

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

PROGRAM INFORMATION:

Program Title:	Hope Program	Provider:	Uplift Family Services
Program Description:	<p>Uplift Family Services' Fresno Hope 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).</p> <p>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 during traditional and non-traditional hours and in locations most comfortable for the consumer and family.</p>	MHP Work Plan:	4-Behavioral health clinical care
Age Group Served 1:	CHILDREN	Dates Of Operation:	December 12, 2015 - present
Age Group Served 2:	ADULT	Reporting Period:	July 1, 2020 - June 30, 2021
Funding Source 1:	Medical FFP	Funding Source 3:	Other, please specify below
Funding Source 2:	EPSDT	Other Funding:	DSS

FISCAL INFORMATION:

Program Budget Amount:	\$5,756,460	Program Actual Amount:	\$4,394,921.71
Number of Unique Persons Served During Time Period:	1,098		
Number of Services Rendered During Time Period:	25,483		
Actual Cost Per Person Served:	\$5,290.38		

CONTRACT INFORMATION:

Program Type:	Contract-Operated	Type of Program:	Outpatient
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Contract Term: 07/01/2019 – 06/30/2022
plus two optional one-year
extensions)

For Other:

Renewal Date: 7/1/2021

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

Level of Care Information Age 0- 17: Outpatient Treatment

TARGET POPULATION INFORMATION:

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

CORE CONCEPTS:

- **Community collaboration:** individuals, families, agencies, and businesses work together to accomplish a shared vision.
- **Cultural competence:** adopting behaviors, attitudes and policies that enable providers to work effectively in cross-cultural situations.
- **Individual/Family-Driven, Wellness/Recovery/Resiliency-Focused Services:** adult 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

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

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

Community collaboration

Access to underserved communities

cultures, as well as families in specific geographic areas and/or with limited or no means of payment for services. Service goals are to reduce the adverse impact of untreated mental illness and assist families in developing and maintaining stability, safety, and recovery.

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

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

Through the provision of community-based services, Uplift Family Services is able to bring services to children and families who would not otherwise have access to care, or for whom access is limited due to transportation and other barriers. Additionally, we provide services for all referred individuals regardless of insurance coverage.

The organization directly provides or makes referrals for a comprehensive range of prevention and treatment services, including acute care services, when necessary. Informal community and neighborhood resources and supports are an integral part of the program and are utilized in numerous creative, non-traditional ways. On a macro level, leadership from each Uplift Family Services program participate in meetings with senior management representatives from system partners (i.e. child welfare services, children's mental health, juvenile probation, county office of education) to assess and ensure coordination and collaboration across all parts of the larger social service system.

PROGRAM OUTCOME & GOALS

- Must include each of these areas/domains: (1) Effectiveness, (2) Efficiency, (3) Access, (4) Satisfaction & Feedback Of Persons Served & Stakeholder
- Include the following components for documenting each goal: (1) Indicator, (2) Who Applied, (3) Time of Measure, (4) Data Source, (5) Target Goal Expectancy

SECTION I: SUMMARY OF PROGRAM OUTCOMES

Table 1

Goal	Performance Measure	Since Last Reporting Period (FY20)	Current Reporting Period
Efficiency - Timeliness of Service†	1.1) 70% Timely access to services from referral to first contact. <i>Urgent – first contact due within 3 days</i> <i>Priority – first contact due within 15 days</i> <i>Regular – first contact due within 30 days</i>	Overall: 73% (n=374/516) Urgent: 92% (n=11/12) Regular: 72% (n=363/504) During January to May 2020, Regular reached the target goal of 80%; however, staff retention dropped considerably in June, lowering the percentage to 65%.	Overall: 29% (n=142/495) Urgent: 100% (n=8/8) Regular: 28% (n=134/487)
	1.2) 60% of clients will have timely access to services from assessment to ongoing	97% (n=507/525)	96% (n=425/442)

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	treatment (Source: Service Detail Report)		
	1.3) 60% of clients will have timely access to services from referral to medication evaluation (when appropriate)	N/A Data Entered Into Avatar	N/A Data Entered Into Avatar
	1.4) 90% of clients' assessments will be completed within appropriate timeframes (Urgent, Priority, Standard: all due within 10 days) (Source: Program Tracking (Referral Date to Ax Date))	Overall: 91% (n=432/473)	Overall: 98% (n=507/515)
	1.5) Increase the number of services provided per client by 5% (Source: Service Detail Report)	24.1 (10% increase)	25.7 (6% increase)
	1.6) 70% of services will be provided in the Community (Source: Service Detail Report)	Field: 68% (n=12,132/19,649) Office: 32% (n=5,791/19,649)	Field: 45% (n=9,102/20,137) Office*: 55% (n=11,035/20,137) *Office includes services provided via telephone
	1.7) 70% of discharges will be due to successful completion of treatment (Source: CWMHS Activity Report)	65% (n=327/500)	74% (n=339/458)
Access/ Engagement	2.1) "No show" rate will be no more than 10% (Source: Service Detail Report)	9% (n=2,244/26,530)	15% (n=4,178/27,444)
	2.2) No more than 20% of discharges will be due to "no show" (Source: CWMHS Activity Report)	14% (n=69/500)	2% (n=10/458)
	2.3) Increased rates of IHBS billing (Source: Service Detail Report)	IHBS: 1,429 Services, 896 More Services from Previous FY	IHBS: 704 Services, 725 Less Services from Previous FY*
	2.4) Increased rates of ICC billing (Source: Service Detail Report)	ICC: 2,856 Services, 1,883 More Services from Previous FY	ICC: 2,173 Services, 683 Less Services from Previous FY
	2.5) Increase in home-based services (Source: Service Detail Report)	IHBS: 1,429 Services 896 More Services from Previous FY	IHBS: 704 Services, 725 Less Services from Previous FY

Effectiveness – Improved Child Functioning	3.1) 70% of clients will maintain or improve academic performance‡ (Source: CANS LFD School Performance)	12% Improved 72% Maintained Total: 84%	23% Improved 68% Maintained Total: 91%
	3.2) 70% of clients will improve school attendance‡ (Source: CANS LFD School Attendance)	5% Improved 87% Maintained Total: 92%	10% Improved 87% Maintained Total: 97%
	3.3) 70% of clients will decrease suspensions or school disciplinary actions ‡ (Source: CEDE 2.0 Suspensions and Expulsions)	3% Improved 93% Maintained Total: 96%	3% Improved 96% Maintained Total: 99%
	3.4) 70% of clients will maintain or increase in healthy friendships and participation in age-appropriate activities † (Source: CANS SD Interpersonal)	29% Improved 45% Maintained Total: 74%	24% Improved 49% Maintained Total: 73%
	3.5) 70% of clients will maintain or improve their ability to function within the current living situation‡ (Source: CANS LFD Living Situation)	24% Improved 59% Maintained Total: 83%	19% Improved 68% Maintained Total: 87%
	3.6) 70% of clients will maintain healthy and stable relationships at home‡ (Source: CANS LFD Family Functioning)	39% Improved 30% Maintained Total: 69%	42% Improved 32% Maintained Total: 74%
	3.7) 70% of clients will maintain healthy and stable relationships at school ‡ (Source: CANS LFD Social Function)	20% Improved 60% Maintained Total: 80%	25% Improved 59% Maintained Total: 84%
	3.8) 70% of customers will improve emotional and behavioral status. (Sources: CANS BEN domain) †	50% Improved	64% Improved
	3.9) 60% of customers will reduce risk behaviors.** (Sources: CANS RB domain)†	71% Improved	60% Improved

	3.10) 60% of customers will improve clinical condition and quality of life.** (Sources: CANS Total)†	41% Improved	45% Improved
	3.11) 60% of customers will make progress or meet treatment goals‡. (Source: CWMHS Activity Report)	Customers met treatment goals: 51% (n=254/500) Customers with DSS case closed: 15% (n=73/500) Total: 66% (n=327/500)	Customers met treatment goals: 58% (n=267/458) Customers with DSS case closed: 16% (n=72/458) Total: 74% (n=339/458)
	3.12) 70% of youth will improve psychosocial impairment functioning or maintain no impairment (Source: PSC-35)	18% Improved, 71% Maintained Total: 89%	20% Improved, 72% Maintained Total: 92%
Effectiveness - Improved Family Functioning	4.1) 70% of caregivers will be knowledgeable about child's need, can monitor and manage the child's behavior‡ (Source: CANS CGRN Knowledge)	18% Improved, 65% Maintained Total: 83%	21% Improved, 69% Maintained Total: 90%
	4.2) 70% of caregivers will refrain from behavior that puts the child at risk.‡ (Source: CANS CGRN Supervision)	10% Improved 78% Maintained Total: 88%	13% Improved 83% Maintained Total: 96%
	4.3) 70% of caregivers will be protective of the child from others that pose a risk to a child‡ (Source: CANS CGRN Safety)	9% Improved, 85% Maintained Total: 94%	9% Improved, 86% Maintained Total: 95%
	4.4) 70% of caregivers will be able to maintain safe and stable housing‡ (Source: CANS CGRN Residential Stability)	8% Improved 87% Maintained Total: 95%	6% Improved 91% Maintained Total: 97%
Effectiveness - Improved Parent Functioning	5.1) 70% of caregivers will increase social supports and safety network‡ (Source: CANS SD Community Life)	24% Improved 22% Maintained Total: 46%	23% Improved 21% Maintained Total: 44%

	5.2) 70% of caregivers will maintain a Job or Means of Livelihood‡ (Source: CANS LFD Job Functioning)	10% Improved 74% Maintained Total: 84%	13% Improved 56% Maintained Total: 69%
	5.3) 70% of caregivers will be able to maintain safe and stable housing‡ (CANS TAY or Ages 18+ LFD Residential Stability)	Insufficient Data	6% Improved 83% Maintained Total: 89%
	5.4) 70% of caregivers will maintain or improve their participation in Drug Testing and Ability to Refrain from Substance Abuse (if applicable)‡ (Source: CANS BEN Substance Use)	19% Improved 70% Maintained Total: 89%	16% Improved 82% Maintained Total: 98%
	5.5) 70% of caregivers will participate in Mental Health Treatment ‡ (Source: Adult Survey Participation Domain)	82% participated	100% participated
	5.6) 70% of caregivers will maintain or improve their physical health‡ (Source: CANS – LFD Medical)	7% Improved 83% Maintained Total: 90%	4% Improved 82% Maintained Total: 86%
	5.7) 50% of caregivers will make progress in meeting their treatment goals‡	N/A	N/A
Satisfaction	6.1) 80% of customers and families will be satisfied with Hope Services. (Source: YSS, YSS-F, AS; % Satisfied= Mean score of 4.0 or higher on Total Satisfaction.) †	YSS-F: 93% YSS: 79% AS: 79%	YSS-F: 91% YSS: 86% AS: 96%

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)* IHBS services were stopped temporarily when program was notified by managed care that the definition had changed. However, program was given permission to use the former definition, thus services were started again. This accounts for the decrease.

SECTION II: DEMOGRAPHICS AND STATISTICAL DATA FY21

Table 2: Customers Served

Number of Customers Served	
Active Customers as of 06/30/21	408

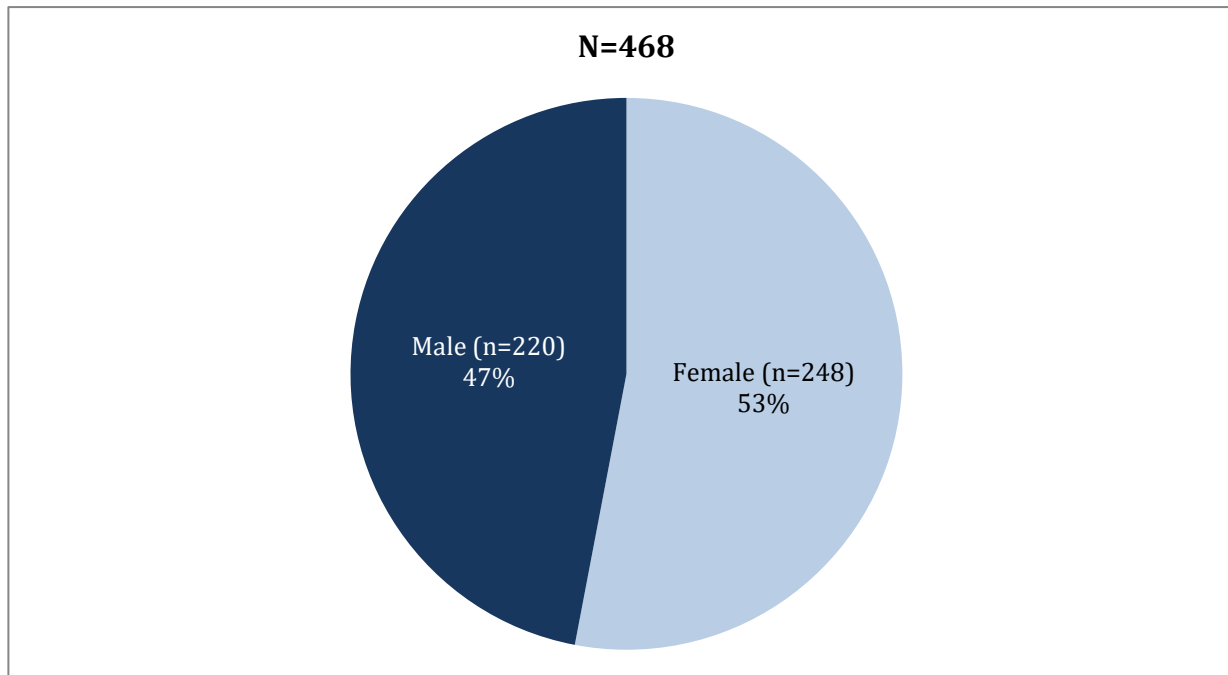
Customers Referred	945
Customers Admitted	476
Customers Discharged	472
Customers Discharged with LOS greater than 60 days*	425
Total Customers Served Unduplicated	856
Total Customers Served	880

Source: DWH Masterclient Extract (07/19/2021) and CWMHS Activity Report (07/15/21). Note(s): (1) *Outcomes only include Customers discharged with a LOS greater than 60 days. (2) Other includes Declined and Sent to Judge's report with no MHA. (3) Other data received from CWMHS Activity Report.

Table 3: Age

	N=476
0 to 5	109 (23%)
6 to 10	99 (21%)
11 to 13	55 (12%)
14 to 17	39 (8%)
18 to 25	24 (5%)
26+	150 (31%)
Range	0.00 – 69.25
Mean	17.98
Median	12.50

Source: DWH Masterclient Extract (07/19/2021). (1) Admitted customers only.

Figure 1: Gender

Source: DWH Masterclient Extract (07/19/2021). Notes: (1) N is unduplicated. (2) Admitted customers only.

Table 4: Ethnicity

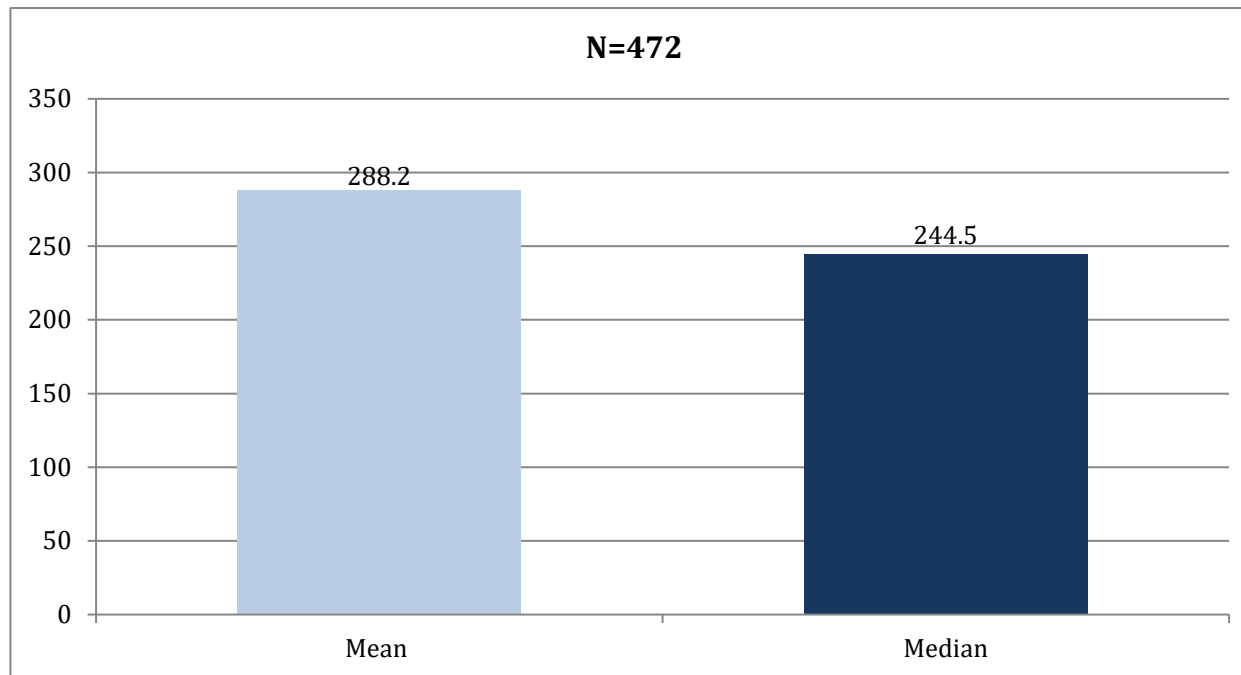
	N=468
African American	43 (9%)
Asian/Pacific Islander	9 (2%)
Caucasian	113 (24%)
Hispanic/Latino	210 (45%)
Multi-Ethnic	89(19%)
Native American	3 (<1%)
Unknown	1 (<1%)

Source: DWH Masterclient Extract (07/19/2021). Note(s): (1) N is unduplicated.

Table 5: Primary Diagnoses

	N=436
Trauma-Stressor Related Disorders	336 (77%)
Mood Disorders	75 (17%)
Other	11 (3%)
Disruptive Disorders	5 (1%)
Psychotic Disorders	1 (<1%)
Neurodevelopmental Disorders	8 (1%)

Source: DWH Masterclient Extract (07/19/2021). Note(s): (1) Diagnoses source: DSM-5, ICD-10; (2) Other includes: Other specified depressive disorders (n=1), other specified childhood emotional disorders (n=8), Bipolar disorder (n=1), and Disruptive Mood Dysregulation Disorder (n=1). (3) NOA customers not included: n=40.

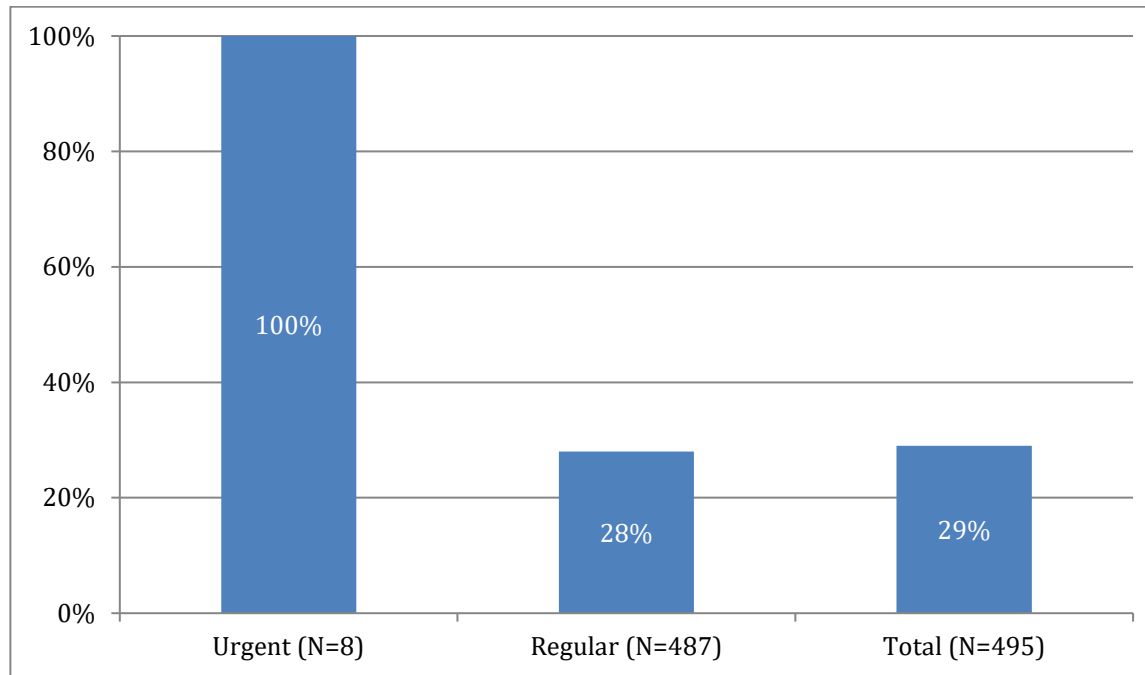
Figure 2: Length of Stay

Source: DWH Masterclient Extract (07/19/2021). Note(s): (1) LOS is shown in days.

SECTION III: PROGRAM OUTCOMES

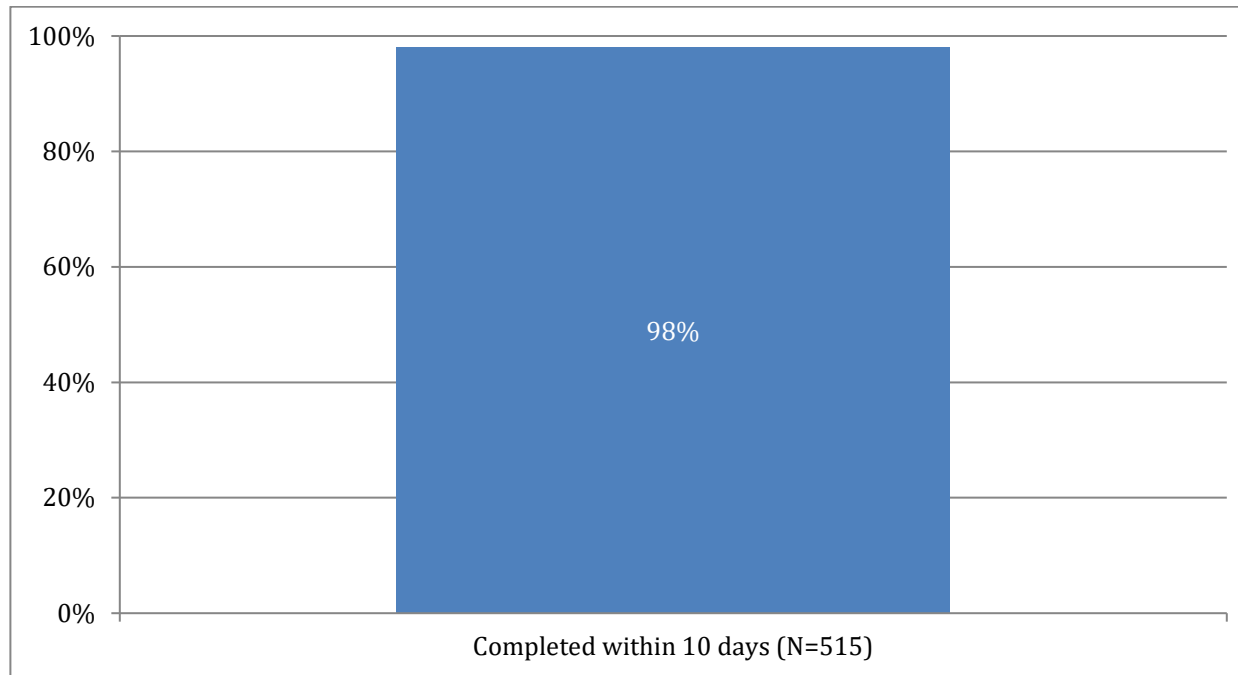
Timeliness of Service

Figure 3: First Contact Completed Within the Appropriate Timeframes



Source: Program Tracking (07/15/2021). Note(s): (1) Urgent: n=8, Regular: n=134, and Total: n=142. (2) n= number of Customers that completed first contact within 3 days for Urgent and 10 Days for Regular.

Figure 4: Assessments Completed Within the Appropriate Timeframes



Source: CWMHS Activity Report (07/10/2021). (1) Completed within 10 days: n=507.

Access/Engagement

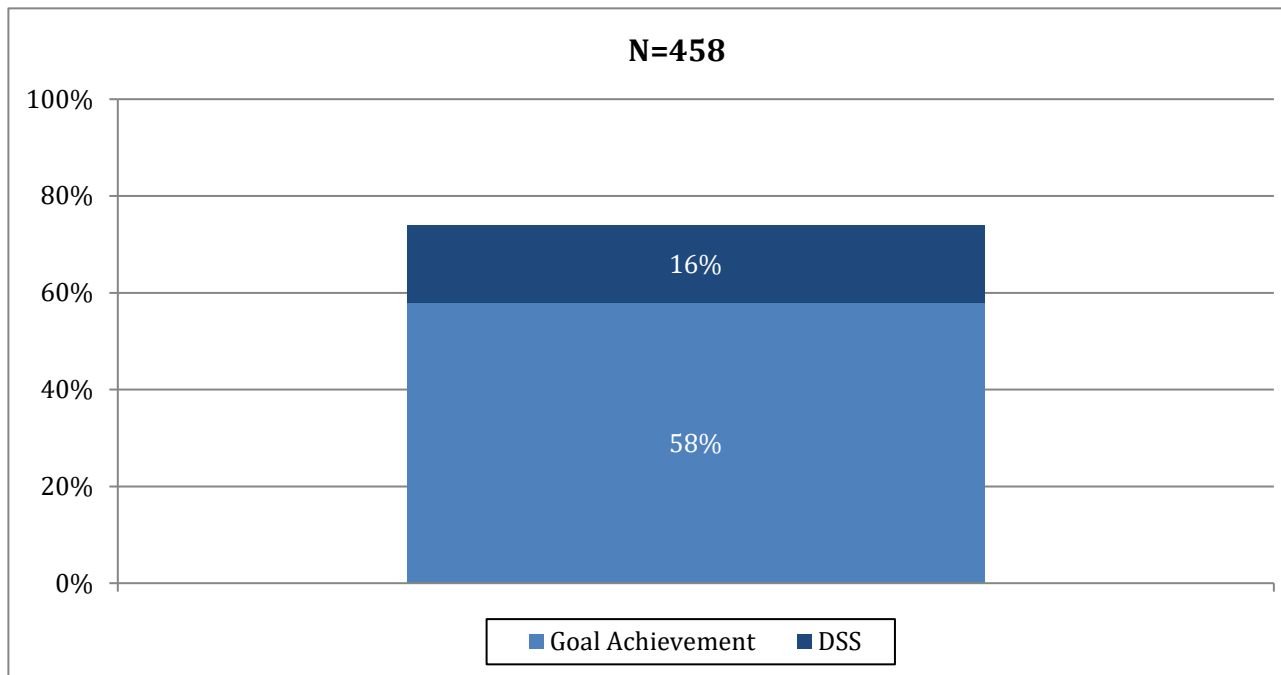
Table 6: Number of Services Provided Per Customer (Child and Adult) by Service Type

	N=22,002
Assessment	1,865 (8%)
Case Management	3,696 (17%)
Collateral	2,156 (10%)
Court Related Activities	1,178 (5%)
Individual Therapy	8,413 (38%)
Intensive Care Cord	2,173 (10%)
Intensive Home-Based Service	704 (3%)
Medication Services	617 (3%)
Plan Development	559 (3%)
Rehabilitation	641 (3%)

Services Per Client	25.7
In-Community/Telehealth	9,102 (45%)
In-Office/Phone	11,035 (55%)

Source: Service Detail Report (07/19/2021). Note(s): (1) N=number of services.

Figure 5: Reason for Discharge

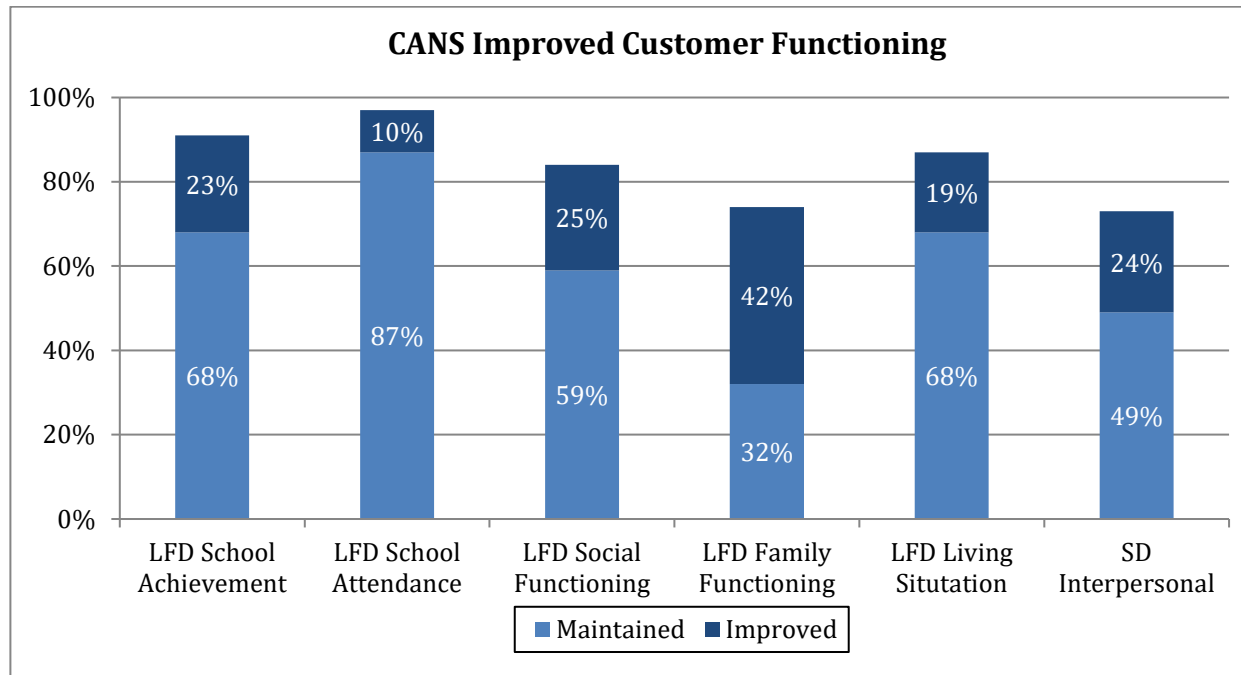


Source: CWMHS Activity Report (07/15/2021). Note(s): (1) Goal Achievement (n=267) and DSS case closed (n=72).

OUTCOMES

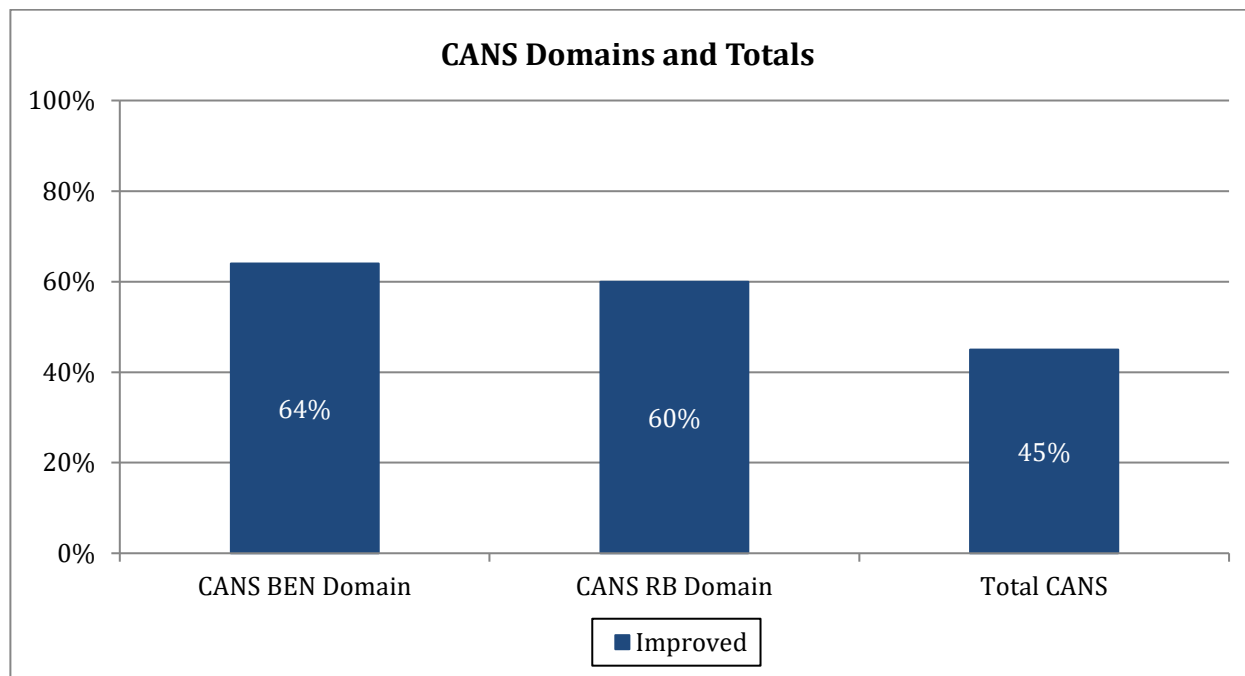
Improved Customer Functioning

Figure 6



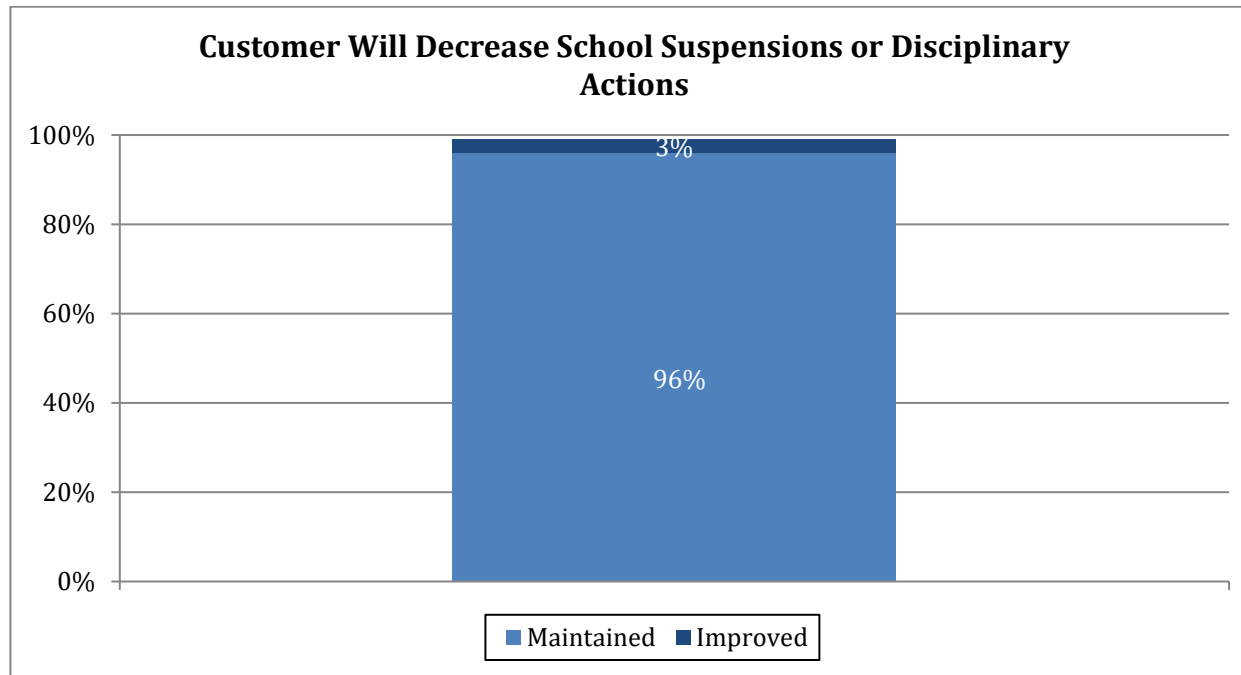
Source: Agency Standard CANS (07/19/2021). Note(s): (1) Paired CANS (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Figure 7



Source: CANS 5+ and Agency Standard CANS (07/16/2021). Note(s): (1) Paired CANS (Admit and Discharge), includes Customer with a LOS greater than 60 days.

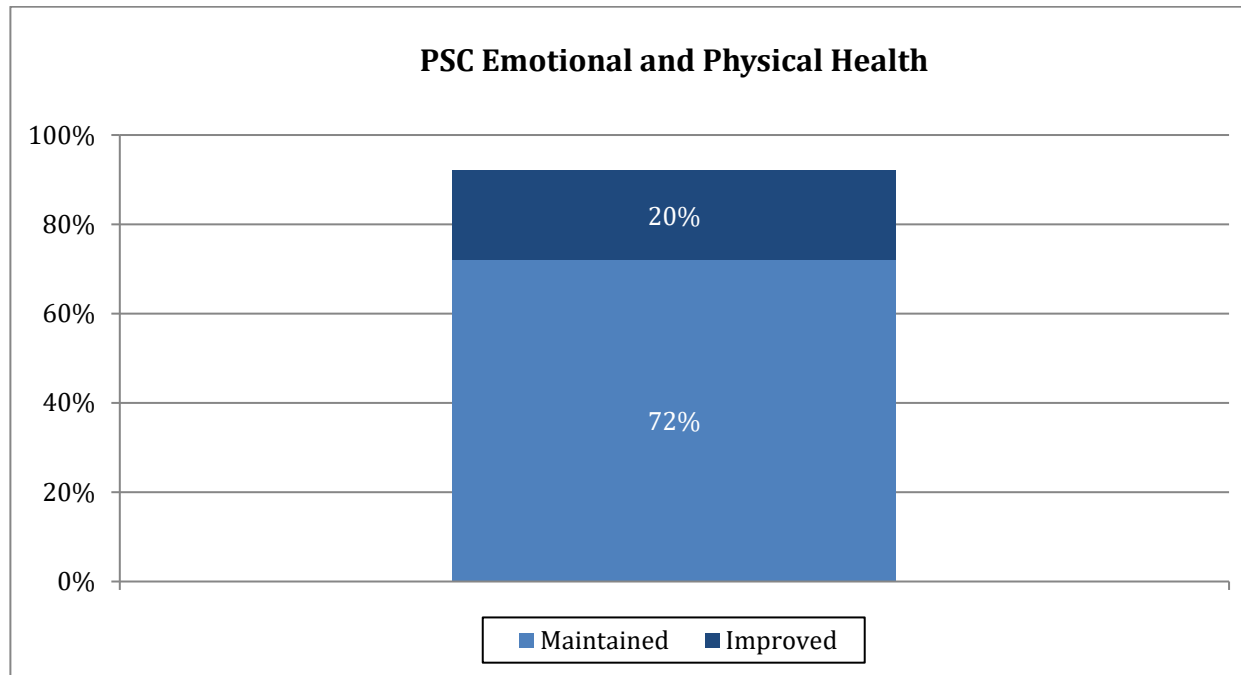
Figure 8



Source: CEDE 2.0 (07/19/2021). Note(s): (1) Paired CEDE Suspension/Expulsions (Admit and Discharge), includes Customers with a LOS greater than 60 days. (2) Maintained is defined as 0 suspensions or expulsions at admit and discharge.

PSC-35

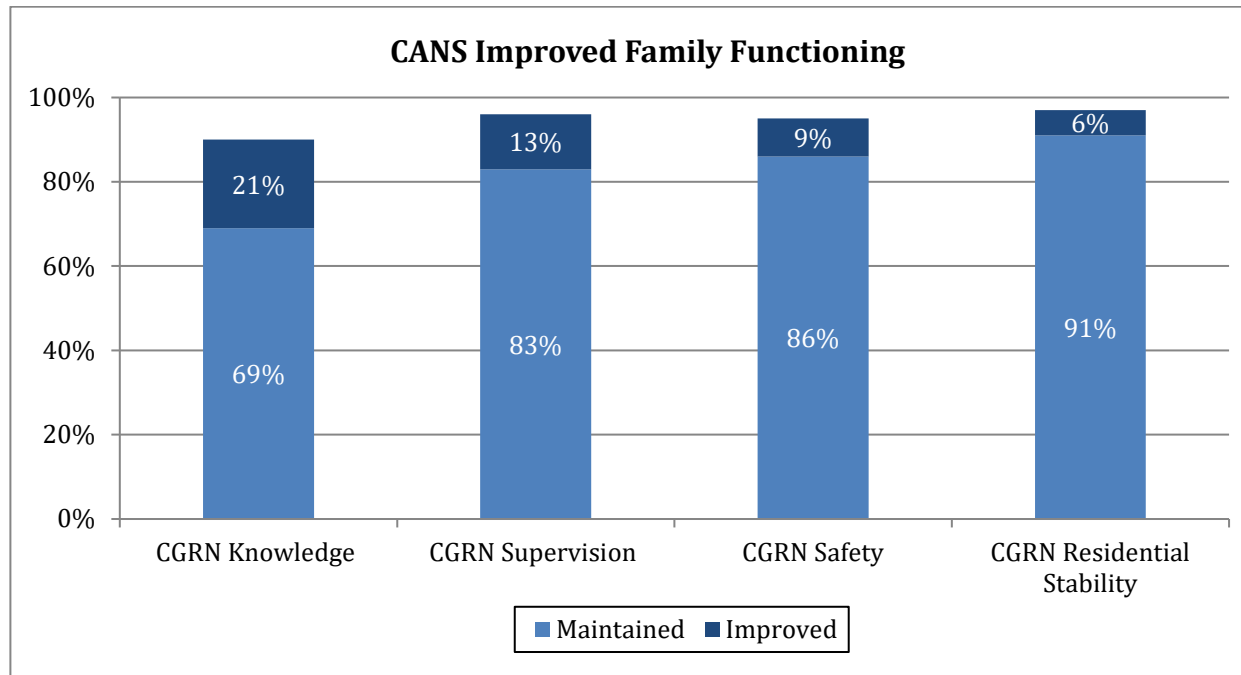
Figure 9



Source: PSC-35 (07/19/2021). Note(s): (1) Paired PSC-35 (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Improved Family Functioning

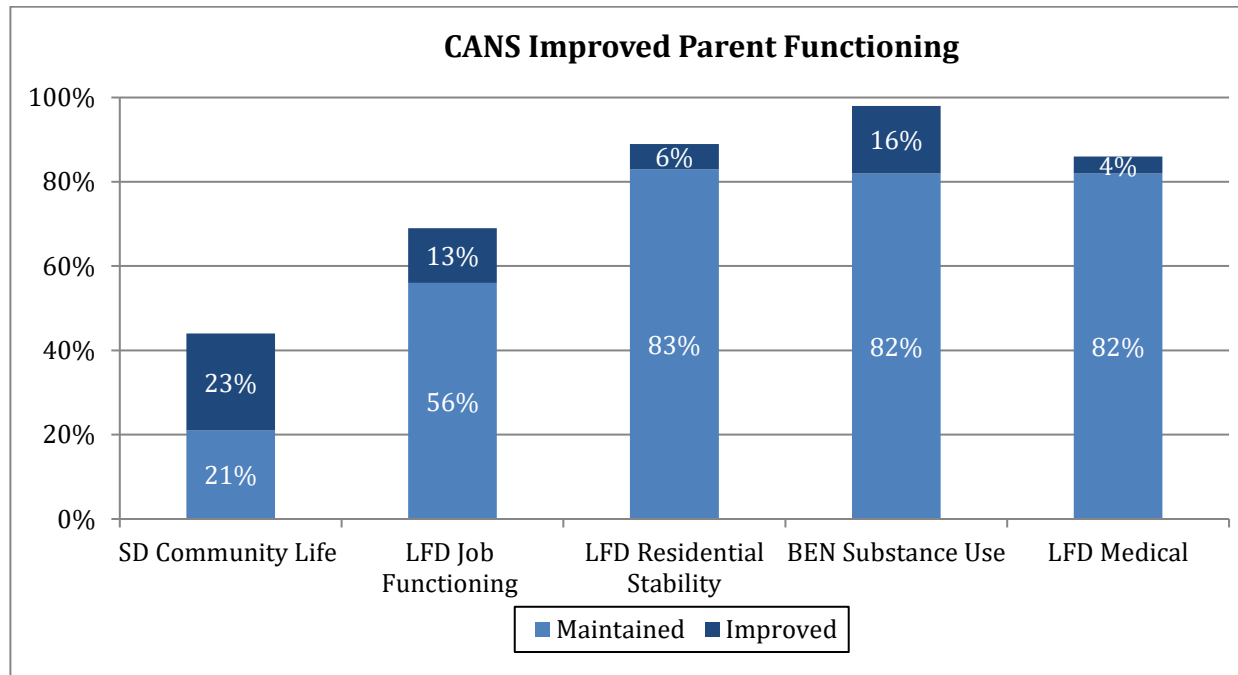
Figure 10



Source: Agency Standard CANS (07/19/2021). Note(s): (1) Paired CANS (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Improved Parent Functioning

Figure 11



Source: Agency Standard CANS (07/19/2021). Note(s): (1) Paired CANS (Admit and Discharge), includes Customer with a LOS greater than 60 days.

Satisfaction Outcomes

Customers Services Survey

To measure customer satisfaction, Uplift Family Services utilizes the Youth Services Survey for Families (YSS-F, administered to caregiver of customer 0-17), the Youth Services Survey (YSS, administered to youth 13-17), and the Adult Survey (AS, administered to customers 18+). Satisfaction surveys are administered at the time of program discharge, and two points in time during each fiscal year, during the Consumer Perception Survey State-Wide administration period. The YSS surveys ask youth to rate to what extent they disagree or agree with statements on a 5-point Likert-type scale, ranging from “Strongly Disagree” (1) to “Strongly Agree” (5), with a score of 5 indicating the highest level of satisfaction. Satisfaction is defined as an average rating of 4.0 and above.

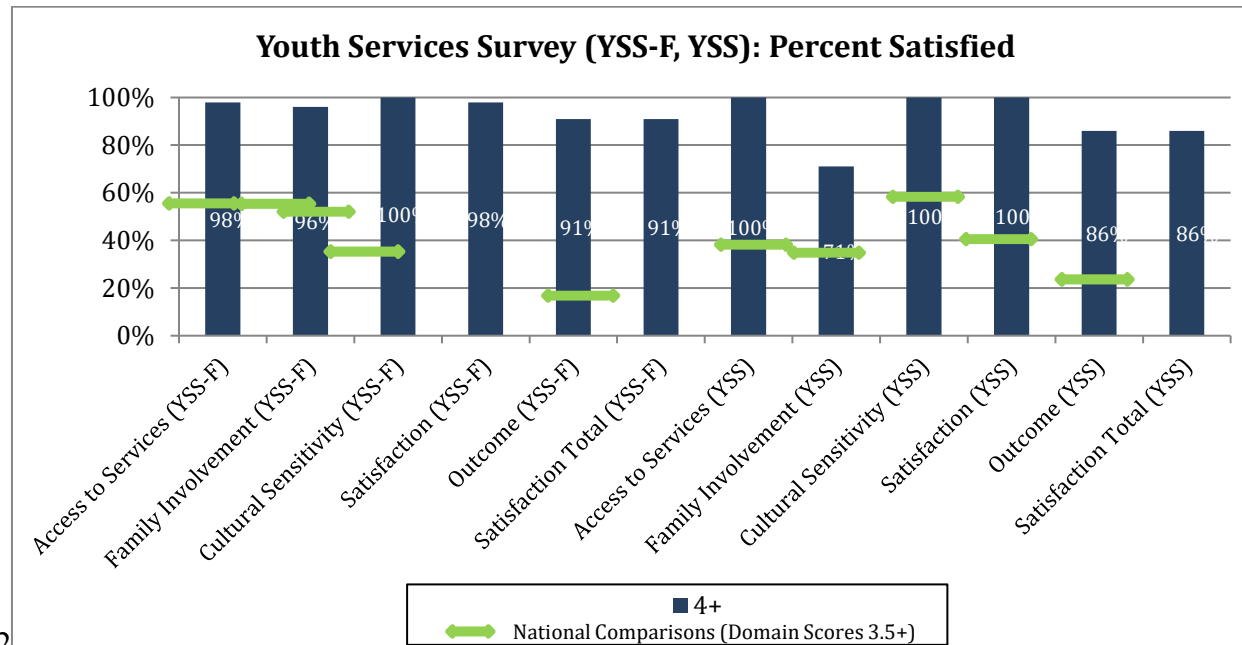


Figure 12

Source: YSS-F, YSS (07/20/2021). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) National Comparison (Green Arrows) compare to complete stacked bars, No National Comparison for Total Satisfaction.

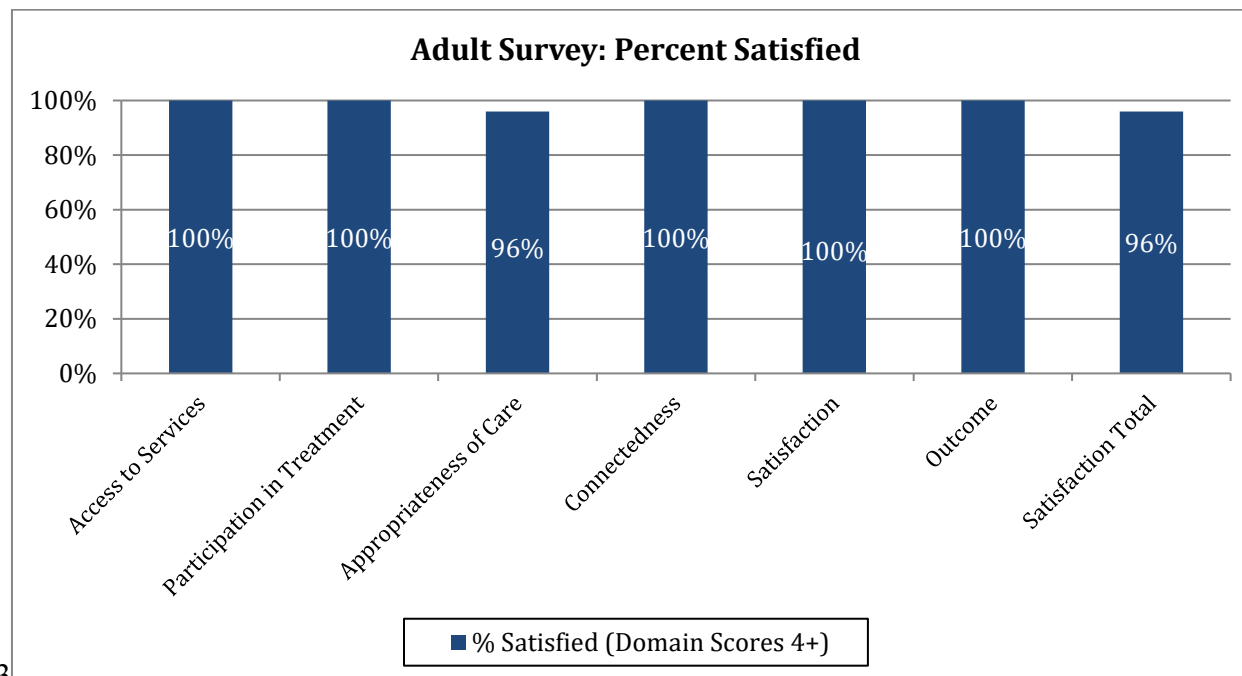


Figure 13

Source: Adult Survey (07/20/2021). Note(s): (1) Satisfaction is defined as an average rating of 4.0 or above; (2) No National Comparison for Adult Survey.

SECTION IV: CONCLUSIONS

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.

Based on the outcomes of the consumers discharged to date, consumers are able to maintain or improve (97%) their school attendance while staying out of trouble, by maintaining or improving their suspensions/expulsions (99%) at zero, and maintain or improve school grades and academic performance (91%). In addition, Fresno Hope consumers are increasingly capable of caring for their children by being knowledgeable about the child's needs and managing the child's needs (90%) and developing a support network to help promote a safe environment for their children (95%). Consumers (YSSF: 91%; YSS: 86%; Adults: 96%) are satisfied with services received from Fresno Hope program. These results indicate that

the Fresno Hope program has been highly effective in helping consumers and families to achieve their goals.

A barrier we experienced this past fiscal year was continued staff turnover due to limited clinical resources within the county with increased demand. This turnover prevented us from meeting our intake timeliness standards and caused us to fall behind with referrals due to the high volume of referrals continuing. Towards the end of the fiscal year, the ability to increase salaries of some of the clinical staff resulted in reduced turnover for those positions. As we have been able to fill the vacancies, we are catching up on pending referrals, despite the high volume.

Although the high volume of referrals (an average of more than 80 referrals per month) being processed impacts the program, we are getting closer to being able to meet the expectations for timeliness. There is a high volume of assessments needing to be completed which can impact timeliness and contribute to staff burn-out as they are exposed to high levels of trauma through the many assessments. Another barrier that is constantly being addressed and supported is the high level of secondary trauma which attributes to staff burn-out. Uplift Family Services continues to run full Reflective Practice groups for everyone involved in the program to provide support around this level of trauma and it is also addressed in clinical and administrative supervision.

The program also experienced significant impact with increased no shows and reduced engagement due to the pandemic. After such a long time participating in remote services, clients reported feeling burned out by telehealth as well as screen fatigue. Towards the end of the year, the program was able to shift back to offering in person services, with safety precautions in place, and we are seeing an increase in engagement.

Another result of the pandemic is much higher acuity clients being referred. These clients are experiencing more mental health symptoms, more frequent hospitalizations, and a higher need for intensive services. This combined with the increased referrals has resulted in staff needing to provide more services and maintain higher caseloads. As a result there is an increased need for additional case managers. Our clinical outcomes were excellent and despite the ongoing barriers, demonstrate that we have persisted and met the clinical expectations of the contract.

Target Goals

CANS Total and Domain improvements will continue to be assessed by the number of customers who improve on a number of actionable items, equal to or above a 60% threshold of items identified as

actionable at Admit. CANS items that are assessed for improvement only will be of the number of clients who had the item identified as actionable at Admit (Item score of 2 or 3). Target goals for FY22 will be reassessed, based on baselines from FY21 established in the fiscal year report to be completed in August 2021.

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 customers' responses across all domains and satisfaction total. National comparisons are included to illustrate agency benchmarking.

DEPARTMENT RECOMMENDATION(S):

Click here to enter text.