FRESNO COUNTY MENTAL HEALTH PLAN — OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Uplift Family Services ACT (Assertive Community Treatment) Program	**Provider:**	Uplift Family Services (Formerly EMQ FamiliesFirst)
Program Description:	The Fresno County Assertive Community Treatment (ACT) Program serves youth ages 10 to 18 at intake, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V. A significant percentage of ACT youth are referred by Juvenile Probation or Juvenile Mental Health Court. The program philosophy includes developing individualized service plans for each youth and family in order to wrap services around the family which build upon their unique strengths and needs.	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support 4-Behavioral health clinical care Choose an item.
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	August 25, 2009 - Present
Age Group Served 2:	TAY	**Reporting Period:**	July 1, 2016 – June 30, 2017
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Medical FFP	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	$1,607,418	**Program Actual Amount:**	$1,561,873
Number of Unique Clients Served During Time Period:	128		
Number of Services Rendered During Time Period:	5,047		
Actual Cost Per Client:	$12,202.13		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	FSP
Contract Term:	July 1, 2013 - June 30, 2018	**For Other:**	Click here to enter text.
		Renewal Date:	Click here to enter text.

Level of Care Information Age 18 & Over: High Intensity Treatment/FSP (caseload 1:12)

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: The target population is children ages 10 to 18, at admission into the program, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V. Examples include: youth with significant functional impairments in school, work, or the community; youth with significant difficulty maintaining personal safety; youth with high use of acute psychiatric hospitals or psychiatric emergency services; youth with high risk or recent history of criminal justice involvement; youth with a coexisting substance abuse disorder of significant duration; and youth with intractable and severe major symptoms. Access to treatment, rehabilitation, and support services are provided 24 hours a day, seven days per week, and 365 days per year in locations most comfortable for the youth and family. Traditional and non-traditional support services are also provided.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services**: adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:
(May select more than one)

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services

Cultural Competency

Integrated service experiences

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

Community collaboration

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.

Underserved Communities: Through the provision of community-based services, Uplift Family Services is able to bring services to children and families who would not otherwise have access to care, or for whom access is limited due to transportation and other barriers. Additionally, we provide services for all referred individuals regardless of insurance coverage.

Community Collaboration: The organization directly provides or makes referrals for a comprehensive range of prevention and treatment services,

including acute care services when necessary. Informal community and neighborhood resources and supports are an integral part of the program and are utilized in numerous creative, non- traditional ways. On a macro level, leadership from each Uplift Family Services program participates in meetings with senior management representatives from system partners (i.e. Child Welfare Services, Children's Mental Health, Juvenile Probation, and Fresno County Office of Education) to assess and ensure coordination and collaboration across all parts of the larger social service system.

PROGRAM OUTCOME & GOALS

- Must include each of these areas/domains: (1) Effectiveness, **(2)** Efficiency, **(3)** Access, **(4)** Satisfaction & Feedback Of Persons Served & Stakeholder

- Include the following components for documenting each goal: (1) Indicator, **(2)** Who Applied, **(3)** Time of Measure, **(4)** Data Source, **(5)** Target Goal Expectancy

The Programm outcomes and goals include: Improved Youth Functioning, Improved Educational Functioning, Placement Stability, Decrease Juvenile Justice Involvement, Improve Functional Stability and Reduce Need for Crisis Care, Increase Satisfaction, and Improved Family Search and Engagement Outcomes.

1. Effectiveness:

Goals / Objectives	Performance Measure	FY 2016-17
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%/10% of youth will improve Academic Performance. (Source: CANS LDF School Achievement)	60%
	2.2) 80%/25% 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%/10% 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%/50% of youth will maintain at zero or reduced their number of probation violations. (Source: CEDE Probation Violations)	82%
	4.2) 80%/50% of youth will maintain at zero or decrease their days in custody.* (Source: CEDE Days in Custody)	88%
Improved Functional Stability and Reduce Need for Crisis Care	5.1) 80%/50% 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%
	5.2) 80%/50% 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%
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%

2. Efficiency: The average length of stay for youth that were discharged was 18.40 months (median of 13.42 months). The range of length of stay for discharged youth was between 2.17 and 49.87 months.

3. Access: During the reporting period, 129 youth were served, 47 youth were admitted into the program, and 69 youth were discharged. The majority of youth admitted were between the ages of 14-17 (53%), with a mean age of 14.13 (median age 14.44). The majority of youth admitted were male (66%); 43% of youth were Hispanic/Latino and 38% were Caucasian.

4. Satisfaction & Feedback of Persons Served & Stakeholder:

Goals / Objectives	Performance Measure	FY 2016-17
Satisfaction	6.1) 80%/75% 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%