

**PROGRAM INFORMATION:**

<b>Program Title:</b>	Assertive Community Treatment (ACT) Program	<b>Provider:</b>	Uplift Family Services (Formerly EMQ FamiliesFirst)
<b>Program Description:</b>	The ACT program is a Full Service Partnership that serves youth ages 10-18, at intake, and their families. Services include individual and family therapy, case management, substance abuse, educational and vocational support, and psychiatric services.	<b>MHP Work Plan:</b>	4-Behavioral health clinical care
<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	August 25, 2009 - Present
<b>Age Group Served 2:</b>	TAY	<b>Reporting Period:</b>	July 1, 2015 - June 30, 2016
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Other, please specify below
<b>Funding Source 2:</b>	Medical FFP	<b>Other Funding:</b>	

**FISCAL INFORMATION:**

<b>Program Budget Amount:</b>	\$1,607,418	<b>Program Actual Amount:</b>	\$1,607,418
<b>Number of Unique Clients Served During Time Period:</b>	120		
<b>Number of Services Rendered During Time Period:</b>	6,631		
<b>Actual Cost Per Client:</b>	\$13,395.15		

**CONTRACT INFORMATION:**

<b>Program Type:</b>	Contract-Operated	<b>Type of Program:</b>	FSP
<b>Contract Term:</b>	July 1, 2013 – June 30, 2018	<b>For Other:</b>	Click here to enter text.
	This is a five-year base contract with no additional contract periods	<b>Renewal Date:</b>	July 1, 2018
<b>Level of Care Information Age 18 &amp; Over:</b>	High Intensity Treatment/FSP (caseload 1:12)		
<b>Level of Care Information Age 0- 17:</b>	Intensive Outpatient (TBS, Wrap)		

**TARGET POPULATION INFORMATION:**

**Target Population:** Children ages 10 to 18 (at admission) who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Specifically, children with significant functional impairments in school, work, home, or the community; significant difficulty maintaining personal safety; high use of acute psychiatric hospitals or psychiatric emergency services; high risk or recent history of criminal justice involvement; coexisting substance abuse disorder of significant duration among

other co-occurring issues; and intractable severe major symptoms.

**MHSA CORE CONCEPTS:**

**Please select MHSA core concepts embedded in services/ program: Please describe how the selected concept (s) embedded :**

*(May select more than one)*

Recovery/Resiliency Orientation

Cultural Competence Orientation

Community Collaboration

Client/Family Driven Program

Integrated Service Experience

Multi-cultural and multi-lingual team members provide the majority of the treatment, rehabilitation, and support services children and youth need to achieve treatment goals. Services are individually tailored to address each client’s age and developmental state, preferences, and identified goals. The emphasis is on relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, better manage symptoms, achieve individual goals, and maintain optimism. Home- and community-based services encourage clients encourage client engagement and participation, and can address day-to-day issues the youth normally encounter in their own living and educational settings.

**PROGRAM OUTCOME GOALS:**

The outcome goals of the ACT program are to improved youth functioning, improved educational functioning, placement stability, decrease juvenile justice involvement, improve functional stability and reduce need for crisis care, increase satisfaction, and improve family search and engagement outcomes.

**PROGRAM OUTCOME DATA/INDICATORS:**

Goals/Objectives	Performance Measure	FY 15-16 Outcomes
Improved Youth Functioning	1.1) 60% of youth will improve clinical condition and quality of life.(Source: CANS Total; Improvement is defined as youth improving at least 25% of Total CANS actionable items to non-actionable)	53%
	1.2) 60% of youth will improve social functioning skills.(Source: CANS LDF: Social Functioning)	38%

	1.3) 60% of youth will improve emotional and behavioral status.(Source: CANS CBEN domain; Improvement is defined as youth improving at least 25% of CBEN actionable items to non-actionable)	51%
	1.4) 60% of youth will improve child risk behaviors.* (Source: CANS CRB domain; Improvement is defined as youth improving at least 25% of CRB actionable items to non-actionable)	60%
Improved Educational Functioning	2.1) 60% of youth will improve Academic Performance. (Source: CANS LDF School Achievement)	60%
	2.2) 80% of youth will improve or maintain school attendance to a minimum attendance average of 3 out of 5 school days.(Source: CEDE Average Number of School Days; Improvement is defined by increase in attendance from less than 3 days per week, at Time 1, to 3+ days at Time 2. Maintenance is defined as youth attending school 3+ days at Time 1 and maintaining school attendance at Time 2)	67%
	2.3) 80% of youth will maintain at 0 or decrease their number of expulsions/suspensions during the last 3 months services. (Source: CEDE Expulsion and Suspension)	84%
Placement Stability	3.1) 80% of youth In-Home at Time 1, will maintain or move to a less restrictive setting (not including less restrictive GH setting).* (Source: CEDE Predominant Living Situation)	93%
Juvenile Justice Involvement	4.1) 80% of youth will maintain at zero or reduced their number of probation violations.* (Source: CEDE Probation Violations)	82%
	4.2) 80% of youth will maintain at zero or decrease their days in custody.* (Source: CEDE Days in Custody)	88%
Improve Functional Stability and Reduce Need for Crisis Care	3.1) 93% of youth who decrease (or maintain at zero) their average number of hospitalizations as compared with their 12 month historical average prior to program entry. (Source: OMS Psychiatric Hospitalizations)	93%

	3.2) 86% of youth who decrease (or maintain at zero) their average number of Exodus visits as compared with their 12 month historical average prior to program entry. (Source: OMS Exodus Visits)	86%
Satisfaction	6.1) 80% of youth and families will be satisfied with Assertive Community Treatment Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction; per agency KPI.)	YSS-F: 61% YSS: 61% AS: 80%
Family Search and Engagement Outcomes	7.1) 60% of youth will increase the number of relationships/connections. (Source: FSE Data Collection form)	100%
	7.2) 60% of youth will form sustainable relationships. (Source: FSE Data Collection Form; Sustainable relationship is defined as youth connected and still in contact monthly, weekly, daily, or living at the end of FSE services)	100%
	7.3) 80% of youth participating in FSE services will improve stability of significant relationships in his/her life. (Source: CANS Relationship Permanence item. Improvement is defined as an actionable rating at Time 1 to non-actionable rating at Time 2.)	100%

**DEPARTMENT RECOMMENDATION(S):**

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