

**PROGRAM INFORMATION:**

**Program Title:** School Based Metro (MHSA)  
 The Department of Behavioral Health (DBH) Metro School Based Team (MSBT) is designed to deliver outpatient mental health services to school age (K-12) students with a serious emotional disturbance that have been evaluated by school administration or other designated staff and may benefit from on-going mental health treatment. Referrals come from various sources such as the school staff, parents, and DBH Children’s Mental Health. Violet Heintz Education Academy (VHEA) specifically receives referrals from Probation and Juvenile Court system.  
 The program provides mental health treatment to eligible underserved children/youth and their families in the Fresno metro area. We believe integrating mental health services in school is one of the mental health care methodologies to improve social and emotional needs of all children while achieving academic goals. Often due to transportation, payment or family challenges, these students are not able to access services in a clinical setting. Clinicians and Case Managers provide services to clients and families, serving three School Districts. When clinically appropriate, referrals are made for Therapeutic Behavioral Services (TBS) and case management services that are provided to the family in the

**Provider:** Department of Behavioral Health  
**MHP Work Plan:** 4-Behavioral health clinical care

community, at the afore mentioned locations, as well as in the home.

The program focuses on achieving the following goals: (1) reduction in crisis services, (2) reduction in inpatient psychiatric hospitalization, and (3) improvement in the following life functioning areas: family, academic performance, school behavior, school attendance, social functioning, and living.

Staffing for the program consists of 9 Mental Health Clinicians, 1 Community Mental Health Specialist and 1 Office Assistant.

Violet Heintz Education Academy (VHEA) is a collaborative program for youth who are involved in the Juvenile Justice System and is located at a school site. The program offers students education provided by Fresno County Office of Education, substance abuse counseling provided by Mental Health Systems and mental health treatment provided by DBH. All youth who receive services at the Day Reporting Center are supervised by Juvenile Probation and are court-ordered or otherwise referred for mental health services.

Staffing for the program consists of 1 Community Mental Health Specialist.

# FRESNO COUNTY MENTAL HEALTH PLAN

# OUTCOMES REPORT- Attachment A

<b>Age Group Served 1:</b>	CHILDREN	<b>Dates Of Operation:</b>	September 1, 2008 - Current
<b>Age Group Served 2:</b>		<b>Reporting Period:</b>	July 1, 2016 - June 30, 2017
<b>Funding Source 1:</b>	Com Services & Supports (MHSA)	<b>Funding Source 3:</b>	Medical FFP
<b>Funding Source 2:</b>	EPSDT	<b>Other Funding:</b>	Realignment (VHEA)

## FISCAL INFORMATION:

<b>Program Budget Amount:</b>	Click here to enter text.	<b>Program Actual Amount:</b>	\$1,309,615, VHEA \$44,271
<b>Number of Unique Clients Served During Time Period:</b>	380, VHEA 14		
<b>Number of Services Rendered During Time Period:</b>	3,459, VHEA 60		
<b>Actual Cost Per Client:</b>	\$3,446, VHEA \$3,162		

## TARGET POPULATION INFORMATION:

**Target Population:** The target population is students in grades K-12 in the Fowler, Parlier and Fresno Unified School Districts with a serious mental health impairment who can benefit by accessing mental health services at their school site. Students with Medi-Cal or Indigent status who are unserved or underserved are included in the target population.

## 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)*

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

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

Community collaboration

Clients and families participate in mental health treatment during collateral and family therapy. Mental health services are also provided in the home when needed. Clinicians and Case Managers collaborate with school staff to address behavioral and emotional needs affecting the student's academic goals

### 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

**1. Effectiveness-**

**a. Hospitalization**

Hospitalization data for all children's programs is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**b. Inpatient Crisis Stabilization Services**

Data on inpatient crisis stabilization services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**c. Hospitalizations and Crisis Services by Follow-Up Status**

Data on follow up for hospitalizations and crisis services is reported in aggregate in the report titled, Outcomes Report-Children's Mental Health.

**d. The Child and Adolescent Needs and Strengths (CANS) Assessment Tool**

The Child and Adolescent Needs and Strengths (CANS) is an assessment tool developed for children's mental health services to: support decision making, e.g., level of care and service planning, facilitate quality improvement initiatives, and monitor the outcomes of services. Currently there are full and partial assessment versions of CANS that providers may use.

Historically, the Department of Behavioral Health elected to utilize the partial version of CANS and the following domains were captured:

1. *Family*
2. *Legal*
3. *Living*
4. *Medical*
5. *Physical*
6. *Recreational*
7. *School Achievement*
8. *School Attendance*
9. *School Behavior*
10. *Sexuality*
11. *Sleep*
12. *Social Functioning*

California Department of Health Care Services (DHCS) has directed counties to utilize the full CANS assessment tool, as well as the Pediatric Symptom Checklist (PSC-35). DBH is developing a plan to implement the full CANS and PSC-35 by July 2018.

2. Efficiency

a. Cost per Client

Costs include all staffing and overhead costs associated with operation of the program.

- i. Objective: To maximize resources allocated to the program.
- ii. Indicator: Total program costs compared to number of unique clients served.
- iii. Who Applied: Clients served by the program. Clients served for represents clients who received any specialty mental health services in FY 16-17.
- iv. Time of Measure: FY 16-17
- v. Data Source: Avatar and Financial Records
- vi. Target Goal Expectancy: To keep within departmental budgeted costs for the program.
- vii. Outcome: Compared to prior year, the cost per client for FY 16-17 decreased by 22%. The number of unique clients served increased by 4%. The reduction in cost per client was due to maintaining client flow and lower program costs due to vacancies.

Violet Heintz Education Academy served 14 clients with a total cost of \$44,271. Cost per client was \$3,162.

Cost per Client

	FY 15-16	FY 16-17
Unique Clients	367	380
Program Actual Amount	\$1,611,305	\$1,309,615
Cost per Client	\$4,390	\$3,446

**3. Access:**

**a. Urgent and Non-Urgent Timeliness**

Data for timeliness of access was collected and combined for all programs within the Adult System of Care and can be found on the Outcomes Report-Children's Mental Health.