

PROGRAM INFORMATION:

Program Title:	Metro School Based Team (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 persons served 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 community, at the aforementioned locations, as well as in the home.	Provider:	Department of Behavioral Health
		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.

The allocated positions for the program consist of 10 Mental Health Clinicians and 3 Community Mental Health Specialists. The program operated at an average vacancy rate of 25% throughout FY 17-18.

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 from probation for mental health services.

The allocated positions for the program consist of 1 Community Mental Health Specialist as needed.

FRESNO COUNTY MENTAL HEALTH PLAN

OUTCOMES REPORT- Attachment A

Age Group Served 1:	CHILDREN	Dates Of Operation:	September 1, 2008 - Current
Age Group Served 2:		Reporting Period:	July 1, 2017 - June 30, 2018
Funding Source 1:	Com Services & Supports (MHSA)	Funding Source 3:	Medical FFP
Funding Source 2:	EPSDT	Other Funding:	Realignment (VHEA)

FISCAL INFORMATION:

Program Actual Amount:	\$1,455,618 / VHEA \$3,657
Number of Unique Clients Served During Time Period:	349 / VHEA 3
Number of Services Rendered During Time Period:	4,584 / VHEA 11
Actual Cost Per Client:	\$4,171 / VHEA \$1,219
Served:	

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.
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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

Persons served 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. There are full and partial assessment versions of CANS that providers may use.

e. The Pediatric Symptom Checklist (PSC-35)

The PSC-35 is a psychosocial screening tool created to assist in recognition of cognitive, emotional and behavioral problems in order to provide the most appropriate interventions at the earliest age possible. This tool is completed by parents/caregivers for their children between the ages of 3 to 18 years old.

Effective July 2018, the California Department of Health Care Services (DHCS) has directed counties to utilize the full version of the CANS assessment tool, as well as the Pediatric Symptom Checklist (PSC-35). DBH is currently in plan implementation and employing the full CANS assessment tool and PSC-35 for the upcoming fiscal year.

2. Efficiency

a. Cost per Person Served

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 persons served.
- iii. Who Applied: Persons served by the program. Persons served for represents persons who received any specialty mental health services in FY 17-18.
- iv. Time of Measure: FY 17-18
- 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 person served for FY 17-18 increased by 21%, attributed to a decrease in unique persons served and increase in program actual amount. The number of unique persons served decreased by 8% due to a decrease in referrals from schools. During times of low referrals/caseloads, resources are allocated to support other programs. Program actual amount increased by 11% due to increased salary and benefits costs. The program also experienced an increase in program costs.

Violet Heintz Education Academy served 3 persons with a total cost of \$3,657. Cost per person was \$1,219.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	380	349
Program Actual Amount	\$1,309,615	\$1,455,618
Cost per Person Served	\$3,446	\$4,171

3. Access:

a. Urgent and Non-Urgent Timeliness

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

4. *Satisfaction & Feedback of Persons Served & Stakeholders*

Consumer Perception Surveys (CPS) are conducted every six (6) months over a one-week period. Beneficiaries of the MHP are encouraged to participate in filling out the CPS surveys that are available to consumers and family members at County and contracted provider organizations. The data is provided in arrears and the most current data available is from November 2017.

a. **Consumer Perception Survey**

- i. Objective: To gauge satisfaction of persons served and collect data for service planning and quality improvement.
- ii. Indicator: Average percent of persons served who complete the survey and response was 'Agree' or 'Strongly Agree' for the following domains: General Satisfaction, Perception of Access, Cultural Sensitivity, and Perception of Participation in Treatment Planning, Perception of Outcomes of Services, and Perception of Social Connectedness/Caretaker Support.
- iii. Who Applied: Persons served who completed the survey in November 2017 for the program.
- iv. Time of Measure: November 2017
- v. Data Source: Consumer Perception Survey data
- vi. Target Goal Expectancy: The Department would like to see a majority of persons served satisfied for each domain. The Department will continue to develop target goals for the Consumer Perception Survey.
- vii. Outcome: Majority of persons served were satisfied in all six domains. General Satisfaction, Perception of Access, Cultural Sensitivity, Perception of Participation in Treatment Planning and Perception of Social Connectedness/Caretaker Support indicates that more than 80% of persons served surveyed were satisfied.

