El Dorado County
Mental Health Services Act
Outcomes

FY 2017-18 Year End Results

Reported with the FY 2019-20 MHSA Annual Update

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH DIVISION

WELLNESS | RECOVERY | RESILIENCY

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Introduction

This Outcome Measures document accompanying the FY 2019-20 MHSA Annual Update provides outcome information for the projects included in the FY 2017-18 MHSA Plan.

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

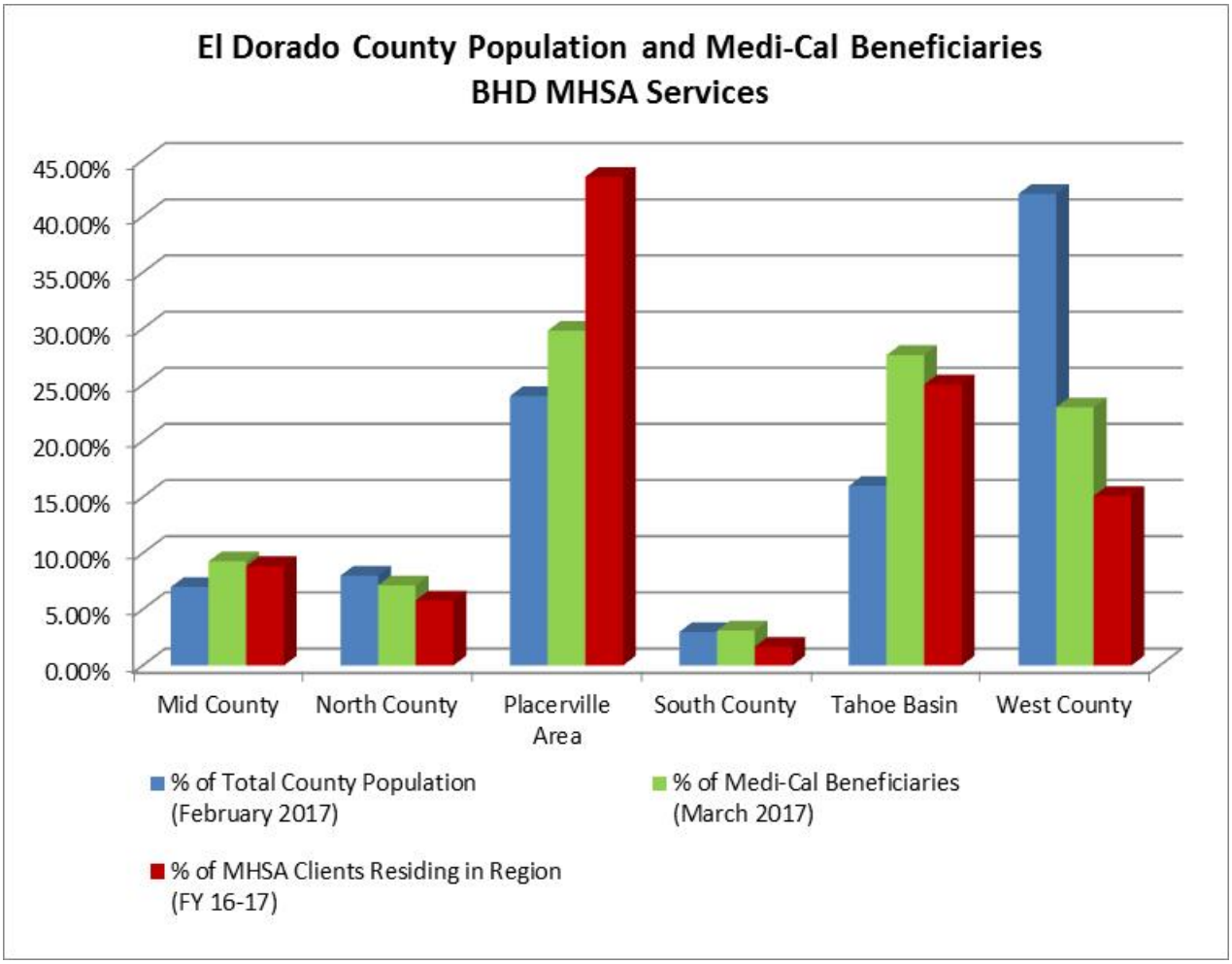
West County	Cameron Park, El Dorado Hills, Rescue, Shingle Springs
Placerville Area	Diamond Springs, El Dorado, Placerville, Pleasant Valley
North County	Coloma, Cool, Garden Valley, Georgetown, Greenwood, Kelsey, Lotus, Pilot Hill
Mid County	Camino, Cedar Grove, Echo Lake, Kyburz, Pacific House, Pollock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

Prevention and Early Intervention (PEI)

Please see Appendix A, *Annual Prevention & Early Intervention Report* reporting on Fiscal Year 2017-18 PEI projects.

Community Services and Supports (CSS)

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.



Outcome information for various BHD programs is posted on the BHD's Quality Improvement web page at: https://www.edcgov.us/Government/MentalHealth/QI/Pages/quality_improvement.aspx and published monthly in the monthly report to the Behavioral Health Commission, which is attached to the Commission's monthly meeting agendas and available at: https://eldorado.legistar.com/Calendar.aspx.

Full Service Partnership (FSP) Program

Children's FSP

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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$850,000	$750,000	$1,860,699	$1,800,000
Total Expenditures	$757,790	$796,582	$1,009,637	$801,631
Unduplicated Individuals Served	100	130	106	99
Cost per Participant	$7,578	$6,128	$9,525	$8,097

Age Group*	FY 2014-15	FY 2015-16	FY 2016-17*	FY 2017-18
0-15 (children/youth)	100	95	84	71
16-25 (transitional age youth)	23	27	23	28
26-59 (adult)	0	0	0	0
Ages 60+ (older adults)	0	0	0	0
Unknown or declined to state	0	0	0	0

*Individuals who moved between age groups may be counted more than once

Gender	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Female	53	51	55	51
Male	70	71	51	48

Region of Residence	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
West County	20	12	10	14
Placerville Area	43	43	35	30
North County	6	3	8	10
Mid County	17	11	12	6
South County	3	1	0	2
Tahoe Basin	29	42	27	22
Unknown or declined to state	0	0	0	15
Out of County	5	10	14	0

Race	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
American Indian or Alaska Native	6	3	1	2
Asian	0	0	1	0
Black or African American	2	2	2	2
Caucasian or White	96	97	88	67
Native Hawaiian or Other Pacific Islander	1	1	0	0
Other Race	16	16	8	12
Unknown or declined to state	2	3	6	16

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Hispanic or Latino	6	12	12	9
Other Hispanic / Latino	5	7	8	6
Not Hispanic	101	90	70	52
Unknown or declined to state	11	13	16	32

Primary Language	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
English	119	116	98	81
Spanish	1	2	0	2
Other Language	0	1	0	0
Unknown or declined to state	3	3	8	16

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 win continue working with the database to include further data as available in future outcome documents.

Please see Appendix B for outcomes that will be expanded upon in future years.

Measurement 1 (Days of psychiatric hospitalization)

Children's FSP and Enhanced Foster Care	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Children Enrolled in this Program:				
Unduplicated Children Served	see below	see below	106	99
Unduplicated Children Hospitalized	see below	see below	8	6
Number of Hospitalizations	see below	see below	15	8
Average Length of Stay	see below	see below	7 days	6 days
All El Dorado County Children Medi-Cal Beneficiaries (under age 18): (whether receiving Specialty Mental Health Services or not)				
Unduplicated Children Hospitalized	see below	see below	55	47
Number of Hospitalizations	see below	see below	75	61
Average Length of Stay	see below	see below	6 days	7 days

Children's FSP Only	FY 2014-15	FY 2015-16
Children Enrolled in this Program:		
Unduplicated Children Served	50	65
Unduplicated Children Hospitalized	4	2
Number of Hospitalizations	5	2
Average Length of Stay	not reported	10 days

Enhanced Foster Care Only	FY 2014-15	FY 2015-16
Children Enrolled in this Program:		
Unduplicated Children Served	73	57
Unduplicated Children Hospitalized	4	1
Number of Hospitalizations	6	1
Average Length of Stay	not reported	4 days

Transitional Age Youth (TAY) FSP

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

In the TAY FSP and TAY Engagement, Wellness and Recovery Services were historically reported as a single project. In FY 2017-18, the data for the two programs have been reported separately.

Numbers Served and Cost

Expenditures	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
MHSA Budget – Total	$342,387	$464,498	$714,707	$375,000
Total Expenditures - MHSA	$101,242	$81,769	$84,742	$11,425
Unduplicated Individuals Served	84	49	44	5
Cost per Participant	$1,205	$1,669	$1,926	$2,285
Total Expenditures – MHBG First Episode Psychosis	$0	$11,656	$89,842	$70,822
Unduplicated Individuals Served	0	2	6	16
Cost per Participant	$0	$5,828	$14,974	$4,426
Total Expenditures	$101,242	$292,465	$388,434	$82,247

Age Group	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
0-15 (children/youth)	7	0	0	0
16-25 (transitional age youth)	77	51	50	21
26-59 (adult)	0	0	0	0
Ages 60+ (older adults)	0	0	0	0
Unknown or declined to state	0	0	0	0

*Individuals who moved between age groups may be counted more than once

Gender	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
Female	47	23	23	7
Male	37	28	27	14

Region of Residence	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
West County	13	11	10	3
Placerville Area	15	20	20	6
North County	1	2	2	0
Mid County	6	6	8	2
South County	1	2	1	1
Tahoe Basin	48	10	9	9
Unknown or declined to state	0	1	0	0

Race	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
American Indian or Alaska Native	2	3	2	2
Asian	1	1	1	1
Black or African American	1	0	0	0
Caucasian or White	60	43	43	14
Native Hawaiian or Other Pacific Islander	1	0	0	0
Other Race	17	4	3	3
Unknown or declined to state	2	0	1	1

Ethnicity	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
Hispanic or Latino	15	6	4	2
Other Hispanic / Latino	10	5	3	1
Not Hispanic	53	36	40	17
Unknown or declined to state	6	4	3	1

Primary Language	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
English	81	50	50	21
Spanish	2	1	0	0
Other Language	0	0	0	0
Unknown or declined to state	1	0	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 win continue working with the database to include further data as available in future outcome documents.

Please see Appendix B for outcomes that will be expanded upon in future years.

Measurement 2 Number of Clients Graduating from Specialty Mental Health Services

Number of clients graduating from Specialty Mental Health Services from the TAY FSP episode: 7.

The remaining 5 who exited services did so against medical advice, were incarcerated, moved out of county, or declined to continue engagement in services.

Measurement 7 (Continued engagement in mental health services)

Participants	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
Unique Clients	84	51	50	21
Total Episodes	84	52	52	23

Participants	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 FSP Only
Episodes Opened:				
Total Episodes Opened	unknown	21	25	14
New/Returning Client	unknown	20	23	13
Changed Program (same level of service)	7	1	0	0
Dropped Down in Level of Services	0	0	0	0
Increased Level of Services	0	0	2	1
Episodes Closed:				
Total Episodes Closed	57	26	22	16
Graduated / Exited Services	55	25	17	12
Decreased Level of Services	2	0	3	2
Increased Level of Services	0	0	2	0
Changed Program (same level of service)	0	1	0	2

Adult FSP

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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$3,846,189	$4,050,000	$4,566,260	$4,675,000
Total Expenditures	$3,210,260	$4,292,835	$4,375,139	$4,229,842
Unduplicated Individuals Served	133	124	117	121
Cost per Participant	$24,137	$34,620	$37,394	$34,957

Age Group	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-15 (children/youth)	1	0	0	0
16-25 (transitional age youth)	20	12	11	10
26-59 (adult)	101	100	94	95
Ages 60+ (older adults)	11	12	13	16
Unknown or declined to state	0	0	0	0

Gender	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Female	57	54	52	52
Male	76	70	65	69

Region of Residence	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
West County	10	8	9	8
Placerville Area	60	57	64	66
North County	1	2	1	1
Mid County	9	6	3	6
South County	0	0	0	1
Tahoe Basin	45	43	41	35
Unknown or declined to state	8	8	0	4

Race	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
American Indian or Alaska Native	1	2	1	1
Asian	3	4	4	4
Black or African American	2	4	5	4
Caucasian or White	115	106	100	100
Native Hawaiian or Other Pacific Islander	1	0	0	0
Other Race	10	8	6	10
Unknown or declined to state	1	0	1	2

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Hispanic or Latino	3	2	2	2
Other Hispanic / Latino	7	7	9	11
Not Hispanic	119	110	95	99
Unknown or declined to state	4	5	11	9

Primary Language	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
English	130	122	114	117
Spanish	0	0	0	0
Other Language	0	1	2	3
Unknown or declined to state	3	1	1	1

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

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 win continue working with the database to include further data as available in future outcome documents.

Please see Appendix B for outcomes that will be expanded upon in future years.

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

Number of clients graduating from Specialty Mental Health Services from the Adult FSP episode: 8.

The remaining 14 who exited services did so against medical advice, were incarcerated, moved out of county, died, declined to continue engagement in services, or could no longer be contacted.

Measurement 3 (Continued engagement in services)

Participants	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Unique Clients	133	124	117	121
Total Episodes	139	134	123	129
Episodes Opened:				
Total Episodes Opened	not reported	60	58	72
New/Returning Client	not reported	19	17	37
Changed Program (same level of service)	not reported	1	4	9
Dropped Down in Level of Services	not reported	14	13	14
Increased Level of Services	not reported	26	24	12
Episodes Closed:				
Total Episodes Closed	not reported	69	61	71
Graduated / Exited Services	not reported	31	24	22
Decreased Level of Services	not reported	34	21	29
Increased Level of Services	not reported	3	12	11
Changed Program (same level of service)	not reported	1	4	9

Older Adult FSP

There are no FY 2017-18 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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	--	--	--	$100,000
Total Expenditures	--	--	--	$0
Clients Served	--	--	--	0
Cost per Participant	--	--	--	$0

Assisted Outpatient Treatment (AOT)

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

Numbers Served and Cost

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$125,000	$100,000	$200,000	$200,000
Total Expenditures	$0	$0	$4,881	$13,798
AOT Referrals	0	0	8[1]	8
Cost per Participant	$0	$0	$610	$1,725

For AOT, the number of clients served means the number of individuals who were referred to AOT for whom follow-up work was performed to determine if the individuals met criteria for AOT and/or engage the individual in outpatient Specialty Mental Health Services. 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.

Outcome Measures

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

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

[1] Data reconciliation corrected the number of referrals received in FY 2016-17 to reflect 8 rather than the previously reported number of 15. Accordingly, the Cost per Participant was also corrected.

clinician ratio and takes a team approach to help clients in achieving their treatment goals. Because treatment is provided by the ICM team, these Outcome Measures are no longer appropriate for the AOT program. In FY 2019-20, the Outcome Measures will be changes for this program.

Wellness and Recovery Services Program

Adult Wellness Centers (includes 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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$2,120,769	$2,500,000	$2,045,874	$2,300,000
Total Expenditures	$2,331,867	$2,089,348	$1,912,671	$2,181,145
Wellness Center:				
Wellness Center Visits	10,500	7,200+[3]	*[2]	6,400+[3]
Cost per Visit	$222	$290[3]	*[2]	$341
Unduplicated Clients (West Slope Only)	not reported	not reported	not reported	310
Outpatient Wellness Program Clients Served	518	407	405	415
Cost per Client	$4,502	$5,134	$4,723	$5,026

Age Group	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-15 (children/youth)	0	0	0	0
16-25 (transitional age youth)	30	40	42	38
26-59 (adult)	228	324	316	334
Ages 60+ (older adults)	32	43	47	43
Unknown or declined to state	0	0	0	0

[2] Data not available.
[3] South Lake Tahoe data not available.

Gender	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Female	166	224	207	222
Male	124	183	198	193

Region of Residence	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
West County	38	51	62	63
Placerville Area	94	141	157	163
North County	8	14	22	17
Mid County	27	32	34	38
South County	6	12	10	9
Tahoe Basin	107	141	108	122
Unknown or declined to state	9	2	0	3
Out of County	0	14	12	0

Race	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
American Indian or Alaska Native	5	5	4	8
Asian	4	2	3	5
Black or African American	5	4	6	8
Caucasian or White	460	360	369	352
Native Hawaiian or Other Pacific Islander	4	4	0	0
Other Race	37	29	20	30
Unknown or declined to state	3	3	3	12

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Hispanic or Latino	15	14	17	14
Other Hispanic / Latino	39	29	19	26
Not Hispanic	431	344	345	337
Unknown or declined to state	33	20	24	38

Primary Language	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
English	278	394	393	403
Spanish	7	8	5	2
Other Language	3	3	3	4
Unknown or declined to state	2	2	4	6

Outcome Measures

- Measurement 1: Number of participants and frequency of attendance
- Measurement 2: Attainment of individualized goals

Measurement 1 (Number of participants and frequency of attendance)

Participants	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Unique Clients	518	407	405	415
Total Episodes	524	413	416	434
Episodes Opened:				
Total Episodes Opened	not reported	164	178	264
New/Returning Client	not reported	125	153	221
Changed Program (same level of service)	not reported	2	3	0
Dropped Down in Level of Services	not reported	19	17	20
Increased Level of Services	not reported	18	5	23
Episodes Closed:				
Total Episodes Closed	241	178	246	229
Graduated / Exited Services	229	154	145	181
Decreased Level of Services	3	6	78	35
Increased Level of Services	8	16	20	13
Changed Program (same level of service)	1	2	3	0

Measurement 2 (Changed from "Attainment of individualized goals" to "Number of Clients Graduating from Specialty Mental Health Services")
Completion of individualized goals can only be determined by individually reviewing each treatment plan because goals are written as free-form text that may read differently between each treatment plan. Therefore, Measurement 3 will be replaced with "Number of Clients Graduating from Specialty Mental Health Services", which can be determined from the Electronic Health Record.

Number of clients graduating from Specialty Mental Health Services from the Wellness episode: 78.

The remaining 103 who exited services did so against medical advice, were incarcerated, moved out of county, declined to continue engagement in services, or could no longer be contacted.

TAY Engagement, Wellness and Recovery Services

In the TAY FSP and TAY Engagement, Wellness and Recovery Services were historically reported as a single project. In FY 2017-18, the data for the two programs have been reported separately.

Numbers Served and Cost

Expenditures	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
MHSA Budget – Total	$342,387	$464,498	$714,707	$200,000[4]
Total Expenditures - MHSA	$101,242	$81,769	$84,742	$199,547
Unduplicated Individuals Served	84	49	44	43
Cost per Participant	$1,205	$1,669	$1,926	$4,641
Total Expenditures – MHBG Dialectical Behavior Therapy (DBT) in Schools	$0	$199,040	$213,851	$96,499
Total Expenditures	$101,242	$292,465	$388,434	$296,046

Age Group*	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
0-15 (children/youth)	7	0	0	1
16-25 (transitional age youth)	77	51	50	41
26-59 (adult)	0	0	0	1
Ages 60+ (older adults)	0	0	0	0
Unknown or declined to state	0	0	0	0

*Individuals who moved between age groups may be counted more than once

Gender	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
Female	47	23	23	22
Male	37	28	27	21

Region of Residence	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
West County	13	11	10	8
Placerville Area	15	20	20	17
North County	1	2	2	1
Mid County	6	6	8	7
South County	1	2	1	2
Tahoe Basin	48	10	9	8
Unknown or declined to state	0	1	0	0

[4] Refers to MHSA funding only.

Race	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
American Indian or Alaska Native	2	3	2	2
Asian	1	1	1	0
Black or African American	1	0	0	0
Caucasian or White	60	43	43	38
Native Hawaiian or Other Pacific Islander	1	0	0	1
Other Race	17	4	3	1
Unknown or declined to state	2	0	1	1

Ethnicity	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
Hispanic or Latino	15	6	4	3
Other Hispanic / Latino	10	5	3	1
Not Hispanic	53	36	40	36
Unknown or declined to state	6	4	3	3

Primary Language	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
English	81	50	50	43
Spanish	2	1	0	0
Other Language	0	0	0	0
Unknown or declined to state	1	0	0	0

Outcome Measures

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

When the previous TAY program was split between TAY FSP and TAY Wellness, the outcome measures for the TAY Wellness program were not updated. The above information is entered into the State database only for FSP clients, therefore, the information is not available for TAY Wellness clients.

Therefore, the outcome measures have been replaced with:

- 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)

Participants	FY 2014-15 FSP and Wellness	FY 2015-16 FSP and Wellness	FY 2016-17 FSP and Wellness	FY 2017-18 Wellness Only
Unique Clients	84	51	50	43
Total Episodes	84	52	52	43
Episodes Opened:				
Total Episodes Opened	unknown	21	25	22
New/Returning Client	unknown	20	23	16
Changed Program (same level of service)	7	1	0	0
Dropped Down in Level of Services	0	0	0	3
Increased Level of Services	0	0	2	3
Episodes Closed:				
Total Episodes Closed	57	26	22	24
Graduated / Exited Services	55	25	17	21
Decreased Level of Services	2	0	3	1
Increased Level of Services	0	0	2	1
Changed Program (same level of service)	0	1	0	1

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

Number of clients graduating from Specialty Mental Health Services from the TAY Wellness episode: 8

The remaining 13 who exited services moved out of county, declined to continue engagement in services, died, or could no longer be contacted.

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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$1,055,798	$803,543	$802,578	$800,000
Total Expenditures	$769,498	$736,552	$496,884	$525,575
Requests for Services	1,852	1,607	1,406	1,337
Cost per Request	$415	$458	$353	$393
Call Intakes (inquiries other than a Request for Service)	390	505	775	881

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

Age Group	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-15 (children/youth)	578	491	441	329
16-25 (transitional age youth)	322	278	232	244
26-59 (adult)	856	781	654	707
Ages 60+ (older adults)	96	56	79	57
Unknown or declined to state	0	1	0	0

Gender	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Female	1,010	860	733	706
Male	842	747	673	631

Region of Residence	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
West County	311	300	231	215
Placerville Area	568	449	459	450
North County	107	102	72	57
Mid County	185	153	146	134
South County	51	36	19	42
Tahoe Basin	545	485	387	332
Out of County	0	68	92	73
Unknown or declined to state	67	14	0	34

Race	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
American Indian or Alaska Native	37	32	15	25
Asian	16	4	14	9
Black or African American	38	28	33	32
Caucasian or White	1,533	1,285	976	888
Native Hawaiian or Other Pacific Islander	13	10	3	1
Other Race	158	133	105	99
Unknown or declined to state	57	115	260	283

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Hispanic or Latino	151	133	91	67
Other Hispanic / Latino	113	73	77	62
Not Hispanic	1,423	1,146	874	805
Unknown or declined to state	165	255	364	403

Primary Language	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
English	1,728	1,469	1,191	1,184
Spanish	63	41	30	16
Other Language	12	10	9	12
Unknown or declined to state	49	87	176	125

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

In FY 2016-17, FY 2017-18, and FY 2018-19, there were staffing shortages on the Outreach and Engagement Team that resulted in lower expenditures than anticipated. The Behavioral Health Division continues to recruit Mental Health Clinicians for the Outreach and Engagement Team.

The number of requests for services in FY 2017-18 dropped by approximately 5% (70 requests for services) compared to FY 2016-17. Reasons for this slight decrease remain the same as last year's evaluation: higher rate of direct referrals (either self-referred or from Primary Care Providers) for mild-to-moderate services; 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 2014-15		FY 2015-16	
	Number	Percent	Number	Percent
Opened to Outpatient BHD	453	24%	341	21%
Referred to Other Provider	167	9%	63	4%
Did Not Meet Medical Necessity	753	41%	701	44%
Other	479	26%	502	31%
Total	1,852		1,607	

	FY 2016-17		FY 2017-18	
	Number	Percent	Number	Percent
Opened to Outpatient BHD	289	21%	337	25%
Referred to Other Provider	99	7%	128	10%
Did Not Meet Medical Necessity	488	35%	493	37%
Other	530	38%	379	28%
Total	1,407		1,337	

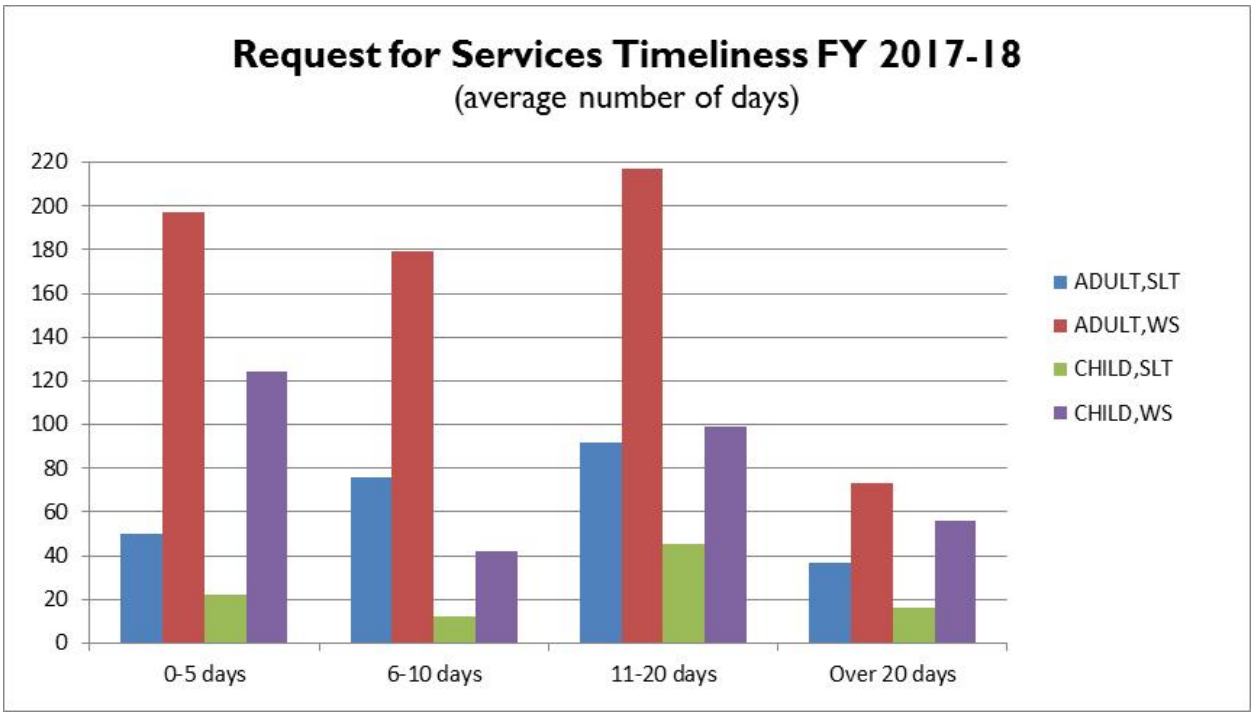
337 (25%) of the requests for services were eligible for Specialty Mental Health Services.

194 (58%) of those clients continued to be open to Specialty Mental Health Services at the end of the fiscal year.

The average length of service for clients who engaged in Specialty Mental Health Services but were not engaged in services at the end of the fiscal year was 112 days.

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 10 business days per MHSUDS Information Notice 18-011.



As discussed above, during FY 2016-17, FY 2017-18 and FY 2018-19, the BHD 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. However, in the current fiscal year, FY 2018-19, the BHD modified its internal processes in responding to requests for services and an improvement in timeliness is expected.

Number of Business Days	Percent Assessed	Timeliness
0-5 days	29%	53% Timely
6-10 days	23%	
11-20 days	34%	47% Not Timely
Over 20 days	14%	

In FY 2017-18 there was also disparities in the timeliness between the West Slope and South Lake Tahoe. This issue is being addressed by the BHD and an improvement in timeliness is expected in FY 2018-19.

Request Type	0-5 business days	6-10 business days	11-20 business days	20+ business days	Total
Adult, SLT	20%	30%	36%	15%	100%
Adult, WS	30%	27%	33%	11%	100%
Child, SLT	23%	13%	47%	17%	100%
Child, WS	39%	13%	31%	17%	100%
Overall	29%	23%	34%	14%	100%

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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$175,000	$75,000	$107,000	$115,000
Total Expenditures	$20,336	$20,017	$46	$0

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 2018 EQRO identified the following recommendations:

1. **The MHP needs to have two active PIPs. The current PIPs do not meet active PIP status. This recommendation continues from last year. EQRO continues to offer ongoing technical assistance to assist the MHP in meeting this recommendation.**

<u>MHP Activities</u>

The MHP continued to work on its two PIPs but due to circumstances beyond the control of the QI team these PIP were not able to become active:

- The Clinical PIP (Brief Model of Care) required re-defining the MHP's clinic-based services program, however the MHP began experiencing higher than normal vacancies in

the West Slope outpatient clinic and there was not sufficient staff to implement this PIP. The PIP has been placed on hold until the MHP's West Slope clinic is fully staffed.
- The Non-Clinical PIP (Access Clinician Stationed at the Local FQHC) requires a MOU to be in place to house County staff at the non-County facility. The draft MOU was provided to the FQHC, who identified they would not be able to take action on the draft MOU until at least January 2019, and as of February 2019, the MHP has not heard any further from the FQHC. This PIP has been placed on hold until the FQHC responds.

Therefore, the MHP identified two new PIPs as a result of preparation activities for the DHCS System and Chart Review:
- The Clinical PIP is whether a formal screening tool for Pathways to Well Being will lead to appropriately increased services to those meeting the criteria for Pathways to Well Being.
- The Non-Clinical PIP addresses how to improve the MHP's NOABD compliance rate for NOABDs that are required to be generated as a result of a request for service.

For both these new PIPs, please see the PIP Tool.

2. To reverse or stabilize the trend of increasing HCBs, conduct an in-depth analysis of current HCBs and implement interventions as indicated by the analysis. Include analysis by age, diagnosis, and timeliness of service. EQRO is available to provide technical assistance for this research and analysis if requested.

MHP Activities

The MHP would appreciate further discussion and technical assistance about HCBs. The MHP has purchased Dimensions, which allows the MHP to extract the needed information from its claims, however the MHP is not clear on the definition of "High Cost Beneficiary" used to determine which clients may meet that criteria. The questions include:
- What is the dollar value threshold for "high cost"?
- Does that dollar value only include Medi-Cal claims or should it include non-billable services (calculated at a per minute rate times the minutes of non-billable service)?
- Does it include inpatient and outpatient costs?

However, El Dorado County is a small county and those clients who require a higher level of service are largely known to the MHP. The MHP believes it is providing the appropriate level of services to those individuals, but will further review once the specific criteria is identified.

When strictly considering clients with a higher number of progress notes in the EHR, there are 37 clients with 200 or more progress notes written in 2018 (range of 200 to 859). Of these, 11 were LPS conservatees, 22 were Full Service Partnership (FSP) level clients, and 4 ended the calendar year in Wellness or Medication Maintenance program but were enrolled as a FSP for more than half of 2018. These clients reside in the County and the MHP works closely with them to ensure they are able to maintain their placement in the community (rather than being

placed in a locked, out of county placement) or for those who are not conserved, to avoid an LPS conservatorship.

3. Prioritize Medicare Part B certifications for eligible service sites and healthcare professionals to maximize revenue. Seek consultation from Butte and Solano MHPs who also use Avatar system and have significant operational experience with processing Medicare-Medi-Cal billing.

MHP Activities

The MHP has evaluated the possibility of seeking Medicare certification for services. However, as previously shared during EQRO, the MHP determined that Medicare certification is not feasible at this time for several reasons:

- *Lack of staffing:* The MHP has experienced high vacancies during this past year within the Clinician classification, including at times seven vacancies out of a total of 26.5 allocated Clinicians, of which approximately 5.0 full-time equivalent (FTE) staff are dedicated to providing Psychiatric Emergency Services (Crisis) services rather than outpatient services. Medicare allows reimbursement only for specific activities when performed by individuals with certain licensure. For example, Medicare requires services to be provided by Social Workers rather than Marriage and Family Therapists. The MHP struggles to recruit any licensed professionals and limiting our recruitments only to the classifications that meet Medicare requirements would further limit the MHP's ability to provide a comprehensive Specialty Mental Health Services program.

- *Other providers capacity:* Marshall Hospital / Marshall Medical Group on the West Slope has recently (within the last two years) hired psychiatrists, and Barton Hospital in South Lake Tahoe continues to offer psychiatry services. Both medical facilities also provide other outpatient mental health services and accept Medicare. Additionally on the West Slope, Shingle Springs Health Center and El Dorado County Community Health Center (a Federally Qualified Health Center) have recently expanded their behavioral health programs, allowing greater access for individuals with Medicare, Medi-Cal and other insurance carriers. Shingle Springs Health Center also has psychiatrists.

- *Lack of Medicare compliant facilities:* El Dorado County contracts with Telecare Corporation to operate the County's Psychiatric Health Facility (PHF). Telecare has extensive experience in operating a variety of mental health facilities throughout the State of California, and their leadership has advised the MHP that the current facility housing the PHF would not be able to become Medicare certified due to the condition of the building (the building is approximately 70 years old). Other mental health facilities within the county may also struggle to obtain Medicare site certification due to the age and layout of the buildings.

- *Current funding levels are sufficient for serving Medicare/Medi-Cal clients:* In FY 2017/18, MHSA Community Services and Supports (CSS) programs, the MHP started with a fund balance of approximately $5.6M (excludes the prudent reserve), an increase of

approximately $1.2M from the previous fiscal year. In FY 2018/19, the starting fund balance was $7.4M (excludes the prudent reserve), an increase of approximately $1.8M. Non-MHSA programs started with a fund balance of approximately $3.5M in both FY 2017/18 and FY 2018/19. The MHP has the funds to offer services, but as noted above is faced with staffing challenges to perform the work.

However, the County continues to have Medicare on its radar and when situations change, Medicare can again be considered.

4. **Continue to work towards peer stipends or salaries for peers working in the Wellness Centers. To encourage peer leadership, create a position description with level of responsibilities tool with stipends or salaries reflecting the level of responsibility of the named position.**

MHP Activities

The MHP has drafted a Request for Proposal (RFP) for operations of the Wellness Center on the West Slope, to include the provision of Outpatient Specialty Mental Health Services for clients requiring a lower level of care (individuals requiring Full Service Partnership (FSP) level services will continue to receive services through the MHP.

A key component of the RFP is the requirement that proposals identify how the organization will include more opportunities for peers in Wellness Center operations for a portion of the staffing plan and/or leadership of groups/classes provided at the Wellness Center.

It is anticipated that the RFP will be released in the last quarter of FY 2018/19.

5. **Analyze the process for serving clients who are presenting as urgent in order to address the very low percentage of consumers currently meeting the MHP's one-day standard of service for this cohort. The MHP initiated a same day standard for urgent needs in CY 2016-17. This standard is not routinely being met. Adult services are reported as averaging eight days (10 percent meeting standard); and children/youth services average seven days (five percent meeting standard).**

MHP Activities

The MHP evaluated the use of "Urgent" and "Standard" requests for services and determined that staff were not consistently utilizing those designations. Therefore, the MHP revised the options for requests for services and distributed the information to the staff that enter requests for services and staff that process the requests for services.

The revised options are:

- Pre-Admit: Urgent: Request for Service must be resolved within one hour (with "resolved" meaning an assessment is started, the individual is provided with the necessary resources, etc.; "resolved" does not mean that the interaction with the individual is completed within one hour but the needs of the client have started to be

addressed within one hour since it is unlikely a full assessment and outcome and linkage with services could occur within one hour).
    - Only the practitioner handling the urgent request should enter this type of pre-admit. Any individual who reports to a MHP Clinic requiring urgent assistance is connected with a Clinician directly. This interface generally includes crisis de-escalation, triage assessment, safety planning, and appropriate follow-up actions (e.g., opening to services, referral to a Crisis Clinician, writing a 5150).

- Pre-Admit: Expedited: Request for Service must be addressed within 3 business days.
    - This type of request is made in circumstances where waiting 10 business days may be detrimental to the well-being of the individual, when a walk-in individual is determined by the responding Clinician to not need an urgent response, or when a caller is referred to the Crisis Clinician directly via telephone.

- Pre-Admit: Routine: The MHP must offer an assessment within 10 business days.

The instructions on the revised options were issued on August 14, 2018, and have been divided into "Pre" and "Post" periods of:

- Pre: February 19, 2018 through August 13, 2018 (177 days)
- Post: August 15, 2018 through February 8, 2019 (177 days)
    - Note: Since on August 14, 2018 staff may have used the new parameters, the three (3) Request for Service opened on August 14, 2018 were eliminated from the sample.

Total Sample Size: 1,203 requests for services

These numbers also have to be balanced with the shortage of Access Clinicians that occurred in the last quarter of 2018 and continues today. By December 28, 2018, there were only two Access Clinicians, rather than the allocated four Access Clinicians due to staff retirement and resignation. This 50% reduction in staffing hast greatly impacted the MHP's ability to meet timely access standards.

Request Type	Time Period	Number of Requests	Average Business Days to Discharge	Range of Business Days to Discharge	% of Requests in Compliance with Timeliness Standards
Urgent Pre-Admits	Pre	116	6.88	1-29 days	6.9%*
	Post	18	5.89	1-13 days	16.7%*
Expedited Pre-Admits	Pre	n/a	n/a	n/a	n/a
	Post	122	5.93	1-25 days	36.9%
Routine Pre-Admits	Pre	518	9.43	1-43 days	63.5%
	Post	429	10.49	1-39 days	52.7%
Total Pre-Admits	Pre	634	8.96	1-43 days	
	Post	569	9.36	1-39 days	
	All	1,203	9.15	1-43 days	

* For purposes of this reporting, with the request for service was closed within 1 day it is considered timely. This will be further refined as additional staff training occurs.

The MHP continues to work with staff on improving timely closing and documentation in the EHR related to "urgent" requests.

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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$157,613	$206,840	$230,761	$260,000
Total Expenditures	$165,528	$186,107	$174,552	$173,683
Unduplicated Individuals Served	67	46	61	42
Cost per Participant	$2,471	$4,046	$2,862	$4,135

Age Group	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
0-15 (children/youth)	0	0	0	0
16-25 (transitional age youth)	11	8	10	10
26-59 (adult)	54	37	51	31
Ages 60+ (older adults)	2	1	0	1
Unknown or declined to state	0	0	0	0

Gender	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Female	14	16	19	14
Male	53	30	42	28

Region of Residence	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
West County	17	14	13	6
Placerville Area	30	21	35	22
North County	4	9	6	7
Mid County	11	0	4	4
South County	2	0	0	0
Tahoe Basin	1	1	0	0
Unknown or declined to state	2	1	3	3

Race	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
American Indian or Alaska Native	1	0	3	2
Asian	0	1	1	39
Black or African American	3	0	2	0
Caucasian or White	57	36	49	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Other Race	3	7	6	1
Unknown or declined to state	3	2	0	0

Ethnicity	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Hispanic or Latino	2	6	6	3
Other Hispanic / Latino	1	2	3	1
Not Hispanic	57	34	48	34
Unknown or declined to state	7	4	4	4

Primary Language	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
English	61	42	59	40
Spanish	0	1	0	0
Other Language	1	1	0	1
Unknown or declined to state	5	2	2	1

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.

Numbers Served and Cost

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$0	$11,858[5]	$11,858[1]	$183
Total Expenditures	$0	$0	$11,705	$183
Number of Clients Served	0	0	13	1
Average Cost per Participant	$0	$0	$900	$183

[5] As a result of the AB 114 Reversion calculations and subsequent communication with the State in FY 2018-19, it was determined that the "MHSA Budget" amounts in FY 2015-16 and FY 2016-17 should have been $11,888, leaving $183 at the start of FY 2017-18. Due to the error on the FY 2017-18 ARER, an appeal regarding the expenditures has been filed with the State and HHSA is awaiting a response as of April 16, 2019.

Innovation (INN)

Restoration of Competency in an Outpatient Setting

Please see Appendix C, *Annual Innovative Project Report, Reporting Year: Fiscal Year 2017-18*.

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$355,000	$216,576
Total Expenditures	$7,766	$19,188

Community-Based Engagement and Support Services

Please see Appendix C, *Annual Innovative Project Report, Reporting Year: Fiscal Year 2017-18*.

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$641,000	$672,375
Total Expenditures	$131,907	$428,353

Workforce Education and Training (WET)

Workforce Education and Training (WET) Coordinator

Program Goals

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

Cost

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$11,037	$11,000	$21,300	$30,000
Total Expenditures	$8,767	$3,395	$27,941	$14,360

Outcome Measures

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

Measurement 1:
Information about upcoming trainings applicable to Behavioral Health is distributed to BHD Managers and Supervisors, and to community-based organizations or the public depending upon the topic of the training. Additionally, contracts with training vendors continue to be established to ensure training can be scheduled when needed.

Workforce Development

Program 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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$49,825	$40,000	$12,000	$77,392
Total Expenditures	$39,068	$5,396	$36,597	$43,872
Number of Trainings	14	36	61	23

Outcome Measures

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

Measurement 1

The information below identifies 23 trainings that Mental Health staff attended in FY 2017-18.

	Training Topic	Number of Attendees	Training Duration	Total Training Hours
1	Anxiety Disorders in Children and Adolescents: Recognizing & Treating the Emerging Epidemic	21	7	147
2	Children and Youth Specialty Mental Health Services	2	6	12
3	Client Culture	48	1	48
4	Clinical Challenges in the Diagnosis and Management of Bipolar Disorder	24	2	48
5	DBT Consultation	16	2	32
6	DSM V Schizophrenia Spectrum and Psychotic Disorders: Clinical Challenges in Assessment and Management	32	2	64
7	DSM V Substance-Related and Addictive Disorders: Clinical Assessment and Treatment Challenges	29	2	58
8	Evidence Based Practices Symposium	4	16	64
9	Excellence in Customer Service	58	2	116
10	FSP Reporting	6	1.5	9
11	FSP Reporting	6	1.5	9
12	How to be Supportive of Clients who are Transgender	3	2	6
13	Law and Ethics	1	6	6
14	Law and Ethics for County Health Care Providers	11	3	33
15	LPS Clinical Assessment Guidelines Toolkit Regional Training	2	5	10
16	Mandated Reporter Training	10	1.5	15

	Training Topic	Number of Attendees	Training Duration	Total Training Hours
17	Mental Health First Aid	6	8	48
18	MHSA Bootcamp	2	16	32
19	Pro-Act Professional Assault Crisis Training	13	16	208
20	RESPECT Training	58	2	116
21	Skillful Communication A Zen Approach	2	6	12
22	Stress Management	10	1	10
23	Suicide Assessment & Intervention	1	6	6

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

- Building Relationships with Internal and External Partners
- Do You Understand the Message?
- Goal Setting for Success
- Progressive Discipline Training
- Sexual Harassment Awareness
- Sexual Harassment for Supervisors
- Supervisor Development
- What Happens When There Is A Complaint?
- What is a One-on-One Meeting?
- What is your role in HHSA?

Capital Facilities and Technology (CFTN)

Electronic Health Record System Implementation

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$185,686	$153,186	$213,186	$248,407
Total Expenditures	$55,684	$49,671	$57,590	$106,898

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

Telehealth

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	$129,000	$10,000	$20,000	$50,000
Total Expenditures	$25,702	$0	$667	$0

Community Wellness Center

Expenditures	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
MHSA Budget	--	--	--	$500,000
Total Expenditures	--	--	--	$0

APPENDIX A

Annual Prevention & Early Intervention Report
Reporting on Fiscal Year 2017-18 PEI Projects

El Dorado County
Mental Health Services Act (MHSA)

Annual Prevention and Early Intervention Report

Reporting Year: Fiscal Year 2017-18
Reported with the FY 2019-20 MHSA Annual Update

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH

WELLNESS | RECOVERY | RESILIENCY

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Prevention and Early Intervention (PEI)

The MHSA Prevention and Early Intervention (PEI) programs 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.

California Code of Regulations, Title 9, Section 3560.020 outlines the requirements for the Three-Year PEI Evaluation Report, including the first Three-Year PEI Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 calendar days of Board of Supervisors approval, but no later than June 30, 2019. The first Three-Year PEI shall report of evaluations from fiscal year 2017-18 and from fiscal year 2016-17, if available. Therefore, this report is reflective of the Regulation.

It should be noted that there is a noticeable and continuing trend within many programs where the responses to the demographics questions are "Unknown or declined to state". It is not possible to specifically identify the reason for the decreased rate of completion, however it is believed that the number of potential responses to the many demographic questions may be too much information for individuals to review, or individuals decline to self-identify various demographics based on the current political climate. Consequently, individuals may elect to leave the questions blank.

Prevention Programs

Latino Outreach

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2016-17		FY 2017-18	
	NMYFS	SLTFRC	NMYFS	SLTFRC
MHSA Budget	$96,000	$135,128	$96,000	$135,150
Total Expenditures	$78,470	$101,197	$80,356	$67,273
Unduplicated Individuals Served	278	428	427	446
Cost per Participant	$282	$236	$188	$151

Age Group	FY 2016-17		FY 2017-18	
0-15 (children/youth)	78	145	145	88
16-25 (transitional age youth)	37	4	50	9
26-59 (adult)	152	283	220	349
Ages 60+ (older adults)	10	0	12	0
Unknown or declined to state	0	1	0	0

Race	FY 2016-17		FY 2017-18	
American Indian or Alaska Native	0	0	0	0
Asian	0	0	0	0
Black or African American	0	0	0	1
Native Hawaiian or Other Pacific Islander	0	0	0	0
White	0	412	0	25
Other Race or Ethnicity	269	19	406	421
Multiracial	0	0	0	0
Unknown or declined to state	9	1	21	0

Ethnicity	FY 2016-17		FY 2017-18	
Hispanic or Latino	269	0	379	444
South American	1	1	15	0
Other	6	1	21	0
Specific ethnicity not indicated	2	411	12	0
Non-Hispanic or Non-Latino:				2
Asian (specific ethnicity not indicted)	0	0	0	0
Other: White	0	0	0	0
More than one ethnicity	0	0	0	0
Unknown or declined to state	0	19	0	0

Primary Language	FY 2016-17		FY 2017-18	
English	73	19	117	25
Spanish	199	416	306	440
Other Language	7	0	4	0
Unknown or declined to state	0	0	0	0

Sexual Orientation	FY 2016-17		FY 2017-18	
Gay or Lesbian		0	0	0
Heterosexual or Straight		428	0	0
Bisexual		0	0	0
Questioning or unsure of sexual orientation		0	0	0
Queer		0	0	0
Another sexual orientation		0	0	0
Unknown or declined to state	278	0	427	446

Gender	FY 2016-17		FY 2017-18	
Assigned sex at birth:				
Male	94	132	155	162
Female	184	306	272	284
Unknown or declined to state		0	0	0
Current gender identity:				
Male	94	0	155	162
Female	184	0	272	284
Transgender	0	0		0
Genderqueer	0	0		0
Questioning or unsure of gender identity	0	0		0
Another gender Identity	0	0		0
Unknown or declined to state	0	428		0

Disability	FY 2016-17		FY 2017-18	
Yes	5	0	13	21
Communication Domain		0	0	0
Difficulty seeing		0	0	0
Difficulty hearing, or having speech understood	2	0	0	0
Other (specify)		0	0	0
Mental domain not including a mental illness		0	0	10
Physical/mobility domain		0	2	1
Chronic health condition	1	1	1	10
Other (specify)	2	0	10	0
No		0		
Unknown or declined to state	273	428	414	425

Veteran Status	FY 2016-17		FY 2017-18	
Yes		0		0
No		428		0
Unknown or declined to state	278	0	427	446

Region of Residence	FY 2016-17		FY 2017-18	
West County	54	0		0
Placerville Area	168	0	221	0
North County	7	0	7	0
Mid County	48	0	92	0
South County	1	0	6	0
Tahoe Basin	0	428	0	446
Unknown or declined to state	0	0		0

Calendar Year	Medi-Cal Beneficiaries	Number Served	Penetration Rate
CY 2013	4,559	130	2.85%
CY 2014	5,366	138	2.57%
CY 2015	5,496	129	2.35%
CY 2016	7,211	163	2.26%
CY 2017	7,295	142	1.95%

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

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), however as noted in the Year End Report from the South Lake Tahoe Family Resource Center, Barton has increased its service assistance for Spanish-speaking clients and more clients are seeking services from Barton.

Year End Reports FY 2017-18

NEW MORNING YOUTH AND FAMILY SERVICES

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$96,000	$96,000
Total Expenditures	$78,470	$80,356
Unduplicated Individuals Served	278	427
Cost per Participant	$282	$188

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 2017-18 fiscal year, New Morning's *Promotora's* exceeded the previous year by 53% in serving the Latino population of El Dorado County. It is an indication of the value and need for our

communities in the five areas that we serve. In April New Morning transitioned to secured electronic case files. This allows the *Promotora's* to access their client information at all times to better assist them. On many occasions they will help their clients on the weekends or early evenings.

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

Not provided

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

The *Promotora*'s continue to notice the increase of refugees from Mexico and El Salvador who are seeking asylum from the drug cartels. Most of these undocumented refugees do not want to deal with the hardships of seeking legal counsel, so they do not pursue any knowledge of their legal rights and to what extent when dealing with ICE.

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.**

Not provided

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

The Latino Outreach program has made strides to promote their services at many community events: St. Patrick's Spanish Resource Fair, Choices for Children, National Night Out, Union Mine High School Outreach Programs, and El Dorado Department of Education Community Outreach Breakfast. Participation at these outreach events has increased community awareness to the many services we offer, as well as other organizations.

Ruth Zermeno and Angie Olmos have attended various trainings and seminars throughout the year to increase their knowledge and skills. Likewise they attended the grand opening of the Mexican Consulate Mental Health Services Department. The consulate has hosted a number of informational conferences for professionals working in the Latino population, especially from Mexico.

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

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

Not provided

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

Not provided

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

N/A

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

SOUTH LAKE TAHOE FAMILY RESOURCE CENTER

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$135,128	$135,150
Total Expenditures	$101,197	$67,273
Unduplicated Individuals Served	428	446
Cost per Participant	$236	$151

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

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

During this reporting period FY17/18 we focused on filling the tremendous need for counseling, food, clothing, and monetary assistance that was requested by clients. We served a total of: 7,194 duplicated clients. We offered one additional support groups with this funding. Average attendance at our support group was seven (07) for a total of 261 duplicated clients.

We worked in the Bijou Community Garden with classes of K-3 and our "Parabajitos" groups, serving a total of 350 children. This afforded the children an opportunity to plant seeds and nurture them from seed to harvest.

In partnership with the Heavenly Epic Promise program we were able to offer four (04) sessions of skiing/snowboarding. The sessions included free, lift tickets lesson and equipment rentals. These sessions were attended by 125 underserved youth that otherwise would not have had the opportunity to enjoy local winter sporting activities. The Heavenly Epic Discovery offered Ropes Course access to 4 groups of 20 for a total of 80 children access to summer team building activities.

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

We provided Promotora/advocacy/counseling services to 6176 duplicated people this FY17/18 reporting period. These numbers include the child care that is provided by Promotoras. The ability to have child care as a part of our support group offerings is vital to the ongoing success of the program. Without the ability to offer this component of the program we believe parents would be unable to attend the groups.

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

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

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

We continue to conduct themed presentations to all the Cafecitos programs at three (03) elementary, one (01) Middle and one (01) High School, we presented information to: 763 duplicated clients. With the support of our partner agencies and the community at large, this FY we made a strong push to inform and educate participants about the services available in our community, thereby reducing barriers to seeking services that will help alleviate life's challenges.

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

We were able to serve 333 clients with one-on one and group counseling, with 99% identified as Latino.

We served 7194 people with food and clothing. We do not ask who they are or where they live, but the vast majority of community members seeking food and clothing help our underserved populations; Latino, Filipino, low income and undocumented individuals.

We provided a wealth of brochures and pamphlets about programs and services in our community kiosks that have information regarding many community agencies. We continue to provide children's and young adult books, along with self-help books from our book store.

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

We provide a multitude of opportunities for people to give back to their communities through volunteering: Parent involvement with kids' activities, helping with food distribution by picking up donations at our local supermarkets, bagging food for monthly Food Bank distribution, cleaning the center, cleaning the clothes closet, working special events such as Toys 4 Tots and Cinco de Mayo, as well as staffing our social enterprise called the Bookworks.

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

We provided a Total of: 126 oral and/or written translations this FY; many related to health care, health access, court/justice/legal issues, many also related to job seeking and service seeking endeavors. The Family Resource center also conducted two Community meetings. One meeting was held in coordination with the Mexican Consulate in Sacramento. The Mexican Consulate arrives in our community with approx. fifteen (15) staff members. The consulate was able to serve approximately 180 Mexican citizens in completing applications for dual citizenship, voting in formation, registering children born in the USA with dual citizenship with Mexico

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

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

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

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

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

The current data collected demonstrates the effectiveness of our programs. Of the 18 clients who took the survey during the 4th QTR reporting period, 18 believe that they are able to manage their symptoms, with 18 reporting almost always. 18 reported feeling respected and welcomed at the FRC.

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

Measurement 1: Customer Satisfaction Surveys

- Of the 18 clients who took the survey during this reporting period, 18 believe that they are able to manage their symptoms, with 18 reporting almost always, 18 reported feeling respected and welcomed at the FRC.

Measurement 2: Client Outcome Improvement Measurements

- 18 were able to manage their symptoms, with 18 reporting almost always.

Measurement 3: Increased Engagement in Traditional Mental Health Services

- Several clients have accessed traditional services from our largest provider of services, Barton Hospital. These clients have been very frustrated in Barton's inability to communicate effectively in regards to their diagnosis, and follow up care. The general feeling of our clients towards local health care providers is their lack of understanding of the Spanish language. Barton Hospital in 2017-18 has overcome this deficit by hiring a bilingual translation coordinator and other bilingual staff to perform translation services and present information to the community. The Barton Hospital Bilingual staff have presented information at our regularly scheduled Cafecitos meetings at the LTUSD schools.

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

Not provided

8) Provide any additional relevant information.

N/A

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

Older Adults Enrichment Project

Senior Peer Counseling

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 2016-17	FY 2017-18
MHSA Budget Rollover from FY 14/15	$55,000	$55,000
Total Expenditures	$33,710	$53,087
Unduplicated Individuals Served	41	43
Cost per Participant	$822	$1235

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	0	0
16-25 (transitional age youth)	0	0
26-59 (adult)	0	5
Ages 60+ (older adults)	36	38
Unknown or declined to state	0	0

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	1	0
Asian	1	0
Black or African American	0	0
Native Hawaiian or Other Pacific Islander	0	0
White	33	40
Other Race or Ethnicity	1	3
Multiracial	0	0
Unknown or declined to state	0	0

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino		2
Mexican/American	1	0
Specific ethnicity not indicated	1	0
Non-Hispanic or Non-Latino:		0
European	33	1
Chinese	1	0
Other Ethnicity	0	0
Unknown or declined to state	0	0

Primary Language	FY 2016-17	FY 2017-18
English	36	42
Spanish	0	1
Other Language	0	0
Unknown or declined to state	0	0

Sexual Orientation	FY 2016-17	FY 2017-18
Heterosexual or Straight	35	42
Unknown or declined to state	1	1

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth:		
Male	1	7
Female	35	36
Current gender identity:		
Male	1	7
Female	35	36

Disability	FY 2016-17	FY 2017-18
Yes		
Communication Domain		0
Difficulty seeing	1	0
Difficulty hearing, or having speech understood	2	0
Other	1	0
Mental domain not including a mental illness	2	3
Physical/mobility domain	8	14
Chronic health condition	5	4
Other (specify)	0	0
No	17	22
Unknown or declined to state	0	0

Veteran Status	FY 2016-17	FY 2017-18
Yes		2
No	21	39
Unknown or declined to state	15	2

Region of Residence	FY 2016-17	FY 2017-18
West County	10	12
Placerville Area	22	26
North County	4	2
Mid County	0	2
South County	0	1
Tahoe Basin	0	0
Unknown or declined to state	0	

Year End Report FY 2017-18

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

This year marks our 30th anniversary of operation, and we had an article on Senior Peer Counseling published in the May 17th issue of the Mountain Democrat. This spring, Senior Peer Counseling trained 7 new volunteer counselors. So far this year, 39 individual clients (seniors) have been served. We have designed, refined, and implemented three instruments: 1) Counseling outcome (outcome rating scale) "Senior Peer Counseling Client Evaluation"; 2) client satisfaction and quality control "Session Summary /Feedback Worksheet" (a feedback worksheet that measures client satisfaction and quality control); and 3) "Lifestyle Hygiene" (a self evaluation tool to measure level of engagement in therapeutic lifestyle activities).

We currently have 24 volunteers (including our new volunteers) from various backgrounds and interests who are actively serving 37 individual clients. This year 68 members of our community were served by phone. Our volunteers are an energetic, highly motivated group. This year, we increased the number of our counseling visits in El Dorado Hills and Cameron Park, thus making our services more visible to the senior facilities and potential clients in those locations. Three of our volunteers and our supervisor traveled to Marin County to participate in a Northern California regional training and networking meeting of the peer counseling parent organization: AASPC (American Association of Senior Peer Counseling). Our library has also been expanding. One of our volunteers is actively updating our literature so our volunteers and clients can benefit from the most current research and information on senior issues including topics such as Alzheimer's disease, and dealing with grief.

This year the volunteers formed a committee to recruit, and interview candidates for our Clinical Supervisor position. The current supervisor is retiring this year. This committee interviewed 11 out of 26 candidates and brought their information to the rest of the volunteers. A new Clinical Supervisor was hired in April, following a special meeting of the current counselors.

We are beginning to expand services to South Lake Tahoe in terms of helping to develop a Friendly Visitor Program. We have attended the Peer HRSA (collaborative group) that meets on the first Thursday of every month and we presented the Friendly Visitor Program at the Auxiliary Board meeting at Barton Hospital, February 13, 2018.

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

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

Our outcome data (Senior Peer Counseling Evaluation) indicate that seniors completing counseling services report overall improvement. They report improvement in their emotional well-being,

relationships, and social activities. They consistently indicated that they would recommend our services to other seniors (see Senior Peer Counseling Outcome Survey Report, 5/2018). In addition, our clients received assistance through referrals either in counseling or by phone to services that they otherwise might not have found.

Senior Peer Counseling Outcome Surveys, June 2018

Mean Scores for Questions 1-6.

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

N= 44

Question	Mean Score
1.	9.1 (N = 42)
2.	YES (N = 41)
3.	8.4 (N = 37)
4.	7.5 (N = 37)
5.	7.8 (N = 36)

40 Reported improvement, 2 Stayed the same, 0 Felt worse (N = 42)

Comments:

#891: I found our sessions helpful.
#924: Counselor helped me a lot.
#926: I really gained emotional/practical support. Great listener.
#929: Helpful just to be able to talk to someone who listened, digested and fed it back to me.
#938: Learned many coping skills and how to love myself better.
#958: having someone to talk to at my lowest point really helped me.
#964: Sometimes I feel great and sometimes not. I don't know what I expected.
#968: It helped to have someone listen to me and not being judged for my feelings.

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

Many of our seniors are on a fixed income and rely on Medicare for their medical and mental health needs. The number of low-income seniors is on the rise in El Dorado County. One problem in our community is that the majority of mental health providers do not accept Medicare or Medi-Cal insurance. In addition, the criterion to meet "medical necessity" according to most insurance carriers does not adequately fit the specific mental health needs of seniors. Many seniors may not meet the criteria for a psychiatric diagnosis and mental health services according to their insurance plans.

SPC has been able to bridge the gap between seniors suffering from mental illness and those adjusting to life changes due to the aging process. While treating mental illness is outside the scope of our capabilities, we have successfully assisted seniors with mental illness in finding a mental health provider (therapist or psychiatrist). We are able to work collaboratively with the medical community to address the developmental needs of our clients so they can participate effectively in their medical/psychiatric treatment. This year we up dated two lists of mental health providers; one for the western slope, and one for South Lake Tahoe, who accept Medicare or are willing to work on a sliding scale. Our volunteers make these lists available to any senior who may have mental health needs outside the scope of SPC capabilities.

Some of our seniors are veterans or spouses of veterans. Our volunteers have assisted some of these clients by referring them to David Zelinsky, Service Officer for the American Legion Post 119, and Veteran's Outreach, Only Kindness, Inc., to ensure they are getting the proper assistance with regard to military benefits. Because our services are provided by volunteer peers at the Senior Center, we are able to reach out to a vast number of seniors and provide valuable referral information in addition to our counseling support.

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

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

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

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

Our volunteers routinely make presentations on our behalf in the community. Our volunteers also routinely distribute rack cards in the community. We are on Facebook.

This year we began providing an allowance to volunteers who wish to attend trainings that would enhance the skills of the rest of our group. Six volunteers attended a workshop on Managing Anxiety put on by the Institute for Brain Potential (IBP) in Placerville. Two other volunteers attended a workshop on Alzheimer's and Dementia. When our volunteers attend training they are asked to make a presentation to our group. Our Speakers Bureau continues to have speakers come to our Supervision meeting from various agencies in the community. This year we invited

Christina Nunez Rodarte to come to our meeting and provide training on Suicide Prevention, and Marilyn Durocher provided training on aging and ageism. Julie Interrante, M.A, provided training to our volunteers and trainees on grief. David Del Rio spoke to our trainees about EDCA Lifeskills and the current epidemic of Opioid abuse. Debbie Johnston from the Ombudsman's office spoke to our trainees about conditions in residential care facilities and their role in assisting seniors. Laura K. Walny, LCSW, ACSW spoke to our trainees about Adult Protective Services and In-Home Supportive Services in El Dorado County.

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

Our measures were designed to assist our clients in learning about themselves and how their lifestyle habits can affect their sense of well-being and happiness. As is common in any research project some data is lost due to attrition, however, by and large these measures have been well received by volunteers and clients. We have found that the Lifestyle Hygiene questionnaire not only benefits MHSA, but also the clients as they learn about themselves and how changes in their activities may cause or identify changes their emotional state.

Our outcome data (Senior Peer Counseling Evaluation) indicate that seniors completing counseling services report overall improvement. They report improvement in their emotional well-being, relationships, and social activities. They consistently indicated that they would recommend our services to other seniors (see Senior Peer Counseling Outcome Survey Report, 5/2018).

The results of the Lifestyle Hygiene among seniors completing more than one worksheet indicate that there is a rebalancing of activities over time. This may in part contribute to reports of overall improvement. The items on the Lifestyle Hygiene are all activities that have been empirically shown to improve mental health status (see Summary-Lifestyle Hygiene).

The data from the Session Feedback Worksheet show an overall satisfaction among seniors with regard to their alliance with the peer counselor. The results indicate that seniors feel that they are being heard, that they feel their sessions are helpful, and that they feel better after their counseling session.

Questions:

1. How well did you feel heard today? (0 not at all – 5 Very well)
2. How helpful was our session today? (0 not at all- 5 Very helpful)
3. How do you feel after our time today? (0 worse, 3 same, 5 better)*
4. Is there anything you can think of that would make our time together more helpful to you?

Session#	#N	Mean Scores for Questions 1-3			
		Heard	Helpful	Feeling state	Suggestions
1	N=70	4.94	4.63	4.59	
2	N=54	4.94	4.75	4.73	
3	N=47	4.89	4.69	4.63	
4	N=37	4.99	4.79	4.53	
5	N=36	4.92	4.81	4.69	
6	N=26	5.0	4.78	4.80	
7	N=24	5.0	4.87	4.75	
8	N=18	4.94	4.94	4.66	
9	N=15	5.0	4.80	4.46	
10	N=15	5.0	4.93	4.93	
11	N=15	5.0	4.93	4.86	
12	N=13	5.0	5.0	4.76	

Total # of sessions recorded = 370

*The range on question #3, was 2-5; two people reported feeling worse during one of their sessions out of a total N= 370.

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

Total project expenditures are identified above.

SPC receives donations from clients, businesses, and individuals in the community. We generally ask for a donation of $5.00 at each counseling session, but no client is turned away for financial reasons. Our donations are used to fund continuing education, books for our library, and office supplies.

8) Provide any additional relevant information.

In addition to serving the seniors described in our grant, Senior Peer Counseling serves seniors in our community in other ways. For example, we provide information and referrals to seniors who call our office on the phone. We serve seniors in assisted living and the Senior Daycare

Program through our information and support. Our volunteers are provided with the opportunity to receive one-on-one consultation with a licensed clinical psychologist or a Licensed Marriage and Family Counselor.

This year we began expansion of services for seniors to South Lake Tahoe. In June and September our clinical supervisor attended the Mental Health Collaborative meeting in South Lake Tahoe to discuss the possibility of creating a Friendly Visitor support program for seniors. In February our clinical supervisor along with a therapist in this community, Linn Williamson, LMFT, presented to the Auxiliary Board at Barton Hospital about a Friendly Visitor Program. This is an exciting ongoing project which should be very viable in the near future. Our clinical supervisor and volunteer, Doug Gradall, contacted Marshall Hospital and spoke to a group about implementing a Friendly Visitor Program through one of their volunteer programs.

MHSA Recommendation: Continue this program with sufficient funding to ensure adequate training costs and supervision are funded.

Friendly Visitor

Although there was support for implementing this project, there has not been a successful connection with any entity to implement this project. Therefore, this project will be deleted in the FY 2019-20 Annual Update and the funds will be transferred to the *Senior Link* project.

Primary Intervention Project (PIP)

Providers: Black Oak Mine Unified School District (BOM); Tahoe Youth and Family Services (TYFS)

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 2016-17	FY 2017-18	
	BOM	BOM	TYFS
MHSA Budget	$212,700	$77,000	$88,000
Total Expenditures	$151,705	$72,952	$47,977
Unduplicated Individuals Served (regardless of completion status)	53*	57	42
Cost per Participant	$1,428*	$1,280	$1,142

*Data for Black Oak Mine Unified School District only in FY 2016-17.

Age Group	FY 2016-17*	FY 2017-18	
0-15 (children/youth)	53	57	24
16-25 (transitional age youth)	0	0	0
26-59 (adult)	0	0	18
Ages 60+ (older adults)	0	0	0
Unknown or declined to state	0	0	0

Race	FY 2016-17	FY 2017-18	
American Indian or Alaska Native	6	2	0
Asian	1	2	0
Black or African American	2	6	0
Native Hawaiian or Other Pacific Islander	0	0	0
White	44	47	0
Other	0	0	13
Multiracial	0	0	15
Unknown or declined to state	0		14

Ethnicity	FY 2016-17	FY 2017-18	
Hispanic or Latino			
Caribbean	0	0	0
Central American	0	0	0
Mexican/Mexican-American/Chicano	0	0	7
Puerto Rican	0	0	0
South American	0	0	1
Other	0	0	7
Unknown or declined to state	0	0	0
Non-Hispanic or Non-Latino		0	13
African	0	0	0
Asian Indian / South Asian	0	0	0
Cambodian	0	0	0
Chinese	0	0	0
Eastern European	0	0	0
European	0	0	0
Filipino	0	0	0
Japanese	0	0	0
Korean	0	0	0
Middle Eastern	0	0	0
Vietnamese	0	0	0
Other	0	0	0
Unknown or declined to state	0	0	0
More than one ethnicity	0	0	0
Unknown or declined to state	53	57	14

Primary Language	FY 2016-17*	FY 2017-18	
English	53	56	33
Spanish	0	0	4
Other Language	0	1	5
Bilingual	--	0	0
Unknown or declined to state	0	0	0

Sexual Orientation	FY 2016-17	FY 2017-18	
Gay or Lesbian	0	0	0
Heterosexual or Straight	0	0	16
Bisexual	0	0	0
Questioning or unsure of sexual orientation	0	0	0
Queer	0	0	0
Another sexual orientation	0	0	0
Unknown or declined to state	53	57	26

Gender	FY 2016-17	FY 2017-18	
Assigned sex at birth:			
Male	0	37	14
Female	0	20	28
Unknown or declined to state	53	0	0
Current gender identity:			
Male	0	0	14
Female	0	0	28
Transgender	0	0	0
Genderqueer	0	0	0
Questioning or unsure of gender identity	0	0	0
Another gender Identity	0	0	0
Unknown or declined to state	53	57	0

Disability	FY 2016-17	FY 2017-18	
Yes	0	0	0
Communication Domain	0	0	0
Difficulty seeing	0	0	1
Difficulty hearing, or having speech understood	0	0	0
Other (specify)	0	0	0
Mental domain not including a mental illness	0	0	0
Physical/mobility domain	0	0	0
Chronic health condition	0	0	2
Other (specify)	0	0	5
No	53	0	29
Unknown or declined to state	0	57	5

Veteran Status	FY 2016-17	FY 2017-18	
Yes	0	0	1
No	53	0	35
Unknown or declined to state	0	57	6

Region of Residence	FY 2016-17*	FY 2017-18	
West County	0	0	7
Placerville Area	0	0	23
North County	53	57	1
Mid County	0	0	2
South County	0	0	3
Tahoe Basin	0	0	4
Unknown or declined to state	0	0	2

*Data for Black Oak Mine Unified School District only in FY 2016-17.

Year End Report FY 2017-18

BLACK OAK MINE UNIFIED SCHOOL DISTRICT

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$61,478	$77,000
Total Expenditures	$75,681	$72,952
Unduplicated Individuals Served	38 (completed semester)	57 (total for both semesters)
Cost per Participant	$1,992	$1,280

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

A total of 4 part-time Aides served three elementary schools: American River Charter (one or two days per week), Georgetown (three days), and Northside (three days). We served a total of 60 students over two semesters. All students (with a few exceptions noted below) were evaluated by their teachers at the beginning of the session, and at the end using the Walker McDonnell Survey (WMS) instrument. For the 41 clients with start and end scores, 38 children increased their WMS scores, and 3 had a drop.

Challenges:

One of our Aides left mid-year to take another position at a private school in El Dorado County. We were able to hire to fill all but one of her days. We hired a new Aide for two of the open days, and another Aide added a second day to her schedule. We hope to start with a full team in September.

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

Another challenge we are seeking to address is the number of students who stay in PIP beyond the 12-15 week semester. These children are especially in need of support, and the parents and teachers of these students request that they continue. 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:

We added a teacher training session at Northside 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. Our teachers at Northside who received the training were much more likely to refer students in the mild-moderate range of adjustment difficulties to the program than before the training. In August we will be providing the same training to the teachers at Georgetown and American River Charter Schools. 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.

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

2. 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 point given for each category of trauma experienced.
- The survey is meant to be self-administered, but because of the young age of PIP clients, the PIP Aide completed the survey based upon information voluntarily given from teachers, parents, and the child.
- Client privacy was ensured by the use of identifying codes.
- As would be expected with the targeted group of students with mild to moderate adjustment difficulties, ACE scores were much higher in this group than with the general student population.

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

2) 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.

3) 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.

4) **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.

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

Identifying Number	ACE Score	WMS Start	WMS End	Difference
Redacted	Unknown	107	145	38
Redacted	3	140	130	-10
Redacted	Unknown	85	93	8
Redacted	Unknown	118	155	37
Redacted	Unknown	122	140	18
Redacted	Unknown	117	126	9
Redacted	Unknown	128	147	19
Redacted	Unknown	103	154	51
Redacted	Unknown	119	172	53
Redacted	Unknown	139	147	8
Redacted	6	127	166	39
Redacted	1	125	163	38
Redacted	1	118	137	19
Redacted	Unknown	119	147	28
Redacted	Unknown	159	168	9
Redacted	Unknown	107	112	5
Redacted	3	99	120	21
Redacted	Unknown	117	159	42
Redacted	Unknown	139	147	8
Redacted	8	83	162	79
Redacted	9	103	125	12
Redacted	3	168	214	46
Redacted	1	102	107	5
Redacted	0	96	112	16
Redacted	6	129	129	0
Redacted	8	135	147	12
Redacted	3	86	92	6
Redacted	8	-	-	n/a
Redacted	9	137	140	3
Redacted	Unknown	108	158	50
Redacted	Unknown	214	214	0
Redacted	4	224	175	-49 *
Redacted	Unknown	108	154	46

Redacted	Unknown	114	146	32
Redacted	Unknown	131	127	-4
Redacted	Unknown	123	150	27
Redacted	Unknown	119	174	55
Redacted	Unknown	128	184	56
Redacted	Unknown	120	175	55
Redacted	3	121	148	27
Redacted	Unknown	169	moved	n/a
Redacted	2	132	139	7
Redacted	unknown	147	154	7
Redacted	2	96	Teacher on leave	n/a
Redacted	4	120	193	73
Redacted	Unknown	118	126	8
Redacted	Unknown	141	149	8
Redacted	Unknown	127	146	19
Redacted	Unknown	141	163	22
Redacted	Unknown	168	175	7
Redacted	1	151	159	8
Redacted	Unknown	149	165	16
Redacted	unknown	148	147	-1
Redacted	Unknown	164	Teacher on leave	n/a
Redacted	1	138	181	43
Redacted	Unknown	168	Teacher on leave	n/a
Redacted	unknown	143	152	9
Redacted	4	142	163	21
Redacted	unknown	127	130	3

6) Confidential Teacher Questionnaire.

N=10

	YES	Sometimes/Maybe	No
I see positive changes in my child's behavior	6	4	
I would recommend this program to other parents	9	1	
I was given literature about the program and felt knowledgeable about the program prior to giving my consent	4	5	1

MHSA Recommendation: The MHSA Team commends Black Oak Mine Unified School District for implementing the Adverse Childhood Experiences Survey (ACEs). Continue PIP through Black Oak Mine Unified School District, allow for an increase in funding if provider requests to serve more children due to popularity of the program and positive results. Provide technical assistance on reporting.

TAHOE YOUTH AND FAMILY SERVICES

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$87,986	$88,000
Total Expenditures	$59,724	$47,977
Unduplicated Individuals Served	79	42
Cost per Participant	$756	$1,142

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

The PIP implementation is always challenging at the beginning of the school year. The teachers are under pressure to get to know their incoming students and assess their needs for referrals to the PIP program. Once teachers made the referrals and in coordination with the school Psychologist, we were able to begin seeing children in non-directed play. One of the PIP program challenges is to see children on a regular basis. At times, depending on the classroom schedule, teachers may not release a child on a particular day. The PIP program works best when the children are seen on a regular basis.

This program served 61 children during the PIP program. However, only 46 completed the program doing both the pre and post evaluation assessments.

Of those 61 children, the majority were Caucasian with the next largest group being Hispanic. Two Hawaiian's and two Asian children were also served. The majority of these youth's families had low income levels to very low with nine being in the moderate-income level. These children were supported in what, in certain circumstances, feels like a non-supportive environment due to many factors leading to the referral to the PIP program. Our PIP workers normally do not engage with parents, (this function usually occurs with school staff).

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

The program allows children to feel supported in what, in certain circumstances, feels like a non-supportive environment due to many factors leading to the referral to the PIP program. Our PIP workers normally do not engage with parents (this function usually occurs with school staff).

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

PIP services to unserved and underserved populations is critical to the individual success of the participant. The program allows children to feel comfortable in their school environment thereby supporting their school success.

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 PIP program for our English Language Learners (EL) is delivered in the child's native language and supports their native culture. The program is focused on a non-directive play approach providing positive support for issues and/or situations the child brings up during the session. Every effort was made to place bi-lingual PIP Aides at those schools whose Hispanic population was high.

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 PIP worker will discuss with school staff issues that are revealed during a session that are brought up by the child. The school staff will then follow up with linkages to other appropriate therapeutic services.

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).**

PIP participants are provided with information for other services that may be appropriate for the child. The PIP worker will provide the school staff with other agency information to refer to ie; after school Social Skills programs, Summer program run by other organizations etc.

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

Successes this year:

- The Duerr Evaluation did show significant improvement. The teachers felt that 87% of their students showed some level of improvement. Attached is the Duerr Evaluation.
- The Family Resource Center hired two Bi-lingual PIP Aides to provide services at Bijou and Tahoe Valley Elementary schools.
- Tahoe Youth hired a licensed LCSW Clinician to provide supervision to the PIP Aides.
- We also hired a seasoned PIP worker of many years to provide training to the other two PIP Aides.

Challenges this year were:

- The staff member who provided PIP training was very knowledgeable. However, she

lacked people skills and made it difficult for the PIP Aides to feel comfortable asking questions. This PIP Aide at Bijou shared that he was never told he had to have the teachers fill out WMS Forms. However, the other new staff member had all of hers filled out.

- A training meeting will be held on August 21st to ensure all the PIP Aides understand what their responsibilities are. I have also asked the Family Resource Center Executive Director to attend so he can continue to follow up with his PIP Aides to ensure they are doing everything that is required.
- Upon occasion the PIP Aides would forget to document their time sheets for PIP Supervision. This should also improve with better communication.

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

Tahoe Youth and Family Services provided a full copy of the Early Intervention Program Local Evaluation Data Report prepared by Duerr Evaluation Resources.

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

School Name	n	Average Scores for Total WMS Scale							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Diamond Valley (Alpine)	9	133.4	18	129.2	15	-5	-3	0.12	.731
Magnet School	11	95.5	2	120.0	9	24.5	7	0.83	.000
Sierra House	16	90.6	2	130.9	16	40.4	14	0.99	.000
Tahoe Valley	19	122.0	10	134.8	19	12.8	9	0.62	.004
Project Total/Average	55	109.4	5	129.8	16	20.4	11	0.65	.000

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

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

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

School Name	n	Average Scores for WMS Subscale 1							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Diamond Valley (Alpine)	9	48.1	16	45.1	10	-3.0	-6	0.18	.616
Magnet School	11	37.5	4	45.1	10	7.6	6	.75	.005
Sierra House	16	34.8	3	48.8	17	14.1	14	0.99	<.001

School Name	n	Average Scores for WMS Subscale 1							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Tahoe Valley	19	43.4	8	48.7	17	5.3	9	0.57	.009
Project Total/Average	55	40.5	6	47.4	13	7.0	7	0.56	<.001

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

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

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

School Name	n	Average Scores for Total WMS Subscale 2							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Diamond Valley (Alpine)	9	55.1	23	51.8	18	-3.3	-5	.27	.443
Magnet School	11	36.8	3	46.5	10	9.7	7	.82	.001
Sierra House	16	34.3	2	51.3	16	16.9	14	1.00	<.001
Tahoe Valley	19	49.2	13	54.7	23	5.6	10	.60	.005
Project Total/Average	55	43.3	6	51.6	18	8.3	12	.64	<.001

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

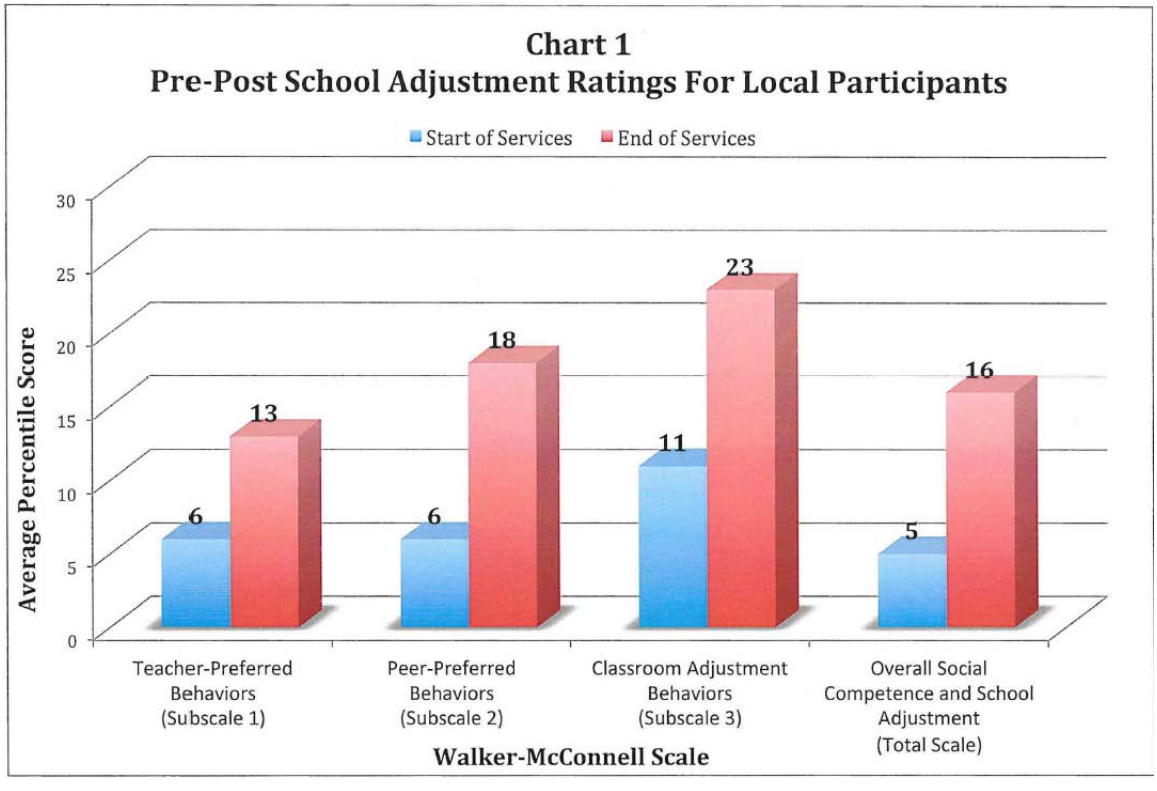
P-Values: Values less than .05 are considered statistically significant, although this test is less sensitive with smaller sample sizes (n's).

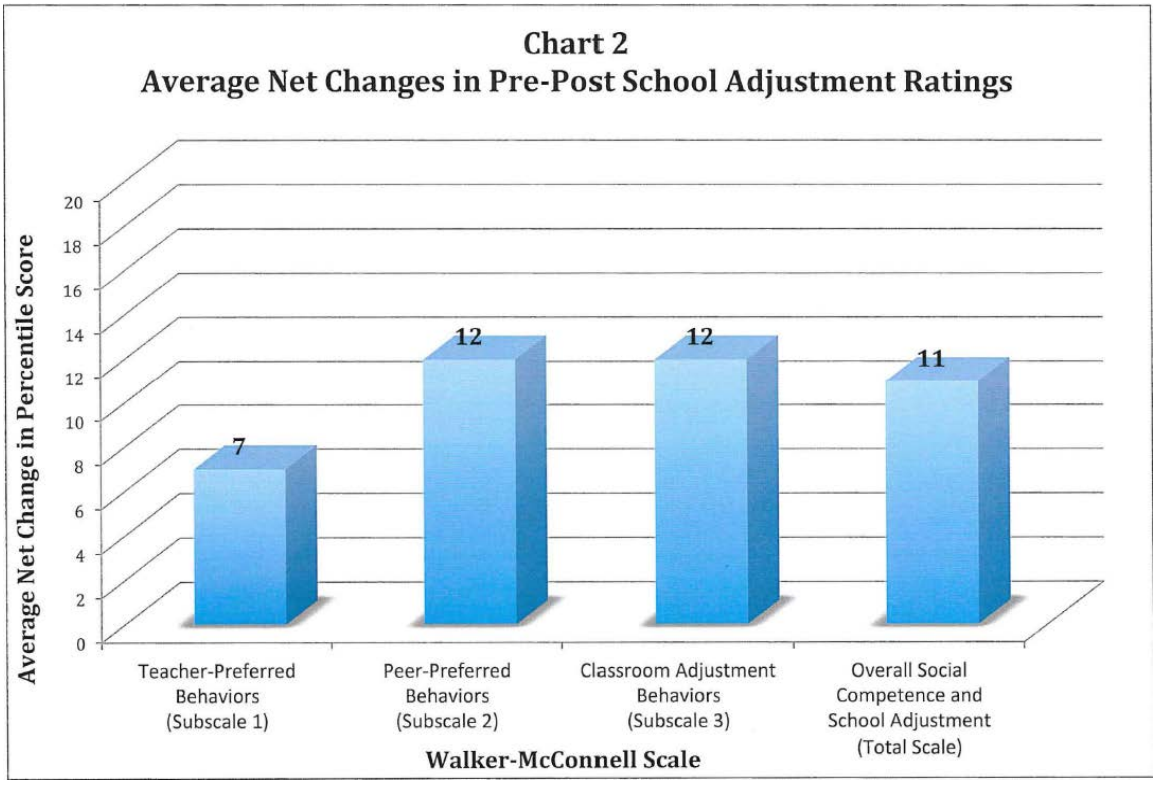
Table 4
Changes in classroom adjustment behavior (subscale 3) ratings for participants

School Name	n	Average Scores for Total WMS Subscale 3							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Diamond Valley (Alpine)	9	30.2	21	32.3	26	2.1	5	.28	.431
Magnet School	11	21.2	4	28.4	15	7.2	11	.91	<.001
Sierra House	16	21.5	5	30.9	23	9.4	18	.99	<.001
Tahoe Valley	19	21.5	48	31.3	23	1.9	5	.40	.084
Project Total/Average	55	25.6	11	30.8	23	5.2	12	.61	<.001

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

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





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

We had a total of $48,363.93 in P.I.P. expenditures. Leveraged resources were $17,000.00 in unrestricted monies with $42,192.00 of in-kind.

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

Measurement 1 – all referred children complete the WMS upon entry and exit of the program. This did not happen at Bijou Elementary school.

Measurement 2 - The service delivery reports are collected monthly for tracking purposes.

Measurement 3 - All measurable data is submitted to the county upon the completion of the school year.

MHSA Recommendation: PIP services are for children in grades Kindergarten through 3rd grade. It is unclear why Tahoe Youth and Family Services included reporting on adults aged 26-59 years old. Additionally, the narrative reports 46 children completed the program but the data provided indicates 42 individuals participated (including adults). This program will continue but services and reporting will continue to be monitored and technical assistance will be provided.

Wennem Wadati: A Native Path to Healing

Provider: Foothill Indian Education Alliance

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$125,725	$125,750
Total Expenditures	$125,725	$119,175
Unduplicated Individuals Served	318	*
Cost per Participant	$395	*

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	170	*
16-25 (transitional age youth)	43	*
26-59 (adult)	107	*
Ages 60+ (older adults)	2	*
Unknown or declined to state	0	*

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	308	*
Asian	0	*
Black or African American	0	*
Native Hawaiian or Other Pacific Islander	0	*
White	0	*
Other Race or Ethnicity	0	*
Multiracial	10	*
Unknown or declined to state	0	*

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino		
Mexican/Mexican-American/Chicano	5	*
South American	1	*
Other	3	*
Unknown or declined to state	0	*
Non-Hispanic or Non-Latino		
African	10	*
Asian Indian/South Asian	2	*
Filipino	2	*
Other	23	*
More than one ethnicity		
Unknown or declined to state	299	*

Primary Language	FY 2016-17	FY 2017-18
English	316	*
Spanish	4	*
Other Language	0	*
Unknown or declined to state	7	*

Sexual Orientation	FY 2016-17	FY 2017-18
Gay or Lesbian	1	*
Heterosexual or Straight	54	*
Bisexual	1	*
Questioning or unsure of sexual orientation	3	*
Queer	0	*
Another sexual orientation	0	*
Unknown or declined to state	260	*

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth		
Male	95	*
Female	209	*
Unknown or declined to state	13	*
Current gender identity		
Male	98	*
Female	216	*
Questioning or unsure of gender identity	4	*
Unknown or declined to state	2	*

Disability	FY 2016-17	FY 2017-18
Yes		
Communication Domain	0	*
Difficulty seeing	0	*
Difficulty hearing, or having speech understood	0	*
Other (specify)	0	*
Mental domain not including a mental illness	7	*
Physical/mobility domain	4	*
Chronic health condition	2	*
Other (specify)	2	*
No	153	*
Unknown or declined to state	168	*

Veteran Status	FY 2016-17	FY 2017-18
Yes	0	*
No	169	*
Unknown or declined to state	168	*

Region of Residence	FY 2016-17	FY 1718
West County	14	*
Placerville Area	53	*
North County	3	*
Mid County	0	*
South County	5	*
Tahoe Basin	5	*
Unknown or declined to state	263	*

Year End Report FY 2017-18

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

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

Talking Circles

Talking Circles were again delayed due to a slow school startup in general due to the difficulty schools have integrating programs and logistics the first 6 weeks of school. We began in the 2nd Quarter and for the rest of the year, we delivered services students in the school. We served 15 students at Camino School, 22 students at Herbert Green Middle School and 17 students at Indian Creek Elementary School. We anticipate even more students next year as we will be expanding into Union Mine High School.

Crisis Calls

Crisis efforts were steady until February of 2018. That is when one of our Cultural Specialist, and major part of our program, passed away. Support for Juvenile Hall Native students was discontinued as we no longer had the personnel to support that.

Our Cultural Specialists provided 493.5 hours of crisis call services during the FY 2017-18 program year.

After School Cultural Activities

This year we served 80 unduplicated Native students with after school cultural activities. As part of this activity, students are able to speak with a cultural specialist about school and life issues that may be troubling them. They are sometimes done in a group setting and sometimes a more private setting if that is what is needed. These services take place at the Placerville Indian Education Center.

Family Cultural Activity Gatherings
Our Family gatherings take place once a month on a Saturday. We offer a class in a variety of Native art areas. Gaining cultural arts skills is important, but not the only purpose of these gathering. Beside our cultural specialist activity teachers, attending family or community members often share their knowledge and experience with adult and student participants, creating a wonderful sense of camaraderie and cultural sharing. Participants often make new friends and look forward to the monthly gathering as an opportunity to renew friendships and catch up on what is going on. This year we provided services to 87 unique adults and 66 students.

Student Leadership Training
This year's student leadership training included 21 Native students. These students were selected to participate in special leadership Center activities and a summer field trip to increase their leadership skills and help the students to better recognize their leadership potential. Students in this component of our program have taken roles in student leadership at their school, in their Native communities and some have gone on to colleges or vocation schools.

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

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

The negative outcomes we targeted, suicide, homelessness, unemployment, school failure or drop out and removal of children from their homes, are outcomes Native youth and Families historically and currently face at a larger percentage than non-Native populations.

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

By collaborating with local tribal groups and other community-based providers, we continue to engage previously underserved or unserved Native populations.

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.**

Wennem Wadati was designed to provide culturally specific services to Native youth and families. Individuals providing the services are members of the Native community, and continue outreach efforts to reduce racial/ethnic disparities.

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

Effort continued this year to directly target agencies beyond the school-based Principals and non-Native agencies. This was done to increase awareness of our culturally based programs, increase education of how and why our programs are successful, and increase referrals to our programs to improve outcomes for our population. This has resulted in a reduction of discrimination.

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

This information is not available.

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

Please see expenditures above. The MHSA funds were leveraged with other programs provided by Foothill Indian Education Alliance and other organizations, and the space provided for the activities was provided by schools and Foothill Indian Education Alliance.

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

Foothill Indian Education Alliance's ability to fully report all outcome measures was impacted by the sudden loss of one of our Cultural Specialists in FY 2017-18.

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

This information is not available.

MHSA Recommendation: Continue this project in the FY 2019-20 MHSA Plan Update as it provides a valuable resource for El Dorado County's Native community. Provide technical assistance to provider on reporting.

Early Intervention Programs

Children 0-5 and Their Families

Provider: Infant Parent Center

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$175,000	$250,000
Total Expenditures	$174,888	$242,975
Unduplicated Individuals Served	150	162
Cost per Participant	$1,166	$1,500

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	81	85
16-25 (transitional age youth)	10	0
26-59 (adult)	59	76
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	1

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	4	0
Asian	0	0
Black or African American	7	6
Native Hawaiian or Other Pacific Islander	0	0
White	103	105
Other	11	12
Multiracial	16	18
Unknown or declined to state	9	21

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino		13
Caribbean	3	0
Central American	4	5
Mexican/Mexican-American/Chicano	21	23
Other	5	0
Unknown or declined to state	0	0
Non-Hispanic or Non-Latino		77
African	24	11
Asian Indian / South Asian	1	0
Eastern European	2	0
European	47	2
Other	21	0
Unknown or declined to state	22	31

Primary Language	FY 2016-17	FY 2017-18
English	139	144
Spanish	10	12
Other Language	0	6
Bilingual	0	0
Unknown or declined to state	1	0

Sexual Orientation	FY 2016-17	FY 2017-18
Heterosexual or Straight	64	65
Bisexual	3	1
Unknown or declined to state	83	96

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth:		
Male	60	54
Female	84	107
Unknown or declined to state	4	1
Current gender identity:		
Male	58	54
Female	85	107
Unknown or declined to state	7	1

Disability	FY 2016-17	FY 2017-18
Yes		
Communication Domain		
Difficulty seeing	0	1
Difficulty hearing, or having speech understood	0	0
Other (specify)	0	12
Mental domain not including a mental illness	12	0
Physical/mobility domain	0	0
Chronic health condition	3	2
Other (specify)	3	0
No	126	133
Unknown or declined to state	6	14

Veteran Status	FY 2016-17	FY 2017-18
Yes	1	3
No	143	149
Unknown or declined to state	6	10

Region of Residence	FY 2016-17	FY 2017-18
West County	34	39
Placerville Area	74	70
North County	9	6
Mid County	15	7
South County	2	6
Tahoe Basin	10	30
Unknown or declined to state	6	4

Year End Report FY 2017-18

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.**

Infant Parent Center 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 collaboration for overall betterment to our community.

Major accomplishments

- Perinatal Mood and Anxiety Disorder (PMAD): IPC continues to raise awareness about PMAD, a condition affecting an estimated 25-30% of new mothers across all socio-economic and racial backgrounds. We believe that our dedication and commitment over the past 10 years in raising awareness of perinatal mood and anxiety disorders has impacted this community in a very positive way. We have seen a steady increase in referrals from Marshall and Barton Hospitals this year and many self-referrals. We continue to show our Mariposa Video to other mothers which helps to decrease shame and help normalize their experiences.

- IPC Services in South Lake Tahoe: The agency continues to establish a strong presence in South Lake Tahoe and has shown a steady increase in referrals. The community has a history of being slow to warm up to outside providers, however, we have continued to persist and have established relationships with community members and other providers. We have provided successful terminations with multiple families already in the first year and families previously on long wait lists are being served immediately. In addition, we have provided trainings and education to preschool teachers to further support the social emotional development of children in our community.

- Foster Placement Success: IPC served an increase of foster families this year. Of these families, 63 of children were at risk of losing their placements. We find the biggest reasons for foster parents that relinquish children from their home is due to high levels of behavioral disturbance: punching, spitting, kicking, refusal to eat, hoarding food, sexualized behaviors, self-mutilation, night terrors and learning difficulties. IPC's services, with effective multi-disciplinary collaboration, provide multiple support facets to address concerning behaviors, trauma, attachment and support specifically to foster-adoptive parents through parent support and education as well as our specialized service of Reflective Practice. Through these effective services, these traumatized children successfully remain in their foster home, stabilize and work on specific trauma and attachment issues. This stabilization and intensive work then providers new avenues of success in school, peer groups and in hopeful reunification with birth parents or successful adoption. Therefore, these children who may otherwise be moved into multiple placements were able to reside with loving caregivers, process trauma and grow in learning and success with school and friends; essential development for the rest of their lives.

Challenges

South Lake Tahoe: We continue to face some challenges in South Lake Tahoe. We have continued to provide outreach and collaboration with providers in the area on behalf of children and families. We know the vital importance in working together to best serve children's needs. El Dorado County Public Health has been instrumental in working with us and has been a strong referral base. We have been very grateful for their continuous support. CPS in Tahoe rarely refers which is a stark contrast to our relationship on the western slope with CPS being a continuous referral base. However, we have begun effective collaboration with a couple of social

workers. We will face this challenge by continuing to persist and do our very best to be a positive shift for young families.

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. Due to this level of intensive needs and low support systems, IPC strives to not only provide opportunities for process and healing, but connection to permanent support systems for overall sustainable health and wellness. Consequently, IPC has been a part of distinctive successes with psychotherapy, multidisciplinary collaboration, and beneficial linkage to enhance support and autonomy.

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

Suicide

IPC supported seven adults suffering suicidality or suicidal ideation. Two adults were placed in a psychiatric involuntary hold for at least 72 hours. It is important to understand that all of these individuals are suffering from severe mental illness or active intense trauma causing the suicidal behavior. Even more important is that all of these adults are parents of very young and vulnerable children. The impact of a parent's suffering and/or separation due to a psychiatric hold can be traumatic to any child, especially and infant or toddler. IPC's work to collaborate with doctors, El Dorado County Mental Health staff and other clinicians has proven to help caregiver's gain better stability, proper medication and finding balance of mental health and pressures of life and parenting.

Prolonged suffering

As noted in this year's ACE's collaboration, we know prolonged suffering is usually multigenerational and a result of multi-traumatic events. IPC served 143 families enduring the pain and suffering of long term abuse, neglect and other forms of trauma. 92 of these families were able to achieve at least one treatment goal and successful linkage to permanent resources to gain greater opportunities and successes for the life they want for their family.

Risk of Removal

63 children were referred with potential risks of being taken into foster care. IPC has increased collaboration with Child Protective Services, CASA, Sierra Family Services and other agencies in the Western Slope, Divide Area and South Lake Tahoe. This increase in service has also increased referrals for potential removals. With successful support and treatment, none of these children were removed from their homes. IPC is grateful to be a part of these families' successes.

Incarceration to Mainstream

18 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 community has been an intrinsic foundation to families' sustainability of recovery and successes in work, housing and life autonomy.

Homelessness/Unemployment

17 families served were enduring homelessness. Continued effective collaboration and linkage with Hope House, Mother Teresa's Shelter, HELP, Cal Works, Nomadic Shelter, and local churches provides greater opportunities for families to achieve temporary and permanent housing for families. Although these families clearly are struggling with basic needs for living, they are also able to be present and active in treatment and support for themselves and their children.

School dropout/failure

IPC has continued support to local preschools, Early Head Start (EHS), and elementary schools. IPC increased services this year to four preschools in South Lake Tahoe as well as support and parental guidance to teen parents in the local schools in South Lake Tahoe. School Observations, Reflective Practice to EHS teachers, Community trainings offer opportunities to not only serve families directly but also provide education and support to other providers.

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 continues to serve isolated and transient communities and families. An array of services in Spanish is offered to monolingual Spanish speaking families in addition to home visitation for clients on the Western Slope. As noted prior, IPC offers services to many families who would not otherwise receive services: homeless, isolated families in rural areas, monolingual Spanish speaking families. IPC offers not only three 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 meet families where they are, providing a safe, non-judgmental environment with recognition of their unique culture and journey. Families are able to process their challenges with authentic support and respect. IPC is also continually educating staff and using the most up to date information for best practices, effective communication and support for families. IPC staff strives to continue to grow and learn. Our families teach us about their own culture and what is important for them so we continue to be sensitive to their unique needs.

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

We place a great importance on community collaboration and outreach. As always, IPC works with any provider for effective collaboration and family success. This year IPC has increased collaboration with many agencies including CASA, local law enforcement, family law, Barton Hospital, and Child Protective Services. As noted prior, effective multidisciplinary collaboration allows for clear communication and continuity of services. IPC works diligently to find the best additional supportive services for families to not only reach their temporary goals but allow for permanent support and life successes.

6) **Provide the outcomes measures of the services provided and of customer satisfaction surveys. Outcome measures for the Children 0-5 and Their Families project are:**
   - **Measurement 1: Clinical assessment and progress will include, but are not limited to, Parent Stress Index, Beck's Depression Beck's Depression and Anxiety Scale, Post-Partum Depression Scale, Ages and Stages, and Marshak Interaction Method.**
   - **Measurement 2: Client satisfaction questionnaires, other provider questionnaires.**
   - **Measurement 3: Tracking of referrals and engagement.**
   - **Measurement 4: Decreased incidents of shaken baby syndrome.**
   - **Measurement 5: Reduction of hospital emergency department visits.**

Measurement 1

172 families served
93 diagnosed with PTSD
66 diagnosed with Perinatal depression/anxiety
138 families engaged in services
93 families achieved treatment success in at least two areas of concern
34 families are currently in services

PTSD Questionnaire

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 establishing trauma. Fifty-nine 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)

Marschak Interaction Method (MIM) - IPC conducted 53 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 22 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

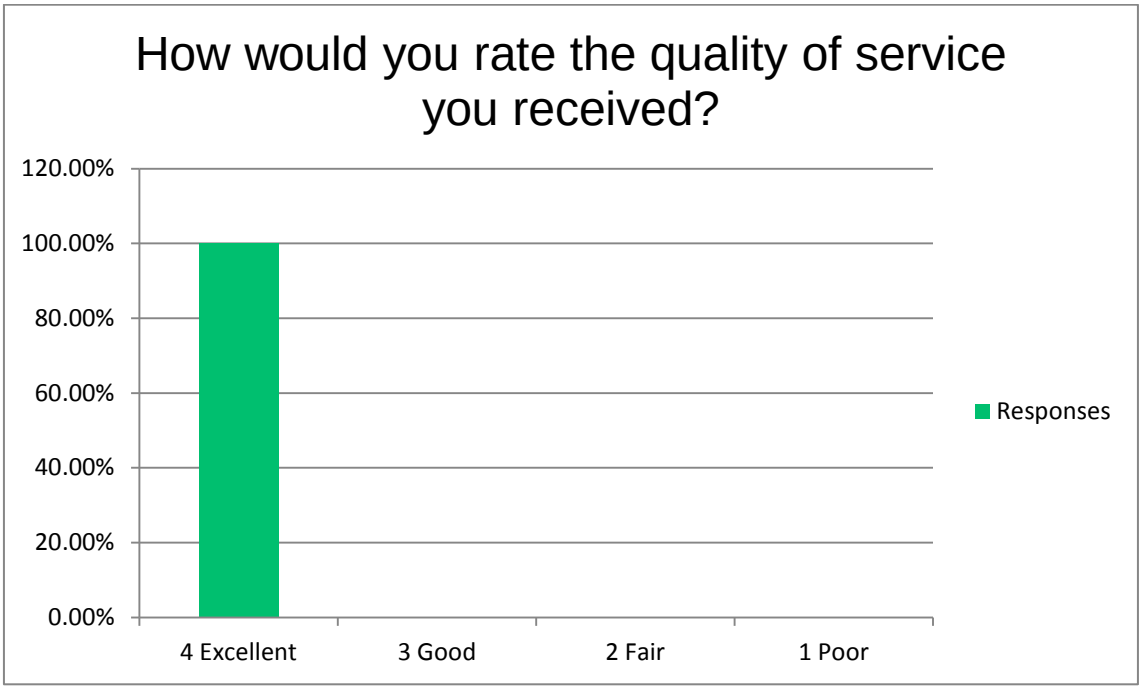
We provide this program individually to support each caregiver's relationship with his/her child(ren) and use this evidence based practice to enhance awareness, attunement, connection and consistent containment which are essential components for a secure attachment and optimal development for children. 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.

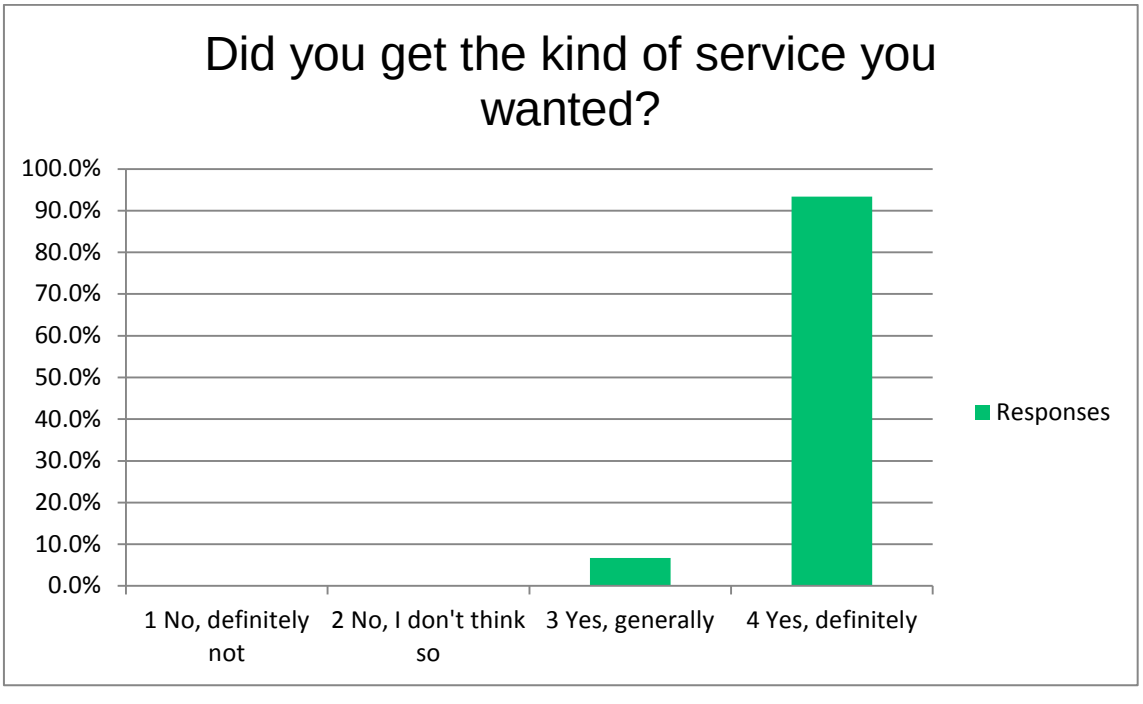
Parent Stress Index (PSI)

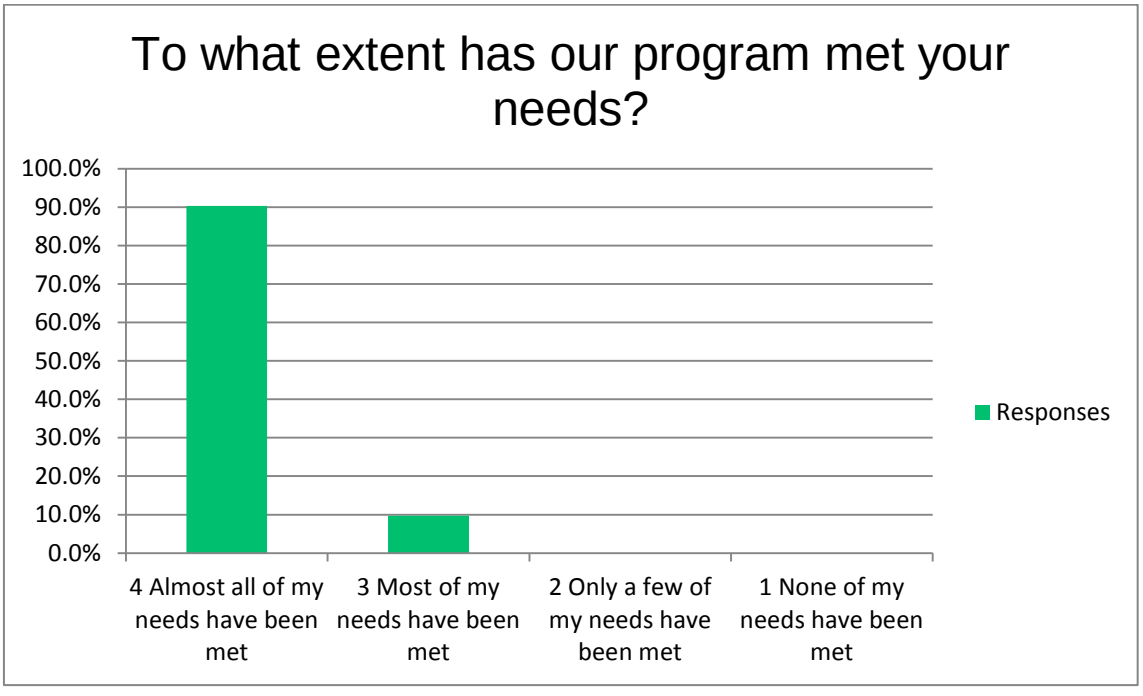
17 PSI assessments were administered. IPC provided 71 additional clinical assessments that helped determined risk factors, treatment plans and interventions that would best serve the family system. Of the written assessments, IPC finds the PSI to be an essential clinical tool to assess potential risk factors in child abuse, parent-child relational challenges, and parent's perception of their child's behaviors.

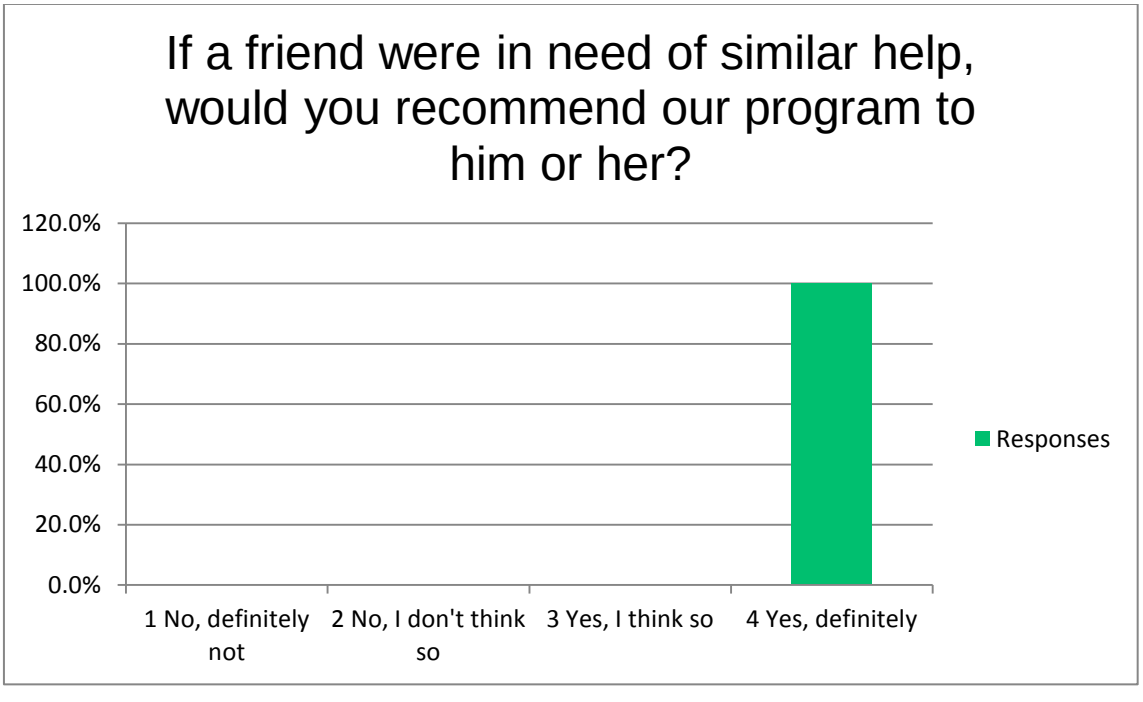
Measurement 2

Client Survey Data - We received 31 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.

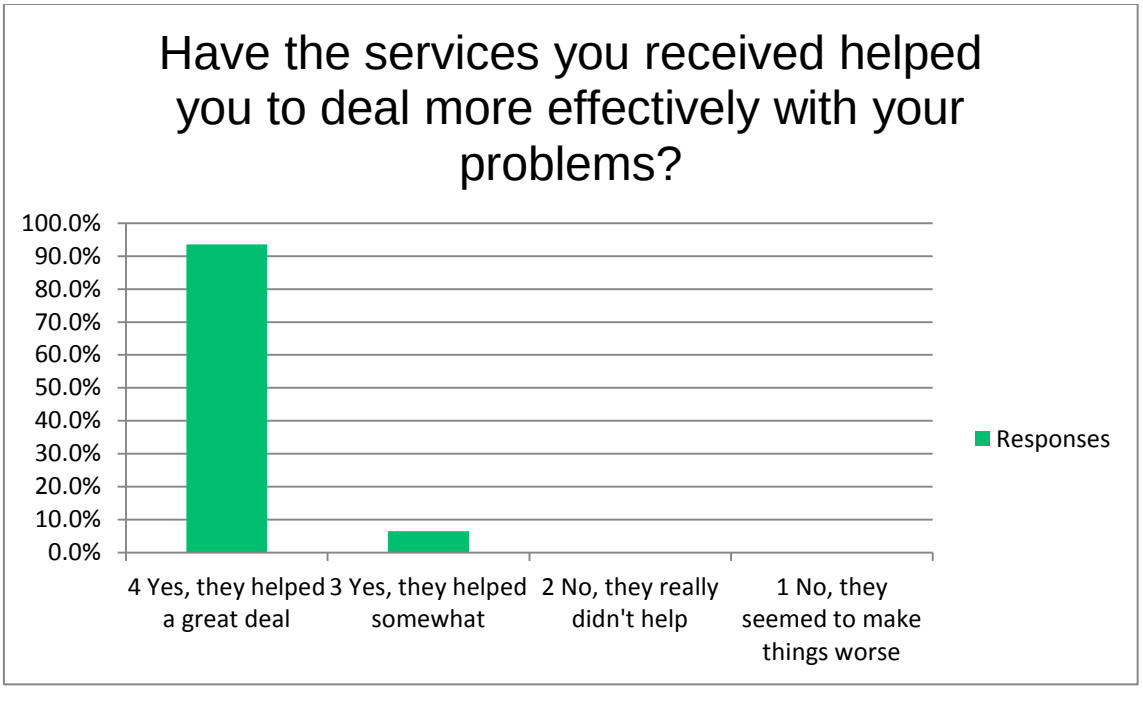

How would you rate the quality of service you received?
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
4 Excellent
3 Good
2 Fair
1 Poor
Responses

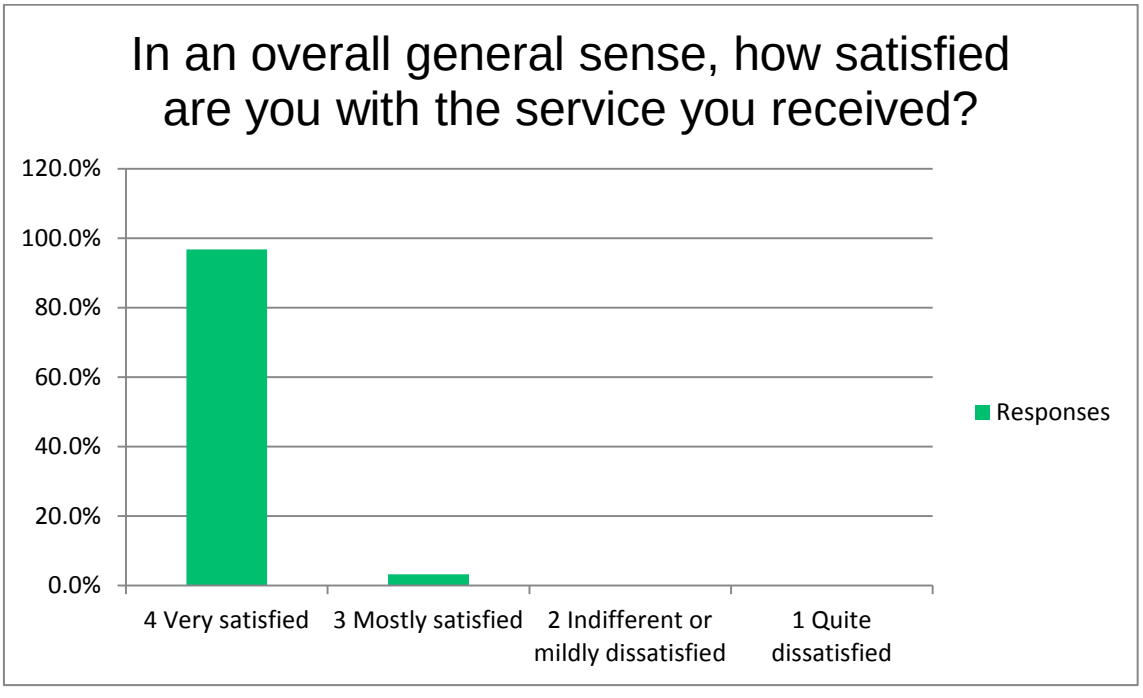

Did you get the kind of service you wanted?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1 No, definitely not
2 No, I don't think so
3 Yes, generally
4 Yes, definitely
Responses

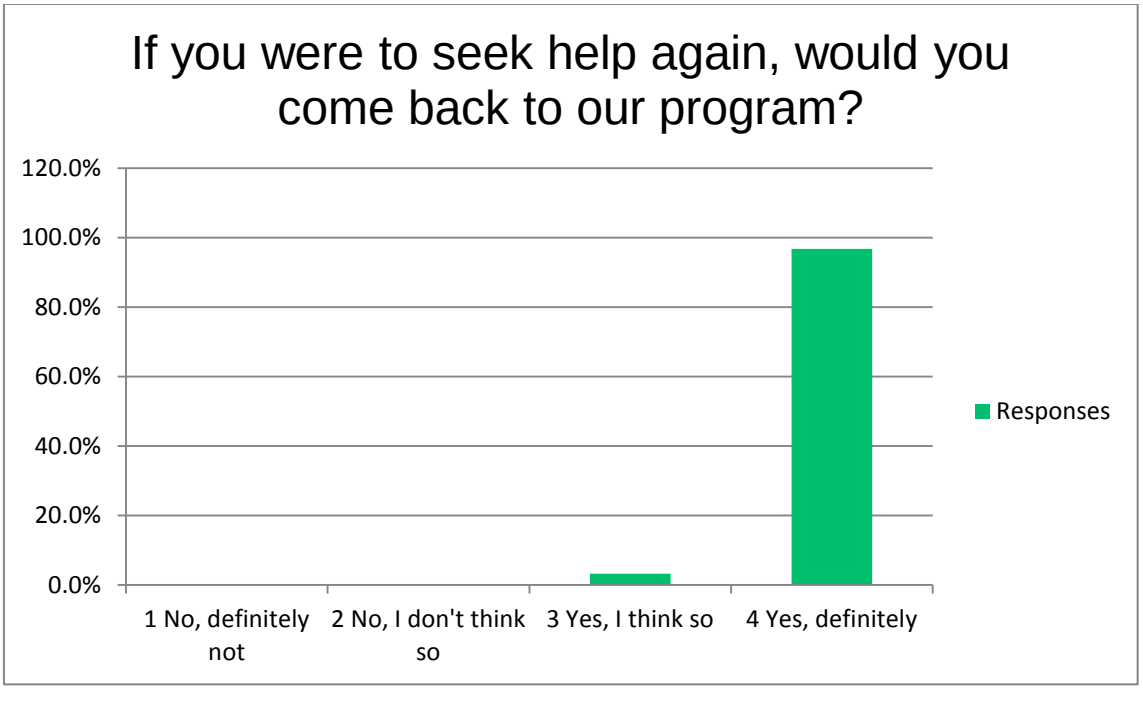

To what extent has our program met your needs?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4 Almost all of my needs have been met
3 Most of my needs have been met
2 Only a few of my needs have been met
1 None of my needs have been met
Responses


If a friend were in need of similar help, would you recommend our program to him or her?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
1 No, definitely not
2 No, I don't think so
3 Yes, I think so
4 Yes, definitely
Responses


How satisfied are you with the amount of help you received?
120.0%
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
1 Quite dissatisfied
2 Indifferent or mildly dissatisfied
3 Mostly satisfied
4 Very satisfied
Responses


Have the services you received helped you to deal more effectively with your problems?
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4 Yes, they helped a great deal
3 Yes, they helped somewhat
2 No, they really didn't help
1 No, they seemed to make things worse
Responses

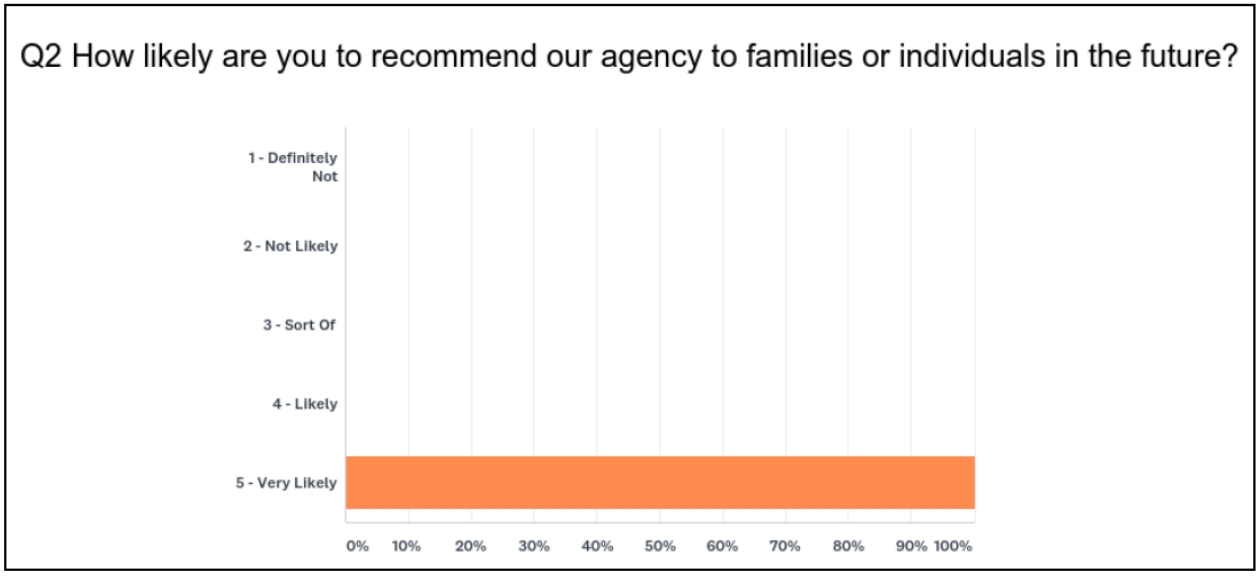


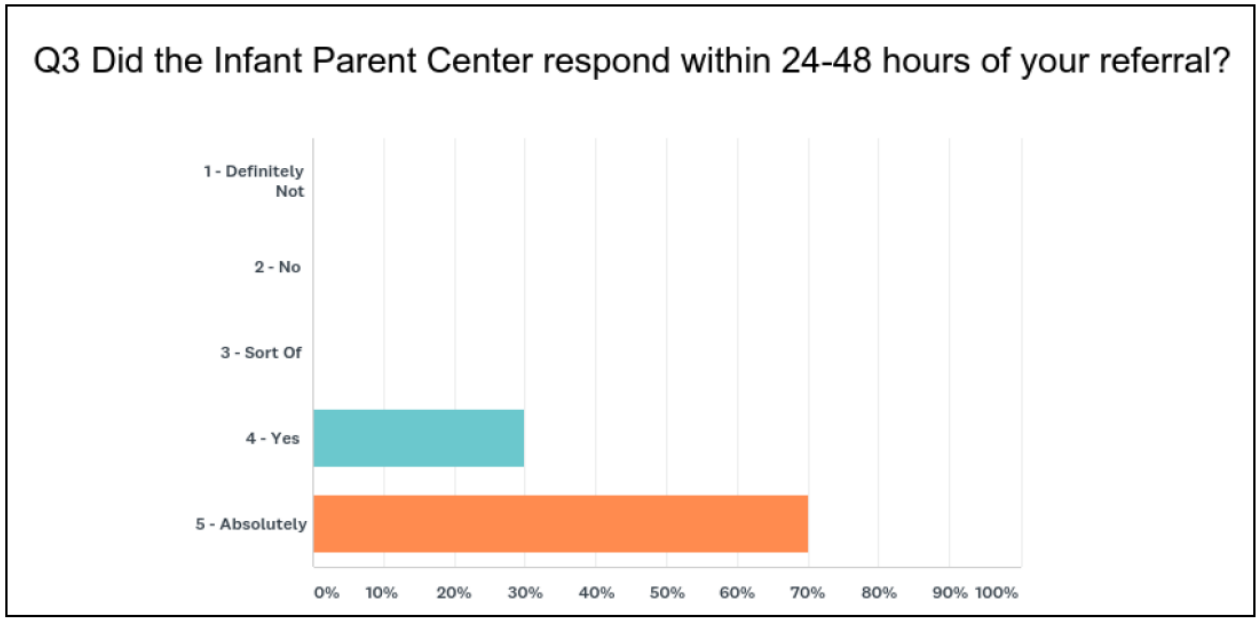


<u>Collaborative Partner Survey:</u> This year's increase in service areas has provided new opportunities for collaboration with new partners. IPC sent out the survey to every partner connection. IPC received 11 surveys with supportive responses. As the spreadsheet exhibits, partners find IPC an essential 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, MFT Therapist. (NOTE: Question 1 of the survey was the respondent's name.)

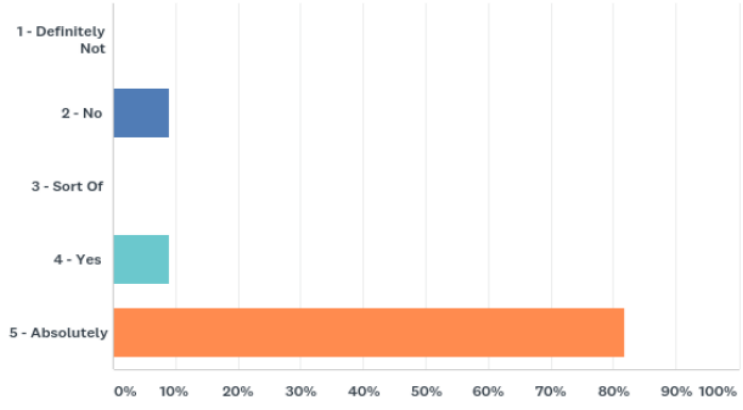
Collaborative Partner Survey – 2018

Respondents:
Choices for Children (SLT), Marshall Medical OB/GYN, El Dorado County Office of Education, (Early Head Start), Lake Tahoe School District, Child Protective Services (Western Slope), EDC Health & Human Services Agency Health Departments, EDC Mental Health, EDC BH ADP, and MFT Therapist.

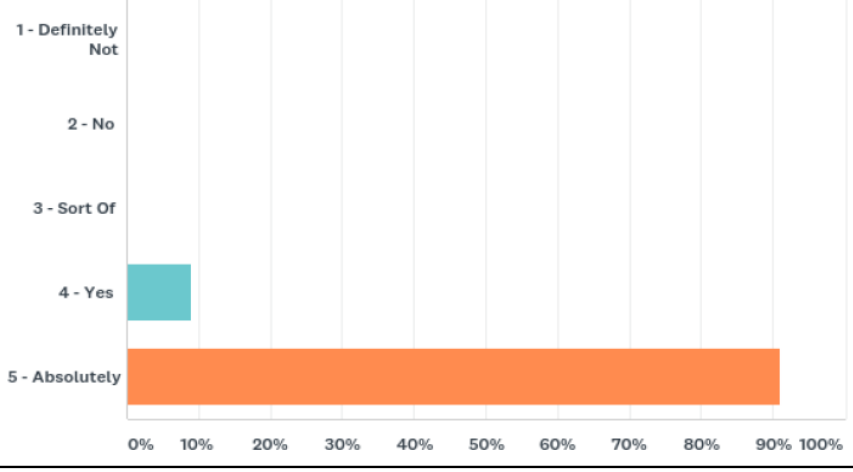




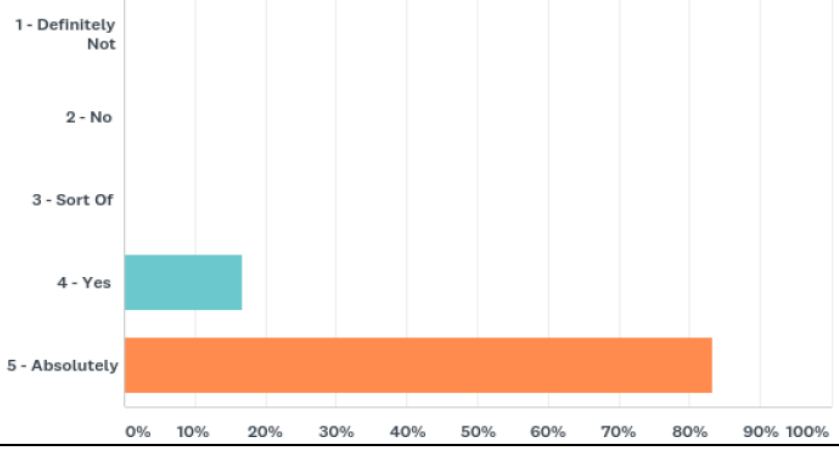
Q4 Have you heard positive feedback from families regarding services they received from IPC?



Q5 Do you believe that family wellness improves after services with IPC?



Q6 Do you find the Infant Parent Center's services essential for the community?



Measurement 3

40 families were self-referred or referred by a family or friend. This represents an increase from last year. New partner collaboration has also resulted with an increase in professional referrals. We have received an additional increase in South Lake Tahoe from community members and providers.

Measurement 4
Infant Parent Center worked successfully with 46 infants who were at risk of Abusive Head Trauma/AHT (formerly known as Shaken Baby Syndrome). IPC also worked with one infant who had survived AHT. 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.

Measurement 5

IPC served two pregnant mothers who were hospitalized involuntarily due to suicidality. Effective crisis intervention and case management as well as linkage to primary care services minimized the potential of the other 7 parents identified and referred to IPC as suicidal.

MHSA Recommendation: Continue project, increasing funding level by $50,000 to assist with expansion of services to the North County area.

Early Intervention for Youth in Schools

Provider: Minds Moving Forward

Project Goals

- Increase school-based mental health services.
- Increase knowledge of community resources.
- Raise awareness around early identification of the signs and symptoms of mental illness.
- Reduce stigma and discrimination.
- Improve student wellness and mental health.
- Improve the family relationship.
- Improve school culture as it relates to minimizing activities that may be risk factors for mental illness and encouraging positive mental health.
- Reduce suicidal ideation, attempted suicides and completed suicides.
- Increase academic success, which may not mean higher grade point averages, but could be other successes such as higher rate of completion of homework, increased academic confidence or increased willingness to reach out for academic assistance.
- Increase school attendance rates for participants.
- Decrease referrals for behavior problems or other disciplinary actions for participants.
- Improve results from the California Healthy Kids survey, which would show a reduction in the number of students with feelings of hopelessness or suicidal thoughts.
- Reduce substance use (alcohol, prescription drugs, marijuana, other illicit and life endangering drugs) and/or self-medicating.

Numbers Served and Cost

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$150,000	$150,000
Total Expenditures	$15,059	$87,251
Unduplicated Individuals Served	N/A General Outreach performed	67
Cost per Participant	N/A General Outreach performed	$1,302

During FY 2016-17, the demographic information represents the total number of students who attend a school where this program may operate (Oak Ridge High School, Ponderosa High School, Camerado Middle School and Charter Career Prep). Any of these students may be impacted by current general outreach, and more targeted services to address the needs of these students and their families in the future.

Age Group	FY 2016-17 Total Attendance*
0-15 (children/youth)	1,933
16-25 (transitional age youth)	3,213

During FY 2017-18, Minds Moving Forward implemented services and activities at Charter Career Prep and Oak Ridge High School. FY 2017-18 data is reflective of services and activities at those schools.

Age Group	FY 2017-18*
0-15 (children/youth)	21
16-25 (transitional age youth)	12
26-59 (adult)	19
Ages 60+ (older adults)	01
Unknown	14

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	37	0
Asian	305	0
Black or African American	54	0
Native Hawaiian or Other Pacific Islander	8	2
White	3681	4
Other	770	24
Multiracial	285	13
Unknown or declined to state	6	24

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino		20
Unknown or declined to state	687	0
Non-Hispanic or Non-Latino		17
Filipino	79	1
Unknown or declined to state	4,380	24

Primary Language	FY 2016-17	FY 2017-18
English	0	50
Spanish	0	2
Other Language	0	0
Bilingual	0	0
Unknown of decline to state	5,146	15

Sexual Orientation	FY 2016-17	FY 2017-18
Heterosexual or Straight	64	41
Bisexual	3	6
Questioning of Unsure of Sexual Orientation		2
Gay/Lesbian		1
Unknown or declined to state	83	17

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth		
Male	58	26
Female	85	23
Unknown or declined to state	7	18
Current gender identity:		
Male	--	25
Female	--	23
Genderqueer	--	2
Transgender	--	1
Unknown or declined to state	--	16

Disability	FY 2016-17	FY 2017-18
Yes	0	6
Communication Domain	0	0
Difficulty seeing	0	0
Difficulty hearing, or having speech understood	0	0
Other (specify)	0	0
Mental domain not including a mental illness	0	0
Physical/mobility domain	0	0
Chronic health condition	0	0
Other (specify)	0	0
No	0	25
Unknown or declined to state	5,146	36

Veteran Status	FY 2016-17	FY 2017-18
Yes	0	0
No	0	35
Unknown or declined to state	5,146	32

Region of Residence	FY 2016-17	FY 2017-18
West County	0	23
Placerville Area	0	22
North County	0	5
Mid County	0	2
South County	0	0
Tahoe Basin	0	0
Unknown of declined to state	5,146	15

Year End Report FY 2017-18

1) **Briefly 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.**

   During FY 2017-18, Minds Moving Forward (MMF) implemented services and activities to increase youth and family awareness of mental health, to increase their awareness of community resources, to decrease fear and stigma associated with mental illness, and to encourage early intervention with youth. These services and activities included one-on-one and group meetings with youth and caregivers, school-based mental health awareness campaigns, and trainings for school administration and staff. Services focused on improving student wellness and mental health, improving student culture, as well as improving the family relationship. School administration and staff training was implemented to equip school personnel to identify early signs and symptoms of mental illness and improve school culture as it relates to minimizing activities that may be risk factors for mental illness, alternatively encouraging positive mental health.

MMF used both individual and group formats for service implementation. Individual interventions and caregiver engagement activities focused on improving youth wellness and mental health through early identification of signs and symptoms of mental illness and linkage to community resources for mental health and familial supports. Group services aimed to improve school culture as it relates to minimizing activities that may be risk factors for mental illness by providing opportunities for youth to learn and develop pro-social skills through social reciprocity and consequential thinking. Services and activities also included collaborative meetings with community service providers to promote access and linkage to medically necessary care by increasing awareness of community resources and bridging gaps between available services and youth and family needs. MMF provided services onsite at participating school locations and off-site at community-based locations including libraries and other locations as agreed upon with participants.

Participants in the Prevention and Early Intervention for Youth In Schools (PEI-YIS) project entered the program with recent histories significant for social-emotional difficulties. However, during their enrollment in the PEI program ninety-seven percent (97%) abstained from incarcerations, 100% remained enrolled in school, and none attempted or completed suicide. Likewise, the overall frequency of referrals for behavioral problems or other disciplinary actions decreased for participants.

Challenges to implementation during FY 2017-18 include significant delays gaining access to students and families identified by the County of El Dorado Health and Human Services MHSA team for participation in the (PEI-YIS) project. Implementation timelines were affected by the requirement for multiple layers of approval within the organizational hierarchies of the school districts and lengthy processing times for Memorandums of Understanding which would give access to the students and families who are the focus of the PEI-YIS project. Implementation timelines were additionally affected by school districts' requests for the service provider to supply insurance coverages beyond the MHSA contract requirements. These factors continue to affect implementation timelines with Ponderosa High School and Camerado Middle School. Collection of school-wide surveys presented challenges due to lack of responsiveness from individual survey recipients. Minds Moving Forward continues to collaborate with leadership teams at the local school level to improve responsiveness and data collection efforts. The PEI-YIS project also encountered temporary and reoccurring challenges with timely remuneration for services and related expenses.

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).**

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 programs focus 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 outcomes that are the focus of the Prevention and Early Intervention for Youth in Schools Project (PEI-YIS) are truancy, behavior problems or other disciplinary actions, school dropout, incarcerations, and attempted or completed suicide.

MMF professional and para-professional staff, provided onsite services at Oak Ridge High School, one (1) day per week during April and May and services at Charter College and Career Prep two (2) to three (3) day per week during April, May, and June of Q4. MMF provided early intervention 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. Outreach in the form of phone calls and in-person appointments was provided to caregivers of youth participants to engage Caregivers in the positive development and implementation of youth and family-driven wellness plans.

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.**

In addition to providing services directly to unserved and underserved youth and families, MMF provided five (5) trainings to school administration and teachers at Charter College and Career Prep to increase mental health awareness and improve related skillsets of school personnel who directly provide education to unserved and underserved populations through the provision of education and other academic activities. Training was provided in December 2017, February 2018, March 2018, April 2018, and May 2018. Training focused on increasing mental health awareness including knowledge of physiological and developmental contributors, understanding behavioral and emotional manifestations of mental stress in youth, and developing interactive skills that encourage positive mental health and minimize activities that may exacerbate risk factors for youth.

Minds Moving Forward facilitated mental health awareness campaigns for youth, families, and school staff at Oak Ridge High School and Charter College and Career Prep during May; Mental Health Awareness month. Campaigns addressed self-stigma (the reactions of individuals who belong to a stigmatized group and who turn then stigmatizing attitudes upon themselves), public stigma (the attitudes of the general public towards a group, based on stigmatized attitudes about that group), and courtesy stigma (the stigma by association experienced by those who are closely associated with stigmatized people such as family members). Campaign activities included interactive activities for participants to learn to recognize signs and symptoms of mental decline in themselves and other, interactive activities to learn stress management skills, provisions of resource materials to increase awareness of mental health resources available in the local community, and interactive activities to learn how to access these services.

MMF also hosted community-based services and activities at the following diverse locations: Cameron Park Library, Placerville Library, El Dorado Hills Library, Starbucks in Cameron Park, Boys and Girls Club in Placerville, Green Valley Community Church, Oak Ridge High School, Camerado Middle School, Pondorosa High School, Charter College and Career Prep, and locations mutually agreed upon by participants.

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.**

MMF staff are trained in cultural competence and have a combined thirty-six (36) years of experience addressing ethnic disparities across multiple states and counties. Ongoing continuing

education training for MMF staff most recently included six (6) hours of training in The Nurtured Heart Approach®. During fiscal year 2017-2018, MMF provided five (5) culturally-informative, interactive trainings to seven (7) school personnel to increase their understanding of the impact cultural context has on youth mental health and on their linkage to mental health services. Trainings were provided to raise awareness of mental illness, increase understanding of the mental health of their students, and to improve school culture as it relates to minimizing activities that may be risk factors for mental illness while alternatively encouraging positive mental health. School-wide surveys were also distributed to available resources, and willingness to discuss mental health concerns. Analysis of the results will be used to enhance and guide future trainings to stimulate improvements in school culture and youth academic success.

During FY 2017-18, MMF hosted seventeen (17) collaborative meetings with caregivers of students and forty (40) collaborative meetings with community service providers to increase awareness of, and access to, culturally competent community resources. MMF also provided referrals to link youth and families to providers who offer specialized mental health services in multiple languages other than English; including Spanish, German, and hearing-impaired options. MMF continues to implement outreach activities to mental health service providers to link participants to providers who offer services in multiple languages additional to these. MMF contacted seventy-one (71) mental health service providers, who provide services in El Dorado County, to increase access and linkage to mental health services for PEI-YIS participants.

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.**

MMF conducted several collaborative community meetings and activities with local and county-wide service providers including but not limited to: El Dorado County Health and Human Services Agency Behavioral Health Division Outpatient Clinic and Wellness Center, El Dorado County Health and Human Services Agency Public Health Nursing, El Dorado Community Hubs, Green Valley Community Church, Boys and Girls Club El Dorado County, Big Brothers Big Sisters of El Dorado County, Summitview Child and Family Services, New Morning Youth and Family Services, and California Mental Health Services Authority. Outreach activities targeted mental health practitioners in private practice, group and individual providers, general practitioners and specialists, who are geographically local to each of the participating schools, and to participants' residential addresses. These collaborative meetings promoted access and linkage to medically necessary care by increasing awareness of community resources, promoting cross-referrals, and bridging gaps between available services and youth and family needs.

MMF implemented mental health awareness campaigns focused on stigma reduction, discrimination reduction, and the provision of resource materials to link recipients with specialized mental health services providers. Group services contributed to stigma and discrimination reduction as well. Furthermore, youth and families engaged in individual services received assistance with individualized referrals and linkage to medically necessary care.

6) **Provide the outcomes 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.**

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.**

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

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

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

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

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

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

Measurement 9: **The California Healthy Kids Surveys will measure the long-range outcomes at the schools where this project is implemented as it relates to feelings of hopelessness and suicidal thoughts. The outcomes of this measurement may not be available annually or during the pilot period of this project.**

<u>Measurement 1</u>

- Of the sixty-seven (67) unduplicated individuals referred to the PEI-YIS project during fiscal year 2017-2018, fifty-three (53) acted on their referral. The aggregate attendance rate for scheduled appointments for youth and caregivers was 96%.

<u>Measurement 2</u>

- Of the twenty (20) youth and caregivers who participated in individualized services, ten (10) attended four (4) or more sessions and completed a post-participation self- assessment. A comparative analysis of the pre-participation and post-participation self- assessments revealed that sixty-seven percent (67%) of youth participants reported a reduction of the frequency in which they felt "down, depressed, or hopeless." Likewise, eighty-three percent (83%) reported a reduction of the frequency in which they experienced symptoms of anxiety.
- Twenty-four (24) youth participated in group services by attending at least one group session. Group sessions aimed to improve school culture as it relates to minimizing activities that may be risk factors for mental illness. Of those participants, ten (10) attended at least four (4) of the nine (9) group sessions provided and completed a post- assessment during Q4. Fifty percent (50%) of respondents who reported a self-perceived inability to collaborate as teammates with someone they did not like prior to participating in the PEI-YIS project, reported that they

disagreed or strongly disagreed with this self- perception post-participation. Likewise, forty percent (40%) of respondents reported decreased likelihood that they would avoid situations in which they would need to trust or rely on another person. One hundred percent (100%) of participants who reported a self- perceived dislike for trying "new things that are challenging and help me grow" pre- participation, reported a change in self-perception post-participation that reflected the opposite belief about themselves.

Measurement 3

- Of the participants who acted on their referral to participate in the PEI-YIS program, two (2) cohorts were formed. Review of data collected from Charter College and Career Prep and Oak Ridge High School, pertaining to these cohorts, showed the following:
  - For cohort one (1), the aggregate average of unexcused absences for participants during the pre-intervention period was three (3). The aggregate average of unexcused absences during the intervention period was three (3). Participants who attended five (5) or more sessions during the intervention period had an aggregate average of eight (8) unexcused absences during the pre-intervention period and an aggregate average of five (5) unexcused absences during the intervention period. Pre-intervention data for five (5) participants were unavailable for analysis due to being enrolled at a non-participating school during the pre-intervention period.
  - For cohort two (2), the aggregate average of unexcused absences during the pre-intervention period was three (3). The aggregate average of unexcused absences during the intervention period was four (4). Pre-intervention data for four (4) participants was unavailable for analysis due to being enrolled at a non-participating school during the pre-intervention period.

Measurement 4

- Incidents of referral for behavioral problems or other disciplinary actions among PEI-YIS participants is measured by the number of school days in which the youth is suspended from school. Of the participants who acted on their referral to participate in the PEI-YIS program, two (2) cohorts were formed. Review of data collected from Charter College and Career Prep and Oak Ridge High School, pertaining to these cohorts, showed the following:
  - For cohort one (1), of the participants who entered the project with a history of behavioral incidents, the frequency of behavioral incidents decreased during the intervention. The remaining participants did not have any behavioral incidents during the intervention period. Pre-intervention data for five (5) participants were unavailable for analysis due to being enrolled at a non-participating school during the pre-intervention period.
  - For cohort two (2), one hundred percent (100%) of participants -including those who entered the project with a history of behavioral incidents- did not have any behavioral incidents during the intervention period. Pre-intervention data for four (4) participants was unavailable for analysis due to being enrolled at a non-participating school during the pre-intervention period.

Measurement 5

- All participants (100%) remained enrolled in school for the duration of their participation in the PEI-YIS project.

Measurement 6

- One of the thirty-five (35) youth participants enrolled in the PEI-YIS project in Q4, one (1) experienced incarceration during this time. The remaining ninety-seven percent (97%) of the participants remained free from incarceration during their enrollment.

Measurement 7

- One hundred percent (100%) of participants abstained from attempting or completing suicide during this review period.

Measurement 8

- School-wide surveys were distributed during Q4 to determine the level of knowledge about mental illness, available resources, and willingness to discuss mental health concerns. Responses are pending as collection efforts continue.

7) 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 2017-2018 totaled ninety-five thousand eight
hundred and sixteen dollars and six cents ($95,816.06). No in-kind donations or leveraged funds were used for the PEI-YIS project for fiscal year 2017-2018.

MHSA Recommendation: There continues to be strong support for providing services to youth in El Dorado County. However, input regarding this project has consistently been that the focus is too limited and there is great need for mental health services within all high schools in the County. Therefore, as a reflection of community input, this pilot project will end June 30, 2019, which is the date the contract for this pilot program ends.

Stigma and Discrimination Reduction Programs

Mental Health First Aid

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

Project Goals

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

Numbers Served and Cost

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$117,000	$120,000
Total Expenditures	$43,242	$15,341
Unduplicated Individuals Served	320	191
Cost per Participant	$135	$80
Number of Classes	17	11
Youth	*6*	*3*
Adult	*11*	*7*
Veterans	*0*	*1*
Cost Per Class	$2,544	$1,395

In December of 2016, two new trainers were certified to teach the Adult version of Mental Health First Aid and began teaching shortly thereafter. In August 2017, one instructor became certified to provide Youth Mental Health First Aid in addition to the Adult classes.

Outcome Measures

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

The Mental Health First Aid website was re-designed and access to necessary data is not currently available.

PFLAG Community Education

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 2016-17	FY 2017-18
MHSA Budget	$5,000	$5,000
Total Expenditures	$0	$0

Outcome Measures

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

No materials were purchased and no presentations were provided. LGBTQ informational material that had been previously purchased was distributed to PFLAG.

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 2016-17	FY 2017-18
MHSA Budget	$9,471	$55,000
Total Expenditures	$9,471	$58,060

The State contracts with CalMHSA for administration of this program. The FY 2017-18 Reach and Impact in El Dorado County report from CalMHSA states:

> *The Statewide PEI Project: Achieving More Together*
> In Fiscal Year 2017-2018, 46 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.

Outcomes to Date

Since counties began pooling funds through 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 from the Statewide PEI Project:

- 15.4% 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 the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.[1]
- The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media 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]

[1] https://www.rand.org/pubs/research_reports/RR1134.html
[2] https://www.rand.org/pubs/research_reports/RR818.html
[3] http://walkinourshoes.org/content/NORCReportonWIOSWebsite.pdf
[4] http://walkinourshoes.org/content/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 Programs

Community Education and Parenting Classes

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 2016-17	FY 2017-18
MHSA Budget	$50,000	$50,000
Total Expenditures	$50,000	$31,050
Unduplicated Individuals Served	41	22
Cost per Participant	$1,220	$1,411

Age Group	FY 2016-17	
0-15 (children/youth)	0	1
16-25 (transitional age youth)	7	7
26-59 (adult)	32	14
Ages 60+ (older adults)	0	0
Unknown or declined to state	2	0

Gender	FY 2016-17	
Female	27	14
Male	14	8

Region of Residence	FY 2016-17	
West County	4	3
Placerville Area	23	13
North County	6	4
Mid County	5	1
South County	1	1
Tahoe Basin	2	0
Unknown or declined to state	0	0

Race / Ethnicity	FY 2016-17	
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	0	0
Caucasian or White	0	0
Hispanic or Latino	8	4
Native Hawaiian or Other Pacific Islander	0	0
Multiracial	0	0
Other Race or Ethnicity	33	18
Unknown or declined to state	0	0

Primary Language	FY 2016-17	
English	37	18
Spanish	4	4
Other Language	0	0
Unknown or declined to state	0	0

Year End Report FY 2107/18

The service locations covered all six service areas of El Dorado County. The total number of clients that initially registered were fifty-four (54) and the total number of clients that received a Certificate of Completion were twenty-two (22).

The Incredible Years Site Locations:

NMYFS Group #	Dates	Location Sites	Service Area	Certificate of Completion
17-G06	9/2017 - 12/2017	Cold Springs Church, Placerville	Placerville Area	8
18-G01	1/2018 - 3/2018	Georgetown School, Georgetown	North County	3
18-G03	1/2018 - 3/2018	Church of the Foothills, Cameron Park	West County	5
18-G06	3/2018 - 5/2018	Pinewood School, Pollock Pines	Mid County	0
18-G07	3/2018 - 5/2018	Gold Oak School, Pleasant Valley	South County	6

Some challenges of note, was the low attendance at Pollock Pines. The class had an initial two participants registered, but over the course of classes had dwindled down to one participant. The class requires a variety of participant interaction, so the facilitator recommended the Gold Oak School if they wished to continue. The Lake Tahoe Basin had such a poor turn out last year that we were unable to procure a facilitator. NMYFS is in the process of researching other evidenced based parenting programs that would better meet the needs of the participants. Two classes that we are pursuing: Positive Parenting Program (Triple P) is a 4 to 5 week course and Systematic Training for Effective Parenting (STEP) is a 7 week course. Both trainings are designed to offer make-up classes for completion.

The parents had to learn how to develop new skills that included: Understanding the importance of interaction with their children through play, the effect of positive reinforcement, how to better use a time out and problem solve, learn how to ignore bad behavior, and how to make their child feel valued and loved. Role play allowed for participants to visualize and identify how to properly apply techniques learned in the class. One parent learned the importance of rewarding good behavior with small prizes.

Parent participants also reported that they felt comfortable with the facilitator and group members. The group atmosphere was very beneficial to learning new concepts. Overall, the groups were positive and the participants felt they could express their emotions when they discussed their interactions with their children. The parents gave examples of some difficult situations that they needed help to address in a more positive way. Incredible Years has made an impact on many families and we look to many more classes.

MHSA Recommendation: Ongoing attendance at parenting classes is a concern, however the decrease in participation is not something over which the provider has control. MHSA recommends the provider evaluate other training models that allow participants to make up

classes (more of a rolling calendar of topics) rather than requiring the participants to attend specific classes in a single series.

The Nurtured Heart Approach

Provider: Summitview Child and Family Services

Project Goals

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

Numbers Served and Cost

Specific demographic data was not provided.

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget Rollover Funding	$19,500 + $6,741	$19,500
Total Expenditures	$22,626	$17,302
Unduplicated Individuals Served	125	120
Cost per Participant	$181	$144

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	0	unknown
16-25 (transitional age youth)	0	unknown
26-59 (adult)	0	unknown
Ages 60+ (older adults)	0	unknown
Unknown or declined to state	125	unknown

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	0	6.5%
Asian	0	3.3%
Black or African American	1	1.6%
Native Hawaiian or Other Pacific Islander	2	3.3%
White	75	76%
Other	0	0
Multiracial	3	3.3%
Unknown or declined to state	44	0

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino		6.7%
Unknown or declined to state	13	0
Non-Hispanic or Non-Latino		
Unknown or declined to state	0	0
More than one ethnicity	0	0
Unknown or declined to state	112	0

Primary Language	FY 2016-17	FY 2017-18
English	0	unknown
Spanish	0	unknown
Other Language	0	unknown
Unknown or declined to state	125	unknown

Sexual Orientation	FY 2016-17	FY 2017-18
Unknown or declined to state	125	unknown

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth:		
Male	0	unknown
Female	0	unknown
Unknown or declined to state	125	unknown
Current gender identity:		
Male	0	unknown
Female	0	unknown
Unknown or declined to state	125	unknown

Disability	FY 2016-17	FY 2017-18
Unknown or declined to state	125	unknown

Veteran Status	FY 2016-17	FY 2017-18
Yes	0	unknown
No	0	unknown
Unknown or declined to state	125	unknown

Region of Residence	FY 2016-17	FY 2017-18
West County	0	unknown
Placerville Area	0	unknown
North County	0	unknown
Mid County	0	unknown
South County	0	unknown
Tahoe Basin	0	unknown
Unknown or declined to state	125	unknown

Year End Report Fiscal Year FY 2017-18

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

   Nurtured Heart Approach (NHA) day-long trainings were provided in 2017 on August 18th, November 3rd, and November 18th and in 2018 on March 3rd. All trainings took place in Placerville, except the November 3rd training, which was offered in South Lake Tahoe.

   There were approximately 120 total attendees at the Nurtured Heart Approach (NHA) trainings. (The number is approximate since not all attendees were willing to complete the demographics sheet. One hundred and two attendees provided demographic information).

   All those who attend the one-day training are offered 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 who follow through with the calls. Those who do respond to emails offering to set up phone coaching commonly participate in one to two coaching sessions while a small minority use four to six sessions.

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

   Not addressed.

3) **Provide a brief narrative description of progress in providing The Nurtured Heart Approach project services to unserved and underserved populations.**

   - There has been some success in reaching underserved populations in terms of socioeconomic status. Twenty-nine 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 people who are economically disadvantaged; 30% of respondents indicated that they either have Medi-Cal or no health insurance.
   - 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:

	NHA training participants	US Census Bureau
Caucasian	76%	78.1%
Hispanic	6.7%	12.8%
African-American	1.6%	1%
Pacific Islander	3.3%	0.2%
Mixed race	3.3%	3.8%
Native American	6.5%	1.3%
Asian	3.3%	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 thirty 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 I linkages to medically necessary care, stigma reduction and discrimination reduction.

<u>Outreach</u>

- 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.
- The local juvenile court judge and juvenile probation have been made aware of trainings and have been referring parents.
- There has been outreach to the El Dorado Community Health Center staff so that they can publicize the trainings to the families they treat.
- 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.
- Presentations were made to staff in the Pioneer Union School District and to parents and staff at Indian Diggings School.

- 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: 33%
  School personnel or school district: 7.5%
  Flyer: 7.5%
  Juvenile judicial system and/or CPS: 7.5%
  Foster/Kinship Education or foster care agency: 5%
  Alta Regional Center: 3.3%
  "Email" or "work": 19%
  Friend or relative: 15%
  Parenting class: 1.6%

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

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

Measurement 1
No information provided

Measurement 2
Participant Surveys:

- Participants rated the presentation materials on a scale of 1 to 10. The average score was 9.1
- Participants rated the presenter's delivery on a scale of 1 to 10. The average score was 9.3
- Participants were asked to circle Yes or No regarding whether the presentation met or exceeded their expectations and 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 and 100% circled Yes.
- Participants were asked to circle Yes or No regarding whether they would be interested in attending future Nurtured Heart Approach presentations and 97% circled Yes.

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

Total expenditures during the 2016-2017 fiscal year were $18,427.40

There were no leveraged resources or in-kind contributions.

8) Provide any additional relevant information.

None.

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

Community Information Access

Measuring the use of this site was not possible by the MHSA Team. However, it was determined through the community planning process that the site was not utilized by the public. This project was discontinued in the FY 2017-18 Plan and the funds re-allocated to other PEI projects. No data is available for this project.

Expenditures	FY 2016-17
MHSA Budget	$16,000
Total Expenditures	$10,166

Mentoring for Youth

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 2016-17	FY 2017-18
MHSA Budget	$75,000	$75,000
Total Expenditures	$74,742	$75,000
Unduplicated Individuals Served	11	18
Cost per Participant	$6,795	$4,167

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	6	17
16-25 (transitional age youth)	0	1
26-59 (adult)	0	0
Ages 60+ (older adults)	0	0
Unknown or declined to state	0	0

Race	FY 2016-17	FY 2017-18
American Indian or Alaska Native	0	0
Asian	0	0
Black or African American	0	1
Native Hawaiian or Other Pacific Islander	0	0
White	6	10
Other		0
Multiracial	0	1
Unknown or declined to state	0	0

Ethnicity	FY 2016-17	FY 2017-18
Hispanic or Latino:		6
Specific ethnicity not indicated	0	0
Non-Hispanic or Non-Latino:		0
Asian (specific ethnicity not indicted)	0	0
Other	6	0

Primary Language	FY 2016-17	FY 2017-18
English	6	17
Spanish	0	1
Other Language	0	0
Unknown or declined to state	0	0

Sexual Orientation	FY 2016-17	FY 2017-18
Declined to State	6	unknown

Gender	FY 2016-17	FY 2017-18
Assigned sex at birth:		
Male	3	4
Female	3	14
Declined to answer the question	0	0

Current gender identity:		
Male	3	unknown
Female	3	unknown

Disability	FY 2016-17	FY 2017-18
Yes	0	0
No	0	0
Unknown or declined to state	6	18

Veteran Status	FY 2016-17	FY 2017-18
No	6	18

Region of Residence	FY 2016-17	FY 2017-18
West County	1	13
Placerville Area	0	1
North County	2	0
Mid County	1	1
South County	0	0
Tahoe Basin	2	2
Unknown or declined to state	0	0

Year End Report FY 2017-18

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

   In FY 2017-18, the Mentoring for Youth project is underway and making more progress at reaching more numbers of children in the county. Since the age range of youth served changed from 3-5 to 3-18 was implemented during this fiscal year, we have seen an increase of 38% additional youth served year to date over last year. In the 2017-2018 funding year, 18 new children were matched with a Big Brothers Big Sisters, which is a 33% increase from the previous year.

   The challenge continues to be recruiting volunteer Bigs. For BBBS, there are two pieces to this challenge. 1) The recruitment of Big Brothers, the current waitlist of Littles is made up of 65% boys and 35% girls. BBBS makes same gender matches. Male youth tend to need and sign up for our services more than girls, while females tend to be matched quicker because we see a higher number of female Bigs wanting to volunteer than we do male volunteers. 2) Finding volunteer Bigs in the more "remote" or "isolated" areas of El Dorado County. More than half of the waitlist, 55%, are children waiting for Bigs in rural areas.

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

Adults and Older Adults project on the other four negative outcomes addressed by PEI activities: (1) homelessness; (2) unemployment; (3) incarceration; and (4) suicide.

BBBS defines "vulnerable" populations as all children 0-18, we feel there could never be enough programs for children and families. In that population there are several factors that could push them into the "at-risk" category. 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 3-5 Year Olds by Adults and Older Adults project to unserved and underserved populations.**

Often we see parents and caregivers being told to get services for their child but they are not given a warm hand off. They are told they "need this" and are "required" to do it. Families in crisis, whatever it may be, have a difficult time sorting out priorities, they can begin to feel overwhelmed and unable to get the necessary services for their children. BBBS continues to help close the gap of lack of services to children 3-18 by providing a stable, positive role model that can be a partner of the parents as they try to navigate and connect to potential services for their child.

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

Being culturally aware and competent is important to BBBS. BBBS makes every effort to match children with volunteers that are of the same racial/ethnic backgrounds. This has shown great outcomes and longer length of match when the parent/caregiver can relate to the volunteer paired with their child. However, this option is not always available for a variety of reasons. BBBS prepares every volunteer for their match with interactive real scenario type trainings. These trainings include: cultural competency, expectations, "how to be a Big", boundaries, and safety & ethics. Throughout the length of the match BBBS offers additional trainings for volunteers to attend. This includes ACE's trainings, trauma-informed training, alcohol and drugs and many more. Additionally, each match is 100% individualized to support the specific challenges facing the child. Volunteers are coached throughout the length of the match on how to be culturally and linguistically competent with the child and their family.

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

BBBS is widely connected throughout the county for collaboration, outreach and linkage purposes. BBBS is connected with El Dorado County Office of Education and all of the local school districts in

the county. School partners are our biggest referral agencies. 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, Placerville Drug Free collation and the Early Education Planning Council. Additionally, BBBS is involved in: Kiwanis, Rotary, Tahoe Young Professionals and the local chambers.

6) **Provide the outcomes measures of the services provided. Outcome measures for the Mentoring for 3-5 Year Olds by Adults and Older Adults project are:**

Measurement 1: Pre/Post Surveys
Measurement 2: Evaluations
Measurement 3: Behavioral Evaluation
Measurement 4: Documented Skill Building
Measurement 5: Rating Sheet
Measurement 6: West Slope: Big Brothers Big Sisters Youth Outcomes Survey (YOS) and Strength of Relationship survey (SOR)
Measurement 7: Recommended Adult Surveys and Evaluation Tools
Measurement 8: Testimonials

Child Intake- Contractor will assess child and family for program effectiveness.
Of the children assessed for the program, no child was turned away. If they were not matched immediately, they were placed on the BBBS waitlist. Currently the wait list stands at 36 children with 2 matches pending for the month of July. The yield rate of a child inquiry to match is: 74.7%. This number comes from a variety of factors, families don't return initial contact calls from agency, don't follow through with interviews, or a job/living situation 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 yield rate of a volunteer inquiry to match is: 63.7%. This number comes from a variety of factors, volunteers lose contact with agency, feel it is not a good fit for them, a job/living situation change, 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 and 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. 88% of monthly match support calls were completed during this funding time.

Contractor will administer Big Brothers Big Sister Youth Outcomes Survey and Strength of Relationship survey to enrolled children. The Youth Outcome Survey 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]. Highlights from this funding period: 67% improved how they felt socially with peers, 71.5% improved their scholastic competency, 70% 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 77% had a decrease of their attitudes towards risky behavior.

96% of children 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 4.5, of the annual surveys the average score was 4.8. 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. 97% of volunteers completed the 3-month post-match and 98% 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 4.4, of the annual surveys the average score was 4.6. 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.

"My Big Brother taught me how to ride my bike!"
- Little Brother

"I am so very grateful for BBBS. My son looks forward to Fridays because he knows he will see his Big Brother, he never stops talking about him! Since he has been matched with his Big Brother I can see a change in [my son], he is so much happier."
- Mom of Little Brother

"It is amazing how much he has improved his behavior since we were originally matched. The teachers would always tell me how his behaviors were getting in the way of him learning. I can't remember the last time they spoke to me about something other than how well he is doing."
– Big Brother

"I'm very thankful [my child] has had her Big Sister. She has been going through a lot of change in her life and [her Big Sister] is able to be with her and help her process everything as it comes"- Mom of Little Sister

MHSA Recommendation: Continue this project in the FY 2018-19 MHSA Plan. Provide technical assistance to contractor to measure outcomes as specifically outlined.

Access and Linkage to Treatment Programs

Community-Based Outreach and Linkage

The focus of this program changed in the FY 2017-18 MHSA Plan because the previous programs under this category did not successfully launch.

Numbers Served and Cost

Expenditures	FY 2016-17
MHSA Budget	$15,000
Total Expenditures	$2,960
Unduplicated Individuals Served	0
Cost per Participant	--

Psychiatric Emergency Response Team (PERT)

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.
- Improve community health and wellness through local services.
- Improve access to medically necessary care and treatment.

Numbers Served and Cost

The Memorandum of Understanding between Health and Human Services Agency and the El Dorado County Sheriff's Office was executed effective January 4, 2018, so there were no services provided in FY 2016-17.

Expenditures	FY 2017-18
MHSA Budget	$300,000
Total Expenditures	$323,416
Unduplicated Individuals Served	161
Cost per Participant	$2,009

Age Group	FY 2017-18
0-15 (children/youth)	18
16-25 (transitional age youth)	20
26-59 (adult)	73
Ages 60+ (older adults)	36
Unknown or declined to state	14

Race	FY 2017-18
American Indian or Alaska Native	5
Asian	1
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	130
Other	12
Multiracial	5
Unknown or declined to state	8

Ethnicity	FY 2017-18
Hispanic or Latino	0
Unknown or declined to state	0
Non-Hispanic or Non-Latino	148
Unknown or declined to state	0
More than one ethnicity	5
Unknown or declined to state	8

Primary Language	FY 2017-18
English	unknown
Spanish	unknown
Other Language	unknown
Unknown or declined to state	unknown

Sexual Orientation	FY 2017-18
Heterosexual or straight	unknown
Unknown or declined to state	unknown

Gender	FY 2017-18
Assigned sex at birth:	
Male	unknown
Female	unknown
Unknown or declined to state	unknown
Current gender identity:	
Male	unknown
Female	unknown
Unknown or declined to state	unknown

Disability	FY 2017-18
Unknown or declined to state	unknown

Veteran Status	FY 2017-18
Yes	unknown
No	unknown
Unknown or declined to state	unknown

Region of Residence	FY 2017-18
West County	48
Placerville Area	50
North County	11
Mid County	14
South County	8
Tahoe Basin	0
Unknown or declined to state	30

MHSA Recommendation: Continue this program in the FY 2018-19 MHSA Annual Update. Work with Behavioral Health staff and the Sheriff deputy to develop mechanisms to collect data, to the extent possible. For individuals in an immediate crisis, it may not be feasible to collect all data.

Suicide Prevention Program

Suicide Prevention and Stigma Reduction

Provider: Tahoe Youth and Family Services via its subcontractor Suicide Prevention Network (FY 2016-17 and FY 2017-18). Beginning July 1, 2018, this project was contracted directly to Suicide Prevention Network. Due to contractor and subcontractor uncertainties on responsibility to collect and report data, demographic data is limited for FY 2017-18. MHSA has provided technical assistance and will continue to do so as may be needed.

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.

Tahoe Youth and Family Services failed to provide the required year-end demographic report in a timely manner for inclusion in this report. Starting in FY 18-19, the Suicide Prevention services will be provided by Suicide Prevention Network.

Numbers Served and Cost

Expenditures	FY 2016-17	FY 2017-18
MHSA Budget	$30,000	$40,000
Total Expenditures	$30,000	$25,224
Unduplicated Individuals Served	unknown	unknown
Cost per Participant	unknown	unknown

Age Group	FY 2016-17	FY 2017-18
0-15 (children/youth)	unknown	unknown
16-25 (transitional age youth)	unknown	unknown
26-59 (adult)	unknown	unknown
Ages 60+ (older adults)	unknown	unknown
Unknown or declined to state	unknown	unknown

Gender	FY 2016-17	FY 2017-18
Female	unknown	unknown
Male	unknown	unknown

Region of Residence	FY 2016-17	FY 2017-18
West County	unknown	unknown
Placerville Area	unknown	unknown
North County	unknown	unknown
Mid County	unknown	unknown
South County	unknown	unknown
Tahoe Basin	unknown	unknown
Unknown or declined to state	unknown	unknown

Race / Ethnicity	FY 2016-17	FY 2017-18
American Indian or Alaska Native	unknown	unknown
Asian	unknown	unknown
Black or African American	unknown	unknown
Caucasian or White	unknown	unknown
Hispanic or Latino	unknown	unknown
Native Hawaiian or Other Pacific Islander	unknown	unknown
Multiracial	unknown	unknown
Other Race or Ethnicity	unknown	unknown
Unknown or declined to state	unknown	unknown

Primary Language	FY 2016-17	FY 2017-18
English	unknown	unknown
Spanish	unknown	unknown
Other Language	unknown	unknown
Bilingual	unknown	unknown
Unknown or declined to state	unknown	unknown

Outcome Measures

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

None reported for FY 2016-17. As a suicide prevention program, which primarily provides outreach activities, gathering the demographics is difficult.

Year End Report Fiscal Year FY 2017-18

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 SPN for Tahoe Youth and Family, 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.

Progress on Prevention Program Scope of Work:

SPN has participated in:

- 12 Cooperative Mental Health Community Meetings
- 12 Signs of Suicide (SOS) sessions for the 7th grade class at South Tahoe Middle School
- 12 suicide loss support groups
- 11 crisis and caring calls
- 4 outreach presentations
- Trained 18 California Conservation Corps staff on suicide ideation.

SPN met with counselors and teens at South Lake Tahoe High School (SLTHS) to begin facilitation of a student led Peer Advocacy Suicide Prevention group. This is one piece of a two-prong approach to meet the needs of SLTHS students with respect to suicide awareness and stigma reduction. SPN met with school counselors after attending two Suicide Threat Assessment meetings with the goal of approval to begin scheduling SOS presentations and other awareness/stigma reduction workshops and events.

SPN organized a successful First Annual Suicide Walk for Awareness (Emily's Walk) in South Lake Tahoe the second week in September which drew upwards of 250 people. The event, which is planned again for September 2018, was an opportunity to expand SPN's presence in the community

and further educate another group of residents about the resources available for those needing help. The response was heartening and the connections made are invaluable.

Our goal objectives are to reduce factors that increase risk and increase factors that promote resilience or coping. Effective strategies are needed to promote awareness of suicide while also promoting prevention, resilience and a commitment to social change for stigma reduction. Long-term results of successfully accomplishing these objectives will be a reduction in the number of attempted and completed suicides in El Dorado county as well as changes in negative attitudes and perceptions about seeking mental health services.

Staff/budget changes:
Unexpected employee turnover (addressed in the Challenges section) complicated scheduling and invoicing coordination.

Outreach:
To increase public awareness, SPN is active in the El Dorado community to support residents and let them know there is help and hope as we are providing services and support to individuals in crisis. One goal is to increase knowledge of risk factors and warning signs for suicide and how to connect individuals in crisis with assistance and care.

To facilitate the public's information, we have established a website, a Facebook page, regular distribution of brochures and flyers in English and Spanish. We have also begun advertising our support group information in the local newspaper.

We have increased our presence at local community events such as the Farmer's Market, Wellness and Health fairs, etc. that include not just local residents, but the many tourists who visit El Dorado County. Tourists not only have their own personal issues and struggles and may need assistance in a crisis, but they impact community well-being and residents' sense of health and safety well-being, which in turn affects their mental health in general.

Training (Who, What):
- Mental Health Awareness conference networking - 12 adults
- 2-day ASIST Training for community members - 15 adults

Program Evaluation:

SPN seeks to raise awareness of suicide as a public health problem. Our program provides support to community agencies and residents with education and training for all ages. Suicide Prevention Network has not only completed the original scope of work but has exceeded the number of required participants and has created a sense of goodwill, support and appreciation in the El Dorado County.

Because of the work Suicide Prevention Network has completed on behalf of this contract, the relationship with the community has grown, as has the awareness of suicide and its warning signs. An increase in both understanding and respect is a welcome by-product, benefitting from the hard work, communication and support of the mental health communities and other non-profits in the area.

Challenges:

February-May 2018 Several unexpected complications during these months presented barriers/challenges to the original timeline of program requirements. Three original personnel were lost. Our first staff member due to the workload and traveling to UNR to finish her education. The second and third employees was more personal, one due to a death in her immediate family and the other a personal issue with the content of the program due to the loss of a brother to suicide. She thought she could do the work, but the content was too close to home.

Through all the challenges of the loss of employees and seeking the right person for this very emotional work, the Executive Director took on the daily activities and continued to execute the requirements of the grant and grant programs. We were pleased that all goals and objectives were met and exceeded.

Anecdotal Story

May 2018 Unfortunately, the El Dorado community had a teen suicide in May. This young man was a junior in high school. The sadness throughout was overwhelming and SPN received many calls from community members who just needed to talk, cry and share how this loss affected them and their families. Suicide is devastating and the effects of suicide on family members and loved ones of the person who has died by suicide can be severe and far-reaching. Those left behind by suicide are often known as suicide survivors and while this is a very difficult position in which to find oneself, it is possible to heal and move forward. We are so pleased we were there to help those pick up the pieces of this horrific loss.

MHSA Recommendation: Continue this project in the FY 2018-19 MHSA Annual Update, contracting directly with Suicide Prevention Network. Provide technical assistance to contractor to ensure Outcomes and demographics are measured and reported in FY 2018-19 and provide additional funding to expand services to the West Slope, provided adequate staffing is available to provide outcomes.

Veterans Outreach

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

This program was introduced in the FY 2017-18 MHSA Plan and the contract was executed effective March 6, 2018. Therefore there were no services provided in FY 2016-17. Due to the contractor setting up infrastructure to provide the services and the fact that services were only provided for 3 months before the end of the fiscal year 2017-18, there is no Annual Report.

Expenditures and data are reflective of the period March 2018- June 2018

Expenditures	FY 2017-18
MHSA Budget	$150,000
Total Expenditures	$51,839
Unduplicated Individuals Served	38
Cost per Participant	$1,364

Age Group	FY 2017-18
0-15 (children/youth)	0
16-25 (transitional age youth)	3
26-59 (adult)	23
Ages 60+ (older adults)	12
Unknown or declined to state	0

Race	FY 2017-18
American Indian or Alaska Native	1
Asian	0
Black or African American	0
Native Hawaiian or Other Pacific Islander	0
White	35
Other	0
Multiracial	2
Unknown or declined to state	0

Ethnicity	FY 2017-18
Hispanic or Latino	2
Unknown or declined to state	0
Non-Hispanic or Non-Latino	36
Unknown or declined to state	0
More than one ethnicity	0
Unknown or declined to state	0

Primary Language	FY 2017-18
English	38
Spanish	0
Other Language	0
Unknown or declined to state	0

Sexual Orientation	FY 2017-18
Heterosexual or straight	38

Gender	FY 2017-18
Assigned sex at birth:	
Male	34
Female	4
Unknown or declined to state	
Current gender identity:	
Male	30
Female	4
Unknown or declined to state	4

Disability	FY 2017-18
Yes	31
Communication Domain	14
Difficulty seeing	5
Difficulty hearing, or having speech understood	10
Other (specify)	3
Mental domain not including a mental illness	5
Physical/mobility domain	14
Chronic health condition	11
Other (specify)	2
No	7
Unknown or declined to state	0

Veteran Status	FY 2017-18
Yes	36
No	2
Unknown or declined to state	0

Region of Residence	FY 2017-18
West County	4
Placerville Area	11
North County	0
Mid County	3
South County	0
Tahoe Basin	5
Unknown or declined to state	15

MHSA Recommendation: Continue this project in the FY 2018-19 MHSA Plan.

APPENDIX B

FSP Data Collection Reporting (DCR) Database Extracts

FSP Clients Enrolled: 189
FSP Clients who Completed at least 1 year of FSP services: 116
FSP Clients who Completed at least 2 years of FSP services: 59

Residential Indicators for FSP (All)

	Year Prior to FSP Services				During Year 1 of FSP Services				During Year 2 of FSP Services			
Residential Setting	Clients	Days	% Clients	% Days	Clients	Days	% Clients	% Days	Clients	Days	% Clients	% Days
Apartment Alone	13	3,400	22.0%	15.8 %	15	3,595	25.4%	16.7 %	15	5,157	25.4%	24.0 %
Psychiatric Hospital	12	299	20.3%	1.4$	9	308	15.3%	1.4%	5	77	8.5%	0.4%
Jail	7	762	11.9%	3.5%	6	349	10.2%	1.6%	0	0	0.0%	0.0%
Homeless	4	422	6.8%	2.0%	3	32	5.1%	0.1%	2	139	3.4%	0.6%

Arrest Indicators for FSP (All)

	Total Partners Served	Partners with Arrests		Arrests		
	n	n	%	Arrests	Arrests / Total Partners	Arrests/Partners with Arrests
FSP Data Reported for Partners Who: Were Served Any Point During Service Period						
1 Year Before	189	32	16.9 %	69	0.37	2.16
FSP Data Reported for Partners Who: Completed at Least 1 Year						
1 Year Before	116	20	17.2 %	39	0.34	1.95
Year 1 During	116	9	7.8 %	15	0.13	1.67
FSP Data Reported for Partners Who: Completed at Least 2 Years						
1 Year Before	59	9	15.3 %	18	0.31	2.00
Year 1 During	59	6	10.2 %	9	0.15	1.50
Year 2 During	59	1	1.7 %	1	0.02	1.00
FSP Data Reported for Partners Who: Completed at Least 3 Years						
1 Year Before	22	5	22.7 %	12	0.55	2.40
Year 1 During	22	2	9.1 %	2	0.09	1.00
Year 2 During	22	0	0.0 %	0	0.00	0.00
Year 3 During	22	0	0.0 %	0	0.00	0.00
FSP Data Reported for Partners Who: Completed at Least 4 Years						
1 Year Before	11	4	36.4 %	11	1.00	2.75
Year 1 During	11	1	9.1 %	1	0.09	1.00
Year 2 During	11	0	0.0 %	0	0.00	0.00
Year 3 During	11	0	0.0 %	0	0.00	0.00
Year 4 During	11	0	0.0 %	0	0.00	0.00
FSP Data Reported for Partners Who: Completed at Least 5 Years						
1 Year Before	3	2	66.7 %	3	1.00	1.50
Year 1 During	3	0	0.0 %	0	0.00	0.00
Year 2 During	3	0	0.0 %	0	0.00	0.00
Year 3 During	3	0	0.0 %	0	0.00	0.00
Year 4 During	3	0	0.0 %	0	0.00	0.00
Year 5 During	3	1	33.3 %	4	1.33	4.00

APPENDIX C

Annual Innovative Project Report, Reporting Year: Fiscal Year 2017-18

FY 17-18 Demographics – Community Hub Health

(A) Age Groups	**(646 total)**
1. 0-15 (children/youth)	245
2. 16-25 (transition age youth)	63
3. 26-59 (adult)	247
4. Ages 60+ (older adults)	9
5. Declined to answer the question	82

(B) Race	
1. American Indian or Alaska Native	0
2. Asian	6
3. Black or African American	9
4. Native Hawaiian or other Pacific Islander	4
5. White	296
6. Other	N/A
7. More than one race	N/A
8. Declined to answer the question	100

(C) Ethnicity	
1. Hispanic or Latino as follows	231
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
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	

(D) Primary Language	**(collected for quarter 4 (April-June) only)**
1. English	93
2. Spanish	42
3. Other Non-Threshold Language	1

(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)	11
c. Physical/mobility domain	N/A
d. Chronic health condition (including, but not limited to, chronic pain)	55
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	**(646)**
1. Assigned sex at birth:	
a. Male	220
b. Female	422
c. Declined to answer the question	4
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

MHSA INNOVATIONS – COMMUNITY-BASED ENGAGEMENT AND SUPPORT SERVICES: COMMUNITY HUBS

Grantee: El Dorado County Health and Human Services, Public Health Nursing

Address: 941 Spring Street, suite 3, Placerville, CA 95667

Community Hubs Health Program Director: Lynnan Svensson Phone: 530-621-6185

Community Hubs Health Program Coordinator: Amber Burget Phone: 530-621-6118

	Description:	FY 17-18 Progress:
1. 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? a. Does providing services at the Library reduce stigma? b. Does increasing access to prevention and early intervention reduce long term mental health costs? c. Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services? d. Does case management by a Public Health Nurse increase client screening and treatment for mental health services? e. Does a trauma-informed approach assist in reaching the hardest to serve mental health clients? f. Can Community Hubs be sustained through local	The Learning Objectives of the Community Hubs Innovative project have long-term effects that were not 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. Anecdotal reports from public health staff imply that clients are amenable to setting meetings to access 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. To be determined c. 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. 48 referrals for

	planning and leveraging of resources?	behavioral health services were initiated by public health staff during 17-18 fiscal year with the most common resource connection being early intervention focused counseling services for clients. d. Hub PHNs are screening adults for postpartum depression and ACEs during the course of case management with postpartum women and families with children 0-18 as applicable. e. To be determined f. Community Hub partners have begun seeking opportunities and community support for fiscal sustainability of the Community Hubs program as a model for service delivery.
2. 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.	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 conducted in 2019.

	• 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. • 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.	
3. 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. 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.	A. See tables 1 through 3 (p. 7 and 8) with accompanying narrative (p. 9-13) B. After year two of implementation including ongoing vacancies in the Hub Health Team, the First 5 EDC Client Satisfaction Survey responses indicated: FY 17-18 data: On average, nearly one quarter of families participating in Community Hub services that completed the survey experienced growth in each of the protective factors.

		Specifically: • 25% of Hub Program participants experienced gains relative to **social connections**. • 23% of Hub Program participants experienced gains relative to **parental resilience**. • 22% of Hub Program participants experienced gains relative to **concrete support in times of need**. • 28% of Hub Program participants experienced gains relative to **children's social and emotional security**. • 24% of Hub Program participants experienced gains relative to **knowledge of parenting and child development**. Among families surveyed, those that participated in Health services experienced significant growth in each of the protective factors: • 65% of Children's Health participants experienced gains relative to **social connections**. • 55% of Children's Health participants experienced gains relative to **parental resilience**. • 56% of Children's Health participants experienced gains relative to **concrete support in times of need**. • 48% of Children's Health participants experienced gains relative to **children's social and emotional security**.

	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.	• 33% of Children's Health participants experienced gains relative to **knowledge of parenting and child development**. C. In February 2018, 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 through 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 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 plans to convene Hub communities in FY 18-19 to better understand

		service impact, access and barriers to services. This will include monthly team meetings to better coordinate care and services at each of the hubs. Additionally, Hub Leadership members 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.

CLIENT LEVEL DATA MEASURES (JULY 1, 2017 – JUNE 30, 2018)

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	**188**[*1]
CHA Linkage requests	**8**	**28**	**82**	**82**[*2]	**76**[*2]	**276**[*2]
Home Visits or Significant Contact with PHN or CHA	**23**	**131**	**355**	**477**[*2]	**711**[*2]	**1697**[*2]

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

CHA Linkage request by type:	
Dental	**114**
Medical	**82**
Insurance	**107**
Community Resources	**155**
CHA Linkage request by Source	
1-800 MCAH line	**32**
Self-referral	**187**
Internal/External Partner	**57**

Table 3. Referrals Made by Health Staff by Hub

Referrals from PHN staff to:	Hub 1	Hub 2	Hub 3	Hub 4[*2]	Hub 5[*2]	Overall
Mental Health Services	**0**	**1**	**9**	**18**	**20**	**48**
Services Received[*3,4]	0	0	2	10	5	17
Primary Care Physician	**2**	**8**	**43**	**19**	**29**	**101**
Services Received[*3,4]	0	7	27	5	16	55
Dental Provider	**2**	**15**	**56**	**87**	**72**	**232**
Services Received[*3,4]	0	6	32	84	48	170
Insurance Coverage	**1**	**9**	**122**	**51**	**53**	**236**
Services Received[*3,4]	0	7	44	6	47	104
Developmental Services	**0**	**1**	**0**	**3**	**8**	**12**
Services Received[*3,4]	0	1	0	0	1	2
Other PHN programs	**0**	**2**	**0**	**12**	**5**	**19**
Services Received[*3,4]	0	0	0	4	2	6
Other Community-Based Resources	**2**	**14**	**73**	**28**	**59**	**176**
Services Received[*3,4]	1	1	16	5	37	60

Explanation of Data Limitations:

1. FY 17-18 data on PHN referrals was not Hub specific due to Hub PHNs covering multiple Hub areas and other PHN programs. Additionally, data measures may be underrepresented due to non-Hub PHNs providing coverage to Hub program using different data tracking logs without detailed referral information.
2. Loss of detailed client referral data occurred during month of July 2017 for Hub 4 and 5 CHAs due to poor off-site connection to secure EDC network. Increased training, resolution of IT concerns and increased quality assurance corrected the issue moving forward.
3. Results of some referrals not captured in FY 17-18 data due to case status beginning late in fiscal year (i.e. during 4th quarter).
4. "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 noted an underreporting of results in the current data collection.

NARRATIVE DESCRIPTION OF FISCAL YEAR 2017-18:

PHN Program Operations Timeline during FY 17-18:

- July 2017 – New PHN for Hub 4 began orientation. PHN for Hub 3 (Placerville) left employment with HHSA.
- August 2017 – ACEs awareness presentation to Divide Wellness providers on 8/25/17.
- September 2017 – Community Hubs: Health was a featured presenter at HHSA Open House for program promotion to internal employees on 9/13/18.
- October 2017 – CHA for Hub 1 (El Dorado Hills) promoted within Public Health creating vacancy and decreased coverage to Hub 1. ACEs presentation to Sierra Child and Family Services staff on 10/22/17.
- November 2017 – PHN for Hub 1 began leave of absence and subsequently left employment with HHSA in January. Began key informant interviews and completed Community Health-focused survey of residents throughout EDC regarding health needs and strengths as part of Community Needs Assessment process.
- December 2017 - Finalized windshield surveys (conducted February - December 2017) and key informant interviews throughout EDC for Community Needs Assessment process. ACEs education to ED CHC providers by PHN staff on 12/12/17.
- January 2018 – Drafted Community Needs Assessment (CNA) reports for Hub districts 2, 3 and 4 and Outreach Plans for all Hubs (1-5). ACEs presentation to Marshall OB unit on 1/17/18.
- February 2018 – New PHN for Hub 2 began orientation. Ribbon Cuttings occurred in all 5 Hub Library locations including representation from Community Hub partners, District Supervisors, service providers, local community members and families.
- March 2018 – CNAs and Outreach Plans for all Hubs (1-5) finalized and shared with First 5 Commission. Unexpected leave of absence for Hub 4 CHA began end of March and extended through end of FY 17-18 decreasing coverage to Hub 4 (Divide). ACEs presentation to New Morning Youth and Family Services staff on 3/7/18 and Part 1 of 2 ACEs and Resiliency presentations to Lilliput staff and kinship families completed on 3/28/18.
- April 2018 – Collaborative SOW development with First 5 contractors and Hub partners completed. PHN providing coverage to Hub 2 (Cameron Park/South County) transitioned to different PHN program.
- May 2018 – Hub PHN presentation at First 5 Contractor's meeting to clarify PHN role and increase referrals to PHNs from Hub partners. Part 2 of 2 ACEs and Resiliency presentations to Lilliput staff and kinship families completed on 5/30/18.
- June 2018 - CHA for Hub 3 (Placerville) promoted within Public Health creating vacancy and decreased coverage to Hub 3. Training for 3 Hub PHNs on administering DAYC-2 developmental assessment tool on 6/28/18. 3 Hub PHNs also completed

Certified Lactation Educator Course through UCSD to assist families with breastfeeding while promoting bonding and attachment between mothers and infants.

Operational Highlights/Successes:

- Culmination of windshield surveys, and completion of key informant interviews and Community Health survey for all 5 Hubs during quarter 2. These components comprised and informed the CNAs and Outreach Plans finalized during quarter 3 which allow programming to be tailored to each community and serve as a basis for future health education and socially isolated outreach. Common themes of data analysis reflect barriers to access to physical and behavioral health services related to rural topographical nature increasing risk of social isolation, distance to services and transportation challenges, lack of providers and resistance to seeking public assistance or interacting with government agencies among residents.
- Increases in PHN referrals received and CHA linkage requests for the Community Hubs. The program received a total of 188 PHN referrals and 276 CHA linkage requests for pregnant women or families with children 0-18. This goal was addressed through presentations promoting the updated PHN Referral Criteria and knowledge of Community Hubs to local health care and other 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.
- The Hub Health team piloted single classes for Health Education in Hubs 1, 2, 3 and 5 during the month of June. The “Hub, Grub and Learn” series in Hub 4 was a fall Super Hub event offering 5 evening sessions and provided education on Health, Literacy and Parenting topics to parents. The CHA for Hub 1 provided nutrition education to the Teen Council at the El Dorado Hills Library. Hub 2 offered a session on coping skills during Teen Monday at the Cameron Park Library and a session on Nutrition at the Trailside Terrace Apartments activity room. The CHA for Hub 3 presented preventive health information in coordination with a Lego Block Event at the Placerville Library as well as conducted an interactive presentation on physical activity and nutrition to over 500 students at the El Dorado High School Health and Wellness Day. The Hub 4 health team taught families about the effects of Adverse Childhood Experiences (ACEs) on brain development and resiliency during the “Hub, Grub and Learn” and the Hub 4 CHA also partnered with a Family Engagement Specialist (EDCOE) for Caring Connections series in February and March. Each class had varied attendance or participation but preparation for the classes and sessions provided insight into planning and were an invaluable learning opportunity for future health literacy implementation.

- Development and implementation of Home Visit Field Safety protocol by MCAH leadership team in spring 2018 to ensure safety of home visiting staff including Community Health Advocates and Public Health Nurses in the Community Hubs program.
- Beginning fall 2017, PHN leadership began 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 and Community Hubs.
- Continued professional development of new and existing health staff including training on Maternal Mental Health 101 through Postpartum Support International webinars; Cultural Competence training through Public Health Training Center; Bridges out of Poverty, Nurtured Parenting "Train the Trainer," Lactation Educator certification, DAYC-2 training and ongoing participation in the ACEs Community Collaborative to reinforce understanding of trauma-informed approach and resiliency.
- ACEs awareness presentations to Divide Wellness Center on 8/25/17, Sierra Child and Family Services on 10/22/17, El Dorado Community Health Center primary care providers on 12/12/17, Marshall OB unit on 1/17/18, New Morning Youth and Family Services on 3/7/18 and Lilliput Families on 3/28/18 and 5/30/18.
- 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.
- Collaboration with Program Manager from EDC Behavioral Health to further discuss Beck's Depression Inventory and the referral process to EDC Behavioral Health with public health nursing staff.
- Selection, training and implementation of the DAYC-2 developmental assessment tool for use by Public Health Nurses during case management and care coordination to aid in referral process to local early intervention and developmental services.
- Recruitment of 2 Public Health Nurses and 1 additional Community Health Advocate (replacing a vacancy due to staff turnover).

<u>Challenges during this FY:</u>

- Implementation of the Community Hubs Health team objectives during the 17-18 fiscal year was significantly impacted by staff turnover, employee leaves and ongoing recruitment efforts to attempt a full staffing complement concurrent with further development of program logistics and operational procedures. The PHN position experienced the most turnover with at most 3 of 5 positions filled at any one time with each PHN at varying levels of training and development. The ongoing recruitment and development of staff requires significant time and reduces overall productivity of the team. Additionally, PHNs are

intended to serve as a health team lead in Community Hubs providing direction and guidance to CHAs and consultation to partners meaning PHN vacancies and cross-coverage significantly impacts capacity of the teams to meet objectives within each Hub district.

- Completion of the Hub District specific Community Needs Assessments (CNA) and Health Outreach plans with ongoing staff vacancies required reprioritization of staff duties and delayed program objectives and health literacy education implementation. The Outreach Plans include implementation strategies for health education and targeted outreach to socially isolated areas tailored to each Hub district. Both projects had to be completed prior to planning and implementation of customized programming.
- Utilization of the 1-800 warm line as a centralized access point is suspected to be inhibiting responses and/or requests for services from the Hubs health team. The warm line was intended to serve as a way to have clear communication across all Hub boundaries and a means to promote connection regardless of Hub of residence. However, the warm line only received 32 recorded messages over the entire fiscal year despite distribution on Community Hub brochures, promotion during outreach at community events and with service providers as well as social media promotions. With such a low response rate, the program needs to consider the potential cultural barriers and the impersonal nature of a 1-800 line approach for service requests. The 1-800 warm line may be perceived as impersonal by EDC residents and other service providers alike given the large numbers of self-referrals indicating a desire for relationships with trusted team members and the importance of social connections.
- Data collection and evaluation at client level and overall project level continues to be a challenge. Aligning data tracking mechanisms to satisfy data requirements for different funding sources has complicated current methods of manual data collection and has proven to be confusing for health team staff. There were multiple attempts to modify Excel spreadsheets previously used for the MCAH program to accommodate other program measures which led to inconsistencies in formulas summarizing the data collected. The Community Hubs program has utilized pre-existing tools because support staff specializing in data collection and analysis are not available to develop replacement mechanisms in an efficient manner. The manual entry and collection of data is time consuming, labor intensive and increases potential for human error and loss of data with connectivity issues in remote areas of EDC. Staff experienced loss of data related to entries made using Wi-Fi at library locations that had lost the connection to the EDC secure network in July 2017. A transition to an electronic health record system, Patagonia, is anticipated for Public Health by the end of FY 18-19 and will replace the need for manual collection of client level data at least in part. However, the development of charting templates and data tracking takes considerable time to develop and takes away from existing staff responsibilities. An additional challenge is evaluative measures from First 5 El Dorado partners only focus on the 0-5 year old population while the health team serves pregnant women and families with

children 0-18 years old. The Maternal, Child and Adolescent Health Program also requires data tracking that MHSA and First 5 does not.

FY 18-19 Additional Program goals:

- Implementation of preventive health education by Hubs health team to socially or geographically isolated populations such as: Adolescent Health Promotion: 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.
- Implementation of parenting education classes using Nurturing Parenting curriculum co-facilitated by Community Health Advocates and Family Engagement Specialists (EDCOE) with Public Health Nurse planning guidance in all Hub districts.
- Two of twelve monthly health education "Health Tips" shared during outreach by Community Health Advocates within Hubs and at community events will have a Resilience and Protective Factors focus to encourage positive parenting strategies. Health Tips are bilingual for English and Spanish.
- Maintain and reinforce relationships with local health care providers through promotion of Hubs program, informing of new PHN referral criteria for Community Hubs program to promote routine developmental and behavioral health screening in primary care practice settings.
- Increase CHA Linkage requests and PHN referrals through Community Hubs outreach to service providers, community members. Also increase referrals and coordination of service to clients 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.
- Achieve full health team staffing complement through continued recruitment and conversion of Hub Health positions from Limited Term to Regular status to improve recruitment and retention of staff.
- Develop and implement new Electronic Health Record which will increase consistency of screenings, assessments and improve metric tracking abilities.