

PROGRAM INFORMATION:

Program Title:	MHSA SMART Model of Care (Bright Beginnings for Families)	Provider:	Uplift Family Services, Exceptional Parents Unlimited (EPU), and Comprehensive Youth Services (CYS)
Program Description:	Bright Beginnings for Families (BBFF) is a collaboration of three agencies: Uplift Family Services, Exceptional Parents Unlimited (EPU), and Comprehensive Youth Services of Fresno (CYS). Our mission is to build stronger families, with the focus on families of children with complex behavioral health needs. BBFF offers an array of services designed to empower families to overcome barriers and effectively meet the needs of their children. BBFF uses a team based approach to deliver services to support families with children ages birth through ten who have severe behavioral problems. Every family in BBFF is assigned a team of professional staff to walk with them in their journey through the program. BBFF services include individualized services and supports tailored to the needs of the child and family; referrals and linkages to other needed community services and supports; behavioral management and positive parenting strategies; and 24 hours/7 days a week crisis support. The BBFF staff strive to do whatever it takes to provide families with an experience that will not only help them overcome the challenges they are currently facing but to also ensure they have the skills they need to sustain the bright beginning they have created for their child.	MHP Work Plan:	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	Dates Of Operation:	July 1, 2013 - Present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2016 – June 30, 2017

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT - Attachment A

Funding Source 1: Com Services & Supports (MHSA)
Funding Source 2: Medical FFP

Funding Source 3: Choose an item.
Other Funding: Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$3,403,338 Uplift Family Services: \$1,855,183 EPU: \$757,821 CYS: \$790,334	Program Actual Amount:	\$2,810,528 Uplift Family Services: \$1,656,474 EPU: \$706,148 CYS: \$447,905
Number of Unique Clients Served During Time Period:	346 – Uplift Family Services (146); EPU (129); CYS (71)		
Number of Services Rendered During Time Period:	10,978 – Uplift Family Services (6,034); EPU (2,652); CYS (2,292)		
Actual Cost Per Client:	\$8,122.91 Uplift Family Services: \$11,345.71 EPU: \$5,474.02 CYS: \$6,308.52		

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:	Choose an item.		
Level of Care Information Age 0- 17:	Intensive Outpatient (TBS, Wrap)		

TARGET POPULATION INFORMATION:

Target Population: The target population consists of children with Serious Emotional Disturbance (SED) and their families; unserved and underserved minority groups and children/families in rural/metro areas who 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.

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

Community collaboration

Integrated service experiences

Access to underserved communities

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.

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.

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, 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

1) Effectiveness: The BBFF team utilizes the following assessment tools to measure outcomes: Child and Adolescent Needs and Strengths Assessment (CANS: 0-4, 5+); Outcome Measurement System (OMS) (internal agency measurement tool); Core Evaluation and Data Elements (CEDE)(internal agency measurement tool); Consumer Perception Survey (formerly Performance Outcome & Quality Improvement -POQI); Child Behavior Checklist (CBCL); Eyberg Child Behavior Inventory (ECBI); Parent Stress Index – Short Form (PSI- SF); UCLA PTSD Reaction Index for DSM V (UCLA PTSD-RI). See the table below for more information regarding the FY 16-17 outcomes.

2) Efficiency: BBFF is a full service partnership that uses a team approach to address client and familial barriers to achieving and maintaining wellness. Clients may receive treatment in a wide range of time depending on acuity level and receptiveness of treatment, among other factors.

3) Access: BBFF provides services to the unserved/underserved communities throughout Fresno County, and to those who would not have access or seek treatment through a traditional treatment model. Referrals for BBFF may be received from any source, including: courts, probation, schools, other community agencies, self-referrals or family or friends. Some BBFF services may be provided in the client’s community; however some services are more appropriately provided in the providers’ office.

4) Satisfaction and Feedback of Persons Served and Stakeholders: BBFF utilizes Consumer Satisfaction Surveys to measure the client and family members’ overall satisfaction with the services received through the program.

* BBFF providers will collect data to demonstrate their ability to meet the five components of the four service domains for future Outcomes Reports.

Goals/Objectives	Performance Measure	FY 16-17 Outcomes
Improved Child Functioning	1.1) 85% of children will improve clinical condition/quality of life. (Source: (1) CANS Total	CANS 0-4: 57% CANS 5+: 43%
	1.2) 60% of children will improve emotional and behavioral status.* (Source: CANS CBEN domain)	CANS 0-4: 72% CANS 5+: 67%
	1.3) 75% of children will improve their interpersonal skills. (Source: CANS CS Interpersonal)	29% Improved (n=28/96); 25% Maintained (n=24/96)

	1.4) 85% of children will reduce disruptive and conduct behaviors. (Sources: CBCL – Total Problem T-Score).	42% Improved (n=34/81); 26% Maintained (n=21/81)
	1.5) 85% of children will reduce disruptive and conduct behaviors. (Sources: ECBI – Problem T-Score).	30% Improved (n=24/82); 61% Maintained (n=50/82)
	1.6) 60% of children 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)	16% Improved (n=15/96); 14% Maintained (n=13/96)
	4.2) 85% of Caregivers will improve (or maintain a score of 0 or 1) their social network. (Source: CANS CGSN Social Resources)	6% Improved (n=6/96); 14% Maintained (n=13/96)
	4.3) 85% of caregivers will reduce their stress. (Source: PS-SF)	44% Improved (n=52/118); 33% Maintained (n=39/118)
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 for Families 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)	Scores 4+: 74% (n=140/190); Scores 3.5-3.9: 23% (n=43/190)

<p>Educational Functioning (Uplift Family Services Only)</p>	<p>3.1) 85% children with no expulsions/suspensions at program entry, will reduce or maintain at zero their number of expulsions/suspensions. (Source: CEDE Suspensions and Expulsions; DCR Data)</p>	<p>4% Improved (n=3/68); 14% Maintained (n=63/68)</p>
<p>Juvenile Justice Involvement (Uplift Family Services Only)</p>	<p>7.1) 85% of children will decrease (or maintain at 0) their number of probation violations. (Source: CEDE Probation Violations)</p>	<p>100% Maintained (n=77/77)</p>
<p>Hospitalizations (Uplift Family Services Only)</p>	<p>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)</p>	<p>100% Maintained (n=82/82)</p>

Notes: (1) In **BLUE**: per program baseline or KPI standard, in **GREEN**: per desired target goal, and in **RED**: per contract. (2) Outcomes/Goals based on FY17 program logic model. (3) No FSE youth had an overall FSE plan of connecting and living with.