MHSA OUTCOMES

Emerald Bay, Lake Tahoe

EL DORADO COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
OUTCOMES

FY 2018-19 YEAR END RESULTS

REPORTED WITH THE FY 2020-21 MHSA PLAN

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Prevention and Early Intervention (PEI) Projects

Introduction

Prevention and Early Intervention (PEI) Projects are intended to prevent serious mental illness/emotional disturbance by promoting mental health, reducing mental health risk factors, and by intervening to address mental health problems before they occur, to the extent possible, or in the early stages of the illness.

This Outcome Measures Report accompanying the Fiscal Year 2020/21 – 2022/23 MHSA Three-Year Program and Expenditure Plan provides outcome information for the PEI projects included in the Fiscal Year 2018/19 MHSA Annual Update.

Pursuant to Title 9 California Code of Regulations Section 3560.010(a)(1): "The first Annual PEI Report is due to the Mental Health Services and Oversight Accountability Commission on or before December 30, 2017 as part of an Annual Update or Three-Year Program and Expenditure Plan. Each Annual PEI Report thereafter is due as part of an Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year whichever occurs first. The Annual PEI Report is not due in years in which a Three-Year PEI Report is due."

Section 3560.010(a)(2): "The Annual PEI Report shall report on the required data for the fiscal year prior to the due date. For example, the Report that is due no later than June 30, 2020 is to report the required data from fiscal year 2018-19 (i.e., July 1, 2018 through June 30, 2019)."

Further, this for each PEI Project, this PEI Report includes all the elements outlined in Section 3560.010(b).

This report reflects the responses as reported by the Project provider. In some cases, the reported data may not equal the number of unduplicated client counts.

Consistent with previous PEI Reports, there is a noticeable trend within many programs where the responses to the demographics questions are "Unknown or decline to state". It is not possible to specifically identify the reason for the increased rate of this response, however, it is believed that the number of potential responses to the many demographic questions may be too much information for individuals to review, so they elect to leave the questions blank.

As used within the MHSA Three-Year Program and Expenditure Plan and this Outcome Measures Report, 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 Programs

Latino Outreach Project

Provider: New Morning Youth and Family Services

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 2017-18	FY 2018-19
MHSA Budget	$96,000	$96,000
Total Expenditures	$80,356	$88,579
Unduplicated Individuals Served	427	350*
Cost per Participant	$188	$253

*There is a discrepancy from New Morning Youth and Family Services electronic client case files (2018/19 fiscal year) that indicate Latino Outreach had 483 clients. However, the monthly Client Registration Demographics provided by the *Promotoras* did not represent all the clients that were assisted, so data is based upon 350 individuals being served.

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	145	146
16-25 (transitional age youth)	50	45
26-59 (adult)	220	144
Ages 60+ (older adults)	12	15
Unknown or declined to state	0	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	406	344
Other	0	6
Multiracial	0	0
Unknown or declined to state	21	0
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	379	0
Caribbean	0	0
Central American	0	8
Mexican/Mexican-American/Chicano	0	328
Puerto Rican	0	0
South American	15	8
Other	21	6
Unknown or declined to state	12	0
Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	0
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
Multi-ethnic	0	0
Unknown or declined to state	0	0

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	117	156
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	199	188
Tagalog	0	0
Vietnamese	0	0
Other language	4	6
Unknown or declined to state	0	0
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	0
Heterosexual or Straight	0	350
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Declined to State	427	0
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	155	123
Female	272	227
Declined to answer	0	0

Current gender identity:		
Male	155	123
Female	272	227
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	0	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	0	0
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	5
Physical/mobility	2	1
Chronic health condition/chronic pain	1	0
Other (specify)	10	0
Declined to state	414	344
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	0	0
No	427	350
Unknown or declined to state	0	0
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	0	74
Placerville Area	221	175
North County	7	10
Mid County	92	89
South County	6	0
Tahoe Basin	0	0
Unknown or declined to state	0	2
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	0	123
Very low income	0	96
Low income	0	125
Moderate income	0	6
High income	0	0

Health Insurance Status	FY 2017-18	FY 2018-19
Private	0	9
Medi-Cal	0	228
Medicare	0	4
Uninsured	0	109

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Please provide the following information for this reporting period:

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.**

   During the 2018/19 Fiscal Year, New Morning Youth and Family Services (NMYFS) *Promotoras* noted an increase of referrals; specifically to domestic violence agencies, medical and mental health services, and victim services. An accomplishment was Latino parents that attended and completed parenting classes through the encouragement and assistance of interpretative services from the *Promotoras*. The families have reported positive changes in their communication skills and parental approach to their children.

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, prolonged suffering, school failure or dropout, incarceration, unemployment, homelessness, and removal of children from their homes).**

   Latino Outreach continues to address a variety of needs that affect the family unit as a whole. The *Promotoras* continue to assist individuals/families coping with trauma and mental health issues to assist them in receiving appropriate services. In addition, they accompany their clients to those services. In many cases, clients are supported multiple times during a week. The *Promotoras* advocate for the youth that are struggling in school and accompany parents to school meetings for interpretation and clarification.

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

   Latino Outreach continues to increase services to unserved/underserved populations, especially to engage Latino families in greater access to culturally competent medical and mental health services.

   In addition, we noticed a need to provide Latina women with additional skills to increase their independence and self-worth due to cultural factors. As a trial, we facilitated a three-week (3) self-advocacy group to encourage their personal growth and self-confidence. Some of the topics discussed included: Effects of trauma, resiliency/adversity, self-advocacy skills, and family relationships and dynamics. The outcomes were positive and the Latina group requested that the class continue in the fall of 2019.

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.**

The *Promotoras* provide all their clients with respect; mindful that the Latino population has a mixture of diverse cultures, linguistics (Spanish dialects), nationalities, and spiritual beliefs. NMYFS provides information through social media to reduce racial/ethnic disparities. The *Promotoras* attend community events hosted by non-profit organizations and county departments to increase cultural awareness and to reduce racial/ethnic disparities.

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.**

The *Promotoras* collaborate with county and non-profit organizations in outreach events to support the Latino population. In addition, they serve on steering committees to provide feedback on stigma and discrimination reduction and how best to serve the needs of the Latino community. An increase of services has been to provide clients with direct access to health care and to accompany their clients to appointments due to barriers of insurance coverage, language, and discrimination.

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.**

  96% of clients were satisfied with the assistance that they received.

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

  82% of clients indicated that there were improvements.

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

  There are approximately 4 to 6 clients a month who are referred to mental health services.

- **Measurement 4: Number of Clients referred to County Behavioral Health, if known.**

  8 – 10 clients a year.

- **Measurement 5: Client self-report on the duration of untreated mental illness.**

  Unknown

- **Measurement 6: If known, the average interval between referral and participation in treatment.**

For mental health services, the interval is determined upon the client's "level of care." If the client requires prompt intervention, then one to three (1-3) days. Likewise, a lower "level of care" could be up to two (2) months.

- **Measurement 7: A description of the methods Contractor used to encourage Client access to services and follow-through on referrals.**

  The *Promotoras* prefer to accompany their clients to the resources because of language barriers and biases. If for any reason they are not able to accompany their clients, the *Promotoras* contact the resource to obtain specific instructions that client will need to know when client arrives at resource. Every client continues to receive follow-up and support until client has resolution.

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

NMYFS continues to utilize community volunteers to provide additional educational services to Latino families. Furthermore, we provide counseling services in English or Spanish that are referred by Latino Outreach.

8) Provide any additional relevant information.

There is a discrepancy from NMYFS electronic client case files (2018/19 fiscal year) that indicate Latino Outreach had 483 clients. However, the monthly Client Registration Demographics provided by the *Promotoras* did not represent all the clients that were assisted. NMYFS will implement the additional demographic information MHSA requires in the electronic client files in order to submit accurate electronic data client registration.

Latino Outreach Project

Provider: 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 2017-18	FY 2018-19
MHSA Budget	$135,150	$135,150
Total Expenditures	$67,273	$125,702
Unduplicated Individuals Served	446	509
Cost per Participant	$151	$247
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	88	202
16-25 (transitional age youth)	9	74
26-59 (adult)	349	221
Ages 60+ (older adults)	0	12
Unknown or declined to state	0	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	1	0
Native Hawaiian or Other Pacific Islander	0	0
White	25	32
Other	421	477
Multiracial	0	0
Unknown or declined to state	0	0

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	444	0
Caribbean	0	0
Central American	0	3
Mexican/Mexican-American/Chicano	0	491
Puerto Rican	0	0
South American	0	1
Other	0	14
Unknown or declined to state	0	0
Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	0
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
Multi-ethnic	0	0
Unknown or declined to state	2	0
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	25	62
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	440	447
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	0
Heterosexual or Straight	0	126
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Declined to State	446	383
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	162	213
Female	284	296
Declined to answer	0	0
Current gender identity:		
Male	162	213
Female	284	296
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	0	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	0	0
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	10	3
Physical/mobility	1	3
Chronic health condition/chronic pain	10	3
Other (specify)	0	0
Declined to state	425	500

Veteran Status *Collection of this information from a minor younger than 12 years of age is not required.*	FY 2017-18	FY 2018-19
Yes	0	0
No	0	183
Unknown or declined to state	446	326
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	0	0
Placerville Area	0	0
North County	0	0
Mid County	0	0
South County	0	0
Tahoe Basin	446	448
Unknown or declined to state	0	61
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	0
Very low income	unknown	285
Low income	unknown	218
Moderate income	unknown	6
High income	unknown	0
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	0
Medi-Cal	unknown	469
Medicare	unknown	0
Uninsured	unknown	40

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).

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Please provide the following information for this reporting period:

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 Latino Outreach project is performing very well for the Family Resource Center (FRC). We are serving new clients every month as well as keeping the community informed with our Engagement and Outreach activities at numerous locations including schools in the Lake Tahoe Unified School District (LTUSD).

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, prolonged suffering, school failure or dropout, incarceration, unemployment, homelessness, and removal of children from their homes).**

The overall health of community is strengthened by the Latino Outreach by providing group and individual therapy as well as community participation in Parent support groups that are focused on topics of mental health and family dynamics.

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

The FRC by providing Outreach to schools in the LTUSD as well as at Lake Tahoe Community College, informs the community of the Latino Outreach project and new clients continue to seek our services.

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.**

All staff at the FRC are bilingually, culturally, and linguistically competent. Our programming provides opportunities to the community to further develop skills that empower them and their families to become self-sufficient.

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.**

The FRC Executive Director and/or designee participate in committees such as: South Lake Tahoe Behavioral Health Network, Barton Hospitals Community Health Committee, El Dorado County SARB and Lake Tahoe Collaborative. We participate in all community events to further disseminate information to the community.

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.**

  The survey indicates that longer duration counseling services are desired by some clients.

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

  Not reported.

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

  We have noticed an increase in parents attending parent support groups that have participated in therapy sessions..

- **Measurement 4: Number of Clients referred to County Behavioral Health, if known.**

  Unknown. Although anecdotal information is that approximately six (6) clients per year are referred to County Mental Health as we serve the mild-to-moderate community.

- **Measurement 5: Client self-report on the duration of untreated mental illness.**

  Unknown.

- **Measurement 6: If known, the average interval between referral and participation in treatment.**

  Unknown. The average interval for mild-to-moderate treatment is approximately two (2) weeks.

- **Measurement 7: A description of the methods Contractor used to encourage Client access to services and follow-through on referrals.**

  We inform clients verbally as well as hand out information in writing such as flyers and brochures.

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

Total Project expenditures: $129,501.75

8) Provide any additional relevant information.

No additional information was provided.

Older Adults Enrichment Project

Provider: Senior Peer Counseling through EDCA Lifeskills

Project Goals

- Clients demonstrate an increased number of "Therapeutic Lifestyle Changes" over the course of their counseling.
- 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 2017-18	FY 2018-19
MHSA Budget	$55,000	$40,000
Total Expenditures	$53,087	$34,493
Unduplicated Individuals Served	43	83 total / 45 new added in FY 18/19. Data in FY 18/19 is based upon the new clients only.
Cost per Participant	$1235	$416 (based on 83 total clients)
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	0	0
16-25 (transitional age youth)	0	0
26-59 (adult)	5	3
Ages 60+ (older adults)	38	42
Unknown or declined to state	0	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	0	2
Asian	0	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	40	43
Other	3	0
Multiracial	0	0
Unknown or declined to state	0	0
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	0	0
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	2	0
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	0

Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	43
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	2
Multi-ethnic	0	0
Unknown or declined to state	0	0
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	42	45
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	1	0
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	0
Heterosexual or Straight	42	45
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Declined to State	1	0
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	7	8
Female	36	37
Declined to answer	0	0
Current gender identity:		
Male	7	8
Female	36	37
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	0	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	1	3
Difficulty hearing or having speech understood	2	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0
Physical/mobility	0	9
Chronic health condition/chronic pain	0	4
Other (specify)	1	0
Declined to state	0	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	2	2
No	39	43
Unknown or declined to state	2	0

Region of Residence	FY 2017-18	FY 2018-19
West County	12	15
Placerville Area	26	18
North County	2	6
Mid County	2	5
South County	1	1
Tahoe Basin	0	0
Unknown or declined to state	0	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	10
Very low income	unknown	14
Low income	unknown	4
Moderate income	unknown	17
High income	unknown	0
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	1
Medi-Cal	unknown	1
Medicare	unknown	43
Uninsured	unknown	0

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Please provide the following information for this reporting period:

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 other major accomplishments and challenges.**

   At the beginning of the fiscal year, Senior Peer Counseling, (SPC), added seven (7) new trainees to our existing group, for a total of 23 volunteer counselors. This year 83 individual senior clients had counseling provided to them on an ongoing basis by our counselors. We started the year with 38 existing, ongoing clients and added 45 new clients throughout the year. This almost doubles the number of seniors served in the last two (2) years. We see a steady flow of intakes monthly, and are providing counseling to all senior consumers who have requested services.

   We are making progress expanding our site availability to the community by borrowing confidential rooms at the Cameron Park Community Center and the El Dorado Hills Senior Center for counseling sessions. Our volunteer counselors also provide confidential sessions in assisted living communities and convalescent facilities, as well as at our main office site, the Placerville Senior Center.

   A new clinical supervisor, who is a licensed therapist, was also added at the beginning of the fiscal year. Clinical group supervision is provided to the volunteer counselors on a weekly basis, wherein clients are discussed and reviewed. Guidance is given in order to enhance effectiveness, safety, and

progress for the clients, and to support and train the volunteers in their work. A new and more targeted Progress Note Form was created and implemented, as well as the Intake Forms reworked and streamlined to be more efficient and effective. A new list of private therapists who accept Medi-Care was created, as the existing one was somewhat obsolete. The supervisor provided ongoing brief trainings on the topics of confidentiality, completing documentation, dealing with suicidal clients, and preventing burnout.

This is the second year of using our new Session Summary/Feedback Worksheet, Lifestyle Hygiene Survey, and Discharge Client Evaluation as outcome measures. These measures have been shown to be highly effective in benefiting the counseling process for both counselor and client, as well as helping the client to see and solidify their progress and improvements in their lives. The overall results of our outcome measures show that our services are successful at both targeting early intervention and at preventing mental illness from becoming severe and disabling in the older adults that we serve.

Challenges have been in expanding outreach activities to the Latino community. Ongoing efforts to reduce stigma around counseling, retaining volunteer counselors due to health problems and general attrition, and the Friendly Visitor Program never getting off the ground due to lack of community interest and support, are goals unmet. At the end of this fiscal year, our group of Senior Peer Counselors has reduced from 23 to 17 remaining Senior Peer Counselors, two (2) of whom do intakes only. This year, the American Association of Senior Peer Counseling disbanded, so we lost a good source of education and collaboration.

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 measures this year have shown an overall improvement in the mental health, relationships, social activities, and general well-being of the seniors we have served. Our data shows that presenting problems are being resolved. The specific negative outcomes we are tasked with addressing are suicide and prolonged suffering. We have provided counseling to nine (9) clients who were suicidal upon initial intake. Those potential suicides were prevented by our counselors linking clients to community resources such as professional counselors, psychiatry, medical doctors, Suicide Hotlines, financial and legal resources, and family member relationships, as well as the ongoing consultation with the SPC supervisor, and the ongoing sessions provided by our counselors in person and by phone.

Our data shows that most of the clients we engage have been experiencing prolonged suffering for from six (6) months to several years. This is most often due to high amounts of geographic isolation, as well as emotional isolation from family and friends. Loneliness, fear, and untreated mental health problems are common. We get regular feedback verbally and from our measurement tools that client mental, emotional, and environmental suffering is greatly reduced by the counseling provided. Often times, this improvement is due to having someone to listen who relates to them; having gone through similar life experiences, having eye contact and empathy from someone who cares about their well-being, providing ideas on self-improvement and alternative perspectives,

educating them on and normalizing the aging process, and from the social connection that happens during counseling. The other factor in improving the overall mental health of the older adult population is through linkages we help them make to community resources, services and opportunities for socialization.

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

El Dorado County has been identified as having the largest older adult population per capita in the State of California. Many of these seniors are on a limited fixed income and relying on Medicare for their medical and mental health needs. There is a lack of Medicare contracted mental health providers in our county. In addition to that, for Medicare to pay for mental health services, the client must meet "medical necessity" criteria, which doesn't often fit the specific mental health needs of this population. Many seniors may not qualify for Medicare funded mental health treatment due to not having the required psychiatric diagnosis. The mental health needs of the older adult populations we see are often compounded by the aging process and the developmental challenges that present. Another reason this population is underserved is that there are no privately or grant funded community counseling agencies that serve seniors, like there are for children and families. Our older adult population also has difficulty accessing services due to losing their ability to drive, being unable to afford gas to travel distances in our rural county, and feeling some cultural shame in asking for help.

Senior Peer Counseling has been able to meet the needs of this older adult population that has fallen through the cracks of medical and community-based services. We address their mental health needs and the challenges of coping with the changes and decline that come with the aging process.

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.

El Dorado has a lack of cultural diversity compared to many other counties in California. Most of the clients we have served are Caucasian. We have had two (2) mixed Caucasian and Native American clients. This year our Administrative Assistant attended a training called Native Values, Attitudes and Behaviors, by James Marquez, Oglala Sioux. She presented information that she learned to our group about Native American culture, mental health and family relationships and how Native Americans could be engaged and benefited by counseling. We have a few Jewish clients and two (2) counselors who are Jewish and understand that culture and how to work effectively therein. We do have one (1) German speaking counselor, but sadly lost our two (2) Spanish speaking counselors. SPC has not experienced the need for bilingual counselors this year. Our experience has been that Caucasians are the majority of older adults seeking counseling in El Dorado County. In addition, all of our clients have been heterosexual. We would like to do outreach to the Latino and LGTBQ communities of older adults.

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.

SPC is located in the Placerville Senior Center wherein there is a plethora of services available to older adults. We collaborate with other services such as Senior Legal, Information and Assistance,

Meals on Wheels, HICAP which provides medical insurance education and access, In Home Support Services, and Family/Caregiver Support, among other services. Due to our proximity to these services, we are able to provide a warm handoff to our clients by walking them to these offices. We also collaborate with Adult Protective Services either by making mandated reports on Elder Abuse or by receiving referrals for counseling from them. Another area of collaboration and outreach is provided by our volunteer counselor, Doug Gradall, who participates in the El Dorado County Area Agency on Aging meetings and projects.

Throughout this year, our volunteers and supervisor have engaged in outreach by providing presentations about SPC to several of the senior living communities, Marshall Hospital, El Dorado County Mental Health, and Snowline Hospice. We have placed our advertising rack cards in many public locations and doctors' offices throughout the Western Slope. Our counselors serve as ongoing ambassadors about our program, tasked to educate about SPC with their local churches, groups, friends and acquaintances.

An integral part of counselor responsibility is to connect our clients to medical and psychiatric care as needed. Linkages also are provided to legal, financial and social services, and clients are encouraged to become more involved in their communities and social events.

Reducing stigma associated with addressing mental health issues and receiving counseling is one of our areas of passion. Our counselors facilitate that by being peers to our clients, approaching clients as equals rather than posing as authorities or professional figures, using lay language to talk about mental health, normalizing the human desire for good mental as well as physical health. We use our volunteers, who do the counseling, to provide outreach to groups and organizations. Many older adults may be discriminated against because of the aging process: Lack of mobility, memory loss or appearance. Older people have lost value in our existing culture. In our weekly supervision and training meetings, we discuss these issues. We work to eliminate all judgements, stigma and discrimination of any kind in our SPC "culture". We spread the word to the community when making presentations, or in everyday interactions, about the great value and wisdom that older adults possess as an underused resource. We use this belief to help build the self-esteem and self-efficacy of every client.

During this year we have used our donations to pay for training opportunities for SPC volunteers. Part of our counselors' responsibilities are that if they attend a sponsored training, they must do a presentation to the entire group on that topic. Some have attended trainings on Alzheimer's and Dementia put on by the Sacramento Alzheimer's Association chapter. Another attended a training put on by the Institute for Brain Potential on How Diet Affects Mental and Physical Health. We had Julie Interrante, M.A. provide a group training on the changes that come with aging and how that process happening to our counselors affects their work with their clients. We have had the Snowline Hospice Clinical Director present a training to our group on Grief and Loss and how to work with those issues in counseling.

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 Therapeutic Lifestyle Changes, 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: Exercise, nutrition/diet, nature, relationships, recreation/enjoyable activities, relaxation/stress management, religious/spiritual involvement, contribution/services.

This outcome tool measures the therapeutic lifestyle habits of clients. The Lifestyle Hygiene measure is given to clients to complete at the beginning of counseling and every three (3) months after, and at the end. Results show an overall increase in all realms from deficient to just right, except for TV/Computer which shows a reduction from excessive toward just right.

Data Results: N=54

Rating Scale: 0=Deficient, 5=Just Right, 10=Excessive
(Results are shown as Pre and Post number averages)

Exercise: 0 to 4	Recreation/Enjoyable Activities: 2 to 6
Nutrition & Diet: 1 to 5	Relaxation/Stress Management: 2 to 5
Nature: 1 to 6	Religious/Spiritual Involvement: 3 to 7
TV, Computer Time: 9 to 6	Contribution/Service: 1 to 4
Relationships: 3 to 6	Amount of Sleep 4 to 5

- **Measurement 2: Volunteers will record the clients' self-reported improvement in the presenting problem selected by each client at the start of the peer counseling.**

  This instrument measures the client's self-reported improvement in the presenting problem and goal chosen by them at the outset of counseling. We use it at the end of every session until the goals are met. Data results show that clients feel that counseling sessions are helpful, making a difference in their lives, and resolving their presenting problems.

  Data Results: N= 164 sessions

  Questions Asked:
  1. How well did you feel heard and understood: 0=not at all, 5=well understood
     Average score: 5 (score of 4: 9, score of 5: 137, unable to answer: 17)

  2. How helpful was our session today? : 0=not helpful, 5=very helpful
     Average score: 5 (score of 3: 5, 4: 19, 5: 123, unable to answer: 17)

  3. How do feel after our session today? : Worse, Same, Better
     Average score: Better (score of Worse: 2, Same: 9, Better: 136)

  4. Do you believe there has been improvement in your original problem/s? Yes, No
     Average response: Yes (score of no: 8, score of Yes: 139, unable to answer: 17)

- **Measurement 3: Outcome Rating Scale (ORS) measurement tool, which measures the following four psychological categories: Individually (personal well-being), interpersonally (family, close relationships), socially (work, school, friendships), and overall (general sense of well-being)**

This is an outcome tool that is given at the end of the client's counseling to measure four (4) realms of psychological health. They are: Individual, Interpersonal, Social, and Overall Well-Being. It also asks the client to rate how well the volunteer did as their counselor. The results, as stated below, prove that Senior Peer Counseling is improving older adults' quality of life with statistical significance. It shows that problems with mental health are being prevented from becoming severe and disabling, kept stable or improved.

Data Results: N=14

Client Experience with the Senior Peer Counselor: 0=not helpful, 10=very helpful
Average score: 8.57

Individually, (personal well-being): 0=worse, 5=the same, 10=better
Average score: 7.71

Interpersonally, (family, close relationships): 0=poor, 10=excellent
Average score: 7.71

Socially, (work, friends, groups, community): 0=not at all satisfied, 10=very satisfied
Average score: 7.14

Overall, (general sense of well-being): Gotten worse, Stayed the same, Improved
Average Response: Improved (Improved: 10, Stayed the same: 3, Gotten worse: 1)

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

Annual Expenditures from MHSA Budget

The cost of weekly supervision of the volunteers:	$13,800.00
The cost of general administration:	$12,510.00
The cost of Administrative Support:	$5,824.00
The cost of Training:	$960.00
The cost of mileage for volunteers:	$1,442.32
General Expenses from MHSA Budget:	$0.00

Donations Received

Client Donations:	$1,879.00
Foundation Donations:	$1,000.00

Expenditures from Donated Monies: $1,684.00

SPC receives donations from clients, businesses and individuals in the community. We ask clients for a $5 donation per session, but no one is turned away who is unable to donate. These donations are used to pay for trainings for our volunteers and general office supplies.

8) Provide any additional relevant information.

In addition to providing counseling, SPC takes calls from the community and links people with referrals to areas of unmet needs. Our Administrative Assistant speaks with consumers by phone to provide information and referrals to community resources. This year we had 82 calls and referrals.

The SPC volunteer counselors have access to one-on-one consultation and training with a licensed therapist. One-on-one consultation is also regularly supplemented with weekly group supervision to immediately and effectively address a client's issues of safety, (suicidality, elder abuse, unmet basic needs).

Every two (2) years, SPC provides a 50-hour training for new volunteer counselors. Since we have lost six (6) counselors this year due to attrition, it is essential to the health of our program to recruit, train and make new counselors available to the older adult population. In August, we will be gearing up for the next training and will provide the training program from March to May this next fiscal year of 2019-2020. Preparing, implementing and facilitating the training is quite costly and we would like to see our budget increased to the previous years' allowance of $55,000 in order to provide this much needed training of additional volunteer counselors.

Primary Intervention Project (PIP)

Provider: Tahoe Youth and Family Services

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$88,000	$88,000
Total Expenditures	$47,977	$28,940
Unduplicated Individuals Served	42	43
Cost per Participant	$1,142	$673
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	24	43
16-25 (transitional age youth)	0	0
26-59 (adult)	18	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	0	2
Asian	0	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	0	17
Other	13	0
Multiracial	15	0
Unknown or declined to state	14	0
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	0	0
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	7	21
Puerto Rican	0	0
South American	1	0
Other	7	0
Unknown or declined to state	0	1
Non-Hispanic or Non-Latino		
Non-Hispanic or Non-Latino	13	0
African	0	2
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	0
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
Multi-ethnic	0	0
Unknown or declined to state	14	0

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	33	31
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	4	8
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	5	0
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	unknown
Heterosexual or Straight	16	unknown
Bisexual	0	unknown
Questioning or unsure of sexual orientation	0	unknown
Queer	0	unknown
Another sexual orientation	0	unknown
Declined to State	26	unknown
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	14	unknown
Female	28	unknown
Declined to answer	0	unknown

Current gender identity:		
Male	14	unknown
Female	28	unknown
Transgender	0	unknown
Genderqueer	0	unknown
Questioning / unsure of gender identity	0	unknown
Another gender identity	0	unknown
Declined to answer	0	unknown
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	1	1
Difficulty hearing or having speech understood	0	1
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0
Physical/mobility	0	0
Chronic health condition/chronic pain	2	0
Other (specify)	5	0
Declined to state	34	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	1	1
No	35	0
Unknown or declined to state	6	42
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	7	0
Placerville Area	23	0
North County	1	43
Mid County	2	0
South County	3	0
Tahoe Basin	4	0
Unknown or declined to state	2	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	2
Very low income	unknown	2
Low income	unknown	15
Moderate income	unknown	9
High income	unknown	0

Health Insurance Status	FY 2017-18	FY 2018-19
Private	unknown	10
Medi-Cal	unknown	12
Medicare	unknown	0
Uninsured	unknown	0

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Please provide the following information for this reporting period:

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.**

Challenges:

The first semester was difficult with both the Bijou and Tahoe Valley schools. At that time Tahoe Youth still had a contract with the South Lake Tahoe Family Resource Center (FRC) to provide services to those two (2) schools. There were many challenges that it appeared no matter how much coaching and training happened, it did not improve. Very few parents tuned in their intake sheets and the PIP Worker did not follow-up, so the numbers at Tahoe Valley were low. This individual also left in the middle of the semester, which created another challenge. The solution that Tahoe Youth and the FRC agreed to was to end their contract. One of our bilingual staff took over the position at Bijou and our current PIP worker took over the Tahoe Valley School. This helped improve all aspects of the program at both schools. After that change, the program began working much smoother. Both the schools were happy, and the children did well.
The first semester that the Family Resource Center was providing services to Tahoe Valley was a challenge. With the change of their staff person, five (5) children end of service WMS Forms were not completed.

When parents complete the intake, they often do not answer the insurance question or the income question. There is no way to know if they are uninsured or not.

During the school year three (3) children moved away before finishing the program and one (1) decided to drop out.

Another challenge Tahoe Youth had was the Sierra House Elementary school had a fire and had to move into the Boys & Girls Club. This was not by any means ideal. The first semester was completed while in the Boys & Girls Club. With communication with the principal and El Dorado County, Tahoe Youth decided not to provide PIP services for the 2nd semester for Sierra House. The location of the PIP room was relocated on the stage of the cafeteria of the Boys & Girls Club. This location was anything but ideal. Children were distracted with all the noise and it was by no means confidential. They believe this lead to lower evaluation scores.

When the children where testing, or absent or when the teacher would not allow the children to come due to their work schedule, this interfered with the schedule times for the PIP children.

Numerous students dropped out of the program due to their families moving out of the area.

Accomplishments:

There were many successes with PIP. Play is a child's way of communication and it provides a means for children to express what they feel because sometimes the children may not have the words. Many of the PIP children-built self-esteem and increased their self-confidence. Through self-directed play, the young children were able to learn to resolve some their own problems.

Special friends such as the PIP Worker are important to enhance a child's life and this caring adult helped to benefit with the development in the important year of growth. PIP children reported to their teachers that they liked the time they spent in the PIP program.

The evaluation determined by Duerr Evaluation Resources on a whole showed significant improvement in numerous areas.

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.**

When reviewing the Evaluation that Duerr Evaluation Resources provided, you will see that all children except those from Sierra House improved substantially in numerous areas. The evaluation shows that this program is making a huge difference for these young children.

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

Bijou Elementary has the highest number of Latinos of the Tahoe elementary schools, who are of the highest need because of both the language barriers, but also have some of lowest income levels. Having a bilingual PIP Worker, I believe has helped make a huge difference with these students. It is also helpful when working with the students who are not English speaking. Bijou Elementary is very pleased with our work with their students and is excited to have us return in the fall.

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.**

Tahoe Youth ensures that appropriate bilingual and bicultural staff members provided services where appropriate. Activities with the children were designed to supplement the educational experience and personal development of young school children K-3rd grade.

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.**

Access to additional services when needed was always provided through outreach and collaboration with the many other services providers in our community. Working with the school counselors and principals in all elementary schools allow all children to have equitable access to services and Tahoe Youth's education approaches have more contact-based interventions for anti-stigma programs.

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).**

Appropriate referrals were made when it was determined by the PIP Worker, teacher and school psychologist that additional services were necessary. Some referrals that were made were for individual counseling, the mentoring program, and the Tahoe Family Resource Center to help them access additional needed services. Three (3) parents were provided information to Tahoe Youth & Family Services for counseling. Two (2) children had Child Protective Services (CPS)-involved cases, but the children were not removed from their homes.

7) **Provide the outcomes measures of the services provided. Outcome measures for the Primary Intervention Project are:**

- **Measurement 1: Administer Walker-McConnell Scale (WMS) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WMS tool).**

  At the beginning of each semester, once the parent completed the intake form allowing their child to receive PIP services, the teacher would complete a WMS form at the beginning of the program and then complete it again following the end of service. The complete pre and post-PIP WMS forms were sent to Duerr Evaluation Resources.

- **Measurement 2: Completion of service delivery report to the County on a PIP semester basis showing number of students served.**

  A report was completed at the end of each semester providing the appropriate demographics per school and sent to El Dorado County showing the number of students served.

- **Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WMS scores, identifying program successes, challenges faced and post-PIP participation outcomes for the children.**

  This is the Year-End report which provides all the above information along with a copy of the Evaluation report from Duerr Evaluation Resources.

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

Our PIP expenditures were $52,933.80. We leveraged $24,254.05 in donations.

9) Provide any additional relevant information.

See Appendix A for the Duerr Evaluation Resources report.

Primary Intervention Project

Provider: Black Oak Mine Union School District (BOMUSD)

Project Goals

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$77,000	$77,000
Total Expenditures	$72,952	$73,278
Unduplicated Individuals Served	57	72
Cost per Participant	$1,280	$1,018
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	57	72
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
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	2	5
Asian	2	2
Black or African American	6	4
Native Hawaiian or Other Pacific Islander	0	0
White	47	60
Other	0	1
Multiracial	0	0
Unknown or declined to state	0	0

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	0	0
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	0	0
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	1
Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	0
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
Multi-ethnic	0	0
Unknown or declined to state	53	0
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	56	71
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	0	1
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	1	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	0
Heterosexual or Straight	0	0
Bisexual	0	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Declined to State	57	72
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	37	45
Female	20	27
Declined to answer	0	0
Current gender identity:		
Male	0	0
Female	0	0
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	57	72
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	0	0
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0
Physical/mobility	0	0
Chronic health condition/chronic pain	0	0
Other (specify)	0	0
Declined to state	57	72
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	0	0
No	0	0
Unknown or declined to state	57	72

Region of Residence	FY 2017-18	FY 2018-19
West County	0	0
Placerville Area	0	0
North County	57	72
Mid County	0	0
South County	0	0
Tahoe Basin	0	0
Unknown or declined to state	0	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	unknown
Very low income	unknown	unknown
Low income	unknown	unknown
Moderate income	unknown	unknown
High income	unknown	unknown
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	unknown
Medi-Cal	unknown	unknown
Medicare	unknown	unknown
Uninsured	unknown	unknown

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Please provide the following information for this reporting period:

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.**
Challenges:

A total of four (4) part-time Aides served three (3) elementary schools: American River Charter (1-day per week), Georgetown (4-days), and Northside (3-days). We served a total of 72 students over two (2) 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 65 clients with start and end scores, 61 children increased their WMS scores, and 4 had a drop.

Challenges:

We continue to have many families in crisis, be it from stressors such as parental incarceration, addiction and substance abuse, poverty, transience, death of caregiver, or divorce.

The paperwork load for teachers (Walker Survey Instrument (WMS) with 44 questions, and Walker McDonnel Survey (WSI), with 19 questions is considerable. We started including a bag of chocolates with the surveys as an incentive for each teacher. For some teachers, we have sent multiple

reminders in order to have them complete the surveys. We are looking into using an abbreviated version of the WSM, the Walker Assessment Scale (WAS), to alleviate some of this burden.

Sadly, we had to reduce to one (1) day services at American River Charter School. This was because the PIP playroom was moved to an inappropriate location (adjacent to the Main Office) over the summer by a new administrator who didn't understand the needs of the program. The school campus is highly impacted and many spaces are shared among different student support programs. However, we have been assured that we will have an appropriate space for the playroom in September.

Another challenge we are seeking to address is the number of students who are in need of higher levels of intervention (PIP targets students in the mild-to-moderate adjustment difficulty level). We are working with our Community Health Advocate, Naomi Harris, to help us refer these students and their families to higher level interventions. We are very excited to be collaborating with the Georgetown Hub!

Positives:

Last year we conducted a teacher training at Northside School about PIP. It was successful in that teachers were much more likely to refer children to the program. We added a teacher training session at Georgetown School this year. The session included a short DVD describing the PIP program. We reviewed the importance of the evaluation instruments, and the Tier 2 Intervention Level (RTI protocol) that PIP provides. The training really helped our teachers understand PIP. The evidence of success was in the numbers of students completing the program. Georgetown School had 40 students complete PIP this year, up from only 18 in 2018-19! Our goal is to serve more students each year, and adhere more closely to the PIP model; targeting students that can most benefit from PIP.

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.

Teacher Comments:

- *One of my students this year had a very difficult time leaving Mother every day. Now she comes to school every morning excited about learning and ready to participate in all our activities.*
- *Struggling students thrive going to it (PIP) and love working with PIP Aide*
- *Kids like it!*
- *Saw improvement in all students involved!*
- *This is a wonderful program for children who need connection to an adult separate from home/school. It is positive, affirming, and a respite for them.*
- *The children have a positive attitude regarding going to PIP.*
- *The program helps to boost the social awareness of my students!*
- *Awesome PIP facilitator!*
- *Our PIP staff is wonderful and cares deeply for our students.*
- *For some of our children it is the only thing they can call their own … going to PIP empowers them and encourages them to keep coming to school.*
- *Our children are often under so much stress generated from the complications of home life and school expectations. This program gives them a time for positive contact with non-judgmental adults. So valuable.*

- ❖ *I have seen growth in children's social/emotional behavior.*
- ❖ *Please keep this wonderful program in place at our school!*
- ❖ *Thank you for having this program for our in-need students.*
- ❖ *I appreciate the commitment that the PIP leaders have to the children and the program. Awesome people. Thank you!*
- ❖ *Hope we can keep and expand PIP!*
- ❖ *The Aide's caring and calm manner has greatly helped my students!*

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.

ACEs Survey

We again incorporated a second 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 (1) 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.

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

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.

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 BOMUSD 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. We are working with our Community Health Advocate, Naomi Harris, to help us refer these students and their families to higher level interventions.

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 measures of the services provided. Outcome measures for the Primary Intervention Project are:**

- **Measurement 1: Administer Walker-McConnell Scale (WMS) assessment tool to students at the time student is selected to enter the program and again when the student exits the program (contracted vendor will be responsible for procuring use of the WMS tool).**

Identifying Number	ACE Score	WMS Start	WMS End	Difference
	Unknown	112	124	12
	Unknown	98	100	2

Identifying Number	ACE Score	WMS Start	WMS End	Difference
	Unknown	125	154	29
	Unknown	151	151	0
	Unknown	98	121	23
	Unknown	n/a	n/a	n/a
	6	197	202	5
	Unknown	119	n/a (moved)	n/a
	0	122	134	12
	6	71	103	32
	1	215	215	0
	8	127	139	12
	0	166	173	7
	10	113	104	-9
	3	128	165	37
	2	150	149	-1
	1	133	151	18
	10	90	147	57
	9	206	208	2
	9	92	104	10
	4	113	158	45
	Unknown	131	141	10
	8	134	185	51
	10	148	162	14
	Unknown	162	195	33
	Unknown	160	175	15
	4	152	159	7
	1	100	91	-9
	Unknown	154	180	26
	Unknown	143	132	-9
	Unknown	160	181	21
	Unknown	117	141	24
	Unknown	n/a	n/a (moved)	n/a
	Unknown	n/a	n/a	n/a
	Unknown	98	141	43
	Unknown	133	157	24

Identifying Number	ACE Score	WMS Start	WMS End	Difference
	Unknown	129	146	17
	Unknown	152	169	17
	Unknown	108	149	41
	Unknown	n/a	n/a	n/a
	2	134	n/a	n/a
	Unknown	142	157	13
	Unknown	n/a	n/a	n/a
	Unknown	152	168	16
	Unknown	148	157	9
	Unknown	105	140	35
	Unknown	145	151	6
	6	n/a	n/a (moved)	n/a
	Unknown	143	171	28
	Unknown	101	161	60
	Unknown	148	173	25
	Unknown	138	187	49
	2	128	171	43
	Unknown	154	190	36
	Unknown	148	154	6
	Unknown	141	173	32
	Unknown	114	135	21
	Unknown	137	142	5
	Unknown	134	158	24
	5	150	153	3
	3	215	215	0
	Unknown	126	132	6
	Unknown	137	171	28
	Unknown	133	133	0
	Unknown	190	202	12
	Unknown	209	212	3
	Unknown	131	139	8
	Unknown	123	160	37
	Unknown	142	168	26

Identifying Number	ACE Score	WMS Start	WMS End	Difference
	Unknown	145	177	32
	Unknown	166	188	22
	2	109	124	15

BOMUSD PIP 2018-19 Confidential Parent Questionnaire n=12

Response	YES	Sometimes/ Maybe	No
I see positive changes in my child's behavior	8	4	0
I would recommend this program to other parents	11	1	0
I was given literature about the program and felt knowledgeable about the program prior to giving my consent	8	3	1

- **Measurement 2: Completion of service delivery report to the County on a PIP semester basis showing number of students served.**

  See above response.

- **Measurement 3: Completion of year-end progress report to the County showing annual number of students served and pre- and post- WMS scores, identifying program successes, challenges faced and post-PIP participation outcomes for the children.**

  See above response.

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

- Total expenditures for PIP from September 2018 to June 2019 was **$68,437.00**
- Total receipts from Mental Health during this period was **$73,279.00**
- In-kind contributions were **playroom facilities and office equipment at the three schools**

9) Provide any additional relevant information.

No additional information was provided.

Wennem Wadati: A Native Path to Healing Project

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 2017-18	FY 2018-19
MHSA Budget	$125,750	$125,750
Total Expenditures	$119,175	$87,639
Unduplicated Individuals Served	unknown	374
Cost per Participant	unknown	$234
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	unknown	242
16-25 (transitional age youth)	unknown	82
26-59 (adult)	unknown	28
Ages 60+ (older adults)	unknown	22
Unknown or declined to state	unknown	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	unknown	346
Asian	unknown	0
Black or African American	unknown	0
Native Hawaiian or Other Pacific Islander	unknown	0
White	unknown	28
Other	unknown	0
Multiracial	unknown	0
Unknown or declined to state	unknown	0

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	unknown	0
Caribbean	unknown	0
Central American	unknown	0
Mexican/Mexican-American/Chicano	unknown	0
Puerto Rican	unknown	0
South American	unknown	0
Other	unknown	0
Unknown or declined to state	unknown	0
Non-Hispanic or Non-Latino		
African	unknown	0
Asian Indian/South Asian	unknown	0
Cambodian	unknown	0
Chinese	unknown	0
Eastern European	unknown	0
Filipino	unknown	0
Japanese	unknown	0
Korean	unknown	0
Middle Eastern	unknown	0
Vietnamese	unknown	0
Other	unknown	346
Multi-ethnic	unknown	0
Unknown or declined to state	unknown	28
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	unknown	0
Armenian	unknown	0
Cambodian	unknown	0
Cantonese	unknown	0
English	unknown	374
Farsi	unknown	0
Hmong	unknown	0
Korean	unknown	0
Mandarin	unknown	0
Other Chinese	unknown	0
Russian	unknown	0
Spanish	unknown	0
Tagalog	unknown	0
Vietnamese	unknown	0
Unknown or declined to state	unknown	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	0
Heterosexual or Straight	unknown	0
Bisexual	unknown	0
Questioning or unsure of sexual orientation	unknown	0
Queer	unknown	0
Another sexual orientation	unknown	0
Declined to State	unknown	374
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	unknown	0
Female	unknown	0
Declined to answer	unknown	374
Current gender identity:		
Male	unknown	0
Female	unknown	0
Transgender	unknown	0
Genderqueer	unknown	0
Questioning / unsure of gender identity	unknown	0
Another gender identity	unknown	0
Declined to answer	unknown	374
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	unknown
Difficulty hearing or having speech understood	unknown	unknown
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	unknown
Physical/mobility	unknown	unknown
Chronic health condition/chronic pain	unknown	unknown
Other (specify)	unknown	unknown
Declined to state	unknown	374
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	unknown	18
No	unknown	356
Unknown or declined to state	unknown	0

Region of Residence	FY 2017-18	FY 2018-19
West County	unknown	0
Placerville Area	unknown	0
North County	unknown	0
Mid County	unknown	0
South County	unknown	0
Tahoe Basin	unknown	0
Unknown or declined to state	unknown	374
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	unknown
Very low income	unknown	unknown
Low income	unknown	unknown
Moderate income	unknown	unknown
High income	unknown	unknown
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	unknown
Medi-Cal	unknown	unknown
Medicare	unknown	unknown
Uninsured	unknown	unknown

Annual Report FY 2018/19

Please provide the following information for this reporting period:

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.**

School Based Talking Circles The primary facilitator and long-time Wennem Wadati (W.W.) staff member passed away in early 2018. We were not staffed or prepared for this loss and it took quite a while to get the Talking Circles going again. We are still trying to recover from this loss and looking for additional Native American staff to help in this area. Our numbers are down from previous years, but we expect to add staff that will help increase our Talking Circle student numbers.

Cultural Arts Activities Our Cultural Arts activities continue to be well attended by youth as well as adults and Elders. Our numbers demonstrate the need for this activity. Participants gain cultural knowledge and learn to use their hands and minds to produce beautiful cultural items, but they also say they come to the activities for the community contact and for the many friendships that have developed from this activity. I often see participants between classes and they tell me how much they look forward to the next class activity. Many say that it doesn't even matter what our activity will be, they just love coming. Our numbers are on target.

Crisis Calls Rose Hollow Horn Bear is now our only staff member (therapist) that continues to offer Crisis Call responses. Even so, her numbers continue to show that this is an important component

of our program. The majority of the calls are for general information on how to access mental health care or counseling services. Callers are referred to local agencies for care, depending on their level of need, insurance coverage, or preferences. Most referrals are to the Shingle Springs Health and Wellness Center. During calls, Rose identifies whether the caller is having an emotional crisis requiring an immediate intervention or if the caller is in need of resources in the community. Although we have flyers in the community informing them of the crisis/information line, most callers find us through word of mouth, which is very common in Native American traditions. We have had some major crisis calls but the majority of callers present with common stressors and adjustment problems. Rose will reach out for follow-ups in order to assure that the caller has their needs met.

Youth Activities Youth activities include after school cultural activities, art activities, and informal talking groups. These activities serve to keep students connected to their culture while providing ongoing support and opportunities for students to grow and understand the importance of embracing their Native cultural teachings and values.

Cultural Specialists Cultural specials are current staff that provide direct services including Talking Circles, crisis call response, cultural art activities, fieldtrips, and other student groups. Their academic education as well as their cultural expertise equips them to provide the much needed cultural support that is the cornerstone of our Wennem Wadati program.

Student Leadership/Prevention Activities Specialist This position helps prepare materials and supplies, plans activities, and makes sure staff has whatever is needed for program activities. This person has also earned the educational credentials to also serve as a Cultural Specialist for some of our components. The preparing of the materials and supplies are billed at a much lower rate than the Cultural Specialist hours.

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).

Wennem Wadati recognizes that the family is key to nurturing socialization of young children and also understands the relationship between delinquency and a disrupted family life. Our program offers Native American students and their families' many opportunities to gather in healthy, caring, and creative settings, which promotes structure, values, positive believes, and social skills. One of our goals is to help our participating Native families to function as healthy and caring units.

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.

The Wennem Wadati program creates a native community by offering cultural activities, events, workshops, or gatherings. When native families gather at our events, we all share our resources to one another. Whether it be food, traditional wisdom, contact information, healing, friends, a safe place, etc., we are providing to our un/underserved community members.

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.**

All our activities and events are facilitated in a traditional and cultural manner by honoring American Indian philosophies. We start our activities by offering traditional medicine and a prayer. Our elders are honored and taken care of by being served a meal before anyone, having first choice of craft materials, and by them sharing their stories to our native youth. Native American who practice their traditions, have natural values that include concerns for our Elders, mother earth, and the Creator. When we gather as Native American, we teach our youth to honor their traditions and culture as well as the culture of others.

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.**

Wennem Wadati's cultural specialists have outreach activities throughout the year. We attend annual tribal gatherings throughout the County offering information about our program. We address stigma reduction during our Talking Circles, family gatherings, and activities by sharing information about how other Natives have overcome their issues as well as self-disclosing life experiences. We have helped many of our youth come to acceptance that their negative life experiences happened and that they can overcome hardships, breaking the cycle of addiction, domestic violence, mental illness, criminal behaviors, etc.

6) **Provide the outcome measures of the services provided and customer satisfaction surveys.**

I am sorry but this information is not currently available. We are still in the process of gathering and inputting the data. We have been short-staffed for the past year and a half. We have had two (2) data entry people that had begun work with us but left shortly after their start. Just this week, we hired a new person who is working to bring all of this current so we can come current with our responsibilities.

- **Measurement 1: Casey Life Skills Native American Assessment, to be given when a student joins the Talking Circles and when they end their participation.**

  I do not believe this was done for the 2018/19 Talking Circles. Shelly, our staff member that passed away was looking for a new assessment tool to use as the Casey took so much time to administer that sometimes it would take 2-3 Talking Circles sessions for pre and 2-3 sessions for post. The person that took over the Talking Circles was not trained to provide this.

- **Measurement 2: Quarterly client registration which includes client demographic data as well as specific client issues to be addressed.**

  We have client sign-ins for all activities, but clients are seldom comfortable providing information such as economic status, sexual orientation/gender, and disabilities. In Native culture, it is often seen as rude and intrusive to ask those kinds of questions.

- **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.**

This was not completed, but information within this document lists the activities provided and number served. I will send this along as soon as possible. With the addition of our new data/admin support person, we should be current very soon.

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

Total project expenditures were: $87,759. Estimated amount of leveraged resources are approximately: $12,500. This includes location for activities, use of computers, office equipment, storage for W.W. supplies/materials, records storage, kitchen privileges & supplies, telephone, transportation, museum/art gallery entrance fees, Indian Education staff time/outreach.

8) Provide any additional relevant information.

We are still reeling from the loss (passing away) of one of our key personnel unexpectedly. We continued to try and provide services without interruption, but things were missed. It is culturally appropriate to have a mourning period after such a loss and customary to not rush into a replacement. After a period of time, we began the discussion of a replacement. It is critical that that replacement be a Native person and preferable be a therapist. Someone with these credentials is not easy to come by. We have identified a candidate, but they are not yet available, but are interested. We continue to pursue them and expect that they will join us soon.

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

This information is not currently available.

Early Intervention Programs

Children 0-5 and Their Families Project

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 2017-18	FY 2018-19
MHSA Budget	$250,000	$250,000
Total Expenditures	$242,975	$249,925
Unduplicated Individuals Served	162	181
Cost per Participant	$1,500	$1,381
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	85	76
16-25 (transitional age youth)	0	16
26-59 (adult)	76	87
Ages 60+ (older adults)	0	1
Unknown or declined to state	1	1

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	0	1
Asian	0	2
Black or African American	6	0
Native Hawaiian or Other Pacific Islander	0	3
White	105	145
Other	12	6
Multiracial	18	2
Unknown or declined to state	21	22
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	13	34
Caribbean	0	1
Central American	5	5
Mexican/Mexican-American/Chicano	23	25
Puerto Rican	0	0
South American	0	0
Other	0	3
Unknown or declined to state	0	33
Non-Hispanic or Non-Latino		
African	11	6
Asian Indian/South Asian	0	2
Cambodian	0	0
Chinese	0	0
European	0	97
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	2	9
Multi-ethnic	0	0
Unknown or declined to state	31	55

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	144	170
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	12	10
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	6	1
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	0	0
Heterosexual or Straight	65	90
Bisexual	1	0
Questioning or unsure of sexual orientation	0	0
Queer	0	0
Another sexual orientation	0	0
Unknown or declined to state	96	91
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	54	45
Female	107	127
Unknown or declined to answer	1	9

Current gender identity:		
Male	54	45
Female	107	127
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Unknown or declined to answer	1	9
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	1	1
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	9
Physical/mobility	0	0
Chronic health condition/chronic pain	2	3
Other (specify)	12	1
Declined to state	14	9
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	3	1
No	149	171
Unknown or declined to state	10	9
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	39	53
Placerville Area	70	58
North County	6	6
Mid County	7	16
South County	6	7
Tahoe Basin	30	28
Unknown or declined to state	4	13
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	unknown
Very low income	unknown	unknown
Low income	unknown	unknown
Moderate income	unknown	unknown
High income	unknown	unknown

Health Insurance Status	FY 2017-18	FY 2018-19
Private	unknown	unknown
Medi-Cal	unknown	unknown
Medicare	unknown	unknown
Uninsured	unknown	unknown

Annual Report FY 2018/19

Please provide the following information for this reporting period:

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.**

Project Progression:
Infant Parent Center (IPC) has experienced new successes and growth in serving families on the Western Slope, South Lake Tahoe and the Divide. We are grateful to the MHSA program staff and funding as an integral component to our growth and success. This funding allows not only financial support but also collaboration for overall betterment to our community. We have achieved an increase in referrals from Marshall Hospital, South Lake Tahoe collaborative, innovation with our new children's book, and expansion on services to underserved populations.

Major accomplishments:

- Our continued effort and dedication to the perinatal population has increased services and interdisciplinary collaboration for more effective preventative care for mothers, fathers, and infants.

- Agency continues to provide increased services, home visitation, school collaboration for teen pregnancy, and presentations at local pediatric offices, and increased invitations by other providers for more continuity of care.

- IPC created a new children's book for families struggling with alcoholism that provides opportunities for repair and decrease stigma. This book was specifically designed to create appropriate language and opportunities to open the conversation for families with young children.

- IPC has also provided an increase in services to fathers and adults with severe mental illness and intellectual disabilities.

Challenges:

In reflection of previous years' challenges we are excited to see progress in both South Lake Tahoe and increased services and collaboration with providers. We also have greater collaboration and linkage with the perinatal population as well.

IPC still has some challenges with some of our prenatal referrals for high-risk families. Some of these families do to engage in services. Sadly, we receive referrals on these infants later on from Child Protective Services. Some of these newborns and infants are removed and placed into foster care. Our hope is to continue our effective collaboration and create even more comfort and support to help families with intense needs, and thus prevent trauma and foster care placement. However, we have learned that some families only seek help when the pain becomes unbearable and they are at a place of readiness.

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.**

Most of the families IPC serves are survivors of severe and multigenerational trauma. IPC receives extensive referrals for prevention and early intervention. Our high success rate attributes to our ability to serve families immediately rather than sitting on waitlists where families' stress and trauma often become more intense and even crisis level. IPC has the rarity of co-founders not only supervising and training new and current, but also provide front line clinical services and directly respond to all referrals and assignments. IPC has a unique environment where our clinical team is not only highly trained clinicians, but also have a distinctive passion and dedication for families with young children.

Specific to the PEI Project areas of focus, IPC reports the following:

<u>Suicide</u>

IPC supported five (5) adults suffering suicidality or suicidal ideation. None of the clients required hospitalization. Infant Parent Center works to collaborate with doctors; El Dorado County Mental Health staff, and other clinicians have proven to help caregiver's gain better stability, proper medication and finding balance of mental health and pressures of life and parenting.

<u>Prolonged suffering</u>

As noted in prior, we know prolonged suffering is usually multigenerational and a result of multi-traumatic events. IPC served 83 families enduring the pain and suffering of long-term abuse, neglect and other forms of trauma.

<u>Risk of Removal</u>

20 children were referred with potential risks of being taken into foster care. IPC continues to effectively collaborate with all community providers with the purpose of minimizing risk factors and support family resiliency.

Incarceration to Mainstream

Two (2) families were involved in the criminal justice system. IPC's work to help in stabilization, linkage to additional resources, and support of recovery work has proven successful for families moving back into mainstream society as well as finding resources to avoid incarceration. Effective collaboration with other providers such as Progress House, Hope House, Mother Teresa's Shelter, and 12-step program has been an intrinsic foundation to families' sustainability of recovery and successes in work, housing, and life autonomy.

Homelessness/Unemployment

45 families served were enduring homelessness. Continued effective collaboration and linkage with Hope House, Progress House, Mother Teresa's Shelter, HELP, CalWORKs, Nomadic Shelter, and local churches provides greater opportunities for families to achieve temporary and permanent housing for families. Although some of these families are struggling with basic needs for living, and or co-occurring disorders, they are also able to access treatment and support for themselves and their children.

School dropout/failure

IPC Reflective Practice services to Early Head Start teachers provide a unique support system for overall educational benefits to families' first academic experience. Our continued collaboration with countywide preschools, TK, and kindergartens created great success. All of our assessments with children include school site observations and collaborations with teachers, which further enhances connections with teachers.

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.

IPC has increased services to Spanish speaking families and we have recently added a new bicultural bilingual therapist. As noted prior, IPC offers services to many families who would not otherwise receive services: Homeless, isolated families in rural areas, and Spanish speaking families. IPC offers not only three (3) clinical offices on local bus lines, but also provides home and school visitation to allow families without transportation an opportunity to receive psychotherapy and support.

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.

IPC continues to provide cultural humility to all families; providing a safe, non-judgmental environment with recognition of their unique culture and journey. IPC provides diversity in all services including literature and play therapy toys including dolls of all ethnic and racial backgrounds, special needs, LGBTQ community, and medical processes. We strive for all families to be seen and honored. We ask our families about their spiritual and or religious practices. In addition, IPC will increase needed capacities for unique cultural needs. IPC provides services in Spanish by bicultural bilingual therapists. IPC does not provide any outsourced translation services.

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

As always IPC places great importance on community collaboration and linkage. IPC works diligently to find the best additional services for families to not only reach current needs, but permanent family wellness as well. IPC does not require medical necessity in order to access services. Therefore, many of our families who would traditionally sit on waiting lists, receive access to preventative care and linked to additional supports for greater continuity and wellness.

Based on the increase in referrals and engagement in the perinatal population, more and more families are seeking services during pregnancy and postpartum. Where both mothers and fathers were previously suffering in silence due to stigma, they are now receiving services and increasing self-care and greater family system health.

IPC continues to support families struggling with addiction and with our new book offers new opportunities to families that often feel labeled with blame and shame. We find that as with many of our families, these parents are seeking ways to work on their sobriety and recovery. IPC strives to include language that invites families to seek support.

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.**

181 families served
38 % diagnosed with PTSD
18 % diagnosed with perinatal depression/anxiety
78% families achieved treatment success in at least two areas of concern
30% families are currently receiving treatment

<u>PTSD Questionnaire</u>

Trauma has been established as one of the main causes in most behavioral, regulatory, and overall health problems in children and adults. Therefore, IPC found this Questionnaire to be very important in decreasing indicators of trauma. Sixty-eight screenings were provided via clinician's impression through other clinical assessments, reports and observations. The Questionnaire assesses specific areas indicative to PTSD criterion and showed a significant decrease in the below PTSD symptoms.

- Regulation (Sleep, Eating, Sensory, Attention, Digestion)
- Behavior (Aggression, Self-Mutilation, Tantrums, Anxiety/Depression)
- Attachment (Indiscriminant, Isolation, Separation Anxiety, Refusal of Affection/ Containment)

Marshak Interaction Method (MIM) - IPC conducted 79 MIM assessments during this period. 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
- Increased ability to nurture, set appropriate boundaries and emotional safety
- Increased attunement with infant/child needs, cues and development
- Increase in caregivers reflective capacity

Prenatal Assessment - IPC administered 33 prenatal assessments during this period with client displaying progress in one or more of the following:

- Identify perinatal mood and anxiety disorders
- Increase protective factors
- Strengthen relationship with baby in utero
- Process ambivalence, grief and loss
- Linking family to resources that can minimize risk factors and increase competency

Evidence Based Parent Education

We provide this program individually to support each caregiver's relationship with his/her child(ren) and use this evidence-based practice to enhance awareness, attunement, connection and consistent containment, which are essential components for a secure attachment and optimal development for children. Many of our families receive parent support in addition to their therapeutic services. Many families were also provided Parent Education and Support through additional services.

Evidence-Based Written Assessments

IPC provided 19 written assessments including the Parent Stress Index, Becks Depression and Anxiety Scale, Post-Partum Depression scale, Edinburgh and Ages and Stages. These assessments are used as parts of our overall clinical impression for best treatment practices.

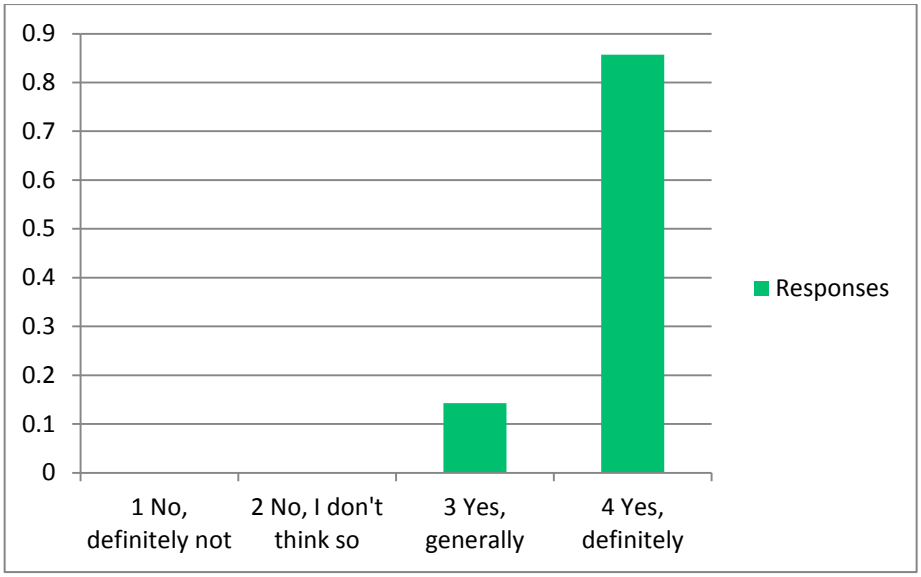
- **Measurement 2: Client satisfaction questionnaires, other provider questionnaires**

Client Survey Data

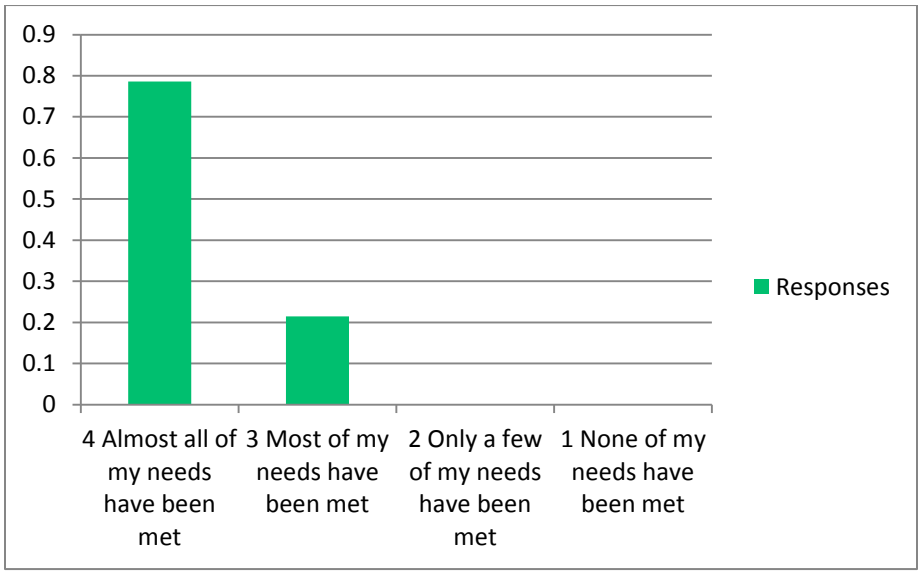
We received 14 client satisfaction survey responses. We have a very high rate of engagement and completion of services. Families continue to identify IPC as an important resource in the community.

How would you rate the quality of service you received?

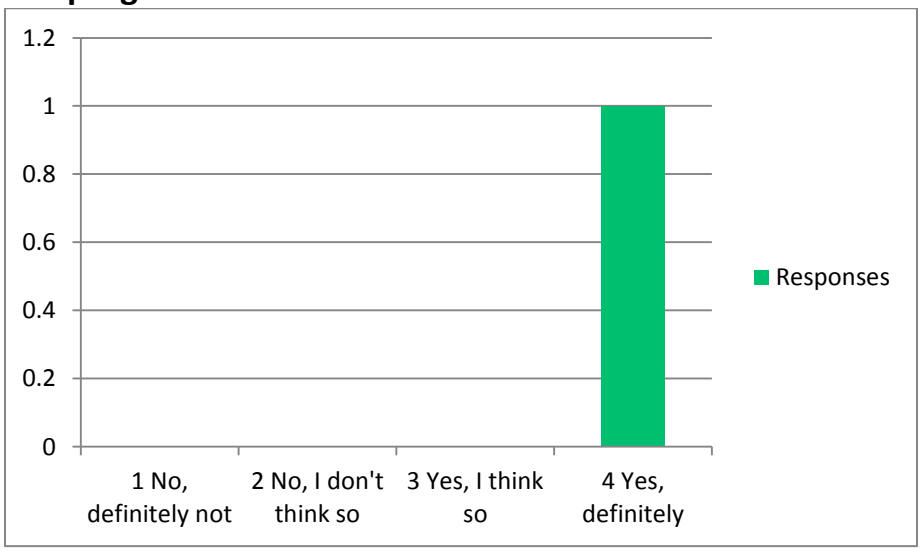
Did you get the kind of service you wanted?



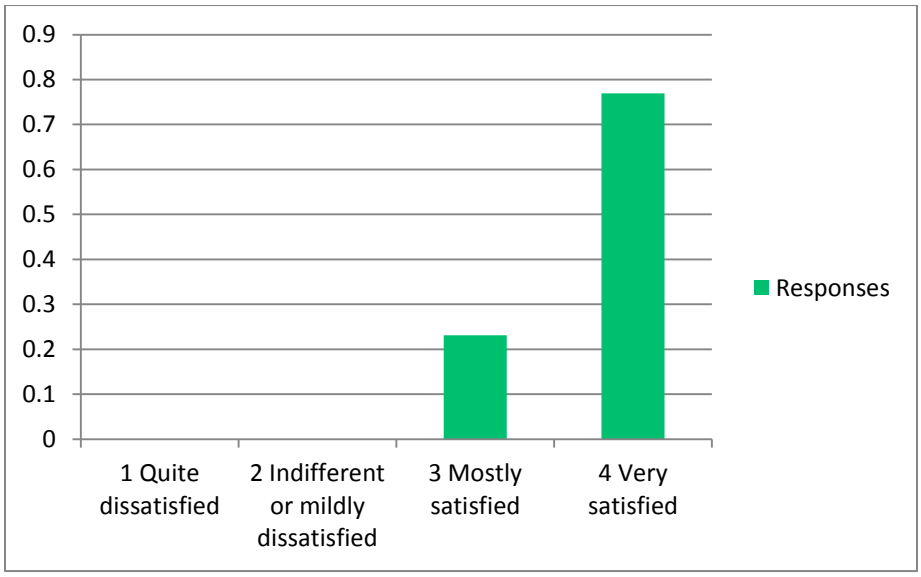
To what extent has our program met your needs?



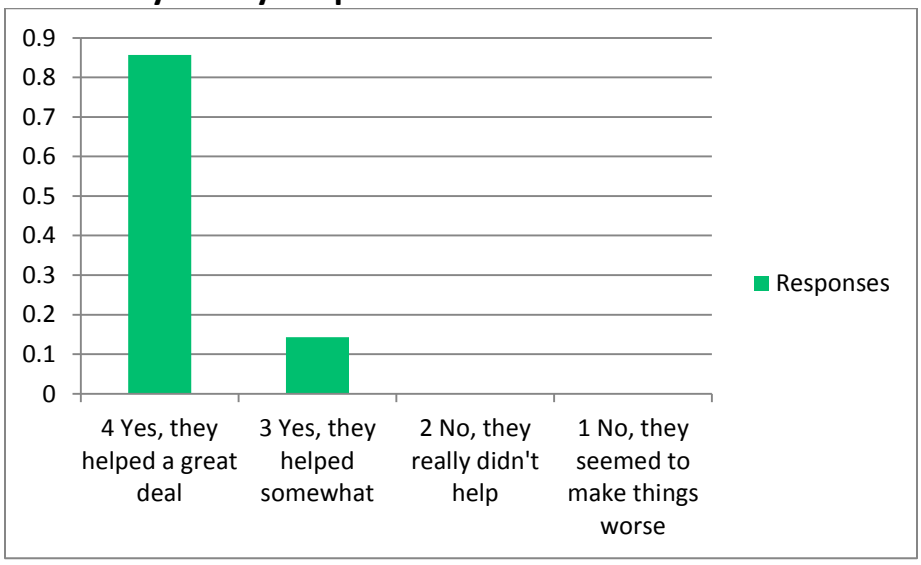
If a friend were in need of similar help, would you recommend our program to him or her?



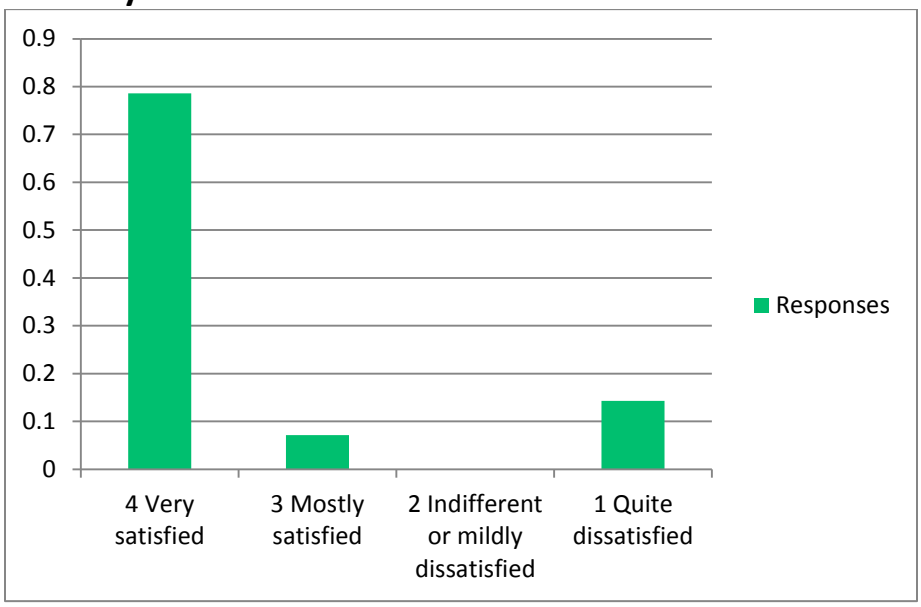
How satisfied are you with the amount of help you received?



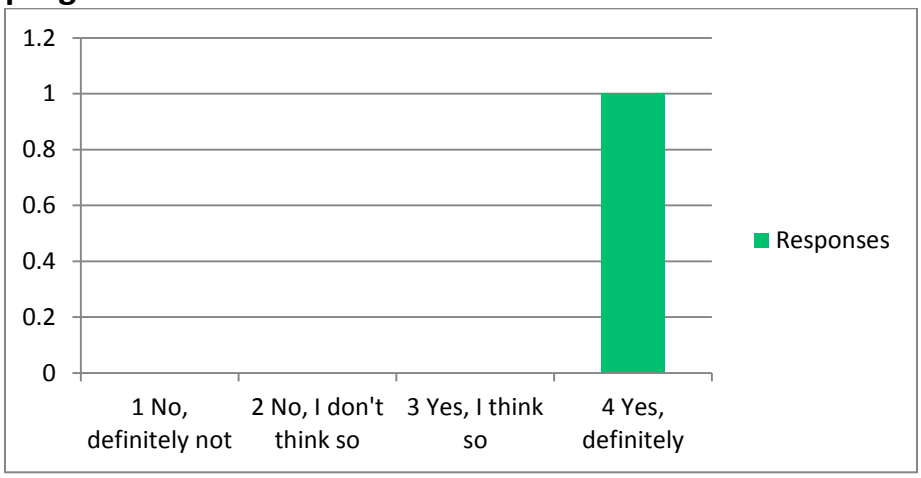
Have the services you received helped you to deal more effectively with your problems?



In an overall general sense, how satisfied are you with the service you received?



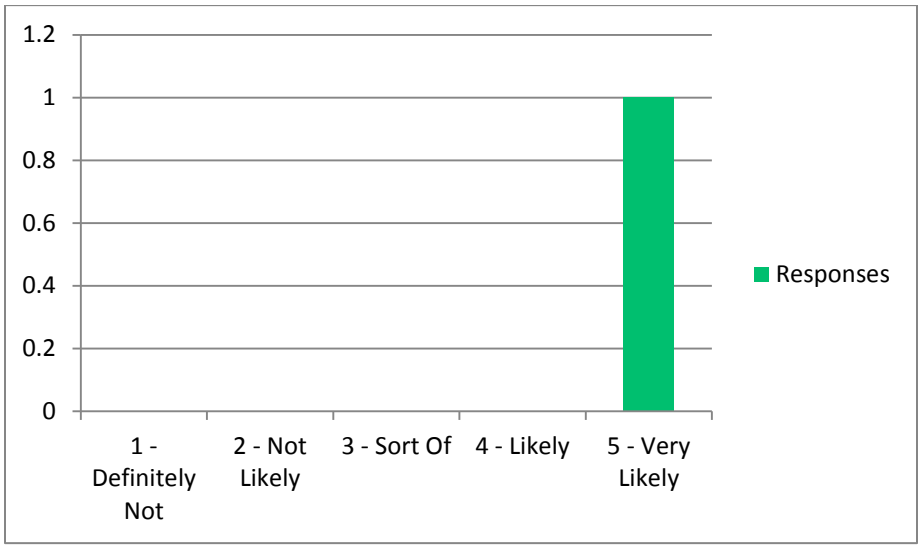
If you were to seek help again, would you come back to our program?



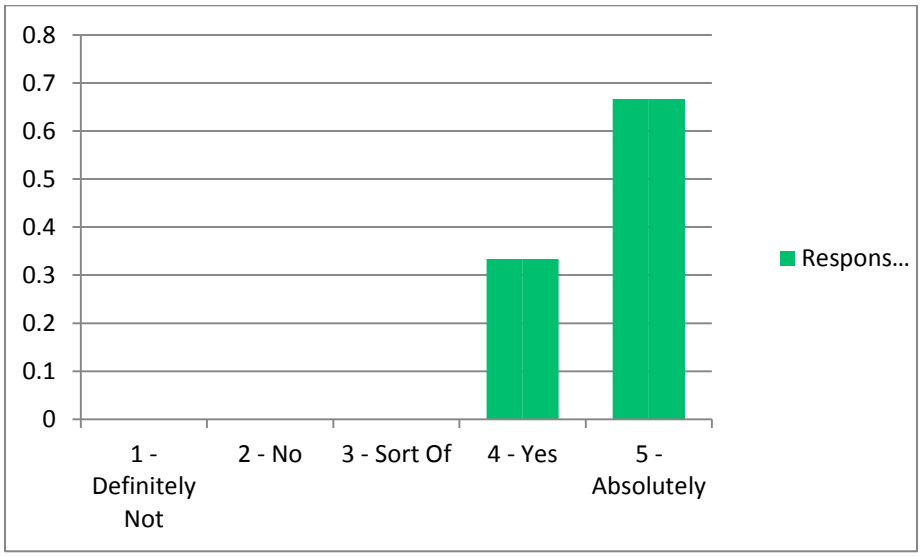
Collaborative Partner Survey

This year's increase in service areas has provided new opportunities for collaboration with new partners. IPC sent out the survey to every partner connection. IPC received 18 surveys with supportive responses. As the spreadsheet exhibits, partners find IPC an essential service to the community. Our commitment to high quality service and collaboration will continue and hopefully grow this next fiscal year. The following agencies responded to our Provider Survey: Choices for Children (SLT), Marshall Medical OB/GYN, El Dorado County Office of Education (EHS), Lake Tahoe School District, Child Protective Services (Western Slope), El Dorado County HHSA Health Departments, El Dorado County BH ADP, El Dorado County Mental Health, and MFT Therapist.

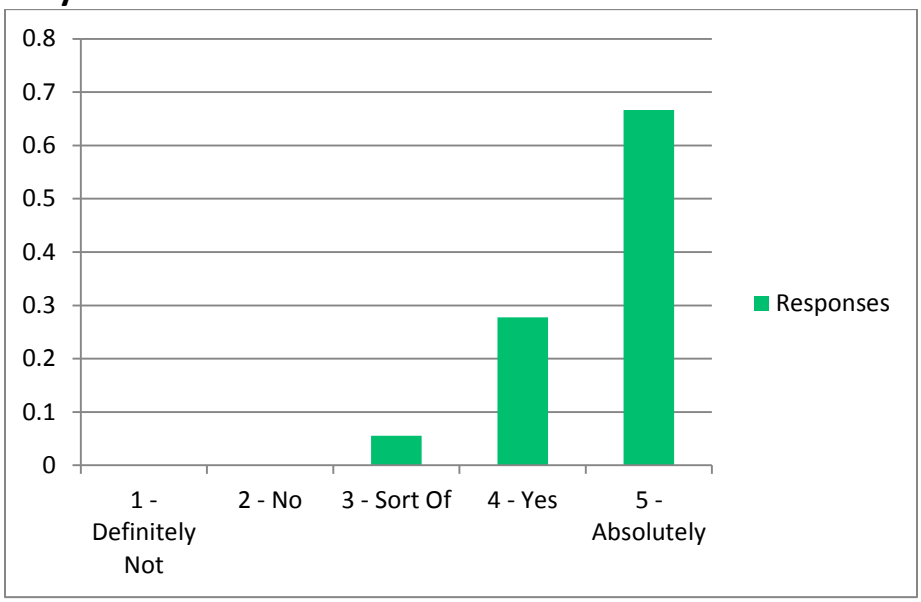
How likely are you to recommend our agency to families or individuals in the future?



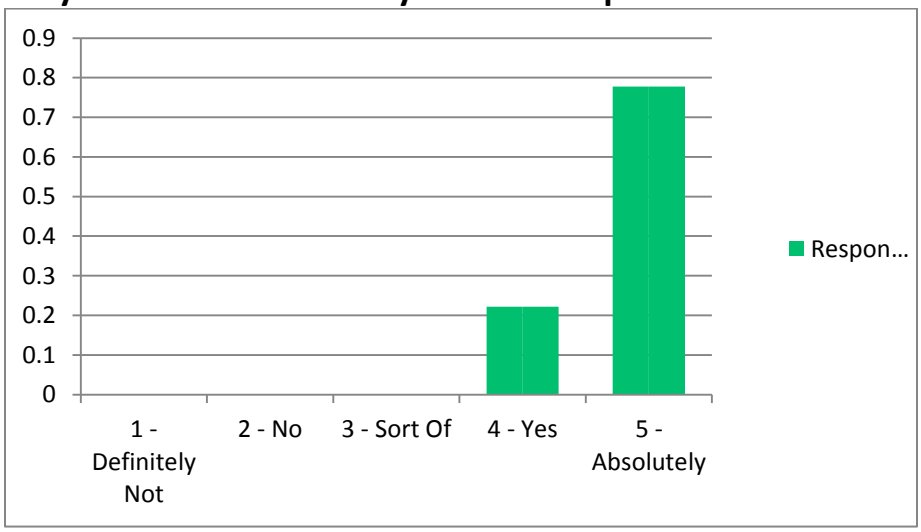
Did the Infant Parent Center respond within 24-48 hours of your referral?



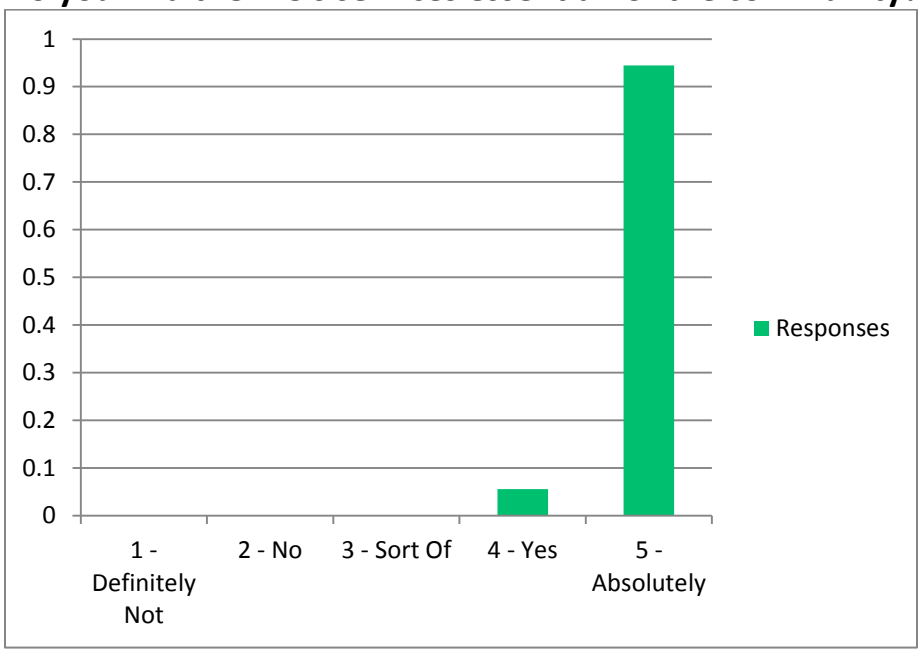
Have you heard positive feedback from families regarding services they received from IPC?



Do you believe that family wellness improves after services with IPC?



Do you find the IPC's services essential for the community?



- **Measurement 3: Tracking of referrals and engagement**

  30 families were self-referred or referred by a family or friend. New partner collaboration has also resulted with an increase in referrals from Marshal Hospital. We have received an additional increase in South Lake Tahoe from community members and providers.

- **Measurement 4: Decreased incidents of shaken baby syndrome.**

  Infant Parent Center worked successfully with 31 infants who were at risk of Abusive Head Trauma (formerly known as Shaken Baby Syndrome). Because of the intense multigenerational trauma, we recognize the complexity of this risk and the sensitivity to caregivers stress yet also the essential need of safety for the infants. IPC has had great successes with collaboration with Public Health, Early Head Start and Child Protective Services to increase safety measures and effective services for families. IPC believes that families benefit greatly in working together with other providers. Our community is more effective in serving families if we are all working together.

- **Measurement 5: Reduction of hospital emergency department visits.**

  Effective crisis intervention and case management as well as linkage to primary care services minimized the potential need for hospitalizations. IPC did not have any hospitalizations this year.

Early Intervention for Youth in Schools Project

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$150,000	$150,000
Total Expenditures	$87,251	$79,753
Unduplicated Individuals Served	67	61
Cost per Participant	$1,302	$1,307
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	21	13
16-25 (transitional age youth)	12	10
26-59 (adult)	19	0
Ages 60+ (older adults)	1	0
Unknown or declined to state	14	0

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	0	3
Asian	0	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	2	0
White	4	15
Other	24	2
Multiracial	13	2
Unknown or declined to state	24	1
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	0	unknown
Caribbean	0	unknown
Central American	0	unknown
Mexican/Mexican-American/Chicano	0	unknown
Puerto Rican	0	unknown
South American	0	unknown
Other	0	unknown
Unknown or declined to state	20	unknown
Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	2
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	1
Vietnamese	0	0
Other	0	12
Multi-ethnic	0	0
Unknown or declined to state	0	5

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	50	23
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	2	0
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	15	0
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	1	0
Heterosexual or Straight	41	15
Bisexual	6	5
Questioning or unsure of sexual orientation	2	0
Queer		0
Another sexual orientation		0
Declined to State	17	3
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	26	12
Female	23	11
Declined to answer	18	0

Current gender identity:		
Male	25	12
Female	23	11
Transgender	2	0
Genderqueer	1	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	16	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	0	0
Difficulty hearing or having speech understood	0	0
Mental disability including but not limited to learning disability, developmental disability, dementia	0	0
Physical/mobility	0	0
Chronic health condition/chronic pain	0	0
Other (specify)	6	1
Declined to state	36	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	0	0
No	35	23
Unknown or declined to state	32	0
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	23	17
Placerville Area	22	4
North County	5	1
Mid County	2	1
South County	0	0
Tahoe Basin	0	0
Unknown or declined to state	15	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	0	0
Very low income	0	0
Low income	0	0
Moderate income	0	0
High income	0	0

Health Insurance Status	FY 2017-18	FY 2018-19
Private	0	12
Medi-Cal	0	7
Medicare	0	0
Uninsured	0	2

Annual Report FY 2018/19

Please provide the following information for this reporting period:

1. **The following is a brief report on how implementation of the Prevention and Early Intervention for Youth in Schools 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.**

   According to the El Dorado County Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan: Fiscal Years 2017-18 and 2019-20, Prevention and Early Intervention focuses on education, supports, early interventions, and a reduction in disparities for underserved groups seeking access to mental health services. As documented in the plan, the primary negative out-comes that are the focus of the Prevention and Early Intervention for Youth in Schools Project are truancy, behavior problems or other disciplinary actions, school dropout, incarcerations, and attempted or completed suicide. Minds Moving Forward (MMF) professional and para-professional staff provided onsite services at Oak Ridge High School one (1) to two (2) days per week during August 2018 through May 2019 and services at Charter College and Career Prep two (2) to three (3) days per week during August 2018 through May 2019.

   Services included outreach in the form of mental health awareness campaigns implemented at each school and at local community venues including the El Dorado Hills Library. Outreach interventions included delivery of developmentally and culturally appropriate interactive presentations on mental health awareness and related topics to student groups including Oak Ridge High School clubs: Active Minds, Queer Alliance, Black Student Union, Pursuit of Happiness, Women of Worth, Charter College and Career Prep Student Leadership, Youth Executive League at the Library, and El Dorado County Youth Commission. Outreach included ongoing distribution of electronic and hard copy program awareness ads to students of Oak Ridge High School and Charter College and Career Prep and their caregivers throughout FY 2018-19. Outreach included strategic placement of visual aids and distribution of hard copy mental health awareness flyers. Examples of mental health awareness content supplied through strategically placed visual aids and hard copy flyers include:

   - education on mental illness, counseling resources, and anxiety
   - education on gender identity and sexual orientation as they relate to stigma, discrimination, and subsequent mental health disparities
   - resources for Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) competent support services
   - education on social communication that perpetuates violence and discrimination
   - education on stress reduction techniques
   - education on anxiety management techniques

- education on techniques for managing mental stress
- education on recognizing the signs of suicidality
- resources for crisis intervention
- mental health promotional messages and encouragement for social support as an alternative to stigma

Services included access and linkage to medically necessary care by creating, maintaining, and distributing an active list of medically necessary care providers local to Oak Ridge High School and Charter College and Career Prep. The list included free and discounted options as well as private pay and insurance pay options. The list was made available to students, caregivers, and school staff of Oak Ridge High School and Charter College and Career Prep.

Services included skill-building groups and individualized services with youth who demonstrated recent or ongoing challenges involving issues such as referrals to school administration for behavioral problems or other disciplinary actions, excessive absences, incarceration, self-harm, and involvement with illicit drugs. These services focused on enhancing social intelligence, increasing parental involvement, and collaborating with each student participant's school counselor to recommend referrals for specialty mental health services and case management as applicable. Minds Moving Forward (MMF) partnered with existing El Dorado County programs and community service providers, including Community HUBs and El Dorado County Public Health Nursing among others, to optimize youth linkage with medically necessary care providers and to maximize services provisions while containing costs.

2. **Briefly report on how the Prevention and Early Intervention for Youth in Schools 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 Prevention and Early Intervention for Youth in Schools project (suicide, prolonged suffering, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes).**

   One hundred percent (100%) of youth enrolled in the Prevention and Early Intervention for Youth in Schools (PEI-YIS) project during FY 2018-19 did not experience suicide attempts nor completed suicide during their enrollment. Of those enrolled during FY 2018-19, thirteen (13) youth completed both a pre-participation self-assessment and an interim or post-participation self-assessment during FY 2018-19.

   One hundred percent (100%) of these participants reported a reduction of anxiety and/or depression symptoms. Eighty-five percent (85%) of youth experienced a reduction of one (1) or more anxiety symptoms. Sixty-two percent (62%) of youth reported a reduction of one or more depression symptoms.

   One hundred percent (100%) of youth enrolled in the PEI-YIS project during FY 2018-19 did not experience incarceration during their enrollment. One hundred percent (100%) of youth enrolled in the PEI-YIS project remained enrolled in school during FY 2018-19. Seventy-five percent (75%) of youth enrolled in the PEI-YIS project during FY 2018-19 experienced either a reduction in the frequency of behavioral incidents that resulted in suspensions from school or kept zero (0) frequency of behavioral incidents that resulted in suspensions from school during their enrollment in the PEI-YIS project.

3. **Provide a brief narrative description of progress in providing services through the Prevention and Early Intervention for Youth in Schools project to unserved and underserved populations.**

During FY 2018-19, Minds Moving Forward (MMF) professional and para-professional staff provided onsite services at Oak Ridge High School one (1) to two (2) days per week and services at Charter College and Career Prep two (2) to three (3) days per week. Customized referral processes developed collaboratively with administrators of each school focused on identifying students with unserved or underserved mental health needs.

In addition to school-based services, MMF provided onsite services at Boys and Girls Club El Dorado County Western Slope (BGCE) during the months of July and August 2018 while participating schools were out of session. Services included mental health awareness and skill-building groups for middle school and high school students. As self-reported by BGCE management, the majority of participants met eligibility for free or reduced school lunch through the United States Department of Agriculture National School Lunch program.

Minds Moving Forward (MMF) expanded youth and family access to mental health services offered throughout El Dorado County through ongoing augmentation and distribution of a directory of service providers geographically based within the county limits of El Dorado County. The directory of service providers included providers local to schools identified by the County of El Dorado Health and Human Services MHSA team for participation in the Prevention and Early Intervention for Youth in Schools (PEI-YIS) project: Charter College and Career Prep, Ponderosa High School, Camerado Middle School, and Oak Ridge High School. Service providers included those who offer free and discounted options as well as private pay and insurance pay options. MMF carried out collaborations with service providers encouraging them to "think outside the box" regarding payment sources they are willing to accept and to extend accessibility to families requiring sliding fee scale or no-cost services. New Morning Youth and Family Services and Sierra Child and Family Services took part in these collaborations.

4. **Provide a brief narrative description of how the Prevention and Early Intervention for Youth in Schools services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

Minds Moving Forward (MMF) provided outreach and stigma reduction activities to youth and families at a variety of community-based locations. Locations included school campuses including Charter College and Career Prep and Oak Ridge High School. Locations also included public and private venues including Boys and Girls Club El Dorado Western Slope and El Dorado Hills, Cameron Park, and Placerville libraries respectively. When delivering presentations on the Prevention and Early Intervention for Youth in Schools (PEI-YIS) project, MMF offered families the option of choosing community-based locations according to their preference. Presentations and interactive activities empowered the cultural relevance of students' unique identities in part by encouraging open dialogue about their personal and trans-generational family beliefs about mental health and self-care. Activities also encouraged student awareness and appreciation of their cultural differences. Minds Moving Forward (MMF) provided outreach activities to student clubs self-named according to their race or ethnicity, including Black Student Union at Oak Ridge High School. MMF also provided activities whereby students discussed mental health awareness and access to services through each of their unique cultural lenses. Members of the Youth Executive League at the El Dorado Hills Library participated in these activities. Individual youth and families referred to the Prevention and Early Intervention for Youth in Schools (PEI-YIS)

project from Charter College and Career Prep and Oak Ridge High School also participated in these activities.

Youth participants of the Prevention and Early Intervention for youth in schools (PEI-YIS) project represented multiple racial and ethnic groups including American Indian, Mexican/Mexican American, Eastern European, Middle European, other Hispanic or Latino, Middle Eastern, white, multi-racial, and those who self-identified as "other". MMF supplied activities whereby youth participants and non-participants discussed mental health awareness and access to services through each of their unique cultural lenses. Individual youth and families referred to the PEI-YIS project from Charter College and Career Prep and Oak Ridge High School took part in these activities.

Minds Moving Forward (MMF) staff is academically and experientially competent in cultural awareness, attitude, knowledge, and skills. Such cultural competence includes valuing diversity, self- assessing one's own cultural behavior, accessing cultural knowledge, understanding the dynamics of difference, and adapting to diversity. The staff has a combined thirty-six (36) years of experience of addressing ethnic disparities across multiple states, counties, and countries.

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.**

Minds Moving Forward (MMF) leveraged multiple collaborative relationships to maximize services provisions and community supports to youth and families of participating schools while minimizing costs. Leveraged relationships included those with El Dorado County Community Hubs, El Dorado County Health and Human Services Agency Public Health Nursing, New Morning Youth and Family Services, Sierra Child and Family Services, Drug Free Divide, Golden Sierra Jr./Sr. High School, Peer Resource Training and Consulting with Ira Sachnoff, First 5 El Dorado, Boys and Girls Club El Dorado County Western Slope, California Mental Health Services Authority, UC Davis LGBTQIA Resource Center, Adriana Joyner Therapy, El Dorado County Health and Human Services Agency Behavioral Health Division Outpatient Clinic and Wellness Center, Windows to My Soul, Elevate Substance Recovery, Placerville Lions, Big Brother Big Sister, Summitview Child and Family Services, Cameron Park Counseling Center, and El Dorado County Libraries, including Placerville, Cameron Park, and El Dorado Hills respectively.

Minds Moving Forward (MMF) collaborated with El Dorado County Youth Commission to aid in maximizing joint efforts to reduce mental health stigma among local youth including students enrolled at Charter College and Career Prep and Oak Ridge High School. Collaborative activities occurred in person at Charter College and Career prep and by telephone. Collaborations focused on outreach to students on school campuses and expansion of community partnerships. MMF recommended twenty-four (24) referrals for specialty mental health and related services during FY 2018-19.

Various student groups engaged in outreach and stigma and discrimination reduction activities provided by Minds Moving Forward (MMF). MMF provided numerous outreach presentations at community venues and participating school campuses to groups including El Dorado Hills Youth Executive Leadership at the Library, Oak Ridge High School: Queer Alliance, Black Student Union, Women of Worth, Active Minds, and Pursuit of Happiness clubs, Cameron Park Library youth

programs staff, El Dorado Hills Library youth programs staff, and Placerville Library youth programs staff. MMF provided mental health awareness campaign activities to school administration and teachers at Charter College and Career Prep and Oak Ridge High School during the week of September 9, 2018, Suicide Prevention week. MMF also provided professional support and guidance to Oak Ridge High School administration and Active Minds student group to develop a student-led peer-to-peer support program. With a student population of approximately two-thousand five-hundred (2,500), the potential contributions of such a program to reduce stigma and discrimination and improve school culture as it relates to encouraging positive mental health is significant.

MMF delivered mental health awareness campaign activities to students and staff of Oak Ridge High School and Charter College and Career Prep during the months of September 2018, December 2018, and May 2019. Campaign activities included a joint presentation with internationally acclaimed professional athlete, Rick Glenn, World Series of Fighting Featherweight Champion, to sixteen (16) Charter College and Career Prep students on the importance of emotional regulation and healthy coping skills for stress, anxiety, and anger as well as managing the impacts of a loved one's mental illness. Activities included distribution of hard copy mental health awareness visual aids to students, strategic placement of mental health awareness visual aids on Oak Ridge High School campus, and distribution of mental health awareness flyers. One hard copy visual aid supplied education on recognizing the signs of suicidality while another supplied mental health promotional messages and encouraged social support as an alternative to stigma. One (1) poster supplied education on techniques for managing mental stress. One (1) flyer supplied education on techniques for managing mental stress. One (1) flyer supplied education on anxiety management techniques. A total of four-hundred twenty-five (425) flyers and tangible visual aids were distributed during Q4, forty-one (41) during Q3, five hundred and seventy (570) during Q2, and fifty (50 during Q1.

6. **Provide the outcome measures of the services provided and of customer satisfaction surveys. Outcome measures for the Prevention and Early Intervention for Youth in Schools project are:**

- **Measurement 1:** Continued engagement of students and parents in this project, including rate of attendance/missed appointments.

  Of the twenty-three (23) unduplicated families who took part in individualized services during FY 2018-19, seventy-four (74) family members took part and the aggregate attendance rate for scheduled appointments averaged ninety-four percent (94%).

- **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. May also include parental assessments.

  Of those enrolled in individualized services during FY 2018-19, thirteen (13) youth completed both a pre-participation self-assessment and an interim or post-participation self-assessment. One hundred percent (100%) of these participants reported a reduction of anxiety and/or depression symptoms. Eighty-five percent (85%) of youth experienced a reduction of one (1) or more anxiety symptoms. Sixty-two percent (62%) of youth reported a reduction of one or more depression symptoms.

- **Measurement 3:** Truancy rates/absences of the students enrolled in this project.

  An average of eighty-two percent (82%) of youth participants during FY 2018-19 experienced either a reduction in the frequency of unexcused absences or kept zero (0) frequency of unexcused absences during their enrollment in the PEI-YIS project compared to their pre-participation rates.

- **Measurement 4:** The number of referrals for behavior problems or other disciplinary actions for the students enrolled in this project.

  Seventy-five percent (75%) of youth enrolled in the PEI-YIS project during FY 2018-19 experienced either a reduction in the frequency of behavioral incidents that resulted in suspensions from school or kept zero (0) frequency of behavioral incidents that resulted in suspensions from school during their enrollment in the PEI-YIS.

- **Measurement 5:** The number of school dropouts within the students enrolled in this project.

  One hundred percent (100%) of youth enrolled in the PEI-YIS project remained enrolled in school during FY 2018-19.

- **Measurement 6:** The number of incarcerations within the students enrolled in this project.

  One hundred percent (100%) of youth enrolled in the PEI-YIS project during FY 2018-19 did not experience incarceration during their enrollment.

- **Measurement 7:** The number of attempted or completed suicides by students enrolled in this project.

  One hundred percent (100%) of youth enrolled in the Prevention and Early Intervention for Youth in Schools (PEI-YIS) did not experience suicide attempts nor completed suicide during FY 2018-19.

- **Measurement 8:** School-wide surveys to determine the level of knowledge about mental illness, available resources, and willingness to discuss mental health concerns.

  Results from school-wide surveys are unavailable for analysis. Data collection efforts are challenged by logistical complications of administering school-wide surveys and a lack of responsiveness from survey recipients.

- **Measurement 9:** Healthy Kids Survey.

  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 this project.

- **Measurement 10** Provide total project expenditures and the type and dollar amount of leveraged resources and/or in-kind contributions.

  Expenditures for the Prevention and Early Intervention for Youth In Schools (PEI-YIS) project in fiscal year 2018-2019 totaled fifty-five thousand six hundred fifty-two dollars ($55,652). No in-kind donations or leveraged funds were used for the PEI-YIS project for fiscal year 2018-2019.

Prevention Wraparound Services: Juvenile Probation Services Project

Provider: Stanford Youth Solutions

Project Goals:

- Improve the array of services and supports available to children and families involved in the child welfare and juvenile probation systems.
- Engage families through a more individualized casework approach that emphasizes family involvement.
- Increase child/youth safety without an over-reliance on out-of-home care.
- Improve permanency outcomes and timeliness.
- Improve child and family well-being.
- Prevent involvement in the juvenile justice system.

This contract for this project was executed on May 14, 2019. Therefore, there are no Outcomes to report during FY 2018/19.

Stigma and Discrimination Reduction

Mental Health First Aid and Community Education Project

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 us 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 2017-18	FY 2018-19
MHSA Budget	$120,000	$120,000
Total Expenditures	$15,341	$30,207
Unduplicated Individuals Served	191	274
Cost per Participant	$80	$110
Number of Classes *Youth* *Adult* *Veterans*	 3 7 1	 6 11 0
Cost per Class	$1,295	$1,777

Outcome Measures

- **Measurement 1: Class evaluation provided to attendees at the end of each session.**

- **Measurement 2: Evaluation survey provided to attendees six (6) months after taking the class, including information regarding application of material learned.**

  Outcome information is not currently available.

LGBTQ Community Education Project

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 2017-18	FY 2018-19
MHSA Budget	$5,000	$5,000
Total Expenditures	$0	$82

Outcome Measures

- **Number of informing material distributed.**

  123 Informing materials were distributed

- **Number of people reached through presentations.**

  No presentations were provided.

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 2017-18	FY 2018-19
MHSA Budget	$55,000	$55,000
Total Expenditures	$58,060	$58,253

The State contracts with CalMHSA for administration of this program. The FY 2018/19 El Dorado County Impact Report from CalMHSA states:

The Statewide PEI Project: Achieving More Together – In FY 2018-18, 38 counties collectively pooled local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the Statewide PEI Project. The Statewide PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides.

In FY 2018/19, six (6) local county agencies, schools, and organizations received outreach materials through the collective efforts of all programs implements under the Statewide PEI Project. These include: El Dorado Health and Human Services, South Tahoe High School, Oak Ridge High School, Minds Moving Forward, NAMI El Dorado Western Slope, Active Minds at Oak Ridge High School.

Outcomes to Date:

Since counties began pooling funds though CalMHSA to implement the Statewide PEI Project in 2011, the following short-term outcomes have been achieved. Given the outcomes so far, independent evaluators of the Statewide PEI Project, the RAND Corporation, have identified the following outcomes for the Statewide PEI Project:

- 54% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
- Over 50% of Californians were exposed to Know the Signs.
- Individuals exposed to Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.[1]

[1] https://www.rand.org/pubs/research_reports/RR1134.html

- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best medial campaigns on the subject.[2]
- Students exposed to the Walk in Our Shoes website demonstrate significantly higher knowledge of mental health.[3]
- 63% of teachers and administrators who saw the Walk In Our Shoes performance started a conversation about mental health in the classroom.[4]
- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.[5]
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.[6]
- 87% of those who completed the Kognito training report that they are better prepared to identify, approach, and refer students exhibiting signs of psychological distress.[7]
- 66% of California Community College faculty who completed Kognito training report an increase in the number of conversations they had with other faculty and staff about students that they were concerned about.[8]
- "Evidence Supports Social Marketing of Mental Health Treatment: California's Mental Illness Stigma Reduction Campaign" a paper by Dr. Rebecca Collins of RAND which evaluates Each Mind Matters, was accepted by the American Journal of Public Health (AJPH) and published in June 2019. Read here: https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305129

[2] https://www.rand.org/pubs/research_reports/RR818.html
[3] http://www.walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf
[4] http://www.walkinourshoes.org/contect/NORCReportonWIOSWebsite.pdf
[5] http://www.directingchangeca.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf
[6] http://www.directingchangeca.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf
[7] https://www.rand.org/pubs/research_reports/RR954.html
[8] https://www.rand.org/pubs/research_reports/RR954.html

Outreach for Increasing Recognition of Early Signs of Mental Illness

Community Education and Parenting Classes Project

⋮ 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 2017-18	FY 2018-19
MHSA Budget	$50,000	$50,000
Total Expenditures	$31,050	$18,295
Unduplicated Individuals Served	22	29
Cost per Participant	$1,411	$631
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	1	0
16-25 (transitional age youth)	7	4
26-59 (adult)	14	25
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	0	1
Asian	0	1
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	0	27
Other	18	0
Multiracial	0	0
Unknown or declined to state	0	0

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	4	0
Caribbean	0	0
Central American	0	1
Mexican/Mexican-American/Chicano	0	2
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	0
Non-Hispanic or Non-Latino		
African	0	0
Asian Indian/South Asian	0	0
Cambodian	0	0
Chinese	0	0
Eastern European	0	1
Filipino	0	0
Japanese	0	0
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	18	0
Multi-ethnic	0	0
Unknown or declined to state	0	0
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	18	27
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	4	2
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	0

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	0
Heterosexual or Straight	unknown	22
Bisexual	unknown	2
Questioning or unsure of sexual orientation	unknown	0
Queer	unknown	0
Another sexual orientation	unknown	1
Declined to State	unknown	4
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	14	18
Female	8	11
Declined to answer	0	0
Current gender identity:		
Male	14	11
Female	8	18
Transgender	0	0
Genderqueer	0	0
Questioning / unsure of gender identity	0	0
Another gender identity	0	0
Declined to answer	0	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	1
Difficulty hearing or having speech understood	unknown	0
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	0
Physical/mobility	unknown	0
Chronic health condition/chronic pain	unknown	2
Other (specify)	unknown	0
Declined to state	unknown	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	unknown	0
No	unknown	29
Unknown or declined to state	unknown	0

Region of Residence	FY 2017-18	FY 2018-19
West County	3	7
Placerville Area	13	9
North County	4	5
Mid County	1	5
South County	1	1
Tahoe Basin	0	2
Unknown or declined to state	0	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	1
Very low income	unknown	3
Low income	unknown	9
Moderate income	unknown	16
High income	unknown	0
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	8
Medi-Cal	unknown	15
Medicare	unknown	0
Uninsured	unknown	3
	unknown	3

Annual Report FY 2018/19

Please provide the following information for this reporting period:

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

   NMYFS provided parenting classes to all areas of El Dorado County at various times of the day and evening to accommodate family schedules. Free child care was provided at each class as needed. The facilitators would be available for thirty (30) minutes before and after class to assist parents or offer suggestions or referrals as needed.

   An accomplishment this fiscal year was incorporating a new parenting class, Triple P (Positive Parenting Program). Our therapist was trained and certified in Los Angeles. The Triple P class include Tip Sheets and on-line interactive games for the parents. Class feedback is provided by facilitator surveys and program evaluations for the parent/guardians to complete. Triple P has an extensive curriculum, including Spanish learning materials.

2) **Briefly report on how the Parenting Skills project 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 parenting classes (school failure or by PEI activities: (1) suicide; (2) incarceration; (3) unemployment; (4) prolonged suffering; and (5) homelessness.**

Parents that completed all the classes represent a total of 66 children. The parents are provided new positive parenting skills to address negative behaviors in the home or school. Equally, discussion touches upon life stressors and how it affects the children. Parents are given information about indicators or behaviors of depression/suicide in children.

3) Provide a brief narrative description of progress in providing the Parenting Skills project services to unserved and underserved populations.

Our administrative assistants contact the parents numerous times before the classes to ascertain any accessibility issues, special child care needs, and referral source for class. The Parenting Skills classes have disability accessibility and assist parents with transportation needs. As an example, a group of women who resided in a sober living home with their children, were not able to attend the final class due to no transportation. NMYFS followed-up and scheduled the 'missed' class at their home.

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

The class facilitators are licensed Marriage Family Therapists who take great care to provide culturally and linguistically competent information and examples to participants. Furthermore, many of the classes include our *Promotoras* for the Latino participants. We make every effort to notify community partners of our parent classes (Community Hubs, EDCOE, county departments, and non-profit organizations).

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.

NMYFS collaborates with county departments, non-profit organizations, and private businesses to increase: Mental health awareness, stigma reductions, and cultural competency. We promote and participate in most of the outreach events throughout the year. In turn, we give this information to the parents at our classes. At the first session, we make an effort to have a community representative make a five (5) minute presentation on their services (Community Hubs, First 5, The Center for Violence Free Relationships, and Victim Witness).

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, recreation programs, individual counseling, group counseling, other classes).

Our facilitators referred some parents to domestic violence centers, individual and family counseling, adult AOD service providers, community Hubs, and El Dorado County Behavioral Health. In addition, they would provide parents with extra information about the issues they were dealing with. They would encourage parents to contact our counseling center, child's school or various youth programs.

7) **Provide the outcomes of the assessment and customer satisfaction surveys, including pre- and post-class surveys. Outcome measures for the Parenting Skills project are:**

- **Measurement 1: Customer satisfaction surveys**

  Parents/guardians were pleased with the classes and learned extensive information. Many parents expressed interest in a parenting class regarding pre-teen/teen years.

- **Measurement 2: Client outcome improvement measurements**

  Parents noted noticeable improvements after implementing different communication strategies with their children. Some parents observed positive emotional responses from their children when they praised their child's positive actions.

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

  Not able to measure.

- **Measurement 4: Number of clients referred to County Behavioral Health and the type of treatment to which clients were referred, if known.**

  Two parents referred. Treatment not known.

- **Measurement 5: Client self-report on the duration of untreated mental illness**

  Not known.

- **Measurement 6: If known, average interval between referral and participation in treatment.**

  If facilitator referred client to NMYFS counseling center, then interval would be based upon level of care. An average would be 30 to 60 days before client intake.

- **Measurement 7: A description of the methods Contractor used to encourage client access to services and follow-through on referrals**

  The facilitator would spend 1-to-1 time with parents before and after class. If the facilitator (therapist) believed that a referral to services would be beneficial, they would encourage the parent/guardian to seek services and provide follow-up if possible.

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

NMYFS has volunteers that provide additional support: preparation, copying materials, and preparing that week's curriculum.

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

None provided.

The Nurtured Heart Approach Project

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$19,500	$19,500
Total Expenditures	$17,302	$17,856
Unduplicated Individuals Served	120	150
Cost per Participant	$144	$119
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	unknown	0
16-25 (transitional age youth)	unknown	7
26-59 (adult)	unknown	98
Ages 60+ (older adults)	unknown	16
Unknown or declined to state	unknown	29
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	6.5%	5
Asian	3.3%	1
Black or African American	1.6%	5
Native Hawaiian or Other Pacific Islander	3.3%	1
White	76%	102
Other	3.3%	0
Multiracial	0	3
Unknown or declined to state	0	33
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	6.7%	0
Caribbean	0	0
Central American	0	0
Mexican/Mexican-American/Chicano	0	10
Puerto Rican	0	0
South American	0	0
Other	0	0
Unknown or declined to state	0	0

Non-Hispanic or Non-Latino		
African	0	5
Asian Indian/South Asian	0	1
Cambodian	0	0
Chinese	0	0
Eastern European	0	1
Filipino	0	1
Japanese	0	1
Korean	0	0
Middle Eastern	0	0
Vietnamese	0	0
Other	0	0
Multi-ethnic	0	0
Unknown or declined to state	0	131
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	unknown	0
Armenian	unknown	0
Cambodian	unknown	0
Cantonese	unknown	0
English	unknown	122
Farsi	unknown	0
Hmong	unknown	0
Korean	unknown	0
Mandarin	unknown	0
Other Chinese	unknown	0
Russian	unknown	0
Spanish	unknown	0
Tagalog	unknown	0
Vietnamese	unknown	0
Unknown or declined to state	unknown	28
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	10
Heterosexual or Straight	unknown	120
Bisexual	unknown	0
Questioning or unsure of sexual orientation	unknown	0
Queer	unknown	0
Another sexual orientation	unknown	0
Declined to State	unknown	20

Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	unknown	unknown
Female	unknown	unknown
Declined to answer	unknown	unknown
Current gender identity:		
Male	unknown	unknown
Female	unknown	unknown
Transgender	unknown	unknown
Genderqueer	unknown	unknown
Questioning / unsure of gender identity	unknown	unknown
Another gender identity	unknown	unknown
Declined to answer	unknown	unknown
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	unknown
Difficulty hearing or having speech understood	unknown	unknown
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	unknown
Physical/mobility	unknown	unknown
Chronic health condition/chronic pain	unknown	unknown
Other (specify)	unknown	unknown
Declined to state	unknown	unknown
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	unknown	5
No	unknown	unknown
Unknown or declined to state	unknown	145
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	unknown	35
Placerville Area	unknown	36
North County	unknown	6
Mid County	unknown	7
South County	unknown	0
Tahoe Basin	unknown	0
Unknown or declined to state	unknown	66

Economic Status	FY 2017-18	FY 2018-19
Extremely low income	unknown	2
Very low income	unknown	4
Low income	unknown	25
Moderate income	unknown	73
High income	unknown	13
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	92
Medi-Cal	unknown	19
Medicare	unknown	11
Uninsured	unknown	3

Annual Report FY 2018/19

Please provide the following information for this reporting period:

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

Implementation

Nurtured Heart Approach (NHA) day-long trainings were provided in 2018 in August, October, and December; and in 2019 in February and May. All trainings took place in Placerville. There were approximately 150 total attendees at the Nurtured Heart Approach (NHA) trainings. (The number is approximate since not all attendees were willing to complete the demographics sheet. 127 attendees provided demographic information).

All of those who attend the one-day training are offered six (6) half-hour follow-up phone coaching sessions to support their use of NHA. Many participants sign up for follow-up coaching, but it has been a small percentage that follow through with the calls. Those who do respond to emails offering to set up phone coaching commonly participate in one (1) to two (2) coaching sessions while a small minority use four (4) to six (6) sessions.

Fiscal

Total expenditures during the 2018-19 fiscal year were $18,455.10
There were no leveraged resources or in-kind contributions.
Cost per participant was $123

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.

No response was provided.

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. Twenty-six percent of attendees who provided demographic information indicated that they are in low to extremely low income brackets. Health insurance status also suggested that we are reaching some people who are economically disadvantaged; 18% of respondents indicated that they have Medi-Cal or no health insurance.

Of participants who provided demographic information, 8.5% reported being disabled and 8.5% reported identifying as being part of the LGBTQ community.

The demographics of training recipients fairly closely mirrors the population of El Dorado County (as estimated by the US Census Bureau for El Dorado County as of 2016). Of those who reported race/ethnicity the breakdown was as follows:

Race/Ethnicity	NHA Training participants	El Dorado County
Caucasian	78.6%	78.1%
Hispanic	8.5%	12.8%
African American	4.2%	1%
Pacific Islander	.8%	.2%
Native American	4.2%	1.3%
Asian	1.7%	4.5%

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, Jennifer Lotery, Ph.D. (who is also the provider of follow-up Nurtured Heart Approach coaching sessions) is a Clinical Psychologist who was trained at UCLA, where she received specialty training in the areas of developmental and community psychology. (Community psychology training is focused on providing psychological tools and support in a culturally sensitive manner and empowering community members to be agents of positive change in improving mental health and the functioning of their families and communities.) The presenter has worked with El Dorado County residents from various ethnic groups and socioeconomic backgrounds for over 30 years.

The Nurtured Heart Approach materials and the examples, 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 phone 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 and linkages to medically necessary care, stigma reduction, and discrimination reduction.

Outreach Activities

The availability of Nurtured Heart Approach trainings was communicated to a variety of agencies and organizations throughout El Dorado County including private practice therapists, 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 and Marshall Pediatrics staff so that they can publicize the trainings to the families they treat.

Flyers regarding upcoming trainings have been posted at the Placerville post office, at cafes in the county, and at other locations which have bulletin boards for publicizing community events.

Data provided by participants in terms of how they heard about the Nurtured Heart Approach training breaks down as follows:

Therapist or mental health agency	51%
School personnel or school district	5%
Flyer	6%
Juvenile judicial system and/or CPS	5%
Online (including Facebook)	5%
Center for Violence-Free Relationships	1%
Email	4%
Friend or relative	13%
Co-worker	5%
UC Davis Mind Institute	3%
Foothills Indian Alliance Education Center	2%

Linkage with other services

Parents and caregivers who attend trainings are provided with information about services available in the county which provide support and/or parent education and/or counseling. Those parents who participate in follow-up phone coaching receive additional personalized help identifying resources as needed.

Stigma Reduction

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 be reframed and developed as 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, young people see themselves as less disordered and feel less stigmatized and their behavior improves.

6) **Provide outcome 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**

  No information was provided.

- **Measurement 2: Participant Surveys**

  Participants rated the presentation materials on a scale of 1 to 10. The average score was 8.8.

  Participants rated the presenter's delivery on a scale of 1 to 10. The average score was 8.8.

  Participants were asked to circle "yes" or "no" regarding whether the presentation met or exceeded their expectations. 100% 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. 99% circled "yes".

Foster Care Continuum

Provider: Stanford Youth Solutions

Project Goals:

- Improve accountability of behavior.
- Improve foster parent, support networks, family, foster family agencies and County staff expertise.
- Improve quality of care in the home.
- Reduce seven-day notices for change of child placements.
- Reduce the number of placements for children in out-of-home care.
- Develop strong support networks for foster families (i.e., those who provide support to foster families, including but not limited to extended family members, friends, child care providers, respite care providers)

This contract for this project was executed on February 26, 2019. Outcomes for FY 2018-19 are not reported due to the short duration of services after the initial program ramp up period, during which time various trainings were provided to Child Welfare Services staff and contact with initial program participants was made.

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$80,500	$95,500
Total Expenditures	$0	$27,175

Mentoring for Youth Project

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$75,000	$75,000
Total Expenditures	$75,000	$75,000
Unduplicated Individuals Served	18	42
Cost per Participant	$4,167	$1,786
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	17	42
16-25 (transitional age youth)	1	0
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	1	3
Native Hawaiian or Other Pacific Islander	0	0
White	10	30
Other	0	0
Multiracial	1	0
Unknown or declined to state	0	0
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	unknown	9
Caribbean	unknown	0
Central American	unknown	0
Mexican/Mexican-American/Chicano	unknown	0
Puerto Rican	unknown	0
South American	unknown	0
Other	unknown	0
Unknown or declined to state	6	0
Non-Hispanic or Non-Latino		
African	unknown	0
Asian Indian/South Asian	unknown	0
Cambodian	unknown	0
Chinese	unknown	0
Eastern European	unknown	0
Filipino	unknown	0
Japanese	unknown	0
Korean	unknown	0
Middle Eastern	unknown	0
Vietnamese	unknown	0
Other	unknown	0
Multi-ethnic	unknown	0
Unknown or declined to state	unknown	0

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	17	42
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	1	0
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	0	0
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	0
Heterosexual or Straight	unknown	0
Bisexual	unknown	0
Questioning or unsure of sexual orientation	unknown	0
Queer	unknown	0
Another sexual orientation	unknown	0
Declined to State	unknown	42
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	4	22
Female	14	20
Declined to answer	0	0

Current gender identity:		
Male	unknown	22
Female	unknown	20
Transgender	unknown	0
Genderqueer	unknown	0
Questioning / unsure of gender identity	unknown	0
Another gender identity	unknown	0
Declined to answer	unknown	0
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	0
Difficulty hearing or having speech understood	unknown	0
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	0
Physical/mobility	unknown	0
Chronic health condition/chronic pain	unknown	0
Other (specify)	unknown	0
Unknown or declined to state	18	42
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	0	0
No	18	42
Unknown or declined to state	0	0
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	13	24
Placerville Area	1	13
North County	0	1
Mid County	1	2
South County	0	0
Tahoe Basin	2	2
Unknown or declined to state	0	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	unknown
Very low income	unknown	unknown
Low income	unknown	unknown
Moderate income	unknown	unknown
High income	unknown	unknown

Health Insurance Status	FY 2017-18	FY 2018-19
Private	unknown	unknown
Medi-Cal	unknown	unknown
Medicare	unknown	unknown
Uninsured	unknown	unknown

Annual Report FY 2018/19

Please provide the following information for this reporting period:

1) **Briefly report on how implementation of the Mentoring for Youth 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 Mentoring for Youth fiscal year 2018/2019 concluded June 30, 2019. The numbers of children BBBS has served in this fiscal year more than doubled from 2017/2018- now serving 42 children. Of those 42 being served, 22 were new matches. The other 20 are matches that were made in other funding cycles, but continue to remain matched with the same adult mentor. When new matches are made the goal is for the match length to reach at least one (1) year, as the positive outcomes for the child increase significantly the longer the match is together, BBBS's longest running Big/Little match, funded by PEI funding, has been together for 3.5 years. BBBS continues to develop outreach goals for volunteers from communities that are more rural, as 25% of the waitlist of children are from rural communities.

2) **Briefly report on how the Mentoring for Youth 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 Youth project (suicide, prolonged suffering, school failure or dropout, and removal of children from their homes). Please include other impacts, if any, resulting from the Mentoring for Youth project on the other four negative outcomes addressed by PEI activities: (1) incarceration; (2) unemployment; and (3) homelessness.**

   BBBS believes all children 0-18 are "vulnerable" and facing some sort of adversity. In the population of 0-18 there are several factors that could push them into a negative outcome addressed by PEI activities. This could be single parent homes, experiencing parental or childhood mental health issues, physical issues, low economic status, homelessness, unemployment, parental/caregiver incarceration; the list of risk-factors could go on. For all of the children matched, they lack stability, consistency and positive role models in their life. With the regular visits from their Big Brother or Big Sister, they gain consistency and stability from a positive person. For these children and families served by BBBS, the overall mental health has improved. The children are exhibiting less negative behaviors and look forward to their time with their Big. The volunteer Big Brothers and Sisters continue to be "partners" with the parents and teachers. They play an integral role at assisting with negative behaviors and help the parents navigate the stresses of parenting by being there to help them.

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

The children and families that BBBS serves are perpetually either underserved or have the ability to function with no services. BBBS is able to serve these families and their children by being the "middle man", our volunteers [mentors] can see the needs not being met adequately and the agency can get the families connected with the service providers they need. Our mentors and the BBBS agency helps close the gap of lack of services for our families by providing stable, positive role models and create partners between the parent/ guardians and the volunteer mentors.

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

Ideally, every child would be matched with a volunteer that is of the same racial/ethnic background, speak the same language as the parent/guardian to assure cultural competency. While BBBS makes this a priority, sometimes it is a goal that cannot always be met. All of our volunteers are trained prior to their match; this includes a component of cultural competency. Additionally, throughout the length of their match volunteers are offered training on ACE's, alcohol and drug prevention and many more. Each match is so individual that the needs of one participant might not warrant offering training for all. In these cases, staff provides individualized coaching and support around how to be culturally and linguistically competent.

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.**

Big Brothers Big Sisters of El Dorado County finds collaboration an integral piece to successfully serving the youth in our mentoring programs. Over the years, we have made a goal to outreach and collaborate as much as we can. BBBS is connected with the El Dorado County Office of Education and the local school districts as a form child referrals. The Office of Education also has provided a good source of new volunteers. This partnership also allows BBBS to have ongoing access to the children in our program while they are at school, to monitor outcomes, match relationship building, collaboration for additional referrals and child safety. BBBS is involved in countywide resource meetings and collaboratives; Georgetown Ready by 5, Western Slope Community Strengthening Coalition funded by Ready by 5, DA Systems for Change, ACE's collaborative and the Early Education Planning Council. Additionally, BBBS is involved in: Kiwanis, Rotary, Tahoe Young Professionals and all local chambers.

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

- **Child Intake: Contractor will assess child and family whenever possible, for program effectiveness.**

  Children are assessed for program appropriateness, and if the BBBS program is determined to not be suitable, staff will refer to other appropriate community agencies, no child was turned away without follow up. If they were not matched immediately, they were placed on the BBBS

waitlist. Currently the wait list stands at 41 children with three (3) matches pending for the month of July 2019. Our current yield rate from inquiry to match is not available. BBBS transferred data programs in February 2019, formulas and logic is still being built into reporting function. However, the yield rate is never 100% for the following factors, families don't return initial contact calls from agency, don't follow through with interviews, or a job/living situations change.

- **Volunteer Enrollment: Contractor will assess potential volunteers for acceptance into program.**

  Of the volunteers assessed to be Bigs during this funding period, no potential volunteer was turned away because of child safety concerns or concerns for "matchability". The term "matchability" refers to the volunteer's ability to be successfully placed in a match, given their intake and assessment. Our current yield rate from inquiry to match is not available. BBBS transferred data programs in February 2019, formulas and logic is still being built into reporting function. However, the yield rate is never 100% for the following factors, volunteers lose contact with agency, feel it is not a good fit for them, a job/living situations change, or they are not able to commit to agencies commitment policy.

- **Child Assessment: Contractor will use completed pre-match and annual behavior evaluations and monthly volunteer match support of all enrolled children.**
  100% of the children matched with a Big Brother or Sister have a pre-match and annual behavior evaluations completed. The initial behavior evaluation is done in-person at the time of the intake interview and written into the child's assessment and then their individual case plan. Annually, the case plan is updated by the assigned staff member with information from surveys, evaluations and match support calls/visits. Each evaluation and case plan is unique to that child.

  Match support calls are an integral piece to the agencies and match success. BBBS requires professional staff members to talk to the Big, Little and Parent/Guardian on a consistent basis. 92% of monthly match support calls were completed during this funding time.

- **Contractor will administer Big Brothers Big Sisters Youth Outcomes Survey and Strength of Relationship survey to enrolled children.**

  The Youth Outcome Survey (YOS) is given to children pre match and annually. This survey measures outcomes from 7 categories [social acceptance, scholastic competency, educational expectations, grades, risky behavior attitudes, parental trust and truancy]. 100 % of youth completed a baseline YOS pre match and 100% of youth completed the annual YOS.

  Highlights from this funding period: 71% improved how they felt socially with peers, 68% improved their scholastic competency, 73% increased their educational expectations [stating now they would finish high school if they were unsure before or stating they would go to college and possibly finish college], and 78% had a decrease of their attitudes towards risky behavior.

  97% of children completed the 3-month post match and 99% completed the annual Strength of Relationship Surveys to monitor the relationship between the Big and the Little.

The highest score for a match relationship is 5- this meaning the relationship is strong, positive and worthwhile. Of the 3-month post match surveys the average score was 3.9, of the annual surveys the average score was 4.6. This trend shows that overtime, in the child's perspective, the relationship between the Big and the Little grows stronger and they feel more connected.

- **Contractor will administer Big Brothers Big Sisters Strength of Relationship Survey to volunteer mentors.**

  95% of volunteers completed the 3-month post match and 96% completed the annual Strength of Relationship Surveys to monitor the relationship between the Big and the Little. The highest score for a match relationship is 5- this meaning the relationship is strong, positive and worthwhile. Of the 3-month post match surveys the average score was 4.1, of the annual surveys the average score was 4.8. This trend shows that overtime, in the Big's perspective, the relationship between the Big and the Little grows stronger and they feel more connected.

- **Contractor shall provide testimonials, as appropriate, from parents, mentors and children.**

  "I like that [my Big Sister] makes time for me and that I get to see her all the time. She gets me to try new things, even if she is not able to do them. She doesn't like rock climbing."
  ~Little Sister

  "My Little Brother is a part of my family. He has a good sense of humor and he keeps me on my toes. I think I get more out of the match than he does."
  ~Big Brother

  "He has an amazing ability to connect with my son. Mostly, my son has missed a positive male role model in his life and this negatively affects his relationship with his younger brother and sister. His Big has shared stories of his own childhood to help illustrate the important role he plays as the oldest child and the importance of treating his younger siblings with respect. My son took this to heart and now has a much better relationship with his siblings."
  ~*Mom of Little Brother*

  "She has thrived since they met and enjoys her time so much with her Big that recently, she asked, "When can I be a Big Sister?"
  ~*BBBS Staff Member*

- **Unduplicated numbers of individuals served, including demographic data.**
  22 new matches were made- that breaks down to 22 youth and 22 volunteers. Total people: 44

- **The number of actual responders reached by this program.**
  42 is current total matches supported through PEI- that breaks down to 42 youth and 42 volunteers. Total people: 84

- **The setting(s) in which the potential responders were engaged.**
  Youth are engaged through the school sites, volunteers were engaged through the community, workplaces, frequented locations, etc. Matches met at a variety of locations throughout El Dorado County; these range from, schools, restaurants, nature, movies, etc. All support

contacts made by BBBS staff took place either on the phone, in person at agency events or via e-mail/text [with the majority being either on the phone or in person].

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

The total project expense for 2018/19 was $95,160, this is over and above the $75,000 funding provided by PEI. BBBS has significantly increased the number of children served this past year and the expenses were covered by BBBS agency fundraising efforts. The total expenses include staff salaries for case management, mileage, and advertising for volunteer recruitment.

8) Provide any additional relevant information.

No additional information provided.

Access and Linkage to Treatment

Psychiatric Emergency Response Team (PERT) Project

Provider: El Dorado County Health and Human Services Agency/Behavioral Health Division and El Dorado County Sheriff's Office

Project Goals:

- Raise awareness about mental health issues and community services available.
- Improved community health and wellness through local services.
- Improve access to medically necessary care and treatment.

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$300,000	$300,000
Total Expenditures	$323,416	$379,135
Unduplicated Individuals Served	161	677
Cost per Participant	$2,009	$560
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	18	54
16-25 (transitional age youth)	20	89
26-59 (adult)	73	394
Ages 60+ (older adults)	36	110
Unknown or declined to state	14	30

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	5	18
Asian	1	5
Black or African American	0	19
Native Hawaiian or Other Pacific Islander	0	1
White	130	530
Other	12	0
Multiracial	5	12
Unknown or declined to state	8	37
Ethnicity by Category	**FY 2017-18**	**FY 2018-19**
Hispanic or Latino	0	0
Caribbean	unknown	0
Central American	unknown	0
Mexican/Mexican-American/Chicano	unknown	6
Puerto Rican	unknown	0
South American	unknown	0
Other	unknown	15
Unknown or declined to state	unknown	0
Non-Hispanic or Non-Latino		
African	unknown	unknown
Asian Indian/South Asian	unknown	unknown
Cambodian	unknown	unknown
Chinese	unknown	unknown
Eastern European	unknown	unknown
Filipino	unknown	unknown
Japanese	unknown	unknown
Korean	unknown	unknown
Middle Eastern	unknown	0
Vietnamese	unknown	0
Other	unknown	0
Multi-ethnic	5	8
Unknown or declined to state	156	31

Primary Language	FY 2017-18	FY 2018-19
Arabic	0	0
Armenian	0	0
Cambodian	0	0
Cantonese	0	0
English	unknown	647
Farsi	0	0
Hmong	0	0
Korean	0	0
Mandarin	0	0
Other Chinese	0	0
Russian	0	0
Spanish	unknown	3
Tagalog	0	0
Vietnamese	0	0
Unknown or declined to state	unknown	0
Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	2
Heterosexual or Straight	unknown	580
Bisexual	unknown	6
Questioning or unsure of sexual orientation	unknown	0
Queer	unknown	0
Another sexual orientation	unknown	0
Declined to State	unknown	89
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	unknown	369
Female	unknown	316
Declined to answer	unknown	7

Current gender identity:		
Male	unknown	369
Female	unknown	318
Transgender	unknown	3
Genderqueer	unknown	6
Questioning / unsure of gender identity	unknown	0
Another gender identity	unknown	0
Declined to answer	unknown	96
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	1
Difficulty hearing or having speech understood	unknown	4
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	27
Physical/mobility	unknown	16
Chronic health condition/chronic pain	unknown	38
Other (specify)	unknown	0
Unknown or declined to state	unknown	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	unknown	28
No	unknown	649
Unknown or declined to state	unknown	0
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	48	202
Placerville Area	50	237
North County	11	79
Mid County	14	67
South County	8	32
Tahoe Basin	0	0
Unknown or declined to state	30	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	61
Very low income	unknown	73
Low income	unknown	118
Moderate income	unknown	357
High income	unknown	68

Health Insurance Status	FY 2017-18	FY 2018-19
Private	unknown	215
Medi-Cal	unknown	201
Medicare	unknown	149
Uninsured	unknown	112

Note: For individuals in crisis, it may not be feasible to collect all data.

Veterans Outreach Project

Provider: Only Kindness

Project Goals

- Provide outreach and linkage to services for approximately 100 Veterans and families annually.
- Develop a single point of entry for homeless Veterans to receive needed services.
- Assist Veterans to secure permanent and affordable housing.
- Reduce the number of homeless Veterans in our community.

Numbers Served and Cost

Expenditures	FY 2017-18*	FY 2018-19
MHSA Budget	$150,000	$150,000
Total Expenditures	$51,839	$248,161
Unduplicated Individuals Served	38	126
Cost per Participant	$1,364	$1,970

*FY 2017-18 Expenditures and data are only reflective of the period March 2018 - June 2018 due to the fact that the contract was executed in March 2018.

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	0	0
16-25 (transitional age youth)	3	2
26-59 (adult)	23	80
Ages 60+ (older adults)	12	44
Unknown or declined to state	0	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	1	6
Asian	0	0
Black or African American	0	2
Native Hawaiian or Other Pacific Islander	0	0
White	35	107
Other	0	7
Multiracial	2	3
Unknown or declined to state	0	1

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	2	17
Caribbean	unknown	unknown
Central American	unknown	unknown
Mexican/Mexican-American/Chicano	unknown	9
Puerto Rican	unknown	unknown
South American	unknown	unknown
Other	3	8
Unknown or declined to state	unknown	unknown
Non-Hispanic or Non-Latino		
African	unknown	1
Asian Indian/South Asian	unknown	unknown
Cambodian	unknown	unknown
Chinese	unknown	unknown
Eastern European	unknown	unknown
Filipino	unknown	unknown
Japanese	unknown	unknown
Korean	unknown	unknown
Middle Eastern	unknown	unknown
Vietnamese	unknown	unknown
Other	36	108
Multi-ethnic	unknown	unknown
Unknown or declined to state	unknown	unknown
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	unknown	unknown
Armenian	unknown	unknown
Cambodian	unknown	unknown
Cantonese	unknown	unknown
English	39	117
Farsi	unknown	unknown
Hmong	unknown	unknown
Korean	unknown	unknown
Mandarin	unknown	unknown
Other Chinese	unknown	unknown
Russian	unknown	unknown
Spanish	unknown	unknown
Tagalog	unknown	unknown
Vietnamese	unknown	unknown
Unknown or declined to state	1	9

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	3
Heterosexual or Straight	37	110
Bisexual	unknown	0
Questioning or unsure of sexual orientation	unknown	1
Queer	unknown	0
Another sexual orientation	unknown	0
Declined to State	3	12
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	36	113
Female	4	13
Declined to answer	0	0
Current gender identity:		
Male	36	111
Female	4	13
Transgender	unknown	1
Genderqueer	unknown	unknown
Questioning / unsure of gender identity	unknown	unknown
Another gender identity	unknown unknown	unknown
Declined to answer	unknown	1
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	6	12
Difficulty hearing or having speech understood	33	127
Mental disability including but not limited to learning disability, developmental disability, dementia	6	41
Physical/mobility	18	66
Chronic health condition/chronic pain	14	54
Other (specify)	3	5
Declined to state	0	0
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	39	124
No	1	2
Unknown or declined to state	0	0

Region of Residence	FY 2017-18	FY 2018-19
West County	4	12
Placerville Area	13	66
North County	0	3
Mid County	3	15
South County	0	2
Tahoe Basin	5	2
Unknown or declined to state	15	26
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	26	78
Very low income	12	33
Low income	1	9
Moderate income	1	5
High income	0	2
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	9	13
Medi-Cal	11	39
Medicare	4	14
Uninsured	6	16
VA	13	62

Annual Report FY 2018/19

Please provide the following information for this reporting period:

1) **Briefly report on how implementation of the Veterans 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.**

   This has been an exciting year. Implementing a new project involved creating new collaborations and new procedures. We work with Military Family Support Group (MFSG), El Dorado Veteran Resource (EDVR), Citrus Heights Vet Mobile Vet Center, and El Dorado County Department of Veterans Affairs (EDVA), to name a few alliances. Implementation activities as described in El Dorado County's MHSA 3-Year Plan are proceeding on target. Our shared goal of reducing the negative consequences of untreated mental illness encompasses getting Veterans linked to mental health supports, providing ancillary support so Veterans who are connected to appropriate mental health supports are supported with services through difficult times so that their mental health is not at further risk. Our major accomplishments are how many homeless Veterans have been housed and/or otherwise supported and how many Veterans we have been able to connect to through outreach efforts. Our major challenges are Veterans whose mental illness itself deters them from linking to appropriate support, Veterans with discharges typically not supported by mainstream Veteran services, and Veterans whose circumstances are barriers to, for example, housing.

2) **Briefly report on how the Veteran Outreach project has improved the overall mental health of veterans and their families, and how the Veteran Outreach project has addressed the negative outcomes that result from untreated mental illness (suicide, incarceration, unemployment, homelessness, prolonged suffering, school failure or dropout, and removal of children from home).**

By supporting Veterans financially through a crisis, we can keep a Veteran with mental health issues stable. For instance, we assisted a Veteran Family with a rental payment when the Veteran was unable to work due to illness or inclement weather, and in so doing, the Veteran's PTSD was not triggered, and the Veteran and his family remained stable. By advocating for Veterans in the Criminal Justice System to access Veterans Treatment Court, we minimized incarceration, guaranteed mental health support linkage, and in the long-term reduced felonies to misdemeanors, positively affecting a Veterans future ability to get housing or employment. By connecting a Veteran and/or their family member to needed mental health support, we minimized suffering which can in turn reduce suicide. By doing outreach to Veterans, we can be the trained-layman who recognize suicidal language, who listen and care, who defies the stigma and lifts the Veteran up by encouraging treatment and support.

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

Veterans were identified in the El Dorado County MHSA 3-Year Plan as an underserved group. We serve only Veterans through this Veteran Outreach Project (VOP).

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

Through our intake process, any language issue and/or significant cultural issue is assessed and noted. We then take appropriate steps to ensure effective communication with persons with disabilities, language or cultural barriers, including, but not limited to, finding and using the services of interpreters in any spoken language and in American Sign Language throughout the participants' tenure in our program. Through newspapers, social media, presentations, and in our outreach efforts, we make every effort to ensure meaningful access to programs and activities for persons with limited English proficiency in our county and for persons from significantly different cultural backgrounds.

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.**

In collaboration with EDVR and the County VA, there is an "open door" to an accessible office where any Veteran can walk-in and connect with the County Veteran Services Officer and/or connect with services from several other Veteran Service Providers including Only Kindness and the VOP. EDVR and the County VA are next door to one another and refer Veterans to one another as is appropriate. EDVR entry volunteers are trained to ask the question, "Have you been to the VSO in the last 3 years?" And if the answer is no, they encourage the Veteran to go next door to establish relationship with our County VA. Intake and assessment for VOP can be done at EDVR or can be set up through the Only Kindness Outreach phone line 530 344-1864 and/or via email at

vets@onlykindness.net. Every Veteran who walks into EDVR or does an intake remotely is provided with a flyer "Available Mental Health Resources," as well as several other resources such as: "Each Mind Matters" information. Advocating for Veterans to access our Veterans Treatment Courts, and working within the Veteran Treatment Court process, ensures access/linkages to all forms of physical and mental health as part of a mandated program in the criminal justice system. As a member of the El Dorado County Continuum of Care (EDOK), Only Kindness remains informed about all local homeless services and providers and can connect our Veterans to any appropriate. Working with the El Dorado County Coordinated Entry (CE) System and the CE Committee, we advocate for homeless Veterans and connect them to VASH, Victory Village, Mather Veterans Village, State Veteran Homes. We do several regular outreach events (Stand Downs, El Dorado County Fair) and at these events provide information about VOP and all our county resources as well as important stigma and discrimination reduction brochures and information. Through our alliance with the Citrus Heights Vet Center Mobile Van, we reached 2,538 veterans with this crucial information.

6. Provide the outcomes measures of the services provided and of customer satisfaction surveys. (See next pages)

"Dear Reader,

Hello my name is [redacted]. I'm [redacted] years old. I've been through a lot in my short life including foster care and juvenile detention. Growing up in an alcoholic home I should have learned my lessons by watching my family, unfortunately I did not.

Most recently at the end of 2018 I got into an altercation with the Police Department in [redacted] and after trial I was sentenced to two years of incarceration, split in half so six months inside six out.

During my stay I was lonely and scared. Fortunately for me I was introduced to the Veterans Services Representative [redacted] in Placerville. Not only did they visit me (my only one) they also showed support for me in the court room and convinced the judge a program in Sacramento would help me have shelter, food and mental help services I also need.

[Redacted] picked me up from the jail in [redacted] took me out to a delicious lunch at one of [redacted]'s fine sandwich stores.

There was going to be a problem with my medication through the pharmacy but thanks to [redacted]'s positive attitude nothing got in our way. I was able to receive the medicine I need.

These people have gone to the extremes to put me in a place where I can have a new start. I'm forever grateful.

I'm a Veteran of the [branch redacted]. I pledged a vow when I swore in to protect this County and its services and the comradery of these individuals that I sought after to protect. They gave me hope and strength. I know I can always call on [redacted] for anything or just to chat and it makes me feel like a true American.

Thank you very much.

Department of Health & Human Services
El Dorado County
3057 Briw Rd – Suite A
Placerville, Ca 95667

To Whom it May Concern;

My name is . I am a year old Vietnam War Veterans living at the Veterans home . I want to tell you how I got here.

In June 2018 I had been living for 8 long years in the remote town of . Over time my landlord became progressively abusive towards me including physical abuse. My monthly income came from a modest disabled veteran's pension, so I didn't have enough money, or any family or friends to help me locate a new place to live.

At my wits end I went to the Eldorado Country Department of Veterans Affairs to ask anyone if they could help get me away from an undesirable situation. I met who took the time to listen to my story and he said he would help me.

Soon thereafter, I was contacted by a woman named representing a Veterans services agency called "Only Kindness". offered to help me and asked if I was prepared to leave the very next morning. I said yes and we met the next morning at an agreed upon location with my few and only possessions in my car.

and "Only Kindness" put me in a nice motel while she arranged for me to move into a transitional living home with other men in . Once there from the VA, and I began the application process to get me into the CalVet Veterans home system. During the transitional period, provided me with gift cars for gasoline and groceries without which I could not have made it.

On after meeting I entered the CalVet veteran's home in I am safe, every day I am treated like a special guest and my medical needs are met in house. Without trying to sound dramatic, probably saved my life. Additionally, at my age and with medical issues, homelessness would have resulted in the same bad outcome. saved me from all that.

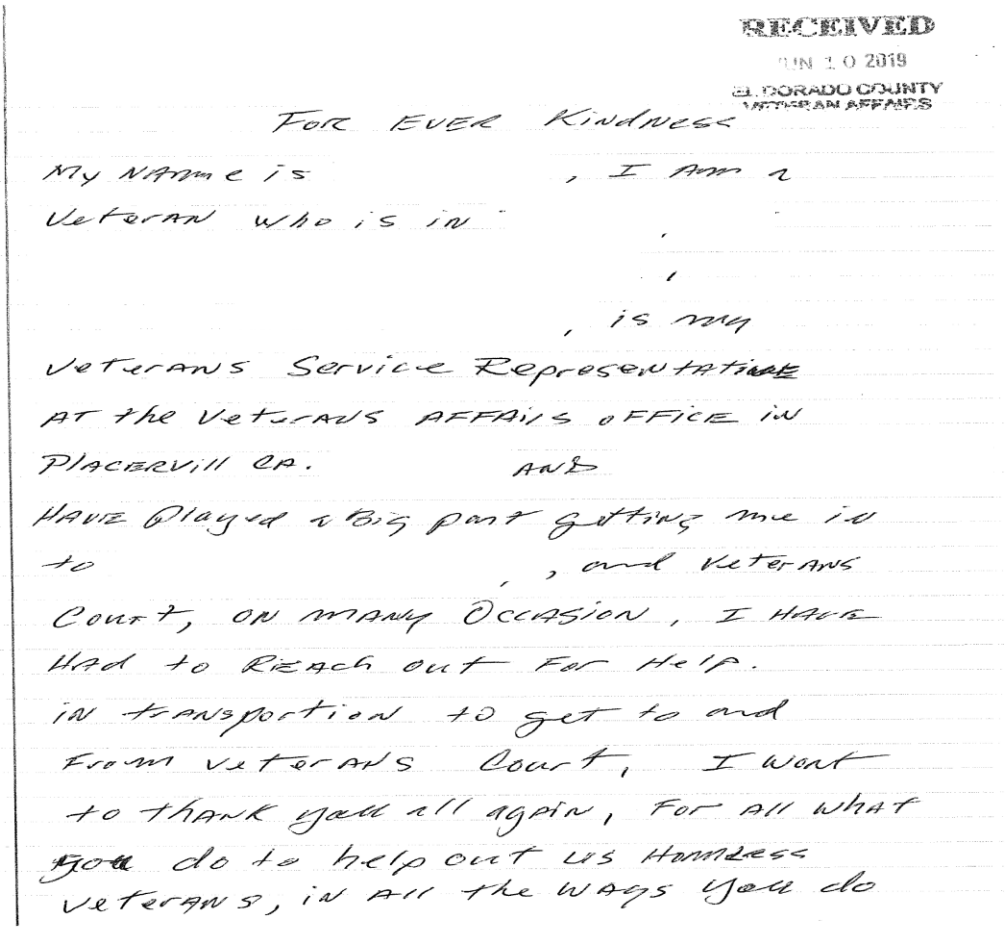
I just wanted you to know what those two caring people did; they saved a veteran they had never met before.

Respectfully,

– Veteran

I recently received this message :

"I wanted to thank you for everything you did to help us this past month. This is going to go a long way towards helping us dig our way out of this hole! Me missing 2 days of work while sick last week wasn't the most helpful, but it won't bury us like it would have if you weren't there for us. I don't know how to begin to express our gratitude. You made it so I can sleep at night and now worry about what tomorrow will bring. Thanks again."



RECEIVED
JUN 10 2019
EL DORADO COUNTY
VETERAN AFFAIRS

FOR EVER KINDNESS

My NAme is , I Am a Veteran who is in , , , is my Veterans Service Representative AT the Veterans AFFAIRS OFFICE IN PLACERVILL CA. AND HAVE Played a Big part getting me in to , , and Veterans Court, ON MANY OCCASION, I HAVE HAD to REACH out For HELP. in transportion to get to and From veterans Court, I Want to thank yall all agin, For all what you do to help out us Homless veterans, in All the WAYS you do

Outcome measures for the Veterans Outreach project are:

- **Measurement 1: Unduplicated numbers of individuals served, including demographic data.**
- **Measurement 2: The number of referrals to treatment, the kind of treatment to which person was referred.**

- **Measurement 3: The number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.**

- **Measurement 4: If known, the average duration of untreated mental illness for individuals who have not previously received treatment.**

- **Measurement 5: Average interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred.**

- **Measurement 6: Completion of Quarterly and Year End Reports.**

- **Measurement 7: Implementation challenges, successes, lessons learned, and relevant examples.**

- **Measurement 8: Any other outcomes and indicators identified.**

MEASUREMENT 1

a. Projects/Clients Served	**Total**
Note: If the total **Number of Veterans Outreach Project Intakes** are higher than the **Number of Clients Served**, there were Clients that have been Exited and Entered into the Project again at a later stage.	
Number of Veterans Outreach Project Intakes	129
Number of Clients Served	126

MEASUREMENT 2 & 3	**2**	**3**
Referral Type (Kind of Treatment)	**Number Referrals Made to Treatment**	**Number of Referrals that Clients Followed Through With**
4 Paws 2 Freedom	3	3
Behavior Modification Classes (i.e.: DUI Wet and Reckless)	1	1
Community Based Substance Use Disorder Services (Tahoe Turning Point, Progress House, New Beginnings, Treehouse)	5	5
Community Based Support Groups	4	3
DV Services (The Center, LVF, Batterers programs, etc.)	4	4
EDC Mental Health	0	0
Hospital or Private Healthcare Providers	1	0
Mather Behavior Health/Mental Health/Alcohol Recovery	18	11
NAMI	2	1
Other	6	2
Private Counselor working with Veterans	26	5
Skilled Nursing Facilities	1	1
Soldiers Project	0	0
VA Based Residential Recovery Programs (Walters House, Martinez)	0	0
VA Medical Center	7	2

Veteran Centers (Citrus Heights, Reno, etc.)	2	1
Veteran Resource Centers (SVRC, etc.)	2	2
Windows to My Soul, Equine Therapy	1	1
Total	**83**	**42**

MEASUREMENT 4

Clients with Mental Illness	**Total**
Mental Illness-Yes	126
Mental Illness-No	0
Mental Illness-Declined	0
Time between Start Date of Mental Illness and Date Entered into Project	
Less than One Year	3
One to Two Years	0
Three to Five Years	14
Six to Ten Years	17
More than Ten Years	31
Average Time (Years) between Start Date of Mental Illness and Date Entered into Project	
Average Time (Years)	19.14

MEASUREMENT 5

Clients and Treatment Referrals	**Total**
Number of Clients that Followed Through with Referrals	30
Total Years between Date of Referral and Date of Engagement	0
Average Time (Years) between Date of Referral and Date of Engagement	0

MEASUREMENT 6

Completion of Quarterly and Year End Reports	**YES**

MEASUREMENT 7

Implementation challenges, successes, lessons learned and relevant examples.

Implementation challenges include difficulty recruiting skilled volunteers and suitable professionals, getting independently-minded, self-sufficient, "pull myself up by my bootstraps" Veterans to acknowledge mental health challenges and access support.

Successes include seeing 26 previous homeless Veterans safely housed, several referrals to VASH coordinated entry, many Veterans accepted into Veterans Treatment Court, meaningful collaboration resulting in 297 rides provided to Veterans by EDVR, 2538 Veterans outreached to by the Citrus Heights Mobile Van.

Lessons Learned include gaining understanding of VOP role within the wider county (i.e.: we do not become the point of entry, we leverage our resources so that the County VA becomes the known point of entry); the limits of volunteers; the significant need for professional case management if we are to have lasting impact.

MEASUREMENT 8

Any other outcomes and indicators	**NA**

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

	Only Kindness	El Dorado Comm Foundatn	VOP MHSA	Post Service Officer	TOTAL
Aid and Assistance					
Emergency Shelter	1,019	0	23,860	3,131	28,010
Food and Groceries	0	180	6,842	25	7,047
Health,Addiciton,MentalIIIness	0	0	14,291	751	15,042
Homeless Supplies	0	0	189	0	189
Housing Assistance, Other	0	0	6,945	0	6,945
Job & Ed Assistance	0	0	0	1,500	1,500
Legal	0	0	1,265	0	1,265
Rent Assistance	0	0	32,986	1,200	34,186
Security Deposit Assistance	0	0	5,949	0	5,949
Utilities	0	0	4,904	0	4,904
Telephone	0	0	2,252	23	2,275
Travel Assistance	0	0	0	63	63
Vehicle Assistance	0	0	11,883	761	12,644
Total Aid and Assistance	1,019	180	111,366	7,454	120,019
Financial Service Fees	2,015	0	0	60	2,075
Total Insurance	50	0	0	0	50
Marketing and Promotion	0	0	112	0	112
Professional Fees	52,000	0	161,000	0	213,000
Project Expenses (Dbase&Collab)	0	0	6,137	98	6,235
Total Other Costs	54,065	0	167,299	158	221,522
In-Kind Contributions					
InKind Personal Hours Contribu	0	0	3,200	6,275	9,475
InKind Rent/Util Contributed	0	0	2,160	0	2,160
InKind Vehicle Use,Fuel,Maint C	0	0	0	0	0
Total Gifts In-Kind	0	0	5,360	6,275	11,635

8) Provide any additional relevant information.
No response provided.

Suicide Prevention Programs

Suicide Prevention and Stigma Reduction

Provider: Suicide Prevention Network

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$40,000	$40,000
Total Expenditures	$25,224	$39,992
Unduplicated Individuals Served	unknown	733
Cost per Participant	unknown	$55
Age Group	**FY 2017-18**	**FY 2018-19**
0-15 (children/youth)	unknown	342
16-25 (transitional age youth)	unknown	304
26-59 (adult)	unknown	54
Ages 60+ (older adults)	unknown	33
Unknown or declined to state	unknown	0
Race	**FY 2017-18**	**FY 2018-19**
American Indian or Alaska Native	unknown	unknown
Asian	unknown	8
Black or African American	unknown	3
Native Hawaiian or Other Pacific Islander	unknown	unknown
White	unknown	363
Other	unknown	18
Multiracial	unknown	341
Unknown or declined to state	unknown	unknown

Ethnicity by Category	FY 2017-18	FY 2018-19
Hispanic or Latino	unknown	unknown
Caribbean	unknown	unknown
Central American	unknown	23
Mexican/Mexican-American/Chicano	unknown	299
Puerto Rican	unknown	unknown
South American	unknown	19
Other	unknown	unknown
Unknown or declined to state	unknown	unknown
Non-Hispanic or Non-Latino		
African	unknown	3
Asian Indian/South Asian	unknown	8
Cambodian	unknown	unknown
Chinese	unknown	unknown
Eastern European	unknown	unknown
Filipino	unknown	unknown
Japanese	unknown	unknown
Korean	unknown	unknown
Middle Eastern	unknown	unknown
Vietnamese	unknown	unknown
Other	unknown	363
Multi-ethnic	unknown	18
Unknown or declined to state	unknown	unknown
Primary Language	**FY 2017-18**	**FY 2018-19**
Arabic	unknown	unknown
Armenian	unknown	unknown
Cambodian	unknown	unknown
Cantonese	unknown	unknown
English	unknown	384
Farsi	unknown	unknown
Hmong	unknown	unknown
Korean	unknown	unknown
Mandarin	unknown	unknown
Other Chinese	unknown	unknown
Russian	unknown	unknown
Spanish	unknown	341
Tagalog	unknown	unknown
Vietnamese	unknown	unknown
Unknown or declined to state	unknown	unknown

Sexual Orientation ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Gay or Lesbian	unknown	unknown
Heterosexual or Straight	unknown	unknown
Bisexual	unknown	unknown
Questioning or unsure of sexual orientation	unknown	unknown
Queer	unknown	unknown
Another sexual orientation	unknown	unknown
Declined to State	unknown	unknown
Gender ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Assigned sex at birth:		
Male	unknown	350
Female	unknown	383
Declined to answer	unknown	0
Current gender identity:		
Male	unknown	unknown
Female	unknown	unknown
Transgender	unknown	unknown
Genderqueer	unknown	unknown
Questioning / unsure of gender identity	unknown	unknown
Another gender identity	unknown	unknown
Declined to answer	unknown	unknown
Disability	**FY 2017-18**	**FY 2018-19**
Difficulty seeing	unknown	unknown
Difficulty hearing or having speech understood	unknown	unknown
Mental disability including but not limited to learning disability, developmental disability, dementia	unknown	unknown
Physical/mobility	unknown	unknown
Chronic health condition/chronic pain	unknown	unknown
Other (specify)	unknown	unknown
Declined to state	unknown	unknown
Veteran Status ***Collection of this information from a minor younger than 12 years of age is not required.***	**FY 2017-18**	**FY 2018-19**
Yes	unknown	11
No	unknown	unknown
Unknown or declined to state	unknown	unknown

Region of Residence	FY 2017-18	FY 2018-19
West County	unknown	0
Placerville Area	unknown	0
North County	unknown	0
Mid County	unknown	0
South County	unknown	0
Tahoe Basin	unknown	733
Unknown or declined to state	unknown	0
Economic Status	**FY 2017-18**	**FY 2018-19**
Extremely low income	unknown	unknown
Very low income	unknown	unknown
Low income	unknown	unknown
Moderate income	unknown	unknown
High income	unknown	unknown
Health Insurance Status	**FY 2017-18**	**FY 2018-19**
Private	unknown	unknown
Medi-Cal	unknown	unknown
Medicare	unknown	unknown
Uninsured	unknown	unknown

Annual Report FY 2018/19

Please provide the following information for this reporting period:

Suicide Prevention Network's Organizational Role

Suicide Prevention Network (SPN) has been a working in El Dorado County since June 2016. SPN has been a part of the community, referring residents to relevant resources to support healthy living in South Lake Tahoe.

SPN attends monthly Coalition Community meetings, monthly Barton Mental Health Cooperative meetings, supports fundraisers, health fairs, participates in suicide prevention webinars with community members, connects with faith communities and service clubs, meets on a regular basis with school counselors, uses social media and networking, attends trade shows/events and trainings in the county and surrounding areas.

Scope of Work

The scope of work, as provided by Suicide Prevention Network for this contract is as follows:

- Provide suicide prevention awareness campaigns, workshops, trainings, youth events, and wellness fairs.
- Distribute suicide prevention resources and materials, including, but not limited to pamphlets, brochures, workbooks, and mental health contact sheets in both English and Spanish.
- Provide a website accessible to County residents with resources and materials and mental health contact sheets.

- Provide community education trainings on suicide prevention and identification of risk factors.
- Establish linkage with the Statewide Suicide Prevention and SDR programs to utilize existing resources; adapt as necessary for El Dorado County.

1. **Briefly report on how implementation of the Suicide Prevention and Stigma Reduction 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.**

   Suicide Prevention Network (SPN) has greatly increased its presence and services over the past fiscal year. One major accomplishment that we will be expanding into the next school year is the Mental Health Workshop program implemented at South Tahoe High (STHS). Aside from the Signs of Suicide presentations that were delivered to the junior class at STHS, SPN also conducted five (5) mental health workshops with guest speakers from the community. Each workshop was approximately one (1) hour long and included lunch. All students were welcome, from 9th to 12th grade. Workshops began at lunchtime, and with the principal's approval, continued into 4th period. Student attendance was voluntary with each workshop and attendance typically ranged from 30-40 students. These mental health workshops were so successful that SPN applied for, and was awarded, a $4,000 grant to cover food and material costs to make it possible to offer one (1) workshop each month during the 2019-20 school year. Not only was the student attendance impressive, but some of the school staff also signed up to view the presentations.

   Our collaboration with South Tahoe schools in providing a safe environment for teens to discuss the signs of suicide and how to find help for themselves and others continues to grow. Six (6) Signs of Suicide (SOS) sessions for the 6th grade class at South Tahoe Middle School were held throughout the school year. Five (5) Signs of Suicide (SOS) sessions for the 11th grade class at South Tahoe High School were also presented. These sessions provide them with the tools to recognize the signs of suicide ideation and seek help for classmates, friends or family who may be in jeopardy from suicidality.

2. **Briefly report on how the Suicide Prevention and Stigma Reduction 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 Suicide Prevention and Stigma Reduction project (suicide and prolonged suffering).**

   A significant portion of SPN's focus has been on the youth of El Dorado. We successfully presented the Signs of Suicide (SOS) in South Tahoe Middle School (6) and South Tahoe High School (5), teaching middle and high school students to recognize the warning signs of depression and suicide - building their capacity for empathy and social responsibility. The addition of the mental health workshops at South Tahoe High School (11) are helping them to recognize and acknowledge the tremendous influence they have in each other's lives. By leveraging that involvement, we are able to break down the stigma surrounding suicide and mental health discussions, which leads to a feeling of empowerment. All of these factors lead to safer schools and communities and provides them with vital knowledge they can use for the rest of their lives.

   The safeTALK and ASIST trainings we have held throughout the year provide the adult population with the tools to recognize the signs of suicide ideation, when someone might be thinking about ending their life, and work with them to create a plan that will support their immediate safety. These two (2) programs are evidence-based, proven and globally successful programs. We have had

positive feedback from community members who have been trained; the most frequent of which is "I had no idea how to talk about this before and no idea I could actually make a difference.

3. **Please include other impacts, if any, resulting from the Suicide Prevention and Stigma Reduction project on the other five negative outcomes addressed by PEI activities: (1) incarceration; (2) unemployment; (3) homelessness; (4) school failure or dropout; and (5) removal of children from their homes.**

These measurements are not applicable to our organization; we do not provide direct services or engage with clients.

4. **Provide a brief narrative description of progress in providing services through the Suicide Prevention and Stigma Reduction project to unserved and underserved populations.**

Suicide prevention outreach to underserved populations included:

- LGBTQ outreach to the ALLY (LGBTQ Students and supporters) club at South Tahoe High
- Presentations to the Cafecitos group at Tahoe Valley and Bijou Elementary Schools. Cafecitos is similar to the PTA and is offered to Spanish speaking parents once a month.
- Presentation to the Mt Tallac Continuation High School to at-risk youth.
- Collaboration with McKinney Vento Act Program.

5. **Provide a brief narrative description of how the Suicide Prevention and Stigma Reduction services are provided in a culturally and linguistically competent manner, including activities to reduce racial/ethnic disparities.**

SOS presentations are offered with Spanish subtitles and questionnaires are available for Spanish speaking students. Presentations are offered to parents in Spanish through the Cafecitos meetings. When available, outreach materials are available in Spanish.

6. **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.**

- SPN has been successful in collaborating with agencies and events in South Lake Tahoe to raise awareness and reduce stigma to at risk youth in the Tahoe Basin.
- Assisted and Outreach during Challenge Day, a day-long high school program designed to foster school connectedness, empathy, and inclusivity.
- Assisted and Outreach during The Drugstore Project, a locally run, day-long comprehensive drug prevention program for middle school students designed to educate youth about the dangers of substance use and abuse.
- Assisted with and implemented outreach through the McKinney Vento Program, a government funded program for homeless youth.

All of these activities are supportive of at-risk populations and/or behaviors that are commonly associated with suicidality.

SPN attended 9 of 11 Behavior Health Network meetings, working closely and collaborating with Barton Hospital staff and founded a Suicide Prevention Network Advisory Committee in South Lake Tahoe.

7. **Provide the outcome measures of the services provided and of customer satisfaction surveys. Outcome measures for the Suicide Prevention and Stigma Reduction project are:**

- **Measurement 1: Using validated method, measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness.**

  Our SOS sessions in the schools all use pre- and post-tests to evaluate attitudes and knowledge about suicide. Our presentations to adults are education-based sessions regarding suicide ideation and connections to mental health, but as we do not provide direct services, we do verbal pre- and post-evaluations.

- **Measurement 2: California Healthy Kids Survey.**

  This measurement is not applicable to our organization; we do not provide direct services or engage with clients.

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

Payroll	$35,816.72	Program Coordinator, Exec. Director, Finance/Admin
Operations	$2,454.71	Advertising, Program Materials, Brochures, Flyers
Mileage	$1,606.00	
Licenses/Permits	$86.25	Booth Fees/Health Fairs and Farmer's Markets
TOTAL	**$40,075.64**	

9. **Provide any additional relevant information.**

Community Impact: In FY 2018-19, the South Lake Tahoe community experienced a devastating loss as a result of a death by suicide of a well-respected member of the health community. As a result of this, and the memories of previous deaths by suicide in the Tahoe basin, the community became more open to discussing suicide and opened the door to greater outreach opportunities in the community of South Lake Tahoe.

Outreach: This year we employed a new program coordinator who grew up and lives in the Tahoe basin. Due to her years of community service and involvement, she has daily outreach interactions with community members. From conversations in the grocery store, to "caring calls" via Facebook messenger, and face-to-face meetings, these daily interactions with the community and her connections in the school and local organizations have greatly expanded the area's knowledge of the programs and services that SPN has to offer. Some specific examples of 17+ large-scale outreach activities include booths at local Farmer's Markets, Lake Tahoe Community College events, Tahoe High School and Middle School parent meetings and service club presentations, six (6) radio appearances and three (3) Tahoe Daily Tribune articles have reinforced our presence and resource capabilities to the local community and feedback from those has been abundant.

Measuring the success of SPN's work is perhaps more difficult than being able to measure a program with a finite number of participants, using a specific program for a specific length of time. In addition to evaluating and measuring the impact of the training and presentations for participants,

SPN reviews and monitors the local suicide data on an annual basis to determine what additional resources and support are needed in our community. We are continually responding to immediate, "crisis level" requests.

A portion of our success can be measured by numbers of people trained and a number assigned to a decline in lives lost to suicide. A larger portion of our success, however, is measured by anecdotal information. We repeatedly hear "you helped save my friend," "I don't know where I would have gone if you weren't here to talk to." Consider this analogy - we know for a fact (through historic and anecdotal information) that John Q. Public community member who has been trained and certified in CPR has saved lives. He is not a doctor, not a professional medical person, but has the knowledge and skills to make a difference! There is no database of individual incidents in which a non-medical person has saved a life with CPR, but we all know it happens on a daily basis. The same applies to a large part of our presence in the community.

Training (Who, What):

ASIST Training #1 – October 2018 - 21 Adult community members (17 women and 4 men) were trained for two (2) days. Occupations ranged from School Psychologists and Counselors to Youth Program Coordinators and Program Coordinators.

ASIST Training #2 – May 2019 - 27 Adult community members (20 women and 7 men) were trained for two (2) days. Occupations ranged from School Psychologists and Counselors to Faith-based clergy and Healthcare professionals.

safeTALK Training – May 2019 - Fifteen high school students (10 girls and 5 boys) from South Tahoe High School were trained.

Program Evaluation:

One of SPN's main goals this year has been to raise awareness of suicide as a significant public health problem. Awareness and increased recognition of suicide's warning signs is on the rise and our hard work, communication and support of the mental health communities and other non-profits in the area are the primary reasons. Our program provides suicide awareness, prevention, intervention, education and support services to community organizations, residents and agencies at no cost to them. We have not only completed the original scope of work but believe we have exceeded the targeted number of participants while fostering appreciation, support and respect in El Dorado County.

Reducing the stigma surrounding mental health and suicide is critical to helping those experiencing difficulties and suicidality. By providing outreach, training, resources and referrals for those considering suicide and those who have lost someone to suicide, as well as education and training in the home, workplace, local schools, retirement homes, churches and service clubs for the prevention of suicide throughout all populations, we continue to advance our vision of creating a suicide-free community as we reduce/eliminate the number of attempted and completed suicides; determined to reduce the devastating loss of life across all ages.

SPN has been involved in or facilitated numerous events and presentations, including:

- 12 monthly Suicide Loss Survivors support groups
- A community Suicide Awareness Event - Emily's Walk for Hope
- 5 SPN community Advisory Committee Meetings
- 17 outreach presentations to non-profit agencies and community groups
- 9 Cooperative Mental Health Community Meetings
- 11 South Tahoe High School clubs/workshops
- 6 Signs of Suicide (SOS) sessions for the 6th grade class at South Tahoe Middle School
- 5 Signs of Suicide (SOS) sessions for the 11th grade class at South Tahoe High School
- 2 Cafecitos Presentations (Spanish speaking parents) and 1 Parent presentation in English
- 3 Tahoe Daily Tribune Articles about suicide prevention and awareness
- 6 radio appearances dedicated to raising suicide awareness

Challenges: There were some challenges throughout the year, specifically with outreach to the western slope. Extreme winter weather throughout the season prevented us from getting off the hill for most of the school year. However, there is a current plan to hire a part-time employee, who resides on the western slope, to complete those objectives over the course of the next fiscal year.

Community Services and Supports (CSS) Projects

Introduction

Community Services and Supports (CSS) Projects provide direct services to adults and children who have a severe mental illness (adults) or serious emotional disturbance (children) who meet the criteria for receiving Specialty Mental Health Services as set forth in WIC Section 5600.3.

This Outcome Measures Report accompanying the Fiscal Year 2020/21 – 2022/23 MHSA Three-Year Program and Expenditure Plan provides outcome information for the projects included in the Fiscal Year 2018/19 MHSA Annual Update.

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

Full Service Partnership (FSP) Program

Children's 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;
CASA El Dorado, West Slope

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 2017-18	FY 2018-19
MHSA Budget	$1,800,000	$2,000,000
Total Expenditures	$801,631	$1,148,686
Unduplicated Individuals Served	99	120
Cost per Participant	$8,097	$9,572

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	71	82
16-25 (transitional age youth)	28	38
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	51	67
Male	48	53

Region of Residence	FY 2017-18	FY 2018-19
West County	14	25
Placerville Area	30	31
North County	10	10
Mid County	6	14
South County	2	3
Tahoe Basin	22	22
Unknown or declined to state	15	0
Out of County	0	15

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	2	2
Asian	0	
Black or African American	2	4
Caucasian or White	67	74
Native Hawaiian or Other Pacific Islander	0	0
Other Race	12	8
Unknown or declined to state	16	31

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	9	4
Other Hispanic / Latino	6	6
Not Hispanic	52	62
Unknown or declined to state	32	48

Primary Language	FY 2017-18	FY 2018-19
English	81	104
Spanish	2	1
Other Language	0	0
Unknown or declined to state	16	15

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 the Data Collection Reporting (DCR) Systems, a database maintained by the State. Although an add-on database has been developed to interpret the data, the BHD has is able to report limited outcomes at this time, but will continue working with the database to include further data as available in future outcome documents. These outcomes will be adjusted in the FY 2020-21 MHSA Plan to better align with available data.

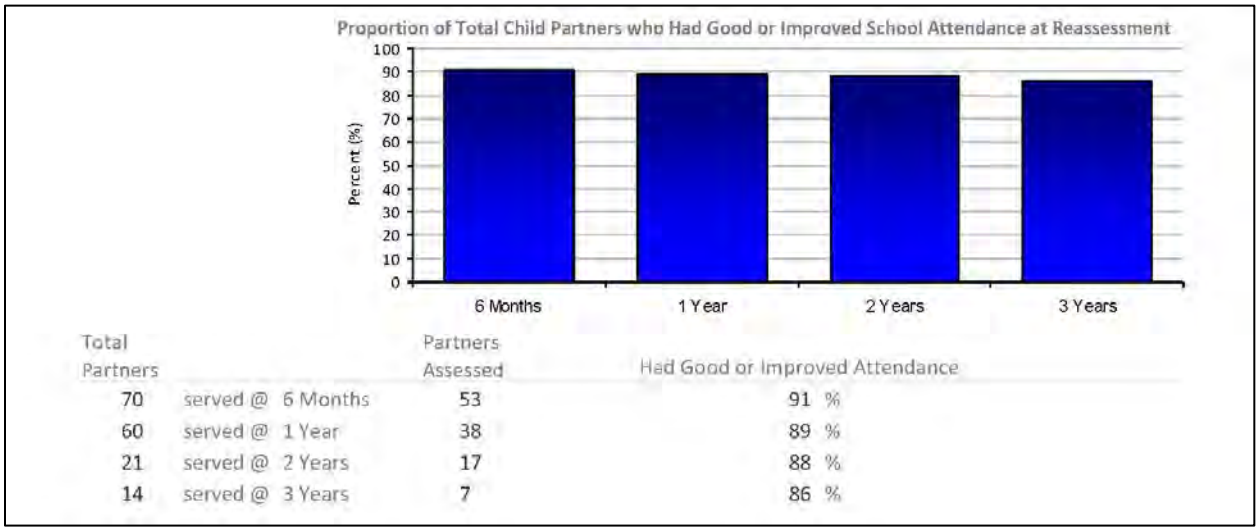
Please see Appendix B for outcomes from the DCR.

Measurement 1 (Days of psychiatric hospitalization)

Children's FSP and Enhanced Foster Care	FY 2017-18	FY 2018-19
Children Enrolled in this Program:		
Unduplicated Children Served	99	120
Unduplicated Children Hospitalized	6	13
Number of Hospitalizations	8	15
Average Length of Stay	6 days	9.8 days[9]
All El Dorado County Children Medi-Cal Beneficiaries (under age 18): (whether receiving Specialty Mental Health Services or not)		
Unduplicated Children Hospitalized	47	51
Number of Hospitalizations	61	59
Average Length of Stay	7 days	8.5 days[10]

[9] Two (2) children were hospitalized for three (3) or more weeks, accounting for the increase in average Length of Stay. Without those two (2) hospitalizations, the average Length of Stay is 6.2 days.

Measurement 5 (School Attendance)



Total Partners		Partners Assessed	Had Good or Improved Attendance
70	served @ 6 Months	53	91 %
60	served @ 1 Year	38	89 %
21	served @ 2 Years	17	88 %
14	served @ 3 Years	7	86 %

CASA

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$20,000	$20,000
Total Expenditures	$20,000	$20,000

In FY 2018-19, 100% of the MHSA funds went to wages for Program Coordinators who performed a variety of duties, including supervising CASA advocates, community outreach, and training.

Implementation: A number of structural changes in our operations were implemented during the reporting period that resulted in marked growth in our ability recruit and train volunteers to positively impact the mental health of the children we serve. These include:

- Program staff implemented our Ambassadors Project, which streamlined our recruiting process.
- We developed and put in place an on line component to our training program. This gives volunteers more scheduling flexibility and has resulted in higher trainee retention.
- Enhanced marketing through use of videos produced in-house, coupled with our social media presence has resulted in reaching more potential volunteers with a contemporary message.

Children Served: During the FY 2018-19 reporting period, compared to the previous 12 months, Child Advocates of El Dorado County:

- Served 7% more children (308 vs. 288)
- Accepted 60% more new cases (130 vs. 81)
- Successfully closed 14% more cases (126 vs. 111)

[10] Five (5) children were hospitalized for three (3) or more weeks, accounting for the increase in average Length of Stay. Without those five (5) hospitalizations, the average Length of Stay is 6.7 days.

Cultural and Linguistic Considerations: Over the course of time we have seen that our volunteers reflect the overall demographics of El Dorado County, and understanding cultural diversity is one of the cornerstones of CASA volunteer training. After training, cultural and linguistic compatibility are key determinants when assigning volunteers to new cases. Additionally, the program manager in our South Lake Tahoe office is bi-lingual in Spanish and English.

In one instance, a Spanish only speaking father was attending a court ordered parenting class that was only offered in English. He attended regularly, and wanted to learn, but had no understanding of the course material. The CASA assigned to his child learned of the situation and brought it to the court's attention, resulting in a Spanish class being established.

Collaboration: Organizations that CASA collaborates with include:

- Unity Care, an independent living service
- Environmental Alternatives, a group home
- 3 Strands, human trafficking counseling and education
- Tahoe Turning Point, a group home with substance abuse services
- Live Violence Free, which addresses domestic violence

Mandatory continuing education classes provide instruction on mental health topics such as Adverse Childhood Experiences (ACEs), Trauma Informed Care, and Substance Abuse. These classes are held at the CASA office and typically presented by experts from the community. Volunteers are also notified of classes and workshops at other local agencies, including Summitview Child Treatment Center, New Morning Children's Shelter, and Folsom Lake College.

Advocates: Thirty-six (36) new advocates were trained in FY 2018-19.

Transitional Age Youth (TAY) Full Service Partnership

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

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget – Total	$375,000	$400,000
Total Expenditures	$11,425	$5,454
Unduplicated Individuals Served	5	16
Cost per Participant	$2,285	$341

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	0	0
16-25 (transitional age youth)	21	16
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	7	7
Male	14	9

Region of Residence	FY 2017-18	FY 2018-19
West County	3	0
Placerville Area	6	7
North County	0	0
Mid County	2	2
South County	1	0
Tahoe Basin	9	7
Unknown or declined to state	0	0

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	2	1
Asian	1	1
Black or African American	0	0
Caucasian or White	14	10
Native Hawaiian or Other Pacific Islander	0	0
Other Race	3	3
Unknown or declined to state	1	1

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	2	3
Other Hispanic / Latino	1	0
Not Hispanic	17	10
Unknown or declined to state	1	3

Primary Language	FY 2017-18	FY 2018-19
English	21	15
Spanish	0	1
Other Language	0	0
Unknown or declined to state	0	0

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/juvenile hall
- Measurement 2: Achieving goals identified in the client plan (replaced with "Number of Clients Graduating from Specialty Mental Health Services")
- Measurement 3: Education attendance and performance
- Measurement 4: Number of days of homelessness / housing stability
- Measurement 5: Education attendance and performance
- Measurement 6: Employment status
- Measurement 7: Continued engagement in mental health
- Measurement 8: Linkage with primary health

The majority of these outcomes come from reporting that is entered into the Data Collection Reporting (DCR) Systems, a database maintained by the State. Although an add-on database has been developed to interpret the data, the BHD has is able to report limited outcomes at this time, but will continue working with the database to include further data as available in future outcome documents. These outcomes will be adjusted in the FY 2020-21 MHSA Plan to better align with available data.

Measurement 1 (Key Event Tracking)

Please see Appendix B for outcomes from the DCR.

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services)

See Measurement 7.

Measurement 3: Education attendance and performance

Measurement 4: Number of days of homelessness / housing stability

Measurement 5: Education attendance and performance

Measurement 6: Employment status

Please see Appendix B for outcomes available from the DCR.

Measurement 7 (Continued engagement in mental health services)

Eight (8) TAY clients who were enrolled as an FSP at any time in FY 2018-19 remained open to SMHS at the end of FY 2018-19.

Participants	FY 2017-18	FY 2018-19
Unique Clients	21	16
Total FSP Episodes	23	18
FSP Episodes Opened:		
Total FSP Episodes Opened	14	12
New/Returning Client	*13*	*9*
Changed Program (same level of service)	*0*	*2*
Dropped Down in Level of Services	*0*	*0*

Participants	FY 2017-18	FY 2018-19
Increased Level of Services	*1*	*1*
FSP Episodes Closed:		
Total FSP Episodes Closed	16	13
Graduated / Exited Services	*12*	*9*
Decreased Level of Services	*2*	*1*
Increased Level of Services	*0*	*1*
Changed Program (same level of service)	*2*	*2*

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, and help clients continue living in the community rather than being placed out of county. These FSP clients require a high level of staff support and the client to clinician ratio is low.

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$4,675,000	$5,500,000
Total Expenditures	$4,229,842	$4,360,421
Unduplicated Individuals Served	121	123
Cost per Participant	$34,957	$35,451

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	0	0
16-25 (transitional age youth)	10	6
26-59 (adult)	95	102
Ages 60+ (older adults)	16	15
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	52	50
Male	69	73

Region of Residence	FY 2017-18	FY 2018-19
West County	8	8
Placerville Area	66	73
North County	1	2
Mid County	6	8
South County	1	2
Tahoe Basin	35	28
Out of County	0	2
Unknown or declined to state	4	0

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	1	1
Asian	4	2
Black or African American	4	2
Caucasian or White	100	104
Native Hawaiian or Other Pacific Islander	0	0
Other Race	10	7
Unknown or declined to state	2	7

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	2	3
Other Hispanic / Latino	11	7
Not Hispanic	99	108
Unknown or declined to state	9	6

Primary Language	FY 2017-18	FY 2018-19
English	117	121
Spanish	0	1
Other Language	3	1
Unknown or declined to state	1	0

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 (replaced with "Number of Clients Graduating from Specialty Mental Health Services")

- Measurement 3: Continued engagement in services

These outcomes will be adjusted in the FY 2020-21 MHSA Plan, if needed, to better align with available data.

Measurement 1 (Key Event Tracking)

These outcomes come from reporting that is entered into the Data Collection Reporting (DCR) Systems, a database maintained by the State. Although an add-on database has been developed to interpret the data, the BHD has is able to report limited outcomes at this time, but will continue working with the database to include further data as available in future outcome documents.

Please see Appendix B for outcomes from the DCR.

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services)

See Measurement 3.

Measurement 3 (Continued engagement in services)

Ninety-one (91) adult clients who were enrolled as an FSP at any time in FY 2018-19 remained open to SMHS at the end of FY 2018-19.

Participants	FY 2017-18	FY 2018-19
Unique Clients	121	123
Total Episodes	129	131
FSP Episodes Opened:		
Total FSP Episodes Opened	72	70
New/Returning Client	*37*	*30*
Changed Program (same level of service)	*9*	*1*
Dropped Down in Level of Services	*14*	*21*
Increased Level of Services	*12*	*17*
FSP Episodes Closed:		
Total FSP Episodes Closed	71	66
Graduated / Exited Services	*22*	*29*
Decreased Level of Services	*29*	*18*
Increased Level of Services	*11*	*18*
Changed Program (same level of service)	*9*	*1*

Older Adult Full Service Partnership

There are no FY 2018-19 outcomes to report for this program. Older Adult FSP clients were provided the full range of FSP services through the Adult FSP program.

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$100,000	$200,000
Total Expenditures	$0	$0
Clients Served	Through Adult FSP	Through Adult FSP
Cost per Participant	$0	$

Assisted Outpatient Treatment (AOT)

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

Numbers Served and Cost

For AOT, the number of clients served means the number of individuals who were referred to AOT. When an individual becomes engaged in Specialty Mental Health Services, their services are provided through the appropriate outpatient team, generally the Intensive Case Management team (FSP level of services) initially.

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$200,000	$40,000
Total Expenditures	$13,798	$47,611
AOT Referrals	8	18
Cost per Participant	$1,725	$2,645

The AOT program was initially designed with the intent to provide direct services to clients engaged in Specialty Mental Health Services as a result of an AOT referral. However, this model did not allow for AOT clients to receive the benefits of a treatment team approach. Therefore, AOT referred clients are served by the ICM team, which maintains a low client to clinician ratio and takes a team approach to help clients in achieving their treatment goals.

In the FY 2020-21 MHSA Plan, the AOT Program will be aligned with the Outreach and Engagement Projects rather than the FSP programs.

Outcome Measures

- Measurement 1: Number of referrals received and the sources of those referrals.
- Measurement 2: Number of referrals resulting in engagement in services.
- Measurement 3: Number of days between receipt of an AOT referral and clients' engagement in outpatient Specialty Mental Health Services, if individual becomes engaged in services.
- Measurement 4: Number of AOT petitions filed.
- Measurement 5: Number of AOT referrals who remained engaged in services for at least six months.

In FY 2018-19, AOT referrals began being entered into the Electronic Health Record system rather than tracked via a separate AOT worksheet. This allows County Mental Health staff to see when an individual with whom they are interacting (e.g., in crisis at the Emergency Department, in the field with PERT) has an active AOT referral and take appropriate actions to engage the individual in mental health services.

Measurement 1: Number of referrals received and the sources of those referrals.

Welfare and Institutions Code section 5346(b)(2) identifies who may make a referral for AOT. Referrals in FY 2018-19 came from the following sources:

Referral Source	FY 2018-19 Referrals
Adult Housemate/Roommate	0
Immediate Family Member	8
Treatment/Care Facility	0
Hospital	1
El Dorado County Psychiatric Health Facility (PHF)	6
Treatment Provider	2
Law Enforcement/Justice	1

Measurement 2: Number of referrals resulting in engagement in services.
Measurement 4: Number of AOT petitions filed.

Status	FY 2018-19
Voluntarily Engaged with SMHS	7
Voluntarily Engaged with Mild-to-Moderate or other Mental Health Services	3
Engaged via Petition / Petitions Filed	0
Engaged via Conservatorship	2
Not Eligible for AOT	2
Incarcerated Prior to Engagement	3
Engagement Attempts Continue	1

Measurement 3: Number of days between receipt of an AOT referral and clients' engagement in outpatient Specialty Mental Health Services, if individual becomes engaged in services.

Due to the tracking method, this data is not available for FY 2018-19. This data will be available for FY 2019-20.

Measurement 5: Number of AOT referrals who remained engaged in services for at least six months.

Of the 7 individuals who voluntarily engaged in SMHS, three individuals remained engaged for at least 6 months.

Wellness and Recovery Services Program

Wellness Centers (which include Outpatient Specialty Mental Health Services)

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 2017-18	FY 2018-19
MHSA Budget	$2,300,000	$2,700,000
Total Expenditures	$2,181,145	$2,085,334
Wellness Center (West Slope Only):		
Wellness Center Visits	6,400+	7,100+
Cost per Visit	$341	$293
Unduplicated Clients	310	324
Outpatient Wellness Program Clients Served	415	371
Cost per Client	$5,026	$5,621

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	0	0
16-25 (transitional age youth)	38	21
26-59 (adult)	334	309
Ages 60+ (older adults)	43	41
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	222	196
Male	193	175

Expenditures	FY 2017-18	FY 2018-19
Region of Residence	**FY 2017-18**	**FY 2018-19**
West County	63	46
Placerville Area	163	124
North County	17	10
Mid County	38	38
South County	9	12
Tahoe Basin	122	135
Unknown or declined to state	3	1
Out of County	0	5

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	8	11
Asian	5	4
Black or African American	8	9
Caucasian or White	352	298
Native Hawaiian or Other Pacific Islander	0	1
Other Race	30	25
Unknown or declined to state	12	23

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	14	12
Other Hispanic / Latino	26	25
Not Hispanic	337	297
Unknown or declined to state	38	37

Primary Language	FY 2017-18	FY 2018-19
English	403	359
Spanish	2	3
Other Language	4	3
Unknown or declined to state	6	6

Outcome Measures

- Measurement 1: Number of participants and frequency of attendance
- Measurement 2: Number of Clients Graduating from Specialty Mental Health Services

Measurement 1 (Number of participants and frequency of attendance)

Category	FY 2017-18	FY 2018-19
Wellness Center (West Slope Only):		
Wellness Center Visits	6,400+	7,100+
Cost per Visit	$341	$293
Unduplicated Clients	310	324
Frequency of Attendance	n/a	n/a
Outpatient Wellness Program Clients Served	415	371

The frequency of attendance has not been reportable and will be removed from the outcomes in the FY 2020-21 MHSA Plan.

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services)

Participants	FY 2017-18	FY 2018-19
Unique Clients	415	371
Total Episodes	434	387
Episodes Opened:		
Total Episodes Opened	264	182
New/Returning Client	221	166
Changed Program (same level of service)	0	4
Dropped Down in Level of Services	20	4
Increased Level of Services	23	8
Episodes Closed:		
Total Episodes Closed	249	249
Graduated / Exited Services	181	210
Decreased Level of Services	35	26
Increased Level of Services	13	10
Changed Program (same level of service)	0	3

TAY Engagement, Wellness and Recovery Services

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget – Total	$200,000[11]	$600,000
Total Expenditures	$199,547	$381,515
Unduplicated Individuals Served	43	42
Cost per Participant	$4,641	$9,084

[11] Refers to MHSA funding only.

Age Group*	FY 2017-18	FY 2018-19
0-15 (children/youth)	1	0
16-25 (transitional age youth)	41	41
26-59 (adult)	1	1
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	22	27
Male	21	15

Region of Residence	FY 2017-18	FY 2018-19
West County	8	9
Placerville Area	17	15
North County	1	1
Mid County	7	4
South County	2	1
Tahoe Basin	8	11
Unknown or declined to state	0	1

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	2	1
Asian	0	1
Black or African American	0	0
Caucasian or White	38	30
Native Hawaiian or Other Pacific Islander	1	1
Other Race	1	2
Unknown or declined to state	1	7

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	3	3
Other Hispanic / Latino	1	4
Not Hispanic	36	28
Unknown or declined to state	3	7

Primary Language	FY 2017-18	FY 2018-19
English	43	42
Spanish	0	0
Other Language	0	0
Unknown or declined to state	0	0

Outcome Measures

- Measurement 1: Continued engagement in mental health services
- Measurement 2: Number of Clients Graduating from Specialty Mental Health Services

Measurement 1 (Number of participants and frequency of attendance); and

Measurement 2 (Number of Clients Graduating from Specialty Mental Health Services)

Participants	FY 2017-18	FY 2018-19
Unique Clients	43	42
Total Episodes	43	44
Episodes Opened:		
Total Episodes Opened	22	24
New/Returning Client	16	21
Changed Program (same level of service)	0	1
Dropped Down in Level of Services	3	2
Increased Level of Services	3	0
Episodes Closed:		
Total Episodes Closed	24	22
Graduated / Exited Services	21	21
Decreased Level of Services	1	0
Increased Level of Services	1	1
Changed Program (same level of service)	1	0

Community System of Care Program

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 2017-18	FY 2018-19
MHSA Budget	$800,000	$850,000
Total Expenditures	$525,575	$446,978
Requests for Services	1,337	1,322
Cost per Request	$393	$338
Call Intakes (inquiries other than a Request for Service)	881	956

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

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	329	315
16-25 (transitional age youth)	244	240
26-59 (adult)	707	691
Ages 60+ (older adults)	57	72
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	706	680
Male	631	635
Transgender	-	3

Region of Residence	FY 2017-18	FY 2018-19
West County	215	208
Placerville Area	450	413
North County	57	63
Mid County	134	122
South County	42	33
Tahoe Basin	332	378
Out of County	73	56
Unknown or declined to state	34	45

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	25	29
Asian	9	26
Black or African American	32	20
Caucasian or White	888	837
Native Hawaiian or Other Pacific Islander	1	1
Other Race	99	112
Unknown or declined to state	283	293

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	67	68
Other Hispanic / Latino	62	82
Not Hispanic	805	742
Unknown or declined to state	403	426

Primary Language	FY 2017-18	FY 2018-19
English	1,184	1,211
Spanish	16	16
Other Language	12	3
Unknown or declined to state	125	88

Outcome Measures

- Measurement 1: Number of and resulting determination for requests for services
- Measurement 2: Length of time from request for service to determination of eligibility for Specialty Mental Health Services
- Measurement 3: Timely processing of requests for services

The number of requests for services in FY 2018-19 has not changed significantly from the previous year. This is likely due to increased community education on appropriate referrals to Specialty Mental Health Services and expansion of mild-to-moderate services from the large Primary Care Providers (Marshall Medical Center, Barton Healthcare, Shingle Springs Health and Wellness Center, and El Dorado County Community Health Center).

Measurement 1 (Number of and resulting determination for requests for services)

	FY 2017-18		FY 2018-19	
Outcome	Number	Percent	Number	Percent
Adult, South Lake Tahoe	255	19%	316	24%
Adult, West Slope	666	50%	592	45%
Child, South Lake Tahoe	95	7%	88	7%
Child, West Slope	321	24%	322	24%
Overall	1,337		1,318	

The percent of referrals for children has remained constant, however, there has been a slight shift with an increase in referrals for adults in South Lake Tahoe and an associated decrease in referrals for adults on the West Slope.

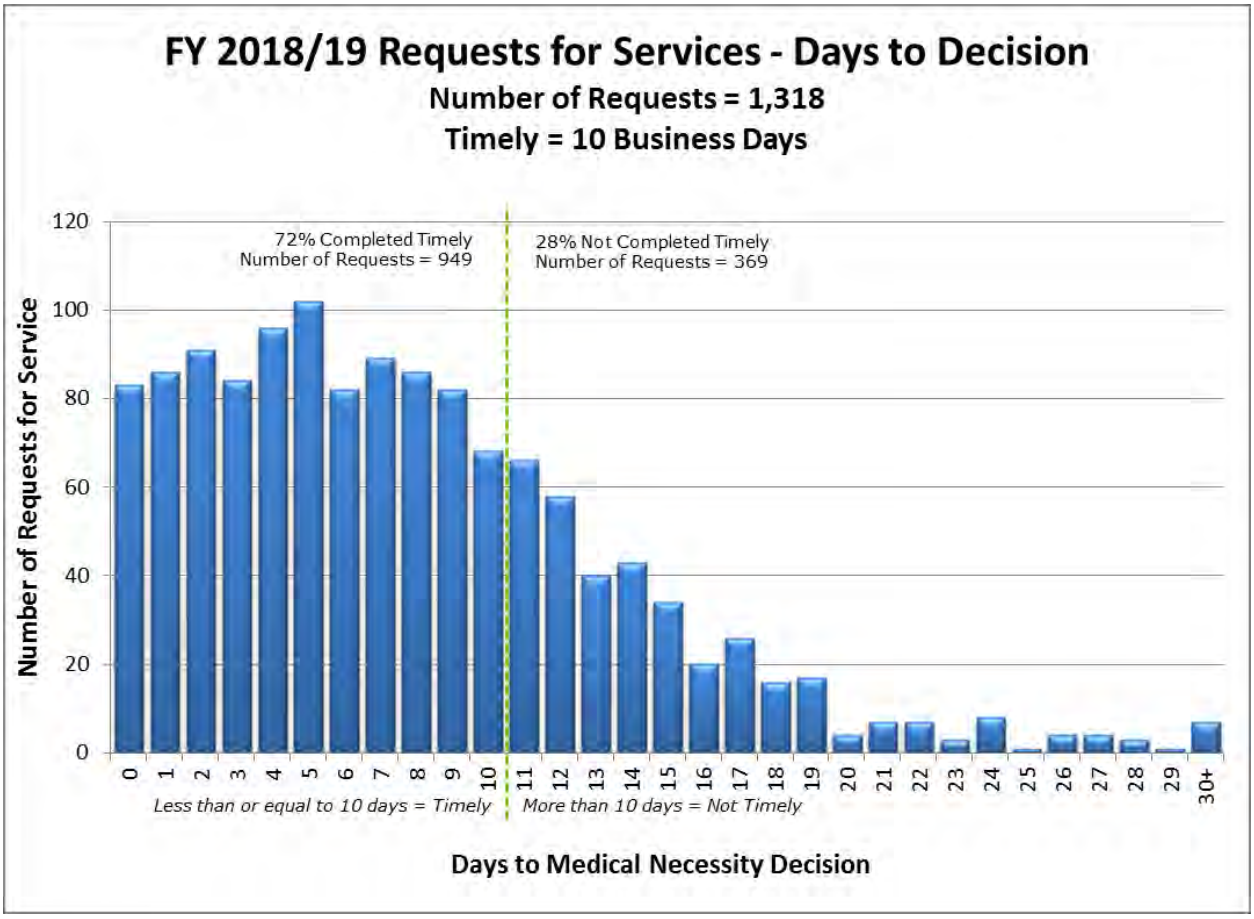
	FY 2017-18		FY 2018-19	
Outcome	Number	Percent	Number	Percent
Opened to Outpatient SMHS	337	25%	356	27%
Referred to Other Mental Health Provider	128	10%	82	6%
Did Not Meet Medical Necessity	493	37%	389	30%
Other[12]	379	28%	491	37%
Total	1,337		1,322	

[12] "Other" includes the following: Referred back to court; mutual agreement to not proceed; request for service was cancelled; the beneficiary could not be contacted; referred directly to crisis services; and the beneficiary did not show up for the appointment.

Measurement 2 (Length of time from request for service to determination of eligibility for Specialty Mental Health Services); and

Measurement 3 (Timely processing of requests for services)

The timeliness to assessment identifies how quickly individuals requesting services are assessed for eligibility for Specialty Mental Health Services. State standard is for timeliness is 10 business days per MHSUDS Information Notice 18-011.



During FY 2016-17, FY 2017-18 and FY 2018-19, Mental Health experienced a low level of staffing on the Outreach and Engagement Team despite several recruitments for qualified Mental Health Clinicians. This resulted in higher than anticipated wait times when requesting services, along with a high number of individuals who could not be contacted. Therefore, a change in process for requests for services was implemented in mid-April 2019, resulting in significantly higher timeliness rates.

As part of the quarterly and annual Network Adequacy requirements, the State has established a 70% timely rate as an acceptable threshold.

Time Period	10 Business Days or Less	11+ Business Days	Note
July 2018	81%	19%	Achieved State standard
August 2018	59%	41%	
September 2018	69%	31%	
October 2018	52%	48%	
November 2018	65%	35%	
December 2018	66%	34%	
January 2019	79%	21%	Achieved State standard
February 2019	63%	37%	
March 2019	65%	35%	
April 2019	*83%*	*17%*	*Change in process implemented mid-month*
May 2019	**96%**	**5%**	Achieved State standard
June 2019	**94%**	**6%**	Achieved State standard
FY 2018-19 Average	72%	28%	Achieved State standard

Under the new process, when a beneficiary requests services, they are scheduled with a specific Clinician at a date and time agreed upon by the beneficiary. This has improved the rate in which Clinicians are able to speak with the beneficiaries on the first attempt, thus avoiding multiple phone calls back and forth that may increase the number of days until a medical necessity determination could be made.

In FY 2018-19 there were slight disparities in the timeliness between the West Slope and South Lake Tahoe, but these have significantly decreased from the previous year. Additionally, the overall timeliness rate has improved throughout the County.

Request Type	FY 2017-18		FY 2018-19	
	10 Business Days or Less	11+ Business Days	10 Business Days or Less	11+ Business Days
Adult, South Lake Tahoe	50%	50%	73%	27%
Adult, West Slope	57%	43%	69%	31%
Child, South Lake Tahoe	36%	64%	68%	32%
Child, West Slope	52%	48%	77%	23%
Overall	52%	48%	72%	28%

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.

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$115,000	$65,000
Total Expenditures	$0	$806

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)

These activities are primarily performed by the Outreach and Engagement staff and Psychiatric Emergency Services staff. Additionally, BHD supervisors and managers meet with community-based mental health providers, physical health care providers and Managed Care Plans on a regular basis to gather and disseminate information, and time for those activities billed directly to the program discussed or to general Mental Health Administration (not MHSA).

Measurement 2 (Client wait time)

See above under Outreach and Engagement Services.

Measurement 3 (Client satisfaction surveys)

The Consumer Perception Survey continues to be administered twice a year. Due to low staffing levels, the BHD has been unable to evaluate the outcomes. These activities fall under MHSA administration, the cost of which is spread to the MHSA components.

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

These activities fall under MHSA administration, the cost of which is spread to the MHSA components.

Measurement 5
(Results of EQRO annual review)

The final EQRO report for El Dorado County can be found here.
(https://www.calegro.com/data/MH/Reports%20and%20Summaries/Fiscal%20Year%202018-2019%20Reports/MHP%20Reports/El%20Dorado%20MHP%20EQRO%20Final%20Report%20FY%202018-19%20LH%20v7.pdf)

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

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

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$260,000	$325,000
Total Expenditures	$173,683	$178,370
Unduplicated Individuals Served	42	21
Cost per Participant	$4,135	$8,494

Age Group	FY 2017-18	FY 2018-19
0-15 (children/youth)	0	0
16-25 (transitional age youth)	10	2
26-59 (adult)	31	18
Ages 60+ (older adults)	1	1
Unknown or declined to state	0	0

Gender	FY 2017-18	FY 2018-19
Female	14	4
Male	28	17

Region of Residence	FY 2017-18	FY 2018-19
West County	6	3
Placerville Area	22	12
North County	7	5
Mid County	4	0
South County	0	0
Tahoe Basin	0	0
Unknown or declined to state	3	

Race	FY 2017-18	FY 2018-19
American Indian or Alaska Native	2	0
Asian	39	1
Black or African American	0	0
Caucasian or White	0	19
Native Hawaiian or Other Pacific Islander	0	0
Other Race	1	1
Unknown or declined to state	0	0

Ethnicity	FY 2017-18	FY 2018-19
Hispanic or Latino	3	2
Other Hispanic / Latino	1	0
Not Hispanic	34	18
Unknown or declined to state	4	1

Primary Language	FY 2017-18	FY 2018-19
English	40	21
Spanish	0	0
Other Language	1	0
Unknown or declined to state	1	0

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)
- Measurement 5: Outcome measurement tools (e.g., ANSA)

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.

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. The funds were depleted in FY 2017-18. Housing supports for clients in the FSP and GSD programs is included in the costs for those programs.

Numbers Served and Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$183	$0
Total Expenditures	$183	$0
Number of Clients Served	1	$0
Average Cost per Participant	$183	$0

Innovation Projects

Introduction

Innovation Projects are defined as projects that contribute to learning, rather than a primary focus on providing a service. By providing the opportunity to "try out" new approaches that can inform current and future practices/approaches in communities, an Innovation project contributes to learning. Innovation plans must be approved ty the Mental Health Services Oversight and Accountability Commission (MHSOAC) prior to the expenditure of funds in this component.

This Outcome Measures Report accompanying the Fiscal Year 2020/21 – 2022/23 MHSA Three-Year Program and Expenditure Plan provides outcome information for the Innovation projects in the Fiscal Year 2018/19 MHSA Annual Update.

Pursuant to Title 9 California Code of Regulations Section 3580.010, the Annual Innovation Report shall include: The name of the Innovative Project; whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes; available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to the outcomes; program information collected during the reporting period, including applicable Innovation Projects that serve individuals, number of participants served by age categories, race, ethnicity, primary language, sexual orientation, disability, veteran status, gender, and any other data the County considers relevant. For Innovation Projects that serve children or youth younger than 18 years of age, the demographic information shall be collected only to the extent permissible by Article 5 of Chapter 6.5 of Part 27 of Portability and Accountability Act of 1996 (HIPPA), California Information Practices Act, and other applicable state and federal privacy laws. Further, sexual orientation, current gender identity, and veteran status is not required to be collected for a minor younger than 12 years of age.

During this reporting period, the County had two (2) active Innovation Projects: Community-based Engagement and Support Services Project and Restoration of Competency in an Outpatient Setting Project.

Community-based Engagement and Support Services Project (aka "Community Hubs")

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$672,375	$950,000
Total Expenditures	$428,353	$536,847
Unduplicated Individuals Served	646[13]	1,318[14]
MHSA Cost per Participant	$663	$407
Referrals to Mental Health	48[13]	122[14]
MHSA Cost per Referral	$8,924	$4,400

Fiscal Year 2018/19 Demographics:

(A) Age Groups	**1,318**
1. 0-15 (children/youth)	599
2. 16-25 (transition age youth)	95
3. 26-59 (adult)	389
4. Ages 60+ (older adults)	31
5. Declined to answer the question	204
(B) Race	
1. American Indian or Alaska Native	0
2. Asian	7
3. Black or African American	8
4. Native Hawaiian or other Pacific Islander	0
5. White	766
6. Other	10
7. More than one race	3
8. Declined to answer the question	112
(C) Ethnicity	
1. Hispanic or Latino as follows	412
a. Caribbean	N/A
b. Central American	N/A
c. Mexican/Mexican-American/Chicano	N/A
d. Puerto Rican	N/A
e. South American	N/A
f. Other	N/A
g. Declined to answer the question	N/A

[13] Data measures may be underrepresented due to non-Hub PHNs providing coverage to Hub program using different data tracking logs without detailed referral information.

[14] Data measures may be underrepresented due to non-Hub PHNs providing coverage to the Hub program due to vacancies and using different data tracking logs without detailed referral information. Human error is a factor in capturing data through current methods available. Ongoing staff training, resolution of IT concerns and quality assurance continue to refine data capture.

2. Non-Hispanic or Non-Latino as follows	
a. African	N/A
b. Asian Indian/South Asian	N/A
c. Cambodian	N/A
d. Chinese	N/A
e. Eastern European	N/A
f. European	N/A
g. Filipino	N/A
h. Japanese	N/A
i. Korean	N/A
j. Middle Eastern	N/A
k. Vietnamese	N/A
l. Other	N/A
m. Declined to answer the question	N/A
3. More than one ethnicity	N/A
4. Declined to answer the question	N/A
(D) Primary Language	
1. English	995
2. Spanish	309
3. Other Non-Threshold Language	14
(E) Sexual orientation	
1. Gay or Lesbian	N/A
2. Heterosexual or Straight	N/A
3. Bisexual	N/A
4. Questioning or unsure of sexual orientation	N/A
5. Queer	N/A
6. Another sexual orientation	N/A
7. Declined to answer the question	N/A
(F) Disability	
1. Yes, report the number that apply in each domain of disability(ies)	
a. Communication domain separately by each of the following	
(i) Difficulty seeing,	N/A
(ii) Difficulty hearing, or having speech understood	N/A
(iii) Other (specify)	N/A
b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	36
c. Physical/mobility domain	N/A
d. Chronic health condition (including, but not limited to, chronic pain)	100* (children/youth)

e. Other (specify)	N/A
2. No	
3. Declined to answer the question	
(G) Veteran status	
1. Yes	N/A
2. No	N/A
3. Declined to answer the question	
(H) Gender	**1318**
1. Assigned sex at birth:	
a. Male	497
b. Female	821
c. Declined to answer the question	0
2. Current gender identity:	N/A
a. Male	N/A
b. Female	N/A
c. Transgender	N/A
d. Genderqueer	N/A
e. Questioning or unsure of gender identity	N/A
f. Another gender identity	N/A
g. Declined to answer the question	N/A

	Description	FY 18-19 Progress
Learning Goals or Objectives	1. Will a library based access point for services, different than the multi-access point of the Oregon Model, facilitated by a Public Health Nurse using trauma- informed approach, be successful in the rural areas of the County?	Innovative project have long-term effects that are not necessarily fully measurable during the review period of the previous fiscal years. Most questions referenced in the description will be better addressed after the term of the Community Hubs project, including those regarding access to services and sustainability. Some questions are partially addressed below.
	a. Does providing services at the Library reduce stigma?	Promotion of health services, health education on resilience and mental health awareness by health staff within Library setting during programming is a primary prevention strategy to reduce stigma regarding mental health. Each participating library within the Hub program has had capacity to offer private meeting space for clients and health staff which can be used as an alternative to a visit to the client's home. However, some library locations are more frequently used than others. Anecdotal reports from public health staff imply that clients are amenable to setting meetings to access health team services in the Library setting but there have been incidences where clients will not engage with staff when other patrons that they know are present.
	b. Does increasing access to prevention and early intervention reduce long term mental health costs?	To be determined
	c. Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?	Coordination and integration of physical and behavioral health services has increased access to mental health services as well as individualized education during the course of PHN case management. 122 referrals for behavioral health services were initiated by public health staff during 18-19 fiscal year with the most common resource connection being early intervention focused counseling services for clients.

	Description	FY 18-19 Progress
	d. Does case management by a Public Health Nurse increase client screening and treatment for mental health services?	Hub PHNs screen adults for behavioral health concerns, including postpartum depression, ACEs, and child development during the course of case management with postpartum women and families with children 0-18 as applicable. Additionally, clients and families are assisted with connection to providers of behavioral health treatment by the PHNs.
	e. Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?	To be determined
	f. Can Community Hubs be sustained through local planning and leveraging of resources?	Community Hub partners have begun seeking opportunities and community support for fiscal sustainability of the Community Hubs program as a model for service delivery.
Learning Plan (or Evaluation)	a. Target participants (for example, who you plan to administer a survey to or interview); The target populations for this project will be isolated pregnant women and families, including children birth through 18 years of age, within each supervisorial district will be identified using data collected and reported by El Dorado County Health and Human Services Agency's Maternal, Child and Adolescent Health Program. b. Name and brief description of any specific measures, performance indicators or interview tools; Consistent with the Maternal, Child and Adolescent Health Plan, the following indicators will be measured: • Increased rate of early prenatal care entry in females by June 30, 2020, as measured by Vital Statistics data. • Decreased rate of domestic violence calls by June 30, 2020, as measured by domestic violence-related calls for assistance data. • Decreased rate of substance abuse hospitalizations in pregnant women by June 30, 2020, as measured by hospital discharge data.	The indicators listed are macro measures within the Maternal, Child and Adolescent Health Community Health Status Report. They will be available during the next MCAH Needs Assessment and provided at conclusion of the project.

	Description	FY 18-19 Progress
	• Decreased rate of mood disorder hospitalizations in pregnant women by June 30, 2020, as measured by hospital discharge data. • Increased mental health and alcohol and drug screening and referrals for direct service.	
Evaluation Methods	a. **Client Level Data** will be collected via Community Health Advocates and Public Health Nurses. The number of clients served will be recorded, type and amount of screenings performed, specialty health referrals made and to whom as well as the number of clients who accessed these services.	See Tables 1 through 3 (under "Client Level Data Measures") with accompanying "Narrative Description of Fiscal Year 2018-19", below.
	b. **Program Level Data** - First 5 family surveys will be used in program implementation to assess the impact of strategies. The survey includes the Family Strengthening Protective Factors Parent Survey. This survey assesses an adult's resilience by measuring isolation, education, developmental understanding, and support. Process measures will report the impact of services on wellness for children birth through five and their parents/guardians, including family resilience, access and barriers to services.	After year three of implementation, including ongoing vacancies in the Hub Health Team, the First 5 EDC Client Satisfaction Survey responses indicated: FY 18-19 data: Between 22% and 31% of survey respondents (n=397 showed an increase in their protective factor scores after their participation in Community Hub services. Specifically: • 31% of Hub Program participants that completed a survey experienced gains relative to parental resilience. • 25% of Hub Program participants that completed a survey experienced gains relative to social connections. • 28% of Hub Program participants that completed a survey experienced gains relative to concrete support in times of need. • 22% of Hub Program participants that completed a survey experienced gains relative to children's social and emotional security. Among families surveyed (n=23), those that participated in

	Description	FY 18-19 Progress
		Health services experienced significant growth in each of the protective factors (Note: This data only represents 23 out of 482 adults served)*: • 80% of Children's Health participants that completed a survey experienced gains relative to parental resilience. • 77% of Children's Health participants that completed a survey experienced gains relative to social connections. • 90% of Children's Health participants that completed a survey experienced gains relative to concrete support in times of need. • 50% of Children's Health participants that completed a survey experienced gains relative to children's social and emotional security. *Not all 482 adults served qualified to be surveyed as the requirement for survey deployment is 6 hours of intervention by Hub health staff. Surveys are long and logistically challenging to complete but First 5 has made constant improvement to the tool and incentives to assist in its completion rate.
	c. **Community Level Reporting** will be facilitated in partnership with El Dorado Community Foundation to better understand local needs and inform strategy implementation. Hub communities will be convened on a regular basis to better understand service impact, access and barriers to services. This will include weekly team meetings to better coordinate care and services at each of the hubs. Additionally, members from each of the collaborating agencies will meet on a monthly basis to strategize quality improvement changes, if necessary, based on successes and challenges identified at the team meetings. This qualitative data will be combined with county quantitative data to provide a better understanding of community need and provide a continuous quality improvement process. These data profiles will guide program implementation.	In previous fiscal year 17-18, El Dorado County Health and Human Services, Public Health Nursing team members finalized Community Needs Assessments (CNAs) and Health Outreach Plans for each Community Hub identifying barriers and opportunities in reaching underserved families, providing health education and outreach to geographical or socially-isolated populations. The CNA was conducted county-wide but focused on discovering or validating the individualized strengths and challenges in each Hub district with a preventive health lens through completion of windshield surveys, key informant interviews, community level surveying and data analysis. The CNA work was incorporated in the 2018 Community Hub Profile Report, expanding the outreach plan to include health, family engagement and early literacy strategies. This data was the basis for creation of a Collaborative Scope of Work (SOW) for FY 18-19 among all Hub partners for First 5 El Dorado Commission

	Description	FY 18-19 Progress
		Contracts. The health focus for the Collaborative SOW aims to address the health needs and challenges in each Hub district. Further community-level reporting will be facilitated to better understand local needs and inform strategy implementation. First 5 El Dorado, in partnership with the MCAH Program, convened Hub communities in Fall 18-19 to better understand service impact, access and barriers to services from 0-5 participant perspectives. Team meetings continued on a monthly basis to better coordinate care and services by the health team. Additionally, Hub Leadership continued meeting on a monthly basis to strategize quality improvement changes based on successes and challenges identified at the team meetings and coordinate efforts among multi- disciplinary Hub partners. This qualitative data will be combined with county quantitative data to provide a better understanding of community need and provide a continuous quality improvement process and guide program implementation.

CLIENT LEVEL DATA MEASURES (JULY 1, 2018 – JUNE 30, 2019)

Table 1. Referrals Received and Client Contacts

Data Measure	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5	Overall
Hub PHN Referrals received and assigned	N/A	N/A	N/A	N/A	N/A	**232**[15]
CHA Linkage requests	**13**	**30**	**51**	**197**	**142**	**433**[16]
Home Visits or Significant Contact with PHN or CHA	**80**	**224**	**495**	**1,076**	**614**	**2,506**[16]

Table 2. Community Health Advocate Linkage requests by type and source

CHA Linkage Request by Type:	
Dental	227
Medical	113
Insurance	151
Community Resources	276
CHA Linkage Request by Source	
1-800 MCAH line	12
Self-Referral	187
Internal/External Partner	234

[15] FY 18-19 data on PHN referrals is not Hub specific due to Hub PHNs covering multiple Hub areas and other PHN programs.

[16] Data measures may be underrepresented due to non-Hub PHNs providing coverage to the Hub program due to vacancies and using different data tracking logs without detailed referral information. Human error is a factor in capturing data through current methods available. Ongoing staff training, resolution of IT concerns and quality assurance continue to refine data capture.

Table 3. Referrals Made by Health Staff per Hub and Total[16, 17, 18]

Referrals from PHN staff to:	Hub 1	Hub 2	Hub 3	Hub 4	Hub 5	Overall
Mental Health Services	**11**	**15**	**54**	**25**	**17**	**122**
Services Received	3	4	29	8	10	54
Primary Care Physician	**11**	**8**	**62**	**66**	**34**	**181**
Services Received	10	6	22	42	22	102
Dental Provider	**10**	**10**	**37**	**263**	**160**	**480**
Services Received	8	4	14	158	141	325
Insurance Coverage	**3**	**9**	**51**	**109**	**111**	**283**
Services Received	1	3	23	94	81	202
Developmental Services	**2**	**10**	**13**	**2**	**9**	**36**
Services Received	0	4	2	1	7	14
Other PHN programs	**0**	**15**	**9**	**13**	**22**	**59**
Services Received	0	14	0	2	21	37
Other Community-Based Resources	**9**	**27**	**100**	**287**	**277**	**700**
Services Received	6	7	16	138	157	324

NARRATIVE DESCRIPTION OF FISCAL YEAR 2018-19

PHN Program Operations Timeline during FY 18-19:

- ***July 2018*** – Hub 4 CHA returned from leave of absence resuming client assistance and health outreach in Divide region.
- ***August 2018*** – Bilingual PHN in Hub 5 left employment with HHSA. PHN case management services continued by staff from MCAH High-Risk Infant Program and existing bilingual CHA. El Dorado County Board of Supervisors completed resolution to change all Health Staff positions from limited term status to regular. Hub 4 PHN began leave of absence.
- ***September 2018*** – New work space available for Health team at Placerville Public Health location. Health staff re-hired due to changes in position status. Health team supported FES partner programming by piloting Feeding America food distributions at the Camino and Green Valley School's Raising Reader sessions. Hub 2 CHA left HHSA employment to relocate outside of El Dorado County.

[17] Results of some referrals not captured in FY 18-19 data due to case status beginning late in fiscal year (i.e. during 4th quarter).

[18] "Services Received" means that client completed an appointment with a provider or had an appointment scheduled at the time of discontinued follow-up. There has been an underreporting of results in the current data collection methods.

- ***October 2018*** – Hub 2 PHN and Hub 1 CHA left employment with HHSA. Continuous Quality Improvement team from HHSA held SWOT analysis meeting with Community Hub partners and stakeholders.
- ***November 2018*** – New CHA for Hub 2 began orientation to HHSA and Community Hub Program. Hub Leadership began meetings with El Dorado Union High School District to support referrals for students with mild to moderate behavioral health concerns.
- ***December 2018*** – New bilingual Hub 3 PHN and Hub 3 CHA began orientation to HHSA and Community Hubs program.
- ***January 2019*** – Parent focus groups completed at libraries in all Hub areas. Hub 4 PHN returned from leave of absence.
- ***February 2019*** – Hub 3 CHA began outreach opportunities to new populations within HHSA - Job Club.
- ***March 2019*** – SOW of work development with First 5 contractor's and partners.
- ***April 2019*** – CHAs presented Mindfulness and Coping Skills strategies to freshmen and sophomore classes at El Dorado High School. Health teams co-facilitated parent workshops with FES partners in Hubs 1 and 2. Community Hub leadership presented update on program to Behavioral Health Commissioners including preliminary service-level data and anecdotal stories related to behavioral health services in El Dorado County.
- ***May 2019*** – Hub 2 team building connections with partners and community in South County areas to reach geographically- isolated populations. New Hub 5 PHN began orientation to HHSA and Community Hubs. Health team co-facilitated parent workshops with FES partners in Hub 4. Hub 2 PHN left employment with HHSA.
- ***June 2019*** – Primary prevention health education provided to residents at Progress House in Hub 3. Health team co-facilitated parent workshops with FES partners in Hub 5. Hub 3 PHN left employment with HHSA.

Operational Highlights/Successes:

- Meetings between Community Hub Leadership team and EDUHSD to discuss mental health needs and referral for services for high school students began in November 2018. The discussion began with need for High Schools to connect students to services but not having funding for individualized care coordination or case management support. Discussion evolved to invite and include other providers of behavioral health services as the Hub health team serves as a connector to services rather than direct provider for behavioral health and counseling.
- Provided a training to the California Chronic Disease Coalition Leadership on the Community Hub Project in order to help coalition leaders connect the dots between Adverse Childhood Experiences (ACEs) and chronic disease; also, to inform about local jurisdiction programming built to address ACEs.
- Hub leadership is currently working with Marshall and Barton Pediatrics to implement ACEs screening and follow-up referral linkage in their patient populations.
- Developed provider feedback policy for all referrals to Public Health Nursing case management. The letter is sent to referring provider within 2 weeks of receiving their referral to communicate that contact was made, date of contact, PHN assigned and contact information, and a summary of current nursing case management goals. A log of preferred contact method and contact information for providers was created to assist in implementation.

- Hub leadership worked with community partners and local healthcare agencies to develop plan to implement a safe syringe/needle exchange program and increase harm reduction services within our County.
- Increase in PHN referrals and CHA linkages despite vacancies and staffing changes. The program received a total of 232 PHN referrals and 433 CHA linkage requests for pregnant women or families with children 0-18 up from 188 and 232 respectively during the previous fiscal year. This goal was addressed through presentations promoting the updated PHN Referral Criteria and knowledge of Community Hubs to local health care providers and community service providers as well as continued community outreach at local events targeting families with children. Most PHN referrals still originate from local health care providers. The most common linkage requests to the CHAs were self-referrals for dental provider or connection to community resources or basic needs. Hubs health team also had an increase referrals and coordination of service between Hub multi- disciplinary partners (i.e. from Family Engagement Specialists (EDCOE) to Health team [both CHA and PHN] as well as between Hub PHN and CHA to increase comprehensive health assessment.
- Hub leadership worked with Marshall Medical OB to implement a screening and referral protocol using the Edinburgh Postnatal Depression Scale in order to identify women with postpartum depression seen in the hospital, OBGYN and pediatric offices and link them to PHN case management and follow-up behavioral health care for services.
- Parent Workshops were co-facilitated by Community Health Advocates and Family Engagement Specialists (EDCOE) along with Public Health Nurse support within Hubs 1, 2, 4 and 5 during spring 2019 utilizing Nurturing Parenting Community- based curriculum topics as well as additional health and parenting strategies topics. Hub 1 team completed a three session series at childcare site covering stages of child development, early brain development, respectful communication, understanding feelings, establishing routines and addressing challenging behaviors. Hub 2 also offered a three part series at a childcare site covering stages of child development, respectful communication, managing family stress and building self- worth. Hub 2's series also included a guest speaker trained in Applied Behavior Analysis who shared tools for stress management and mindfulness techniques. Hub 4 offered a one-day Saturday workshop at the library presenting strategies to help parents ensure their child is ready to begin kindergarten covering topics on behavior, routines, communication, child development as well as expressing feelings. Hub 5 completed a series on two consecutive Saturdays sharing information on child development, early brain development, communication, challenging behaviors and stress. All Hub teams offered an opportunity for families with young children to learn about the protective factors and space to connect with other families with children of similar ages and stages.
- Hub 4 Team held a Mindfulness and Stress Reduction session in December 2018 at the Georgetown Library for junior high and high school students on the week of final exams. The event was well received by participating teens and parents and will be replicated or expanded next year. Hub 4 also participated in a vaping focus group in January 2019 providing education to the Drug Free Divide coalition (including school staff, counselors, law enforcement, and community agencies) and strategizing how to provide health education at local high schools to address the vaping epidemic on campuses. The group education sessions were not able to occur last year but will be a goal for next school year.
- CHAs from Hubs 2 and 3 participated in EDHS Wellness Day by providing Mindfulness and stress reduction techniques to freshman and sophomore students in April 2019 and also included

health education on Mindfulness activities for children and families at spring Super Hub events at the libraries.

- Health staff conducted outreach to health care providers to promote referrals to PHN for care coordination and increase collaboration in serving families in El Dorado County. PHN leadership had ongoing meetings between Director of Barton Pediatrics and MCAH Program Director to increase behavioral health and developmental screenings among the pediatric patient population and coordination of referrals to both MCAH-High Risk Infant and Community Hub Programs. On the West Slope, promotion of the Community Hubs Program and PHN referral criteria was completed with Divide Wellness Center, Marshall Sierra Primary Medicine, Marshall Whole Child Health, Marshall Family Birth Center and Western Sierra Medical Center. ACE Study awareness presentations and promotion of referrals to Community Hubs program to Shingle Springs Health and Wellness Behavioral Health and Dental providers completed in March.
- Primary prevention health education was provided to residents at Progress House in Camino. PHN services and support were also promoted at Progress House. The presentation content on the importance of well child visits and navigating preventive health care was prepared by nursing staff and delivered by a CHA with guidance from the supervisor. Both staff and participants at Progress House had positive feedback and requested additional health education sessions in the future.
- Health staff continued outreach inside library settings and at community events that are family friendly and maintained office hours for to be available for families at the library for connection to resources and assistance with access to health care needs.
- Continued professional development of new and existing health staff including training on Maternal Mental Health 101 through Postpartum Support International webinars, DAYC-2 training, Motivational Interviewing and ongoing participation in the El Dorado ACEs Collaborative to reinforce understanding of trauma-informed approach and resiliency. DAYC-2 developmental assessment tool for use by Public Health Nurses during case management and care coordination to identify children with significant developmental delays and aid in referral process to local early intervention and developmental services.

Challenges During this FY:

- Community Hubs Health team objectives during the 18-19 fiscal year continued to be impacted by staff turnover as well as leaves of absence in both the PHN and CHA positions. PHN openings are difficult to fill in general similar to other positions requiring professional licensure within El Dorado County HHSA such as social workers, physical therapists and mental health clinicians. PHN positions experienced increased turnover in other Public Health programs besides the Community Hubs Program. That challenge of turnover paired with the nature of the Community Hubs as an innovative project designed to develop over a 5-year time frame, breaks continuity within the program and overall team because staff members are at varying levels of development and require additional training. For example, new health staff does not have the benefit of first-hand knowledge and experience of completing the Community Needs Assessments which inform health team goals, especially outreach to the community and health education. The Community Needs Assessment process also aided in developing professional relationships that would be necessary to serve clients and families. PHNs are also intended to serve as a health lead in Community Hubs providing direction and guidance to CHAs as well as consultation to partners meaning PHN vacancies and cross-coverage significantly impacts capacity to meet objectives within each of the Hub districts.

- Data collection and evaluation of the health team services at client level as well as overall project level continues to be a challenge. The Community Hubs program has utilized pre-existing tools because staff specializing in data collection and analysis are not available to develop replacement mechanisms within an electronic health record system (Patagonia) in an efficient manner. Manual entry and collection of data is time consuming, labor intensive and increases potential for human error. A transition to the electronic health record system was anticipated for Public Health-MCAH by the end of FY 18-19; however, development takes considerable time and takes away from existing public health staff responsibilities. Support from a department analyst position is needed and has been requested to provide the infrastructure necessary to implement new systems and expand evaluation measures for 6-18 which would improve staff efficiency in data capture as well as reporting capabilities.

FY 19-20 Additional Program Goals:

- Expand preventive health education by Hubs health team in socially or geographically isolated populations with topics such as: Life skills, access to health care, substance use prevention, pre-conception health, stress reduction, healthy relationships, and/or ACEs and resiliency for families with children 12 through 18 years of age.
- Maintain and reinforce relationships with local health care providers through promotion of Hubs program as well as promoting routine developmental and behavioral health screening and assessments in primary care practice settings.
- Achieve full health team staffing complement through continued recruitment and improve retention of staff.
- Develop and implement new Electronic Health Record which will increase consistency of screenings, assessments and improve metric tracking capabilities.
- Expand evaluation of the Hubs to include a resiliency measurement for families with children 6-18 years of age.

Restoration of Competency in an Outpatient Setting

This project ended on April 3, 2019.

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$216,576	$125,000
Total Expenditures	$19,188	$24,999
Unduplicated Individuals Served	1	2
MHSA Cost per Participant	$19,188	$12,250

Restoration of Competency in an Outpatient Setting
Final Innovation Report

Background: On August 25, 2016, El Dorado County presented its two-year "Restoration of Competency in an Outpatient Setting" Innovation project to the Mental Health Services Oversight and Accountability Commission (MHSOAC). El Dorado County, Health and Human Services/Behavioral Health Division officially began implementation of the project on April 4, 2017. The project ended on April 3, 2019.

Pursuant to Title 9, California Code of Regulations, Section 3580(a)(2)(A), this is the final Innovation Report

Project Objective: At the time of implementation, most Restoration of Competency programs took place in the jail setting. There were some private agencies that provided Restoration of Competency services in a community setting, but those agencies used a case management and referral to a behavioral health model. El Dorado County's innovative model focused on Restoration of Competency in within the County's Behavioral Health building, in an outpatient setting, which included access to the Behavioral Health Wellness Center. It was anticipated that this approach would provide quality care for clients, keep clients out of jail, keep clients connected to family and friends in the community, and reduce the County's cost for State beds.

The Need: In 2016, Behavioral Health recognized that El Dorado County was experiencing an increase in individuals found incompetent to stand trial. Behavioral Health also recognized that like many counties, there was a lack of inpatient beds for competency restoration. In fact, on average, individuals in El Dorado County spent 23 hours per day in jail isolation, for two to eight months until an inpatient bed became available. It was determined that there would be a quicker rate of restoration from an inpatient setting than what was anticipated in an outpatient setting, but the data did not take into account the wait time in jails prior to the admission to an inpatient restoration of competency program.

This proposed project aimed to learn if restoration of competency in an outpatient setting would help misdemeanants maintain their connection to the community and strengthen their ties to the mental health system, while reducing the overall cost of restoration of competency services. Mental health services for participating misdemeanants could include a full mental health assessment to determine mental health and substance use disorder services; family and community supports; medication compliance; supportive housing; psychiatric services; and Wellness Center activities (including managing emotions, exercise groups, conversation skills, sober living, smoking cessation, self-care, life skills, and mindfulness skills).

It was anticipated that restoration of competency services in an outpatient setting would serve eight to ten individuals annually.

Learning Objective: The primary learning goal was to determine if program participants experienced a reduction in recidivism and continued with mental health services after restoration of competency.

Outcomes: The Outcomes and Learning Objectives measured for this project included:

1. Length of stay in jail
2. Days to restoration
3. Maintenance of Behavioral Health services during and after restoration
4. Missed appointments
5. Return to jail or inpatient unit

Data: Pursuant to Title 9, California Code of Regulations, Section 3580.010, data collected on this project includes:

1. Age by category:	
0-15 (children/youth) 0	0
16-25 (transition age youth)	1
26-59 (adult)	2
Ages 60+ (older adults)	0
Number of respondents who declined to answer the question	0
2. Race by the following categories:	
American Indian or Alaska Native	0
Asian	0
Black of African American	0
Native Hawaiian or other Pacific Islander	0
White	2
Other	0
More than one race	1
Declined to answer the question	0
3. Ethnicity by the following categories:	
Hispanic or Latino as follows:	
• Caribbean	0
• Central American	0
• Mexican/Mexican-American/Chicano	0
• Puerto Rican	0
• South American	0
• Other	0
• Number of respondents who declined to answer the question	0
Non-Hispanic or Non-Latino as follows:	
• African	0
• Asian Indian/South Asian	0
• Cambodian	0
• Chinese	0
• Eastern European	0
• European	0
• Filipino	0
• Japanese	0
• Korean	0
• Middle Eastern	0
• Vietnamese	0
• Other	0
	3
Number of Respondents who declined to answer the question	0
4. Primary language used by threshold languages for the individual county	
English	3
Spanish	0
5. Sexual orientation (not required for minors under 12 years of age)	0

Gay or Lesbian	
Heterosexual or Straight	1
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
Number of respondents who declined to answer the question	2
6. A disability, defined as physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.	
Yes, report the number that applies in each domain of the disability(ies)	
• Communication domain separately by each of the following	
○ Difficulty seeing	0
○ Difficulty hearing, or having speech understood	
○ Other (Specify)	
• Mental domain no including a mental illness (including but not limited to a learning disability, developmental disability, dementia)	3
• Physical/mobility domain	
○ Chronic health condition (including but not limited to chronic pain)	0
• No	0
• Number of respondents who declined to answer the question	0
7. Veteran status (not required for minors under 12 years of age)	
Yes	0
No	1
Number of respondents who declined to answer the question	2
8. Gender	
Assigned at birth	
• Male	2
• Female	1
• Number of respondents who declined to answer the question	0
Current Gender Identity (not required for minors under 12 years of age)	
• Male	2
• Female	1
• Transgender	0
• Genderqueer	0
• Questioning or unsure of gender identity	0
• Another gender identity	0

• Number of respondents who declined to answer the question	0

9. Any other data that the County considers relevant.
None reported.

Changes made to the Innovative Project during the reporting period: None

Recommendation: The demand for this program was lower than anticipated. Only three participants were identified by the justice system (Court, Public Defender, District Attorney). One participant was not in jail at the time participation in the Restoration of Competency Innovation program was ordered. Mental Health could not independently identify other appropriate participants.

During the period of time covered by this Innovation program, there were seven in-jail participants ordered to be restored to competency while remaining incarcerated.

Outcomes Results:

1. Length of stay in jail - No participants returned to jail during their involvement in the Restoration of Competency program.
2. Days to restoration - Average of 28 days for two participants. A third participant was not restored to competency on an outpatient basis.
3. Maintenance of Behavioral Health services during and after restoration - Two participants engaged in Specialty Mental Health Services and one focused solely on Restoration of Competency. After restoration, one participant remained engaged with Behavioral Health.
4. Missed appointments - 10% of the appointments were missed. 14% of the appointments were cancelled by the participant. 76% of the appointments were attended.
5. Return to jail or inpatient unit - One individual was placed in an inpatient unit for completion of restoration of competency. Post restoration, one participation was placed in an inpatient unit as a result of mental illness.

El Dorado County MHSA learned after the program ended that many of the justice system partners who worked day-to-day with the legal proceedings were not aware of the program. Therefore an important lesson learned from this program is that direct communication with all levels of an organization (not just with specific individuals and/or leaders) is of utmost importance to ensure that staff performing the duties are made aware of the options available.

Based on the low referrals, El Dorado County MHSA terminated this project at its original termination date, and no new outpatient restoration of competency program was established under a different component of MHSA. In the event that individuals are deemed by the Court to be appropriate for outpatient restoration of competency, those clients will be served through an outpatient Community Services and Supports (CSS) Program at a level that meets the clinical needs of the clients.

Workforce Education and Training (WET) Projects

Introduction

The Workforce Education and Training (WET) component includes education and training projects and activities for prospective and current public mental health system employees, contractors, and volunteers.

WET Coordinator Project

Project 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.

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$30,000	$30,000
Total Expenditures	$14,360	$11,272

Outcome Measures

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

  Information about upcoming trainings applicable to Behavioral Health is distributed to the Behavioral Health Division managers and supervisors, and to community-based organizations or the public depending upon the topic of the training. Additional, contracts with training vendors continue to be established to ensure training can be scheduled when needed.

Workforce Development Project

Project Goals

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

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$77,392	$20,000
Total Expenditures	$43,872	$34,894
Total Number of Trainings	23	12

Outcome Measures

- Measurement 1: The number of training opportunities for the public mental health system workforce, including staff, contractors, volunteers, and consumers.

Title of Training	Number of Attendees	Duration of Training
Cultural Competence: The Immigrant Experience Ethnicity and Families	6	1 hour
Cultural Competence: Older Adults / Senior Peer Counseling	71	2 hours
Culture Counts: The Influence of Culture and Society on Mental Health	3	2 hours
Demographics Issues and Challenges in Older Adult Behavioral Health	3	1 hour
Exploring Cultural Awareness Sensitivity and Competence v.2	14	1 hour
National CLAS Standards	45	2 hours
Native Values Attitudes & Behaviors	70	2 hours
Patient's Rights: Advocacy for Transgender Children & Adolescents	1	1.25 hours
Patients' Rights: Peer Culture and Peer Perspective	1	1.25 hours
Patients' Rights: Racial/Ethnic & Cultural Issues in the MH System	1	1 hour
Unique Aspects of Mental Health Care for Older Adults	2	1 hour
Working with the Elderly Part B	1	2 hours

Supervisors and Managers also attend courses offered by HHSA as part of the Agency's leadership and development program:

- ACEs
- How is Our Team Doing?
- Brown Act
- Coach vs Mentor
- Career Growth
- Employee Wellness and Development

Capital Facilities and Technology (CFTN) Projects

Introduction

The Capital Facilities and Technology (CFTN) Projects are items necessary to support the development of an integrated infrastructure and to improve the quality and coordination of care.

Electronic Health Record System

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$248,407	$252,617
Total Expenditures	$106,898	$104,414

Full implementation of software to increase communication with community-based partners has not yet been completely implemented.

Telehealth

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$50,000	$100,000
Total Expenditures	$0	$1,856

Community Wellness Center

Cost

Expenditures	FY 2017-18	FY 2018-19
MHSA Budget	$500,000	$500,000
Total Expenditures	$0	$0

Behavioral Health has not been able to locate a viable location for an integrated Community Wellness Center. The $500,000 in FY 2018/19 represents a transfer from CSS to CFTN.

Appendix A
Duerr Evaluation Resources
Tahoe Youth and Family Services
Primary Intervention Project

Appendix B
El Dorado County Data Collection and Reporting (DCR) System Outcomes Report
Fiscal Year 2018/2019