ChilPROGRAM INFORMATION:

Program Title:	Children's Full Service Partnership 0-10 Years (Bright Beginnings for Families)	**Provider:**	Pacific Clinics (PC) Exceptional Parents Unlimited (EPU) Comprehensive Youth Services of Fresno (CYS)
Program Description:	Bright Beginnings for Families (BBFF) is a collaboration of three agencies—Pacific Clinics, Exceptional Parents Unlimited (EPU), and Comprehensive Youth Services of Fresno (CYS)—to build stronger families, focusing on children and their family members with complex behavioral health needs. BBFF uses a team-based approach to deliver an array of services designed to empower families to overcome barriers and effectively meet the needs of their children who have severe behavioral problems.	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices 4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	September 17, 2007 – Present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2021 - June 30, 2022
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Choose an item.
Funding Source 2:	Choose an item.	**Other Funding:**	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	$7,200,762.00 (PC: $4,186,572.00, CYS: $1,384,649.00, EPU: $1,629,541.00)	**Program Actual Amount:**	$5,737,268.11 (PC: $3,756,546.86, CYS: $649,804.25, EPU: $1,330,917.00)

Number of Unique Clients Served During Time Period: 514 (PC:221, CYS:76, EPU: 217)
Number of Services Rendered During Time Period: 21,213 (PC: 13,691, CYS: 4,056, EPU: 3,466)
Actual Cost Per Client: $11,162.00 (PC: $16,997.95, CYS: $8,550.06, EPU: $6,133.26)

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	FSP

Contract Term: July 1, 2018 – June 30, 2023

For Other: Click here to enter text.

Renewal Date: July 1, 2018

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: Children with Serious Emotional Disturbance (SED) and their families. The target population includes unserved and underserved children between the ages of 0-10, and families in rural and metro areas of Fresno County; who have no or limited means of payment for services; have traditionally been reluctant to seek services from traditional mental health settings; and/or 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

Please describe how the selected concept(s) are embedded:

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

Cultural Competency

Cultural Competency
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.

Community Collaboration

Community Collaboration
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. Services are provided to the individual and family with community support and access to local resources in mind.

Integrated Service Experiences

Integrated Service Experiences
Innovative, integrated, high-quality plans are developed one child, and 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.

Access to Underserved Communities

Access to Underserved Communities
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.

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

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

Goals/Objectives	Performance Measure	FY22 PC	FY22 EPU	FY22 CYS
Improved Child Functioning	1.1) 60% of consumers will improve clinical condition/quality of life. (Source: CANS Total Actionable Items)	63% (n=52/84)	83% (n=20/24)	74% (n=20/27)
	1.2) 60% of consumers will improve emotional and behavioral status.* (Source: CANS BEN domain)	42% (n=30/72)	67% (n=14/21)	68% (n=15/22)
	1.3) 60% of consumers will reduce risk behaviors.* (Source: CANS RB domain)	44% (n=4/9)	No actionable items at Admit.	No actionable items at Admit.
Improved Educational Functioning *(Pacific Clinics-only due to 5+ age range of clients; EPU and CYS demographics include majority early childhood)*	2.1) 70% of consumers will maintain or improve school achievement. (Source: CANS LFD School Achievement item)	64% (n=41/64)	n/a	n/a
	2.2) 70% of consumers will maintain or improve school attendance. (Source: CANS LFD School Attendance item)	84% (n=54/64)	n/a	n/a
	2.3) 70%; of consumers will maintain or improve school behaviors. (Source: CANS LFD School Behavior)	55% (n=35/64)	n/a	n/a
Improved Parent Functioning	3.1) 60% of consumers will improve psychosocial impairment functioning (Source: PSC-35)	44% (n=15/35)	89% (n=15/17)	75% (n=9/12)

Satisfaction *(Satisfaction data collection reduced or missing for all three agencies due to FY22 Consumer Perception Survey administration shifting to online platform with limited access to FY data. For PC-only, satisfaction collected upon discharge was low in FY22)*	4.1) 70% of consumers and families will be satisfied with Bright Beginnings for Families services (Source: Satisfaction at Discharge Survey)	Insufficient Data	Insufficient data	100% (N=6/6)
In-Home (CEDE 2.0 is a Pacific Clinics-only document and will therefore only have Pacific Clinics data)	5.1) 70% of consumers will maintain in home or improve to an in-home placement. (Source: CEDE 2.0)	97% (n=73/75)	n/a	n/a
Juvenile Justice Involvement *(CEDE 2.0 is a Pacific Clinics-only document and will therefore only have Pacific Clinics data)*	6.1) 70% of consumers will decrease (or maintain at 0) their number of probation violations. (Source: CEDE Probation Violations)	No actionable items at Admit.	n/a	n/a
Hospitalizations *(CEDE 2.0 is a Pacific Clinics-only document and will therefore only have Pacific Clinics data)*	7.1) 85% of consumers will decrease (or maintain at 0) their number of admissions to inpatient Hospitals i.e. Exodus).	No clients with hospitalizations at admit.	n/a	n/a
Efficiency*	8.1) 70% productivity for Medi-Cal billing. (Source: Finance Department)	88%	45% *Explanation: See Below	29%

*Explanation for low Medi-Cal productivity:

EPU: EPU figures our productivity for Medi-Cal billing based on our Actual Medi-Cal billed and the Actual MHSA funds the county reimbursed for from monthly invoices. The numbers PC used for the calculations were based on the program award, not actual funds EPU requested reimbursement for. Our projected Medi-Cal revenue was $828,850. EPU billed $597,046. We did share that our actual numbers with our calculations the Efficiency for EPU was 72%.

CYS: Productivity for Medi-Cal billing was impacted by the continued challenges of providing PCIT and PCIT-Toddler services via telehealth. Services have been challenging to provide, via telehealth, with this particular age range (2yr – 6yr olds) due to the behavioral/emotional dysregulation which is the focus

of treatment. Getting very young children to remain in one place for the duration of the session, distractions in the home environment during sessions and difficulty with tech issues were a challenge for the parents. These modalities were not as conducive to the flow of the EBP sessions and impaired the ability of caregivers and children to successfully engage in treatment. Providing Incredible Years (IY) in a group setting as an alternative to PCIT, which would have been easier to provide using telehealth was not viable due to CYS not having any staff or a supervisor trained in IY. Also, during the majority of this time frame CYS had only one staff person trained in Child Parent Psychotherapy (CPP) and one staff person trained in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). CYS currently has 5 staff trained in CPP and one additional staff member trained in TF-CBT which now allows the option for additional modalities to be offered to families.

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 FY22 program logic model.
(3) Total CANS domains, BEN domain, and RB domain outcomes include clients with an actionable rating at Admit; clients with nonactionable ratings are not included in analysis.