

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

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 to June 30, 2021
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Other, please specify below

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Funding Source 2: [Medical FFP](#)

Other Funding: [Private Insurance](#)

FISCAL INFORMATION:

Program Budget Amount: [\\$3,281,645.00](#)

Program Actual Amount: [\\$2,547,187.06](#)

Number of Unique Clients Served During Time Period: [208](#)

Number of Services Rendered During Time Period: [17,366](#)

Actual Cost Per Client: [\\$12,246.09](#)

CONTRACT INFORMATION:

Program Type: [Contract-Operated](#)

Type of Program: [FSP](#)

Contract Term: [July 1, 2013 to June 30, 2020](#)

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.

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 persons served and families are seamless. Persons served and families do not have to negotiate with multiple agencies and funding sources to meet their needs.

Please select core concepts embedded in services/ program:

(May select more than one)

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

Cultural Competency

Please describe how the selected concept (s) embedded :

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 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

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.

Goals/Objective s	Performance Measure	FY21
Improved Customers Functioning	1.1) 60% of customers will maintain or improve clinical condition and quality of life. (Source: CANS Total)*	66%
	1.2) 60% of customers will improve emotional and behavioral status. (Source: CANS BEN domain)*	52%
	1.3) 60% of customers will improve child risk behaviors. (Source: CANS RB domain)*	70%
	1.5) 70% of youth will improve psychosocial impairment functioning. (Source: PSC-35)	75%
Improved Educational Functioning	2.1) 70%/10% of customers will maintain or improve Academic Performance. (Source: CANS LFD School Achievement)**	67%
	2.2) 70%/25% of customers will improve or maintain school attendance. (Source: CANS LFD School Attendance)**	76%
	2.3) 70% of customers will maintain at 0 or decrease their number of expulsions/suspensions during the last 3 months' services. (Source: CEDE Expulsion and Suspension)	100%
Placement Stability	3.1) 70%/10% of customers In-Home at Admit, will maintain or move to a less restrictive setting (not including less restrictive GH setting). (Source: CEDE Current Living Situation)	92%
Juvenile Justice Involvement	4.1) 70%/50% of customers will maintain at zero or reduced their number of probation violations. (Source: CEDE Probation Violations)	97%

	4.2) 70%/50% of customers will maintain at zero or decrease their days in custody. (Source: CEDE Days in Custody)	97%
Improve Functional Stability and Reduce Need for Crisis Care	5.1) 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)	75%
	5.2) 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)	63%
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: 78% YSS: n/a 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 FY21 program logic model. (3)

*Improvement is defined as customers improving from actionable to non-actionable on at least one item. (4) **Item level improvement is defined by change in CANS score from Actionable (2, 3) at Admit to Non-Actionable (0, 1) at Discharge.