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 Mental Health and C-CAIR, Probation and Juvenile Dependency Court and CPS. Services are provided at school sites and in homes. 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 4-19 and families are included in treatment process.

PROGRAM DEMOGRAPHICS FOR JAN. - DEC. 2012

- 455 clients served
- 251 English speaking (55%), 199 Spanish speaking (44%) and FIVE (5) Other Languages (1%)
- Hispanic 385 (85%), Caucasian 55(12%), African American 7 (1%), Native American 6 (1%), Asian/Pacific Islander (2) (0.4%),
- Female 214 (47%), male 241 (53%)
- 253 (56%) of clients were discharged during this reporting period.

Adult	☐ Older Adult

DATES OF OPERATION: September 1, 2008 to Current

OUTCOME GOAL

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

DATES OF DATA REPORTING PERIOD: Jan –Dec 2012

OUTCOME DATA

Per clinical staff report of the 159 CANS that included two or more completed scales, there was an overall improvement of 72% (114) and 8% (13) maintained, and 20% (32) decreased. (Graph A)

Academic Performance will maintain/improve. - outcome data Of the 159 CANS that included two or more will indicate average by either; percent (%) improved,

completed scales there was a 38% (60) improvement

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.

in their school academic achievement, 48% (76) maintained, and 15% (23) decreased (Graph B)

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 159 CANS that included two or more completed scales there was an 18% (29) improvement in their attendance, 69% (110) maintained, and 13% (20) decreased. (Graph C)

School Behaviors Will Improve – –Improvement is measured by comparing each youth's school behavior problems prior to enrollment compared to current experience. School behavior data is determined by school, parent/caregiver, and/or child self-reporting.

Of the 159 CANS that included two or more completed scales, there was an improvement in their school behaviors by 48% (76), and 43% (68) maintained, and 9% (15) increased in school behaviors. (Graph D)

Social Functioning will improve - Improvement is measured by comparing each youth's social functioning level prior to enrollment compared to current experience. Social functioning data is determined by school, parent/caregiver, and/or child self-reporting.

Of the 159 CANS that included two or more completed scales, there was an improvement in social functioning by 46% (73), and 42% (67) maintained, and 12% (19) decreased. (Graph E)

DEPARTMENT RECOMMENDATION(S): Based on outcome and measurements reported, the Department recommends continued MHSA Funding for the School Based - Rural program for FY 2013-2014

Please see Charts below

Graph A - Overall CANS Results











