

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH - OUTCOMES

PROGRAM TITLE: School Based Team - Rural **PROVIDER:** Department of Behavioral Health

PROGRAM DESCRIPTION: The Rural School Based Team provides mental health services for a diverse and often underserved population in rural Fresno County. Referrals in the rural areas are generated from the schools, the community, Children’s Crisis, Probation and Juvenile Dependency Court and CPS. Services are provided at school sites, in homes and clinicians and case managers serve clients from approximately 20 cities. Mental Health services include assessment, individual, family& group therapy, case management, collateral, and medication services. The program is designed for children who exhibit a serious emotional disturbance and the goal is to improve a child’s functioning in school, at home and in the community. Children are served from the ages of 4-18 and families are included in treatment process. For the period January –Dec 2010, 480 clients were served, of which 255 were English speaking (53%), 165 were Spanish speaking (34%) and 60 (13%) where languages were unreported. The ethnic breakdown was Hispanic 361 (75%), Caucasian 50 (10%), African American, Cambodian, Native American and other combined was 7 (2%), and unreported 62 (13%). Gender breakdown was female 194 (40%), male 209 (44%) and unreported 77 (16%). 138 (29%) of clients were discharged during the reporting period.

AGES SERVED:

Children
 Adult

TAY
 Older Adult

DATES OF OPERATION: September 1, 2008 to Current

DATES OF DATA REPORTING PERIOD: Jan –Dec 2010

OUTCOME GOAL

Reduce need for higher and/or more intensive services – children will show Improvement in the level of functioning - Child and Adolescent Needs and Strengths (CANS) scale to measure improvement in this area.

OUTCOME DATA

Based on client self reports and case files 75% (360) of the 480 clients improved in functioning, 12% (58) maintained, 11% (53) decreased and 2% (9) were unknown (see Table 1 below).
Note: Clinicians have completed training in the CANS as of Feb. 2011 and will begin completing the outcome instrument immediately and retroactively from January 1, 2011.

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Academic Performance will improve - Maintain/Improve Grade Point Average - outcome data will indicate average by either; percent (%) improved, maintained, or did not improve. Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. Data is determined by school, parent/caregiver, and/or child self-reporting.

Of the 480 clients treated 50% (240) showed improvement in academic performance, 28% (134) maintained their performance, 5% (24) decrease in performance and 17% (82) are unknown (See Table 2 below).

School attendance will improve - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School attendance data is determined by school, parent/caregiver, and/or child self-reporting.

Of the 480 clients 42% (202) improved in their attendance, 44% (211) maintained, 4% (19) decreased in their attendance and 10% (48) are unknown (See Table 3 below).

Youth will stay out of trouble – Decrease in suspension and expulsions from school - Improvement is measured by comparing each youth's academic performance prior to enrollment compared to current experience. School expulsion data is determined by school, parent/caregiver, and/or child self-reporting.

Of the 480 clients there were 8 clients that had expulsions from school prior to treatment. All 8 clients with previous expulsions experienced a reduction in expulsions during the course of treatment.

DEPARTMENT RECOMMENDATION(S): Based on outcome and contract measurements reported, the Department recommends to continue MHSA Funding for this program for FY 2011-12

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Table 1

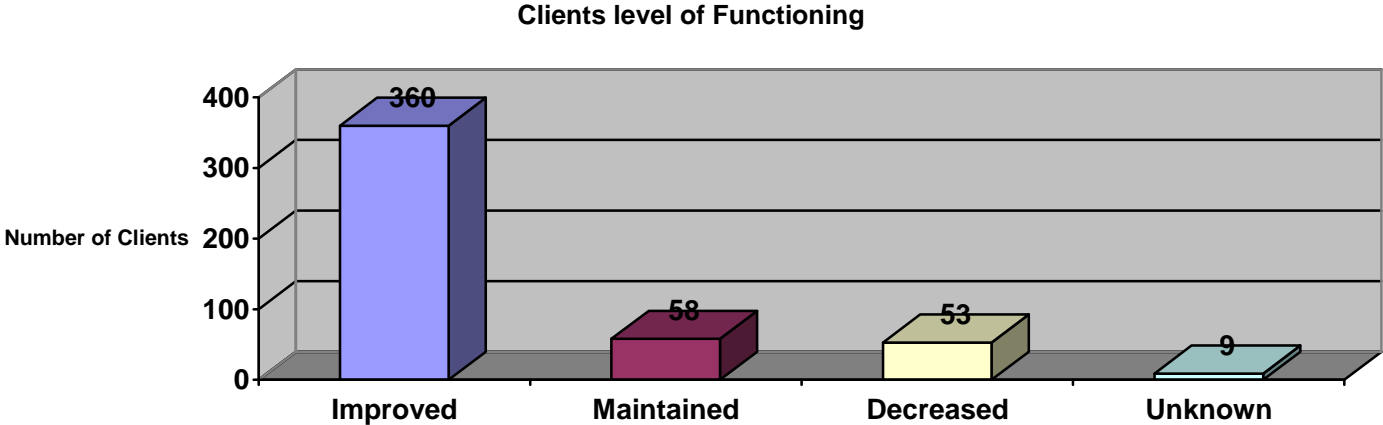
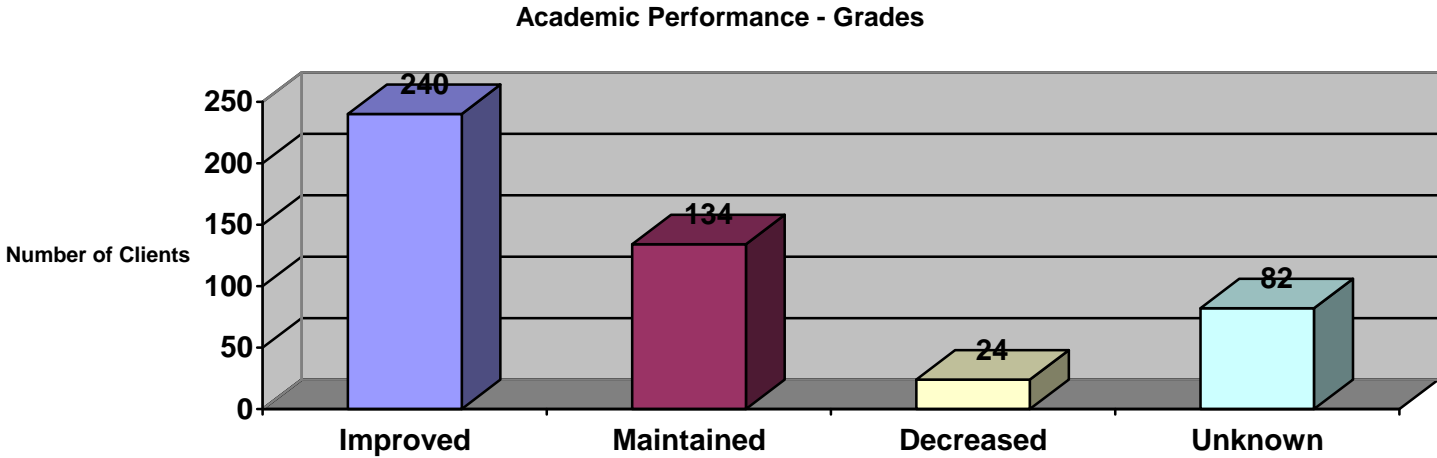


Table 2



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Table 3

