PROGRAM INFORMATION:			
Program Title:	Uplift Family Services ACT (Assertive Community Treatment) Program	**Provider:**	Uplift Family Services
Program Description:	The Fresno County Assertive Community Treatment (ACT) program serves youth ages 10 to 18 at intake, who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM V. Examples include: youth with significant functional impairments in school, work, or the community; youth with significant difficulty maintaining personal safety; youth with high use of acute psychiatric hospitals or psychiatric emergency services; youth with high risk or recent history of criminal justice involvement; youth with a coexisting substance abuse disorder of significant duration; and youth with intractable and severe major symptoms. A significant percentage of ACT youth are referred by Juvenile Probation or Juvenile Court. The program philosophy includes developing individualized service plans for each youth and 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 provided 24 hours a day, seven days per week, and 365 days per year in locations most comfortable for the youth and family. Traditional and non-traditional support services are also provided.	**MHP Work Plan:**	2-Wellness, recovery, and resiliency support Choose an item. Choose an item.
Age Group Served 1:	CHILDREN	**Dates Of Operation:**	August 2009 - Present
Age Group Served 2:	TAY	**Reporting Period:**	July 1, 2020 - June 30, 2020
Funding Source 1:	Com Services & Supports (MHSA)	**Funding Source 3:**	Other, please specify below

Funding Source 2: Medical FFP **Other Funding:** Private Insurance

FISCAL INFORMATION:

Program Budget Amount: $2,792,730.00 **Program Actual Amount:** $2,724,454.00

Number of Unique Clients Served During Time Period: 208

Number of Services Rendered During Time Period: 14,784

Actual Cost Per Client: $13,098.34

CONTRACT INFORMATION:

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

Contract Term: January 1,2019 – June 30, 2021 **For Other:** Click here to enter text.

Renewal Date: Click here to enter text.

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: Children ages 10 to 18 (at admission) who have a serious mental health condition or serious emotional disturbance with at least one diagnosis from the DSM. Specifically, Children with significant functional impairments in school, work, home, or the community; significant difficulty maintaining personal safety; high use of acute psychiatric hospitals or psychiatric emergency services; high risk or recent history of criminal justice involvement; coexisting substance use disorders of significant duration, among other co-occurring issues, and intractable severe major symptoms.

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)*	**Please describe how the selected concept (s) embedded** :
Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services	A uniform, comprehensive assessment and a multi-disciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family's needs without duplication or conflict. Changes to the Plan of Care are driven by the family's evolving needs, desires, and achievements, and developed in the context of a multi-system team approach. An integrated financial screening process initiated during the Assessment Center intake ensures that no or limited means of payment does not exclude children and families from services.
Cultural Competency	Cultural 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.

Integrated service experiences	Innovative, integrated, high-quality plans are developed one child, and one family at a time, ensuring that the process is individualized and unique to the family's beliefs, language, and values. All services are respectful of the family's chosen goals and sensitive to the family's environment, cultural background, and preferences.
Underserved communities	The co-location of specific agency staff, collaborative decision-making, and a full range of service and treatment options provide support for families historically unaware, unwilling, or unable to access mental health services in traditional settings.
Community collaboration	Holistic service planning addresses the full scope and complexity of the family's needs to maintain health and stability. Facilitators, clinicians and other clinical staff, Social Workers, and Care Managers work with families to ensure that they have complete ownership of the service plan and are invested in its success. Services are provided to the individual and family with community support and access to local resources in mind.

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

Goals/Objectives	Performance Measure	FY20
Improved Customers Functioning	1.1) 70% of customers will maintain or improve clinical condition and quality of life. (Source: CANS Total)*	38%
	1.2) 70% of customers will maintain or improve social functioning skills. (Source: CANS LFD Social Functioning) **	70%
	1.3) 60% of customers will maintain or improve emotional and behavioral status. (Source: CANS BEN domain)*	60%
	1.4) 60% of customers will maintain or improve child risk behaviors. (Source: CANS RB domain)*	74%
	1.5) 80% of youth will improve psychosocial impairment functioning. (Source: PSC-35)	57%
Improved Educational Functioning	2.1) 80%/10% of customers will maintain or improve Academic Performance. (Source: CANS LFD School Achievement)**	69%
	2.2) 80%/25% of customers will improve or maintain school attendance. (Source: CANS LFD School Attendance)**	76%
	2.3) 80% of customers will maintain at 0 or decrease their number of expulsions/suspensions during the last 3 months' services. (Source: CEDE Expulsion and Suspension)	94%
Placement Stability	3.1) 80%/10% of customers In-Home at Admit, will maintain or move to a less restrictive setting (not including less restrictive GH setting). (Source: CEDE Predominant Living Situation)	92%
Juvenile Justice Involvement	4.1) 80%/50% of customers will maintain at zero or reduced their number of probation violations. (Source: CEDE Probation Violations)	92%
	4.2) 80%/50% of customers will maintain at zero or decrease their days in custody. (Source: CEDE Days in	95%

	Custody)	
Improve Functional Stability and Reduce Need for Crisis Care	3.1) 70%/50% of customers who decrease (or maintain at zero) their average number of hospitalizations as compared with their 12-month historical average prior to program entry. (Source: IA/IR)	89%
	3.2) 70%/50% of customers who decrease (or maintain at zero) their average number of psychiatric holds as compared with their 12-month historical average prior to program entry. (Source: IA/IR)	84%
Satisfaction	6.1) 80%/75% of customers and families will be satisfied with Assertive Community Treatment Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction; per agency KPI.)	YSS-F: 83% YSS: 69% AS: n/a

Notes: (1) In BLUE: per program baseline or KPI standard, in GREEN: per desired target goal, and in RED: per contract. (2) Outcomes/Goals based on FY20 program logic model. (3) *Improvement is defined as customers improving at least 60% of Total CANS actionable items to non-actionable. (4) ** Item level improvement is defined by change in CANS score from Actionable (2, 3) at Admit to Non-Actionable (0, 1) at Discharge.

- O&E ran data to look at any improvement whatsoever in a domain, as well as clients that maintained a nonactionable status from admit to discharge. If a client had less actionable items at discharge, this counted as an improvement. This resulted in significant increases in percentages on several items, including social functioning, emotional and behavior status, and risk behaviors.
- 69% of youth improved academic performance and 74% improved school attendance, those percentages fell below the goal of 80% set by Uplift Family Services. Uplift Family Services will utilize our continuous quality improvement process to examine if the 80% threshold is realistic given the acuity level of the youth served in ACT.
- For item 1.1 the percentage remains low due to the low number of matched intake and discharge pairs (19/50).
- Psychosocial impairment is measured using the PSC-35. We had very few matched intake and discharge pairs for youth (ACT: N=7/48), which is why the percentage was so low for this category. 41 of the 48 clients ended services abruptly either dropping out and not being available to complete the discharge evaluations or disengaging and declining to complete discharge evaluations.

DEPARTMENT RECOMMENDATION(S):

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