| PROGRAM INFORMATION: | | | |
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| **Program Title:** | School Based Rural (MHSA) | **Provider:** | Department of Behavioral Health |
| **Program Description:** | The Department of Behavioral Health (DBH) Rural School Based Team (RSBT) 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.<br>The program provides mental health treatment to eligible underserved children/youth and their families in Fresno County, east and west rural communities. 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 continuing to work on achieving their academic goals. Often due to transportation, payment or family challenges, these students are not able to access services in a traditional clinical setting. Clinicians and Case Managers provide services to clients and families, serving approximately 8 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 community, at the afore mentioned locations, as well as in the home. | **MHP Work Plan:** | 4-Behavioral health clinical care |

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 18 Mental Health Clinicians, 6 Community Mental Health Specialists.

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| **Age Group Served 1:** | CHILDREN | **Dates Of Operation:** | September 2008 - Current |
| **Age Group Served 2:** | Grades: K-12 | **Reporting Period:** | July 1, 2016 - June 30, 2017 |
| **Funding Source 1:** | Com Services & Supports (MHSA) | **Funding Source 3:** | Medical FFP |
| **Funding Source 2:** | EPSDT | **Other Funding:** | |

**FISCAL INFORMATION:**

**Program Actual Amount:** $2,222,768
**Number of Unique Clients Served During Time Period:** 890
**Number of Services Rendered During Time Period:** 8,091
**Actual Cost Per Client**: $2,497

**TARGET POPULATION INFORMATION:**

**Target Population:** The Target population is children in grades K-12 who reside in the rural areas 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 | Recovery resiliency is a model of empowerment. Clients are encouraged to focus on their inner strengths and to utilize family, friends, and any source that supports their recovery.<br><br>Family and clients are encouraged to play an integral role in the therapeutic process as such case managers provide services in school or community to ensure continuity of care. |
| Cultural Competency | DBH remains cognizant of our diverse population. As such, it is imperative we use linguistic and culturally appropriate services to address the diverse needs of this population by hiring competent and sensitive bilingual staff. |
| Integrated service experiences | Continue to work collaboratively with various community partners to ensure appropriate integrated service experience. Medication services, crisis management service and other services deemed appropriate are provided to clients served by School Based Rural through referrals and collaboration with community partners. |
| Community collaboration | Community collaboration is also demonstrated with the partnering community centers and program to ensure client receives the most clinically appropriate service experience. |

**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 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 30%. The number of unique clients served increased by 71%. The program cost increased due to program division (East and West teams) and addition of staffs. However, this allowed more coverage and improved client flow which helped to reduce cost per client.

**Cost per Client**

| | FY 15-16 | FY 16-17 |
|---|---|---|
| Unique Clients | 521 | 890 |
| Program Actual Amount | $1,846,050 | $2,222,768 |
| Cost per Client | $3,543 | $2,497 |

## 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.