El Dorado County
Mental Health Service Act
Outcomes
For the FY 2014-15 MHSA Plan

Includes data for FY 2014-15 and FY 2015-16

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DIVISION

WELLNESS | RECOVERY | RESILIENCY

Table of Contents

Introduction

The Outcome Measures document accompanying the FY 2017-18 MHSA Plan provides project information in the same format as the FY 2014-15 through FY 2016-17 MHSA Plan and Updates.

Starting with the FY 2018-19 MHSA Plan Update, the projects within the Outcome Measures document will be presented in the new categories as identified in the FY 2017-18 MHSA Plan.

As used within the MHSA Plan Update and this Outcomes Documents, the following regional definitions apply:

West County	Cameron Park, El Dorado Hills, Rescue, Shingle Springs
Placerville Area	Diamond Springs, El Dorado, Placerville, Pleasant Valley
North County	Coloma, Cool, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill
Mid County	Camino, Cedar Grove, Echo Lake, Kyburz, Pacific House, Pollock Pines, Twin Bridges
South County	Fair Play, Grizzly Flats, Mt. Aukum, Somerset
Tahoe Basin	Meyers, South Lake Tahoe, Tahoma

Prevention and Early Intervention (PEI)

Youth and Children's Services Program and Projects

Children 0-5 and Their Families

Provider: Infant Parent Center

Project Goals

- Increased number of families within the target population who are accessing prevention/wellness/intervention services
- Strengthened pipeline among area agencies to facilitate appropriate and seamless referrals between agencies in El Dorado County
- Increased awareness of services available among families, health care providers, educators and others who may have access to target population
- Emotional and physical stabilization of at-risk families (increasing trust)
- Improved infant/child wellness (physical and mental health)
- Improved coping/parenting abilities for young parents
- Increase awareness and education of Domestic Violence and how it impacts families and young children
- Enhancement of programs serving children 0-5
- Decreased number of children removed from the home
- Decreased incidence of prolonged suffering of children/families
- Child abuse prevention
- Suicide prevention
- Increased cooperation and referrals between agencies
- Reduced stigma of mental health/counseling interventions among target population
- Improved trust of services as evidenced by an increase in self-referral by target group families
- Decreased cost of 5150 and hospitalizations by providing services in outpatient setting

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget Rollover balance from FY 2013-14	$125,000 +$117,500	$125,000
Total Expenditures	$229,475	$125,000
Unduplicated Individuals Served	189	91
Cost per Participant	$1,214	$1,374

Higher expenditures and a higher number of individuals served in FY 14/15 were the result of available roll-over funding from FY 13/14.

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	93	49
16-25 (transitional age youth)	12	1
26-59 (adult)	29	41
Ages 60+ (older adults)	0	0
Unknown or declined to state	55	0

Gender	FY 14/15	FY 15/16
Female	122	54
Male	67	37

Region of Residence	FY 14/15	FY 15/16
West County	49	16
Placerville area	92	48
North County	7	6
Mid County	23	15
South County	4	1
Tahoe Basin	0	0
Unknown or declined to state	14	5

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	2	1
Asian	0	0
Black or African American	2	6
Caucasian or White	125	70
Hispanic or Latino	27	9
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	16	2
Other Race or Ethnicity	2	1
Unknown or declined to state	15	2

Primary Language	FY 14/15	FY 15/16
English	162	87
Spanish	18	4
Other Language	0	0
Bilingual	9	0
Unknown or declined to state	0	0

Year End Report

1) **Briefly report on how implementation of the Children 0-5 and Their Families project is progressing (e.g., whether implementation activities are proceeding**

on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.

MHSA funding continues to remain critically important to our ability to strengthen and heal families with young children in El Dorado County. Despite decreases in funding, we remain committed to working with and leveraging our strong network of collaborative partners to ensure that families with children in the 0-5-age range receive the specialized mental health and supportive services to meet their unique needs. During this period, IPC staff provided services to 93 families. Of those, 83 were new clients, with 10 continuing from the previous year.

Accomplishments
Overall, we saw an increase in client cultural diversity, stronger interdisciplinary collaboration and a high rate of successful cases.

Of IPC's 93 cases:

- 73 clients successfully finished treatment with one or more goals achieved
- 12 clients continue in treatment into the next fiscal year
- 8 clients did not engage in service

IPC saw a 92% engagement rate; this is an increase from last year.

- Of those engaged, 77% achieved success in at least one area of concern; 23% are still being seen and working toward treatment outcomes.

This year we increased the rate of client's satisfaction surveys. (These surveys are important to our efforts to remain responsive to the needs of our clients.)

We are proud of our continued work to raise Post Partum Mood and Anxiety Disorder (PMAD) awareness (among clients and collaborative partners). We see this as key to creating a healthier community and safer conditions for infants and children.

Our relationship with area partners continues to grow; we continue to mutually refer and follow clients with Early Head Start, Public Health, Child Protective Services, Mental Health, Victim Witness and Marshall Medical. IPC staff personally followed up on all of the clients linked to community partners to ensure good follow through.

Challenges
As stated in the challenges section last year, Infant Parent Center is unable to obtain data from CPS about current or past clients.

2) **Briefly report on how the Children 0-5 and Their Families project has improved the overall mental health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Children 0-5 and Their Families project (suicide, prolonged suffering, school failure or dropout, and removal of children from their homes). Please include other impacts, if any, resulting from the Children 0-5 and Their Families project on the other three negative outcomes addressed by PEI activities: (1) incarceration; (2) unemployment; and (3) homelessness.**

Infant Parent Center services contributed to more resilient and healthy families in El Dorado County. Our data reveals a high success rate in treatment completion, linkages to services and effective interdisciplinary collaboration with our community partners. Our strategies, including honoring client desires and engagement in the treatment process help to create a framework leading to stability, empowerment and sustainable wellness.

Specific to the PEI Project areas of focus, Infant Parent Center reports the following:

- Suicide: **18 families were served**. **It should be noted that no family members of these 18 families were in the emergency department or held involuntarily for mental health issues during this period.*

- Prolonged suffering (homeless/basic needs): **19 families were served**. Infant Parent Center provided direct services to women and their children sheltering at Hope House, Mother Teresa Homeless Shelter and United Outreach. When appropriate we provided linkage to Cal Works, Job I, etc. Support for Foster/Adoptive parents improved their ability to cope with children placed in their care (ameliorating suffering for all) and stabilization for children in foster care.

- Risk of Removal: **29 families were at-risk**, however, children were NOT removed during the time of services at Infant Parent Center.

- Incarceration to Mainstream: **18 families were served**. Infant Parent Center staff supported a decrease of incarceration for many families who needed to address alcohol or drug issues by supporting recovery work and linking them to recovery and other services.

- Homelessness/Unemployment: Infant Parent Center provided direct services to women and their children sheltering at Hope House, Mother Teresa Homeless Shelter and United Outreach. When appropriate we provided linkage to Cal Works, Job 1, etc. Several clients became motivated to pursue college as an avenue for greater economic success.

- School dropout/failure: Infant Parent Center was called to assist in-class for children identified by their teachers as at-risk. With leveraged funds, Infant Parent Center staff provided **6 structured classroom observations** to support teacher's interactions and strategies as well as observed 20 children identified at risk of expulsion. Infant Parent Center implemented a specialist for the observations and linkage to further services. **100% of all children observed and/or referred successfully remained in their classrooms*.

3) Provide a brief narrative description of progress in providing services through the Children 0-5 and Their Families project to unserved and underserved populations.

Infant Parent Center continued serving families who often do not receive services. This year in particular Infant Parent Center extended visits to local motels for homeless families as well as increased collaboration and visits to Progress House Garden Valley, Camino and Placerville sites. Services to clients residing at Mother Teresa's Homeless Shelter and Hope House continue to be provided. Infant Parent Center collaboration with Early Head Start/Head Start,

Child Protective Services and Public Health holds strong and greatly supported the efforts to prevent harm and increase stability in the homes. Services continued to be provided in English and Spanish.

4) **Provide a brief narrative description of how the Children 0-5 and Their Families services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

Infant Parent Center service plans are always developed in collaboration with the client's specific needs, including their cultural, financial, language needs, all religious/ spiritual practices and educational levels. We provide services in English and Spanish to meet the communication needs of our clients. Client participation is essential to our service delivery model and ensures that all services are provided services in a culturally competent way.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

As stated, Infant Parent Center works closely with other agencies to link families to needed services for sustainable wellness. Connection to Tribal Health, Community Health and Department of Health and Human Services are common to help families receive needed health services.

Collaborative community partners under this funding included: Public Health, Child Protective Services, Early Head Start, Hope House, Mother Teresa's Homeless Shelter, Progress House, First 5 programs (Together We Grow and Best Beginnings), New Morning, Marshall Hospital and CASA. Infant Parent Center staff linked clients to community enhancement programs, such as mother's groups, library groups and community service districts programming.

Specific to the reduction of stigma and as stated in the accomplishment section, we continue to raise awareness and educate the community as a whole about Perinatal Mood and Anxiety Disorders and issues specific to foster care and adoption. The resource booklets we created last year for families and practitioners have been well received.

The Reflective Practice groups we created for foster/adoptive parents continue to provide a safe, non-judgmental space for reflection on the systematic and emotional challenges of providing care for children in placement and also navigating the foster-care and child adoption systems.

6) **Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Children 0-5 and Their Families project are:**
   - **Measurement 1: Clinical assessment and progress will include, but are not limited to, Parent Stress Index, Beck's Depression Beck's Depression and Anxiety Scale, Post-Partum Depression Scale, Ages and Stages, and Marshak Interaction Method.**

- **Measurement 2: Client satisfaction questionnaires, other provider questionnaires.**
- **Measurement 3: Tracking of referrals and engagement.**
- **Measurement 4: Decreased incidents of shaken baby syndrome.**
- **Measurement 5: Reduction of hospital emergency department visits.**

Measurement 1:

- ✓ **92% engagement rate**
- ✓ **77% achieved treatment success**
- ✓ **23% are currently being seen less than 1% did not engage**

Marshak Interactive Measurement (MIM**)** - Infant Parent Center conducted **30 MIM assessments** during this period. (MIM is a tool using video to assess the interaction between caregiver and child.) Clients/caregivers displayed progress in one or more of the following areas:

- Increase in social-emotional development
- decrease in trauma symptoms as evidenced by trust, reciprocity and engagement
- increase in reflective capacity (ability to see client's emotional and behavioral need and effectively reflect this back to the child)
- increased ability to nurture, set appropriate boundaries and emotional safety
- increased attunement to infant/child needs, cues and development

Prenatal Assessments **-** Infant Parent Center administered **14 prenatal assessments** with clients displaying progress in one or more of the following:

- strengthened relationships in utero
- ability to identify and process ambivalence/grief and loss
- identify risk factors (this insight helps decrease potential abuse)
- increase protective factors
- identify and treat perinatal mood/ anxiety disorders & linkage to primary care

Written Assessments - Infant Parent Center staff conducted **27 written assessments**, which were used to create treatment plans, assess risks, areas of success and/or needs at the end of treatment. Assessments include: Parent Stress Index, Post Partum Depression Scale, Becks Depression/Anxiety Inventories, Edinburgh Postnatal Depression Scale.

Above assessments were not provided to 20 families; however, community outreach, crisis intervention, case management and linkage to community resources were provided.

Measurement 2:

- **Client Survey Data** - (See *attachment*) Infant Parent Center's mission is to provide quality clinical services to families. Family satisfaction and engagement are instrumental to therapeutic success. This year, we received 31 satisfaction surveys.

- **Collaborative Partners Survey** - We received 8 partner surveys from Marshall Hospital, Public Health, Child Protective Services, Office of Education, Community Health and El Dorado County Library. (*See Attachment*)

Measurement 3: As stated in the "Challenges" section, Infant Parent Center is unable to obtain data from CPS about current or past clients. This measurement will not be included for 2016-17 funding.

Measurement 4: Infant Parent Center was called to assist in-class for children identified by their teachers as at-risk. With leveraged funds, Infant Parent Center staff provided 6 structured classroom observations to support teacher's interactions and strategies as well as observed 20 children identified at risk of expulsion. Infant Parent Center implemented a specialist for the observations and linkage to further services. ***100% of all children observed and/or referred successfully remained in their classrooms.**

Measurement 5: There were **39** clients who were referred by friends/family/self. This represents a **35%** increase from the prior year.

Measurement 6: Infant Parent Center served **47** families at risk for child abuse. **Thus 48% of clients referred had the potential to abuse their child.** (This includes infants and pregnant women.) Treatment with families indicated an increase in understanding infant practices and increase in coping skills to manage feelings of being overwhelmed. We report, however, that we had 0 incidents of shaken baby syndrome.

Measurement 7: Infant Parent Center had **18** clients identified with severe depression, self-harm and suicidal ideation. Infant Parent Center provided crisis intervention, case management and linkage to primary care. **No clients were admitted to the psychiatric hospital.**

Measurement 8: Infant Parent Center served **24** families with domestic violence issues. Clinicians provided education, support and various referrals including linkage to safe housing and legal services.

7) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

Our budget for 2015-2016 was $125,000. All of these funds were used by early June due to an increase in referrals.

Client Satisfaction Survey

Responses as of 6/15/2016

		Response %	n=31 Count
1	**How would you rate the quality of service you received?**		
	4 Excellent	100.0%	31
	3 Good	0.0%	0
	2 Fair	0.0%	0
	1 Poor	0.0%	0

2	**Did you get the kind of service you wanted?**		
	1 No, definitely not	0.0%	0
	2 No, I don't think so	0.0%	0
	3 Yes, generally	6.5%	2
	4 Yes, definitely	93.5%	29
3	**To what extent has our program met your needs?**		
	4 Almost off of my needs have been met	80.6%	25
	3 Most of my needs have been met	16.1%	5
	2 Only a few of my needs have been met	3.2%	1
	1 None of my needs have been met	0.0%	0
4	**If a friend were in need of similar help, would you recommend our program to him or her?**		
	1 No, definitely not	0.0%	0
	2 No, I don't think so	0.0%	0
	3 Yes, I think so	10.0%	3
	4 Yes, definitely	90.0%	27
5	**How satisfied are you with the amount of help you received?**		
	1 Quite dissatisfied	0.0%	0
	2 Indifferent or mildly dissatisfied	0.0%	0
	3 Mostly satisfied	3.2%	1
	4 Very satisfied	96.8%	30
6	**Have the services you received helped you to deal more effectively with your problems?**		
	4 Yes, they helped a great deal	93.5%	29
	3 Yes, they helped somewhat	6.5%	2
	2 No, they really didn't help	0.0%	0
	1 No, they seemed to make things worse	0.0%	0
7	**In an overall general sense, how satisfied are you with the service you received?**		
	4 Very satisfied	93.5%	29
	3 Mostly satisfied	6.5%	2
	2 Indifferent or mildly dissatisfied	0.0%	0
	1 Quite dissatisfied	0.0%	0
8	**If you were to seek help again, would you come back to our program?**		
	1 No, definitely not	0.0%	0
	2 No, I don't think so	0.0%	0
	3 Yes, I think so	3.2%	1
	4 Yes, definitely	96.8%	30

Provider Survey - June 2015- 2016

Responses as of 6/15/2016

	Response %	**n=8 Count**
2. How likely are you to recommend our agency to families or individuals in the future?		
1 - Definitely Not	0.0%	0
2 - Not Likely	0.0%	0
3 - Sort Of	0.0%	0

4 - Likely	0.0%	0
5 - Very Likely	100.0%	8

3. Did the Infant Parent Center respond in a timely manner to your referral?

1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	25.0%	2
5 - Absolutely	75.0%	6

4. Have you heard positive feedback from families with regard to services they received from IPC?

1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	37.5%	3
5 - Absolutely	62.5%	5

5. Did our services meet your client's needs?

1 - Definitely Not	0.0%	0
2 - No	0.0%	0
3 - Sort Of	0.0%	0
4 - Yes	37.5%	3
5 - Absolutely	62.5%	5

6. How can we improve our services to better meet your clients' needs?

- Don't over expand - what you are doing is specific and very helpful to the community.
- We often do not have follow up conversations with the parents/caregivers. Questions 3. and 5. were not applicable for us as we make the referral, but do not have additional contact after that step. For instance, we do not really know if the referral was made in a timely manner or whether it met the clients' needs. We appreciate and find value in your services and feel the Infant Parent Center has helped many struggling families in our community.
- I find your services to be incredibly helpful and insightful to my highest risk families. Thank you for continuing to support these very vulnerable children.
- Obtain increased funding to provide more services and be able to reach out more geographically.

MHSA Recommendation: Continue project and expand funding to allow services to more individuals and expand service area to include services in South Lake Tahoe.

Mentoring for 3-5 Year Olds by Adults and Older Adults

Provider: Big Brothers Big Sisters of El Dorado County

Project Goals

- Determine if child or family has organically or environmentally induced mental illness concerns and develop a case plan for the child.
- Conduct parent workshops.
- Through skill building activities, mentors will develop coping mechanisms with the child.
- Through education and training, mentors normalize mental health conditions helping reduce stigma
- Mentors reduce the effects of parental mental health issues affecting the child
- Child will utilize skills learned to increase social and emotional development, increase academic performance, and increase socialization skills in school and public
- Prevention of adult / senior depression and other mental health concerns.

Numbers Served and Cost

The majority of the fiscal year was spent recruiting and successfully matching both "Bigs" and "Littles".

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$75,000	$75,000
Rollover balance from FY 2013-14	+$50,000	$25,000
Total Expenditures	$100,233	$94,462
Unduplicated Individuals Served	4	16
Cost per Participant	$25,058	$5,904

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	4	16
16-25 (transitional age youth)	0	0
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	1	6
Male	3	10

Region of Residence	FY 14/15	FY 15/16
West County	0	4
Placerville area	4	6
North County	0	1
Mid County	0	1
South County	0	0
Tahoe Basin	0	4
Unknown or declined to state	0	0

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	0	0
Asian	0	1
Black or African American	0	1
Caucasian or White	2	10
Hispanic or Latino	2	4
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	0	0
Other Race or Ethnicity	0	0
Unknown or declined to state	0	0

Primary Language	FY 14/15	FY 15/16
English	4	15
Spanish	0	1
Other Language	0	0
Unknown or declined to state	0	0

Year End Report

1) **Briefly report on how implementation of the Mentoring for 3-5 Year Olds by Adults and Older Adults project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

In the 2015-2016 funding year Big Brothers Big Sisters of El Dorado County has made 12 new successful Big/Little matches. This number includes 8 from the Western Slope and 4 from the South Lake Tahoe Basin. During the 2015-2016 funding period in the Start Early Program (mentoring for children 3-5), there were 7 males and 5 females receiving mentoring services.

Mentoring services for this age group is new to El Dorado County, and while BBBS has found great support and collaboration from El Dorado County Office of Education Head Start programs, garnering enough volunteers to fulfill the need has been a challenge. Big Brothers Big Sisters continues to brainstorm to rectify this need for future funding years by strategically

developing a volunteer recruitment and outreach plan. BBBS feels this program is proceeding at an acceptable rate; our goal is to continue to improve the number of children being mentored each year.

2) **Briefly report on how the Mentoring for 3-5 Year Olds by Adults and Older Adults project has improved the overall mental health of the children, adults, older adults, families, and communities by addressing the primary negative outcomes that are the focus of the Mentoring for 3-5 Year Olds by Adults and Older Adults project (school failure or dropout, removal of children from their homes, and prolonged suffering). Please include other impacts, if any, resulting from the Mentoring for 3-5 Year Olds by Adults and Older Adults project on the other four negative outcomes addressed by PEI activities: (1) homelessness; (2) unemployment; (3) incarceration; and (4) suicide.**

As stated above, BBBS's partnership with the El Dorado County Office of Education is strong. The early childhood educators have seen a need of mentoring for this population for several years. When children live in unstable home conditions, they are unable to properly be ready for school and learn. Since beginning this partnership, educators have seen huge improvements in the children matched with a mentor. Their negative behaviors have decreased and they are happier and more relaxed the days their mentor visits. Teachers spend less of the school days dealing with negative behaviors and more time teaching the children. One unexpected accomplishment from this program has been the relationships developed between the mentor and the child's parent/guardian. The two are working together to a more positive outcome for the child. Mentor's also give the parent/guardian a "team member", someone on their side to help navigate the stresses of parenting a child while also dealing with other stresses of their own which can include but not limited to homelessness, parental incarceration, unemployment, parental mental health, domestic violence, etc.

3) **Provide a brief narrative description of progress in providing services through the Mentoring for 3-5 Year Olds by Adults and Older Adults project to unserved and underserved populations.**

For the Big Brothers Big Sisters of El Dorado County Start Early program, BBBS partners directly with Head Start and State Preschool from the El Dorado County Office of Education for children referrals. Children enrolled in the Head Start and State Preschool program fit in the "unserved and underserved" populations. While BBBS is aware there are more children in El Dorado County that fit the unserved and underserved categories in the 3-5 age group not enrolled in Head Start or State Preschool, we have decided to concentrate on serving the Head Start and State Preschool populations adequately before we expand our services elsewhere.

4) **Provide a brief narrative description of how the Mentoring for 3-5 Year Olds by Adults and Older Adults services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

All Big Brothers Big Sisters program staff received cultural competency training at the beginning of their employment and ongoing trainings to assist in combating disparities among the clients and families served. These trainings help the BBBS program staff case manage the volunteer Bigs to also be culturally sensitive while working with their Little Brother or Sister. In addition

to ongoing regular case management Bigs also complete mandatory trainings prior to their work as a Big Brother or Sister; 1.) Volunteer Pre-Match Training 2.) Boundaries and Ethics/Safety. BBBS also offered continuing education for our mentors; volunteers were invited and encouraged to attend training on the topics of ADHD and Drugs/Alcohol. For the next funding period we have additional trainings scheduled to also include ACE's and Love & Logic.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

BBBS staff is well connected with El Dorado County Office of Education Child Development staff and the Head Start and State Preschool teachers and has positive and strong working relationships. To better serve the 3-5 year old population, BBBS is involved in countywide resource meetings and collaboratives; Georgetown Ready by 5 and Western Slope Community Strengthening Coalition funded by Ready by 5. For volunteer recruitment, specific to Start Early, BBBS is involved in: Friends of the Library, Kiwanis, Friends of Seniors, Tahoe Young Professionals, and the local chambers. In addition, many local advertising efforts have been made in the Mt. Democrat, The Windfall, The Clipper, and The Tahoe Tribune.

6) **Provide the outcomes measures of the services provided. Outcome measures for the Mentoring for 3-5 Year Olds by Adults and Older Adults project are:**
   - **Measurement 1: Child Intake. Contractor will assess child and family whenever possible, for program effectiveness.**
   - **Measurement 2: Volunteer Enrollment. Contractor will assess potential volunteers for acceptance into program**
   - **Measurement 3: Child Assessment. Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.**
   - **Measurement 4: Contractor will administer Big Brothers Big Sisters Pre and End of School Year Start Early Interactive Survey to enrolled children.**
   - **Measurement 5: Contractor will administer Big Brothers Big Sisters Strength of Relationship Survey to volunteer mentors.**
   - **Measurement 6: Contractor shall provide testimonials, as appropriate, from parents, mentors and children.**

Measurement 1: 20 Littles were referred by Head Start and State Preschool for enrollment in the Start Early Program from El Dorado County, with 5 referred at the end of the school year which will be carried over to the next year.

They were all assessed at intake for program effectiveness and 11 Littles were matched with a Big Brother or Big Sister. The remaining 9 will be matched the following school year, none were evaluated out.

Measurement 2: 14 Volunteer Bigs applied to be a Big Brother or Big Sister. All 14 were interviewed, screened, trained and accepted based on their evaluation for program participation.

11 of the Volunteers were matched with a Little Brother or Little Sister. 3 volunteers didn't complete the screening process before the end of the school year and will be matched at the beginning of the next school year.

Measurement 3: Based on the behavioral evaluations completed at the beginning of the match, in conjunction with the referring teachers,100% of the kids referred needed a positive role model because of either a chaotic home-life, little attention at home and/or medical reasons. 100% of the kids matched with a Big Brother or Big Sister struggled with school performance or in class behaviors either relating with other peers or listening to the teachers. 80% were referred stating low self-esteem or "other" reasons.

Based on the Annual Teacher Evaluation (given at the end of the school year) the kids matched with a Big Brother or Big Sister have increased their socialization and communication skills. Since being matched with their Big Brother or Big Sister, the average rating of self-confidence (10 being the highest) was 8, the average rating of classroom behavior was 7.5, and the average rating for relationships with peers was 8.5.

Based on match support conducted with Bigs (monthly support conversations) throughout their match individual Littles have:

- Acquired more developed social skills
- Better focus during 1-on-1 conversations and class time
- Became more talkative, open and respectful with teachers and peers
- Behaviors became calmer and more appropriate during class time
- Noticeably happier and upbeat

Measurement 4:
100% of the parents were sent rating sheets to rate their perceptions of BBBS and the matching of their child. Of the 11 sent 70% were returned. 100% of the rating sheets were returned stating they were very satisfied with the program and strongly agreed their child has had a positive experience.

100% of the Volunteer Bigs were sent rating sheets to rate their perceptions of BBBS and their overall experience of being a Big. Of the 11 sent 100% returned. 100% felt the agency was easy to work with and friendly and have had a positive experience being a Big.

West Slope: Big Brothers Big Sisters Youth Outcomes Survey (YOS) and Strength of Relationship survey (SOR)
From the YOS survey completed pre-match:

30% of the kids were not able to complete the survey because of lack of attention
25% said it was OK to be mean to other kids
50% could not identify a favorite adult in their life

From the YOS survey completed at the end of the school year:

100% said it was not OK to be mean or hit other kids
90% said they had a favorite adult in their life
3 of the Littles (kids in program) stated their Big Brother or Big Sister makes them happy.

From the SOR survey completed 3 months post match
- 100% said they liked their Big
- 100% said they liked when their Big visits them
- 0% stated their Big made them feel bad
- 100% felt they were close to their Big

From the SOR survey completed at the end of the school year:
- 100% said they liked their Big
- 100% said they liked when their Big visits them
- 0% stated their Big made them feel bad
- 100% felt they were close to their Big

Measurement 5: Rating sheet

From the SOR survey completed 3 months post match
- 25% of Bigs were overwhelmed by their Little's difficulties
- 100% felt well matched with their Little
- 0% felt frustrated that not much had improved with their Little
- 0% felt it was hard to find time to be with their Little

From the SOR survey completed at the end of the school year:
- 15% felt overwhelmed by their Little's difficulties
- 100% felt they were well matched
- 0% felt frustrated that not much had improved with their Little
- 25% felt it was hard to find time to be with their Little

Measurement 6: Testimonials

"I like when my Big Sister comes, I like her all to myself."
-Little Sister

"I know when my son's Big has come to visit him because he always comes home that day so excited and full of stories of what they did at school."
-Mom of Little Brother

"My Little has really opened up to me and become calmer and more communicative compared to when we were first matched."
-Big Sister

"He really blossomed in our class and I think having his Big to interact with really helped with that"
-Head Start Teacher

"Mental health services are hard to come by for the 0-5 year old population. Having partnered with Big Brothers Big Sisters we are able to get our kids support early. The partnership has been great."
-Head Start Administrator

7) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

The funding is spent in primarily three ways: Match Enrollment/Support, Travel, and Volunteer Recruitment. The in-kind contributions consist of donated office space in South Lake Tahoe (approximate value of $3,000) and countless hours of volunteer time – those Bigs that serve as mentors.

MHSA Recommendation: While evaluating this project, it was determined that the scope of the project previously was too narrow, which limited the number of children who could benefit from mentoring. As such, there has been a change to this project to expand the age group to children ages 3 to 18 to be eligible to receive mentoring services. However, the outcomes of this project will continue to be monitored and evaluated.

Parenting Skills

Provider: New Morning Youth and Family Services

Project Goals

- Increase positive and nurturing parents
- Increase child positive behaviors, social competence, and school readiness skills
- Increase parent bonding and involvement with teachers/school
- Decrease harsh, coercive and negative parenting
- Increase family stability
- Increase emotional and social capabilities
- Reduce behavioral and emotional problems in children

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$50,000	$50,000
Total Expenditures	$35,094	$50,000
Unduplicated Individuals Served	42	52
Cost per Participant	$836	$962

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	0	2
16-25 (transitional age youth)	2	6
26-59 (adult)	38	33
Ages 60+ (older adults)	2	6
Unknown or declined to state	0	5

Gender	FY 14/15	FY 15/16
Female	35	41
Male	7	11

Region of Residence	FY 14/15	FY 15/16
West County	4	10
Placerville area	5	16
North County	9	2
Mid County	15	15
South County	3	1
Tahoe Basin	6	8
Unknown or declined to state	0	0

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	0	2
Asian	0	0
Black or African American	0	1
Caucasian or White	16	38
Hispanic or Latino	23	9
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	2	2
Other Race or Ethnicity	1	0
Unknown or declined to state	0	0

Primary Language	FY 14/15	FY 15/16
English	25	45
Spanish	17	7
Other Language	0	0
Unknown or declined to state	0	0

Year End Report

1) Briefly report on how implementation of Incredible Years progressed (e.g., whether implementation activities proceeded on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.

Most aspects of providing the Parenting Skills education classes proceeded without any significant challenges. Finding a suitable location for each of the different regions of the County was sometimes challenging to the extent it impacted timing of the classes (i.e., time during the year and time of day).

2) Briefly report on how Incredible Years has improved the overall mental health of the participants, their families, and their communities by addressing the primary negative outcomes that are the focus of Incredible Years (school failure or dropout and removal of children from their homes). Please include other impacts, if any, resulting from Incredible Years on the other five negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; and (5) homelessness.

The outcomes that we are able to track are those reported by class participants while they are taking the course and from those who successfully completed the course. Reports were very positive overall with parents indicating that the skills and support they received from both the program curriculum and the group facilitators contributed to them learning new skills and techniques to improve their relationships with their children (and often improved the overall family dynamics. The parenting tools and skill identified include but are not limited to; how to better use a time out and problem solve, the effect of interaction through play with their child, understanding the effect of positive reinforcement and how to make their child feel valued and loved. These skills and lessons learned helped improve and strengthen the parenting issues that originally prompted this class. Parents that participated in this course also expressed great appreciation for the individualized services they received.

3) Provide a brief narrative description of progress in providing Incredible Years services to unserved and underserved populations.

Providing these classes in each of the identified County regions helps to promote access for many people in the community. In addition, providing a minimum of one class offered in Spanish offers the benefits of the program to the Latino community which is often very marginalized. Most aspects of providing the Parenting Skills education classes proceeded without any significant challenges. Finding a suitable location for each of the different regions of the County was sometimes challenging to the extent it impacted timing of the classes (i.e., time during the year and time of day).

4) Provide a brief narrative description of how Incredible Years services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

The facilitators of this course are highly experienced therapists who are skilled at meeting clients where they are at and are very sensitive to the clients cultural background. This is especially true for the class taught in Spanish. The facilitators for this class are bilingual but have also lived in a Latin-American country. For this class we also use bicultural co-facilitators.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

New Morning staff members participate in a wide variety of community collaboration networks and utilizes those networks to expand awareness of services provided by our agency and also to gain knowledge of other services offered by the community that can become resources for our clients and for those who call in asking for services. New Morning also maintains an active social media platform that is always working to increase community awareness of services throughout the community and to reduce stigmas associated with seeking those services.

6) Identify whether the Parenting Skills project participants were provided with further referrals for services at the conclusion of classes, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling, other classes).

As mentioned above, as parents worked through the class throughout the program the questions about additional resources was a common question. The class presenter(s) offered referrals to almost every public and private service provider in the community. The most common referrals were to mental health agencies (public and private), Social Services, education support (IEPs) and health services. However, other services such as the Boys and Girls Club, Big Brothers/Big Sisters, scouting programs, pediatricians, etc. were also regularly offered as referrals to interested parents

7) Provide the outcomes of the assessments and customer satisfaction surveys.

New Morning tracks parent feedback from every class. Based on class feedback rated the classes as:

Evaluation area:	**Score** (not helpful = 1; neutral = 2; helpful =3; very helpful = 4)
Content of classes	3.80
Videotape examples	3.71
Facilitator skill	3.85
Class discussions	3.80

8) Provide total Incredible Years expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

No leverage/in-kind contributions identified.

9) Provide any additional relevant information.

None.

FY 14/15 through FY 16/17 Outcome Measures
Measurement 1: Pre- and post-class survey

See item 7, above.

MHSA Recommendation: Continue Parenting Skills project. Seek additional data related to pre- and post- surveys. Provide technical assistance on year end reporting.

Primary Intervention Project (PIP)

Providers: Black Oak Mine Unified School District; Tahoe Youth and Family Services; El Dorado Hills Vision Coalition

Project Goals

- Provide services in a school based setting to enhance access
- Build protective factors by facilitating successful school adjustment

- Target violence prevention as a function of skills training
- To decrease school adjustment difficulties at an early age and build protective factors to foster youth resilience and mental health

Numbers Served and Cost

The data for FY 15/16 is for BOMUSD and TYFS only. There was a change in the management at EDCVC and, as a result, FY 2015-16 demographic data was not provided and PIP services did not resume until November 2016. The contract with EDCVC will terminate in 2017.

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$212,700	$212,700
Total Expenditures	$184,755	$120,815[1]
Unduplicated Individuals Served	214	133
Cost per Participant	$863	$908

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	214	133
16-25 (transitional age youth)	0	0
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	85	57
Male	117	74
Unknown	12	2

Region of Residence	FY 14/15	FY 15/16
West County	45	0
Placerville area	0	0
North County	63	40
Mid County	0	0
South County	0	0
Tahoe Basin	106	93
Unknown or declined to state	0	0

[1] Total expenditures including EDCVC was $182,843.

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	7	4
Asian	9	7
Black or African American	4	5
Caucasian or White	127	73
Hispanic or Latino	56	39
Native Hawaiian or Other Pacific Islander	1	1
Multiracial	6	1
Other Race or Ethnicity	2	0
Unknown or declined to state	2	3

Primary Language	FY 14/15	FY 15/16
English	172	106
Spanish	32	26
Other Language	5	0
Bilingual	4	0
Unknown or declined to state	1	1

Year End Report

BLACK OAK MINE UNIFIED SCHOOL DISTRICT

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$61,478	$61,478
Total Expenditures	$51,933	$61,476
Unduplicated Individuals Served	39 (completed semester)	46 (completed semester)
Cost per Participant	$1,332	$1,336

1) Briefly report on how implementation of PIP is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.

A total of 4 part-time Aides served three elementary schools: American River Charter (two days per week), Georgetown (four days), and Northside (three days). We served a total of 58 students over two semesters. All students (with a few exceptions noted below) were evaluated by their teachers at the beginning of the session, and at the end using the Walker McDonnell Survey (WMS) instrument. For the 46 clients with start and end scores, 38 children increased their WMS scores, and 8 had a drop.

We piloted a new assessment this year, the Adverse Childhood Experiences Survey (ACEs). ACEs are significant childhood traumas that result in actual changes in brain development.

- ACEs include: Abuse: physical, sexual and emotional, Neglect: emotional or physical, Family Problems: witnessing domestic violence, alcoholism, mental illness, or suicide in

the home, incarcerated family member, loss of a parent due to divorce, abandonment or death.

- The science of ACEs shows the link between childhood trauma and higher adult risk of alcoholism and drug addiction, cancer, heart disease, suicide, mental illness and diabetes.
- Scores from the survey range from 0-10, zero meaning no adverse experiences prior to the age of 18, and one point given for each category of trauma experienced.
- The survey is meant to be self-administered, but because of the young age of PIP clients, the PIP Aide completed the survey based upon information voluntarily given from teachers, parents, and the child.
- Client privacy was ensured by the use of identifying codes.
- As would be expected with the targeted group of students with mild to moderate adjustment difficulties, ACE scores were much higher in this group than with the general student population.

We continue to serve children with more severe emotional and behavioral problems in the classroom. It is not clear at this time how we will use the ACEs Study to improve outcomes for our children. We are partnering with the El Dorado ACEs Collaborative and the Northern California ACEs Connection.

2) **Briefly report on how PIP has improved the overall mental health of the children, families, and communities by addressing the primary negative outcome that is the focus of PIP (school failure or dropout). Please include other impacts, if any, resulting from PIP on the other six negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; (5) homelessness; (6) removal of children from their homes.**

PIP continues to fill the need for many children and families who are either not eligible or unable to obtain more intensive interventions. PIP also introduces parents to mental health interventions that are less stigmatized and easier to accept than therapeutic models. For a family, PIP is often their first encounter with mental health services, and because it is such a positive experience for the child, it can make it easier to accept higher level interventions that may be necessary in the future.

3) **Provide a brief narrative description of progress in providing PIP services to unserved and underserved populations.**

See above.

4) **Provide a brief narrative description of how PIP services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

The racial/ethnic demographics of Black Oak Mine Unified School District is predominately White 87%, followed by Hispanic/Latino at 8%, and American Indian/Alaskan Native at 3%. All of the students served by PIP have been English speaking. If a parent is not fluent in English we have staff on site who can translate for Spanish speaking parents.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

For families on the Divide, access to services is a critical concern. The distance to the nearest mental health services makes the children here an underserved population, on the whole. PIP helps to alleviate this problem by identifying issues when students are still young and serving them before there is a need for more intense intervention. Since PIP is offered on school campuses, during the school days, there is no transportation involved.

PIP also introduces parents to mental health interventions that are less stigmatized and easier to accept than therapeutic models. For a family, PIP is often their first encounter with mental health services, and because it is such a positive experience for the child, it can make it easier to accept higher level interventions that may be necessary in the future.

6) Identify whether PIP participants were provided with further referrals for services at the conclusion of the PIP semester, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling).

The PIP Coordinator and Aides work closely with the school counselor when referrals for more intensive services are warranted.

Some of our PIP students receive concurrent therapeutic counseling through private pay or Medi-Cal, and our school counselors provide on-site group counseling.

7) Provide the outcomes of customer satisfaction surveys.

N=23

Parents responded to the survey with mostly positive answers to the questions.

1. Did you have a clear understanding of the Primary Intervention Program and how it could benefit your child?	Very Clear 12	Somewhat Clear 11	Somewhat Unclear 0	Very Unclear 0

	YES	NO	N/A
2. Has your child looked forward to the play sessions and seemed to enjoy them?	23	0	0
3. Have you noticed improved behaviors since your child participated in PIP?	21	0	2
4. Increased motivation to attend school?	16	5	2
5. Increased ability to make friends?	20	1	2
6. Increased confidence and leadership skills?	20	1	2
7. Improved social behavior?	22	0	1

8. Improved attitude toward school?	19	1	3

8) Provide a copy of the data and analysis of the WMS for each PIP semester.

WALKER MCDONNELL SCALE (WMS) PRE AND POST SCORES *and ACE (Adverse Childhood Experience) Score*					
Client Number *Redacted*	WMS Start	WMS End	Difference	ACE Score*	Notes
	118	129	11	2	
	113	122	9	9	
	137	145	8	6	
	149	162	13	2	
	144	160	16	2	
	139	145	6	4	
	137	145	8	10	
	203	211	8	8	
	128	130	2	5	
	118	129	11	2	
	117	168	51	4	
	118	126	8	4	
	X	X	n/a	8	
	122	x	n/a	8	Exited school after 2 weeks
	76	X	n/a	5	Teacher did not complete End WMS
	168	166	-2	3	
	142	160	18	6	
	80	159	79	6	
	195	212	17	6	
	137	X	n/a	8	Moved
	158	151	-7	8	
	96	83	-13	9	
	73	82	9	9	
	111	128	17	0	
	138	123	-15	unknown	
	168	179	11	7	
	189	193	4	6	
	133	158	25	3	
	137	181	44	9	
	199	133	-66	8	
	174	X	n/a	4	Moved
	60	67	7	8	
	130	136	6	7	
	65	X	n/a	1	Teacher did not complete End WMS
	157	X	n/a	4	Teacher did not complete End WMS
	143	141	-2	unknown	

WALKER MCDONNELL SCALE (WMS) PRE AND POST SCORES *and ACE (Adverse Childhood Experience) Score*					
Client Number *Redacted*	WMS Start	WMS End	Difference	ACE Score*	Notes
	122	X	n/a	unknown	Attended only 4 weeks
	173	194	21	6	Death in the family
	117	141	24	1	
	103	118	15	4	
	122	148	26	8	
	127	164	37	2	
	X	X	n/a	3	Client left school
	89	112	23	unknown	
	122	159	37	unknown	
	124	162	38	4	Changes in family
	141	195	54	4	
	137	156	19	unknown	
	162	205	43	4	
	129	X	n/a	5	Teacher did not complete End WMS
	134	147	25	3	
	122	147	25	2	
	119	114	-5	1	
	147	X	n/a	3	Teacher did not complete End WMS
	138	167	29	unknown	
	135	139	4	unknown	
	162	X	n/a		Teacher did not complete End WMS
	116	108	-8	unknown	
	113	157	44	unknown	

9) Provide total PIP expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

In-kind contributions were $8,000 and playroom facilities at the three schools.

Because of increasing numbers of children in need of higher levels of support, Georgetown and American River Charter Schools supplemented funding for two extra days of PIP at their sites over the two semesters. Our teachers and administrators are very supportive of the program because they see positive changes in the students, such as better focus in the classroom and improved peer relationships.

10)Provide any additional relevant information.

None.

MHSA Recommendation: The MHSA Team commends Black Oak Mine Unified School District for implementing the Adverse Childhood Experiences Survey (ACEs). Continue PIP through Black Oak Mine Unified School District, allow for a slight increase in funding if provider

requests to serve more children due to popularity of the program and positive results. Provide technical assistance on reporting.

TAHOE YOUTH AND FAMILY SERVICES

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$87,986	$87,986
Total Expenditures	$74,592	$59,339
Unduplicated Individuals Served	106	97
Cost per Participant	$704	$612

1) **Briefly report on how implementation of PIP is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

The Primary Intervention Program began in the fall of the 2015-2016 school year at all four elementary schools in the Lake Tahoe Unified School District. Our PIP aides continued their excellent work as communication with the faculties at each school were more fluid than in previous years.

As reported last year, the allotted time and space for service delivery continues to pose challenges at some of the smaller facilities in Sierra House and Magnet School, causing some difficulty with scheduling enough time for set up and tear downs. We continue to be hopeful that with further planning and collaboration with the schools we can create additional space to work with more students during the semester.

2) **Briefly report on how PIP has improved the overall mental health of the children, families, and communities by addressing the primary negative outcome that is the focus of PIP (school failure or dropout). Please include other impacts, if any, resulting from PIP on the other six negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; (5) homelessness; (6) removal of children from their homes.**

The Primary Intervention Program has improved the overall mental health of the children because of the one-to-one, non-directive play experience. The nurturing and safe environment helps the children to gain tools to cope with issues at home and/or school by creating an avenue for the children to express themselves through play. The intervention is designed to minimize the need for more intensive and costly services.

3) **Provide a brief narrative description of progress in providing PIP services to unserved and underserved populations.**

The program's screening process allowed teachers and service providers such as Live Violence Free to work together to identify students in need of additional assistance who may otherwise not qualify for counseling or other types of services. The screenings not only included the teachers and the PIP aide, but clinicians as well. Having clinicians available to the PIP aides

allowed opportunities to identify students who exhibited signs of behavior requiring more intensive clinical services.

We were also excited to have a new funding source for Mental Health services for elementary students. The Local Education Assistance (LEA) grants provided funds for our therapists at TYFS to see students at the schools who did not qualify for other services. Because of our screening process, we had the ability to expedite the referral process for those students deemed to have needs beyond what PIP could provide.

4) **Provide a brief narrative description of how PIP services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

As in recent years, more than half of the students served in this program identified as Hispanic, making it important for our program to be culturally relevant to their needs. We are fortunate to have PIP aides who are bi-lingual, allowing us to address many of the cultural and linguistic differences. The children participated in activities specifically designed to reduce racial and ethnic boundaries such as role playing with dolls, games, action characters, animals and art work. Various forms of non-directive play are incorporated into the sessions.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

6) **Identify whether PIP participants were provided with further referrals for services at the conclusion of the PIP semester, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling).**

We continue to participate in several local collaborative groups, providing important platforms for outreach and presentation opportunities. Also, our continued partnerships with school staff have continued to strengthen through our years of providing PIP services. These groups gave our program direct access to school faculty and families to discuss the needs of the students and ways that PIP can assist. The groups gave our staff a more in-depth understanding of the demographics and culture that make the school population.

7) **Provide the outcomes of customer satisfaction surveys.**

Copies of satisfaction surveys were provided with the majority ranging in the good to excellent range.

8) **Provide a copy of the data and analysis of the WMS for each PIP semester.**

Tahoe Youth and Family Services provided a full copy of the Early Intervention Program Local Evaluation Data Report prepared by Duerr Evaluation Resources. Below are summary tables from the report.

Table 1
Changes in social competence and school adjustment (total scale) ratings for participants

School Name	n	Average Scores for Total WMS Scale							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Bijou Community	28	145.0	27	161.0	41	16.1	14	.57	.001
Magnet School	18	106.4	4	137.4	20	31.0	16	.89	<.001
Sierra House	19	103.7	3	139.5	22	35.7	19	.97	<.001
Tahoe Valley	23	129.5	15	152.0	32	22.6	17	.74	<.001
Project Total/Average	97	125.9	13	147.8	29	21.9	16	.67	<.001
Statewide Total/Average	--	130.4	16	146.9	28	16.4	12	.59	<.001

Effect size: As generally agreed among researchers, effect sizes lower than .30 are considered "small," Those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

P-Values: Values less than .05 are considered statistically significant, although this test is less sensitive with smaller sample sizes (n's).

Table 2
Changes in teacher-preferred social behavior (subscale 1) ratings for participants

School Name	n	Average Scores for WMS Subscale 1							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Bijou Community	28	51.2	21	58.3	34	7.0	13	.55	.002
Magnet School	18	40.8	6	51.6	22	10.8	16	.85	<.001
Sierra House	19	39.5	6	52.5	22	12.9	16	.95	<.001
Tahoe Valley	23	47.2	13	54.3	26	7.1	13	.73	<.001
Project Total/Average	97	46.2	11	54.0	26	7.8	15	.62	<.001
Statewide Total/Average	--	48.7	17	54.4	26	5.7	9	.51	<.001

Effect size: As generally agreed among researchers, effect sizes lower than .30 are considered "small," Those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

P-Values: Values less than .05 are considered statistically significant, although this test is less sensitive with smaller sample sizes (n's).

Table 3
Changes in peer-preferred social behavior (subscale 2) ratings for participants

School Name	n	Average Scores for Total WMS Subscale 2							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Bijou Community	28	56.0	24	62.8	40	6.8	16	.54	.003
Magnet School	18	41.3	5	53.9	21	12.6	16	.90	<.001
Sierra House	19	39.5	4	54.6	23	15.1	19	.98	<.001
Tahoe Valley	23	51.4	16	60.7	35	9.3	19	.71	<.001
Project Total/Average	97	49.2	13	58.6	31	9.5	18	.70	<.001
Statewide Total/Average	--	51.7	18	58.9	31	7.2	13	.58	<.001

Effect size: As generally agreed among researchers, effect sizes lower than .30 are considered "small," Those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

P-Values: Values less than .05 are considered statistically significant, although this test is less sensitive with smaller sample sizes (n's).

Table 4
Changes in classroom adjustment behavior (subscale 3) ratings for participants

School Name	n	Average Scores for Total WMS Subscale 3							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Bijou Community	28	37.8	44	40.0	54	2.3	10	.34	.070
Magnet School	18	24.3	8	32.0	26	7.7	18	.91	<.001
Sierra House	19	24.7	10	32.4	26	7.7	16	.95	<.001
Tahoe Valley	23	30.8	23	37.0	41	6.2	18	.57	.003
Project Total/Average	97	30.5	21	35.1	35	4.7	14	.53	<.001
Statewide Total/Average	--	30.1	21	33.6	32	3.5	11	.48	<.001

Effect size: As generally agreed among researchers, effect sizes lower than .30 are considered "small," Those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

P-Values: Values less than .05 are considered statistically significant, although this test is less sensitive with smaller sample sizes (n's).

9) Provide total PIP expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

No leverage/in-kind contributions identified.

10) Provide any additional relevant information.

The program continues to be a front-line element for addressing the needs of the students. The program serves as prevention tool for future behavioral issues and most importantly helps prevent students from falling through the cracks. We are pleased to have had another successful year providing these services to the elementary schools in our district. As any new year poses challenges, we continue to form strong bonds with the school sites, both faculty and students. The program continues to provide outlets for additional services offered through Tahoe Youth and Family Services and our other partners.

PIP has become a staple in the schools and we are looking forward to building on the program's legacy next year.

MHSA Recommendation: Continue PIP through Tahoe Youth and Family Services, allow for a slight increase in funding if provider requests to serve more children due to popularity of the program and positive results. Provide technical assistance on reporting.

EL DORADO HILLS VISION COALITION

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$62,326	$62,326
Total Expenditures	$58,230	$62,028
Unduplicated Individuals Served	60+	86
Cost per Participant	<$971	$721

Year End Report

1) Briefly report on how implementation of PIP is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.

The implementation of the PIP program was on target throughout the contract period. The progress exceeded our expectations. 100% of the participants that were identified was seen by a member of our team and provided tools and resources to maintain healthy relationships. The PIP specialists worked with 43 students each semester. Each student was seen for approximately 15 weeks in a one-on-one session for 45 minute intervals. Feedback from the Principals and teachers has been very strong and positive. The students gain tools on how to deal with their current crises and behavior plans.

2) Briefly report on how PIP has improved the overall mental health of the children, families, and communities by addressing the primary negative outcome that is the focus of PIP (school failure or dropout). Please include

other impacts, if any, resulting from PIP on the other six negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; (5) homelessness; (6) removal of children from their homes.

The PIP program has worked very well to strengthen the overall mental health of the children at the selected schools where the program was implemented during the 2015-16 school year, including Lake Forest, Silva Valley, and Jackson Elementary Schools. Prevention and early intervention are transformational in the lives of these "at risk" children. We have made a positive impact on reducing the potential stigma and discrimination of those with mental illness. By working with the children enrolled in the PIP program and helping them work through their challenges we have helped promote positive emotional development and given them new tools to function well in future challenging circumstances. Thus, after receiving PIP services we feel confident that the services provided will help lead to a reduction in suicides, incarceration, unemployment, prolonged suffering, homelessness and removal of children from their homes. In addition, we continue to use the Duerr Evaluation "Walker Assessment Scale" tool as a means of assessing our impact on the lives of our children. The evaluation consistently supports that our efforts have had a meaningful impact on the population we are serving and, in turn, their families.

3) **Provide a brief narrative description of progress in providing PIP services to unserved and underserved populations.**

El Dorado Community Vision Coalition makes every effort to provide PIP services to the unserved and underserved populations. However; it should be noted that the county lack significant diversity.

We identify the unserved and underserved population as 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. El Dorado Community Vision Coalition team members are trained in utilizing Model for Cultural Competency. Our approach to prevention is integrated, accessible, strength-based and effective.

PIP endeavors to prioritize underserved and compromised populations, such as low income, adoptive and foster children, and children who are experiencing difficulties due to divorce, recent relocation and difficulty with adjustment.

We provide one-on-one time each week with a trained, caring adult with each student. The students very much look forward to this time, when they can direct the activity and conversation and feel free to be themselves and get support and affirmation. Further, a trust relationship evolves so that the aide can assist the child in implementing proactive social and interaction skills, culminating in a much more positive outlook and interaction with their peers.

4) **Provide a brief narrative description of how PIP services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

Our Team members have been fully trained utilizing Model for Cultural Competency. The model This chosen model Culturally and Linguistically Appropriate Services (CLAS) is in accordance with the 14 Federal CLAS Standards and other best practice cultural competency models to reduce health disparities and improve outcomes among the State's diverse racial, ethnic, cultural, linguistic and sexual minority populations.

Our Cultural competence services

A) Embraces the principles of equal access and non-discriminatory practices in service delivery is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
B) Our services are tailored/ and match the unique needs of individuals, children, families served.
C) Practice is driven in service delivery systems by family preferred choices, not by culturally blind or culturally free interventions.
D) Our team members utilize a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.

In addition; our staff and team member communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.

We collaborated with each school principal, faculty and each parent participating in the program regarding accessing and receiving care. Each Child Aide received on-going training on resources available in the county and how to access them. We collaborated with Remi-Vista and other providers to establish a referral system. If needed, therapists met with parents to offer what is available and support the child receiving a higher level of services, as appropriate. All cases were discussed in group supervision prior to any referrals being made. The county Family Resource Guide was provided to each participating family.

El Dorado Community Vision's PIP team ensure that students are selected for program participation through a selection process that includes completion of standardized assessments and input from the school-based mental health professionals and teachers. The screening team determines those children who are at risk of developing emotional problems based on indications of difficulties experienced with adjustments in school. Students are selected for program participation through a selection process that includes completion of standardized assessments and input from the school-based mental health professionals and teachers. Student driven play therapy was used during each session. Activities varied from sports, painting, doll play and sand trays to name a few. The PIP aids could help some students receive scholarships in the community thus helping to involve them in positive activities outside of school. When

services needed exceeded the PIP program outside referrals were made providing linkages to medically necessary care.

6) **Identify whether PIP participants were provided with further referrals for services at the conclusion of the PIP semester, and if so, what type of referrals were made (e.g., mentoring programs, recreational programs, individual counseling, group counseling).**

El Dorado Community Vision Coalition understands the importance of community collaboration and helping to link participants and families to necessary services. In reviewing the (PDI) Participant Data Instrument tool several children were provided referrals for other services including but not limited to speech, resource, counseling and remedial services.

7) **Provide the outcomes of customer satisfaction surveys.**

Not provided.

8) **Provide a copy of the data and analysis of the WMS for each PIP semester.**

Not provided.

9) **Provide total PIP expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.**

The PIP program was funded an additional $5000 from outside resources.

10) **Provide any additional relevant information.**

We are happy to report, El Dorado Community Vision Coalition has brought on board a new and highly qualified licensed Marriage and Family Therapist Dr. Dee-Anna Bradley, Psy.D, LMFT, LPCC. she will supervise the program and the aides that will be working with the children, as per the contract states. All our staff is highly trained and credentialed with bachelor's degrees and higher.

MHSA Recommendation: The El Dorado Hills Vision Coalition underwent leadership and PIP staff changes in 2016. Additionally, the PIP program did not begin at the start of the Fall 2016 semester. Although the PIP data provided by the El Dorado Hills Vision Coalition in the past has shown positive results, the El Dorado Hills Vision Coalition will be closing. MHSA will seek a new contracted provider for PIP services in the West Region of the County via a procurement process in compliance with Board of Supervisors Policy C-17, Procurement Policy.

SAMHSA Model Programs

Provider: El Dorado County Office of Education

Project Goals

- Increase mental wellness of youth
- Improve family relationships
- Reduce stigma and discrimination
- Reduce bullying
- Reduce substance abuse

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget Rollover balance from FY 2013-14	$100,000 +$192,100	$100,000
Total Expenditures	$54,042	$9,560 (some costs from FY 14/15 included)
Number of Programs	14	1 (new) Total: 15
Average Cost per Program	$3,860	$4,240

Year End Report

The contract was terminated prior to the end of the year, so no Year End Report was received.

MHSA Recommendation: Not applicable. Project discontinued.

Prevention and Early Intervention for Youth in Schools

Provider: Minds Moving Forward

Project Goals

- Increase school-based mental health services.
- Increase knowledge of community resources.
- Raise awareness around early identification of the signs and symptoms of mental illness.
- Reduce stigma and discrimination.
- Improve student wellness and mental health.
- Improve the family relationship.
- Improve school culture as it relates to minimizing activities that may be risk factors for mental illness and encouraging positive mental health.
- Reduce suicidal ideation, attempted suicides and completed suicides.

- Increase academic success, which may not mean higher grade point averages, but could be other successes such as higher rate of completion of homework, increased academic confidence or increased willingness to reach out for academic assistance.
- Increase school attendance rates for participants.
- Decrease referrals for behavior problems or other disciplinary actions for participants.
- Improve results from the California Healthy Kids survey, which would show a reduction in the number of students with feelings of hopelessness or suicidal thoughts.
- Reduce substance use (alcohol, prescription drugs, marijuana, other illicit and life endangering drugs) and/or self-medicating.

Numbers Served and Cost
This project started in FY 16/17, so there are no outcomes to report for FY 15/16.

FY 14/15 through FY 16/17 Outcome Measures
- Measurement 1: Continued engagement of students and parents in this project, including rate of attendance/missed appointments.
- Measurement 2: Self-assessments measuring pre-, interim- and post-participation self-perceptions, and pre-, interim- and post-participation assessments completed by the referring party, as allowed by law, to measure the referring parties' perceptions of the students enrolled in this project, including parental assessments.
- Measurement 3: Truancy rates/absences of the students enrolled in this project.
- Measurement 4: The number of referrals for behavior problems or other disciplinary actions for the students enrolled in this project.
- Measurement 5: The number of school dropouts within the students enrolled in this project.
- Measurement 6: The number of incarcerations within the students enrolled in this project.
- Measurement 7: The number of attempted or completed suicides by students enrolled in this project.
- Measurement 8: School-wide surveys to determine the level of knowledge about mental illness, available resources and willingness to discuss mental health concerns.
- Measurement 9: The California Healthy Kids Surveys will measure the long-range outcomes at the schools where this project is implemented as it relates to feelings of hopelessness and suicidal thoughts. The outcomes of this measurement may not be available annually or during the pilot period of the project.

The Nurtured Heart Approach

Provider: Summitview Child and Family Services

Project Goals
- Improvement in the caregiver-child relationship
- Reduction in problematic behaviors at home, in school, and in the community
- Reduction in dollars spent on mental health services, special education, and criminal justice involvement

Numbers Served and Cost[2]

Expenditures	FY 14/15	FY 15/16
MHSA Budget	--	$19,500
Total Expenditures	--	$12,759
Unduplicated Individuals Served	--	84
Cost per Participant	--	$152

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	--	0
16-25 (transitional age youth)	--	1
26-59 (adult)	--	82
Ages 60+ (older adults)	--	1
Unknown or declined to state	--	0

Gender	FY 14/15	FY 15/16
Female	--	28
Male	--	10
Unknown or declined to state	--	46

Region of Residence	FY 14/15	FY 15/16
West County	--	29
Placerville area	--	20
North County	--	5
Mid County	--	11
South County	--	6
Tahoe Basin	--	1
Unknown or declined to state	--	12

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	--	2
Asian	--	3
Black or African American	--	0
Caucasian or White	--	70
Hispanic or Latino	--	4
Native Hawaiian or Other Pacific Islander	--	0
Multiracial	--	3
Other Race or Ethnicity	--	2
Unknown or declined to state	--	0

[2] Contract began in January of FY 15/16.

Primary Language	FY 14/15	FY 15/16
English	--	83
Spanish	--	0
Other Language	--	1
Unknown or declined to state	--	0

Year End Report

1) **Briefly report on how implementation of The Nurtured Heart Approach project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**
   - Nurtured Heart Approach day-long trainings were presented in March 2016, April 2016, and June 2016. (They were not offered earlier in the fiscal year due to a delay in the County's final approval of the contract).
   - There were 98 total attendees at the three Nurtured Heart Approach trainings. (One challenge has been getting all attendees to complete demographics sheets thus demographic information is not available for some attendees).
   - There has been a great deal of interest and enthusiasm; with a capacity of 40 people, all trainings have filled up ahead of time and 96% of participants have responded on their Presentation Evaluations that they would recommend the Nurtured Heart Approach to others.
   - All those who attend the one-day training are offered 6 half-hour follow-up coaching sessions. Many participants sign up for follow-up coaching but it has been a smaller percentage who follow through (although if everyone did follow through there would not be enough funding to cover it because more people have attended trainings than were anticipated when the grant was written).

2) **Briefly report on how The Nurtured Heart Approach project has improved the overall mental health of the children, families, and communities by addressing the two primary negative outcomes that are the focus of The Nurtured Heart Approach project: (1) school failure or dropout and (2) removal of children from their homes. Please include other impacts, if any, resulting from The Nurtured Heart Approach project on the other five negative outcomes addressed by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; and (5) homelessness.**

Not addressed.

3) **Provide a brief narrative description of progress in providing The Nurtured Heart Approach project services to unserved and underserved populations.**
   - There has been some success in reaching underserved populations in terms of socioeconomic status. Thirty-five percent of attendees who provided demographic information indicated that they receive Medi-Cal and are low to extremely low income.

4) **Provide a brief narrative description of how The Nurtured Heart Approach project services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

- The presenter, who is also the provider of follow-up Nurtured Heart Approach coaching sessions, is a psychologist who was trained at UCLA with specialty areas of developmental and community psychology. Community psychology training is focused on bringing psychological tools and support into communities in a culturally sensitive manner. The presenter has worked with El Dorado County residents from various ethnic groups and socioeconomic circumstances for almost thirty years.
- The Nurtured Heart Approach materials which are presented and the examples of the approach which are given during the training are designed to be applicable to a variety of cultures and backgrounds. The videos shown of the approach in action feature people of various races and ethnicities.
- The follow-up individual coaching sessions provide the opportunity to individualize feedback and suggestions in a manner sensitive to the participant's cultural background.

5) Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access I linkages to medically necessary care, stigma reduction and discrimination reduction.

- The availability of Nurtured Heart Approach trainings has been communicated to a variety of agencies and organizations throughout El Dorado County including mental health agencies, the head of Foster and Kinship Education, and educators who can share the information with students' parents.
- There has been outreach to the El Dorado Community Health Center staff so that they can publicize the trainings to the families they treat.
- Regarding stigma reduction, the Nurtured Heart Approach effectively re-frames the qualities that often get children and teens diagnosed with mental illness as potentially effective, adaptive qualities when successfully channeled. For example, the stubbornness and resistance that gets diagnosed as Oppositional Defiant Disorder can become determination and persistence. The Nurtured Heart Approach helps bring out the positive aspects of young people and helps their parents see them as less mentally ill. In turn, they see themselves as less disordered and feel less stigmatized and their behavior improves.

6) Provide outcomes measures of the services provided. Outcome measures for The Nurtured Heart Approach project are:

- **Measurement 1: Pre- and post-Conners Comprehensive Behavior Rating Scales (CBRS) assessments**
- **Measurement 2: Participant surveys**

Measurement 1: Given the late start in the fiscal year due to contract delays, there has not yet been adequate time to finish collecting and analyzing the post-training behavior rating scales. Results will be reported when they are available.

Measurement 2:

- Participants rated the presentation materials on a scale of 1 to 10. Scores between 8 and 10 were given by 87% of respondents. (Over half gave a score of 10).
- Participants rated the presenter's delivery on a scale of 1 to 10. Scores between 8 and 10 were given by 94% of respondents. (67% gave a score of 10).
- Participants were asked to circle Yes or No regarding whether the presentation met or exceeded their expectations and 97% of respondents circled Yes.

- Participants were asked to circle Yes or No regarding whether they would recommend the Nurtured Heart Approach to family or colleagues and 96% circled Yes.

7) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

There were no leveraged resources or in-kind contributions.

8) Provide any additional relevant information.

None.

MHSA Recommendation: Continue project. Provide technical assistance on reporting.

Community Education

Mental Health First Aid

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Raise personal awareness about mental health, including increasing personal recognition of mental illness risk-factors.
- Community members use the knowledge gained in the training to assist those who may be having a mental health crisis until appropriate professional assistance is available. Opens dialogue regarding mental health, mental illness risk factors, resource referrals, and suicide prevention. Work towards stigma and discrimination reduction in our communities and networks.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$120,000	$100,000
Total Expenditures	$42,691	$37,063
Unduplicated Individuals Served	249	219
Cost per Participant	$171	$169
Number of Classes	17	14
Youth	*4*	*2*
Adult	*12*	*12*
Veterans	*1*	*0*
Cost Per Class	$2,511	$2,647

Reduction in the number of trainers in FY 15/16.

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Class evaluation provided to attendees at the end of each session.
- Measurement 2: Evaluation survey provided to attendees six months after taking the class, including information regarding application of material learned.

The Mental Health First Aid website was re-designed and access to necessary data is not currently available. Once data becomes available, it will be included.

PFLAG Community Educationn

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Reduction of stigma and discrimination associated with being lesbian, gay, bisexual, transgender or questioning.
- Education, in the form of presentations/discussions, to the general public regarding sexual orientation.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$5,000	$5,000
Total Expenditures	$0	$0

FY 14/15 through FY 16/17 Outcome Measures

Measurement 1: Number of informing material distributed.
Measurement 2: Number of people reached through presentations.

No materials were purchased and no presentation were provided.

Community Information Access

Measuring the use of this site was not possible by the MHSA Team. However, it was determined through the community planning process that the site was not utilized by the public. This project has been discontinued and the funds will be re-allocated to other PEI projects. No data is available for this project.

Suicide Prevention and Stigma Reduction

Provider: Tahoe Youth and Family Services

Project Goals

- Increase awareness of mental illness, programs, resources, and strategies.
- Increased linkage to mental health resources.
- Reduce the number of attempted and completed suicides in El Dorado County.
- Change negative attitudes and perceptions about seeking mental health services.
- Eliminate barriers to achieving full inclusion in the community and increase access to mental health resources to support individuals and families.

Numbers Served and Cost

The contract became effective in FY 16/17 so there is no information to report for FY 15/16.

FY 14/15 through FY 16/17 Outcome Measures

Measurement 1: Project quality will be measured by interviews and surveys about the project.
Measurement 2: Documentation of changes in attitudes, knowledge and/or behavior related to mental illness and seeking mental health services.
Measurement 3: Long-term success will be measured by the school-wide California Healthy Kids Survey, conducted every other year.

Foster Care Continuum Training

This project was not successfully launched and has been moved to the "Outreach for Increasing Recognition of Early Signs of Mental Illness Projects: Community Education and Parenting Classes Project" in the FY 2017-18 MHSA Plan.

Community Outreach and Resources

This project was not successfully launched and has been moved to the "Access and Linkage to Treatment Projects: Community-Based Outreach and Linkage Project" in the FY 2017-18 MHSA Plan.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$20,000	$31,125
Total Expenditures	$1,237	$303
Unduplicated Individuals Served	0	0
Cost per Participant	--	--

Statewide PEI Projects

Provider: CalMHSA

Project Goals

- Reduce the stigma and discrimination associated with mental illness, prevent suicide, and improve student mental health.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$0	$9,471
Total Expenditures	$0	$9,471

FY 14/15 through FY 16/17 Outcome Measures

The Outcome Measures for this project are established and managed by the State. For more information, please see http://calmhsa.org/programs/evaluation/.

Health Disparities

Wennem Wadati: A Native Path to Healing

Provider: Foothill Indian Education Alliance

Project Goals

- Increased awareness in the Native American community about the crisis line and available services.
- Improve the overall mental health care of Native American individuals, families and communities.
- Reduce the prevalence of alcoholism and other drug dependencies.
- Maximize positive behavioral health and resiliency in Native American individuals and families reducing suicide risk, prolonged suffering, and incarceration.
- Reduce school drop-out rates.
- Support culturally relevant mental health providers and their prevention efforts.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$125,725	$125,725
Total Expenditures	$111,589	$117,364
Unduplicated Individuals Served	270	344
Cost per Participant	$413	$341

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	121	186
16-25 (transitional age youth)	29	33
26-59 (adult)	87	93
Ages 60+ (older adults)	30	30
Unknown or declined to state	3	2

Gender	FY 14/15	FY 15/16
Female	185	225
Male	79	114
Unknown	6	5

Region of Residence	FY 14/15	FY 15/16
West County	35	44
Placerville area	165	209
North County	5	0
Mid County	29	45
South County	3	5
Tahoe Basin	1	1
Unknown or declined to state	32	40

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	225	300
Asian	0	0
Black or African American	1	0
Caucasian or White	29	25
Hispanic or Latino	14	0
Native Hawaiian or Other Pacific Islander	1	0
Multiracial	0	13
Other Race or Ethnicity	0	2
Unknown or declined to state	0	4

Primary Language	FY 14/15	FY 15/16
English	262	328
Spanish	8	13
Other Language	0	0
Unknown or declined to state	0	3

Year End Report

1) **Briefly report on how implementation of the Wennem Wadati: A Native Path to Healing project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

Our Wennem Wadati (WW) program, which was designed to provide culturally specific Native American prevention and early intervention services in order to improve wellness and decrease health disparities experienced by this population, continues to be well received by the Native community. As the previous years with this program, we delivered services to more participants than originally anticipated in all the categories of service described in our program description and contract: Cultural Activities, Talking Circles, Crisis Response/Management/Referral, Outreach, Native Family Nights, and Leadership.

As last year, Talking Circles were delayed due to School issues that could not be predicted: another change of Principal at our largest school, another Principal out on medical leave, and just in general the difficulty schools have integrating programs and logistics the first 6 weeks of school. We began in the 2nd Quarter and for the rest of the year, we delivered services to a

much larger group of students in the schools than last year. We served 15 students at Camino, 29 students at Herbert Green, and 36 students at Indian Creek. We anticipate even more this next year, through the outreach efforts this year, and as we add 2 schools in 2016-2017, to increase services to the western part of the County.

Crisis efforts increased, due to more outreach with various agencies, school referrals, referrals from more agencies, and prior clients' recommendations of our services. A major accomplishment was that through outreach with Probation, Native kids in Juvenile Hall in South Lake Tahoe are now allowed to be visited and supported through our Crisis/Support model. Native kids leaving Juvenile Hall in Placerville needing more support are also now able to access our services, through referrals and collaboration with Probation. Our next goal is for referrals for adult Natives on Parole. This next year, 2016-2017, there is a referral plan in place to also access New Morning's Victim of Crime resources for any appropriate Native youth. This resource will assist with a variety of social services and support, including homeless help, school clothes and supplies assistance and more. Shelley assisted 42 Unique Crisis cases this year, and Rose assisted 31 unique crisis cases this year.

This is the third year that we have been using the some parts of the new but well studied concepts of "Photovoice". Photovoice is an educational action research tool that embraces visual communication through photography. Because many of our Native populations have a form of anxiety which may lead to excessive shyness, communication problems, and social phobias, we thought youth would be able to use photos as a way to express themselves, speak in public, and to have group interactions. During our leadership campout, we provided each youth with a digital camera to use throughout the trip. The photovoice process begins with the participating youth photographing relevant objects, items, or activities around them. Once the photographs are saved, each participant chooses a group of pictures to share. The youth will be invited to and expected to attend a series of scheduled meetings with the WW adult cultural specialists to prepare dialog about the photos. During a Family Activity Night, each participating youth will present their photos with a designated theme. The youth will then present a single photo that has relevance to their lives. This photo project allows participants to practice public speaking, appropriate self disclosure, and use of creativity.

Another accomplishment has been the development and implementation of an "Activity Evaluation" form, which has given us great feedback from participants, and ideas for possible changes.

Our cultural art activities continue to draw new participants as well as many returning ones. The family component of these activities provides a safe and comfortable venue to interact with children, youth, adults and elders, all in a single weekend gathering. The cultural teachings and sharing of knowledge at these events helps keep participants connected to their Native culture, which in turn, boosts their self-esteem and brings their families closer together.

A challenge that continues is using the Native Casey Life Skills Assessment for outcome measures on Talking Circle students. It is too long and complicated for all of the new younger students we added this year. It takes several full Talking Circles to complete these at both the start and end of each year. We have no data analysis spreadsheet set up to maintain and/or capture the data, nor any member of our organization able to create such a document. So data results have to be hand counted for every question, for every student, for every school, then percents calculated from that. It is too time consuming as we reach larger and larger populations.

Another challenge is that most kids do not know their insurance, so that is difficult to complete on the Quarterly Reports.

2) **Briefly report on how the Wennem Wadati: A Native Path to Healing project has improved the overall mental health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Wennem Wadati: A Native Path to Healing project (suicide, incarcerations, prolonged suffering, homelessness, unemployment, school failure or dropout, and removal of children of their homes).**

The aim of the WW program is to support and enhance the health and wellbeing of Native youth and families by improving school environment, increasing cultural opportunities, and increase access to culturally appropriate services because research show that being connected to one's culture and culturally specific wellness programs can have a positive impact on academic performances, educational outcomes and reducing high-risk behaviors.

WW was able to meet and exceed all of our goals through continuing established services. The negative outcomes we targeted, suicide, homelessness, unemployment, school failure or drop out and removal of children from their homes, are outcomes Native youth and families historically and currently face at larger percentages than non-Native populations.

WW has improved the overall Mental Health of our clients through serving more clients, referring more clients to other resources, both Native and non-Native, after gaining trust, and by increasing outreach efforts that resulted in additional referrals to us. We also improved our ability to engage clients for longer periods of time in our many programs, increasing their well-being.

3) **Provide a brief narrative description of progress in providing services through the Wennem Wadati: A Native Path to Healing project to unserved and underserved populations.**

By increasing collaborations with local tribal groups, Probation, New Morning, local schools, Food Give Away at Foothill Indian Ed, we have engaged more previously underserved or underserved populations. Word of mouth continues to be one of our best sources for growth in the unserved or underserved population.

4) **Provide a brief narrative description of how the Wennem Wadati: A Native Path to Healing services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

As mentioned in other parts of this report, WW was designed to provide culturally specific services to Native youth and families. All the services, programs and activities have included Native American cultural. Talking circles are held in a traditional way, family activities involve Native American crafts/art, and Native American value systems are used. Our cultural Talking Circles participants almost doubled in size at one school, compared to last year. Crisis referrals came in steadily. Outreach efforts for our population were well received, so more schools and agencies were supporting Native Cultural approaches, decreasing racial/ethnic disparities.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkage to medically necessary care, stigma reduction and discrimination reduction.**

This year, efforts were made to directly target outreach efforts to agencies beyond the school based Principals, and non-Native agencies. This was done to increase awareness of our culturally based programs, increase education of how and why our programs are successful, and increase referrals to our programs to improve outcomes for our population. This has resulted in a reduction of discrimination. By servicing a larger population each year, stigma towards mental health prevention and intervention through our Crisis/Support program has been reduced.

Outreach efforts and linkages include many schools, EDC Probation, New Morning, Shingle Springs Tribal Health, and Shingle Springs Rancheria Tribal Wellness Court.

6) **Provide the outcome measures of the services provided and customer satisfaction surveys. Outcome measures for the Wennem Wadati: A Native Path to Healing project are:**
   - **Measurement 1: Casey Life Skills Native American Assessment, to be given when a student joins the Talking Circles and when they end their participation.**
   - **Measurement 2: Quarterly client registration which includes client demographic data as well as specific client issues to be address.**
   - **Measurement 3: Year-end annual report which will include a summary analysis of the Casey Life Skills Assessment, program accomplishments, community collaboration activities, program activities offered, and program outcome measures.**

See information above, and item #9 below.

7) **Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.**

Foothill Indian Education's 2015/16 Wennem Wadati contract amount was $125,725.00, total expenditures of $117,364, leaving an unspent balance of $8361. The vast majority of program funds were spent on personnel and contractors.

Leveraged Resources

Except for school based talking circles and the Student Leadership Trip, most of the Wennem Wadati activities take place at the Foothill Indian Education Alliance's Placerville Center. Weekend cultural activities, student gatherings, community dinners, after school cultural activities, and photovoice gatherings are some of the regular activities that take place at the Placerville Center. Foothill Indian Education provides the Center free of charge. The Center's kitchen is used when meals or snacks are provided, Foothill personnel help with outreach, Wennem Wadati materials and supplies are stored at the Center. Foothill's digital mail lists are used for outreach and to advertise events. Local Native community volunteers are used to help with activities or to provide insight and expertise for specific projects. It is difficult to estimate a dollar amount in regard to leveraged resources and/or in-kind contributions as it is customary in Native communities to provide what you can and assist when called upon without thought to

value. With that in mind, it is estimated that Foothill Indian Education Alliance provides leveraged resources in the amount of $8,000 to $10,000 per year with in kind contributions from our Native community in the amount of $5,000 per year.

8) Provide any additional relevant information.

None.

9) Please provide the data and summary analysis from the Casey Life Skills survey for this time period.

The Casey Life Skills data is being compiled and will be made available.

MHSA Recommendation: Continue this project in the FY 17/18 MHSA Plan.

Latino Outreach

Provider: New Morning Youth and Family Services; South Lake Tahoe Family Resource Center

Project Goals

- Increased mental health service utilization by the Latino community.
- Decreased isolation that results from unmet mental health needs.
- Decreased peer and family problems that result from unmet health needs.
- Reduce stigma and discrimination
- Integration of prevention programs already offered in the community is achieved.
- Reduction in suicide, incarcerations, and school failure or dropouts.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$231,128	$231,128
Total Expenditures	$213,301	$207,594
Unduplicated Individuals Served	838	452
Cost per Participant	$255	$459

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	287	130
16-25 (transitional age youth)	127	51
26-59 (adult)	422	268
Ages 60+ (older adults)	2	3
Unknown or declined to state	0	0

The MHSA Team is exploring the cause of the reported drop in individuals served.

Gender	FY 14/15	FY 15/16
Female	540	305
Male	298	147

Region of Residence	FY 14/15	FY 15/16
West County	58	47
Placerville area	215	133
North County	28	11
Mid County	77	40
South County	10	8
Tahoe Basin	449	211
Unknown or declined to state	1	2

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	0	0
Asian	0	3
Black or African American	0	0
Caucasian or White	16	3
Hispanic or Latino	828	443
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	2	3
Other Race or Ethnicity	0	0
Unknown or declined to state	0	0

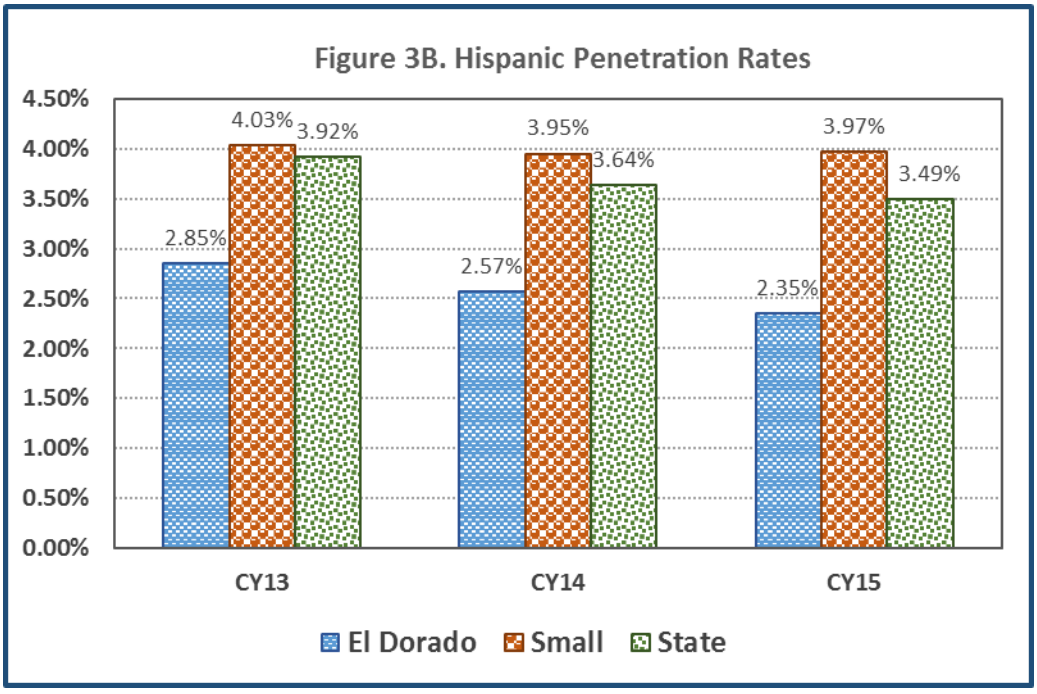
Primary Language	FY 14/15	FY 15/16
English	163	75
Spanish	674	376
Other Language	1	1
Unknown or declined to state	0	0

FY 14/15 through FY 16/17 Outcome Measures

- **Measurement 1: Customer satisfaction surveys.**
  See below.

- **Measurement 2: Client outcome improvement measurements.**
  See below.

- **Measurement 3: Increased engagement in traditional mental health services.**



Calendar Year	Medi-Cal Beneficiaries	Number Served	Penetration Rate
CY 2013	4,559	130	2.85%
CY 2014	5,366	138	2.57%
CY 2015	5,496	129	2.35%

The penetration rate information is obtained from DHCS Approved Claims and MMEF Data provided annually during External Quality Review Organization (EQRO) session.

Although the penetration rates for Hispanics has dropped in the last three calendar years, the actual number of individuals provided with Specialty Mental Health Services has not significantly fluctuated. This is due to a higher number of Medi-Cal beneficiaries who identified as Hispanic.

Additionally, this time period coincides with the implementation of the Affordable Care Act, which included Mental Health parity and expanded eligibility. It cannot be determined from the available data whether Hispanic beneficiaries are seeking mental health treatment through their primary care providers (via Managed Care Plans).

Year End Report

NEW MORNING YOUTH AND FAMILY SERVICES

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$96,000	$96,000
Total Expenditures	$78,181	$88,552
Unduplicated Individuals Served	389	250
Cost per Participant	$247	$354

During the 2015-16 fiscal year, New Morning's Promatora's well exceed expectations in serving the Latino population of El Dorado County. Throughout the year services were initiated for 250 new individuals/families. Services that were provided include; advocacy, outreach, linkage to community resources translation/interpretation, crisis support, parent education, and home visitation.

The Promatora's collaborate with a number of local agencies both public and private in an effort to better inform the community on services available through the Latino Outreach program. Collective efforts aided in building a stronger network of resources for an underserved population. Collaborating partners include: Community Health Center, Mental Health Department, the Center for Violence Free Relationships, Big Brothers Big Sisters, Marshal Hospital, the Community Health Center, Child Protective Services, First 5, El Dorado County Public Health as well as other public and non-profit agencies.

Throughout the 2015-16 fiscal year there were many program highlights for the Latino Outreach program including: resource/service linkage, quality service delivery, advocacy support groups for Latina women and neighborhood empowerment. The support group for Latino women focused on: self-esteem, Maslow's Pyramid-Hierarchy of needs, positive affirmations and self-care. At the conclusion of the group, members provided positive feedback to both Promatora's and inquired as to when another group would be offered. Promotoras are also working with groups of neighborhood women to work on making their local neighborhoods more community-centered and collaborative. Other program highlights included many individual successes in linking individuals to critical services, being a voice and advocate for the Latino Population, to receive quality service delivery.

In regards to general community relationships with the Hispanic community, Marshall has retrained staff on cultural sensitivity and provided them with tools to better work with patients from minority groups in the community. Language barriers, English only forms and specific cultural barriers were addressed and will continue to be addressed. Another outcome of this improved collaboration has been making Latino clients aware of 'Family Pact' services available. Additionally, one of our Promotoras has been participating in a Latina Focus group sponsored by Marshall. As a result of this effort a very successful dental health class was developed with over 40 families attending that also provided referrals for free dental cleanings, and a Promatora participates with Marshall staff on their 'Sweet Success' program for pregnant women who are diabetic.

Promatoras worked with representatives of the Native American community and other Latino Advocates to collaborate with Folsom Lake College to put together college nights for youth from these communities.

Promatoras arranged a series of 'college tours' for youth interested in extending their education. One Promatora helped a client attain a $30,000 refund from Heald College after its closure and help this client transition to more affordable education at Folsom Lake College.

A Promatora helped a woman with severe post-partum depression (including suicidality) obtain medical and mental health services that resulted in a near disappearance of symptoms and realty improved maternal-child bonding.

One of the trends that we have seen this past year is a movement towards more education and prevention activities rather than crisis intervention. As a part of this we have also witnessed more clients receiving services for a longer period of time.

MHSA Recommendation: Continue this project. Provide technical assistance for reporting and data validation.

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$135,128	$135,128
Total Expenditures	$135,120	$119,042
Unduplicated Individuals Served	449	202
Cost per Participant	$301	$589

1) **Briefly report on how implementation of the Latino Outreach project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

The short term goals for this project are to increase mental health services utilized by the Latino community, thereby decreasing isolation and problems that arise from unmet mental health needs. The long term goals of this project include reducing stigma and discrimination associated with mental illness, the achievement of integration of prevention programs, and reduction of suicide, incarcerations, and school failure or dropouts.

During this reporting period FY15/16 we focused on filling the tremendous need for counseling, food, clothing, and monetary assistance that was requested by clients we served a total of 9092 duplicated clients. We offered two additional support groups with this funding. Average attendance at our support groups were nine (09) for a total of 529 duplicated clients.

We worked in the Bijou Community Garden with several classes of K and K-3 and our "Parabajitos" groups, serving a total of 180 children. This afforded the children an opportunity to plant seeds and nurture them from seed to harvest.

In partnership with the Heavenly Epic promise program we were able to offer four (04) sessions of skiing/snowboarding. The sessions included free, lift tickets lesson and equipment

rentals. These sessions were attended by 60 underserved youth that otherwise would not have had the opportunity to enjoy local winter sporting activities.

We received a large donation of canned and dried goods from two (02) food donation drives at the Bijou Community School, approximately 500 students participated in the Food drive, gathering approx. 2000 lbs. of dried and canned goods. This provides families an added opportunity to stock their cupboards, and provides the students an opportunity to feel a sense of self-worth and gratification through the process of giving to others.

2) **Briefly report on how the Latino Outreach project has improved the overall mental health of the children, families, and communities by addressing the primary negative outcomes that are the focus of the Latino Outreach project (suicide, incarcerations, prolonged suffering, homelessness, unemployment, school failure or dropout, and removal of children from their homes).**

We provided Promotora/advocacy/counseling services to 2578 duplicated people this FY15/16 reporting period. These numbers include the child care that is provided by Promotoras. The ability to have child care as a part of our support group offerings is vital to the ongoing success of the program. Without the ability to offer this component of the program we believe parents would be unable to attend the groups.

All clients surveyed reported 100% satisfaction with the services received. No negative or slightly negative comments were made, all were very positive receiving services in our bilingual – bicultural setting.

3) **Provide a brief narrative description of progress in providing services through the Latino Outreach project to unserved and underserved populations.**

We made presentations to five (05) local service clubs, explaining our roles and mission as well as the services we provide community wide. These presentations are crucial, not only to gather community support and inform community members about our mission but to seek information from our community regarding gaps in services.

We continue to conduct themed presentations to all the Cafecitos programs at three (03) elementary , one (01) Middle and one (01) High School we presented information to 961 duplicated clients. With the support of our partner agencies and the community at large, this FY we made a strong push to inform and educate participants about the services available in our community, thereby reducing barriers to seeking services that will help alleviate life's challenges.

The Family Resource Center participates in our local Mental Health Coop meetings with all of our community providers. At this meeting best practices are discussed along with a discussion(s) regarding the mental health service gaps that occur in our community.

We were able to serve an average of 4.5 people per day with one-on one and group counseling, with 99% identified as Latino. Attendance at our mothers support group averaged 15 per session, all Latinas.

We served an average of 36 people per day with food and average 4 people per day with clothing. We do not ask who they are or where they live, but the vast majority of folks seeking food and clothing help are minorities; Latino, Filipino, Asian, African American.

We provided a wealth of brochures and pamphlets about programs and services in our community. We continue to give away children's and young adult books, along with self-help books from our book store.

Through our partnership with the LTCC, we provide English as a Second Language four days per week, three (03) hours per day, during the LTCC school year. These classes attract many Spanish speakers as well as a broad variety of other racial and ethnic minorities. Other programs offered in Spanish through other partnerships include Foster and Kinship Care Education, in coordination with Lake Tahoe Community College and the Bijou Community Garden adjacent to the FRC which is almost completely planted out with annuals, Native vegetation, fruit trees and perennial plants. The children participating in our Parabajitos summer program will reap the benefits of the gardens vegetables.

We provide a multitude of opportunities for people to give back to their communities through volunteering: Parent involvement with kids' activities, helping with food distribution by picking up donations, bagging food, cleaning the center, cleaning the clothes closet, working special events, and working at our social enterprise called the Bookworks. At the BookWorks we continue to utilize participants from the AIM (Achieve Independent Milestones) program to work in the store. The AIM clients stock shelves, manage inventory and makes sales to customers providing the participants with meaningful work in the community.

4) Provide a brief narrative description of how the Latino Outreach services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.

We provided a total of 160 oral and/or written translations this FY, many related to health care, health access, court/justice/legal issues, many also related to job seeking and service seeking endeavors. The Family Resource center also conducted two Community meetings. One meeting was held in coordination with the Mexican Consulate in Sacramento. This community meeting was held to discuss the perception from the Latino community that the US Immigration and Naturalization Service was conducting "stings" targeting immigrants for deportation. This meeting was attended by 40 community members.

We also conducted a community meeting with the Tahoe Transportation District to discuss with the community the project proposal and how the project may affect the residents of our local community. The discussion centered around the housing issue and what accommodations may be made by the Tahoe Transportation District. We translated all the documents and provided immediate translation of the presentation to all in attendance. Total attendance 25 community members.

All of our programs and services highlighted above help reduce disparities across various topics, including mental health care and stigmas, public health topics, health insurance and access to quality care, environmental awareness issues, compulsory education, adult continuing education, transportation, nutrition, access to a variety of services and information that increases resilience and knowledge of cutting edge modalities and options.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

Participated in: School Attendance Review Board (SARB), Child Parent Resource Team, Lake Tahoe Collaborative (First 5), Drug Free Coalition (TYFS), Regional Coordinating Council (Tahoe Transportation District),Mental Health Collective (with Michael Ward), Community Health Advisory Council (Barton), Maternal Child and Adolescent Health (Public Health), South Tahoe Environmental Education Committee(LTUSD), Child Abuse Prevention Council(EDCOE), TriO-SSS/UB/ETS Advisory Committee(LTCC), Gardens 4 a Healthy Tahoe (Lake Tahoe Sustainability Coalition), and the Mental Health Forum (Barton), Lake Tahoe Community College – Adult Education Block Grant committee.

6) **Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Latino Outreach project are:**

- **Measurement 1: Customer satisfaction surveys**
- **Measurement 2: Client outcome improvement measurements.**
- **Measurement 3: Increased engagement in traditional mental health services.**

The current data collected demonstrates the effectiveness of our programs. Of the 36 clients who took the survey during the 4th QTR reporting period, 30 believe that they are able to manage their symptoms, with 21 reporting almost always. 35 reported feeling respected and welcomed at the FRC.

The program staff work very hard to effectively advocate for the needs and issues of those seeking one on one and group support. The agency provides a wealth of programs and services to aid those in experiencing the greatest need, and works to instill resiliency so that when crisis' passes, clients do not backslide and instead provide support for others experiencing trauma or crisis.

<u>Measurement 1</u>
Of the 60 clients who took the survey during this reporting period, 56 believe that they are able to manage their symptoms, with 56 reporting almost always. 60 reported feeling respected and welcomed at the FRC.

<u>Measurement 2</u>
56 were able to manage their symptoms, with 56 reporting almost always.

<u>Measurement 3</u>
Several clients have accessed traditional services. These clients have been very frustrated in service providers' inability to communicate effectively in regards to their diagnosis, and follow up care. The general feeling of our clients towards local health care providers is their lack of understanding of the Spanish language. Local providers are making efforts to overcome this deficit by hiring staff for translation services.

7) **Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.**

Not provided.

8) Provide any additional relevant information.

None provided.

MHSA Recommendation: Continue this project. Provide technical assistance for reporting and data validation.

Wellness Outreach Programs for Vulnerable Adults

Wellness Outreach Ambassadors and Linkage to Wellness

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

This project has been moved to the "Access and Linkage to Treatment Projects: Community-Based Outreach and Linkage Project" in the FY 2017-18 MHSA Plan.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16[3]
MHSA Budget	$50,000	$50,000
Total Expenditures	$0	$0
Unduplicated Individuals Served (non-clients)	34	34
Cost per Participant	$0	n/a

Non-clients participated in general Wellness Center Activities, so there were no PEI-specific activities or charges.

MHSA Recommendation: Transfer the funding budgeted for this project to Access and Linkage to Treatment Projects: Community-Based Outreach and Linkage Project.

Senior Peer Counseling

Provider: EDCA Lifeskills

Project Goals

- Clients demonstrate an increased number of "Therapeutic Lifestyle Changes" over the course of their counseling.

[3] West Slope Wellness Center Only.

- Clients identify the primary issue of focus (presenting problem) for counseling.
- Clients achieve improvements in their feelings of well-being as shown on the Outcome Rating Scale (ORS) measurement tool.
- Clients are informed about other relevant mental health and support services.
- New volunteer trainings will be provided based on need for both Senior Peer Counselors and Friendly Visitors.
- Through the use of TLCs, clients improve their mental health and self-sufficiency.
- Clients ameliorate their distress as described in their presenting problem.
- Clients' mental health and satisfaction with life is increased as evidenced by scores on the ORS measurement tool.
- Clients know of, and successfully access, other needed mental health services.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$35,000	$45,000
Rollover from FY 14/15		$20,000
Total Expenditures	$25,351	$36,114
Unduplicated Individuals Served	31	82
Cost per Participant	$818	$440

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	0	0
16-25 (transitional age youth)	0	0
26-59 (adult)	4	6
Ages 60+ (older adults)	27	76
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	26	62
Male	5	20

Region of Residence	FY 14/15	FY 15/16
West County	7	21
Placerville area	14	36
North County	1	3
Mid County	7	16
South County	2	6
Tahoe Basin	0	0
Unknown or declined to state	0	0

The majority of the costs for this project are due to training, supervision, and volunteers' mileage reimbursements. This project began in August of FY 14/15, so the first year had higher costs due to volunteer training and supervision. A lower number of individuals were served due to lower numbers of volunteers initially.

Race / Ethnicity	FY 14/15	FY 15/16
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	0	0
Caucasian or White	31	80
Hispanic or Latino	0	1
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	0	0
Other Race or Ethnicity	0	1
Unknown or declined to state	0	0

Primary Language	FY 14/15	FY 15/16
English	31	81
Spanish	0	1
Other Language	0	0
Unknown or declined to state	0	0

Year End Report

1) **Briefly report on how implementation of the Senior Peer Counseling project is progressing (e.g., whether implementation activities are proceeding on target and as described in the County's MHSA Plan), and any major accomplishments and challenges.**

This year, Senior Peer Counseling trained 12 new volunteer counselors. 82 individual clients (seniors) have been served. We have designed and implemented three instruments:

1) Counseling outcome (outcome rating scale) "Senior Peer Counseling Client Evaluation";
2) client satisfaction and quality control "12 Session Summary Worksheet"(a feedback worksheet that measures client satisfaction and quality control); and
3) "Lifestyle Hygiene" (a self-evaluation tool to measure level of engagement in therapeutic lifestyle activities).

We currently have 26 volunteers from various backgrounds and interests who are actively serving 34 individual clients. The Hospitality Liaison Officer (HLO) program has served 53 clients in senior living placement. The Remembrance Group at Senior Daycare has served 24 senior daycare clients. Four volunteers have received individual consultation with our clinical supervisor over a total of 8 hours. Our volunteers are an energetic, highly motivated group. In addition to providing individual counseling to seniors, they have increased their scope of service to provide leadership to the Remembrance Group one morning a week at Senior Daycare, and implemented the Hospitality Liaison Officer program (HLO) at Gold Country Retirement Community. Several of our volunteers also traveled to Marin County to participate in a Northern California regional training and networking meeting of the peer counseling parent organization: AASPC (American Association of Senior Peer Counseling).

Our biggest challenges have been securing and maintaining enough volunteers to meet the demand for services as the senior population in our community continues to grow. Another challenge has been outreach, reaching out to various organizations in the community to make them aware of our services. Our volunteers complete a 50 hour training program and are asked to commit to a minimum of one year of service.

2) **Briefly report on how the Senior Peer Counseling project has improved the overall mental health of the older adult population by addressing the primary negative outcomes that are the focus of the Senior Peer Counseling project (suicide and prolonged suffering). Please include other impacts, if any, resulting from the Senior Peer Counseling project on the other five negative outcomes addressed by PEI activities: (1) homelessness; (2) unemployment; (3) incarceration; (4) school failure or dropout; and (5) removal of children from their homes.**

Our outcome data (Senior Peer Counseling Evaluation) indicate that seniors completing counseling services report overall improvement. They report improvement in their emotional well-being, relationships, and social activities. They consistently indicated that they would recommend our services to other seniors.

3) **Provide a brief narrative description of progress in providing services through the Senior Peer Counseling project to unserved and underserved populations.**

Many of our seniors are on a fixed income and rely on Medicare for their medical and mental health needs. One problem in our community is that the majority of mental health providers do not accept Medicare insurance. In addition, the criteria to meet "medical necessity" according to most insurance carriers does not adequately fit the specific mental health needs of seniors who are going through significant and difficult life adjustments. Therefore, many seniors may not meet the criteria for a psychiatric diagnosis.

SPC has been able to bridge the gap between seniors suffering from mental illness and those adjusting to life changes due to the aging process. While treating mental illness is outside the scope of our capabilities, we have successfully assisted seniors with mental illness in finding a mental health provider (therapist or psychiatrist). We are able to work collaboratively with the medical community to address the developmental needs of our clients so they can participate effectively in their medical/psychiatric treatment.

4) **Provide a brief narrative description of how the Senior Peer Counseling services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

Interestingly, our clients have been almost entirely Caucasian. We have had a few Asian and Latino clients request our services. There has been a limited need for bilingual counselors; however, we do have Spanish and German speaking volunteers, and our office support coordinator speaks Spanish. We are anxious to train more bilingual volunteers and increase our cultural diversity.

5) **Provide a brief description of activities performed related to local and county-wide collaboration, outreach, access/linkages to medically necessary care, stigma reduction and discrimination reduction.**

Seniors receive assistance through other programs offered at the Senior Center to address legal, financial, and case management issues. Because we are located at the Senior Center, interdepartmental referral and collaboration are very easy. We often refer clients to Senior Legal Services, Department of Human Services, In Home Support Services (IHSS), El Dorado Council on Alcohol (EDCA), and Senior Daycare. As a result we have helped seniors deal with issues that often arise with their family members who are trying to help care for them.

The volunteers formed three committees to address outreach (Rack Cards and Brochures, Media, and Speakers Bureau). So far rack cards and brochures have been distributed to various medical offices and businesses. We had an article published in Around Here magazine in the winter 2016 issue titled, "Senior Peer Counseling Has a Bag of Tools for You". Several volunteers have given presentations on our behalf in the community. In April of this year, Senior Peer Counseling gave a power point presentation for MHSA to El Dorado County (Tahoe and Western Slope). We have acquired office space to see clients in El Dorado Hills (Senior Center) and the Cameron Park Community Center. We are now on Facebook.

6) **Provide the outcomes measures of the services provided. Outcome measures for the Senior Peer Counseling project are:**
   - **Measurement 1: Contractor will have peer counselors complete a pre- and post-rating form with the client to measure TLCs, primarily pro-health and pro-mental health activities and habits which have been shown to lead to positive physical, emotional and cognitive improvements in people of all ages. The categories to be measured are:**
     1. **Exercise**
     2. **Nutrition / Diet**
     3. **Nature**
     4. **Relationships**
     5. **Recreation / Enjoyable Activities**
     6. **Relaxation / Stress Management**
     7. **Religious / Spiritual Involvement**
     8. **Contribution / Service**
   - **Measurement 2: Volunteers will record the clients' self-reported improvement in the presenting problem selected by each clients at the start of peer counseling.**
   - **Measurement 3: Outcome Rating Scale (ORS) measurement tool, which measures the following four psychological categories:**
     1. **Individually (personal well-being)**
     2. **Interpersonally (family, close relationships)**
     3. **Socially (work, school, friendships)**
     4. **Overall (general sense of well-being)**

Our measures were designed to assist our clients in learning about themselves and how their lifestyle habits can affect their sense of well-being and happiness. As is common in any research project some data is lost due to attrition, however, by and large these measures have been well received by volunteers and clients.

Mean Scores for Questions 1-6.

1. Please check one: My experience with a Senior Peer Counselor has been:
   From 0 to 10 (i.e.: 0 – least helpful, 10 – very helpful):
2. I would recommend Senior Peer Counseling to others: Yes:_____ No_____
3. How do you feel emotionally? From 1 to 10 (i.e.: 0 – worse, 5 – about the same, 10 – better):
4. How would you rate your close relationships (family, partner)? (i.e.: 0 – poor, 10 – excellent):
5. How satisfied are you with your social activities (friends, hobbies, and clubs)? (i.e.: 0 – not satisfied, 10 – very satisfied):
6. Since you began SENIOR PEER COUNSELING, overall have you: Improved, stayed the same, gotten worse?

N= 24

Question	**Mean Score**
1	9.5 (N=22)
2	Yes (N=24)
3	8.6 (N=17)
4	7.2 (N=17)
5	8.0 (N=17)
6	Improved (20) Stayed the Same (2) (N=22)

Comments:

- The counselor was very compassionate and professional.
- I feel my experience with Senior Peer Counseling has been invaluable and I am so grateful that I have had the opportunity. Thank you, thank you, thank you.
- The counselor helped me work through multiple issues concerning both my own and those I face. Thank you for this program. Aging is not easy, nor is learning how to transition from spouse to caregiver.
- My counselor did an excellent job in helping me realize I cannot face the future with a negative attitude.
- Had a great counselor and I have grown spiritually and gained confidence in myself.
- I don't do 1-10 reviews. Experience was good, I'm good. That's all Folks!!

7) Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

SPC receives donations from clients, businesses, and individuals in the community. We generally ask for a donation of $5.00 at each counseling session, but no client is turned away due to financial limitations. These donations have been used to support volunteer educational resources and attendance at regional meetings.

8) Provide any additional relevant information.

In addition to serving the seniors described in our grant, Senior Peer Counseling serves seniors in our community in other ways. For example, we provide information and referrals to seniors who call our office on the phone. We serve seniors in assisted living and the Senior Daycare program with information and support. Our volunteers are provided with the opportunity to receive one-on-one consultation with a licensed clinical psychologist. We are also working on

more ways to provide personal growth activities to more seniors in residential facilities without compromising their confidentiality.

MHSA Recommendation: Continue this program with adequate funding to ensure adequate training costs and supervision are funded, and include potential expansion to South Lake Tahoe. Provide technical assistance regarding reporting.

Older Adult Program

This project was not successfully launched and has been moved to the "Prevention Projects: Older Adults Enrichment Project" in the FY 2017-18 MHSA Plan.

Community-Based Services Program and Projects

Community-Based Mental Health Services

This project was not successfully launched and has been moved to the "Access and Linkage to Treatment Projects: Community-Based Outreach and Linkage Project" in the FY 2017-18 MHSA Plan.

Community Health Outreach Worker

This project was not successfully launched and has been moved to the "Access and Linkage to Treatment Projects: Community-Based Outreach and Linkage Project" in the FY 2017-18 MHSA Plan.

PEI Administration

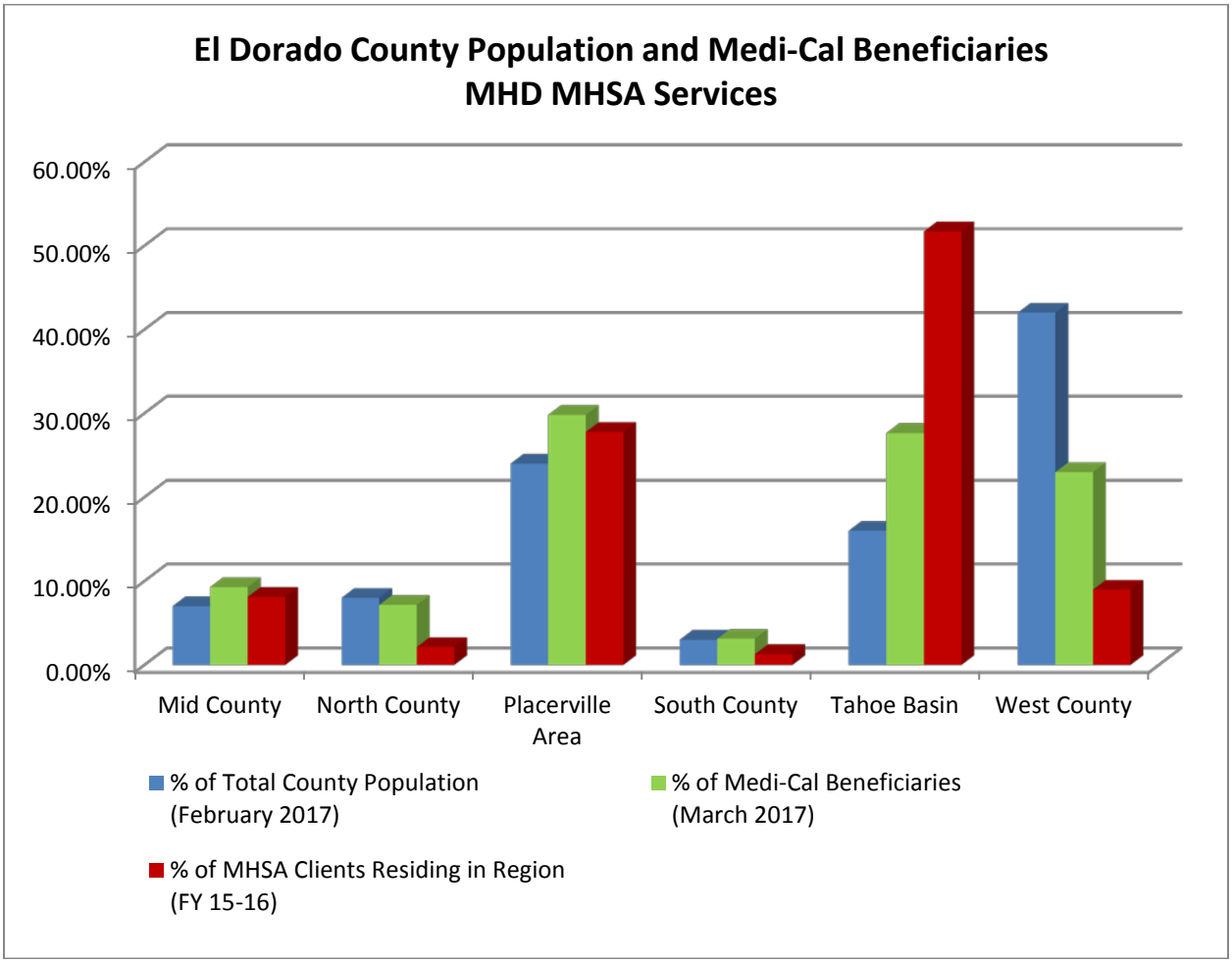
PEI Administration

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$175,000	$250,000
Total Expenditures	$41,517	$26,350

Community Services and Supports (CSS)

MHSA programs represent only a portion of the total Specialty Mental Health Services provided by the BHD. Non-MHSA funded services are not reported in this document.



Started approximately three years ago and now as part of the BHD's ongoing Quality Improvement, the BHD has been re-assessing clients who are open for services to determine current medical necessity and identifying appropriate graduation goals. Graduation occurs when a client no longer requires the higher level of services provided through Specialty Mental Health Services and are safe to return to the care of their Primary Care Provider or other community-based provider for mental health services. However, other individuals may be discharged from BHD for lack of engagement in services, with all such cases reviewed by the Utilization Review team. Clients who graduate from the BHD can re-apply for Specialty Mental Health Services, or their Primary Care Provider and either consult with a Medication Support Staff or make a new referral to BHD for higher level of services. It is the continued goal of the BHD to allow clients to achieve the highest level of Wellness, Recovery and Resilience.

The expanded mild-to-moderate mental health services provided through the Managed Care Plans have allowed many clients to receive services in the community rather than rely on Specialty Mental Health Services. Additionally, three of the large Primary Care Providers (Barton Hospital, Shingle Springs Health and Wellness Center, and El Dorado County Community Health Center) have been expanding their Behavioral Health services to provide mild-to-moderate services directly to their patients and it is only when the mild-to-moderate services are not helping a patient that the Primary Care Provider would refer the patient to Specialty Mental Health Services.

The Utilization Review and Quality Assurance team will be formalizing all program evaluation formats and information in the coming months. Outcome information for various BHD programs is posted on the BHD's Quality Improvement web page at: http://www.edcgov.us/Government/MentalHealth/QI/Quality_Improvement.aspx.

Youth and Family Strengthening Program and Projects

Youth and Family Full Service Partnership

Providers: New Morning Youth and Family Services, West Slope; Sierra Child and Family Services, West Slope and South Lake Tahoe; Stanford Youth Solutions, West Slope; Summitview Child and Family Services, West Slope; Tahoe Youth and Family Services, South Lake Tahoe

Project Goals

- Reduce out-of-home placement for children
- Safe and stable living environment
- Strengthen family unification or reunification
- Improve coping skills
- Reduce at-risk behaviors
- Reduce behaviors that interfere with quality of life

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$425,000	$375,000
Total Expenditures	$378,895	$398,291
Unduplicated Individuals Served	50	65
Cost per Participant	$7,578	$6,128

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	40	51
16-25 (transitional age youth)	10	14
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	22	25
Male	28	40

Region of Residence	FY 14/15	FY 15/16
West County	9	8
Placerville area	20	25
North County	4	3
Mid County	7	4
South County	2	1
Tahoe Basin	8	22
Unknown or declined to state	0	0
Out of County	0	2

Added New Tahoe Provider

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	3	1
Asian	0	0
Black or African American	1	2
Caucasian or White	38	53
Native Hawaiian or Other Pacific Islander	0	1
Other Race	8	8
Unknown or declined to state	0	0

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	4	7
Other Hispanic / Latin	1	2
Not Hispanic	43	52
Unknown or declined to state	2	4

Primary Language	FY 14/15	FY 15/16
English	50	63
Spanish	0	1
Other Language	0	1
Unknown or declined to state	0	0

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Days of psychiatric hospitalization
- Measurement 2: Days in shelters
- Measurement 3: Days of arrests
- Measurement 4: Type of school placement
- Measurement 5: School attendance
- Measurement 6: Academic performance
- Measurement 7: Days in out of home placement
- Measurement 8: Child care stability

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although there an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, contracted service providers continue to report on these "key events" for each child in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

Measurement 1 (Days of psychiatric hospitalization)

	FY 14/15	FY 15/16
Children Enrolled in this Program:		
Unduplicated Children Served	50	65
Unduplicated Children Hospitalized	4	2
Number of Hospitalizations	5	2
Average Length of Stay	not reported	10 days
All El Dorado County Children Medi-Cal Beneficiaries: (whether receiving Specialty Mental Health Services or not)		
Unduplicated Children Hospitalized	45	44
Number of Hospitalizations	54	57
Average Length of Stay	6 days	6 days

Foster Care Enhanced Services

Providers: New Morning Youth and Family Services, West Slope; Sierra Child and Family Services, West Slope and South Lake Tahoe; Stanford Youth Solutions, West Slope; Summitview Child and Family Services, West Slope; Tahoe Youth and Family Services, South Lake Tahoe; CASA El Dorado, West Slope

Project Goals

- Reduce out-of-home placement for children / youth
- Safe and stable living environment
- Strengthen family unification or reunification
- Improve coping skills
- Reduce at-risk behaviors
- Reduce behaviors that interfere with quality of life

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$825,766	$755,700
Total Expenditures	$607,694	$402,146
Unduplicated Individuals Served	73	57
Cost per Participant	$8,325	$7,055

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	60	44
16-25 (transitional age youth)	13	13
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	31	26
Male	42	31

Region of Residence	FY 14/15	FY 15/16
West County	11	4
Placerville area	23	18
North County	2	0
Mid County	10	7
South County	1	0
Tahoe Basin	21	20
Out of County	5	8
Unknown or declined to state	0	0

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	3	2
Asian	0	0
Black or African American	1	0
Caucasian or White	58	44
Native Hawaiian or Other Pacific Islander	1	0
Other Race	8	8
Unknown or declined to state	2	3

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	2	5
Other Hispanic / Latin	4	5
Not Hispanic	58	38
Unknown or declined to state	9	9

Primary Language	FY 14/15	FY 15/16
English	69	53
Spanish	1	1
Other Language	0	0
Unknown or declined to state	3	3

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Days of psychiatric hospitalization
- Measurement 2: Days in shelters
- Measurement 3: Days of arrests
- Measurement 4: Type of school placement
- Measurement 5: School attendance
- Measurement 6: Academic performance
- Measurement 7: Days in out of home placement

- Measurement 8: Child care stability

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although there an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, contracted service providers continue to report on these "key events" for each child in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

Measurement 1 (Days of psychiatric hospitalization)

	FY 14/15	FY 15/16
Children Enrolled in this Program:		
Unduplicated Children Served	73	57
Unduplicated Children Hospitalized	4	1
Number of Hospitalizations	6	1
Average Length of Stay	not reported	4 days
All El Dorado County Children Medi-Cal Beneficiaries: (whether receiving Specialty Mental Health Services or not)		
Unduplicated Children Hospitalized	45	44
Number of Hospitalizations	54	57
Average Length of Stay	6 days	6 days

Wellness and Recovery Services

Adult Wellness Centers

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Recovery and resiliency for participants.
- Participants gain greater independence through staff interaction, peer interaction and educational opportunities.
- Participants linked with community-resources.
- Increased engagement in mental health services.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$2,120,769	$2,500,000
Total Expenditures	$2,331,867	$2,089,348
Wellness Center Visits	10,500	7,200+
Cost per Visit	$222	$290
Wellness Program Clients Served	518	407
Cost per Client	$4,502	$5,134

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	0	0
16-25 (transitional age youth)	30	40
26-59 (adult)	228	324
Ages 60+ (older adults)	32	43
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	166	224
Male	124	183

Region of Residence	FY 14/15	FY 15/16
West County	38	51
Placerville area	94	141
North County	8	14
Mid County	27	32
South County	6	12
Tahoe Basin	107	141
Unknown or declined to state	9	2
Out of County	0	14

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	5	5
Asian	4	2
Black or African American	5	4
Caucasian or White	460	360
Native Hawaiian or Other Pacific Islander	4	4
Other Race	37	29
Unknown or declined to state	3	3

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	15	14
Other Hispanic / Latin	39	29
Not Hispanic	431	344
Unknown or declined to state	33	20

Primary Language	FY 14/15	FY 15/16
English	278	394
Spanish	7	8
Other Language	3	3
Unknown or declined to state	2	2

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Number of participants and frequency of attendance
- Measurement 2: Continued engagement in mental health services
- Measurement 3: Attainment of individualized goals

Measurement 1 (Number of participants and frequency of attendance)

Participants	FY 14/15	FY 15/16
Unique Clients	518	407
Total Episodes	524	413
Of the Episodes Opened:		
New in the Fiscal Year	not reported	125
Changed Program (same level of service)	not reported	2
Dropped Down in Level of Services	not reported	19
Increased Level of Services	not reported	18
Of the Episodes Closed:		
Graduated / Exited Services	229	154
Decreased Level of Services	3	6
Increased Level of Services	8	16
Changed Program (same level of service)	1	2

Measurement 2 (Continued engagement in mental health services)

The process for gathering this information is being standardized. Data will be provided once it is available.

Measurement 3 (Attainment of individualized goals)
The BHD is working on a new report from Avatar to obtain this information and anticipates reporting on it in FY 17/18.

Adult Full Service Partnership

Providers: El Dorado County Health and Human Services Agency, Behavioral Health Division; Summitview Child and Family Services (for operation of an Adult Residential Facility)

Project Goals

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills
- Team approach to treatment

Numbers Served and Cost

Costs for this project include the Adult Residential Facility (ARF) and the Intensive Case Management (ICM) team, which bring individuals who have been placed in a locked facility out of county back to El Dorado County for continued treatment. These clients require a high level of staff support and the client to clinician ratio is low.

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$3,846,189	$4,050,000
Total Expenditures	$3,210,260	$4,292,835
Unduplicated Individuals Served	133	124
Cost per Participant	$24,137	$34,620

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	1	0
16-25 (transitional age youth)	20	12
26-59 (adult)	101	100
Ages 60+ (older adults)	11	12
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	57	54
Male	76	70

Region of Residence	FY 14/15	FY 15/16
West County	10	8
Placerville area	60	57
North County	1	2
Mid County	9	6
South County	0	0
Tahoe Basin	45	43
Unknown or declined to state	8	8

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	1	2
Asian	3	4
Black or African American	2	4
Caucasian or White	115	106
Native Hawaiian or Other Pacific Islander	1	0
Other Race	10	8
Unknown or declined to state	1	0

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	3	2
Other Hispanic / Latin	7	7
Not Hispanic	119	110
Unknown or declined to state	4	5

Primary Language	FY 14/15	FY 15/16
English	130	122
Spanish	0	0
Other Language	0	1
Unknown or declined to state	3	1

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail
- Measurement 2: Achieving goals identified in the client plan
- Measurement 3: Continued engagement in services

The majority of these outcomes come from reporting that is entered into ITWS, a database maintained by the State. Although there an add-on database has been developed to interpret the data, the BHD has not yet been successful in obtaining the necessary data. However, BHD

staff continue to report on these "key events" for each client in services and the data is entered into ITWS by MHSA staff.

Information that is available is identified below.

Measurement 3 (Continued engagement in services)

Participants	FY 14/15	FY 15/16
Unique Clients	133	124
Total Episodes	139	134
Of the Episodes Opened:		
New in the Fiscal Year	not reported	19
Changed Program (same level of service)	not reported	1
Dropped Down in Level of Services	not reported	14
Increased Level of Services	not reported	26
Of the Episodes Closed:		
Graduated / Exited Services		31
Decreased Level of Services		34
Increased Level of Services		3
Changed Program (same level of service)		1

Assisted Outpatient Treatment

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Reduction in institutionalization
- People are maintained in the community
- Services are individualized
- Team approach to treatment

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$125,000	$100,000
Total Expenditures	$0	$0
Clients Served	0	0

During the FY 15/16 time frame, the BHD focused on securing a vendor for these services, and when that effort resulted in a failed Request for Proposal, the BHD shifted its focus to an in-house provided services. Activities performed included developing Policies and Procedures for the Assisted Outpatient Treatment project.

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Key Event Tracking (KET) - As changes occur in a client's status related to housing, employment, education, entry or exit from a psychiatric hospital, emergency department or jail.
- Measurement 2: Reduction in institutionalization and incarceration.
- Measurement 3: Continued engagement in services, as needed, after discharge from AOT.

Transitional Age Youth (TAY) Services

TAY Engagement, Wellness and Recovery Services

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Safe and adequate housing
- Increased access to and engagement with mental health services
- Increased use of peer support resources
- Increased connection to their community
- Increased independent living skills

This project and the reported numbers include both TAY Wellness and TAY FSP. In the next MHSA Three-Year Plan, data for these two will be collected and reported separately.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget – Total	$342,387	$464,498
Total Expenditures – Wellness and FSP	$101,242	$81,769
Unduplicated Individuals Served	84	49
Cost per Participant	$1,205	$1,669
Total Expenditures – MHBG First Episode Psychosis	$0	$11,656
Unduplicated Individuals Served	0	2
Cost per Participant	$0	$5,828
Total Expenditures – MHBG Dialectical Behavior Therapy (DBT) in Schools	$0	$199,040
Total Expenditures – All TAY	$101,242	$292,465

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	7	0
16-25 (transitional age youth)	77	51
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	47	23
Male	37	28

Region of Residence	FY 14/15	FY 15/16
West County	13	11
Placerville area	15	20
North County	1	2
Mid County	6	6
South County	1	2
Tahoe Basin	48	10
Unknown or declined to state	0	1

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	2	3
Asian	1	1
Black or African American	1	0
Caucasian or White	60	43
Native Hawaiian or Other Pacific Islander	1	0
Other Race	17	4
Unknown or declined to state	2	0

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	15	6
Other Hispanic / Latin	10	5
Not Hispanic	53	36
Unknown or declined to state	6	4

Primary Language	FY 14/15	FY 15/16
English	81	50
Spanish	2	1
Other Language	0	0
Unknown or declined to state	1	0

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Number of days of institutional care placements
- Measurement 2: Number of days of homelessness / housing stability
- Measurement 3: Education attendance and performance
- Measurement 4: Employment status
- Measurement 5: Continued engagement in mental health services
- Measurement 6: Linkage with primary health care

Measurement 5 (Continued engagement in mental health services)

Participants	FY 14/15	FY 15/16
Unique Clients	84	51
Total Episodes	84	52
Of the Episodes Opened:		
New in the Fiscal Year		20
Changed Program (same level of service)	7	1
Dropped Down in Level of Services	0	0
Increased Level of Services	0	0
Of the Episodes Closed:		
Graduated / Exited Services	55	25
Decreased Level of Services	2	0
Increased Level of Services	0	0
Changed Program (same level of service)	0	1

Community System of Care

Outreach and Engagement Services

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- To engage individuals with a serious mental illness in mental health services.
- Continue to engage clients in services by addressing barriers to service.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$1,055,798	$803,543
Total Expenditures	$769,498	$736,552
Requests for Services	1,852	1,607
Cost per Request	$415	$458
Call Intakes (inquiries other than a Request for Service)	390	505

The following data reflects only Requests for Service (no Call Intakes):

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	578	491
16-25 (transitional age youth)	322	278
26-59 (adult)	856	781
Ages 60+ (older adults)	96	56
Unknown or declined to state	0	1

Gender	FY 14/15	FY 15/16
Female	1,010	860
Male	842	747

Region of Residence	FY 14/15	FY 15/16
West County	311	300
Placerville area	568	449
North County	107	102
Mid County	185	153
South County	51	36
Tahoe Basin	545	485
Out of County	0	68
Unknown or declined to state	67	14

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	37	32
Asian	16	4
Black or African American	38	28
Caucasian or White	1,533	1,285
Native Hawaiian or Other Pacific Islander	13	10
Other Race	158	133
Unknown or declined to state	57	115

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	151	133
Other Hispanic / Latin	113	73
Not Hispanic	1,423	1,146
Unknown or declined to state	165	255

Primary Language	FY 14/15	FY 15/16
English	1,728	1,469
Spanish	63	41
Other Language	12	10
Unknown or declined to state	49	87

FY 14/15 through FY 16/17 Outcome Measures

	FY 14/15		FY 15/16	
	Number	Percent	Number	Percent
Opened to Outpatient MHD	453	24%	341	21%
Referred to Other Provider	167	9%	63	4%
Did Not Meet Medical Necessity	753	41%	701	44%
Other	479	26%	502	31%
Total	1,852		1,607	

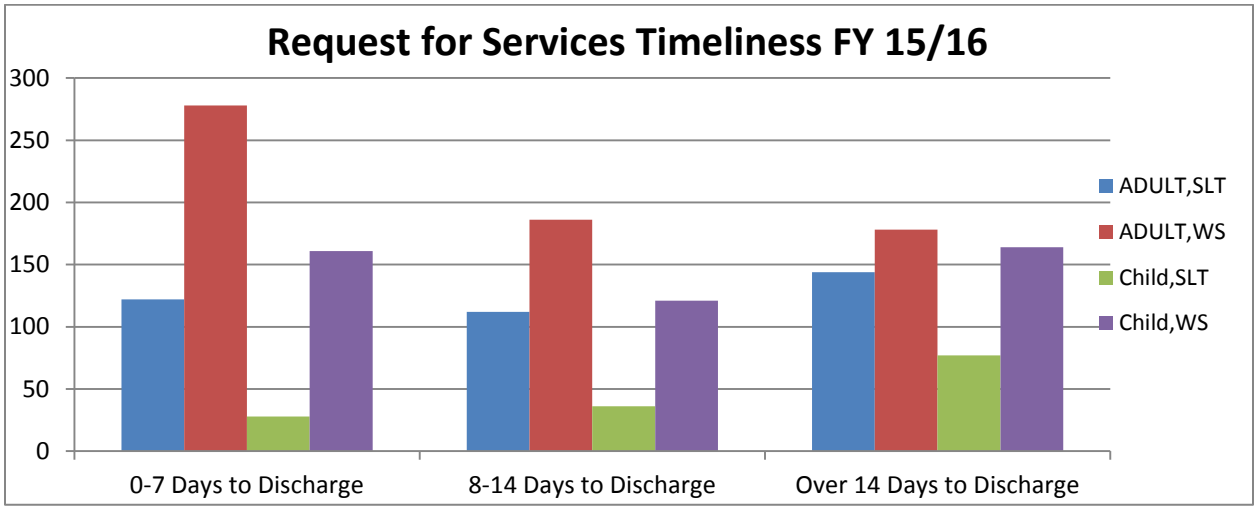
There continues to be misunderstanding of the type of outpatient services provided by the BHD and the criteria for eligibility. The BHD will focus on more education and awareness regarding the available services and the criteria for medical necessity.

Measurement 1 (Service Engagement)
The number of requests for services in FY 2015-16 dropped by approximately 13% compared to FY 14/15. There are several factors which may contribute to this increase, including a higher rate of direct referrals (either self-referred or from Primary Care Providers) for mild-to-moderate services and an increased effort of the Access Team, who is responsible for responding to all requests for services, working with local Primary Care Providers to educate them on appropriate referrals to Specialty Mental Health Services. Additionally, three of the large Primary Care Providers (Barton Hospital, Shingle Springs Health and Wellness Center, and El Dorado County Community Health Center) have been expanding their Behavioral Health services to provide mild-to-moderate services directly to their patients and it is only when the mild-to-moderate services are not helping a patient that the Primary Care Provider would refer the patient to Specialty Mental Health Services.

Measurement 2 (Days to Assessment)
The timeliness to assessment identifies how quickly individuals requesting services are assessed for eligibility for Specialty Mental Health Services. The MHD strives for a 14 day turnaround of requests for services.

The MHD continues to explore processes to streamline requests for services to facilitate appropriate service engagement in the shortest amount of time, whether those services are from a Specialty Mental Health Services provider or through the Managed Care Plans. This is the topic of one of the BHD's current Program Improvement Processes.

Once it has been determined whether or not an individual meets medical necessity, the MHD's Access Team will either open an individual to Outpatient Mental Health services or provide "resourcing", which includes referrals to Primary Care, Managed Care Plans and/or community-based organizations as needed to address an individual's needs.



Community-Based Mental Health Services

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Improve community health through local services
- Increased access to and engagement with mental health services
- Decreased days of homelessness, institutionalization, hospitalization, and incarceration
- Increased connection to their community
- Increased independent living skills

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$157,613	$206,840
Total Expenditures	$165,528	$186,107
Unduplicated Individuals Served	67	46
Cost per Participant	$2,471	$4,046

Age Group	FY 14/15	FY 15/16
0-15 (children/youth)	0	0
16-25 (transitional age youth)	11	8
26-59 (adult)	54	37
Ages 60+ (older adults)	2	1
Unknown or declined to state	0	0

Gender	FY 14/15	FY 15/16
Female	14	16
Male	53	30

Region of Residence	FY 14/15	FY 15/16
West County	17	14
Placerville area	30	21
North County	4	9
Mid County	11	0
South County	2	0
Tahoe Basin	1	1
Unknown or declined to state	2	1

Race	FY 14/15	FY 15/16
American Indian or Alaska Native	1	0
Asian	0	1
Black or African American	3	0
Caucasian or White	57	36
Native Hawaiian or Other Pacific Islander	0	0
Other Race	3	7
Unknown or declined to state	3	2

Due to limited funding and BHD staffing, this project is currently only providing services at the Community Corrections Center that only serves individuals who qualify for services under AB 109.

Ethnicity	FY 14/15	FY 15/16
Hispanic or Latino	2	6
Other Hispanic / Latin	1	2
Not Hispanic	57	34
Unknown or declined to state	7	4

Primary Language	FY 14/15	FY 15/16
English	61	42
Spanish	0	1
Other Language	1	1
Unknown or declined to state	5	2

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Continued engagement in mental health services
- Measurement 2: Days of homelessness, institutionalization, hospitalization, and incarceration
- Measurement 3: Linkage with primary health care
- Measurement 4: Levels of Care Utilization System (LOCUS)/CALOCUS
- Measurement 5: Outcome measurement tools (e.g., CANS)

Services through the AB 109 program are the primary focus of this project. At this time, the majority of the funding for this project comes from the Community Corrections Partnership with a small amount of MHSA funding for additional support. The Community Corrections Partnership continues to develop program outcomes and those will be reported once they are available.

Resource Management Services

Provider: El Dorado County Health and Human Services Agency, Behavioral Health Division

Project Goals

- Improve the number and quality of resources available to clients and their families.
- Improve access and service delivery.
- Improve project evaluation process.
- Improve client transitions between primary care providers and Mental Health.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$175,000	$75,000
Total Expenditures	$20,336	$20,017

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Update and expansion of resource list; dissemination of information to clients
- Measurement 2: Client wait time.
- Measurement 3: Client satisfaction surveys
- Measurement 4: Establishment of standard evaluation process for MHSA projects and dissemination of information
- Measurement 5: Results of EQRO annual review

Measurement 1 (Update and expansion of resource list; dissemination of information to clients)

The BHD continues its efforts in this area, as noted last year:

> *MHD managers meet with health care providers and Managed Care Plans on a regular basis to disseminate information, including the Community Health Center, Marshall Medical Center, Barton Health, California Health and Wellness, Shingle Springs Health and Wellness Center, California Health and Wellness, and other task forces and cooperatives. Additionally, the MHD hired a "Resource Specialist" in FY 2014-15 whose primary focus is identifying community resources for the benefit of clients, and includes assisting clients directly with identifying housing opportunities and other resource needs. The MHD has also developed a Resource List that clients and community members can keep in their wallet. The Resource List contains phone numbers to various community services, such as mental health, police, health centers, crisis/emergency lines, food closets, clothing closets, alcohol and drug programs, and advocacy services.*

Measurement 2 (Client wait time)

See above under Outreach and Engagement.

Measurement 3 (Client satisfaction surveys)

The Consumer Perception Survey was administered in the Fall of 2015 and the Spring of 2016. A new database has been developed to allow counties to access the data in easy to use formats.

Fall 2015: 35 responses

Adult	21 responses
Older Adult	3 responses
Youth	3 responses
Family	8 responses
Total	35 responses

Spring 2016: 60 responses

Adult	23 responses
Older Adult	5 responses
Youth	9 responses
Family	23 responses
Total	60 responses

Surveys Distributed:

Adult	58	(39% return rate)
Older Adult	7	(71% return rate)
Youth	14	(64% return rate)
Family	23	(100% return rate)
Total	102	(59% return rate)

The Consumer Perception Survey is divided into seven primary domains:

- General Satisfaction
- Perception of Access
- Perception of Participation in Treatment Planning
- Perception of Outcomes of Services
- Perception of Social Connectedness
- Perception of Cultural Sensitivity
- Perception of Functioning

The scores are not merged into a single set of scores, but rather they are reported by each target group (adults, older adults, youth and youth families).

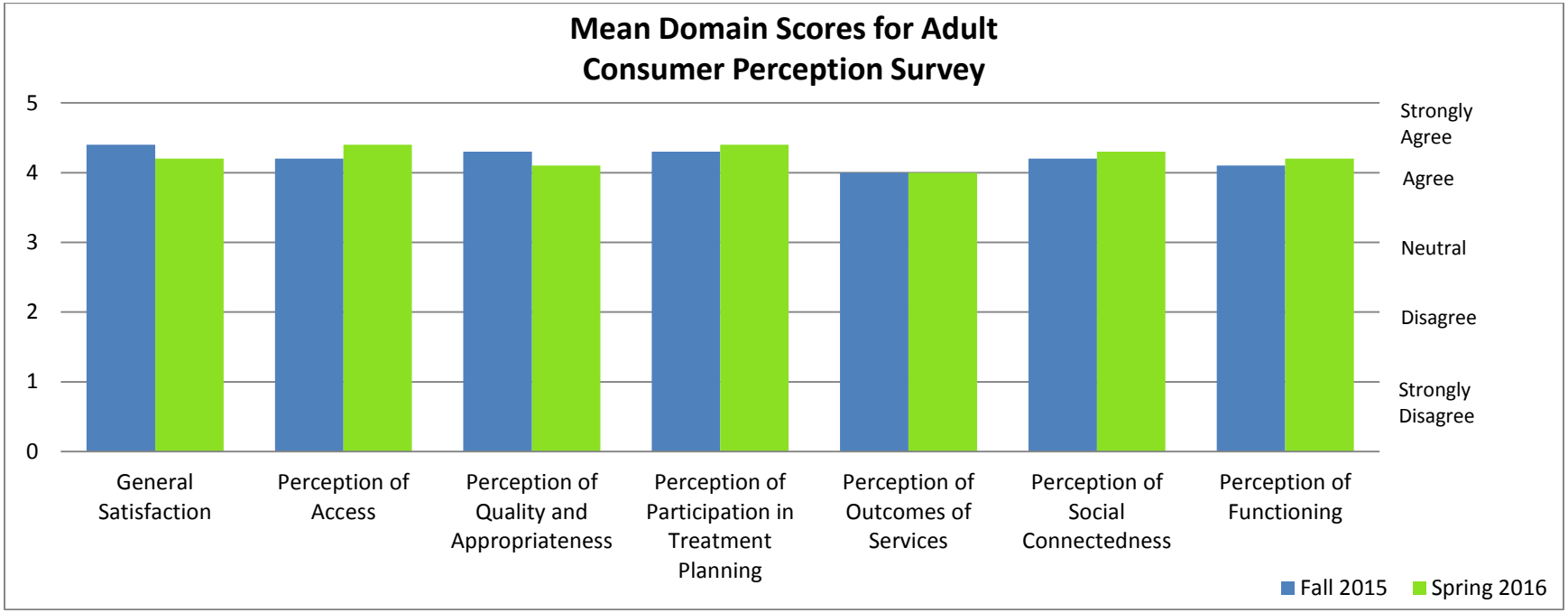
Trends in this data reflect:

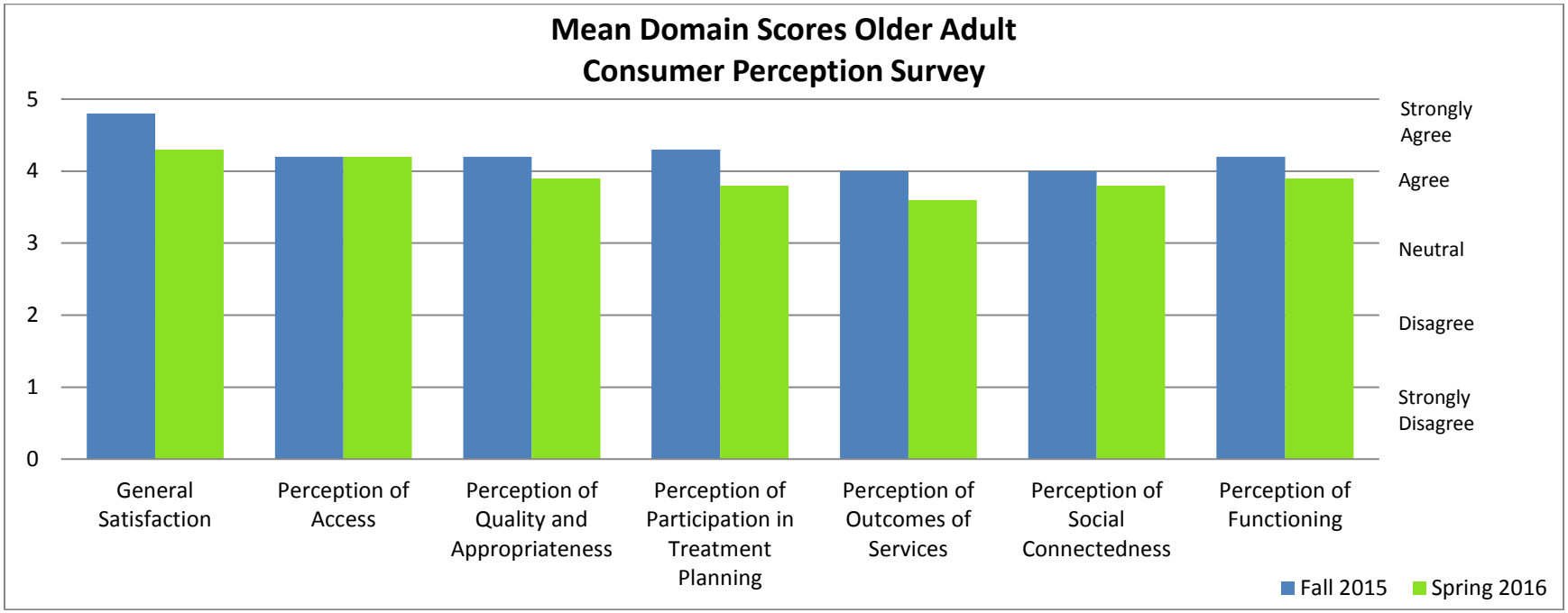
- Individuals may have completed the survey both in the Fall of 2015 and the Spring of 2016, or only in one of the survey periods due to new clients coming into services and other clients graduating from services.
- There was a decreased mean domain score in 6 out of 7 Older Adult Domains. In the FY 17/18 MHSA Three-Year Plan, additional emphasis has been placed on programs serving older adults, both in PEI and CSS.
- There was a decrease in mean domain scores in 5 out of 7 Youth Domains. With the changes that are forthcoming as a result of CCR, the BHD will be working to improve those scores as the program design develops.
- There are opportunities for improvement in all domains, however the Perception of Outcomes of Services domain appears to provide the most.

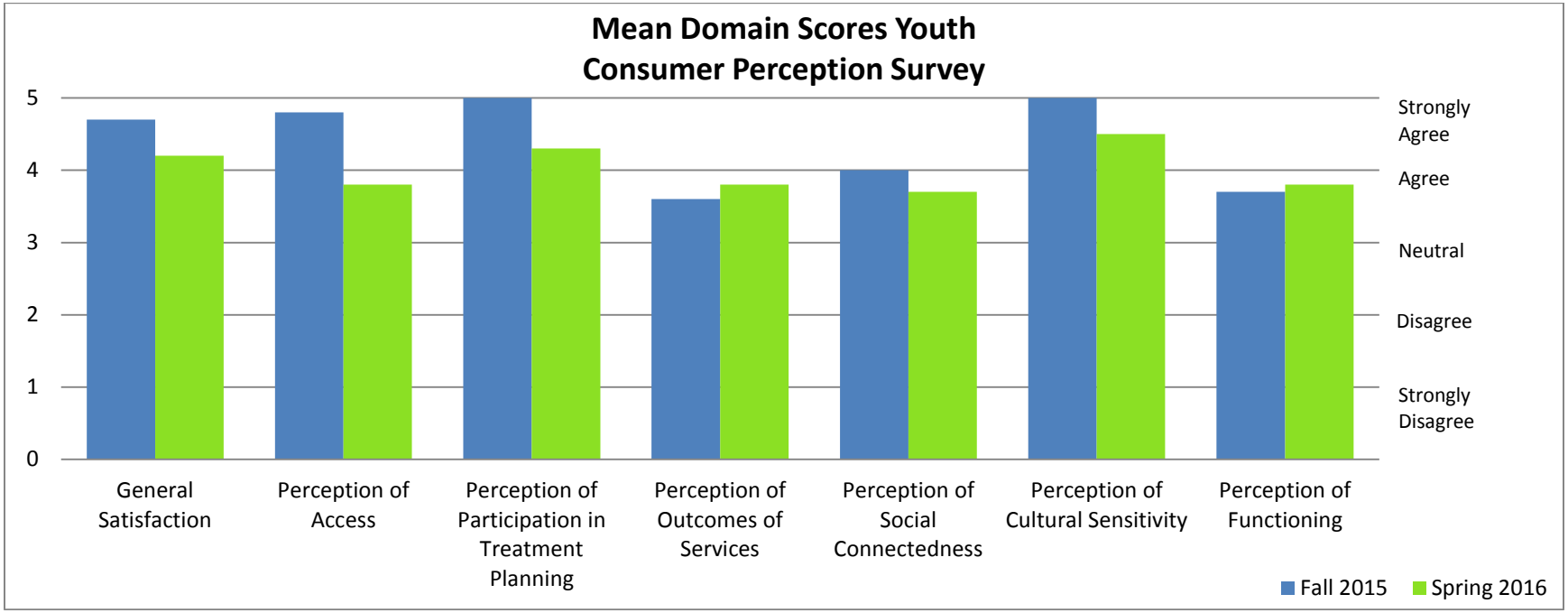
Domain	November 2015 Range	May 2016 Range	Change Range
General Satisfaction			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	- 0.2
Older Adults	Agree to Strongly Agree	Agree to Strongly Agree	- 0.5
Youth	Agree to Strongly Agree	Agree to Strongly Agree	- 0.5
Youth Families	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.2
Perception of Access			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.2
Older Adults	Agree to Strongly Agree	Agree to Strongly Agree	0
Youth	Agree to Strongly Agree	Neutral to Agree	- 1.0
Youth Families	Neutral to Agree	Agree to Strongly Agree	+ 0.6
Perception of Quality and Appropriateness			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	- 0.2
Older Adults	Agree to Strongly Agree	Neutral to Agree	- 0.3
Youth	n/a	n/a	n/a
Youth Families	n/a	n/a	n/a
Perception of Participation in Treatment Planning			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.1
Older Adults	Agree to Strongly Agree	Neutral to Agree	- 0.5
Youth	Strongly Agree	Agree to Strongly Agree	- 0.7
Youth Families	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.1
Perception of Outcomes of Services			
Adults	Agree	Agree	0
Older Adults	Agree	Neutral to Agree	- 0.4
Youth	Neutral to Agree	Neutral to Agree	+ 0.2
Youth Families	Neutral to Agree	Neutral to Agree	+ 0.1

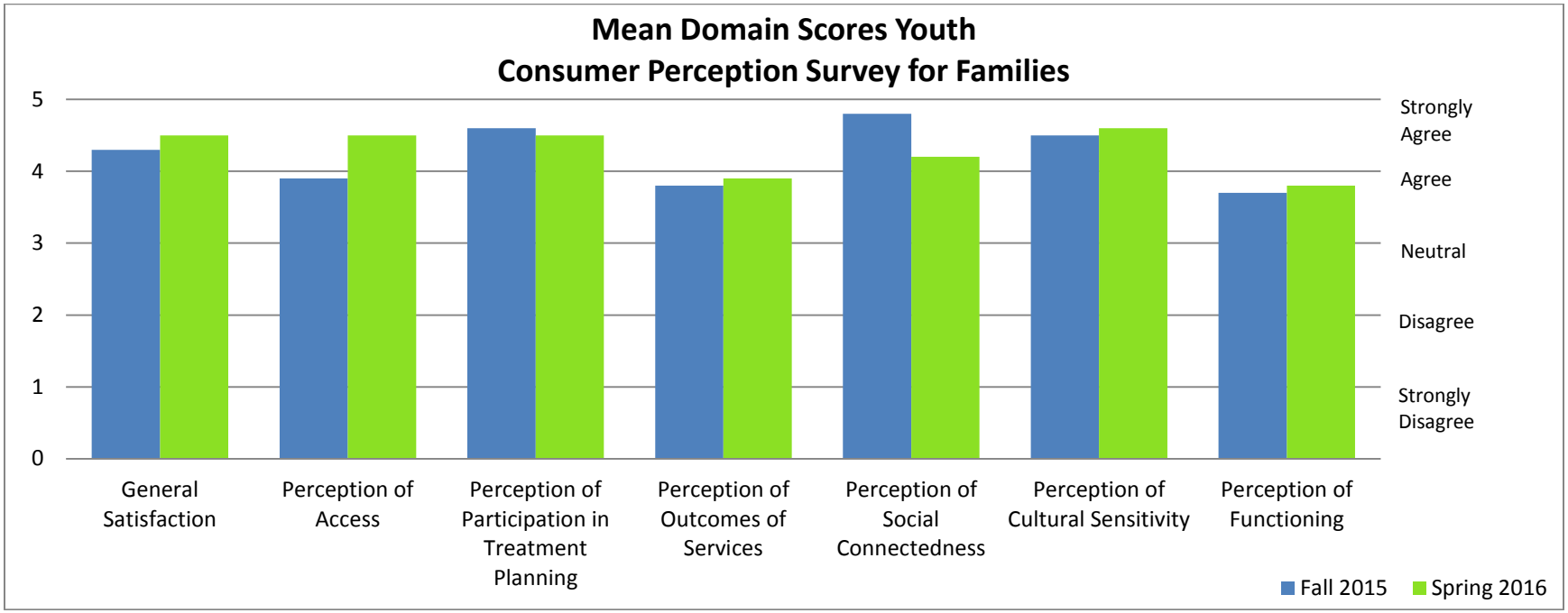
Domain	November 2015 Range	May 2016 Range	Change Range
Perception of Social Connectedness			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.1
Older Adults	Agree	Neutral to Agree	- 0.2
Youth	Agree	Neutral to Agree	- 0.3
Youth Families	Agree to Strongly Agree	Agree to Strongly Agree	- 0.6
Perception of Cultural Sensitivity			
Adults	n/a	n/a	n/a
Older Adults	n/a	n/a	n/a
Youth	Strongly Agree	Agree to Strongly Agree	- 0.5
Youth Families	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.1
Perception of Functioning			
Adults	Agree to Strongly Agree	Agree to Strongly Agree	+ 0.1
Older Adults	Agree to Strongly Agree	Neutral to Agree	- 0.3
Youth	Neutral to Agree	Neutral to Agree	+ 0.1
Youth Families	Neutral to Agree	Neutral to Agree	+ 0.1

The BHD looks forward to further exploring this new tool for interpreting the Consumer Perception Survey and incorporating the data into its performance management program.


Mean Domain Scores for Adult
Consumer Perception Survey
5
4
3
2
1
0
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
General Satisfaction
Perception of Access
Perception of Quality and Appropriateness
Perception of Participation in Treatment Planning
Perception of Outcomes of Services
Perception of Social Connectedness
Perception of Functioning
Fall 2015
Spring 2016


Mean Domain Scores Older Adult
Consumer Perception Survey
5
4
3
2
1
0
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
General Satisfaction
Perception of Access
Perception of Quality and Appropriateness
Perception of Participation in Treatment Planning
Perception of Outcomes of Services
Perception of Social Connectedness
Perception of Functioning
Fall 2015
Spring 2016


Mean Domain Scores Youth
Consumer Perception Survey
5
4
3
2
1
0
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
General Satisfaction
Perception of Access
Perception of Participation in Treatment Planning
Perception of Outcomes of Services
Perception of Social Connectedness
Perception of Cultural Sensitivity
Perception of Functioning
Fall 2015
Spring 2016


Mean Domain Scores Youth
Consumer Perception Survey for Families
5
4
3
2
1
0
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree
General Satisfaction
Perception of Access
Perception of Participation in Treatment Planning
Perception of Outcomes of Services
Perception of Social Connectedness
Perception of Cultural Sensitivity
Perception of Functioning
Fall 2015
Spring 2016

Measurement 4 (Establishment of standard evaluation process for MHSA projects and dissemination of information)

The MHD is establishing standard reporting format that can be trended from year to year, which is the first time this has been largely available for MHSA programs. This ability is primarily due to the implementation of the electronic medical record Avatar, and the MHSA staff continuing to develop standardized reporting formats in response to public input and advancing technology.

Measurement 5
(Results of EQRO annual review)

The 2016 EQRO identified the following five recommendations:

1. **Regularly review timeliness data for first appointments, psychiatric evaluation, and post hospitalization appointments for both adults and children, and establish an urgent response standard. Provide reports and analyze data on a regular basis for improvements.**

The most recent information compiled is for Calendar Year 2016:

Timeliness to First Assessment	**All Services**	**Adult Services**	**Children's Services**
Average	15 days	14 days	15 days
MHP standard or goal	14 days	14 days	14 days
Percent of appointments that meet this standard	54%	54%	53%
Range	0-71 days	0-64 days	0-71 days

Timeliness to first assessment is the subject of one of the BHD's Program Improvement Projects.

Average Length of Time to First Psychiatry Appointment	**All Services**	**Adult Services**	**Children's Services**
Average	17 days	17 days	17 days
MHP standard or goal	20 days	20 days	20 days
Percent of appointments that meet this standard	75%	76%	64%
Range	1-115 days	0-115 days	0-49 days

The BHD is in the process for establishing the reporting standards for average length of time for urgent appointments. Crisis Assessments are performed at the hospital once a patient has been medically cleared.

2. Create additional paid peer positions and engage in active recruitment of peer employees, consider consumer input regarding effective strategies.

Through its Areas of Focus initiative, the MHP is evaluating the MHP's Wellness Centers operations, including the role of peers in the Wellness Center and in the MHP's operations. The County is currently undertaking a Class and Comp Study, reviewing all job classifications in the County first, and then reviewing the associated compensation levels for each position. The classifications utilized by the MHP will likely be revised, and it is hopeful that the resulting qualifications for each classification will allow for greater flexibility in hiring persons with lived experience.

The number of paid peers has increased during this past year and includes current or prior consumers of mental health services and family members of consumers. Peer employees help coordinate activities in the Wellness Center and provide direct services to current clients. The MHP also has peers and/or family members who provide non-clinical support services to consumers and their families (e.g., assistance with administrative matters). At this time, there are at least six employees with lived experience and more than a dozen family members. It is important to note that the MHP cannot ask job applicants or employees if they have lived experience (either as a consumer or a family member of a consumer) and therefore the MHP relies upon staff self-identifying, and therefore there may be additional staff with lived experience or family members.

Another positive step forward is that the Wellness Center team has been contacting other Wellness Centers in California to determine how they are structured and how they compensate peers. The results of these queries will be reported to the MHP Leadership and help form the basis for developing a method to compensate peers. Additionally, the use of MHSA Workforce Education and Training funds for stipends is also being explored.

The MHP's Wellness Centers have been continually shifting in the direction of becoming peer run with MHP staff oversight. Until such time when the Wellness Center can be fully operated by paid peers (whether as employees or through a stipend program), the MHP has been educating and encouraging current and prior consumers to increase their skills in leadership positions, volunteer activities and job searching.

The number of peer-led groups has increased during this past year. Current peer-led or co-facilitated groups include Refuge Recovery, Dialectical Behavior Therapy (DBT) skills, Just One Thing (mindfulness), Health Awareness/Cooking, Current Events, Daily Exercise Group, DRA-Co-Dependency & Addiction Recovery Peer Support, Mindfulness Through Textiles, Ted Talks, Cooking and Menu Planning. Additionally, there are new Community DBT Peer-to-Peer groups being established and these groups will start holding meetings in March 2017. The peer leaders for these groups are current or recent clients and have a variety of backgrounds but have been extensively involved in DBT.

Peers are also increasingly involved in menu planning, grocery shopping and cooking. For example, for the annual West Slope Thanksgiving Dinner, peers (both current and past clients and/or their families) were offered the opportunity to contribute their time and/or culinary skills to make the event a success. Current consumers organized and led events (e.g., bingo),

helped cook (with the grocery items provided by the Wellness Center), and helped coordinate on the day of the event (e.g., setting up, directing the flow of activities, cleaning up).

Consumers are also encouraged to help others in the community as a means of developing skills. For example, Wellness Center participants volunteered at a local food bank during the holidays.

The Peer Leadership Academy is in the process of being re-organized to include trainings with the program coordinator directly and creating a pathway into the community by establishing a peer-run curriculum that focuses on peers assisting peers to establish gainful employment in the community or return to school.

Through the current opportunities available to consumers to gain and improve the skills needed to obtain employment, the MHP hopes that there will be strong candidates available once the MHP is able to recruit individuals with lived experience specifically.

3. **Include a measurable goal in the Quality Improvement Work Plan addressing increased participation in the consumer perception/satisfaction survey and initiate an improvement activity based on the responses.**

The MHP has incorporated this goal and is working on methods to improve participation. A "Survey Champion" has been assigned to the Spring 2017 Consumer Perception Survey to improve participation rate. The numbers of surveys did increase between Fall 2015 and Spring 2016:

November 2015: 35 responses

Adult	21 responses
Older Adult	3 responses
Youth	3 responses
Family	8 responses
Total	35 responses

May 2016: 60 responses

Adult	23 responses
Older Adult	5 responses
Youth	9 responses
Family	23 responses
Total	60 responses

Surveys Distributed:

Adult	58	(39% return rate)
Older Adult	7	(71% return rate)
Youth	14	(64% return rate)
Family	23	(100% return rate)
Total	102	(59% return rate)

4. **Initiate a comprehensive staffing capacity analysis to inform leadership and ensure adequate clinical resource allocations given the focus on its strategic plans.**

The MHP has identified its methodology for performing comprehensive staffing capacity analysis and continues to refine the necessary reports from the EHR. The methodology was also shared with the Northern California Quality Improvement Coordinators (NOR QIC) participants in September 2016 (see "Capacity Calculation Example 09-28-2016" document).

The final step in this process is developing the service levels for adults. The Access Team, which will be assessing the capacity and evaluating service utilization for adults, has been short staffed this fiscal year due to staff leaves of absence, retirements, promotions and separations. Recruitment activities are on-going and new employees are in the hiring process.

The service levels for children were established several years ago and the capacity for children's services was completed in FY 15/16. There has not been a wait list for children's services and therefore the capacity analysis has not been repeated. In the event new vendors are identified for the demand for children's services significantly changes, the capacity analysis would be updated as frequently as is needed.

5. **Extend the EHR [Electronic Health Record] system to its service providers; granting them access to the MHP's EHR or engaging in functional HIE [Health Information Exchange].**

The MHP has identified a contracted service provider to be the pilot site for the EHR expansion to contracted service providers utilizing MHSA CFTN funding for the additional Avatar licenses.

Housing Projects

Program Goals

- Acquire, rehabilitate, construct and support permanent supportive housing for individuals with serious mental illness and who are homeless or soon-to-be homeless.
- Support clients in maintaining tenancy.

West Slope – Trailside Terrace, Shingle Springs

MHSA Housing funds were utilized to provide for five units in Shingle Springs targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the BHD maintains a waiting list.

The funds for this program were transferred to California Housing Finance Agency (CalHFA) for administration of this program.

East Slope – The Aspens at South Lake, South Lake Tahoe

MHSA Housing funds were utilized to provide for six units in South Lake Tahoe targeting households that are eligible for services under the Full Service Partnership project. All units are occupied and the BHD maintains a waiting list.

The funds for this program were transferred to California Housing Finance Agency (CalHFA) for administration of this program.

Local Housing Assistance

These CSS-Housing funds include costs such as rental assistance, security deposits, utility deposits, other move-in costs, and/or moving costs.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$0	$11,858
Total Expenditures	$0	$0
Number of Clients Served	0	0

Innovation (INN)

Restoration of Competency in an Outpatient Setting

This MHSA Innovation Plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on August 25, 2016. There is no information to report for FY 15/16.

Community-Based Engagement and Support Services

This MHSA Innovation Plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on August 25, 2016. There is no information to report for FY 15/16.

Workforce Education and Training (WET)

Workforce Education and Training (WET) Coordinator

Program Goals

- Increase participation in regional partnerships.
- Identify career enhancement opportunities and variety of promotional opportunities for existing public mental health system workforce.
- Increased utilization of WET funding for local trainings.
- Increase number of bilingual / bicultural public mental health workforce staff.
- Increase number and variety of employment and/or volunteer opportunities available to consumers and their families who want to work in the mental health field.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$11,037	$11,000
Total Expenditures	$8,767	$3,395

FY 14/15 through FY 16/17 Outcome Measures

- Measurement 1: Increase the number of training opportunities for the mental health workforce.

Measurement 1:
In FY 15/16, a new member of the MHSA Team was assigned the role of the WET Coordinator. Throughout the year, the WET Coordinator acquainted herself with available trainings resources and training needs, including signing up for a variety of distribution lists to be notified of potential trainings.

Information about upcoming trainings applicable to Behavioral Health is distributed to BHD Managers and Supervisors, and to community-based organizations or the public depending upon the topic of the training. Additionally, contracts with training vendors are being established to ensure training can be scheduled when needed.

Additionally, the WET Coordinator attended extensive training on using the Kaizen process for quality improvement. In early 2016, the BHD started its Areas of Focus using the Kaizen process, with Staff Development as one of the areas.

Workforce Development

Program Goals

1) Increase the number of training opportunities for the public mental health system workforce.
2) Identify career enhancement opportunities for existing mental health workforce.
3) Increase the retention rates for current mental health workforce staff.
4) Increase the number of new staff recruited into the mental health workforce.
5) Increase the number of bilingual / bicultural mental health workforce staff available to serve clients.
6) Increase the number and variety of positions available to consumers and their family members who want to work in the mental health field.

Numbers Served and Cost

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$49,825	$40,000
Total Expenditures	$39,068	$5,396
Number of Trainings	14	36

FY 14/15 through FY 16/17 Outcome Measures

- **Measurement 1: Increase the number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers and consumers.**
- **Measurement 2: Increase the number of bilingual / bicultural public mental health workforce system staff in the County.**

Measurement 1

The information below identifies the 37 trainings that occurred in FY 15/16, many of which were provided at no charge to the WET program:

	Training Topic	Number of Attendees	Training Duration	Total Training Hours
1	Addiction - A Brain Disease	12	1.50	60.00
2	All Staff & Clinical Documentation	52	2.00	45.00
3	Annual Meds Users Training	6	0.50	18.00
4	Change Agent - ASAM Criteria	9	7.50	46.00
5	Clinical Challenges in Pharmacology: Side effects, Adherence & Informed Consent	29	1.00	27.00
6	Cognitive Behavioral Therapy	26	1.50	25.50
7	Co-Occurring Disorders	13	1.50	51.00
8	Countertransference & Transference	12	1.50	34.00
9	Cultural Diversity	11	1.25	160.00
10	DBT Training	13	18.00	82.00

	Training Topic	Number of Attendees	Training Duration	Total Training Hours
11	DSM-5/MI Skills Training	25	1.50	234.00
12	Ethics & Confidentiality Issues, Part I	17	1.50	19.50
13	Ethics & Confidentiality Issues, Part II	16	1.50	2.25
14	Ethics & Confidentiality Issues, Part III	17	1.50	6.00
15	Food Safety	1	2.25	6.00
16	Food Safety	2	2.25	4.50
17	Food Safety	1	2.25	3.00
18	Industry Foodborne Illness Investigation Training & Recall Response	1	6.00	2.25
19	Industry Foodborne Illness Investigation Training & Recall Response	1	6.00	104.00
20	Industry Foodborne Illness Investigation Training & Recall Response	1	6.00	6.00
21	Insomnia & Sleep Related Disorders: Assessment & Treatment	17	2.00	43.50
22	LGBTQ	41	2.00	36.00
23	Major Depression, Assessment & Management	34	1.50	37.50
24	Motivational Interviewing, Part I	29	1.50	13.75
25	Motivational Interviewing, Part II	24	1.50	29.00
26	Peer to Peer Training, Consumer/Family Perspective	39	1.00	24.00
27	Pharmacology of Addiction	18	1.50	495.00
28	Pro-Act Training	10	16.00	67.50
29	Pro-Act Training	6	7.0	49.00
30	Pro-Act Training	16	7.0	39.00
31	Senior Peer Counseling	49	1.0	42.00
32	Skill Building - ASAM Criteria	33	15.00	24.00
33	Substance Use Disorders 101	40	1.50	74.00
34	Trauma-Informed Care Training	30	1.50	112.00
35	Treatment for Individuals with Special Needs	16	1.50	39.00
37	VA Services	23	2.00	25.50
37	Webinar - The Role of Spirituality and Faith Communities in Recovery	74	1.00	18.00
	TOTAL	**764**	**131.50**	**2,104.75**

Post training surveys have been collected and the BHD is developing a more formal evaluation process to include surveys administered both immediately after the training and three months post-training.

Measurement 2
During FY 15/16, the BHD maintained the same number of Spanish speaking staff. However, recruitments resulted in additional bilingual / bicultural staff joining the BHD in FY 16/17.

Capital Facilities and Technology (CFTN)

Electronic Health Record System Implementation

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$185,686	$153,186
Total Expenditures	$55,684	$49,671

Funds were utilized for costs associated with the electronic medical record (Avatar) utilized by the BHD.

Telehealth

Expenditures	FY 14/15	FY 15/16
MHSA Budget	$129,000	$10,000
Total Expenditures	25,702	$0