range of service and treatment options provide support for families historically unaware, unwilling, or unable to access mental health services in traditional settings.

Integrated Service Experience

PROGRAM OUTCOME GOALS:

Program outcome goals for the BBFF program are Improved Child Functioning, Increased Parent Functioning, Linkages to EBPs or to Other Appropriate Mental Health Service Providers, Satisfaction, Educational Functioning (Uplift Family Services Only), Juvenile Justice Involvement (Uplift Family Services Only), Hospitalizations (Uplift Family Services Only), and Family Search and Engagement Outcomes (Uplift Family Services Only).

PROGRAM OUTCOME DATA/INDICATORS:

Outcomes include only discharged consumers with a length of stay (LOS) greater than 60 days.

Goals/Objectives	Performance Measure	FY 15-16 Outcomes
Improved Child Functioning	1.1) 85% of children will improve clinical condition/quality of life. (Source: (1) CANS Total (2) CBCL)	CANS 0-4: 46% CANS 5+: 52%
	1.2) 60% of children will improve emotional and behavioral status.* (Source: CANS CBEN domain)	CANS 0-4: 56% CANS 5+: 70%
	1.3) 75% of children will improve their interpersonal skills. (Source: CANS CS Interpersonal)	CANS 0-4: 78% CANS 5+: 38%
	1.4) 85% of children will reduce disruptive and conduct behaviors. (Sources: CBCL – Externalizing)	CBCL: 89%
	1.5) 85% of children will reduce disruptive and conduct behaviors. (Sources: ECBI – Intensity Raw Score)	ECBI: 85%
	1.6) 60% of youth will reduce PTSD symptoms. (Source: UCLA-PTSD-RI)	UCLA-PTSD-RI: No Paired Data
Increased Parent Functioning	4.1) 85% of Caregivers will improve, or maintain a score of 0 or 1, their ability to act as an effective advocate for their child. (Source: CANS CGSN Involvement)	CANS 0-4: 75% CANS 5+: 88%
	4.2) 85% of Caregivers will improve, or maintain a score of 0 or 1, their social network. (Source: CANS CGSN Social Resources)	CANS 0-4: 83% CANS 5+: 94%

	4.3) 85% of caregivers will reduce their stress. (Source: PS-SF)	PSI-SF: 78%
Linkages to EBPs or to Other Appropriate Mental Health Service Providers	5.1) 100% of children and families served will be successfully linked to evidence based practices/programs or to other appropriate mental health service providers as required by their treatment plans. (Source: OMS, Program Tracking)	100%
Satisfaction	6.1) 80% of children and families will be satisfied with Bright Beginnings services. (Source: POQI Sate Satisfaction Survey/YSS-F; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction; per Uplift Family Services baseline.) (Source: Caregiver Satisfaction Survey; % Satisfied= Score of 3 or higher on Total Satisfaction question; per Uplift Family Services baseline)	POQI/YSS-F: 73% Caregiver: 97%
Educational Functioning (Uplift Family Services Only)	3.1) 85% children with no expulsions/suspensions at program entry, will maintain at zero their number of expulsions/suspensions. (Source: CEDE Suspensions and Expulsions; DCR Data)	CEDE: 100%
	3.2) 85% children with expulsions/suspensions at program entry, will decrease to zero their number of expulsions/suspensions. (Source: CEDE Suspensions and Expulsions; DCR Data)	CEDE: 98%
Juvenile Justice Involvement (Uplift Family Services Only)	7.1) 85% of children will decrease, or maintain at 0, their number of probation violations. (Source: CEDE Probation Violations)	CEDE: 100%
	7.2) 85% of children will maintain at 0, their number of expulsions/suspensions. (Source: CEDE Suspensions and Expulsions)	CEDE: 97%
	7.3) 85% of children will decrease their number of expulsions/suspensions. (Source: CEDE Suspensions and Expulsions)	CEDE: N/A
Hospitalizations (Uplift Family Services Only)	8.1) 85% of children will decrease, or maintain at 0, their number of admissions to inpatient hospitals (i.e. Exodus). (Source: Uplift Family Services Incident Report)	IR: No Paired Data

DEPARTMENT RECOMMENDATION(S):

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