PROGRAM INFORMATION:

Program Title:	Rural School Based Team (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. 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 persons served 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.

The allocated positions for the program consists of 18 Mental Health Clinicians and 5 Community Mental Health Specialists. The program operated at an average vacancy rate of 23% throughout FY 17-18.

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: $2,511,904
Number of Unique Clients Served During Time Period: 964
Number of Services Rendered During Time Period: 8,422
Actual Cost Per Client Served: $2,606

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. Persons served are encouraged to focus on their inner strengths and to utilize family, friends, and any source that supports their recovery. Family and persons served 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 persons 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 person served 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. 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 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 4%, attributed to the increase of unique persons served and actual program cost. The number of unique persons served increased by about 8%. Actual program cost increased by 13%, due to increases in salary and benefits of county staff. Althouhg the teams temporarily filled positions, they also experienced turnover and lost staff towards the end of the FY.

Cost per Person Served

	FY 16-17	FY 17-18
Unique Persons Served	890	964
Program Actual Amount	$2,222,768	$2,511,904
Cost per Person Served	$2,497	$2,606

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.