PROGRAM INFORMATION:

Program Title:	Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program	**Provider:**	Uplift Family Services (Formerly EMQ Families First)
Program Description:		**MHP Work Plan:**	4-Behavioral health clinical care

Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program serves families where a consumer 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: consumers 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 seven days per week and 365 days per year in locations most comfortable for the consumer and family. Traditional and non-traditional support services are also provided.

Age Group Served 1:	ALL AGES	**Dates Of Operation:**	12/01/2015--Present
Age Group Served 2:	Choose an item.	**Reporting Period:**	July 1, 2016 – June 30, 2016
Funding Source 1:	Medical FFP	**Funding Source 3:**	Other, please specify below
Funding Source 2:	EPSDT	**Other Funding:**	DSS

FISCAL INFORMATION:

Program Budget Amount:	$3,000,000	**Program Actual Amount:**	$2,346,855.88
Number of Unique Clients Served During Time Period:	642		
Number of Services Rendered During Time Period:	11,398		
Actual Cost Per Client:	$3,655.54 per Client Source: Fresno County Data Release (10/09/2017)		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	**Type of Program:**	Outpatient
Contract Term:	10/01/2015 – 06/30/2019 (10/01/2015 – 06/30/2017 plus two optional one-year extensions)	**For Other:**	Click here to enter text.
		Renewal Date:	07/01/2019
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:	All referred children, youth, parents, guardians, and foster parents 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."

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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)

Cultural Competency   Community collaboration
Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services   Access to underserved communities
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 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.

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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.

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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
Program Goals:

　　-- Timeliness of Service (Efficiency)
　　-- Access/Engagement (Access)
　　-- Placement Stability & Permanency (Effectiveness)
　　-- Improved Child Functioning (Effectiveness)
　　-- Improved Family Functioning (Effectiveness)
　　-- Improved Parent Functioning (Effectiveness)
　　-- Satisfaction (Satisfaction and Feedback)

Table 1

Goal	Performance Measure	FY17
Timeliness of Service‡	1.1) Assessments completed within appropriate timeframes (Urgent, Priority, Standard: all due within 30 days)	**Overall: 69% (Children: n=251/363)** **Urgent: 100% (Children: n=5/5)** **Priority: 74% (Children: n=68/92)** **Regular: 67% (Children: n=178/266)**
Access/ Engagement‡	2.1) Number of services provided per client	**18.64 Services**
	2.2) Location of Service Provision	**Field: 70% (n=7,397/10,568)** **Office: 30% (n=3,171/10,568)**
	2.3) Number of discharges due to successful completion of treatment	**64% (n=100/156)**
Placement Stability & Permanency‡	3.1) Child maintains placement (0-1 placement changes while in treatment)	**CWS Reported Item**
	3.2) Child is able to transition to a lower level of care	**CWS Reported Item**
	3.3) Child is able to remain with parent(s) or relative(s)	**CWS Reported Item**
	3.4) Child exits to permanency (reunification, adoption, guardianship)	**CWS Reported Item**
	3.5) Increase in parent's visitation frequency while in treatment	**CWS Reported Item**
	3.6) Parent's visitation is less restrictive while in treatment	**CWS Reported Item**
Improved Child Functioning	4.1) Improved grades/academic performance‡	**8% Improved (n=4/48),** **69% Maintained (n=33/48)**
	4.2) Improved school attendance‡	**8% Improved (n=4/48),** **85% Maintained (n=41/48)**
	4.3) Decrease in suspensions or school disciplinary actions‡	**97% Maintained (n=33/34)**
	4.4) Increase in healthy friendships and participation in age-appropriate activities†	**20% Improved (n=15/76),** **58% Maintained (44/76)**
	4.5) Improved ability to function within the current living situation‡	**11% Improved (n=6/57),** **81% Maintained (46/57)**
	4.6) Making progress or meeting treatment goals‡	**N/A**

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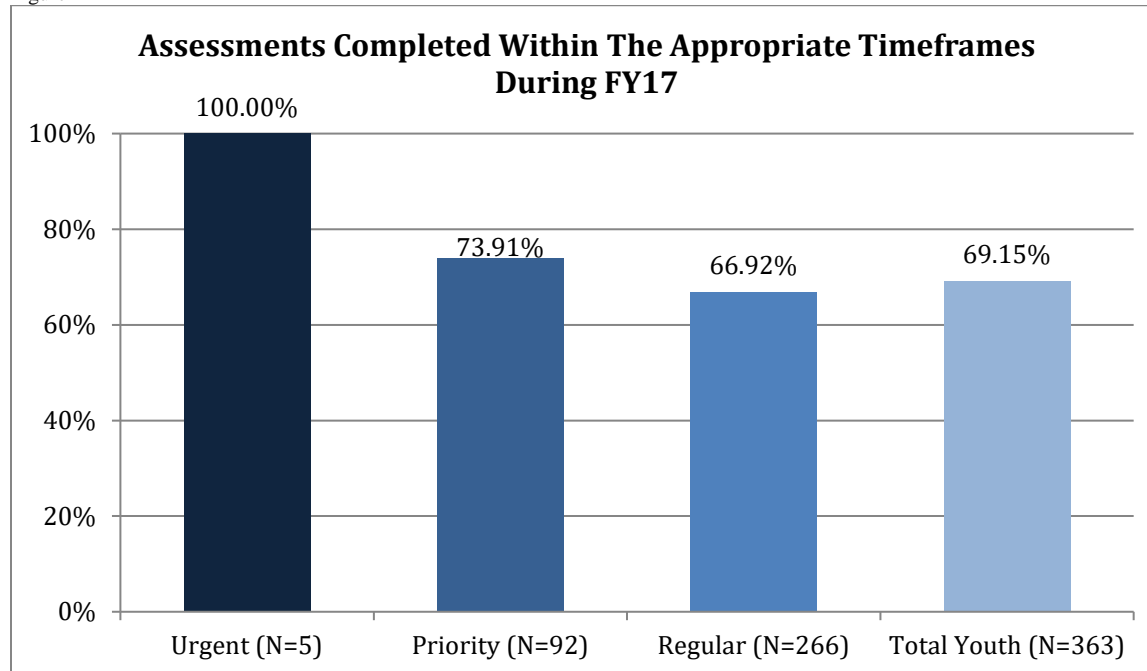|		
	4.7) Maintaining healthy and stable relationships at home‡	**30% Improved (n=17/57), 42% Maintained (24/57)**
	4.8) Maintaining health and stable relationships at school‡	**13% Improved (n=6/46), 78% Maintained (n=36/46)**
	4.9) 60% of consumers will improve emotional and behavioral status.* (Sources: CANS CBEN domain, ANSA MH domain, ANSA-T MH domain) †	**66% (n=42/64)**
	4.10) 60% of consumers will reduce risk behaviors.** (Sources: CANS CRB domain, ANSA RB domain, ANSA-T RB domain)†	**43% (n=3/7)**
	4.11) 60% of consumers will improve clinical condition and quality of life.** (Sources: CANS Total, ANSA Total, ANSA-T Total)†	**34% (n=22/75)**

Improved Family Functioning	5.1) Parent is knowledgeable about child's needs and can monitor and manage the child's behavior‡	**8% Improved (n=4/53), 79% Maintained (42/53)**
	5.2) Parent refrains from behavior that puts the child at risk‡	**8% Improved (n=4/53), 81% Maintained (43/53)**
	5.3) Parent is protective of child from others that pose a risk to the child‡	**4% Improved (n=2/53), 91% Maintained (48/53)**
	5.4) Parent is able to maintain safe and stable housing‡	**4% Improved (n=2/53), 92% Maintained (n=49/53)**
Improved Parent Functioning	6.1) Increase in social supports and safety network‡	6% Improved (n=3/53), 85% Maintained (45/53)
	6.2) Ability to maintain a job or means of livelihood‡	23% Improved (n=3/13), 54% Maintained (n=7/13)
	6.3) Maintains housing‡	4% Improved (n=2/53), 92% Maintained (49/53)
	6.4) Participates in drug testing and demonstrates ability to refrain from substance use (if applicable)‡	6% Improved (n=3/53), 92% Maintained (49/53)
	6.5) Participating in mental health treatment‡	95% (n=36/38)
	6.6) Parent is able to maintain physical health‡	16% Improved (n=3/19), 79% Maintained (n=15/19)
	6.7) Making progress in meeting treatment goals‡	N/A
Satisfaction	7.1) 80% of consumers and families will be satisfied with HOPE Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction.) †	85% (n=115/135)

Note(s): (1) Outcomes from program logic model; (2) †=Uplift Family Services Logic Model Outcome; (3) ‡=Fresno County Child Welfare Services Logic Model Outcomes, released: 2017-06-13; (4) No FSE-participating discharges with data to report; (5) The CANS series (CANS 0-4, CANS 5+, ANSA, ANSA-T) are scored on a 4-point Likert scale (0, 1, 2, 3) and are assessed based on Actionable (2, 3) ratings versus Non-Actionable (0, 1) ratings. The former denotes a problem with varying levels of severity, and is incorporated into treatment, whereas, the latter denotes either no problem or a history of a problem. Improvement is described by moving from an actionable rating to a non-actionable rating from admit to discharge, maintenance is described by maintaining a non-actionable rating from admit to discharge.

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Timeliness of Service
Assessments Completed Within the Appropriate Timeframes
Figure 1

Assessments Completed Within The Appropriate Timeframes During FY17

Category	Percentage
Urgent (N=5)	100.00%
Priority (N=92)	73.91%
Regular (N=266)	66.92%
Total Youth (N=363)	69.15%

Source: Program Activity Report (07/24/2017). Note(s): (1) Excludes consumers whose case was closed for No Medical Necessity or No Show/Refused Services; (2) Urgent (3 days), Priority (7 Days), Regular (30 Days).

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Access/Engagement
Number of Services Provided Per Consumer (Child and Adult)
Table 2

	FY17 (N=10568)
3CR - Court Report/Documentation	557 (5.27%)
103 - Assessment	1089 (10.30%)
126 - Individual Therapy (Face to Face)	4569 (43.23%)
127 - IHBS-Intensive Home Based Services-Katie A.	408 (3.86%)
150 - Collateral	789 (7.47%)
156 - Family Therapy with Consumer	60 (0.572%)
158 - Rehabilitation	404 (3.82%)
159 - Plan Development	319 (3.02%)
170 - Medication Evaluation Management Assessment	79 (<1%)
173 - Medication Evaluation Management Expanded	10 (0.09%)
190 - Medication Evaluation Management Assessment - Telemed	11 (0.10%)
193 - Medication Evaluation Management Expanded - Telemed	50 (0.47%)
205 - Case Management Linkage/Consultation	1878 (17.77%)
207 - ICC-Intensive Care Coordination-Katie A.	345 (3.26%)
In Office	3,171 (30.01%)
Not In Office	7397 (69.99%)
Mean	18.64 Services per Consumer

Source: Avatar Billing Report (07/24/2017). Note(s): (1) N=number of services; (2) Number of services per customer increased by 41.86% from FY16 (13.14 services per customer).

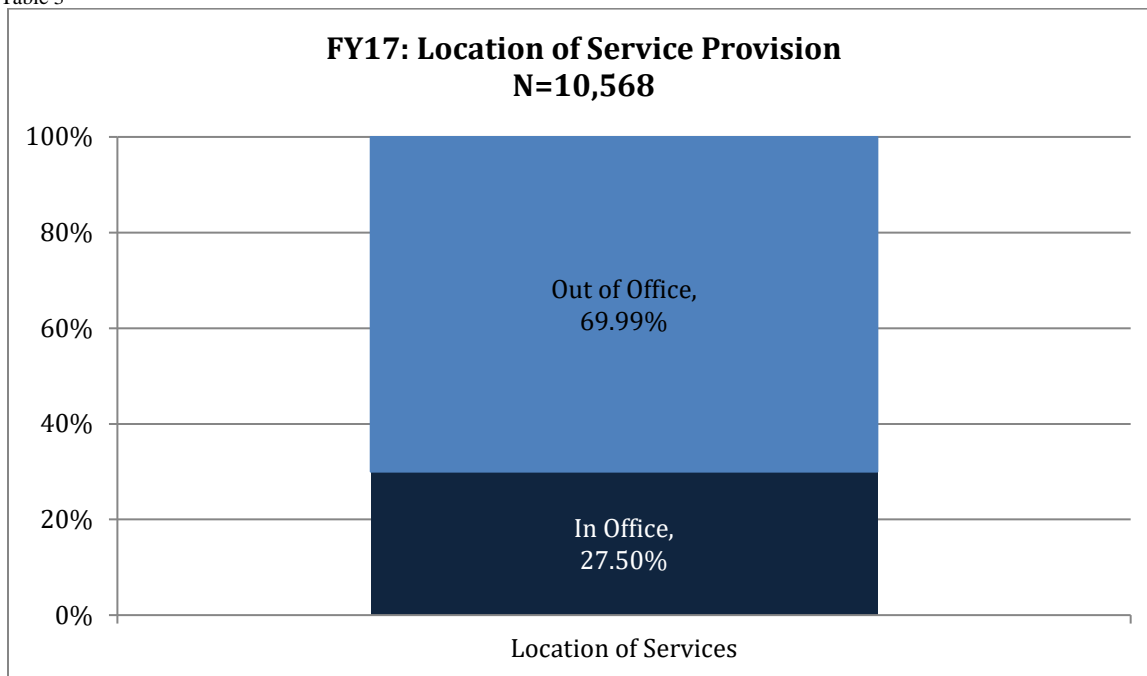Uplift Family Services (Formerly EMQ FamiliesFirst)
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Service Types Provided

Table 2

FY17: Types Provided Service Types Provided
N=10,568

Service Type	Percentage
207 - ICC-Intensive Care Coordination-Katie...	3.26%
205 - Case Management...	17.77%
193 - Medication Evaluation Management...	0.47%
190 - Medication Evaluation Management...	0.10%
173 - Medication Evaluation Management...	0.09%
170 - Medication Evaluation Management...	0.75%
159 - Plan Development	2.92%
158 - Rehabilitation	2.54%
156 - Family Therapy with Consumer	1.32%
150 - Collateral	7.03%
127 - IHBS-Intensive Home Based Services-...	3.30%
126 - Individual Therapy (Face to Face)	43.23%
103 - Assessment	10.30%
3CR - Court Report/Documentation	5.27%

Source: Avatar Billing Report (07/24/2017).

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Location of Service Provision

Table 3

FY17: Location of Service Provision
N=10,568

Out of Office, 69.99%

In Office, 27.50%

Location of Services

Source: Avatar Billing Report (07/24/2017). Note(s): (1) Out of Office (n=7397), In Office (n=3171).

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Reason for Discharge

Figure 4
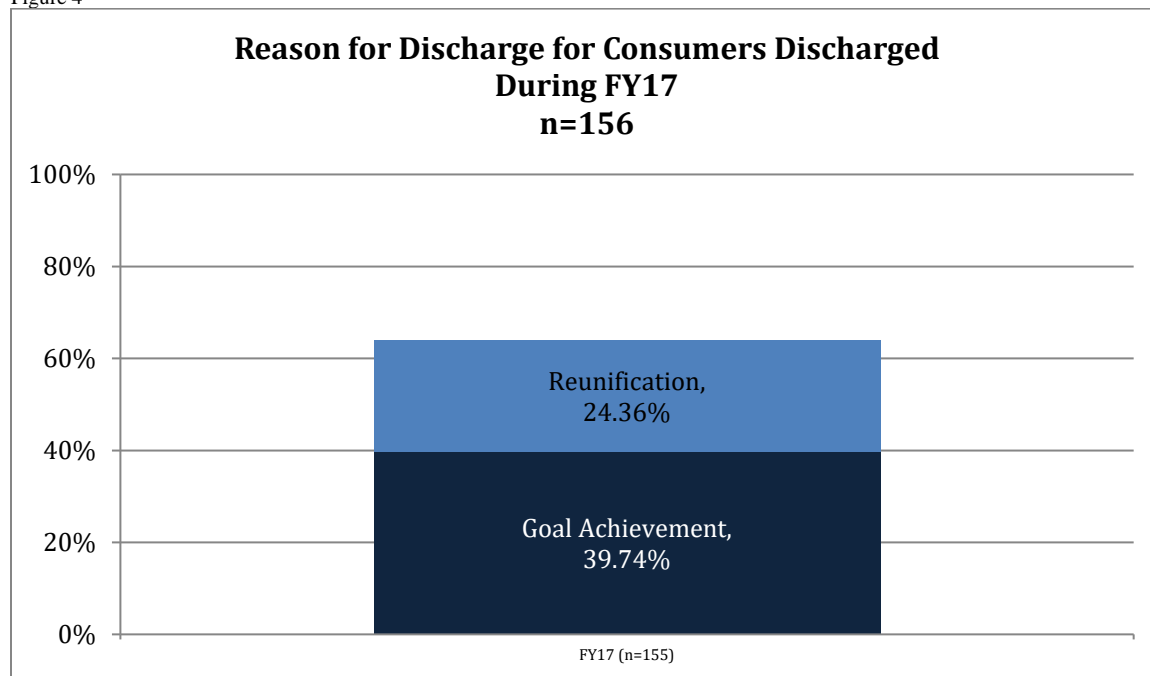
Reason for Discharge for Consumers Discharged
During FY17
n=156

Source: TIER Masterclient Extract (07/24/2017). Note(s): (1) Goal Achievement (n=62), Reunification (n=38); (2) Discharge Reasons not shown – In JJC Custody (n=1), Higher Level of Care (n=1), AWOL (n=4), Failed to Engage/Connect or Declined (n=32), Dissatisfied with services (n=1), Change of service (n=2), Change of Provider (n=2), Moved out of service area (n=8), Family felt ready to discontinue/voluntary disenrollment (n=4), DSS Case Closed (n=1); (3) No Medical Necessity (n=113); (4) Consumers Discharged with LOS less than 60 days (n=7).

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Improved Child Functioning

Table 5

Consumer Will Maintain or Improve Grades/Academic Performance
(N=48)

Legend: Maintained | Improvement | 60% Target Goal
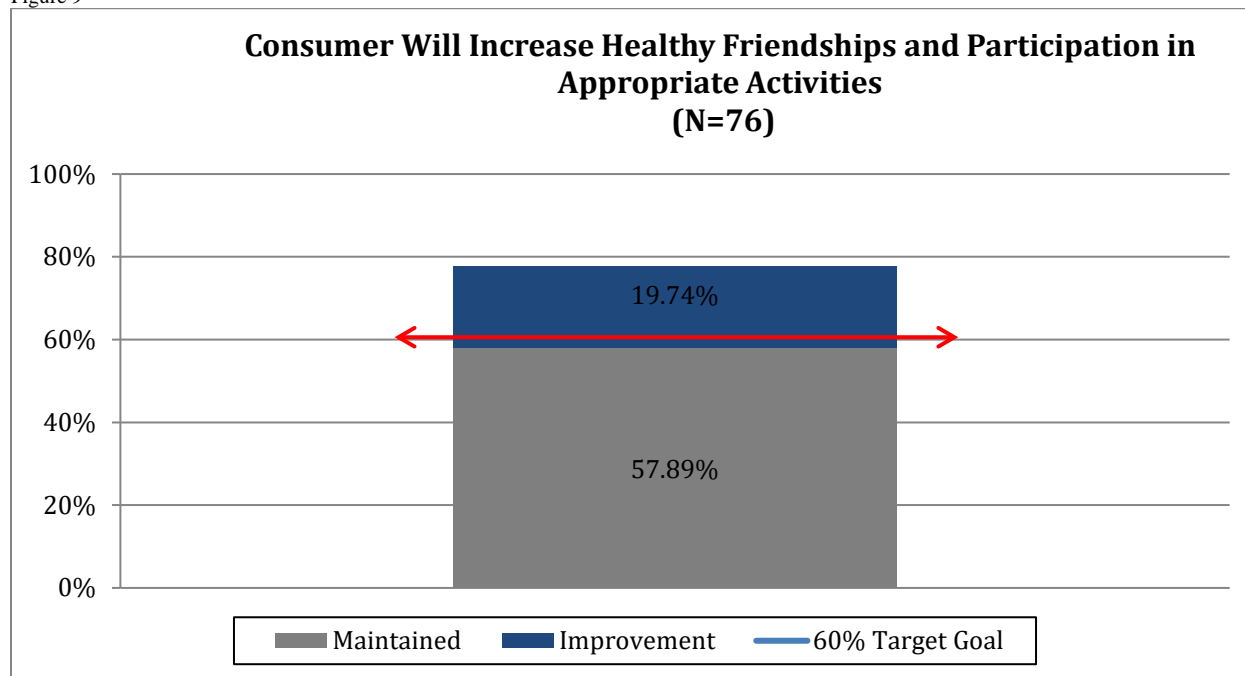
- 8.33% (Improvement)
- 68.75% (Maintained)

Source: CANS 5+ (07/24/2017). Notes: (1) Paired CANS LDF School Achievement (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=48, n=37); (3) n= number of Consumers improved and maintained.
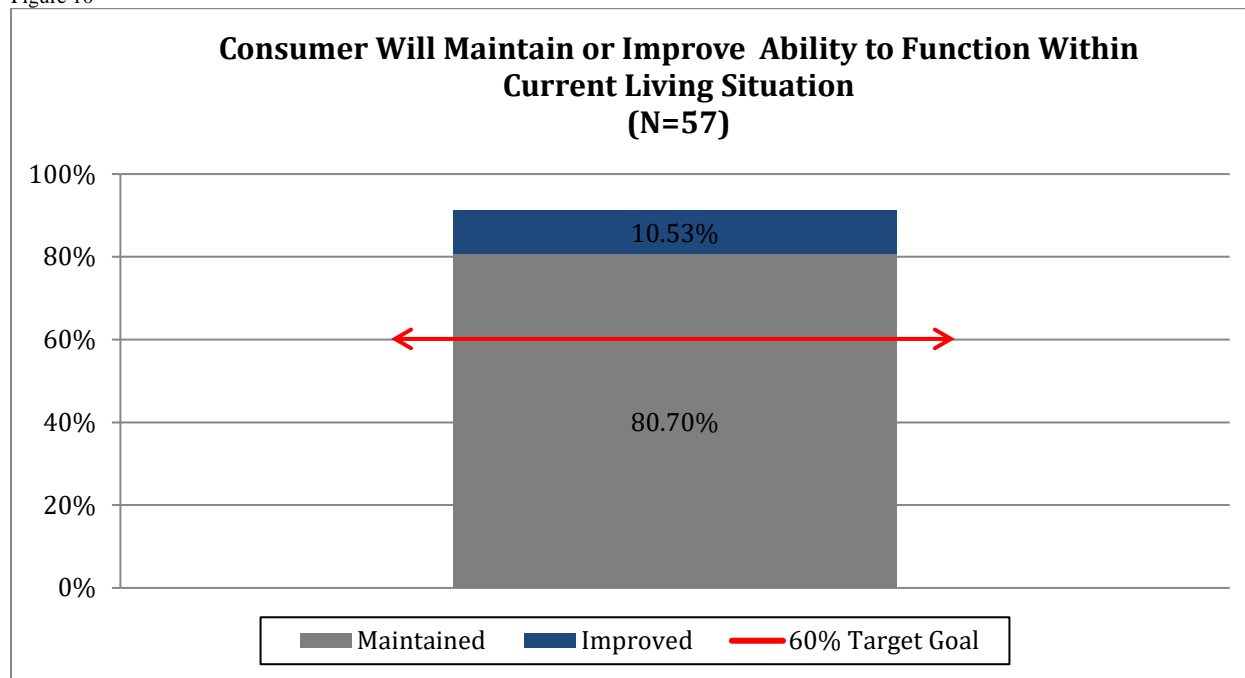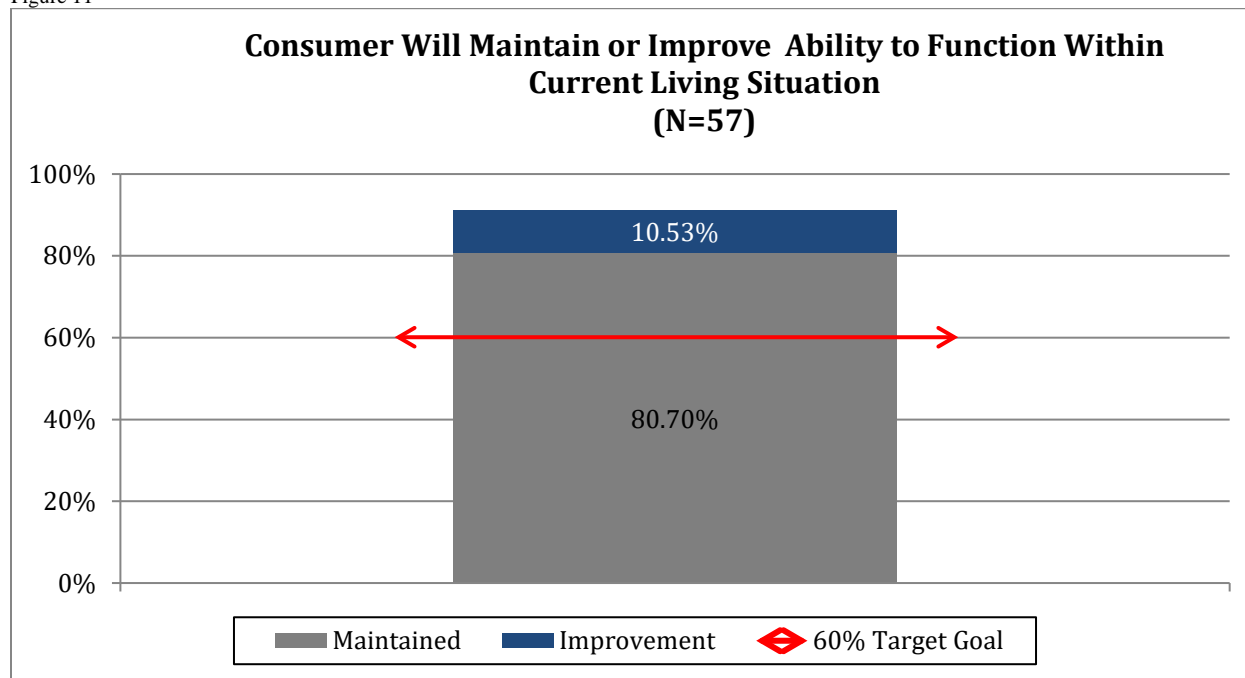
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Figure 6

Consumer Will Maintain or Improve School Attendance
(N=48)
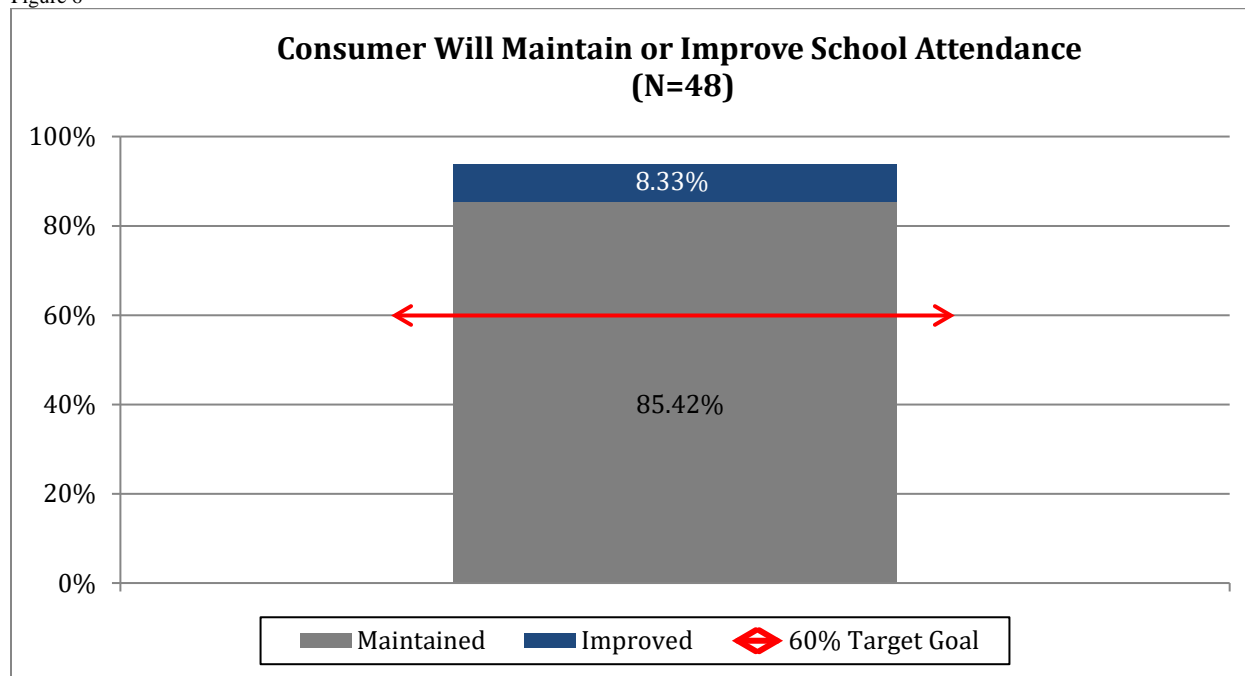
Source: CANS 5+, CEDE (07/24/2017). Notes: (1) Paired CEDE/CANS LDF School Attendance (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=17, total number of Consumers with paired data: CANS 5+ (N =48, n=45). (3) n= number of Consumers improved and maintained.

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Figure 7

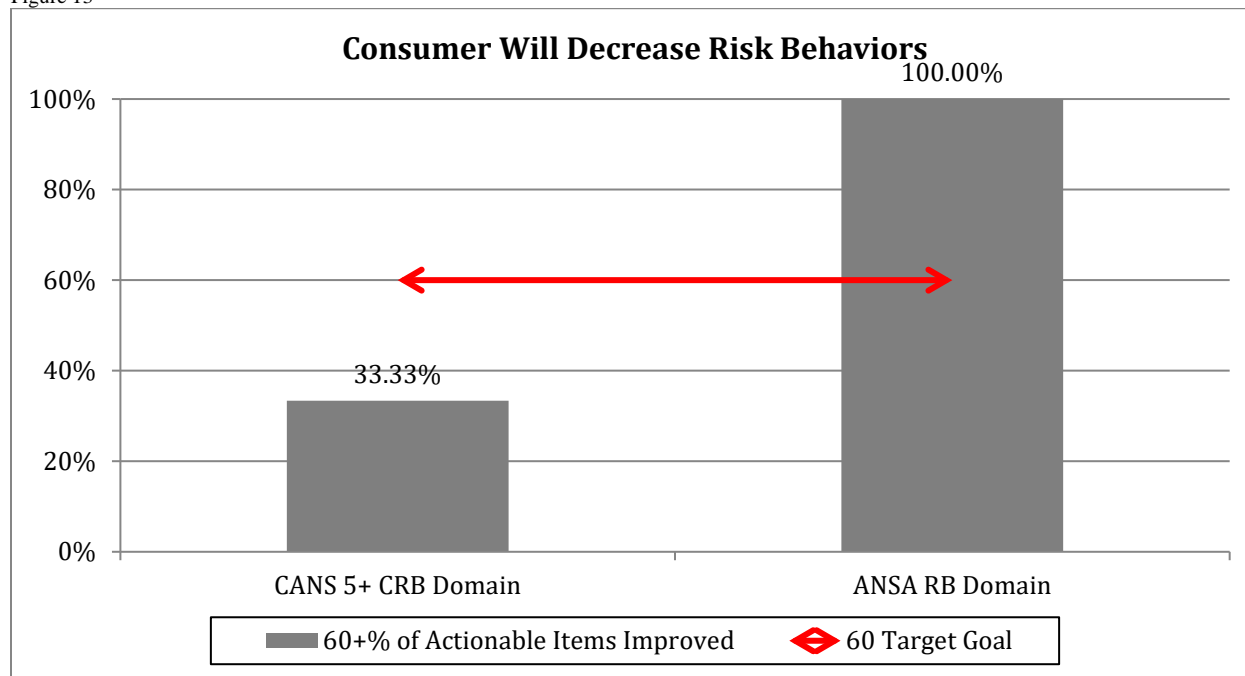## Consumer Will Maintain Healthy Relationships at School (N=46)

Source: CANS 5+ (07/24/2017). Notes: (1) Paired CANS (Include the CANS item) (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=46, n=42). (3) n= number of Consumers improved and maintained.

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Figure 8

**Consumer Will Decrease School
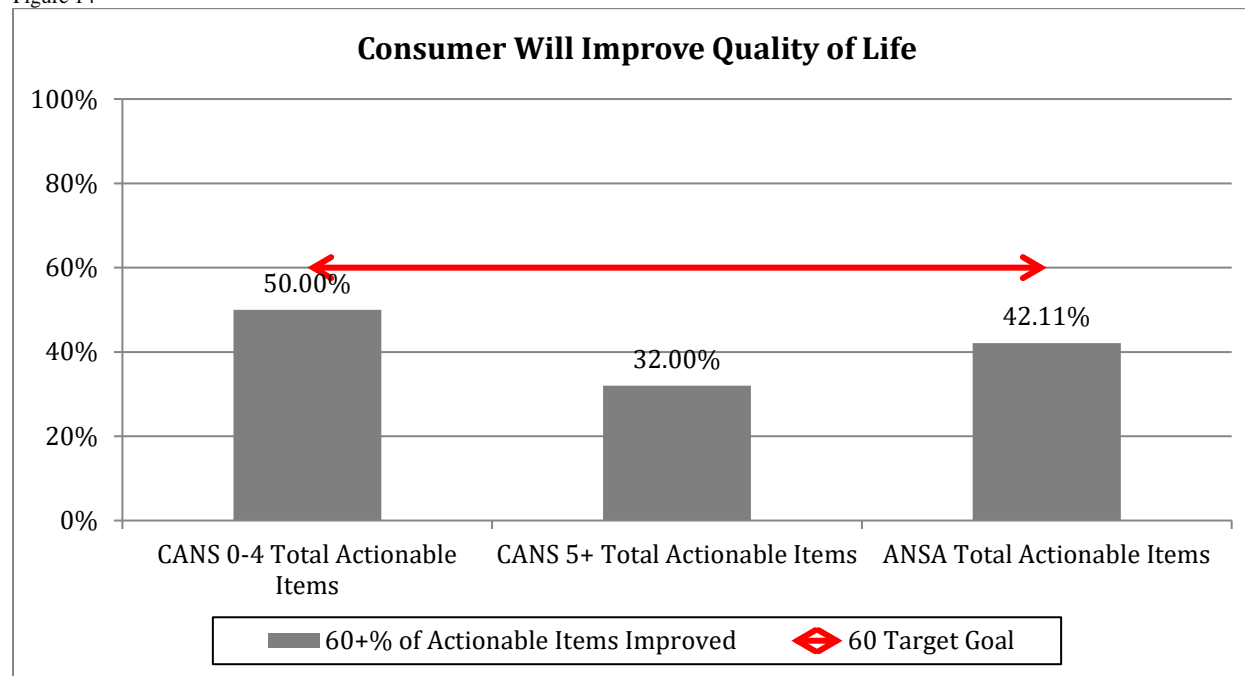Suspensions or Disciplinary Actions
(N=34)**

Source: CEDE (07/24/2017). Notes: (1) Paired CEDE (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data, CEDE (N=34, n=33). (3) n= number of Consumers reduced or maintained.

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Figure 9

Consumer Will Increase Healthy Friendships and Participation in Appropriate Activities
(N=76)

Legend: Maintained | Improvement | 60% Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS CS Interpersonal (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =50, n=35), ANSA (N=19, n=18), ANSA-T (N/A). (3) n= number of Consumers improved and maintained.

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Figure 10

Consumer Will Maintain or Improve Ability to Function Within Current Living Situation
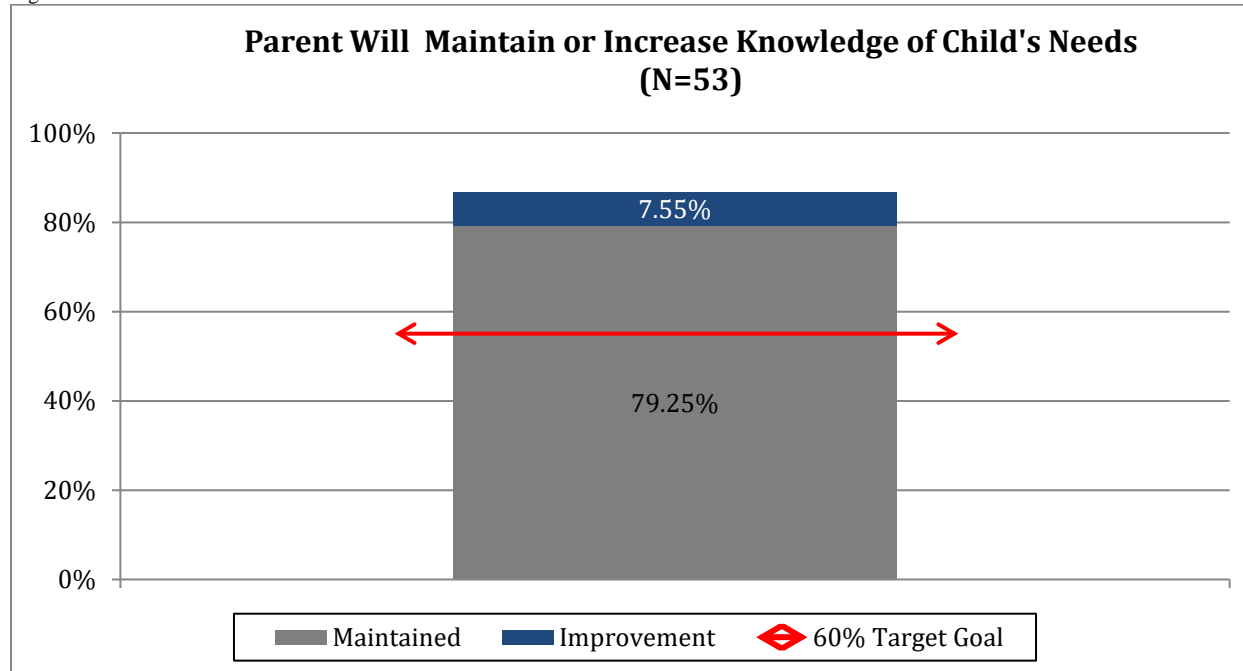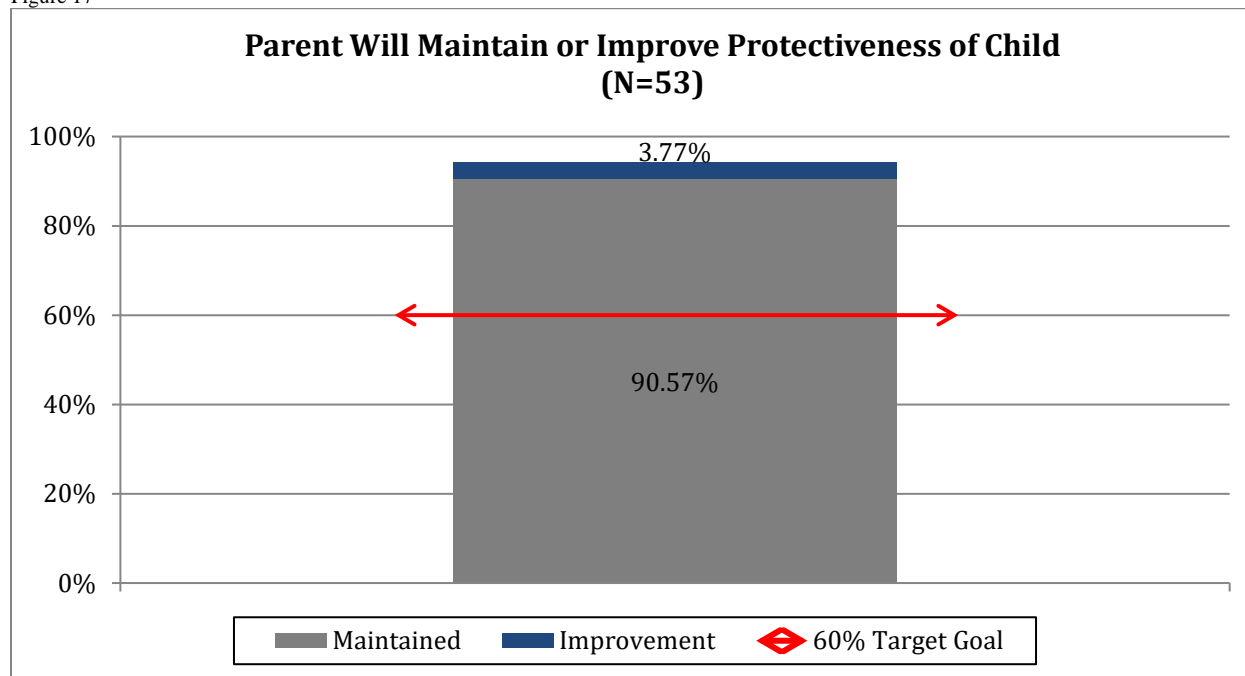**(N=57)**

Source: CANS (07/24/2017). Notes: (1) Paired CANS LDF Family (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =50, n=45); (3) n= number of Consumers improved and maintained.

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Figure 11

Consumer Will Maintain or Improve Ability to Function Within Current Living Situation
(N=57)

Legend: Maintained | Improvement | 60% Target Goal

Bar values: Improvement 10.53%, Maintained 80.70%

Source: CANS (07/24/2017).   Notes: (1) Paired CANS LDF Living Situation (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7), CANS 5+ (N =50); (3) n= number of Consumers improved and maintained.
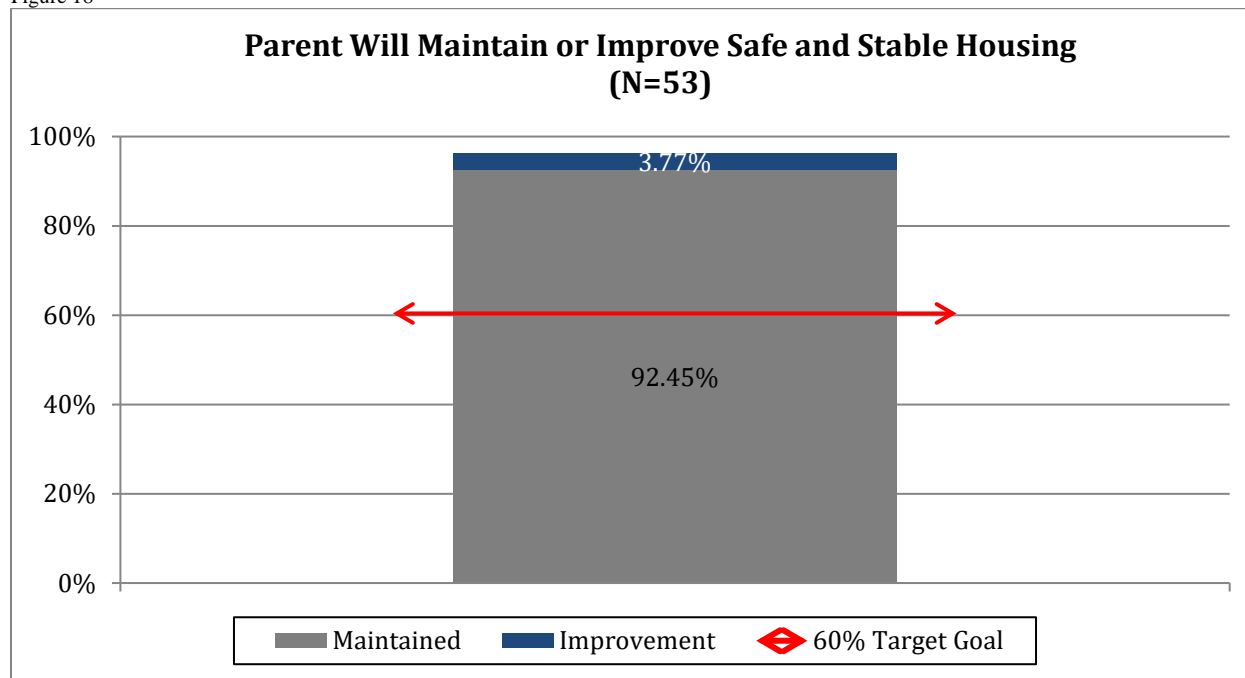
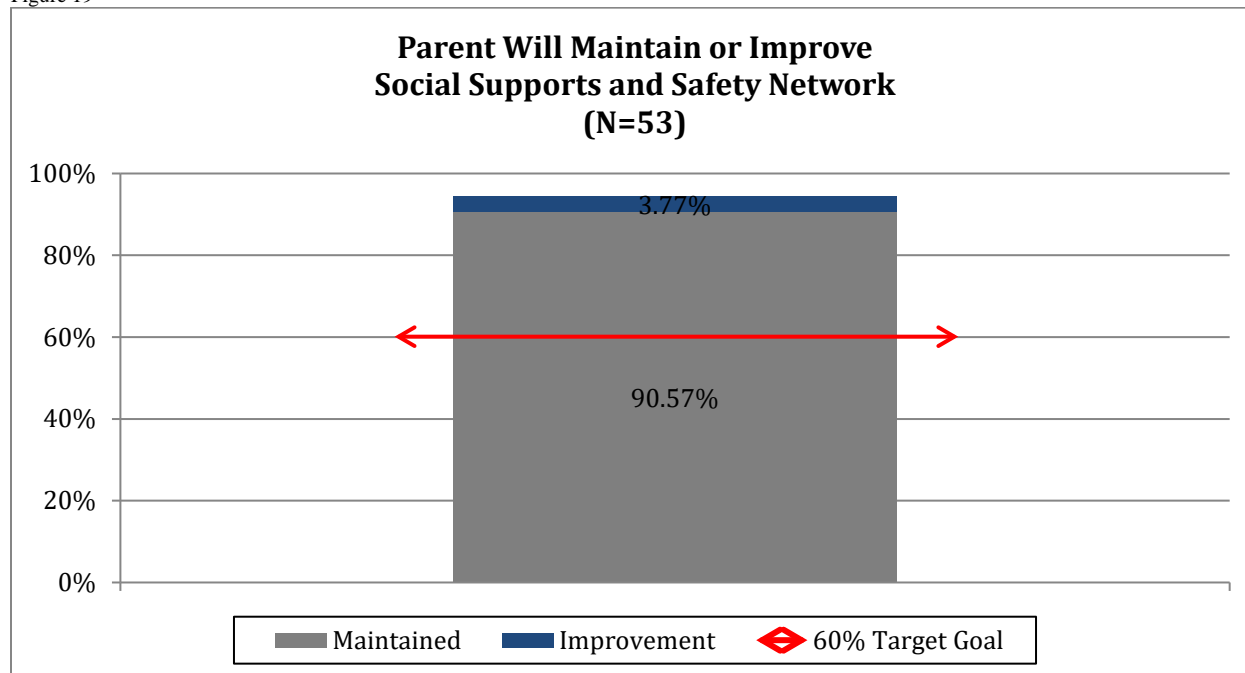Uplift Family Services (Formerly EMQ FamiliesFirst)
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Figure 12

Consumer Will Decrease Emotional and Behavioral or Mental Health Needs

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N=5, n=4), CANS 5+ (N=41, n=25), and ANSA (N=18, n=13).

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Figure 13

Consumer Will Decrease Risk Behaviors

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N/A), CANS 5+ (N=6, n=2), and ANSA (N=8, n=6).

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Figure 14
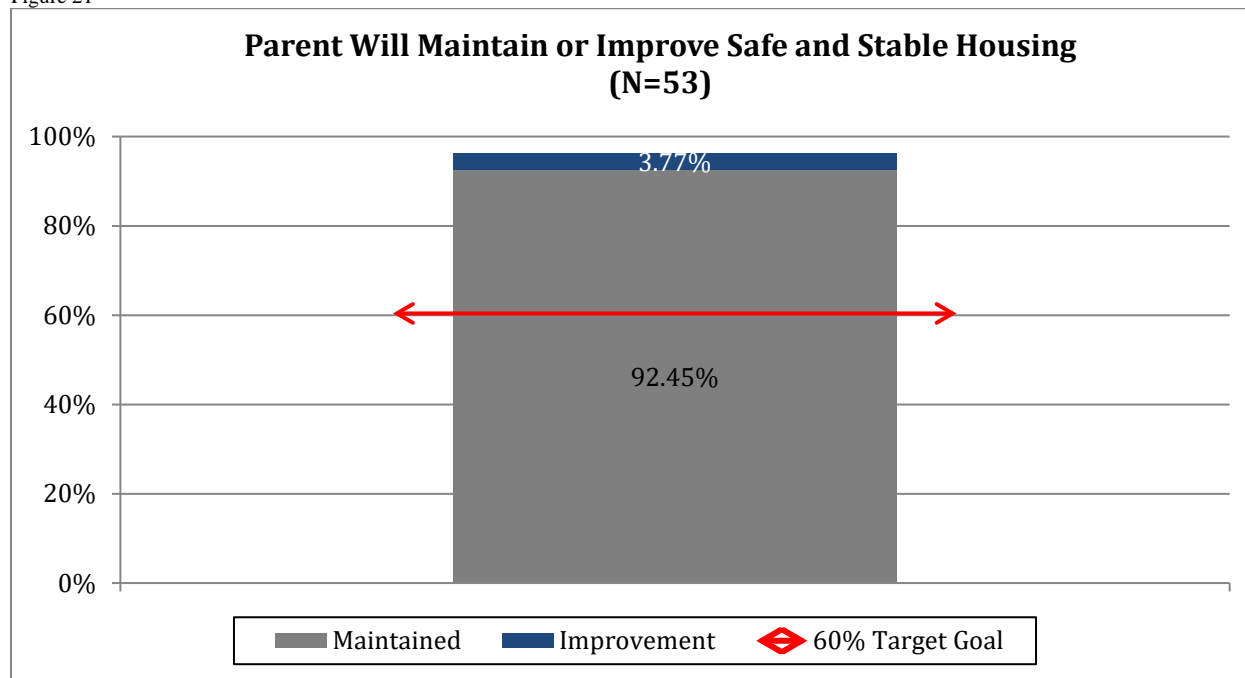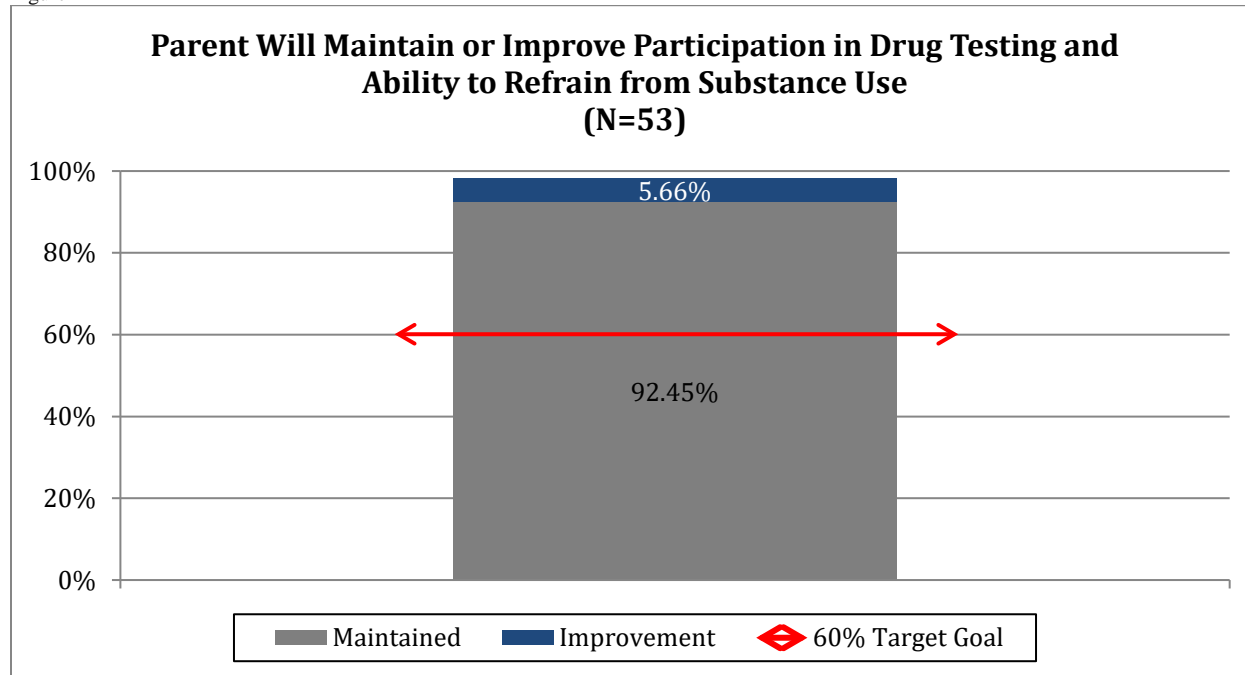

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N=6, n=3), CANS 5+ (N=50, n=16), and ANSA (N=19, n=8).

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Improved Family Functioning

Information shall include the progress made by the consumers in the following areas during this timeframe.

Figure 15

Parent Will Maintain or Increase Knowledge of Child's Needs (N=53)
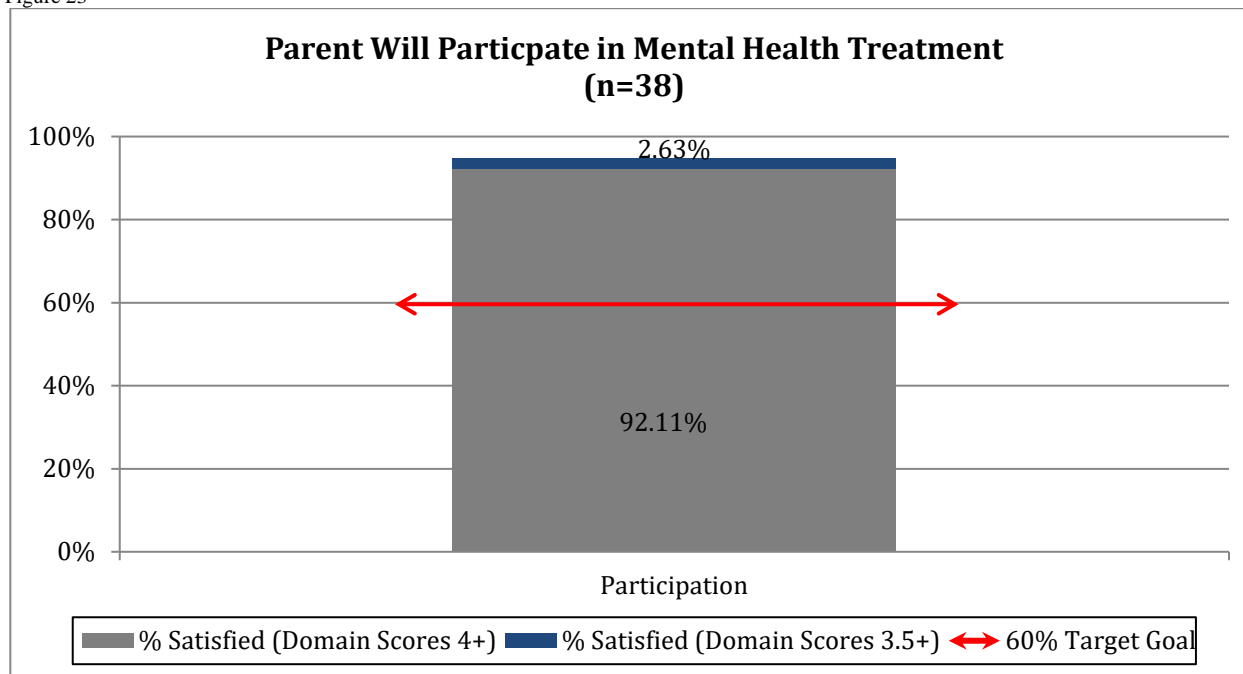

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Knowledge (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=39), n= number of Consumers improved and maintained.

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Figure 16

Parent Will Monitor and Manage Child's Behavior
(N=53)

Source: CANS (01/19/2017). Notes: (1) Paired CANS CGSN Supervision (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=40), n= number of Consumers improved and maintained.
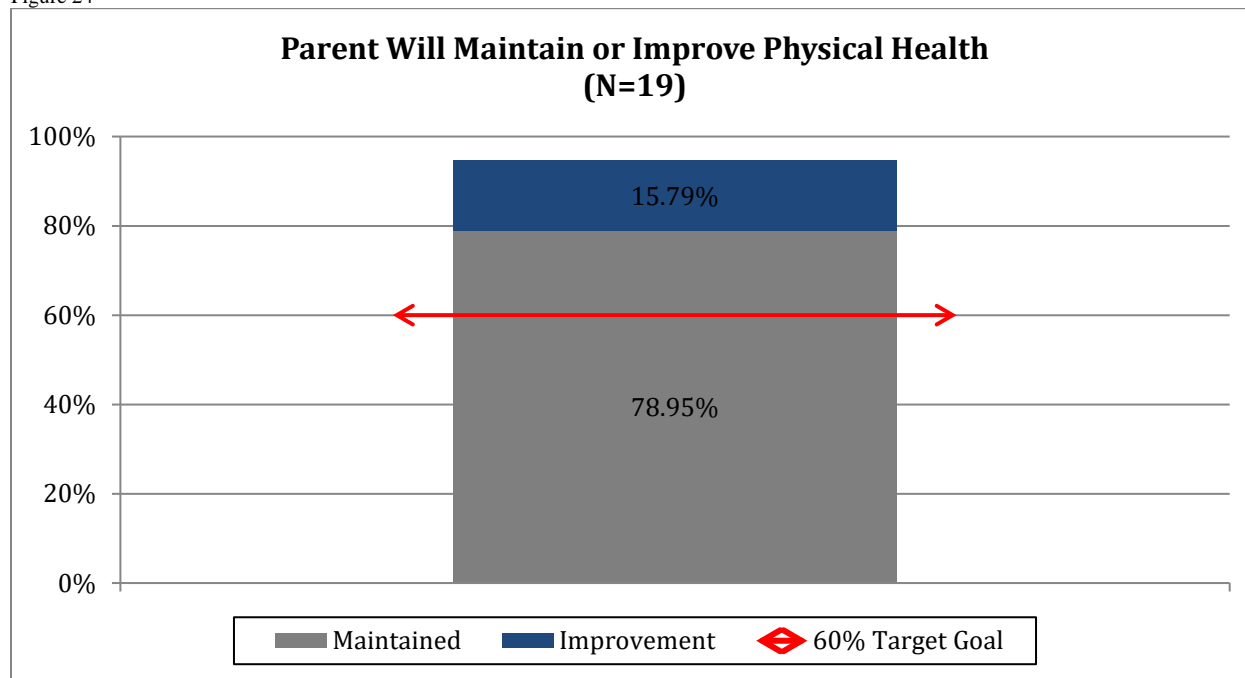
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Figure 17

Parent Will Maintain or Improve Protectiveness of Child
(N=53)

Legend: Maintained | Improvement | 60% Target Goal

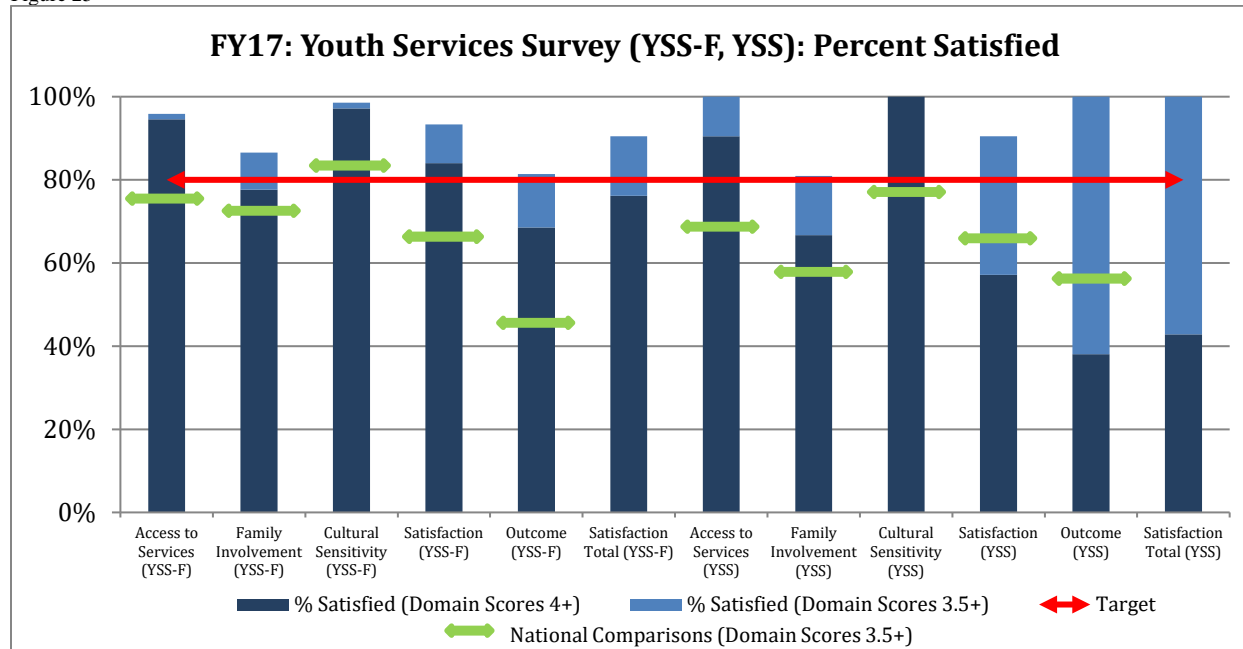(Chart shows: Improvement 3.77%, Maintained 90.57%, with 60% Target Goal line)

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Safety (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=43), n= number of Consumers improved and maintained.

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Figure 18

Parent Will Maintain or Improve Safe and Stable Housing (N=53)

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=45), n= number of Consumers improved and maintained.

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Improved Parent Functioning

Information shall include the progress made by the consumers in the following areas during this timeframe.

Figure 19

**Parent Will Maintain or Improve
Social Supports and Safety Network
(N=53)**

Maintained   Improvement   60% Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Social Resources (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=41), n= number of Consumers improved and maintained.

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Figure 20

**Parent Will Maintain a Job or Means of Livelihood
(N=13)**

Source: ANSA (07/24/2017). Notes: (1) Paired ANSA (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: ANSA LDF - Employment (N=13, n=10). (3) n= number of Consumers improved and maintained.

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Figure 21

Parent Will Maintain or Improve Safe and Stable Housing
(N=53)

Bar chart:
- Improvement: 3.77%
- Maintained: 92.45%
- 60% Target Goal (red arrow)

Legend: Maintained | Improvement | 60% Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=45), n= number of Consumers improved and maintained.

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Figure 22

Parent Will Maintain or Improve Participation in Drug Testing and Ability to Refrain from Substance Use
(N=53)

Source: CANS (01/19/2017). Notes: (1) Paired CANS CGSN Substance Use (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=46). (3) n= number of Consumers improved and maintained.

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Figure 23

Parent Will Particpate in Mental Health Treatment (n=38)

Source: Adult Survey (07/24/2017). Note: (1) Participation in treatment is measured by consumer satisfaction, as measured by the Participation domain of the Adult Survey; (2) Satisfaction is defined as an average rating of 3.5 or above; (3) n=36 respondents had an average satisfaction score of 4.0+ within the Participation domain, 1 additional respondent had an average satisfaction score of 3.5-3.99 within the Participation domain.

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Figure 24

Parent Will Maintain or Improve Physical Health
(N=19)

Bar chart showing:
- Improvement (blue): 15.79%
- Maintained (gray): 78.95%
- 60% Target Goal (red arrow)

Legend: Maintained | Improvement | 60% Target Goal

Source: ANSA (07/24/2017). Notes: (1) Paired ANSA (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: ANSA LDF - Physical/Medical (N=19, n=18). (3) n= number of Consumers improved and maintained.

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Satisfaction Outcomes

Figure 25

FY17: Youth Services Survey (YSS-F, YSS): Percent Satisfied

Legend:
- ■ % Satisfied (Domain Scores 4+)
- ■ % Satisfied (Domain Scores 3.5+)
- ◄—► Target
- ◄—► National Comparisons (Domain Scores 3.5+)

Categories (x-axis):
Access to Services (YSS-F), Family Involvement (YSS-F), Cultural Sensitivity (YSS-F), Satisfaction (YSS-F), Outcome (YSS-F), Satisfaction Total (YSS-F), Access to Services (YSS), Family Involvement (YSS), Cultural Sensitivity (YSS), Satisfaction (YSS), Outcome (YSS), Satisfaction Total (YSS)

Source: YSS-F, YSS (07/24/2017). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) YSS-F (n=75), YSS (n=21); (3) Target (Red Arrow) should be compared to Dark Blue section of stacked bar only; (4) National Comparison (Green Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

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Figure 26

FY17: Adult Survey: Percent Satisfied (n=39)
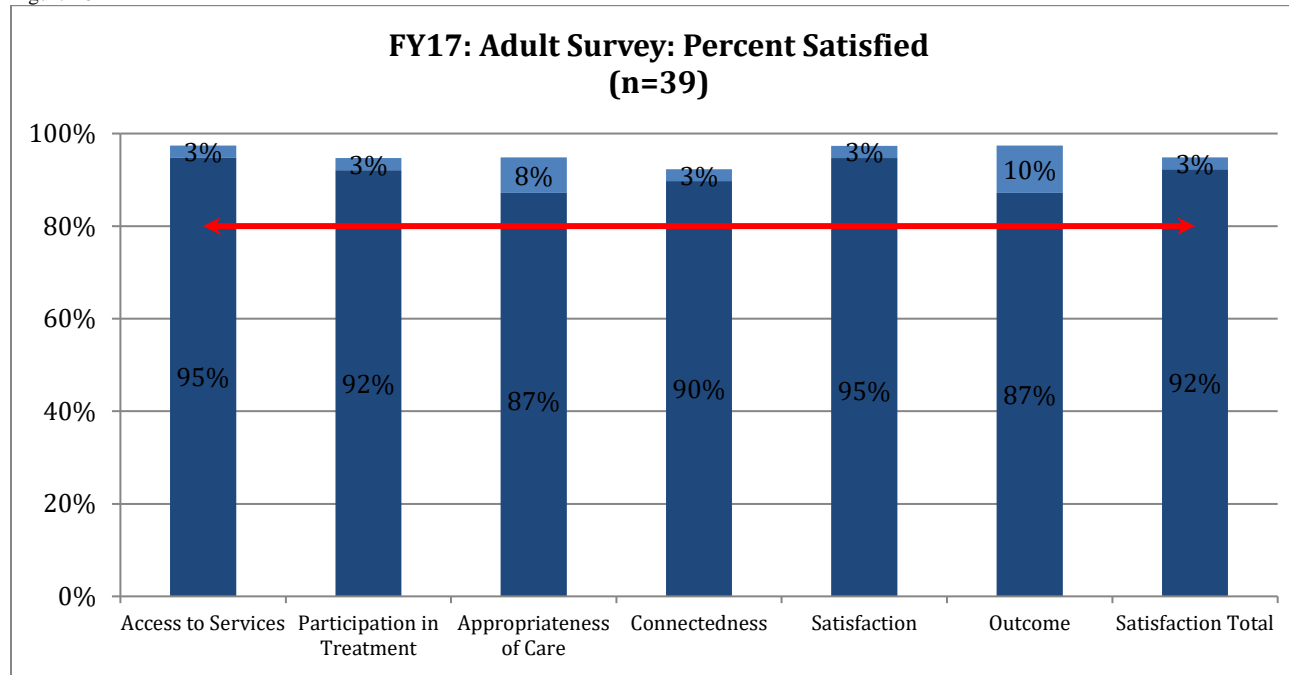
Source: Adult Survey (07/24/2017). Notes: (1) Satisfaction is defined as an average rating of 3.5 or above; (2) No National Comparison for Adult Survey.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

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Uplift Family Services

Formerly EMQ FamiliesFirst

FY17
Annual
Status
Fresno
HOPE
(CWMHS)

July 1, 2016 to June 30

2017

CWMHS Annual Report Outcomes report: Number of Consumers Served, Penetration Rates, Demographics, CANS and CEDE outcomes, and Satisfaction outcomes.

Table of Contents

Executive Summary

This document provides an overall summary of treatment results during FY17. The full report presents detailed information on demographic information, treatment progress, and functional status of the consumers served by Fresno HOPE (Child Welfare Mental Health Services) program. The outcomes of service delivery include improvements in functioning from intake to discharge, and documentation on whether consumers are in home, in school, and out of trouble after receiving services. In addition, satisfaction ratings by consumers are included.

During the FY17 period, Uplift Family Services Fresno HOPE (Child Welfare Mental Health Services) program billed for $1,984,948 (90%) of its budget to Medi-Cal and $221,800 (10%) for Social Services.

Descriptive Data

- 675 consumers were served by Uplift Family Services HOPE during FY17.
- The consumers served at Uplift Family Services HOPE were primarily female (55%).
- The consumers served are ethnically diverse. Across the program, 54% of the consumers are Latino American, 27% are Caucasian, and 12% are African American.
- 52% of the consumers served range from 0 to 10 years of age with a mean age of 18.07 and a median age of 13.47.
- Trauma – Stressor Related Disorders (51%), Mood (21%), Other (14%) disorders constitute the most common clinical diagnoses at intake.
- The mean length of stay for consumers discharged during FY17 was 282.2 days (Median: 301.5 days), and 96% of youth had an LOS greater than 60 days.

SECTION I: SUMMARY OF PROGRAM OUTCOMES

Table 1

Goal	Performance Measure	FY17
Timeliness of Service‡	1.1) Assessments completed within appropriate timeframes (Urgent, Priority, Standard: all due within 30 days)	**Overall: 69% (Children: n=251/363)** **Urgent: 100% (Children: n=5/5)** **Priority: 74% (Children: n=68/92)** **Regular: 67% (Children: n=178/266)**
Access/ Engagement‡	2.1) Number of services provided per client	**18.64 Services**
	2.2) Location of Service Provision	**Field: 70% (n=7,397/10,568)** **Office: 30% (n=3,171/10,568)**
	2.3) Number of discharges due to successful completion of treatment	**64% (n=100/156)**
Placement Stability & Permanency‡	3.1) Child maintains placement (0-1 placement changes while in treatment)	**CWS Reported Item**
	3.2) Child is able to transition to a lower level of care	**CWS Reported Item**
	3.3) Child is able to remain with parent(s) or relative(s)	**CWS Reported Item**
	3.4) Child exits to permanency (reunification, adoption, guardianship)	**CWS Reported Item**
	3.5) Increase in parent's visitation frequency while in treatment	**CWS Reported Item**
	3.6) Parent's visitation is less restrictive while in treatment	**CWS Reported Item**
Improved Child Functioning	4.1) Improved grades/academic performance‡	**8% Improved (n=4/48),** **69% Maintained (n=33/48)**
	4.2) Improved school attendance‡	**8% Improved (n=4/48),** **85% Maintained (n=41/48)**
	4.3) Decrease in suspensions or school disciplinary actions‡	**97% Maintained (n=33/34)**
	4.4) Increase in healthy friendships and participation in age-appropriate activities†	**20% Improved (n=15/76),** **58% Maintained (44/76)**
	4.5) Improved ability to function within the current living situation‡	**11% Improved (n=6/57),** **81% Maintained (46/57)**
	4.6) Making progress or meeting treatment goals‡	**N/A**
	4.7) Maintaining healthy and stable relationships at home‡	**30% Improved (n=17/57),** **42% Maintained (24/57)**
	4.8) Maintaining health and stable relationships at school‡	**13% Improved (n=6/46),** **78% Maintained (36/46)**
	4.9) 60% of consumers will improve emotional and behavioral status.* (Sources: CANS CBEN domain, ANSA MH domain, ANSA-T MH domain) †	**66% (n=42/64)**
	4.10) 60% of consumers will reduce risk behaviors.** (Sources: CANS CRB domain, ANSA RB domain, ANSA-T RB domain)†	**43% (n=3/7)**
	4.11) 60% of consumers will improve clinical condition and quality of life.** (Sources: CANS Total, ANSA Total, ANSA-T Total)†	**34% (n=22/75)**
Improved Family Functioning	5.1) Parent is knowledgeable about child's needs and can monitor and manage the child's behavior‡	**8% Improved (n=4/53),** **79% Maintained (42/53)**
	5.2) Parent refrains from behavior that puts the child at risk‡	**8% Improved (n=4/53),** **81% Maintained (43/53)**
	5.3) Parent is protective of child from others that pose a risk to the child‡	**4% Improved (n=2/53),** **91% Maintained (48/53)**
	5.4) Parent is able to maintain safe and stable housing‡	**4% Improved (n=2/53),** **92% Maintained (49/53)**

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Improved Parent Functioning	6.1) Increase in social supports and safety network‡	6% Improved (n=3/53), 85% Maintained (45/53)
	6.2) Ability to maintain a job or means of livelihood‡	23% Improved (n=3/13), 54% Maintained (n=7/13)
	6.3) Maintains housing‡	4% Improved (n=2/53), 92% Maintained (49/53)
	6.4) Participates in drug testing and demonstrates ability to refrain from substance use (if applicable)‡	6% Improved (n=3/53), 92% Maintained (49/53)
	6.5) Participating in mental health treatment‡	95% (n=36/38)
	6.6) Parent is able to maintain physical health‡	16% Improved (n=3/19), 79% Maintained (n=15/19)
	6.7) Making progress in meeting treatment goals‡	N/A
Satisfaction	7.1) 80% of consumers and families will be satisfied with HOPE Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction.) †	85% (n=115/135)

Note(s): (1) Outcomes from program logic model; (2) †=Uplift Family Services Logic Model Outcome; (3) ‡=Fresno County Child Welfare Services Logic Model Outcomes, released: 2017-06-13; (4) No FSE-participating discharges with data to report; (5) The CANS series (CANS 0-4, CANS 5+, ANSA, ANSA-T) are scored on a 4-point Likert scale (0, 1, 2, 3) and are assessed based on Actionable (2, 3) ratings versus Non-Actionable (0, 1) ratings. The former denotes a problem with varying levels of severity, and is incorporated into treatment, whereas, the latter denotes either no problem or a history of a problem. Improvement is described by moving from an actionable rating to a non-actionable rating from admit to discharge, maintenance is described by maintaining a non-actionable rating from admit to discharge.

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SECTION II: DESCRIPTIVE DATA

Consumers Served During FY17

Table 2: Number of Consumers Served

Number of Consumers Served	FY17
Active Consumers as of 06/30/17	286
Consumers Referred in FY17	616 (Children: 363; Parents: 253)
Consumers Admitted in FY17	422
Consumers Discharged in FY17	276
Consumers Discharged in FY17 with LOS greater than 60 days*	156
Total Consumers Served Unduplicated	671
Total Consumers Served	675

Source: TIER Masterclient Extract, Program Tracking (07/24/2017). Note(s): (1) *Outcomes only include Consumers discharged with a LOS greater than 60 days; (2) 106 Referrals with No Medical Necessity, 113 Discharges with No Medical Necessity; (3) one youth missing reason for discharge.

Age of Consumers at Admission

Table 3: Age at Admission of Consumers Admitted during FY17

	FY17 (N=422)
0 to 5	84 (19.91%)
6 to 10	89 (21.09%)
11 to 13	34 (8.06%)
14 to 17	46 (10.90%)
18 to 24	14 (3.32%)
25+	155 (36.73%)
Range	0.08 – 64. 68
Mean	18.07
Median	13.47

Source: TIER Masterclient Extract (07/24/2017).

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Gender of Consumers Admitted

Figure 1

Gender of Consumers Admitted During FY17
(N=422)

Male (n=188)
44.55%

Female (n=234)
55.45%
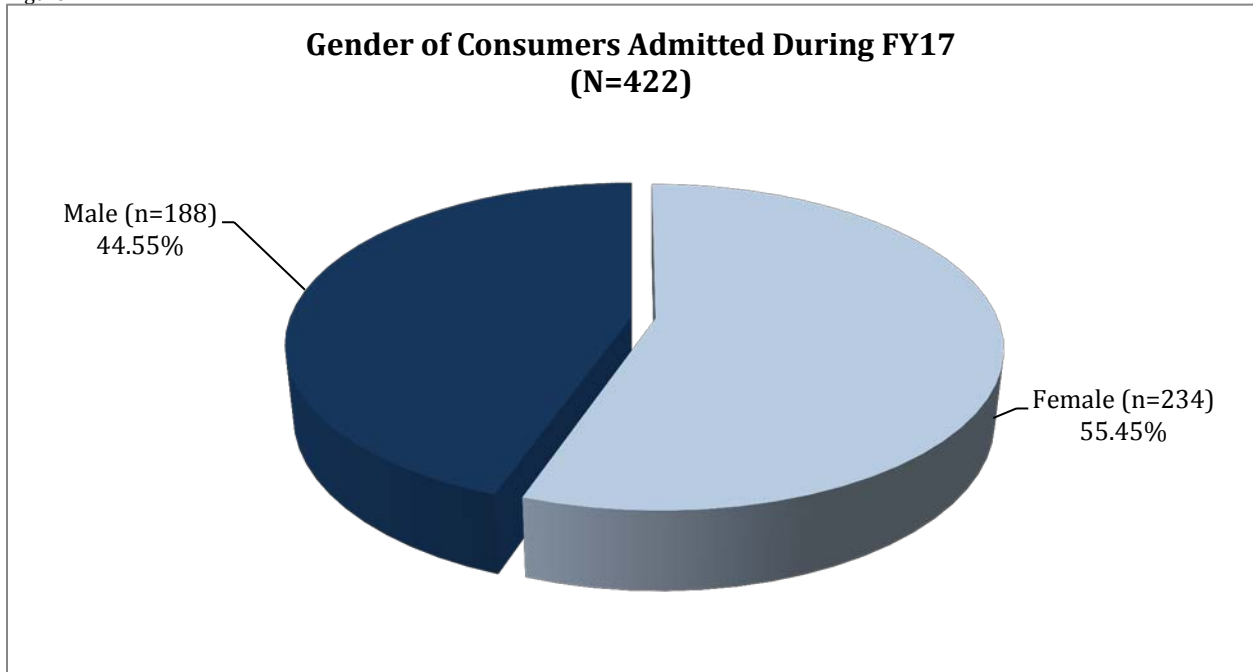
Source: TIER Masterclient Extract (07/24/2017). Notes: (1) Demographic data only available for youth admitted and entered into EHR.

Ethnicity of Consumers Admitted

Table 4: Ethnicity of Consumers Admitted During FY17

	FY17 (N=422)
Hispanic/Latino	227 (53.79%)
Caucasian	112 (26.54%)
African American	52 (12.32%)
Asian	12 (2.84%)
Multi-Ethnic	11 (2.61%)
Native American	5 (1.18%)
Unknown	2 (<1%)
Other	1 (<1%)

Source: TIER Masterclient Extract (07/24/2017). (1) Demographic data only available for youth admitted and entered into EHR.

Primary Diagnosis of Consumers Admitted

Table 5: Clinical Diagnosis at Program Admit of Consumers Admitted in FY17

	FY17 (n=316)
Trauma-Stressor Related Disorders	163 (51.58%)
Mood Disorders	67 (21.20%)
Other	44 (13.92%)
Disruptive Disorders	17 (5.38%)
Psychotic Disorders	13 (4.11%)
Neurodevelopmental Disorders	10 (3.16%)
Anxiety Substance Related Disorders	2 (<1%)

Source: TIER Masterclient Extract (07/24/2017). Notes: (1) Diagnoses source: DSM-5, ICD-10; (2) "Other" includes: Borderline Personality Disorder (n=3), Other Childhood emotional disorders (n=41); (3) No Medical Necessity (n=106); (4) Demographic data only available for youth admitted and entered into EHR.

Length of Stay for Discharged Consumers

Figure 2

LOS for Consumers Discharged During FY17 (n=163)

Mean: 282.20
Median: 301.50
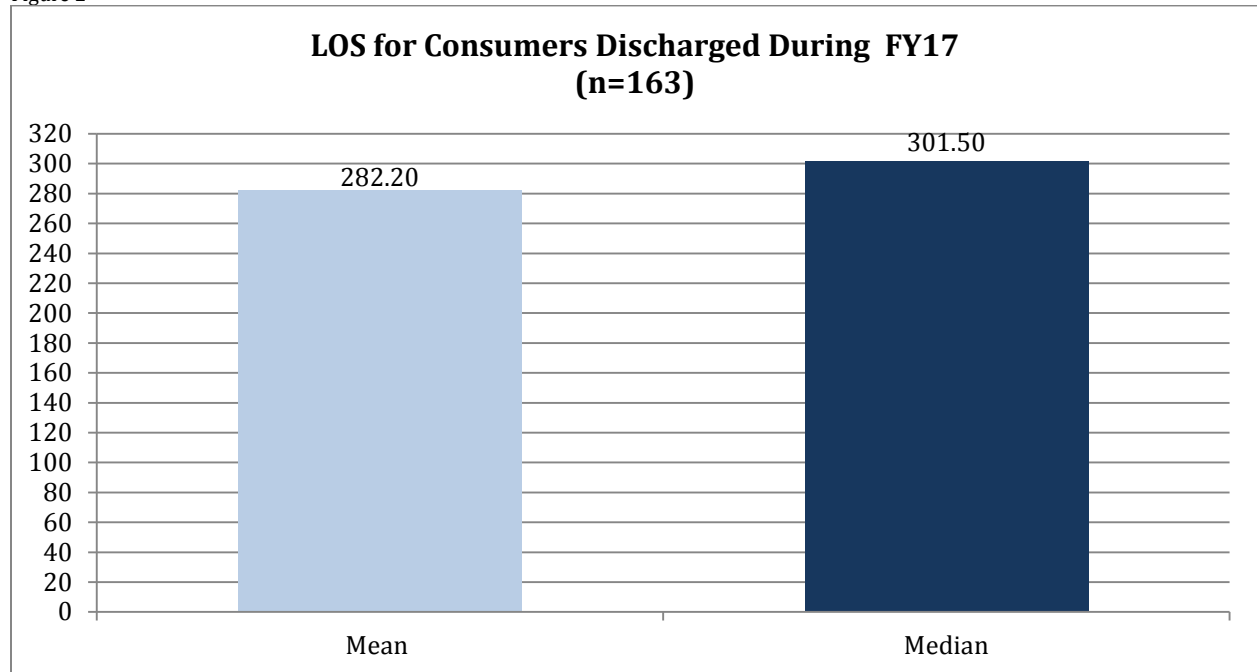
Source: TIER Masterclient Extract (07/24/2017). Note(s): (1) LOS is shown in days; (2) No Medical Necessity (n=113).

SECTION III: OUTCOMES

Note: Outcomes only include discharged consumers with a LOS greater than 60 days.

Timeliness of Service
Assessments Completed Within the Appropriate Timeframes
Figure 3
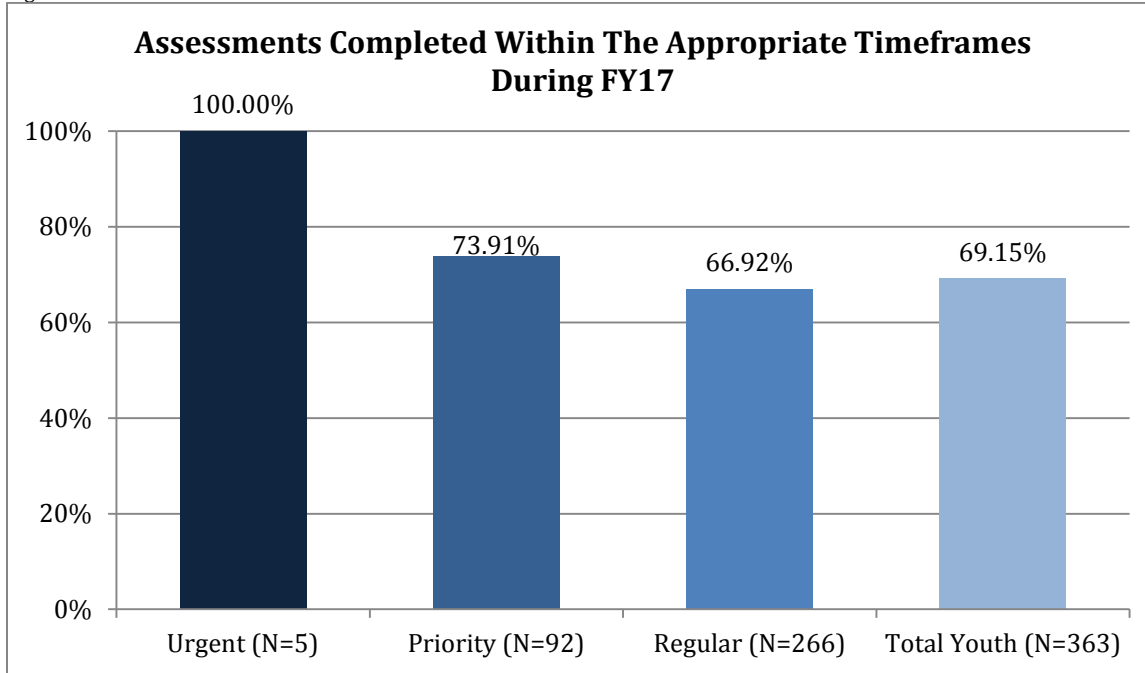
Assessments Completed Within The Appropriate Timeframes During FY17

- Urgent (N=5): 100.00%
- Priority (N=92): 73.91%
- Regular (N=266): 66.92%
- Total Youth (N=363): 69.15%

Source: Program Activity Report (07/24/2017). Note(s): (1) Excludes consumers whose case was closed for No Medical Necessity or No Show/Refused Services; (2) Urgent (3 days), Priority (7 Days), Regular (30 Days); (3) The program and O&E department are currently working out a plan to better track these completions.

Access/Engagement
Number of Services Provided Per Consumer (Child and Adult)
Table 6

	FY17 (N=10,568)
3CR - Court Report/Documentation	557 (5.27%)
103 - Assessment	1,089 (10.30%)
126 - Individual Therapy (Face to Face)	4,569 (43.23%)
127 - IHBS-Intensive Home Based Services-Katie A.	408 (3.86%)
150 - Collateral	789 (7.47%)
156 - Family Therapy with Consumer	60 (0.572%)
158 - Rehabilitation	404 (3.82%)
159 - Plan Development	319 (3.02%)
170 - Medication Evaluation Management Assessment	79 (<1%)
173 - Medication Evaluation Management Expanded	10 (0.09%)
190 - Medication Evaluation Management Assessment - Telemed	11 (0.10%)
193 - Medication Evaluation Management Expanded - Telemed	50 (0.47%)
205 - Case Management Linkage/Consultation	1,878 (17.77%)
207 - ICC-Intensive Care Coordination-Katie A.	345 (3.26%)
In Office	3,171 (30.01%)
Not In Office	7,397 (69.99%)
Mean	18.64 Services per Consumer

Source: Avatar Billing Report (07/24/2017). Note(s): (1) N=number of services; (2) Number of services per customer increased by 41.86% from FY17 (13.14 services per customer).

Service Types Provided
Figure 4

FY17: Types Provided Service Types Provided N=10,568

Service	Percentage
207 - ICC-Intensive Care Coordination-Katie...	3.26%
205 - Case Management...	17.77%
193 - Medication Evaluation Management...	0.47%
190 - Medication Evaluation Management...	0.10%
173 - Medication Evaluation Management...	0.09%
170 - Medication Evaluation Management...	0.75%
159 - Plan Development	2.92%
158 - Rehabilitation	2.54%
156 - Family Therapy with Consumer	1.32%
150 - Collateral	7.03%
127 - IHBS-Intensive Home Based Services-...	3.30%
126 - Individual Therapy (Face to Face)	43.23%
103 - Assessment	10.30%
3CR - Court Report/Documentation	5.27%

Source: Avatar Billing Report (07/24/2017).

Location of Service Provision
Figure 5

FY17: Location of Service Provision
N=10,568

Out of Office,
69.99%

In Office,
30.01%

Location of Services
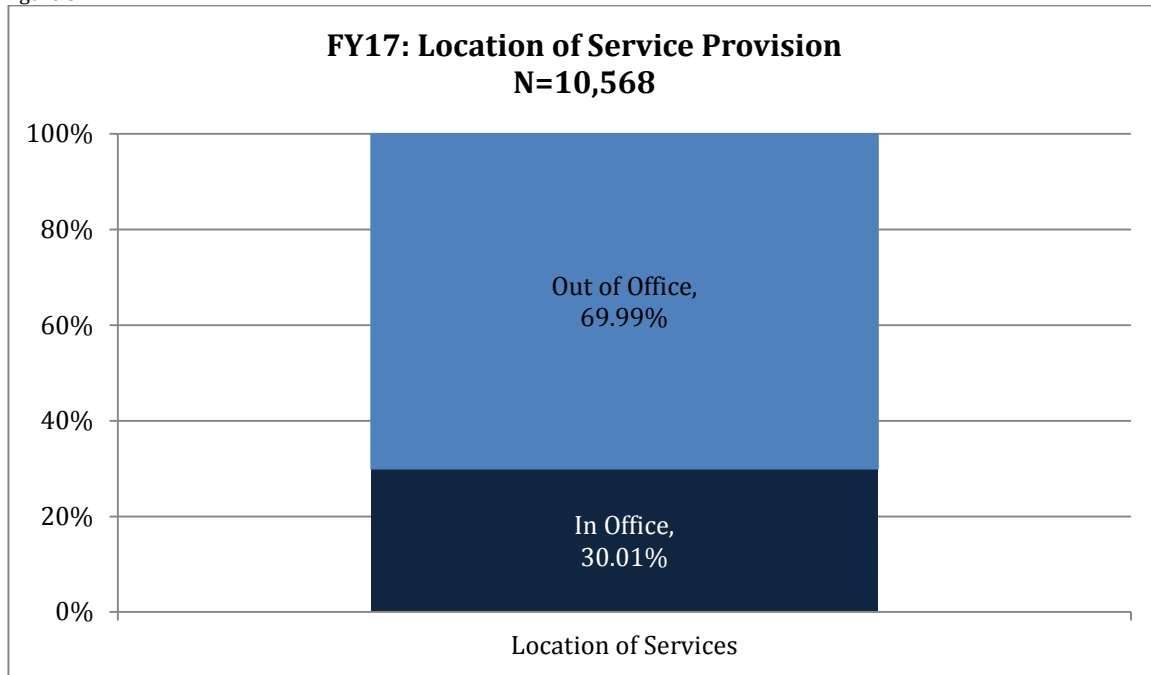
Source: Avatar Billing Report (07/24/2017). Note(s): (1) Out of Office (n=7397), In Office (n=3171).

Reason for Discharge
Table 6
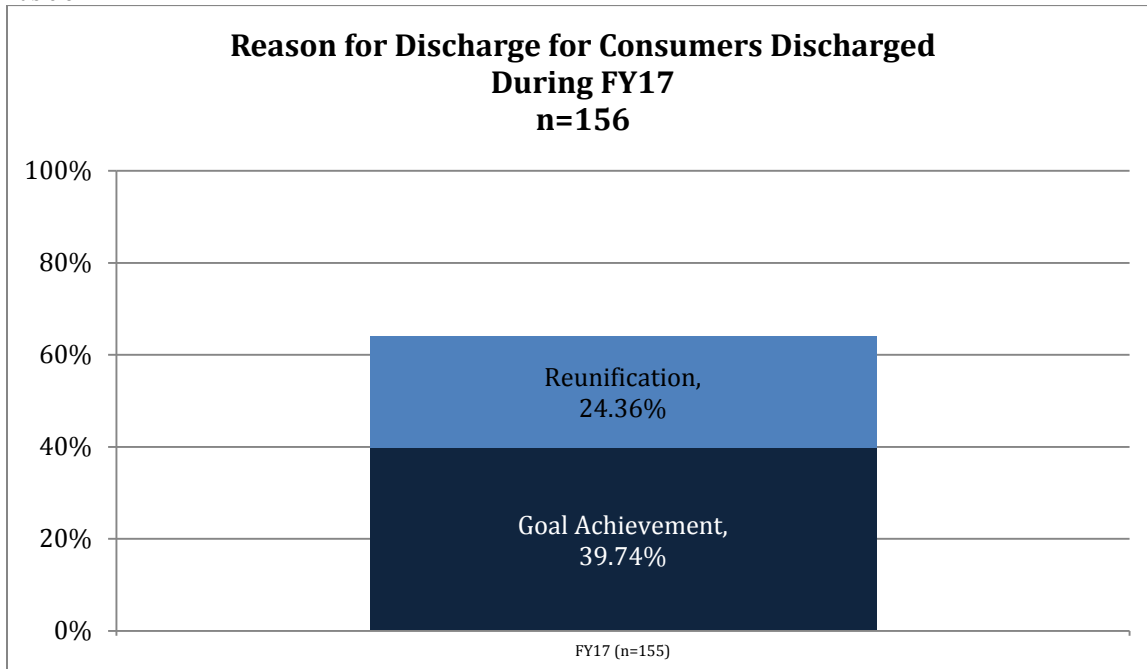
Reason for Discharge for Consumers Discharged
During FY17
n=156

Reunification,
24.36%

Goal Achievement,
39.74%

FY17 (n=155)

Source: TIER Masterclient Extract (07/24/2017). Note(s): (1) Goal Achievement (n=62), Reunification (n=38); (2) Discharge Reasons not shown – In JJC Custody (n=1), Higher Level of Care (n=1), AWOL (n=4), Failed to Engage/Connect or Declined (n=32), Dissatisfied with services (n=1), Change of service (n=2), Change of Provider (n=2), Moved out of service area (n=8), Family felt ready to discontinue/voluntary disenrollment (n=4), DSS Case Closed (n=1); (3) No Medical Necessity (n=113); (4) Consumers Discharged with LOS less than 60 days (n=7).

Placement Stability & Permanency (Provided by Child Welfare Services)

Child Welfare Services shall provide information regarding enrolled consumers' number of placement changes while in treatment and permanency status of consumers (e.g. exit to reunification, adoption, guardianship).

Improved Child Functioning

The following section included the progress made by the consumers in the following areas during this timeframe. Improvement in consumer functioning is noted as effecting an overall improvement of their clinical condition and quality of life, development of pro-social skills, and their emotional and behavioral functioning. For Consumers, these components are assessed utilizing the Child and Adolescent Needs and Strengths (CANS) 5+: Total CANS, Child Behavioral and Emotional Needs (CBEN) and Child Risk Behavior (CRB) domains, and various individual items. For adults, these components are assessed utilizing the Adult Needs and Strengths Assessment (ANSA): Total ANSA, Mental Health (MH) and Risk Behavior (CRB) domains, and various individual items. For the CANS/ANSA total, CBEN, CRB, MH, and RB domains, improvement is defined as reducing from "actionable" (2, 3) to "not actionable" (0, 1), between Admit and Discharge, for 60% of all actionable items at Admit. Improvement in CANS and ANSA items is defined by an actionable rating at Admit to non-actionable rating at Discharge. Actionable indicates the presence of problematic behaviors that require action (rating of 2) or immediate/intensive action (rating of 3) to reduce those problematic behaviors. Non-Actionable indicates no evidence (rating of 0) of problem behaviors or a history (rating of 1) and to be watchful of these behaviors.

Figure 7
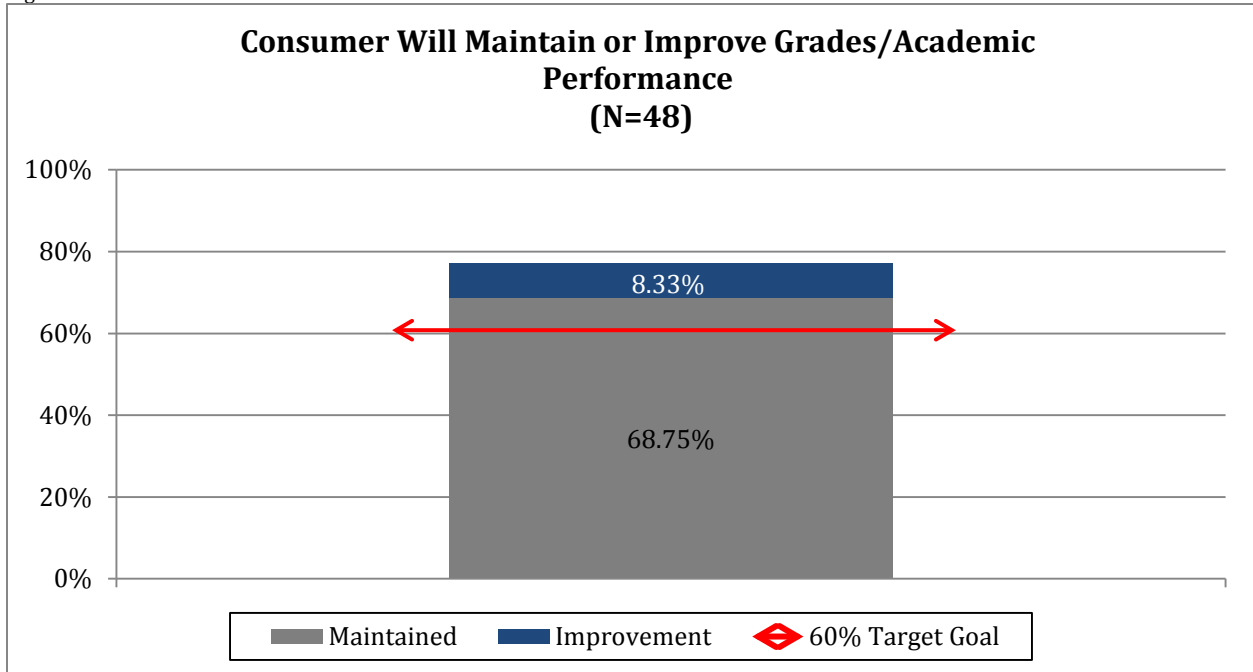
Consumer Will Maintain or Improve Grades/Academic Performance
(N=48)

Legend: Maintained — Improvement — 60% Target Goal

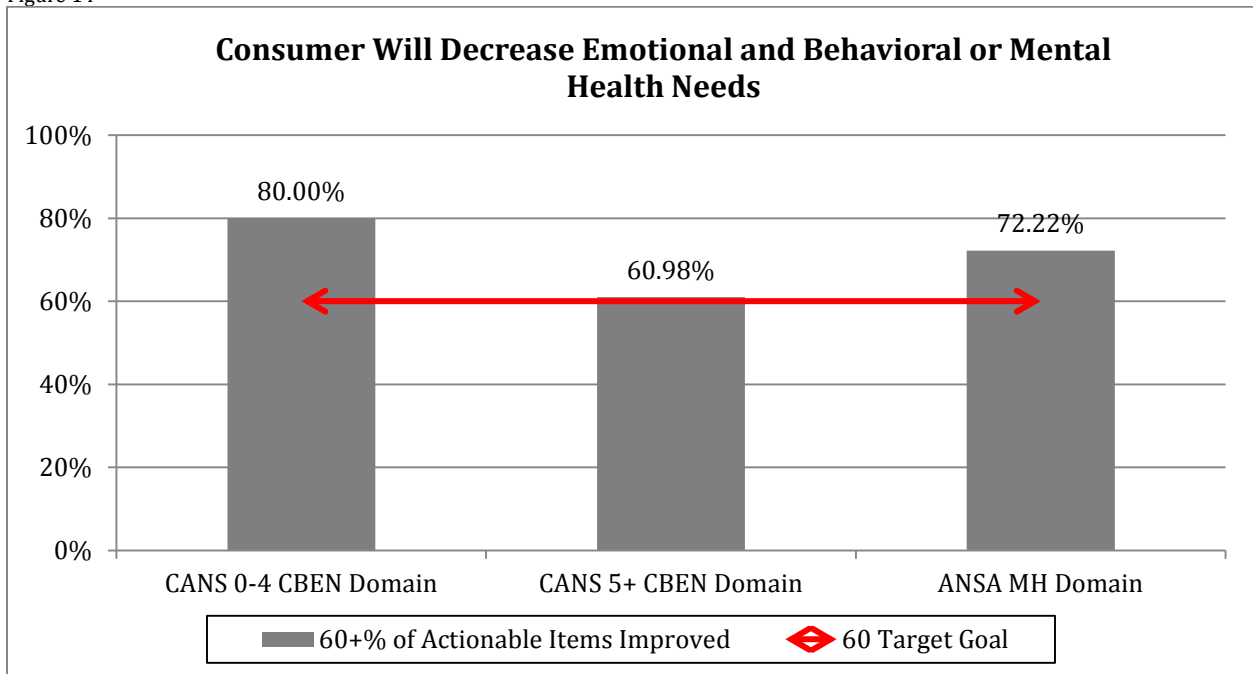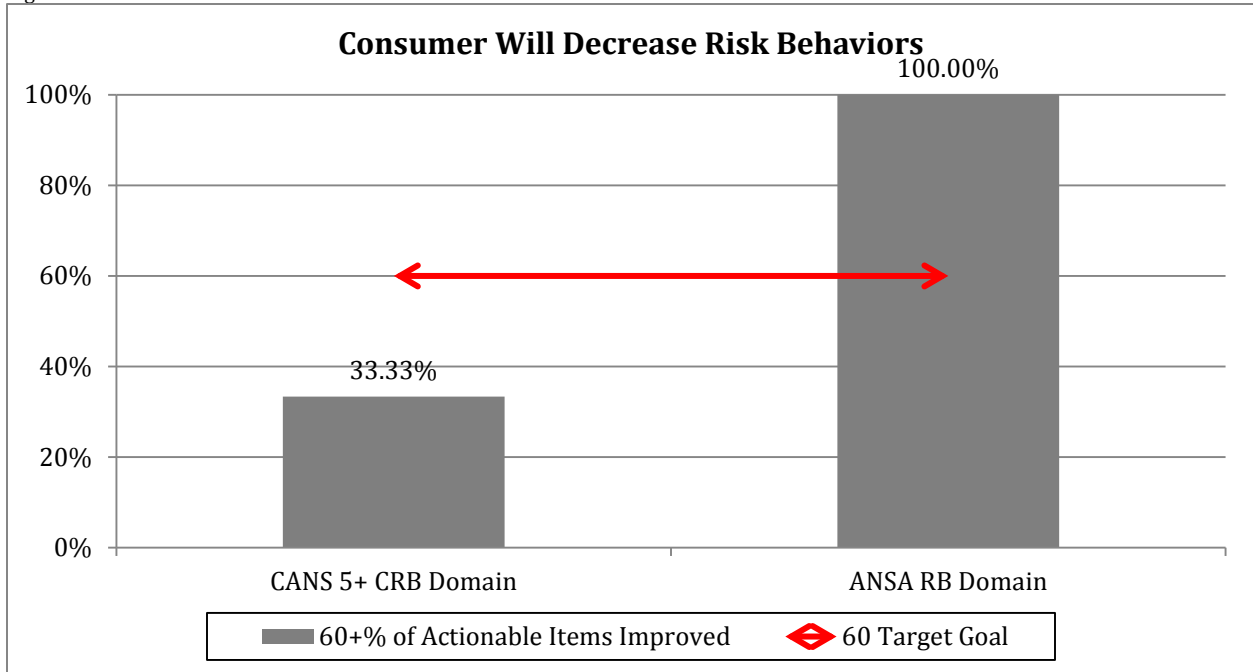Bar values: Improvement 8.33%, Maintained 68.75%

Source: CANS 5+ (07/24/2017). Notes: (1) Paired CANS LDF School Achievement (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=48, n=37); (3) n= number of Consumers improved and maintained.

Figure 8

Consumer Will Maintain or Improve School Attendance
(N=48)

Legend: Maintained — Improved — 60% Target Goal

Bar values: Improved 8.33%, Maintained 85.42%
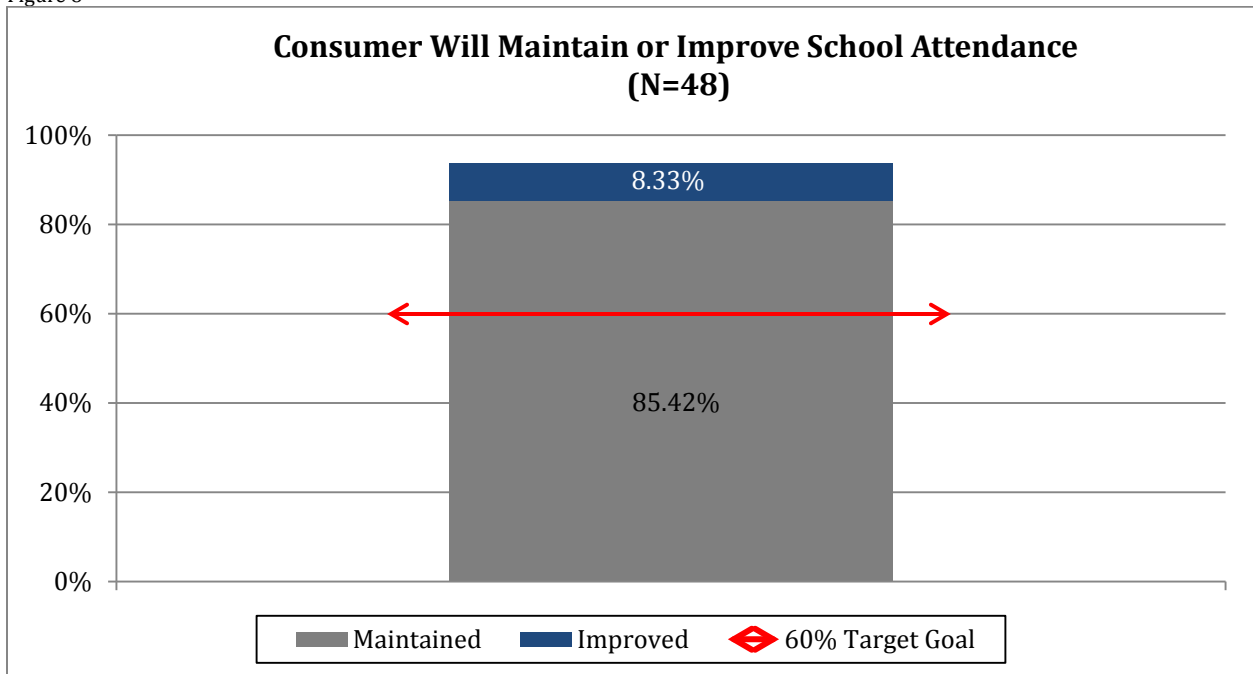
Source: CANS 5+, CEDE (07/24/2017). Notes: (1) Paired CEDE/CANS LDF School Attendance (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) Total number of Consumers with paired data: CANS 5+ (N =48, n=45); (3) n=number of Consumers improved and maintained.

Figure 9
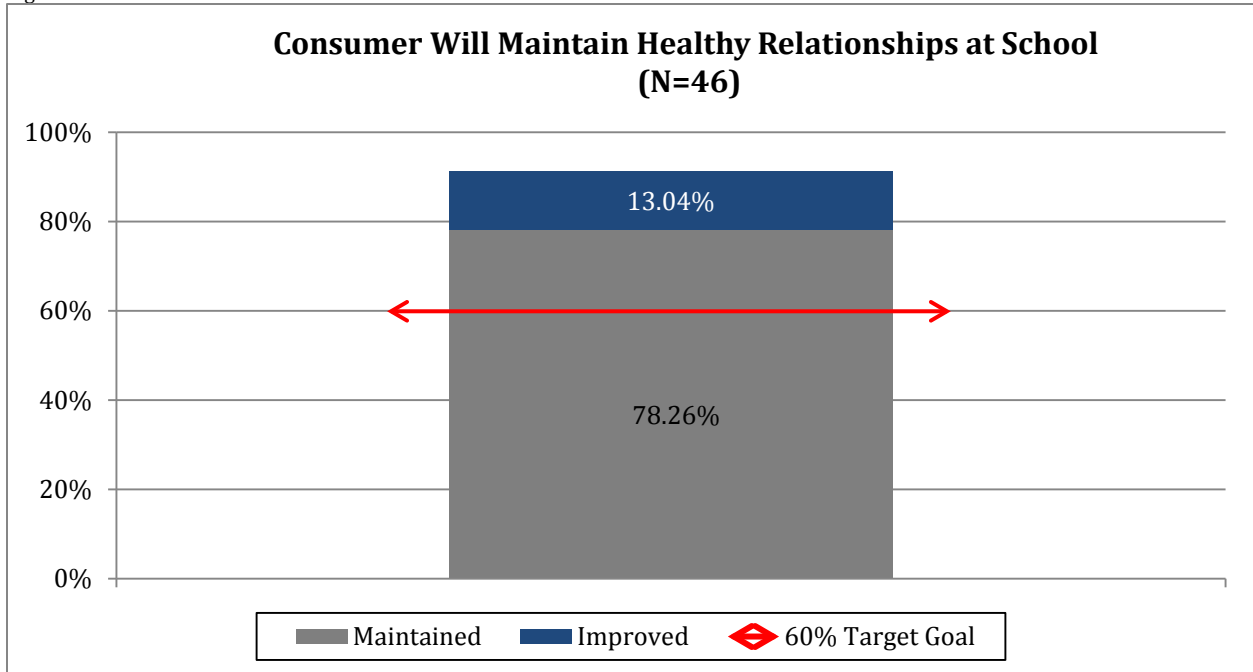
Consumer Will Maintain Healthy Relationships at School
(N=46)

13.04%

78.26%

Maintained   Improved   ◆ 60% Target Goal

Source: CANS 5+ (07/24/2017). Notes: (1) Paired CANS (Include the CANS item) (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 5+ (N=46, n=42). (3) n= number of Consumers improved and maintained.

Figure 10

Consumer Will Decrease School
Suspensions or Disciplinary Actions
(N=34)

97.06%

Maintained   ◆ 60% Target Goal
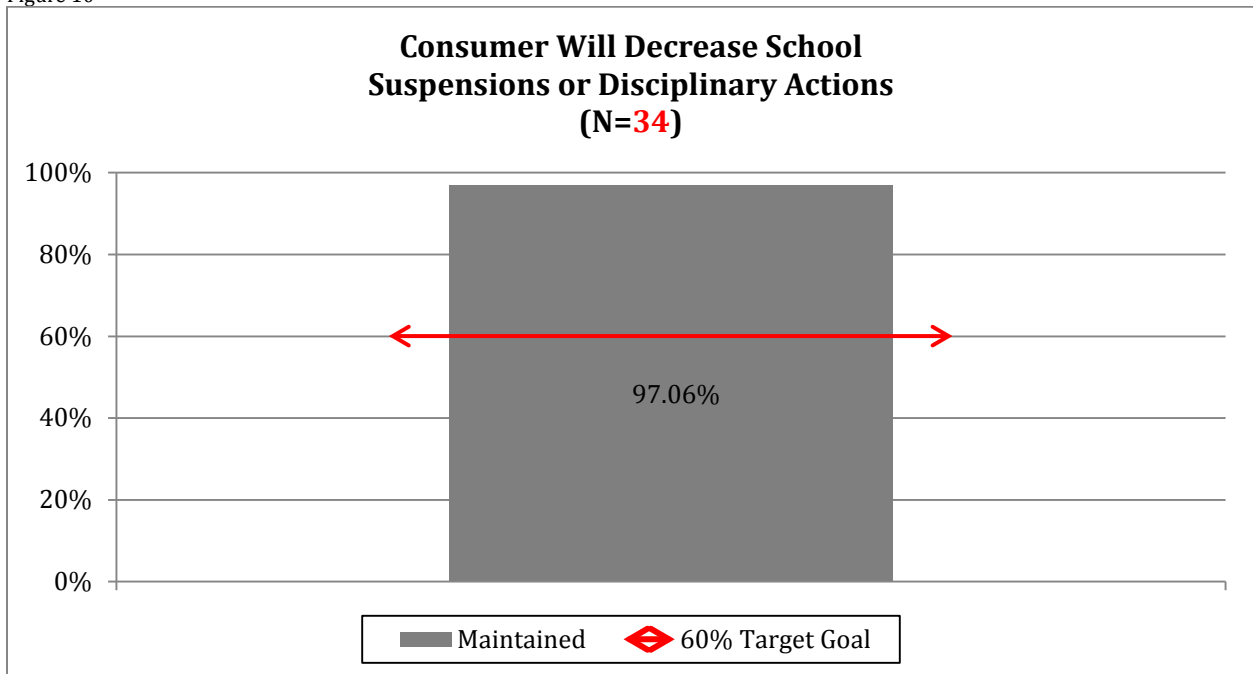
Source: CEDE (07/24/2017). Notes: (1) Paired CEDE (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data, CEDE (N=34, n=33). (3) n= number of Consumers reduced or maintained.

Figure 11

Consumer Will Increase Healthy Friendships and Participation in Appropriate Activities
(N=76)

Maintained ▬ Improvement ▬ 60% Target Goal

- 19.74%
- 57.89%

Source: CANS (07/24/2017). Notes: (1) Paired CANS CS Interpersonal (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 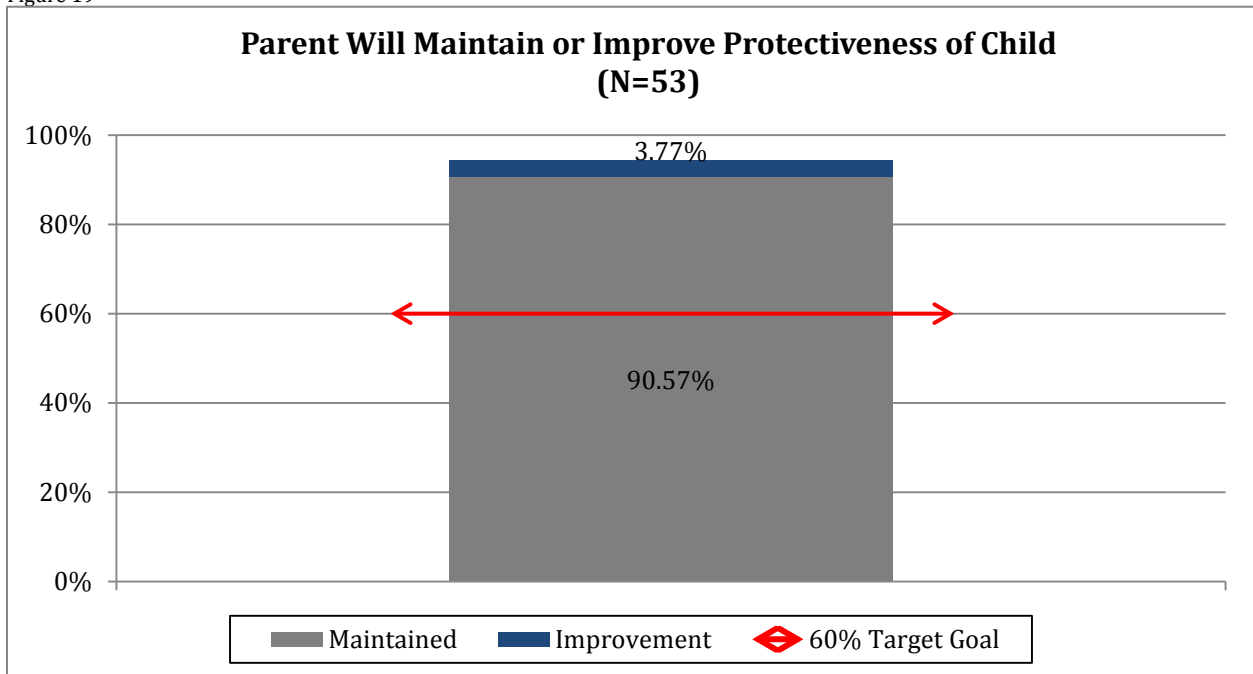0-4 (N=7, n=6), CANS 5+ (N =50, n=35), ANSA (N=19, n=18), ANSA-T (N/A). (3) n= number of Consumers improved and maintained.

FIgure 12

Consumer Will Maintain or Improve Ability to Function Within Current Living Situation
(N=57)

Maintained ▬ Improved ▬ 60% Target Goal

- 10.53%
- 80.70%

Source: CANS (07/24/2017). Notes: (1) Paired CANS LDF Family (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =50, n=45); (3) n= number of Consumers improved and maintained.
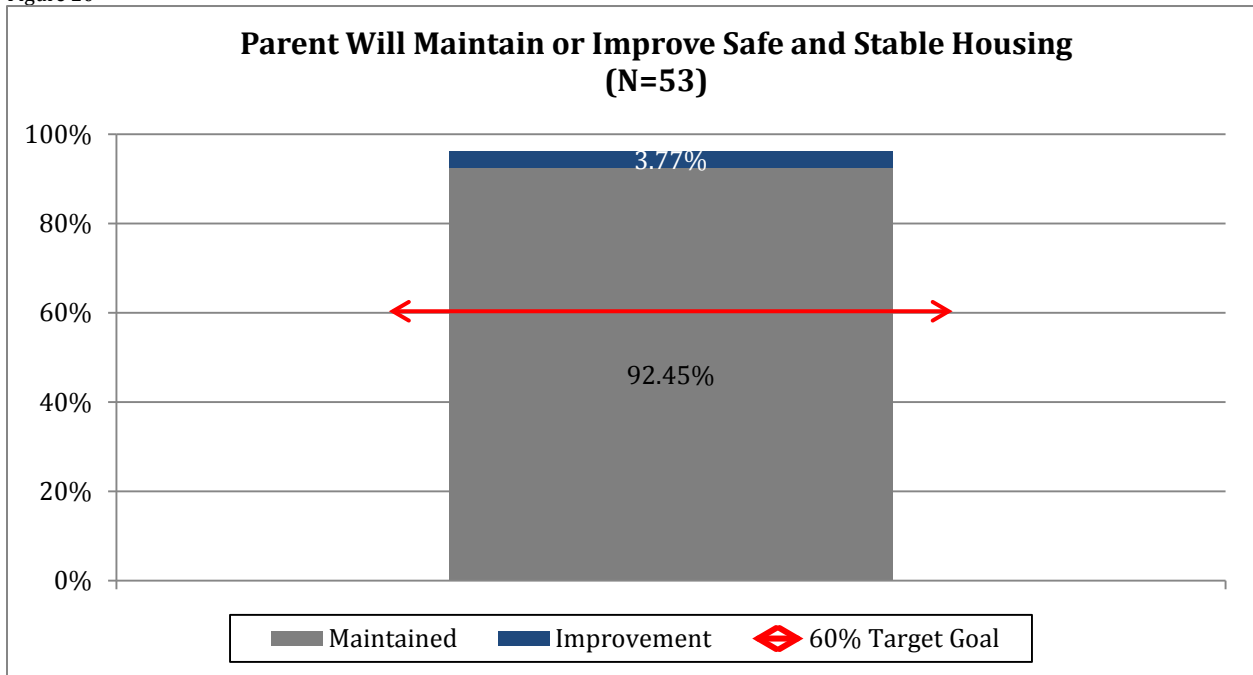
Figure 13

Consumer Will Maintain or Improve Ability to Function Within Current Living Situation
(N=57)

Chart showing stacked bar with:
- 10.53% (Improvement)
- 80.70% (Maintained)
- 60% Target Goal arrow

Legend: Maintained | Improvement | 60% Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS LDF Living Situation (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7), CANS 5+ (N =50); (3) n= number of Consumers improved and maintained.
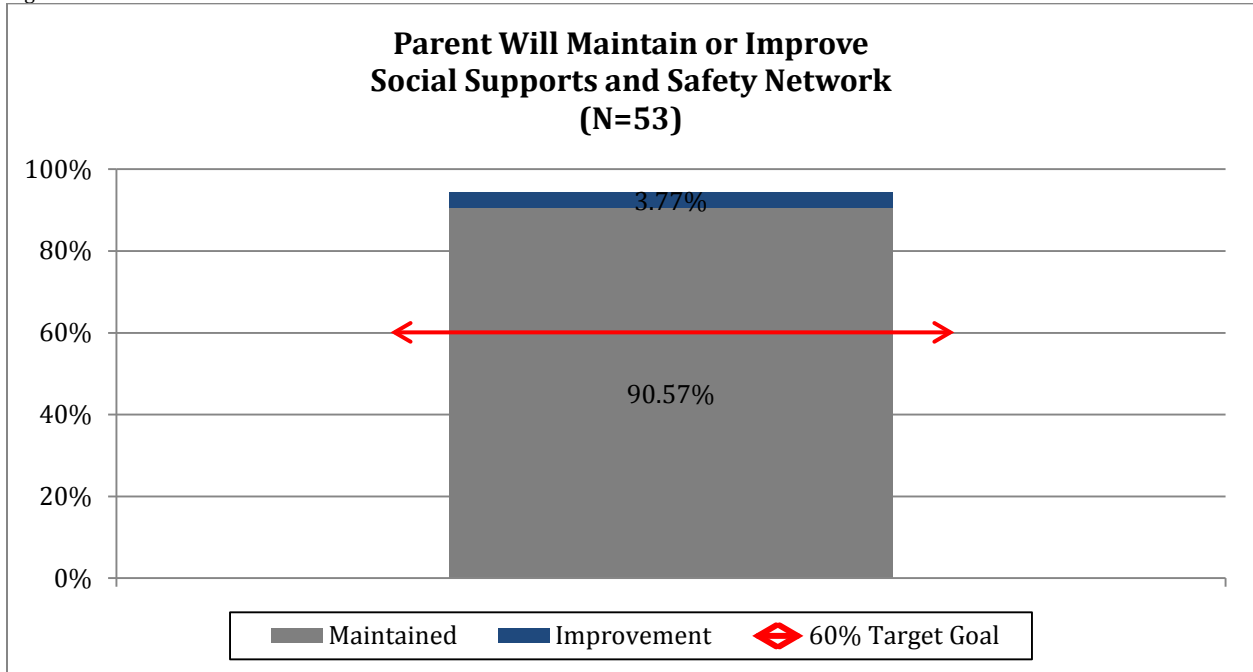
Figure 14

Consumer Will Decrease Emotional and Behavioral or Mental Health Needs

Chart showing bars:
- CANS 0-4 CBEN Domain: 80.00%
- CANS 5+ CBEN Domain: 60.98%
- ANSA MH Domain: 72.22%
- 60 Target Goal arrow

Legend: 60+% of Actionable Items Improved | 60 Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N=5, n=4), CANS 5+ (N=41, n=25), and ANSA (N=18, n=13).
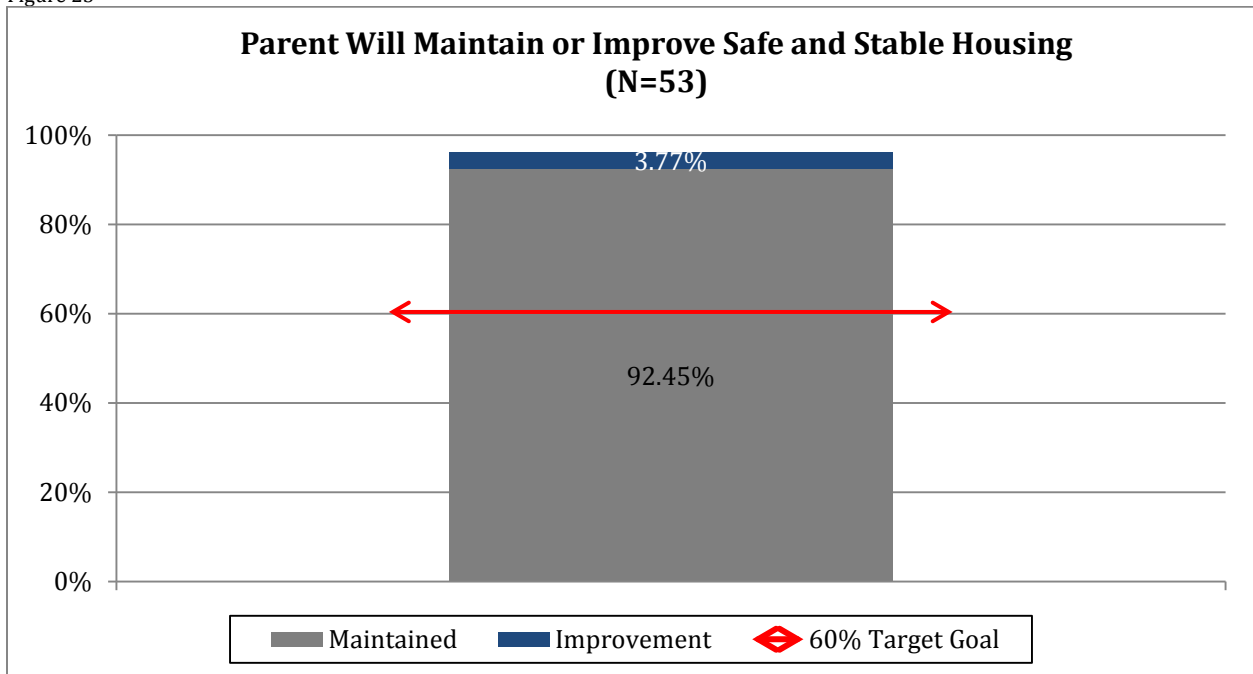
Figure 15

Consumer Will Decrease Risk Behaviors

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N/A), CANS 5+ (N=6, n=2), and ANSA (N=1, n=1).

Figure 16
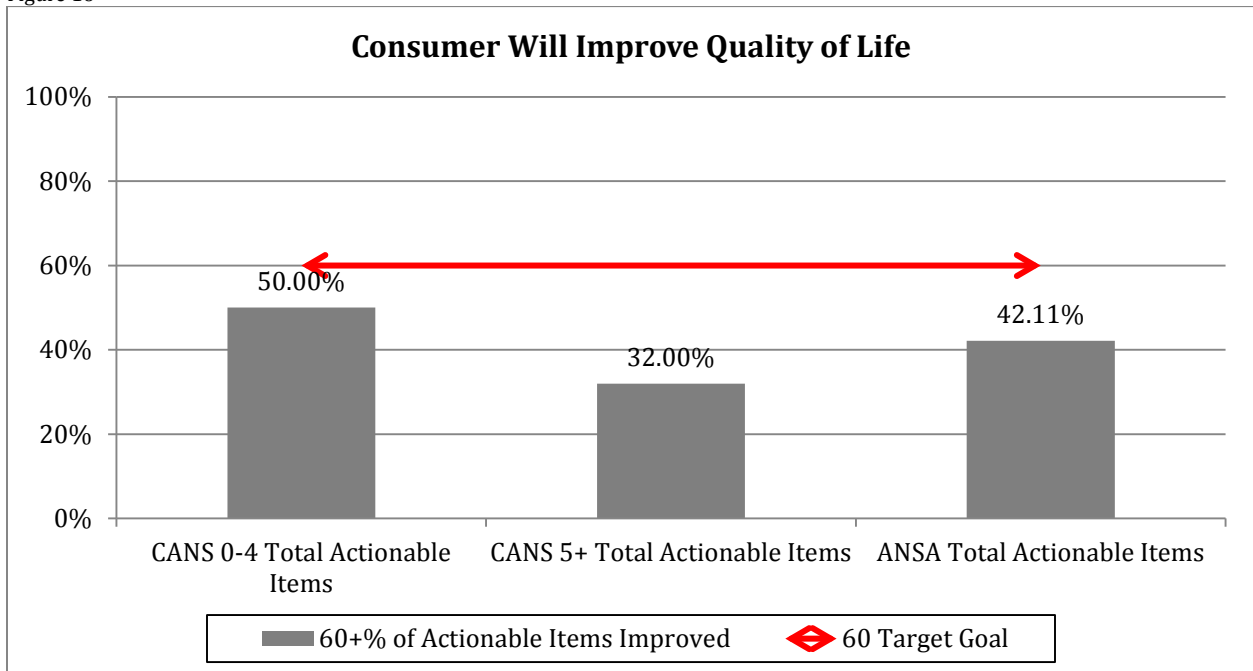
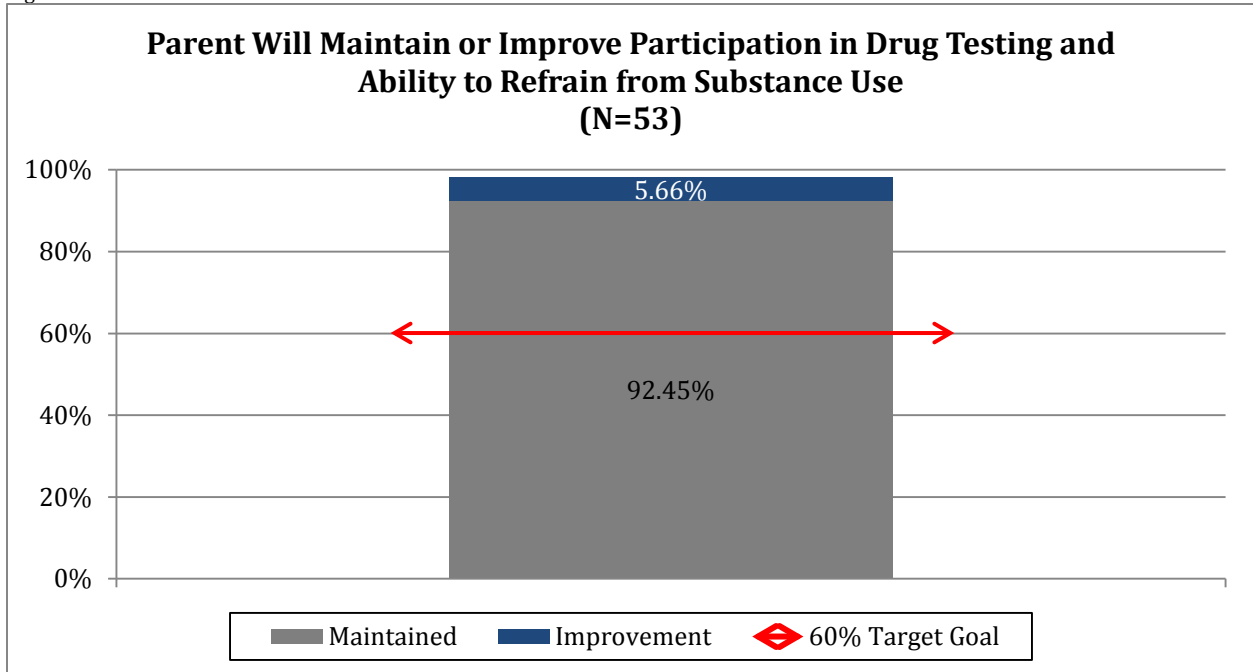## Consumer Will Improve Quality of Life

Source: CANS (07/24/2017). Notes: (1) Paired CANS (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data, n= number of Consumers improved and maintained: CANS 0-4 (N=6, n=3), CANS 5+ (N=50, n=16), and ANSA (N=19, n=8).

Improved Family Functioning

Information shall include the progress made by the consumers in the following areas during this timeframe.

Figure 17

Parent Will Maintain or Increase Knowledge of Child's Needs (N=53)
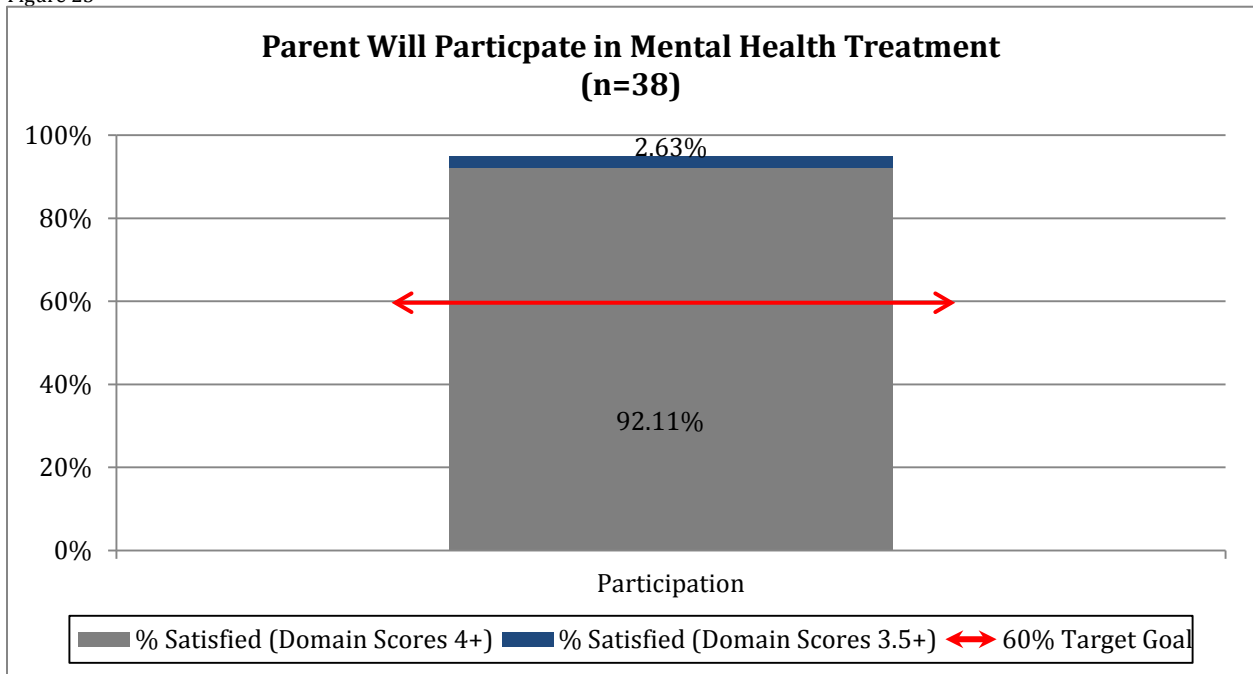

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Knowledge (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=39), n= number of Consumers improved and maintained.

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Figure 18

Parent Will Monitor and Manage Child's Behavior
(N=53)

Source: CANS (01/19/2017). Notes: (1) Paired CANS CGSN Supervision (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=40), n= number of Consumers improved and maintained.
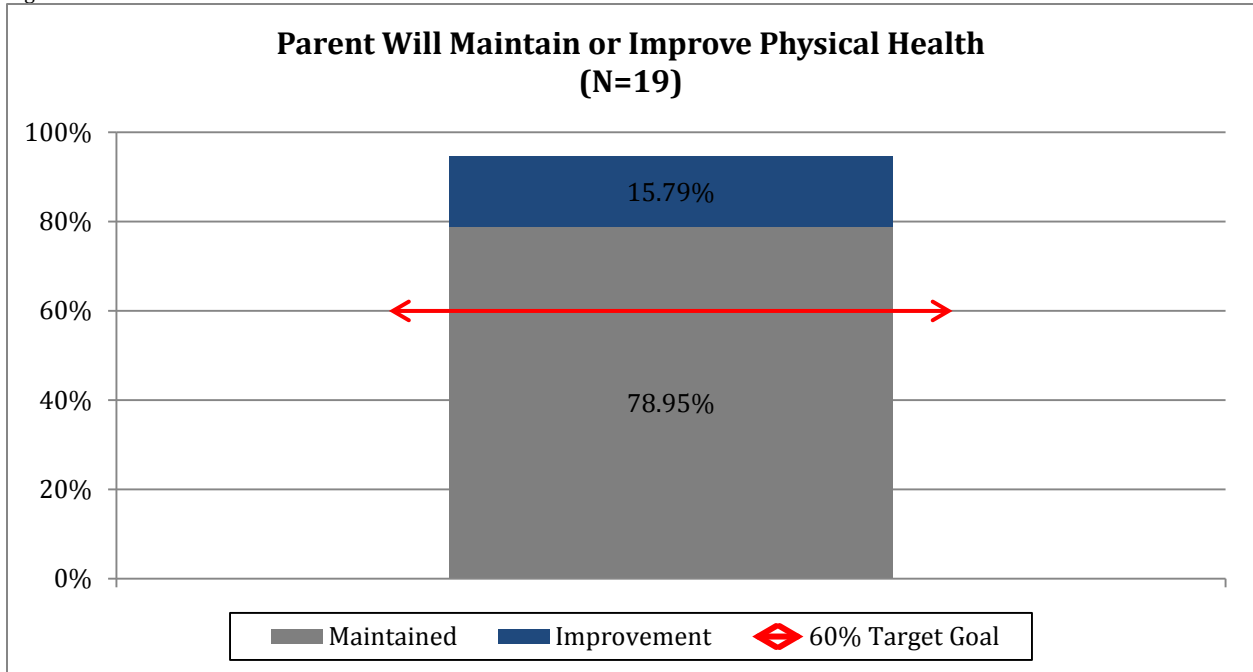
Figure 19

Parent Will Maintain or Improve Protectiveness of Child
(N=53)

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Safety (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=43), n= number of Consumers improved and maintained.

Figure 20

Parent Will Maintain or Improve Safe and Stable Housing (N=53)

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=45), n= number of Consumers improved and maintained.

Improved Parent Functioning

Information shall include the progress made by the consumers in the following areas during this timeframe.

Figure 21

**Parent Will Maintain or Improve
Social Supports and Safety Network
(N=53)**

3.77%

90.57%

Legend: Maintained | Improvement | 60% Target Goal

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Social Resources (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=7), CANS 5+ (N =46, n=41), n= number of Consumers improved and maintained.

Figure 22

## Parent Will Maintain a Job or Means of Livelihood
(N=13)

Source: ANSA (07/24/2017). Notes: (1) Paired ANSA (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: ANSA LDF - Employment (N=13, n=10). (3) n= number of Consumers improved and maintained.

Figure 23

Parent Will Maintain or Improve Safe and Stable Housing
(N=53)

Source: CANS (07/24/2017). Notes: (1) Paired CANS CGSN Residential Stability (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N= total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=45), n= number of Consumers improved and maintained.

Figure 24

Parent Will Maintain or Improve Participation in Drug Testing and Ability to Refrain from Substance Use
(N=53)

5.66%

92.45%

■ Maintained　■ Improvement　◆▶ 60% Target Goal

Source: CANS (01/19/2017). Notes: (1) Paired CANS CGSN Substance Use (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: CANS 0-4 (N=7, n=6), CANS 5+ (N =46, n=46). (3) n= number of Consumers improved and maintained.

Figure 25

Parent Will Particpate in Mental Health Treatment
(n=38)

2.63%

92.11%

Participation

■ % Satisfied (Domain Scores 4+)　■ % Satisfied (Domain Scores 3.5+)　◆▶ 60% Target Goal

Source: Adult Survey (07/24/2017). Note: (1) Participation in treatment is measured by consumer satisfaction, as measured by the Participation domain of the Adult Survey; (2) Satisfaction is defined as an average rating of 3.5 or above; (3) n=36 respondents had an average satisfaction score of 4.0+ within the Participation domain, 1 additional respondent had an average satisfaction score of 3.5-3.99 within the Participation domain.

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Figure 26

Parent Will Maintain or Improve Physical Health
(N=19)

Source: ANSA (07/24/2017). Notes: (1) Paired ANSA (Admit and Discharge), includes Consumers with a LOS greater than 60 days. (2) N=total number of Consumers with paired data: ANSA LDF - Physical/Medical (N=19, n=18). (3) n= number of Consumers improved and maintained.

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Satisfaction Outcomes

Consumers Services Survey

To measure consumer satisfaction Uplift Family Services utilizes the Youth Services Survey for Families (YSS-F, administered to caregiver of consumer 0-17), the Youth Services Survey (YSS, administered to consumers 13-17), and Adult Survey (AS, administered to consumers 18+). Satisfaction surveys are administered at the time of program discharge. In addition to discharge timeframe, satisfaction is collected two times per fiscal year, during the POQI State-Wide administration period. The YSS surveys ask Consumers 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. Our agency goal is for 80% of consumers are satisfied with services. Satisfaction is defined as an average rating of 4.0 and above. National comparison data is reflected in the total stacked bar and includes respondents whose scores fell between 3.5-3.99, as the national comparison data is referenced at the 3.5+ threshold.

Figure 27
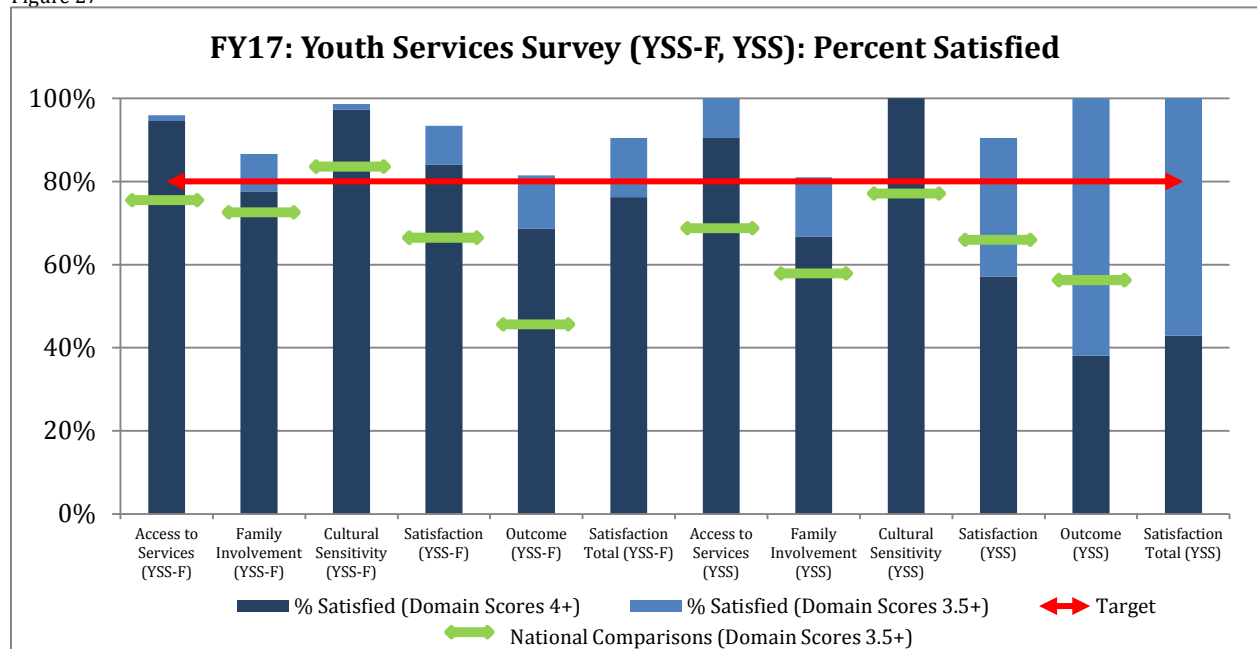
Source: YSS-F, YSS (07/24/2017). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) YSS-F (n=75), YSS (n=21); (3) Target (**Red** Arrow) should be compared to Dark Blue section of stacked bar only; (4) National Comparison (**Green** Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

Figure 28
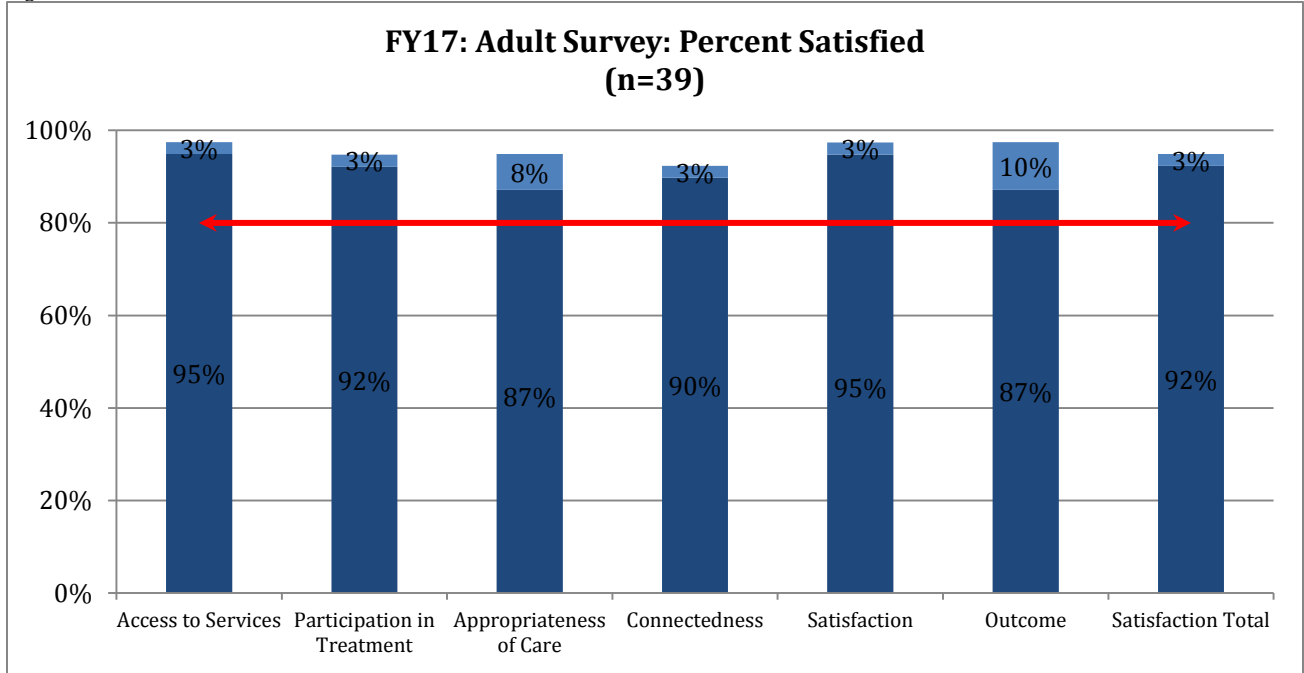
FY17: Adult Survey: Percent Satisfied
(n=39)

Source: Adult Survey (07/24/2017). Notes: (1) Satisfaction is defined as an average rating of 4.0or above; (2) Target (**Red** Arrow)
should be compared to Dark Blue section of stacked bar only; (3) No National Comparison for Adult Survey.

SECTION IV: CONCLUSIONS

Based on the outcomes of the consumers discharged to date, many consumers served in the Fresno HOPE (Child Welfare Mental Health) Program are able to live in a stable home setting after receiving program services. The majority of consumers maintained or improved their school attendance and achievement, maintaining zero suspension/expulsions, and staying out of trouble. In addition, Fresno HOPE consumers are continuing to improve their ability to foster and maintain healthy relationship in their homes and at school. These triumphs are accentuated by a marked improvement in emotional, behavioral, and mental health needs, as measured by the CANS 0-4, CANS 5+, and ANSA. These results indicate that the Fresno HOPE program has been highly effective in helping consumers to achieve their goals, while maintaining high levels of satisfaction across consumers, surpassing all of the national comparison benchmarks. Program participants are largely satisfied with services.

Uplift Family Services 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 delicate population.

Future reports will be based on program's logic model and specifically include the following, additional items:

Target Goals
CANS/ANSA Total and Domain improvements will continue to be assessed by the number of consumers who improve on a number of actionable items, equal to or above a 60% threshold of items identified as actionable at Admit. CANS/ANSA items that are assessed for improvement only will be of the number of clients who had the item identified as actionable at Admit (Item score of 2 or 3). Target goals for FY18 will be reassessed, based on baselines from FY17 established in the annual report to be completed in July 2017.

Family Search and Engagement (FSE) Outcomes
Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program has identified a means of assessing the quality of FSE service that Fresno HOPE (Child Welfare Mental Health) Program clients receive; at present, this includes the CANS item CS: Relationship Permanence. Uplift Family Services is examining new ways to assess the type and quality of family connections provided by FSE Services. Currently, no consumers discharged from the Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program during FY17 have received FSE Services. The Outcomes and Evaluations department of Uplift Family Services will continue to assess and include future data in subsequent reports. These forthcoming reports will also include additional data points regarding the number and quality of these family connections.

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. Uplift Family Services 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 consumers' responses across all domains and satisfaction total. Further, reports will also include national comparisons for each domain.

CANS-Series Analyses

Future reports will also include statistical analyses of significance, to be paired with changes in mean actionable items, for all CANS-series measures. Currently, only CANS 0-4 and CANS 5+ have statistical analyses of significance included.

Future Measures

Uplift Family Services Fresno HOPE (Child Welfare Mental Health) Program is working to identify a means of reporting the reason for discharge separately for youth and parents. The Outcomes and Evaluations department of Uplift Family Services will continue to assess potential measures and include future data in subsequent reports. We will also work towards tracking data for the Caregiver and the Reunifying caregiver.

The date of assessment completion is currently being defined as the date the Plan of Care (or treatment plan) is signed by the client and/or caregiver rather than the date the assessment itself was finalized. As the Plan of Care is typically prepared and signed a week or more following the finalization of the assessment, using the POC signature date as the assessment completion date puts us out of compliance with expected due dates (depending upon referral status of crisis, urgent, or standard). We will review and revise our tracking and reporting mechanisms to accurately capture the date the assessment is finalized in future reports.

APPENDIX A: OUTCOME MEASURES

A. Child and Adolescent Needs and Strengths (CANS)

Uplift Family Services implemented the Child and Adolescent Needs and Strengths (CANS) measure in 2011. The CANS organizes clinical information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning care for a child or adolescent. Each CANS item suggests different pathways for service planning. Each item is scored on a four-level scale. The scale definitions are designed to translate into the following action levels:

For strengths:

0	Centerpiece strength
1	Strength that you can use in planning
2	Strength has been identified-must be built
3	No strength identified

For needs:

0	No evidence
1	Watchful waiting/prevention
2	Action
3	Immediate/Intensive Action

CANS also allows for the monitoring of service outcomes. CANS outcomes in this report are illustrated using a new method which focuses on actionable items (those with a rating of 2 or 3). The CANS is completed for each Consumers and family at the time of program entry and discharge. The CANS is also administered at 6 month intervals in order to assess changing needs while the Consumers is enrolled in the program. For older consumers, we use the ANSA-T and ANSA.

Items on the CANS (0-4) are grouped into eight core domains:

- Life Domain Functioning
- Child Strengths
- Acculturation
- Caregiver Strengths
- Caregiver Needs
- Child Behavioral/Emotional Needs
- Child Risk Factors
- Child Risk Behaviors

Items on the CANS (ages 5+) are grouped into six core domains:

- Life Domain Functioning
- Child Strengths
- Acculturation
- Caregiver Strengths & Needs
- Child Behavioral/Emotional Needs
- Child Risk Behaviors

Items on the ANSA (25+) are grouped into six core domains:

- Life Domain Functioning
- Strengths
- Acculturation
- Mental Health
- Risk Behaviors
- Caregiver Strengths & Needs (optional)

APPENDIX A: OUTCOME MEASURES

The CANS is analyzed in the following manner:
- Improvement in specific CANS item is defined by an actionable rating (2, 3) at Time 1 to non-actionable (0, 1) at Time 2. (i.e. Consumers will improve on school behavior).
- Improvement on CANS domain or CANS total is defined by improvement on a specified percentage of actionable items. (i.e. Consumers will improve on at least 25% of actionable CRB items .)
- Improvement on number of actionable items. Number of actionable items at Time 1, improving to non-actionable at Time 2 (i.e. Percent of actionable items will improve to non-actionable).
- Mean CANS total score, at Time 1, paired with Time 2. O&E provides statistical significance on these paired data to strengthen our clinical significance in a decrease in mean scores at Time 1 and Time 2.

Time 1 = Admit CANS; Time 2 = Discharge CANS. Pairs with fewer than 60 days between completion dates were excluded from the analysis.

B. In-Home, In-School, and Out of Trouble

Beginning in January 2011, Uplift Family Services implemented a new internal evaluation tool called the Core Evaluation Data Elements (CEDE). The CEDE is completed at the time of program entry, three months intervals, and at the time of discharge from the program. It provides information on key outcomes for Consumers including living situation placement, school attendance, expulsions and suspensions, and juvenile justice data.

Indicators:

In-Home: Consumers is in a community setting (home, family friend, foster care, guardianship, independent living, or kinship). Improvement is defined as a Consumer in a non-community setting at Time 1, improving to a community setting at Time 2. Maintained is defined as a Consumers in a community setting at Time 1 and maintaining in a community setting at Time 2.

In-School: Consumers is attending 4+ days per week or home study. Improvement is defined as a Consumers attending school less than 4 days at Time 1, improving school attendance by attending school 4+ days or school placement is home study. Maintained is defined as a Consumers attending school 4+ days per week or home study at Time 1 and maintains school attendance at Time 2.

Out of Trouble: Consumers has no arrests, probation violations, sustained offenses, or time in custody. Improvement is defined as Consumers with a history of Juvenile Justice involvement at Time 1, improves by having no new involvement with the Juvenile Justice system at Time 2. Maintained is defined as Consumers with no Juvenile Justice involvement at Time 1 and maintaining with no involvement at Time 2.

Time 1 = Admit CEDE; Time 2 = Discharge CEDE. Pairs with fewer than 60 days between completion dates were excluded from the analysis.

C. Additional Outcomes based on FY17 Logic Model

The Fresno HOPE program also employs and internal data tracking process to assess the various components of Timeliness of Service and other administrative items on this report.

APPENDIX A: OUTCOME MEASURES

D. Family Search and Engagement

As a result of the 2004 efforts of the National Wraparound Institute, and subsequent efforts internal to Uplift Family Services, efforts are made to connect qualifying Consumers to family member that will form stable and sustainable, positive relationships. To date, Uplift Family Services has implemented this service in the majority of programs, including Fresno HOPE (CWMHS). No Fresno HOPE Consumers have completed participation from this program at this time, but future reports will seek to include the outcomes associated with Family Search and Engagement program participation (See Below).

1) 90% of consumers will increase the number of relationship/connections. [Source: FSE Data Collection Form (Increase is defined as number of relationships/connections at Admit to Discharge); per FSE baseline.]

2) 80% of consumers will form sustainable relationships. [Source: FSE Data Collection Form (Sustainable relationships is defined as Consumers connected & Still in Contact Monthly, Weekly, Daily, and Living at end of FSE services)]

3) 60% of consumers, with an overall plan of permanency at Time1, will connect and live with connection identified in FSE services. (Source: FSE Data Collection Form – Overall Plan at FSE Start is Permanency and FSE End is Connected & Living at end of FSE services. Exclusionary Criteria: Consumers connected but DSS worker or JJD Officer refused further contact.)

4) 80% of consumers participating in FSE services will improve stability of significant relationships in their life.* (Source: CANS CS Relationship Permanence, per FSE Committee baseline)

APPENDIX B: CANS OUTCOMES

Statistical analyses are currently available for CANS 0-4, CANS 5+, and ANSA. Future reports will include these analyses for all employed CANS-series measures (CANS 0-4, CANS 5+, ANSA-T, and ANSA).
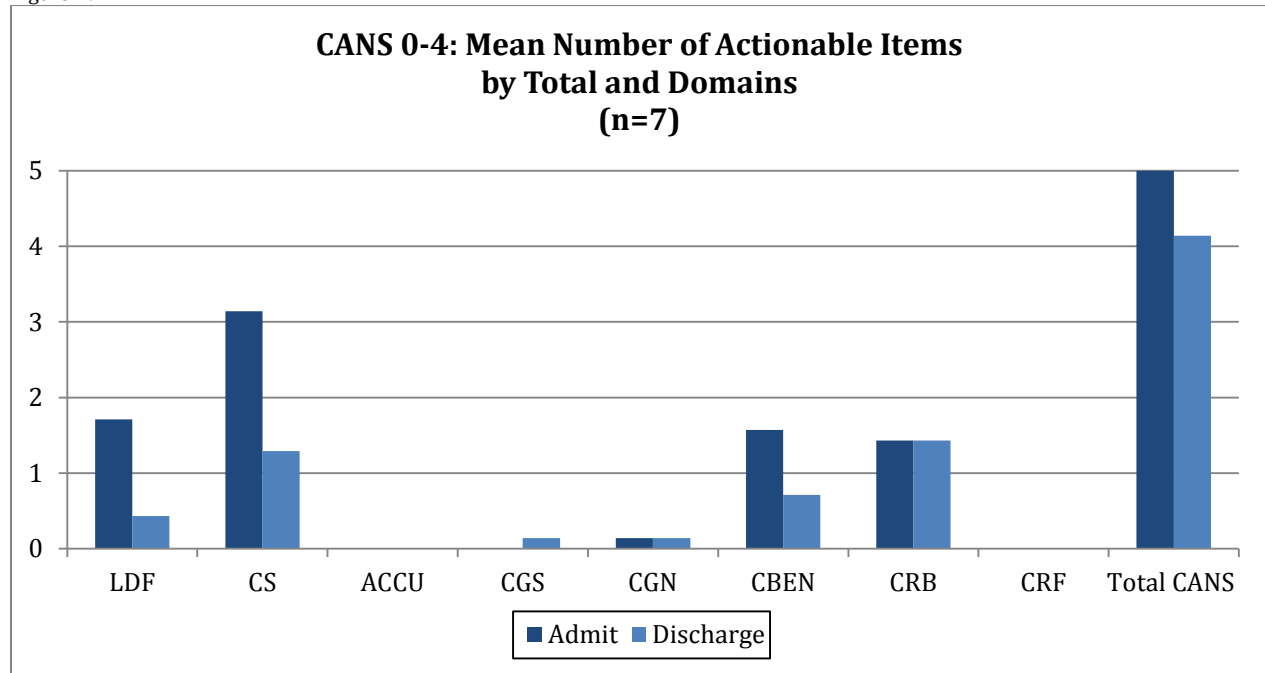
CANS 0-4 Analyses

Table 6: CANS 5+: Mean Number of Actionable Items by Total and Domain

CANS 0-4: Mean Number of Actionable Items by Total and Domain (n=7)			
CANS Domains	**Admit**	**Discharge**	**Stat Sig.**
LDF	1.71	0.43	n.s.
CS	3.14	1.29	n.s.
ACCU	--	--	--
CGS	0.00	0.14	n.s.
CGN	0.14	0.14	n.s.
CBEN	1.57	0.71	n.s.
CRB	1.43	1.43	n.s.
CRF	--	--	--
Total CANS	**8.00**	**4.14**	n.s.

Source: CANS 0-4 (07/24/2017). Notes: (1) n=number of Consumers discharged in July 1, 2016 to June 30, 2017 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 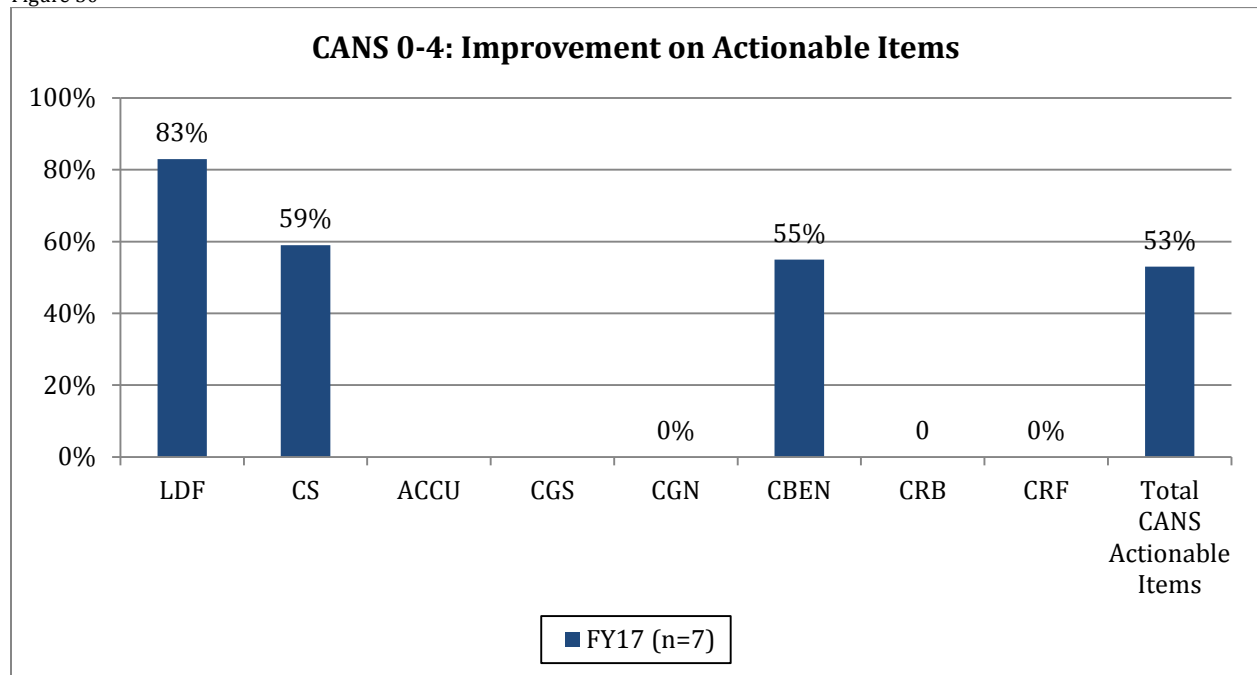1= Admit, Time 2=Discharge or timeframe closest to discharge; (5) N below 30, Non-parametric test applied: Wilcoxon Signed Ranks Test; (6) n.s.= not statistically significant.

Figure 29

Source: CANS 0-4 (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge.

APPENDIX B: CANS OUTCOMES

Table 7

CANS 0-4: Mean Number of Actionable Items by Total and Domain (n=3)			
CANS Domains	**Number Actionable Items**	**Number Improved on Actionable Items**	**% Improved**
LDF	12	10	83%
CS	22	13	59%
ACCU	--	--	--
CGS	--	--	--
CGN	1	0	0%
CBEN	11	6	55%
CRB	--	--	--
CRF	8	0	0%
Total CANS	55	29	53%

Source: CANS 0-4 (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge; (5) Improvement is defined as an actionable rating (2, 3) at Admit to non-actionable rating (0,1) at Discharge.
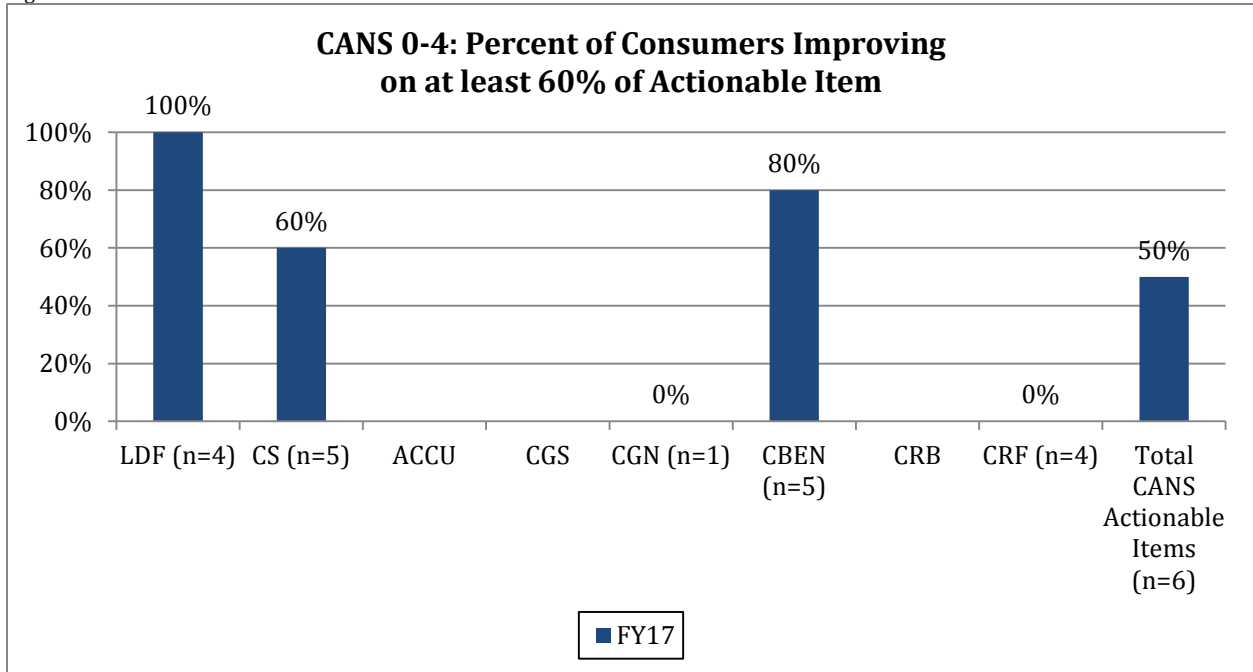
Figure 30

CANS 0-4: Improvement on Actionable Items

Source: CANS 0-4 (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) Improvement is defined as an actionable rating (2, 3) at Admit to non-actionable rating (0,1) at Discharge.

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Figure 31

**CANS 0-4: Percent of Consumers Improving
on at least 60% of Actionable Item**

Bar chart data (FY17):
- LDF (n=4): 100%
- CS (n=5): 60%
- ACCU: (no data)
- CGS: (no data)
- CGN (n=1): 0%
- CBEN (n=5): 80%
- CRB: (no data)
- CRF (n=4): 0%
- Total CANS Actionable Items (n=6): 50%

Legend: FY17

Source: CANS 0-4 (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) Improvement is defined as an actionable rating (2, 3) at Admit to non-actionable rating (0,1) at Discharge.

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CANS 5+ Analyses

Table 8: CANS 5+: Mean Number of Actionable Items by Total and Domain

CANS 5+: Mean Number of Actionable Items by Total and Domain (n=50)			
CANS Domains	**Admit**	**Discharge***	**Stat Sig.**
LDF	2.06	1.16	.001
CS	4.36	3.08	.001
ACCU	0.06	0.08	n.s.
CGSN	1.26	0.84	n.s.
CBEN	1.92	0.94	.001
CRB	0.16	0.44	n.s.
Total CANS	**9.82**	**6.32**	.001

Source: CANS 5+ (07/24/2017). Notes: (1) n=number of Consumers discharged in FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge; (5) n.s.= not statistically significant.
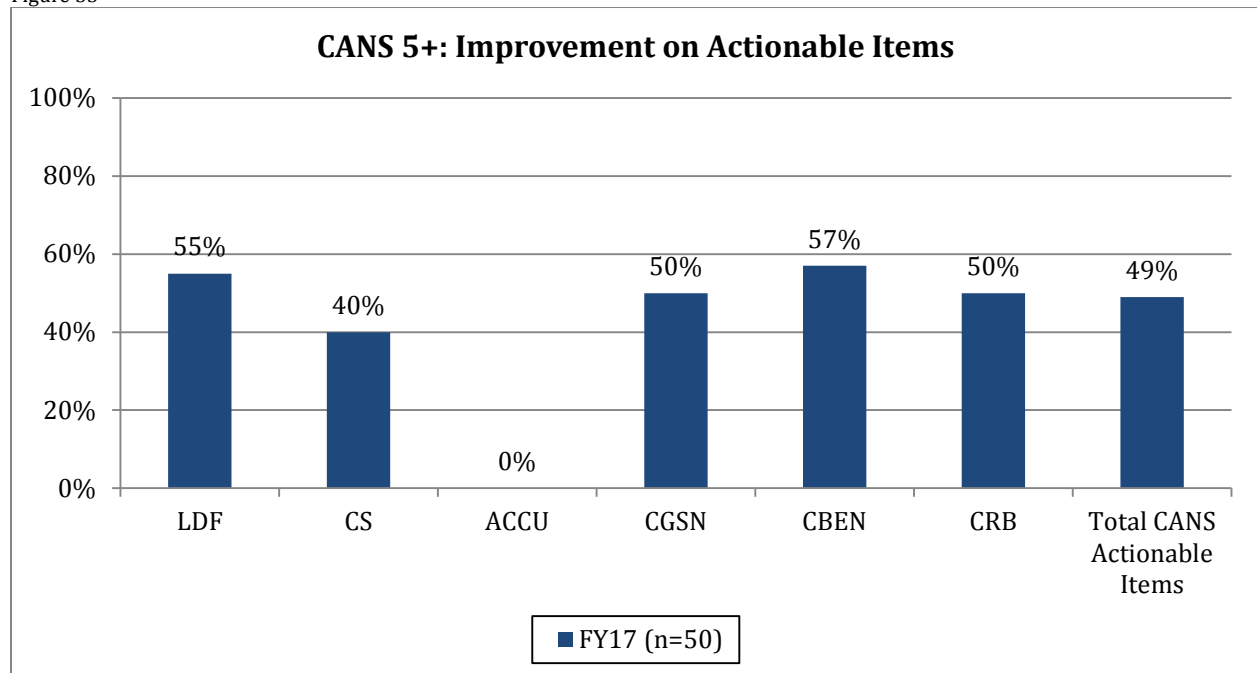
Figure 32
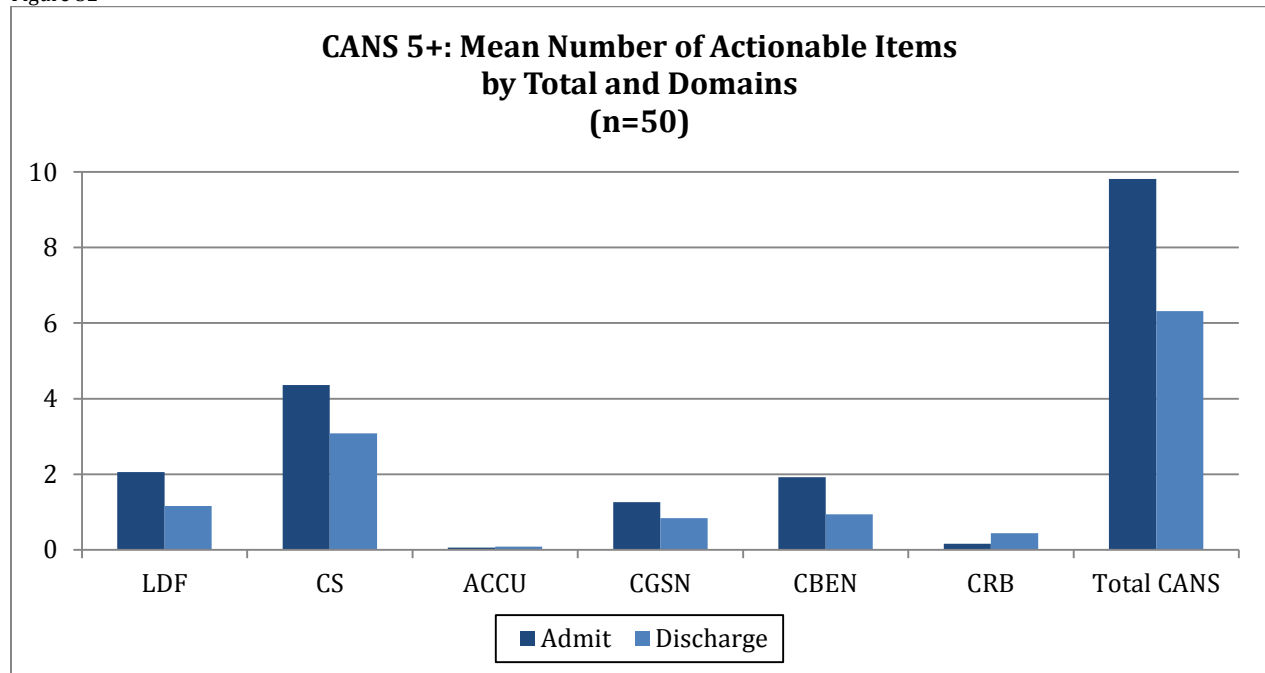
Source: CANS 5+ (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge.

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Table 9

CANS 5+: Mean Number of Actionable Items by Total and Domain (n=50)			
CANS Domains	**Number Actionable Items**	**Number Improved on Actionable Items**	**% Improved**
LDF	103	57	55%
CS	217	87	40%
ACCU	3	0	0%
CGSN	62	31	50%
CBEN	96	55	57%
CRB	8	4	50%
Total CANS	489	234	49%

Source: CANS 5+ (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge; (5) Improvement is defined as an actionable rating (2,3) at Time 1 to non-actionable rating (0,1) at Time 2.
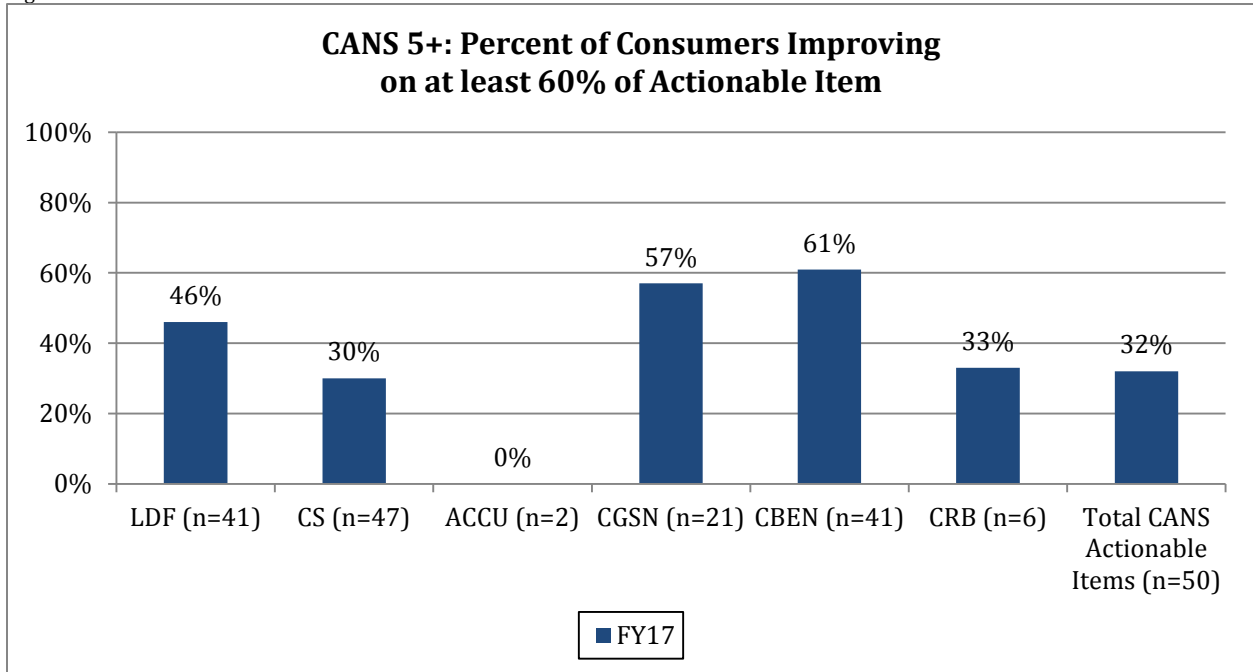
Figure 33

Source: CANS 5+ (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) Improvement is defined as an actionable rating (2,3) at Time 1 to non-actionable rating (0,1) at Time 2.

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Figure 34

**CANS 5+: Percent of Consumers Improving
on at least 60% of Actionable Item**

Source: CANS 5+ (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) Improvement is defined as an actionable rating (2,3) at Time 1 to non-actionable rating (0,1) at Time 2.
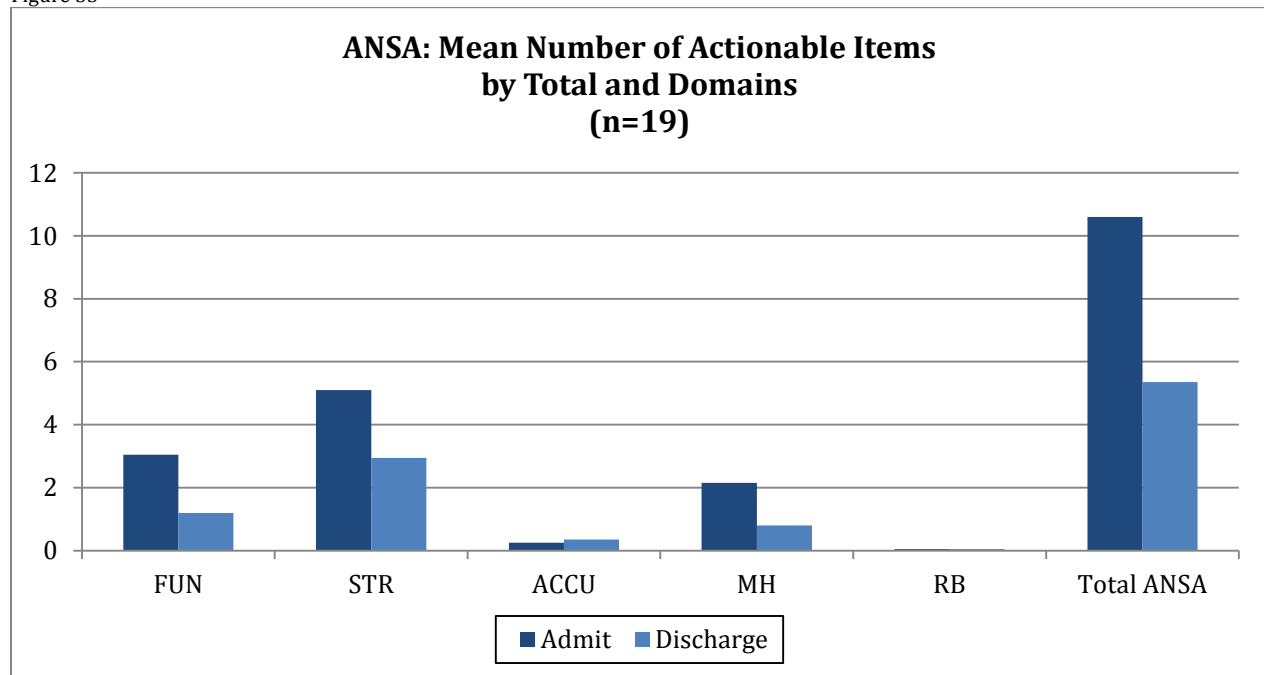
APPENDIX B: CANS OUTCOMES

ANSA Analyses

Table 10: ANSA: Mean Number of Actionable Items by Total and Domain

ANSA Domains	ANSA: Mean Number of Actionable Items by Total and Domain (n=19)	
	Admit	Discharge
FUN	3.05	1.20
STR	5.10	2.95
ACCU	0.25	0.35
MH	2.15	0.80
RB	0.05	0.05
Total ANSA	10.60	5.35

Source: ANSA (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired ANSA data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) N below 30, Non-parametric test applied: Wilcoxon Signed Ranks Test; (6) n.s.= not statistically significant.
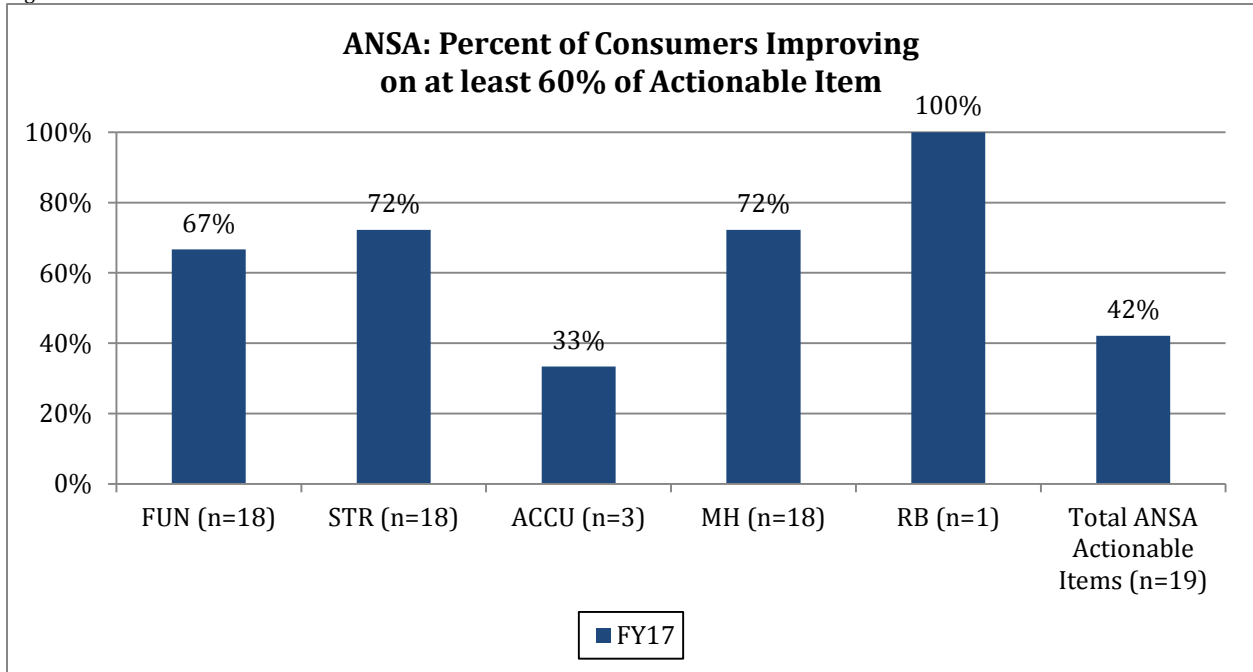
Figure 35

Source: ANSA (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired ANSA data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge or timeframe closest to discharge.

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Figure 36

ANSA: Percent of Consumers Improving on at least 60% of Actionable Item

Source: ANSA (07/24/2017). Notes: (1) n=number of Consumers discharged during FY17 with paired CANS data; (2) LOS of discharged Consumers is 60+ days; (3) Actionable items are those with a rating of 2 or 3. (4) Paired data: Time 1= Admit, Time 2=Discharge; (5) Improvement is defined as an actionable rating (2,3) at Time 1 to non-actionable rating (0,1) at Time 2.