

K-12 School Partnerships Services in the Yolo County Office of Education		CommuniCare Health Centers	Melissa Marshall, Chief Executive Director
Program Purpose	To provide the key activities of the Yolo County K-12 School Partnerships Program outlined in the Yolo County Mental Health Services Act (MHSA) Program Plan for 2020-2023 and the approved proposal for the Mental Health Student Services Act (MHSSA) Grant. The goal of this integrated approach is to blend resources, training, systems, data, and practices to improve outcomes for all children and youth.		
Program Information	The K-12 School Partnerships Program expands the current, more limited array of services and supports available to students and integrates mental health services into the school systems. With an emphasis on prevention, early identification, and intervention of the social, emotional, and behavioral needs to students, it will provide a wide array of Tier I, II, and III services. Services to be provided include, but are not limited to: universal screening, assessment, referral, and treatment for children and youth enrolled in transitional kindergarten through the twelfth grade.		
PM1: How much did we do?			
Staff	Total FTEs by Classification (Manager, Supervisor, Clinician, Case Manager, Administrative Support)		
1.1	Program Participants # of unduplicated participants served		
1.2	# of Tier I services (unduplicated)		
1.3	# of Tier I services provided (duplicated)		
1.4	# of Tier II services (unduplicated)		
1.5	# of Tier II services provided (duplicated)		
1.6	# of Tier III services (unduplicated)		
1.7	# of Tier III services provided (duplicated)		
PM2: How well did we do it?			
2.1	Timeliness Average interval (days) between referral and completion of screening		
2.2	% of participants who receive an assessment within 10 business days of screening		
2.3	Referral/Linkage # and % of participants (with private health insurance) referred to services through their insurance plan		
	# and % of participants (with private health insurance) successfully linked to services through their insurance plan		
2.4	# and % of participants in treatment services utilizing Medi-Cal billing (managed care)		
2.5	# and % of participants in treatment services utilizing Medi-Cal billing (SMHS)		
2.6	Service Delivery Average # of sessions per participant in therapeutic services		
2.7	Participant Satisfaction # and % of participants (including parent/guardians) who reported satisfaction with services (as calculated from responses to satisfaction surveys)		
PM3: Is anyone better off?			

3.1	# and % of clients with a decrease in # of items needing action on Child Behavior/Emotional Need section of CANS from intake to discharge.
3.2	# and % of clients with a decrease in # of items needing action on Life Domain Functioning section of CANS from intake to discharge.
3.3	# and % of students with improved attendance (as calculated by % of attendance days quarter of referral vs. % of attendance days in quarter of discharge).
3.4	# and % of students with decreased instances/frequency of school-based behavioral interventions (as calculated by % of days with behavioral interventions in quarter of referral vs. % of days with behavioral interventions in quarter of discharge).