

# FRESNO COUNTY MENTAL HEALTH PLAN

## Outcomes Analysis

## Attachment B

**Name of Program:**

Bright Beginnings for Families (BBFF)

**What is the Program/Contract Goals?**

Provide intensive outpatient mental health services to youth and their families to achieve wellness and recovery, stabilize the youth, and decrease behavior concerns.

**Program Type:** Contract-Operated

**Type of Program:** FSP

**Other:** [Click here to enter text.](#)

### CLINICAL INFORMATION:

**Does the Program Utilize Any of the Following?** *(May select more than one)*

[Evidence Informed Practice](#)

[Best Practice](#)

[Evidence Based Practice](#)

**Other:** [Click here to enter text.](#)

Please Describe: Bright Beginnings for Families (BBFF) is a Full Services Partnership Program provided by a collaboration between Pacific Clinics (PC), Exceptional Parents Unlimited, Inc. (EPU) and Comprehensive Youth Services, Inc. (CYS). The target population is children, ages 0-10 years, identified as Seriously Emotionally Disturbed (SED) who meet the criteria set forth in Welfare and Institutions Code section 5600.3(a) – included children who are: unable to maintain their school settings, affected by substance abuse issues, exhibiting extreme behaviors at school, at-risk children discharged from the County’s Crisis Stabilization Unit, racially/ethnically diverse, unserved/underserved, insured/uninsured. Parents/caregivers and other members of the family may be assessed for treatment needs, and provided services as needed, or may be linked to other treatment programs or community resources to meet the individual’s needs. Services may be provided in the persons served’s home, community, or school; other community settings; or the service provider’s facilities.

Evidence Based Practices used in BBFF include:

- Positive Parenting Program (Triples P)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Incredible Years (IY)
- Managing and Adapting Practice (MAP)
- Child-Parent Psychotherapy (CPP)
- Attachment Vitamins (AV)
- Motivational Interviewing (MI)
- Dialectical behavior therapy (DBT)

### OUTCOMES

**What Outcome Measures Are Being Used?** The outcome measures used are as follows:

- Child and Adolescent Needs and Strengths Assessment (CANS: 0-4, 5+, CORE 50)
- 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)
- Pediatric Symptom Checklist

**What Outcome Measures/Functional Variables Could Be Added to Better Explain the Program’s Effectiveness?** The current measures/functional variables best explain the program’s effectiveness, no others are recommended at this time.

**Describe the Program’s analysis (i.e. have the program/contract goals been met? Number served, waiting list, wait times, budget to volume, etc.):**

Based on the outcomes of the children discharged to date, children and families are increasingly effective at meeting behavioral and functioning achievements as evidenced by the improvements in CANS outcome measures for children, caregivers, and families served.

Children are improving their interpersonal skills, academic performance, emotional well-being and improving behaviors that parents indicated were problematic. Outcomes have shown a reduction in suspension/expulsion for the school-aged children served by Pacific Clinics and there has not been sufficient data to determine the impact on participating children’s involvement with the Juvenile Justice system. Parents are reporting a reduction in stress, and are nearing program targets. Parents are increasingly capable of acting as an advocate for their child and accessing a developed network of social resources.

Although there are opportunities to improve services to children and families—this program will utilize the results reported to inform procedural changes and improve achievement of target program goals—the program is becoming increasingly effective in helping children and families to achieve their goals.

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**What Barriers Prevent the Program from Achieving Better Outcomes?** Barriers to the program achieving better outcomes are described below:

- 1) Outcomes for Improved Child Functioning, Decreased Parent Stress, and Parent Selected Target Behaviors are all based upon pre/post measures. The level of response is low for each of these measures due to the length of the treatment (12-18 months) associated with each treatment modality, resulting partially in participation fatigue, but also in early self-termination of services once desired goals have been met. It is also impacted when parents complete treatment but fail to complete posttests.
- 2) Staff turnover is a major inhibiting factor to the success of the program. All three agencies have experienced a high turnover rate this past fiscal year, which compromises the quality of services provided to children and families. Turnover significantly impacts the programs ability to provide timely access to evidence-based treatment services. In addition, each year the agencies struggle with allocating adequate resources to train new staff on the Triple P, Incredible Years, Trauma-Focused CBT (TFCBT), Child-Parent Psychotherapy, and Attachment Vitamins treatment modalities so that these evidence-based treatments could continue to be available to current and new clients needing services.
- 3) The providers have seen a trend where once training is complete, newly hired Clinicians obtain employment at other agencies where compensation is higher. This causes the agencies to try and solve for staff shortages and lack of adequate skills to deliver services within community-based settings.
- 4) The onset of COVID-19, unprecedented disruption of “regular life”, remote learning, families feeling more isolated, and the compounding effect of stressors are serious barriers that may have influenced outcomes. Most families feel overwhelmed, and young children’s treatment was disrupted, as they are heavily reliant on parents’/caregivers’ ability to stay engaged/active in treatment.

**What Changes to the Program Would You Recommend to Improve the outcomes?** The following are steps that have been implemented or will be taken to address the barriers identified above:

- 1) Within the reporting period, The agencies have taken steps to more fully engage parents as the child nears program completion to ensure that more parents complete post-tests, which will result in more accurate overall program outcome reporting. The agencies will continue to employ these measures to ensure increasing representation of data across program participants.
- 2) Staff put greater emphasis on family stabilization, coaching on coping skills, and offering increased volume of case management and collateral services to caregivers/ parents. In addition, staff conducted shorter sessions, making multiple efforts per week to engage and adjusted schedules to virtually meet with families during evening hours. Towards the end of the year, the program was able to shift back to offering in person services, with safety precautions in place, and are seeing an increase in engagement and participation in services.
- 3) CYS has implemented the use of the DOXY.ME platform to engage with families. EPU is using Zoom as the virtual platform to conduct sessions with families. Both are HIPAA compliant platforms. It has taken families a while to adjust to this new way of receiving services, but

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families are reporting that they are starting to feel more comfortable with it. Programs are also using these platforms to gather and review outcome measurement information.

- 4) The agencies recommend that increases be made to the administrative and case manager positions within the entire BBFF partnership in order to increase staff retention for those specific positions given that they too play an essential role in the efficacy of program implementation.

### For Committee Use Only:

**Recommendations: do include a conclusion and a to-do list with action items**

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