

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: MHSA SMART Model of Care (a.k.a., Fresno Bright Beginnings)

PROVIDERS: EMQ FamiliesFirst, Exceptional Parents Unlimited, and Comprehensive Youth Services

PROGRAM DESCRIPTION: EMQ FamiliesFirst provides mental health and community support services including intensive case management, crisis intervention, parenting treatment, and in home therapeutic services to children ages 0 – 5 and their families. Comprehensive Youth Services and Exceptional Parents Unlimited provide Parent-Child Interaction Therapy (PCIT), which is an evidenced based treatment model for children between the ages of 2 – 7. Exceptional Parents Unlimited also provides mental health evidence based Incredible Years (IY) group therapy through the age of 8, and related support services to children and their parents. The SMART program sees approximately 152 clients at any given time.

Note: there are more outcome goals and outcome data included in this report than those identified by the Department's Outcomes Committee to provide more information on the performance of this program.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: 9/1/07 – Current

DATES OF DATA REPORTING PERIOD: Jan-Dec 2012

OUTCOME GOALS:

- Child improves on parent-selected targeted behaviors. 85% of children will exhibit improvement in targeted behaviors as evidenced by a decrease in the Eyberg Intensity score. *The Eyberg Child Behavior Inventory (ECBI), designed to assess parental report of conduct behavioral problems in children and adolescents ages 2 – 16, measures the number of difficult behavior problems and the frequency with which they occur. The instrument takes five minutes to complete and five minutes to score.*

OUTCOME DATA:

- Since the inception of the Bright Beginnings Program, matched pair intake/discharge Eyberg assessment data has been received for 45 children and their families who participated in the PCIT program. Forty-three out of forty-five children and their families (96%) showed improvement on their parent-identified, targeted behaviors.

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- 85% of the clients that complete treatment will report improved CBCL (Child Behavior Check List) scores between start of treatment and end of treatment. *The CBCL is a device by which parents or other individuals who know the child well rate a child's problem behaviors and competencies. This instrument can either be self-administered or administered through an interview. The CBCL can also be used to measure a child's change in behavior over time or following a treatment.*
- 85% of the client caregivers that complete treatment will report improved PSI (Parenting Stress Index) scores between start of treatment and end of treatment. *The PSI is a 120-item self-report questionnaire that assesses child and parent behaviors on a number of domains. It typically takes a respondent 20 – 30 minutes to complete the questionnaire.*
- 85% of the clients that participate in the program will report improved CANS (Child/Adolescent Needs and Strengths) scores.
Implementation of the CANS began with the Bright Beginnings program children admitted as of January 2011. The CANS is completed for each youth and family throughout their participation in the program. CANS scores from two time periods are paired in order to determine improvement by the children and the family.
- At least 50% of children and families served in the program shall be from one of the following three (3) groups: historically unserved or underserved groups; residents of rural Fresno County areas; children and
- Since the inception of the program, 64% of the children improved or maintained to borderline or normal at discharge on the Total Externalizing scale; 72% did so on the Total Internalizing scale; and 67% improved on the Total Problems scale. During 2012, 64% improved to borderline or normal score at discharge on the Total Externalizing scale; 76% improved to a borderline or normal score at discharge on the Total Internalizing scale; and 68% improved to a borderline or normal score at discharge on the Total Problem scale (See Table 1 and Figure 1).
- During 2012, 74% of caregivers reported a decrease in their stress level between intake and discharge from the program. The results since inception were lower with 69% reporting a decrease in their stress level during program participation. (See Figure 2).
- CANS 0-4: 79% of youth improved their overall clinical condition/quality of life after participation. CANS 5+: 79% of youth improved their overall clinical condition/quality of life after participation.

See attached Table 2 and 3 for a description of the youth that discharged during the 2012 calendar year.
- Data on the numbers of historically un/underserved groups has been collected for 444 children and families served since program inception. 94% of those were directly identified as historically un/underserved since

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families with limited or no means of payment.

program inception, and 96% during 2012.

Data on the residents of rural areas has been collected for 406 children and families since program inception. 10% were from rural areas since program inception, and 18% of those that entered the program in 2012 were from rural areas.

Data on means of payment has been collected for 439 children and families served. 98% of those had limited or no means of payment for services.

See attached Figure 3 for information on the 3 groups.

- 100% of the clients will have been successfully linked to evidence-based practices/programs or to appropriate mental health service providers in their communities, as required by their individual treatment plans.
- Data collected on this measure reflected that 79% of the children and families served since program inception were linked to evidence-based practices or other appropriate mental health services including 16% who were referred to the Incredible Years (IY) program, 46% who were referred to PCIT, and 17% who were referred to other evidence-based programs or mental health service providers.
- During 2012, 72% of the children and families were successfully linked to an evidence-based practice or other mental health service provider including 14% who were referred to the IY program, 43% who were referred to PCIT, and 15% who were referred to other evidence-based programs or mental health service providers.
- See attached Figure 4.
- Attendance rates between clients/families that do require bilingual staff, translators or interpreters, and those that do not will differ by less than 10%.
- The total number of appointments scheduled for the 117 families requiring interpreter services was 5,048 and 4,217 (84%) of those appointments were attended. Of the 271 families who did not require translators or

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interpreters, 13,315 total appointments were scheduled and 10,555 were attended for an attendance rate of 79%. The difference between the two attendance rates was 84% - 79%, or 5%. For 2012, the difference between the two attendance rates was 77% - 83%, or 6%. See attached Table 4.

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends to continue MHS funding for this program for FY 2013-14.

Table 1 – Child Improved Functioning

Bright Beginnings Child Behavior Checklist (CBCL) Scores 1/1/2012 – 12/31/2012						
	Total Externalizing		Total Internalizing		Total Problems	
	Intake	Discharge	Intake	Discharge	Intake	Discharge
Normal <60	24%	56%	32%	64%	16%	52%
Borderline 60-63	4%	8%	16%	12%	16%	16%
Clinical >63	72%	36%	52%	24%	68%	32%

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Figure 1 – Child Improved Functioning

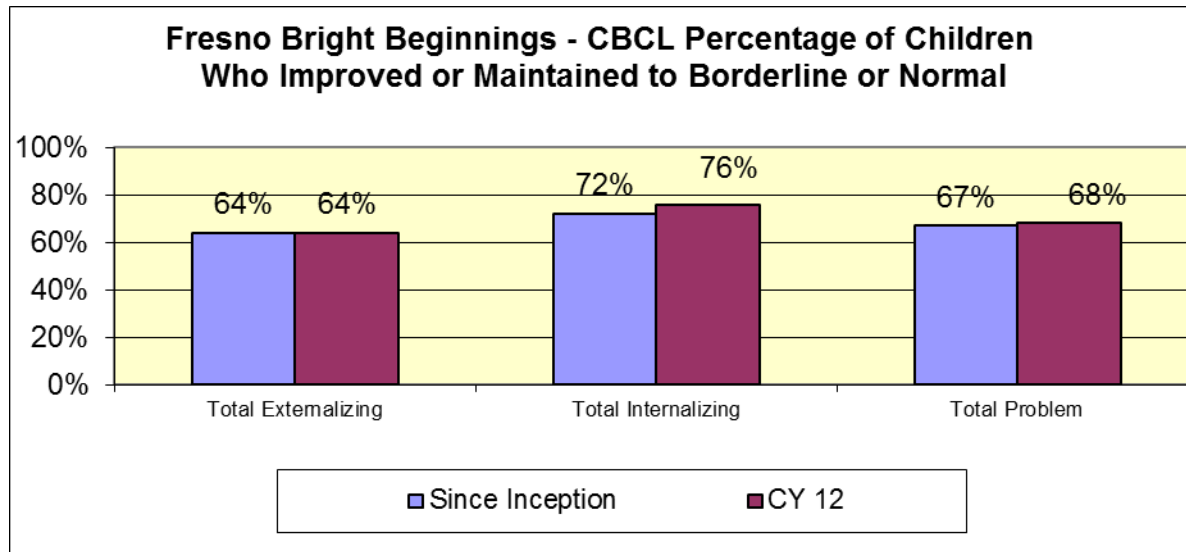
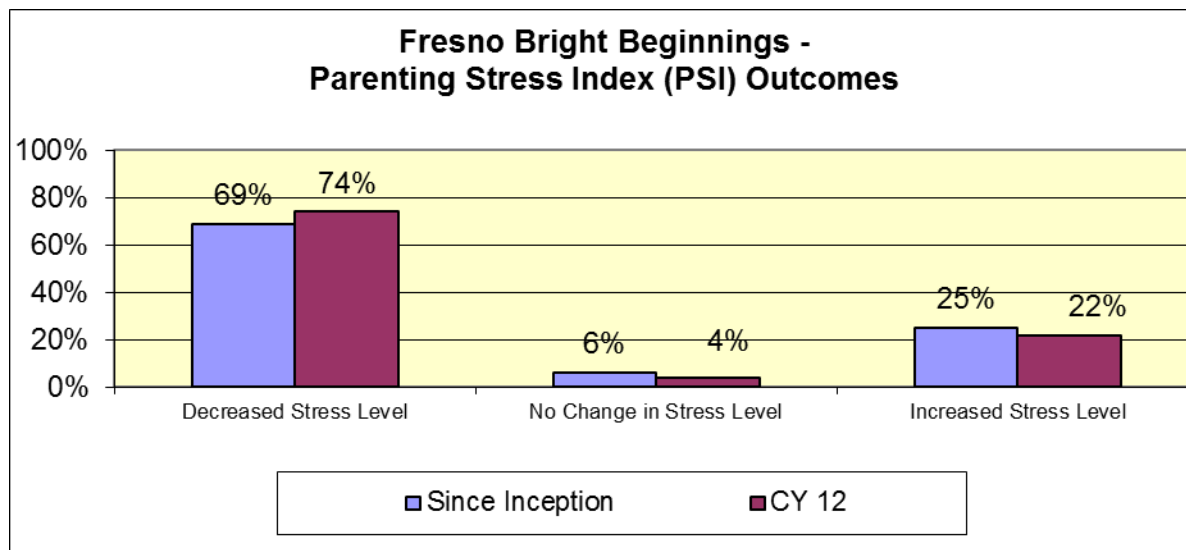


Figure 2 – Reduced Caregiver Stress



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Table 2 – Improved CANS Scores (Children 0-4 Years)

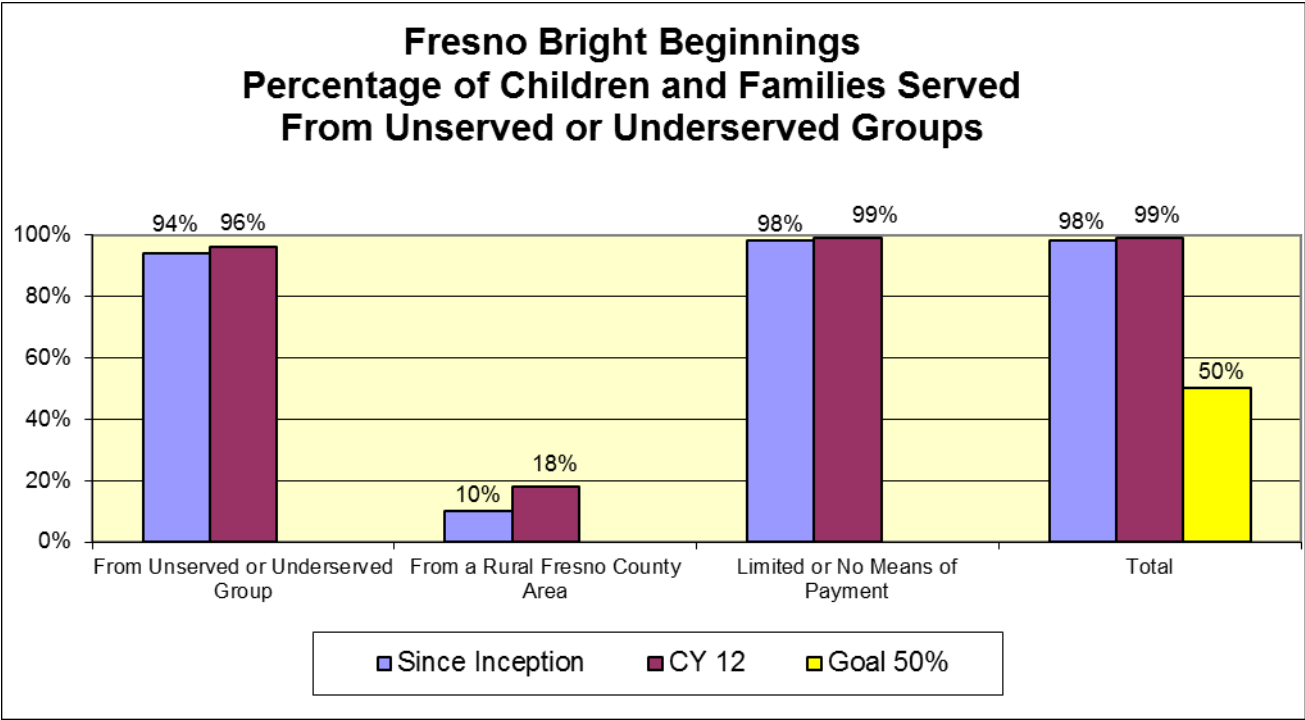
Fresno Bright Beginnings Youth Child and Adolescent Needs and Strengths (CANS 0-4) Outcomes		
1/1/12-12/31/12		
	Average Score During Program Participation	Average Score At Discharge
Life Domain Functioning	5.1	3.2
Child Strengths	10.8	9.7
Caregiver Strengths	5.0	4.6
Caregiver Needs	3.6	3.9
Child Behavioral/Emotional Needs	5.0	2.5
Child Risk Factors	4.0	2.4
Child Risk Behaviors	6.1	3.1

Table 3 – Improved CANS Scores (Children 5+ Years)

Fresno Bright Beginnings Youth Child and Adolescent Needs and Strengths (CANS 5+) Outcomes		
1/1/12-12/31/12		
	Average Score During Program Participation	Average Score At Discharge
Life Domain Functioning	5.8	3.2
Child Strengths	15.1	14.5
Caregiver Strengths and Needs	4.3	3.1
Child Behavioral/Emotional Needs	6.1	2.8
Child Risk Behaviors	1.2	0.9

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Figure 3 – Increased Number of Unserved or Underserved Children and Families Served



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Figure 4 – Successful Linkage of Children and Families

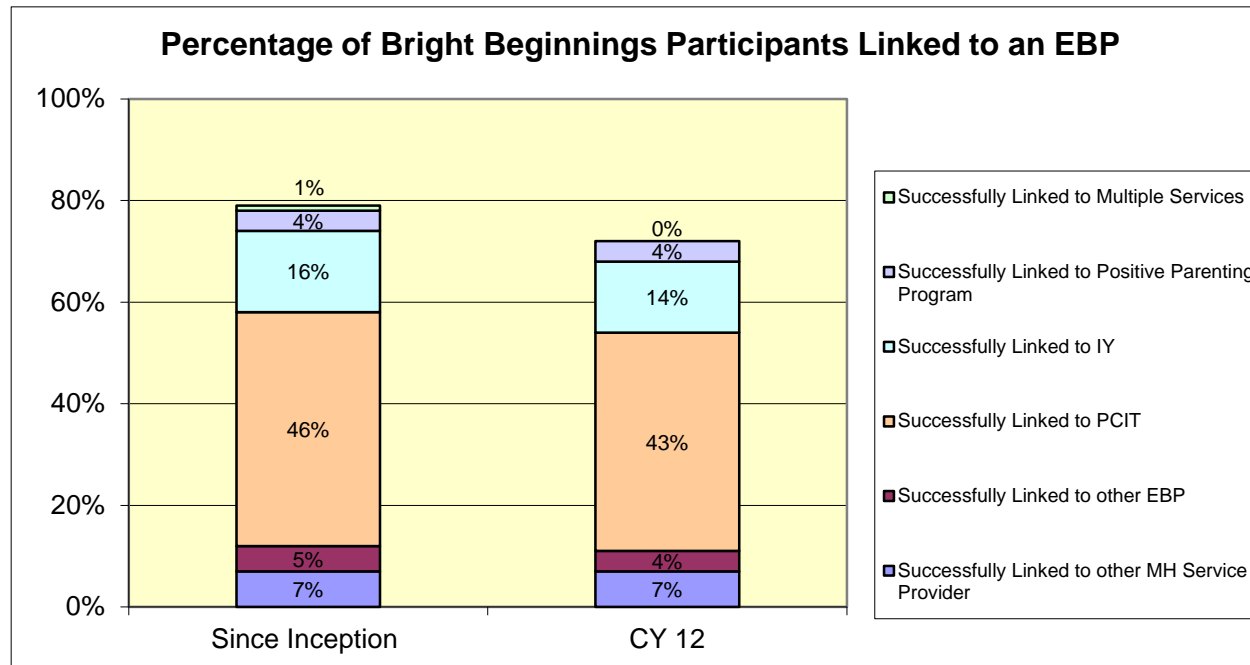


Table 4 – Children and Families Translator/Interpreter Usage

Bright Beginnings Children and Families Appointment Attendance Rates				
	Since Inception		CY 2012	
	Required Translator/Interpreter	Did not Require Translator/Interpreter	Required Translator/Interpreter	Did not Require Translator/Interpreter
Number of Families	117	271	24	51
Number of Scheduled Appointments	5048	13315	1193	3080
Number of Appointments Attended	4217	10555	917	2545
Attendance Rate	84%	79%	77%	83%