

PROGRAM INFORMATION:

Program Title:	Children's Full Service Partnership 0-10 Years (Bright Beginnings for Families)	Provider:	Uplift Family Services (UFS) Exceptional Parents Unlimited (EPU) Comprehensive Youth Services of Fresno (CYS)
Program Description:	Bright Beginnings for Families (BBFF) is a collaboration of three agencies—Uplift Family Services (UFS), Exceptional Parents Unlimited (EPU), and Comprehensive Youth Services of Fresno (CYS)—to build stronger families, focusing on children and their family members with complex behavioral health needs. BBFF uses a team-based approach to deliver an array of services designed to empower families to overcome barriers and effectively meet the needs of their children who have severe behavioral problems.	MHP Work Plan:	2-Wellness, recovery, and resiliency support 3-Culturally and community defined practices 4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	September 17, 2007 – Present
Age Group Served 2:	Choose an item.	Reporting Period:	July 1, 2019 - June 30, 2020
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Choose an item.
Funding Source 2:	Medi-Cal FFP	Other Funding:	Click here to enter text.

FISCAL INFORMATION:

Program Budget Amount:	\$5,653,120.00 (UFS: \$3,097,134.00, CYS: \$1,071,808.00, EPU: \$1,484,178.00)	Program Actual Amount:	\$5,156,191.03 (UFS: \$3,068,680.00, CYS:\$691,614.48, EPU: \$1,395,896.55)
Number of Unique Clients Served During Time Period:	376 (UFS:163, CYS:65, EPU:148)		
Number of Services Rendered During Time Period:	23,559 (UFS: 14,705, CYS: 5,729 , EPU: 3,125)		
Actual Cost Per Client:	\$13,713.27 (UFS: \$18,826.26, CYS: \$10,640.22, EPU: \$9,431.73)		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	FSP
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Contract Term: July 1, 2018 – June 30, 2023

For Other: Click here to enter text.

Renewal Date: July 1, 2018

Level of Care Information Age 18 & Over: Choose an item.

Level of Care Information Age 0-17: Intensive Outpatient (TBS, Wrap)

TARGET POPULATION INFORMATION:

Target Population: Children with Serious Emotional Disturbance (SED) and their families. The target population includes unserved and underserved minority groups, children, and families in rural and metro areas of Fresno County; who have no or limited means of payment for services; have traditionally been reluctant to seek services from traditional mental health settings; and/or are in danger of homelessness, hospitalizations, incarcerations, out of home placements, or emergency room visits.

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.
- **Access to underserved communities:** Historically unserved and underserved communities are those groups that either have documented low levels of access and/or use of mental health services, face barriers to participation in the policy making process in public mental health, have low rates of insurance coverage for mental health care, and/or have been identified as priorities for mental health services.
- **Integrated service experiences:** services for clients and families are seamless. Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/program:

(May select more than one)

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

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

Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services
A uniform, comprehensive assessment and a multi-disciplinary Individualized Services and Supports Plan (ISSP), which may include a mental health Plan of Care where appropriate, utilized by all partnering service providers ensures coordinated, integrated service delivery that meets the family's needs

without duplication or conflict. Changes to the Plan of Care are driven by the family's evolving needs, desires, and achievements, and developed in the context of a multi-system team approach. An integrated financial screening process initiated during the Assessment Center intake ensures that no or limited means of payment does not exclude children and families from services.

Cultural Competency

Cultural Competency

Cultural inclusiveness and family engagement is supported by appropriately trained program staff, including qualified family members, and partnerships with community-based organizations with experience and expertise in cultural, ethnic, and linguistically sensitive services. Focus populations include Latino, Southeast Asian, African American, and Native American cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

Community Collaboration

Community Collaboration

Holistic service planning addresses the full scope and complexity of the family's needs to maintain health and stability. Facilitators, clinicians and other clinical staff, Social Workers, and Care Managers work with families to ensure that they have complete ownership of the service plan and are invested in its success. Services are provided to the individual and family with community support and access to local resources in mind.

Integrated Service Experiences

Integrated Service Experiences

Innovative, integrated, high-quality plans are developed one child, and one family at a time, ensuring that the process is individualized and unique to the family's beliefs, language, and values. All services are respectful of the family's chosen goals and sensitive to the family's environment, cultural background, and preferences.

Access to Underserved Communities

Access to Underserved Communities

The co-location of specific agency staff, collaborative decision-making, and a full range of service and treatment options provide support for families historically unaware, unwilling, or unable to access mental health services in traditional settings.

Goals/Objectives	Performance Measure	FY20
Improved Child Functioning	1.1) 70% of children will maintain or improve clinical condition/quality of life. (Source: CANS Total Actionable Items)	62% (n=24/51)
	1.2) 70% of children will maintain or improve emotional and behavioral status.* (Source: CANS BEN domain)	74% (n=37/59)
	1.3) 70% of children will reduce risk behaviors.* (Source: CANS RB domain)	73% (n=8/11)
Improved Educational Functioning (Uplift Family Services Only)	2.1) 70% of children will maintain or improve school achievement. (Source: CANS LDF School Achievement item)	79% (n=40/51)
	2.2) 70% of children will maintain or improve school attendance. (Source: CANS LDF School Attendance item)	88% (n=45/51)
	2.3) 70% of children will maintain or improve school behaviors. (Source: CANS LDF School Behavior)	88% (n=45/51)
Improved Parent Functioning	3.1) 70% of children will improve psychosocial impairment functioning (Source: PSC-35)	62% (n=35/57)
Satisfaction	4.1) 70% of children and families will be satisfied with Bright Beginnings for Families services. (Source: POQI Sate Satisfaction Survey/YSS-F; % Satisfied= Mean score of 4.0 or higher per Uplift Family Services baseline; 3.5 or higher per national mean.) (Source: Caregiver Satisfaction Survey; % Satisfied= Score of 4 or higher on Total Satisfaction question; per Uplift Family Services baseline)	4.0+: 82% (n=41/50)

In-Home (Uplift Family Services Only)	5.1) 70% of children will maintain in home or improve to an in-home placement. (Source: CEDE current living situation. (Source: CEDE 2.0)	100% (n=45/45)
Juvenile Justice Involvement (Uplift Family Services Only)	6.1) 70% of children will decrease (or maintain at 0) their number of probation violations. (Source: CEDE Probation Violations)	100% (n=45/45)
Hospitalizations (Uplift Family Services Only)	7.1) 85% of children will decrease (or maintain at 0) their number of admissions to inpatient Hospitals i.e. Exodus).	96% (n=46/48)
Efficiency	8.1) 70% productivity for Medi-Cal billing. (Source: Finance Department)	76%

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) No FSE youth had an overall FSE plan of connecting and living with.

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

- 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 re-evaluation resulted in an increase in the percentages for items 1.1 and 1.2. Item 1.2 now exceeds the target of 70%.
- For item 1.1 the percentage remains low due to the low number of matched intake and discharge pairs (33/53).
- Psychosocial impairment is measured using the PSC-35. There was a low number of matched intake and discharge pairs for this item (37/59) which gives an incomplete picture of how well the program did overall on this target. As noted in prior years, there is often a struggle to gather discharge data from families as services come to an end, as families drop out of treatment before a formal discharge is completed.

DEPARTMENT RECOMMENDATION(S):

[Click here to enter text.](#)