PROGRAM INFORMATION:			
Program Title:	Uplift Family Services Fresno Hope (Child Welfare Mental Health) Program	**Provider:**	Uplift Family Services
		MHP Work Plan:	4-Behavioral health clinical care
Program Description:	Uplift Family Services' Fresno Hope Program serves families where an individual has an open child welfare services case, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V (ICD-10). Examples include: individuals with significant functional impairments in school, work, or the community. The program philosophy includes developing individualized service plans for each family in order to wrap services around the family which build upon their unique strengths and needs. Access to treatment, rehabilitation, and support services are available during traditional and non-traditional hours and in locations most comfortable for the person served and family.		
Age Group Served 1:	ALL AGES	**Dates Of Operation:**	12/01/2015 - Present
Age Group Served 2:		**Reporting Period:**	July 1, 2021 - June 30, 2022
Funding Source 1:	Medical FFP	**Funding Source 3:**	Other, please specify below
Funding Source 2:	EPSDT	**Other Funding:**	DSS

FISCAL INFORMATION:			
Program Budget Amount:	$6,054,475.00	**Program Actual Amount:**	$5,211,968.18
Number of Unique Persons Served Served During Time Period:	1,016		

Number of Services Rendered During Time Period: 20,439

Actual Cost Per Person Served: $4,244.41

CONTRACT INFORMATION:

Program Type: Contract-Operated

Type of Program: Outpatient

Contract Term: 07/01/2019 – 06/30/2022 plus two optional one-year extensions

For Other:

Renewal Date: July 1, 2022

Level of Care Information Age 18 & Over: Medium Intensity Treatment (caseload 1:22)

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

Target Population: All referred children, youth, parents, and guardians of children with an open Child Welfare case. This target population includes children and youth referred to in the Katie A. Settlement Agreement as members of"class" and "subclass."

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 persons served 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 persons served and families are seamless. Persons served 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)

Please describe how the selected concept (s) embedded :

Cultural Competency

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

Integrated service experiences

Community collaboration

Access to underserved communities

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 having no means 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 participate 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

SECTION I: SUMMARY OF PROGRAM OUTCOMES

Table 1

Goal	Performance Measure	Since Last Reporting Period (FY21)	Current Reporting Period
Efficiency - Timeliness of Service‡	1.1) 70% Timely access to services from referral to first contact. *Urgent – first contact due within 3 days* *Priority – first contact due within 15 days* *Regular – first contact due within 30 days*	**Overall: 29% (n=142/495)** **Urgent: 100% (n=8/8)** **Regular: 28% (n=134/487)** During January to May 2020, Regular reached the target goal of 80%; however, staff retention dropped considerably in June, lowering the percentage to 65%.	**Overall: 81% (n=317/390)** **Urgent: 100% (n=10/10)** **Regular: 81% (n=307/380)**
	1.2) 60% of persons served will have timely access to services from assessment to ongoing treatment (Source: Service Detail Report)	**96% (n=425/442)**	**86% (n=380/442)**
	1.3) 90% of persons served' assessments will be completed within appropriate timeframes (Urgent, Priority, Standard: all due within 10 days) (Source: Program Tracking (Referral Date to Ax Date))	**Overall: 98% (n=507/515)**	**Overall: 99% (n=374/377)**
	1.4) Increase the number of services provided per persons served by 5%	**25.7 (6% increase)**	**26.5 (3% increase)**

	(Source: Service Detail Report)		
	1.5) 70% of services will be provided in the Community (Source: Service Detail Report)	**Field: 45% (n=9,102/20,137) Office*: 55% (n=11,035/20,137)** *Office includes services provided via telephone	**Field: 52% (n=10,318/19,674) Office*: 48% (n=9,356/19,674)** *Office includes services provided via telephone
	1.6) 70% of discharges will be due to successful completion of treatment (Source: CWMHS Activity Report)	**74% (n=339/458)**	**64% (n=298/466)**
Access/ Engagement	2.1) "No show" rate will be no more than 10% (Source: Service Detail Report)	**15% (n=4,178/27,444)**	**15% (n=3,712/25,200)**
	2.2) No more than 20% of discharges will be due to "no show" (Source: CWMHS Activity Report)	**2% (n=10/458)**	**2% (n=8/466)**
	2.3) Increased rates of IHBS billing (Source: Service Detail Report)	**IHBS: 704 Services, 725 Less Services from Previous FY***	**IHBS: 997 Services, 293 More Services from Previous FY***
	2.4) Increased rates of ICC billing (Source: Service Detail Report)	**ICC: 2,173 Services, 683 Less Services from Previous FY**	**ICC: 1,608 Services, 565 Less Services from Previous FY**
	2.5) Increase in Community-based services (Source: Service Detail Report)	**9,102 community-based services**	**10,316 community-based services, 1,210 more than Previous FY (13% Increase)**
	3.1) 70% of persons served will maintain or improve academic	**23% Improved 68% Maintained Total: 91%**	**18% Improved 65% Maintained Total: 83%**

	performance‡ (Source: CANS LFD School Achievement)		
	3.2) 70% of persons served will improve school attendance‡ (Source: CANS LFD School Attendance)	**10% Improved 87% Maintained Total: 97%**	**9% Improved 82% Maintained Total: 90%**
	3.3) 70% of persons served will decrease suspensions or school disciplinary actions ‡ (Source: CEDE 2.0 Suspensions and Expulsions)	**3% Improved 96% Maintained Total: 99%**	**2% Improved 96% Maintained Total: 98%**
	3.4) 70% of persons served will maintain or increase in healthy friendships and participation in age-appropriate activities † (Source: CANS SD Interpersonal)	**24% Improved 49% Maintained Total: 73%**	**18% Improved 31% Maintained Total: 49%**
	3.5) 70% of persons served will maintain or improve their ability to function within the current living situation‡ (Source: CANS LFD Living Situation)	**19% Improved 68% Maintained Total: 87%**	**19% Improved 58% Maintained Total: 77%**
Effectiveness – Improved Child Functioning	3.6) 70% of persons served will maintain healthy and stable relationships at home‡ (Source: CANS LFD Family Functioning)	**42% Improved 32% Maintained Total: 74%**	**34% Improved 26% Maintained Total: 60%**

	3.7) 70% of persons served will maintain healthy and stable relationships at school ‡ (Source: CANS LFD Social Function)	**25% Improved 59% Maintained Total: 84%**	**20% Improved 52% Maintained Total: 72%**
	3.8) 70% of persons served will improve emotional and behavioral status. (Sources: CANS BEN domain) †	**64% Improved**	**60% Improved**
	3.9) 60% of persons served will reduce risk behaviors.** (Sources: CANS RB domain)†	**60% Improved**	**56% Improved**
	3.10) 60% of persons served will improve clinical condition and quality of life.** (Sources: CANS Total)†	**45% Improved**	**69% Improved**
	3.11) 60% of persons served will make progress or meet treatment goals‡. (Source: CWMHS Activity Report)	**Persons served met treatment goals: 58% (n=267/458) Persons served with DSS case closed: 16% (n=72/458) Total: 74% (n=339/458)**	**Persons served met treatment goals: 50% (n=235/466) Persons served with DSS case closed: 14% (n=63/466) Total: 64% (n=298/466)**
	3.12) 70% of youth will improve psychosocial impairment functioning or maintain no impairment (Source: PSC-35)	**20% Improved, 72% Maintained Total: 92%**	**17% Improved, 69% Maintained Total: 86%**

Effectiveness - Improved Family Functioning	4.1) 70% of caregivers will be knowledgeable about child's need, can monitor and manage the child's behavior‡ (Source: CANS CGRN Knowledge)	**21% Improved, 69% Maintained Total: 90%**	**18% Improved, 65% Maintained Total: 83%**
	4.2) 70% of caregivers will refrain from behavior that puts the child at risk.‡ (Source: CANS CGRN Supervision)	**13% Improved 83% Maintained Total: 96%**	**7% Improved 88% Maintained Total: 95%**
	4.3) 70% of caregivers will be protective of the child from others that pose a risk to a child‡ (Source: CANS CGRN Safety)	**9% Improved, 86% Maintained Total: 95%**	**6% Improved, 91% Maintained Total: 97%**
	4.4) 70% of caregivers will be able to maintain safe and stable housing‡ (Source: CANS CGRN Residential Stability)	**6% Improved 91% Maintained Total: 97%**	**2% Improved 96% Maintained Total: 98%**
	5.1) 70% of caregivers will maintain a Job or Means of Livelihood‡ (Source: CANS LFD Job Functioning)	**13% Improved 56% Maintained Total: 69%**	**9% Improved 76% Maintained Total: 85%**
	5.2) 70% of caregivers will be able to maintain safe and stable housing‡ (CANS TAY or Ages 18+ LFD Residential Stability)	**6% Improved 83% Maintained Total: 89%**	**6% Improved 70% Maintained Total: 76%**
	5.3) 70% of caregivers will maintain or improve their participation in Drug Testing and Ability to Refrain from Substance	**16% Improved 82% Maintained Total: 98%**	**5% Improved 85% Maintained Total: 90%**

	Abuse (if applicable)‡ (Source: CANS BEN Substance Use)		
	5.4) 70% of caregivers will participate in Mental Health Treatment ‡ (Source: Adult Survey Participation Domain)	**100% participated**	**100% participated**
	5.5) 70% of caregivers will maintain or improve their physical health‡ (Source: CANS – LFD Medical)	**4% Improved 82% Maintained Total: 86%**	**3% Improved 92% Maintained Total: 95%**
Satisfaction	6.1) 80% of persons served and families will be satisfied with Hope Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction.) †	**YSS-F: 91% YSS: 86% AS: 96%**	**YSS-F: 95% YSS: 89% AS: 90%**

Note(s): (1) Outcomes from program logic model; (2) †=Pacific Clinics Logic Model Outcome; (3) ‡=Fresno County Child Welfare Services Logic Model Outcomes, released: 2017-06-13. (4)* IHBS services were stopped temporarily when program was notified by managed care that the definition had changed. However, program was given permission to use the former definition, thus services were started again. This accounts for the decrease.

SECTION II: DEMOGRAPHICS AND STATISTICAL DATA FY22

Table 2: Persons Served

Number of Persons Served	
Active Persons Served as of 06/30/22	302
Persons Referred	697
Persons Admitted	381
Persons Discharged	462
Persons Discharged with LOS greater than 60 days*	440
Total Persons Served Unduplicated	744
Total Persons Served	764

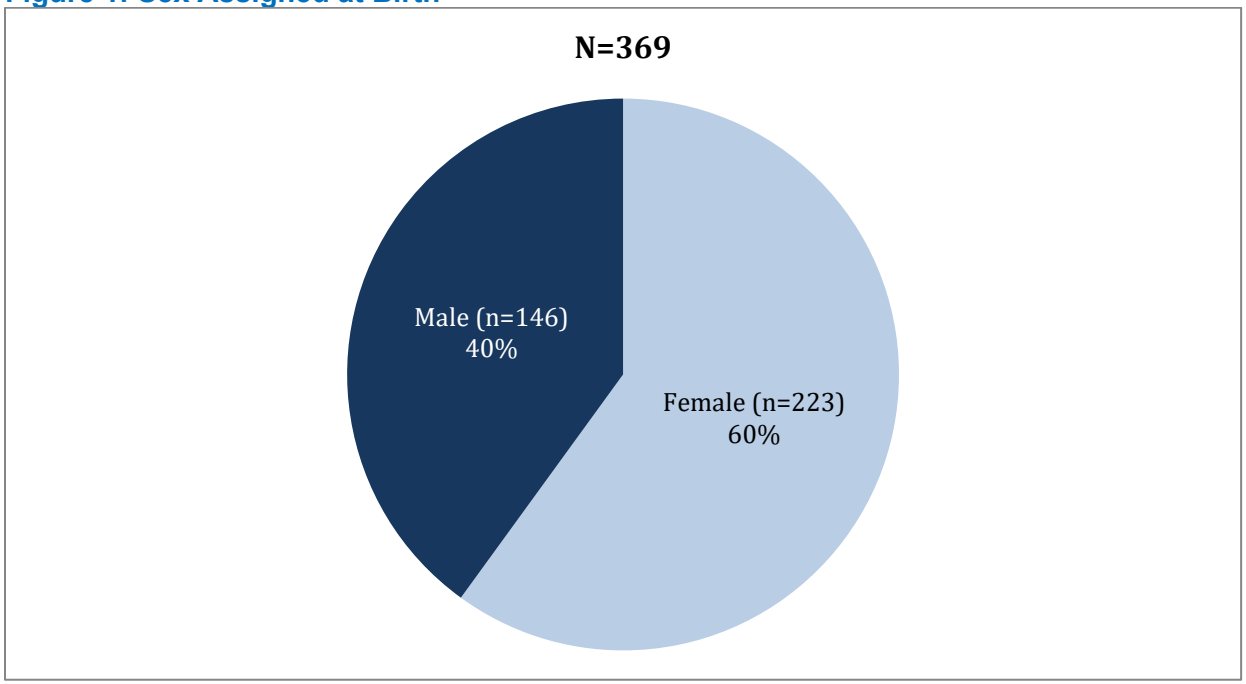
Source: DWH Masterclient Extract (07/14/2022) and CWMHS Activity Report (07/15/22). Note(s): (1) *Outcomes only include Persons discharged with a LOS greater than 60 days. (2) Other includes Declined and Sent to Judge's report with no MHA. (3) Other data received from CWMHS Activity Report. (4) All NOAs have been removed for FY22.

Table 3: Age

	N=381
0 to 5	89 (23%)
6 to 10	78 (21%)
11 to 13	40 (11%)
14 to 17	54 (14%)
18 to 25	20 (5%)
26+	100 (26%)
Range	0.17 – 55.25
Mean	16.41
Median	12.67

Source: DWH Masterclient Extract (07/14/2022). (1) Admitted persons served only.

Figure 1: Sex Assigned at Birth



Source: DWH Masterclient Extract (07/14/2022). Notes: (1) N is unduplicated. (2) Admitted persons served only.

Table 4: Ethnicity

	N=369
African American	66 (18%)
Asian/Pacific Islander	16 (4%)
Caucasian	71 (19%)
Hispanic/Latino	131 (36%)
Multi-Ethnic	77(21%)
Native American	5 (1%)
Unknown	1 (<1%)
Other	2 (<1%)

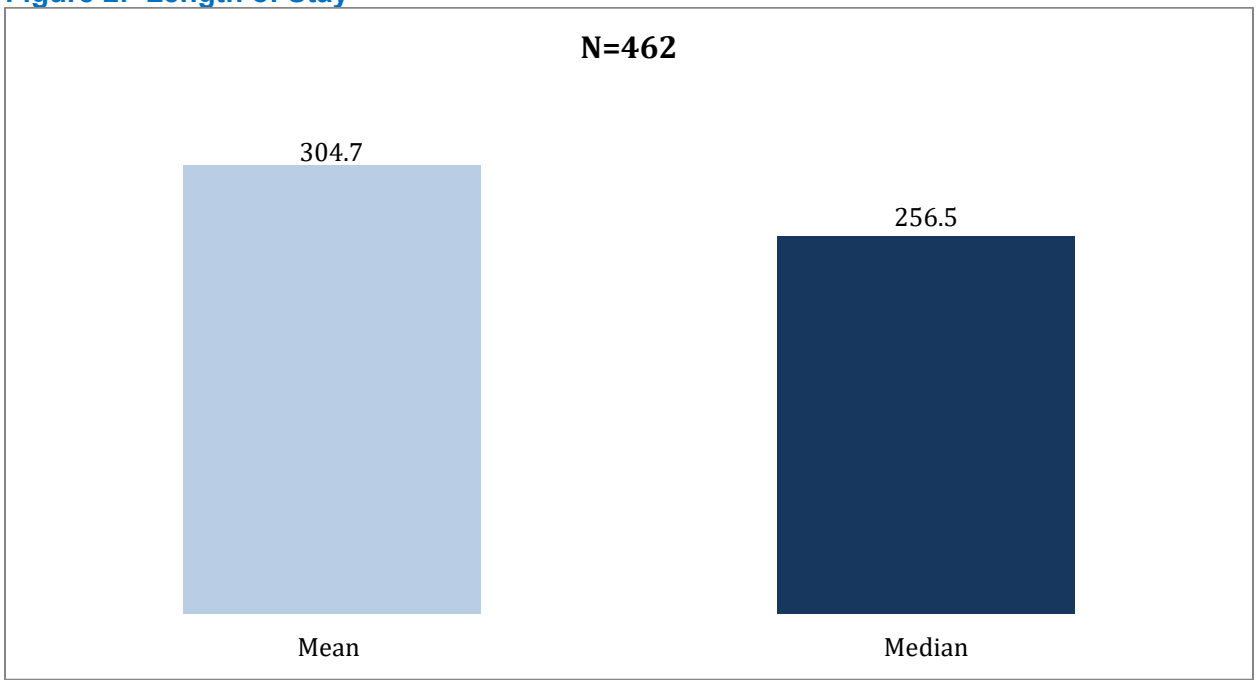
Source: DWH Masterclient Extract (07/14/2022). Note(s): (1) N is unduplicated. (2) Admitted persons served only.

Table 5: Primary Diagnoses

	N=381
Trauma-Stressor Related Disorders	328 (86%)
Mood Disorders	44 12%)
Other	1 (<1%)
Neurodevelopmental Disorders	8 (2%)

Source: DWH Masterclient Extract (07/14/2022). Note(s): (1) Diagnoses source: DSM-5, ICD-10; (2) Other includes: Bipolar disorder (n=1).

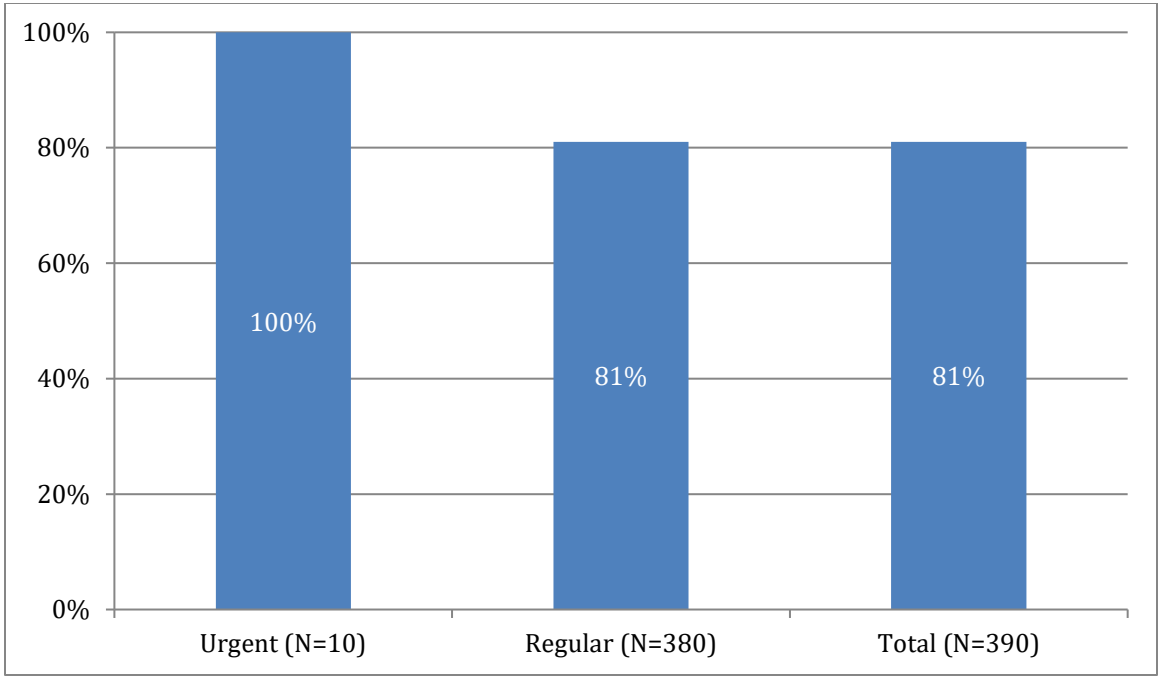
Figure 2: Length of Stay



Source: DWH Masterclient Extract (07/14/2022). Note(s): (1) LOS is shown in days.

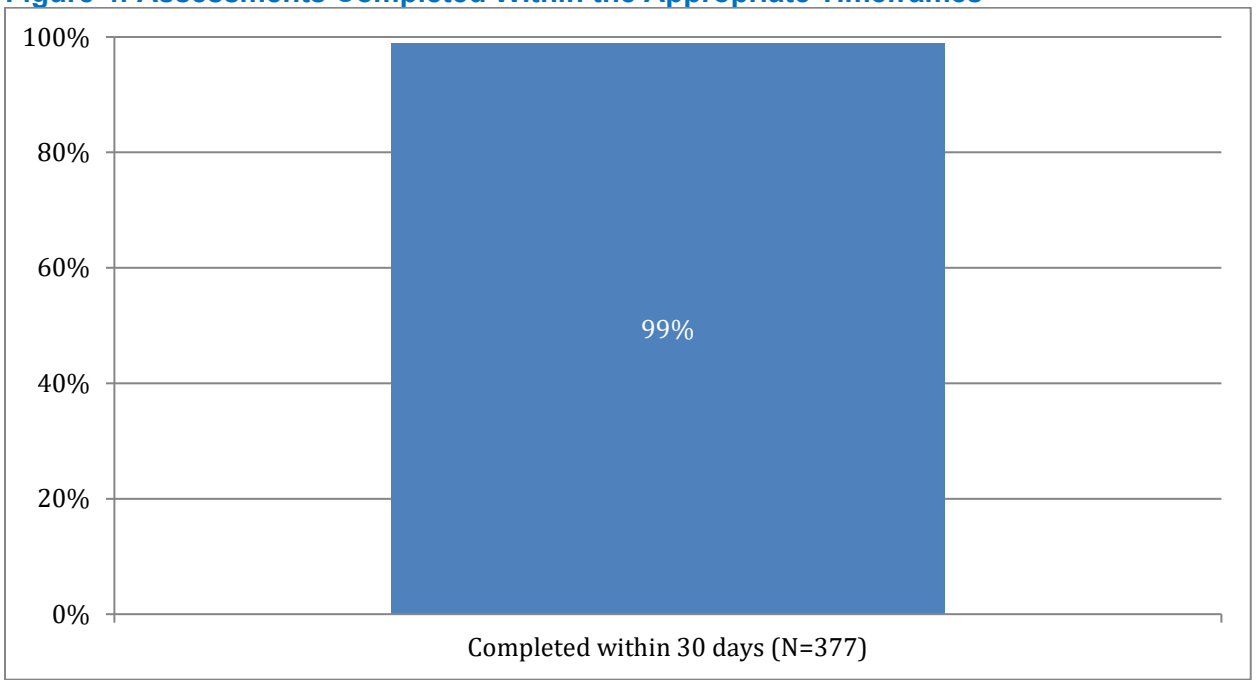
SECTION III: PROGRAM OUTCOMES
Timeliness of Service

Figure 3: First Contact Completed Within the Appropriate Timeframes



Source: Program Tracking (07/20/2022). Note(s): (1) Urgent: n=8, Regular: n=134, and Total: n=142. (2) n= number of Persons Served that completed first contact within 3 days for Urgent and10 Days for Regular.

Figure 4: Assessments Completed Within the Appropriate Timeframes



Source: Service Detail Report (07/20/2022). (1) Completed within 30 days: n=374.

Access/Engagement

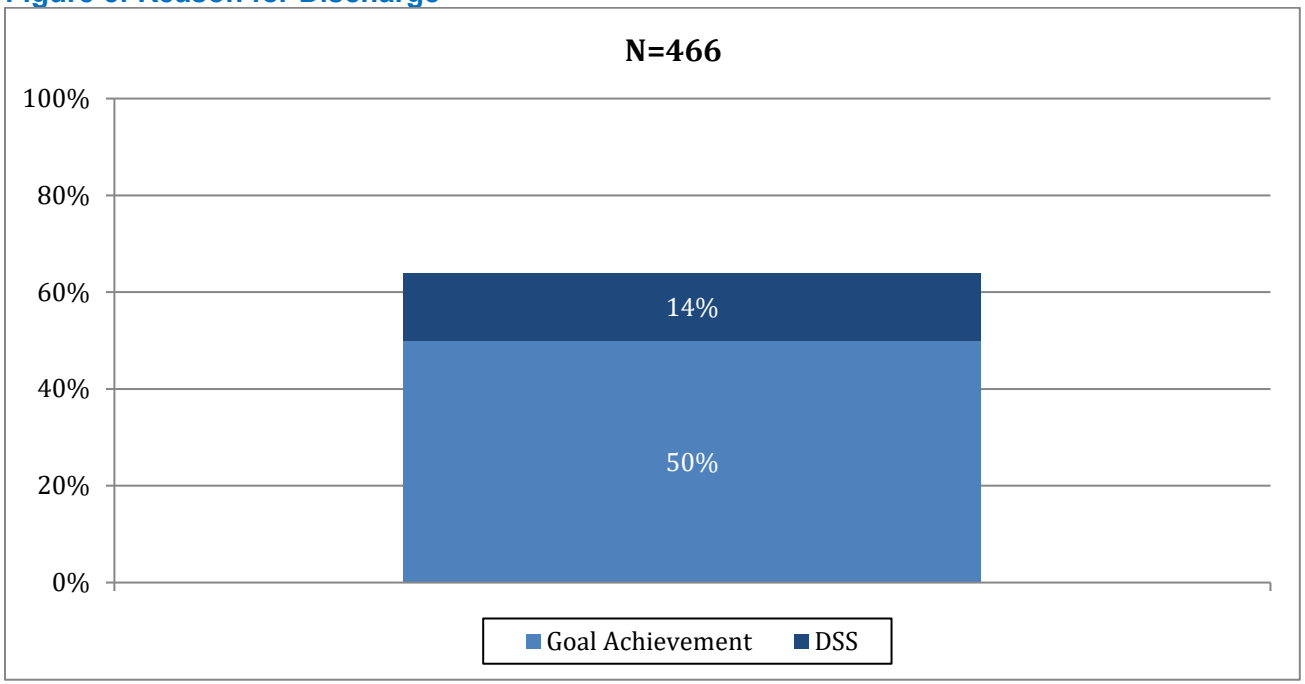
Table 6: Number of Services Provided Per Persons Served (Child and Adult) by Service Type

	N=19,674
Assessment	1,176 (6%)

Case Management	4,373 (22%)
Collateral	1,786 (9%)
Court Related Activities	932 (5%)
Individual Therapy	7,050 (36%)
Intensive Care Cord	1,608 (8%)
Intensive Home-Based Service	997 (5%)
Medication Services	651 (3%)
Plan Development	500 (3%)
Rehabilitation	601 (3%)
Services Per Persons Served	26.5
In-Community/Telehealth	10,316 (52%)
In-Office/Phone	9,358 (48%)

Source: Service Detail Report (07/14/2022). Note(s): (1) N=number of services.

Figure 5: Reason for Discharge

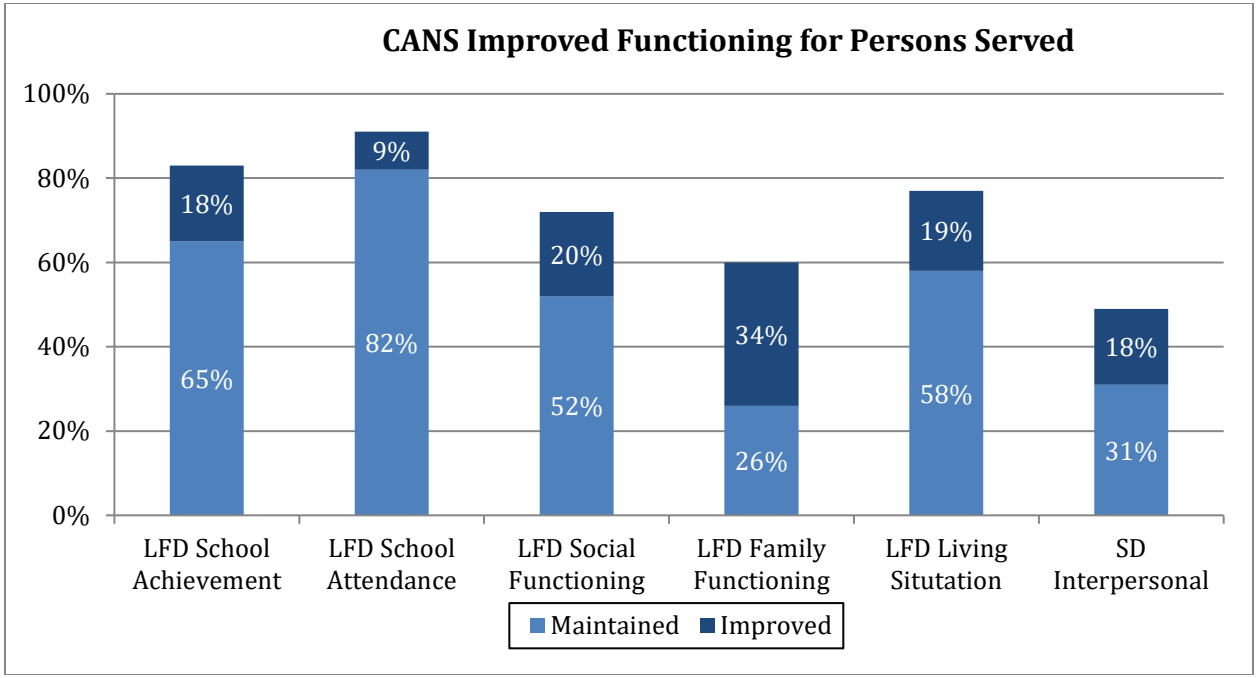


Source: CWMHS Activity Report (07/20/2022). Note(s): (1) Goal Achievement (n=267) and DSS case closed (n=72).

OUTCOMES

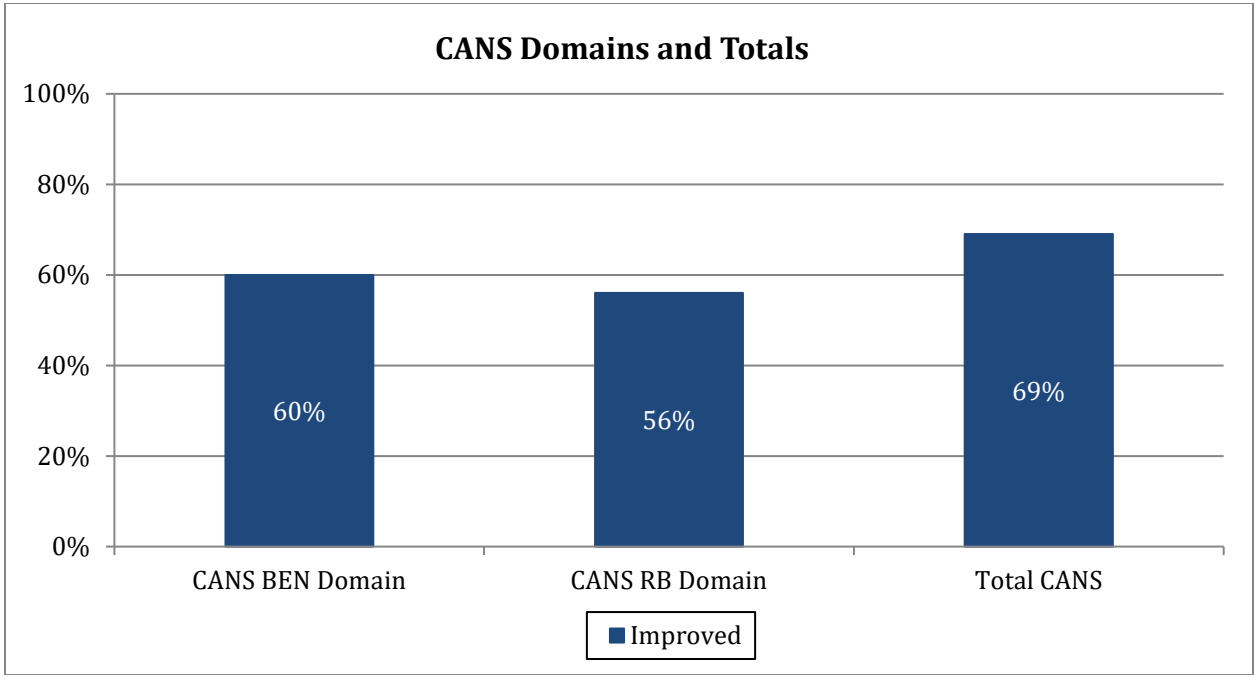
Improved Functioning for Persons Served

Figure 6



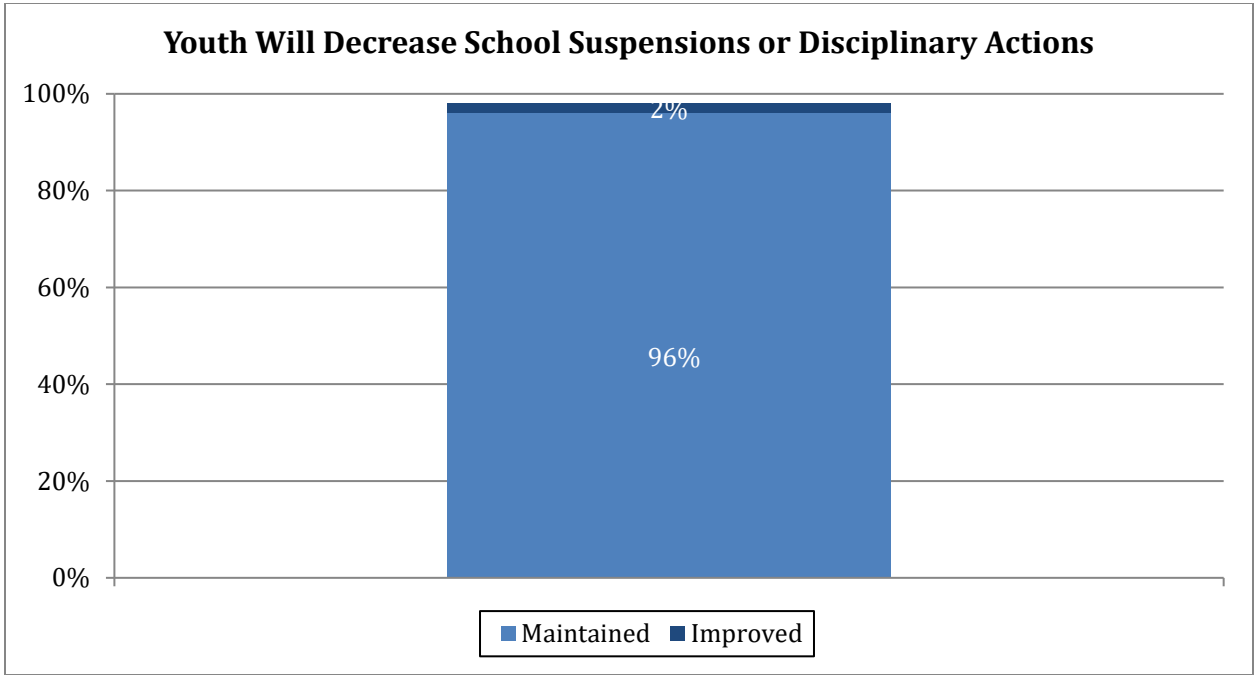
Source: Agency Standard CANS (08/05/2022). Note(s): (1) Paired CANS (Admit and Discharge), includes Persons Served with a LOS greater than 60 days.

Figure 7



Source: CANS 5+ and Agency Standard CANS (08/05/2022). Note(s): (1) Paired CANS (Admit and Discharge), includes Persons Served with a LOS greater than 60 days.

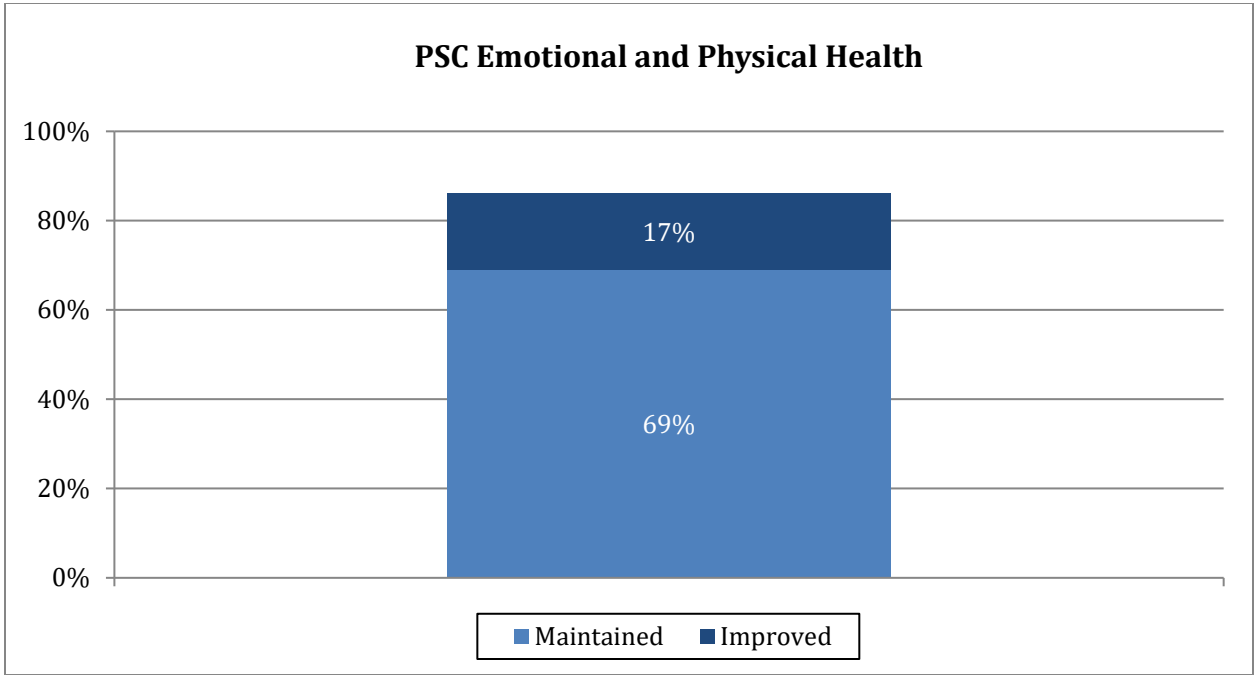
Figure 8



Source: CEDE 2.0 (08/05/2022). Note(s): (1) Paired CEDE Suspension/Expulsions (Admit and Discharge), includes Persons Served with a LOS greater than 60 days. (2) Maintained is defined as 0 suspensions or expulsions at admit and discharge.

PSC-35

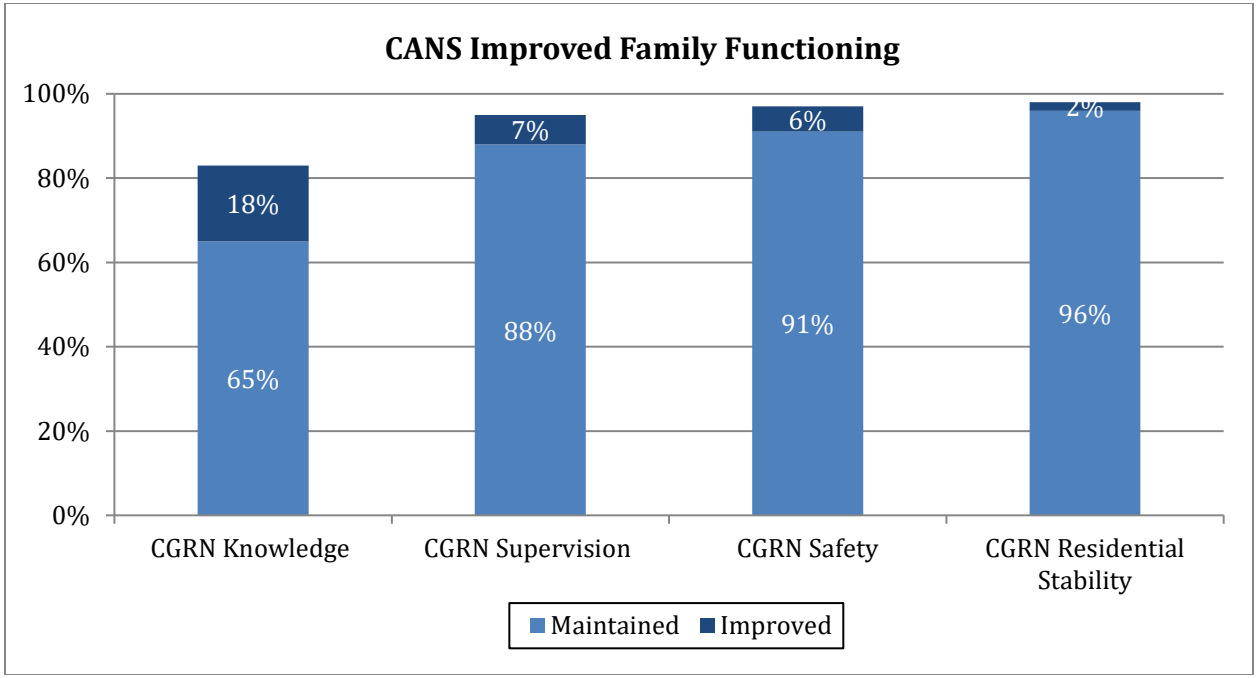
Figure 9



Source: PSC-35 (08/05/2022). Note(s): (1) Paired PSC-35 (Admit and Discharge), includes Persons Served with a LOS greater than 60 days.

Improved Family Functioning

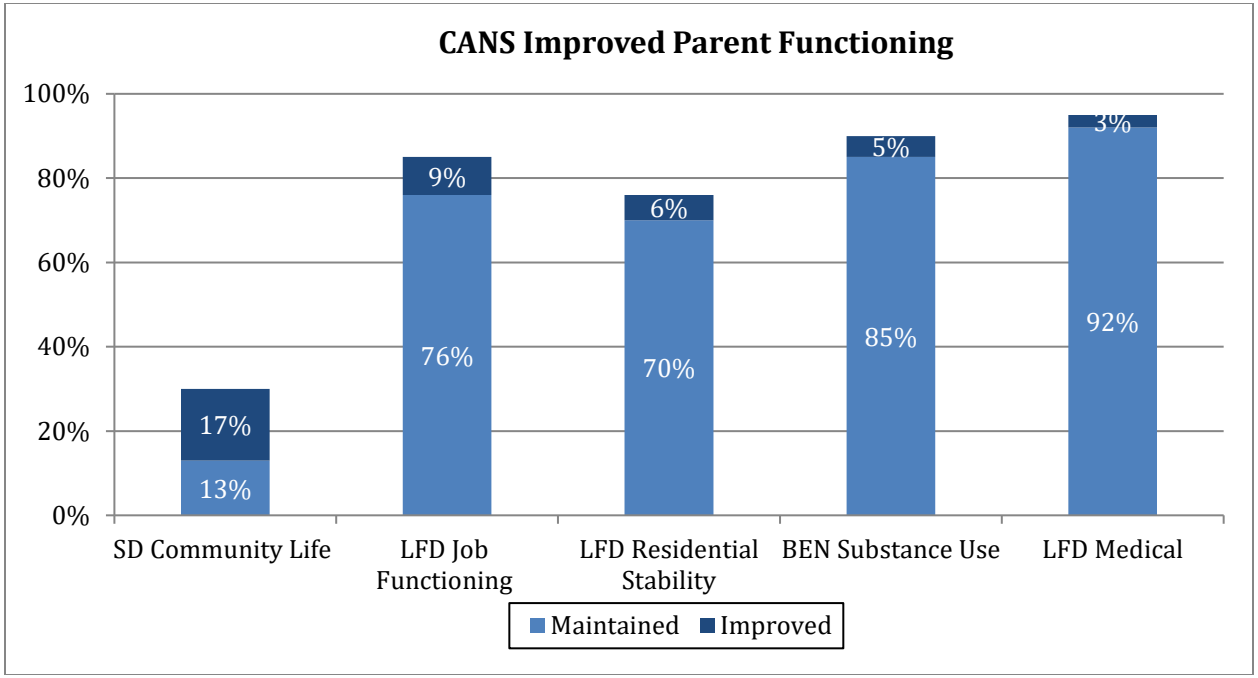
Figure 10



Source: Agency Standard CANS (08/05/2022). Note(s): (1) Paired CANS (Admit and Discharge), includes Persons Served with a LOS greater than 60 days.

Improved Parent Functioning

Figure 11



Source: Agency Standard CANS (08/05/2022). Note(s): (1) Paired CANS (Admit and Discharge), includes Persons Served with a LOS greater than 60 days.

Satisfaction Outcomes

Persons Served Services Survey

To measure persons served satisfaction, Pacific Clinics utilizes the Youth Services Survey for Families (YSS-F, administered to caregiver of persons served 0-17), the Youth Services Survey (YSS, administered to youth 13-17), and the Adult Survey (AS, administered to persons served 18+). Satisfaction surveys are administered at the time of program discharge. The YSS surveys ask youth to rate to what extent they disagree or agree with statements on a 5-point Likert-type scale, ranging from "Strongly Disagree" (1) to "Strongly Agree" (5), with a score of 5 indicating the highest level of satisfaction. Satisfaction is defined as an average rating of 4.0 and above.

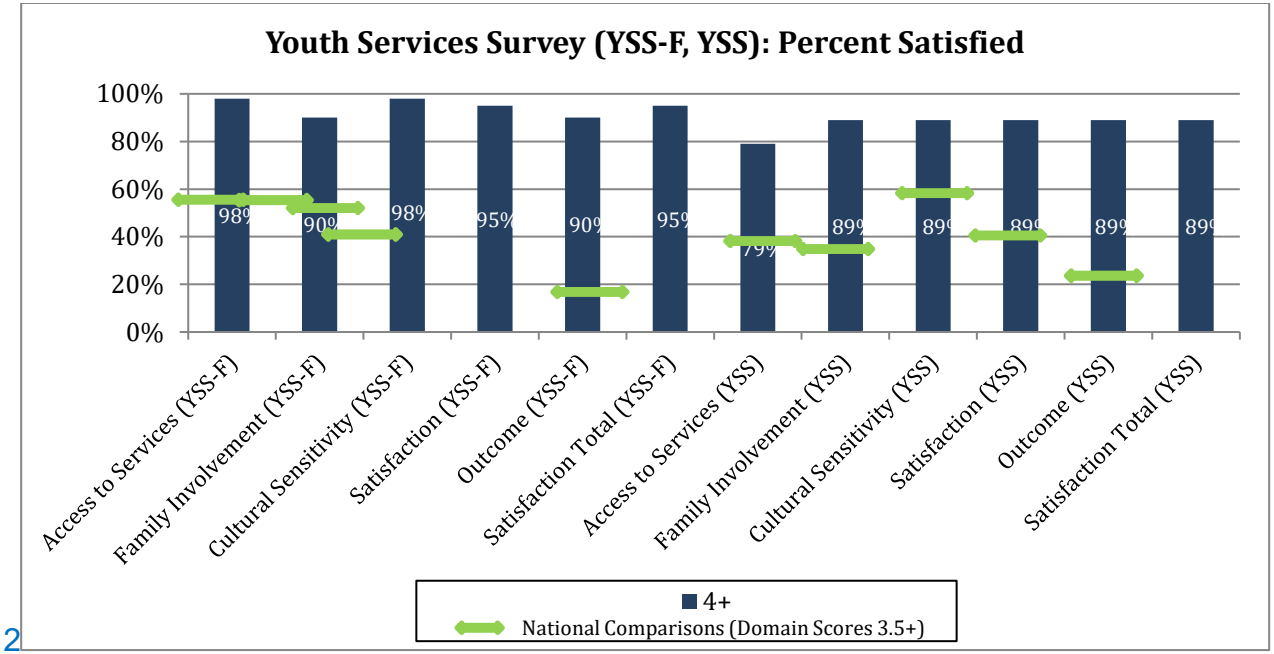


Figure 12

Source: YSS-F, YSS (07/20/2022). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) National Comparison (**Green** Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

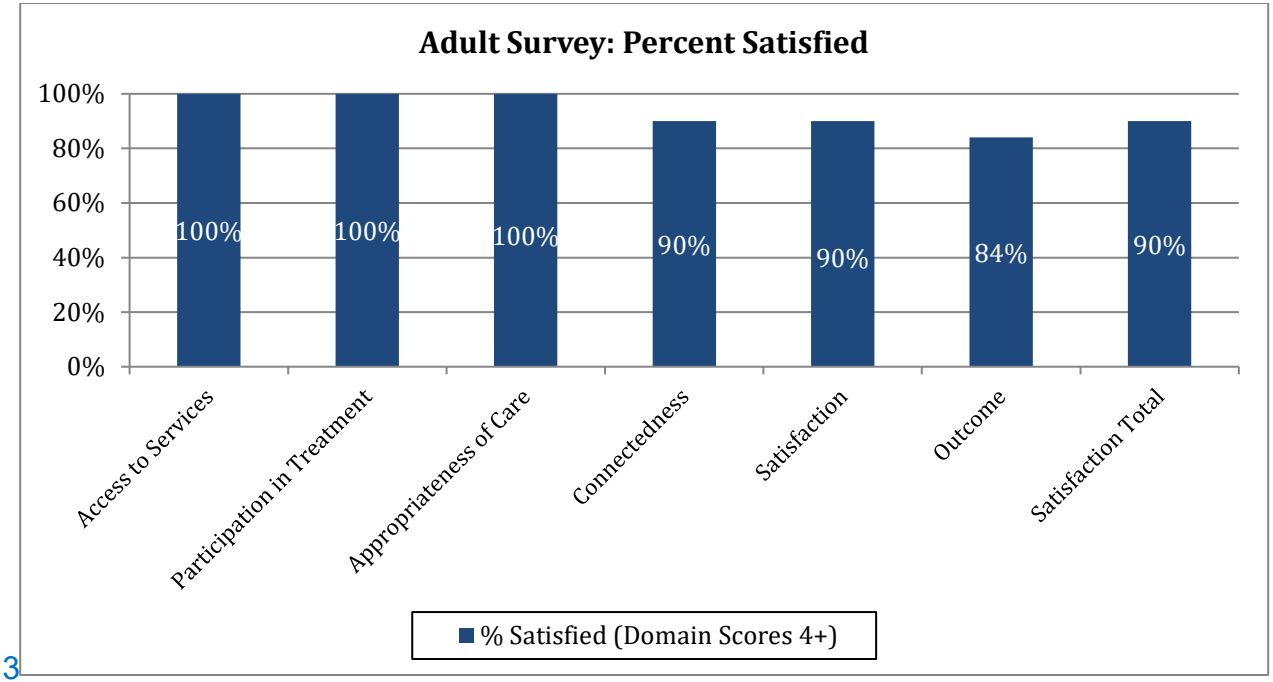


Figure 13

Source: Adult Survey (07/20/2022). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) No National Comparison for Adult Survey.

SECTION IV: CONCLUSIONS

Pacific Clinics will use the data from this report to devise and implement quality improvements to the service provision and assessment, in an effort to address outcomes that can be improved for this complex population.
Based on the outcomes of the persons served discharged to date, persons served are able to maintain or improve (90%) their school attendance while staying out of trouble, by maintaining or improving their suspensions/expulsions (98%) at zero, and maintain or improve school grades and academic performance (81%). In addition, Fresno Hope persons served are increasingly capable of caring for their children by being knowledgeable about the child's needs and managing the child's needs (84%) and developing a support network to help promote a safe environment for their children (98%). Persons served (YSSF: 95%; YSS: 89%; Adults: 90%) are satisfied with services received from Fresno Hope program. These results indicate that the Fresno Hope program has been highly effective in helping persons served and families to achieve their goals.

A barrier we continued to experience this past fiscal year was significant impact with regards to an ongoing high volume of no shows and reduced engagement due to the pandemic. After such a long time participating in remote services, persons served reported feeling burned out by telehealth as well as screen fatigue. One of the implications is that we provided more phone services which impacted our ability to meet the requirement for 70% of services being provided in the community. We started the fiscal year providing more in person services; however, due to the Omicron variant and increased Covid numbers and exposures in January, we had to pivot back to telehealth where clinically appropriate. In March, we were able to start moving back to in person services, but each time we have to pivot, we see an impact on engagement. Anytime a person served has any symptoms, we have to pivot to telehealth, but we find that often the persons served attempt to simply cancel the sessions. Staff are having to work much harder at engagement when either they or the persons served experience symptoms and many persons served do not want to engage in telehealth any longer. Additionally, we have received a lot of re-referrals and noticed that these persons served often are not engaged and not ready to return to services. Although staff work very hard to engage these persons served, (often adults) they are not always willing to engage and many times result in an unsuccessful discharge. We have given feedback about the screening process of re-referrals, but many of them are pushed through to our program despite the persons served not being ready or willing to participate in mental health services. Sometimes this is because they have competing priorities and are overwhelmed. This contributes to a higher volume of no shows and discharges due to no shows.

Another area that we found we did not meet the requirement for was 70% of persons served would be discharged due to successful completion of treatment. Through our analysis, our persons served who refused services more than doubled (from 42 persons in the prior fiscal year, to 95 persons served this past year.) We believe this was due to our team holding persons served accountable to be engaged in treatment and participate in the services provided. When a person served was offered multiple opportunities to engage in treatment and failed to do so, they were ultimately discharged and invited to return when they were able to and ready to participate.

For the outcome that persons served will maintain or increase in healthy friendships and participation in age-appropriate activities, we believe that we did not meet this outcome as many of our persons served were socially isolated during the pandemic and we are

still seeing the repercussions of this. This has been something we have focused on for our youth in the program by offering social outings during the summer where they could safely engage with other youth in our programs to build their social skills. Even those youth that returned to school did not return back in a pre-pandemic fashion and are still trying to make up the lost social skills from more than a year and half of being isolated. Further, when they returned to school there were many safety practices in place that continued to disrupt normal social functioning. These things also impacted persons served's abilities to improve emotional and behavioral status but as we have been able to provide more in person and intensive services, we believe we will see an improvement over time in these areas.

As a result of the pandemic, we continue to experience much higher acuity persons served being referred. These persons served are experiencing more mental health symptoms, more frequent hospitalizations, and a higher need for intensive services. We have provided more IHBS services as a result.

Another barrier that is constantly being addressed and supported is the high level of secondary trauma which attributes to staff burnout and turnover. Pacific Clinics continues to make available full Reflective Practice groups for everyone involved in the program to provide support around this level of trauma, and it is also addressed in clinical and administrative supervision.
Our clinical outcomes were excellent and despite the ongoing barriers, demonstrate that we have persisted and met the clinical and timeliness/access expectations of the contract.

Target Goals

CANS Total and Domain improvements will continue to be assessed by the number of persons served who improve on a number of actionable items, equal to or above a 60% threshold of items identified as actionable at Admit. CANS items that are assessed for improvement only will be of the number of persons served who had the item identified as actionable at Admit (Item score of 2 or 3). Target goals for FY23 will be reassessed, based on baselines from FY22 established in the fiscal year report to be completed in August 2022.

Satisfaction Outcomes

The YSS-Series of Satisfaction surveys (YSS, YSS-F, AS) have been implemented at program discharge. For reporting purposes, satisfaction collected at program discharge will be combined with the POQI State Satisfaction survey. Pacific Clinics Fresno Hope (Child Welfare Mental Health) will assess satisfaction with a target goal of satisfaction scores at 4.0 or higher, representing 80% percent of responses across all domains and satisfaction total. National comparisons are included to illustrate agency benchmarking.