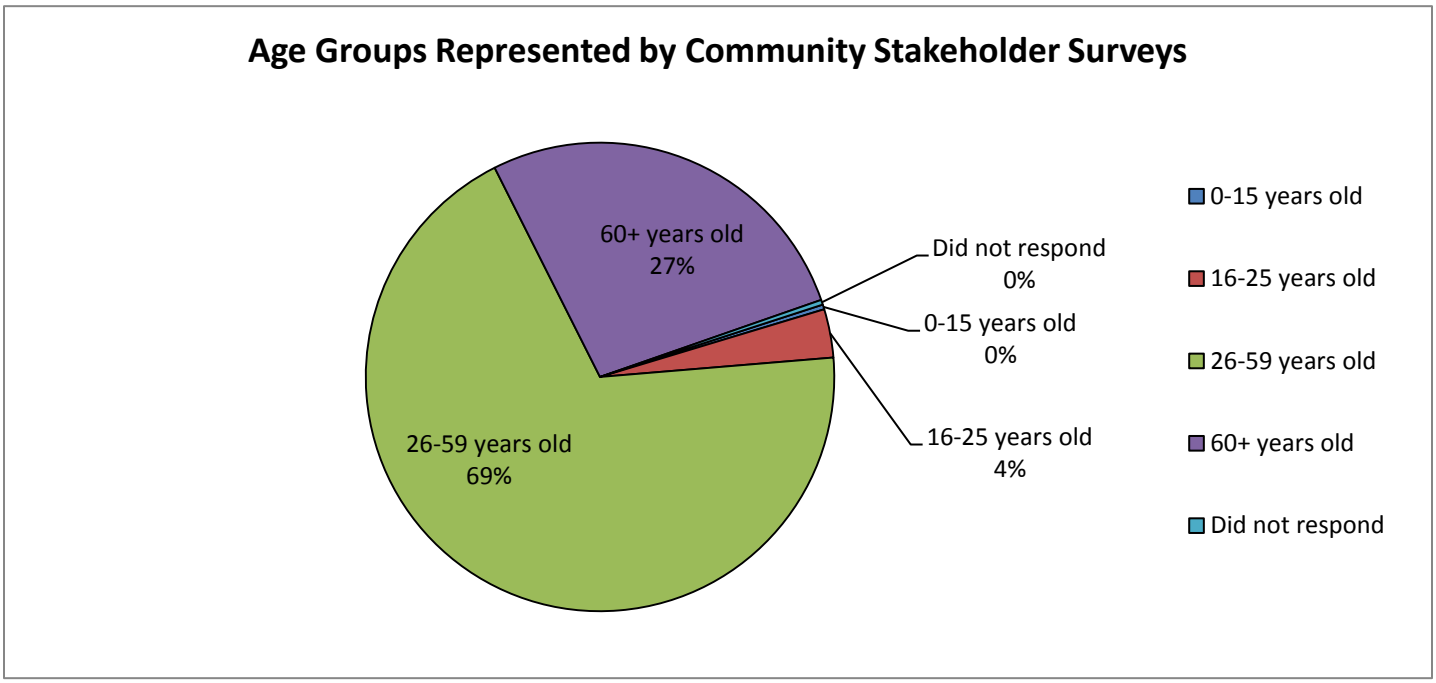
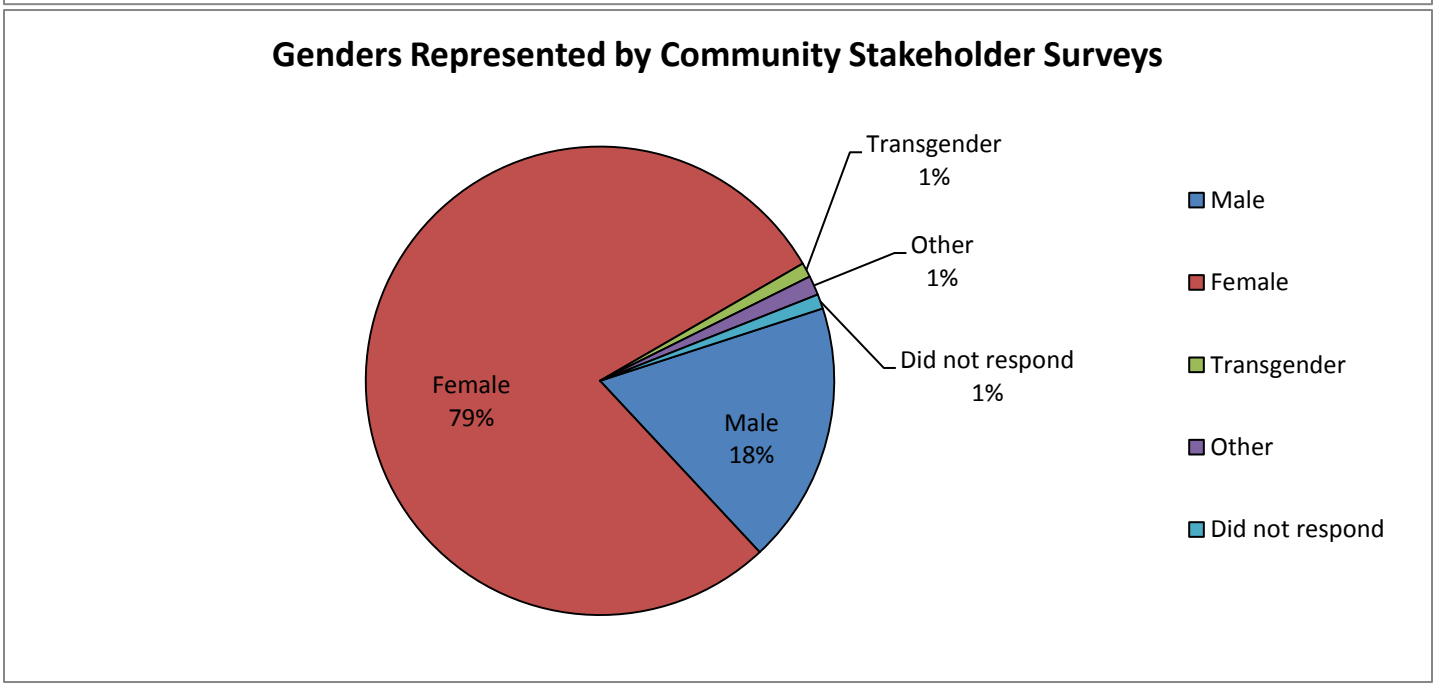
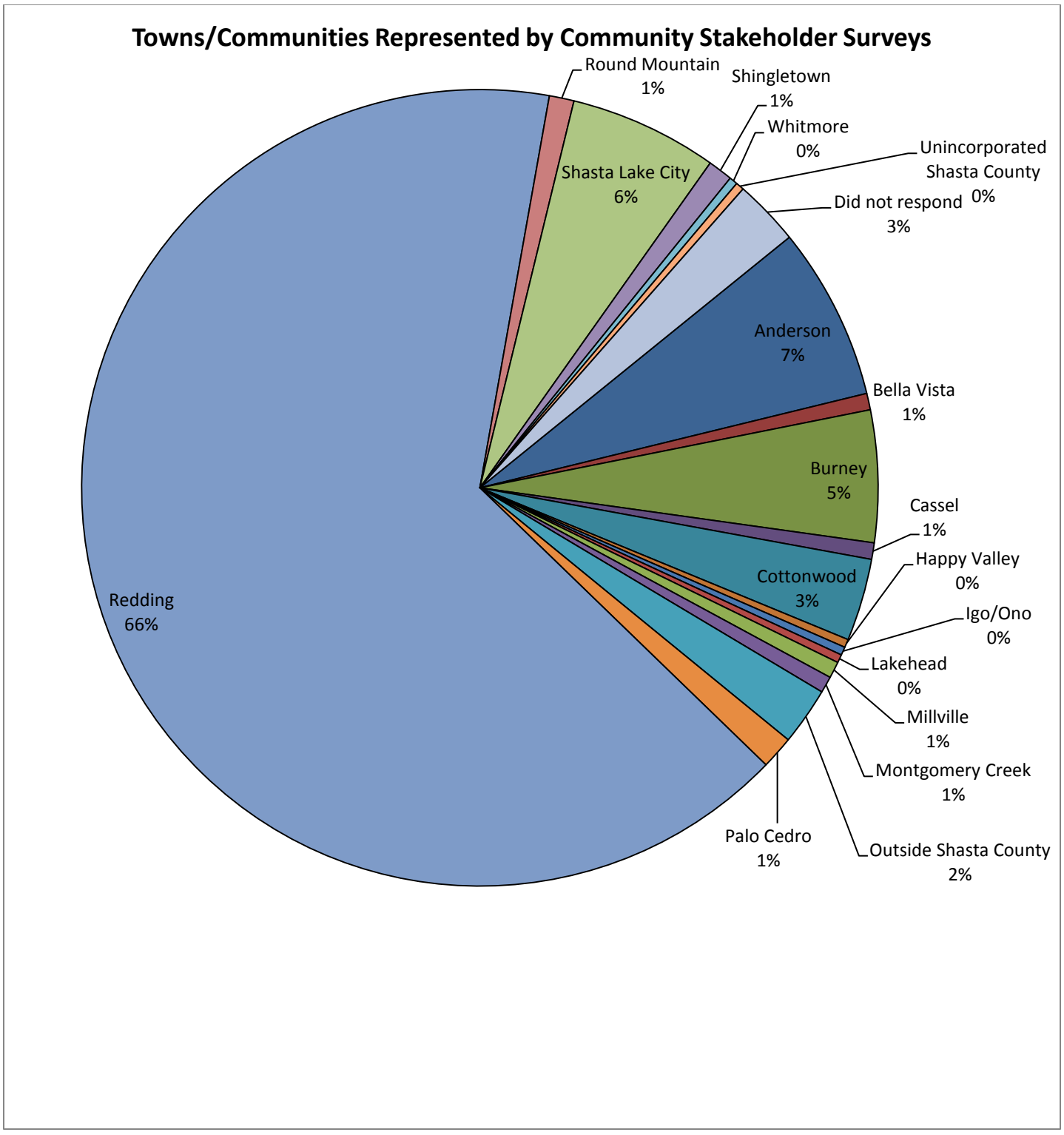
Mental Health Services Act (MHSA)
Consolidated Community Stakeholder Meeting Survey Results
Data from Community Stakeholder Online Survey Monkey and
Paper Forms Made Available at Various Meetings between 5/10/17-6/9/17

All survey information, both electronic and paper copies, was collected, and the data that follows is a consolidation of the results from both sources. A total of 299 surveys were collected. Please note that some surveys may have been completed by the same people at different meetings, or completed multiple times online, so this is not an unduplicated count.

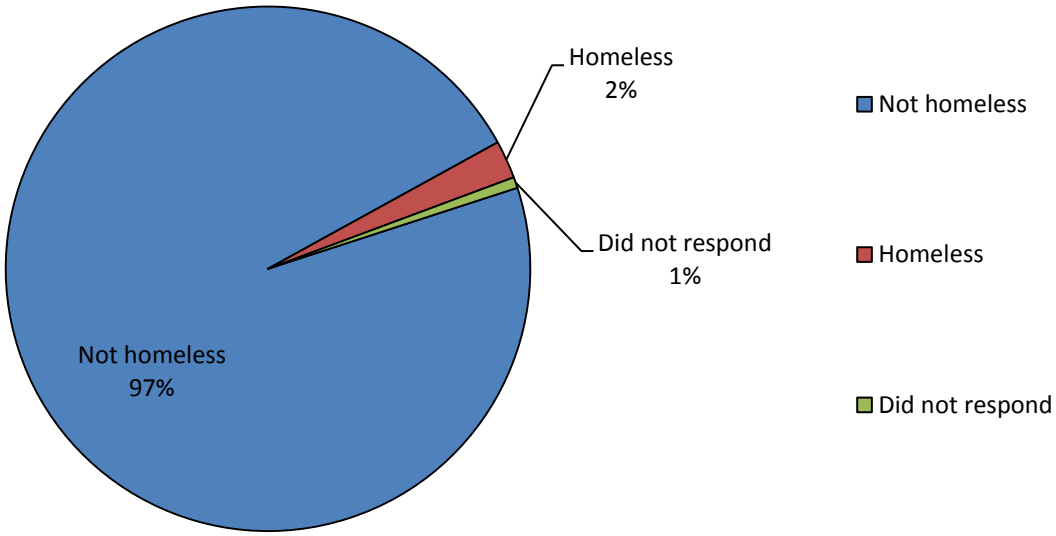
DEMOGRAPHICS



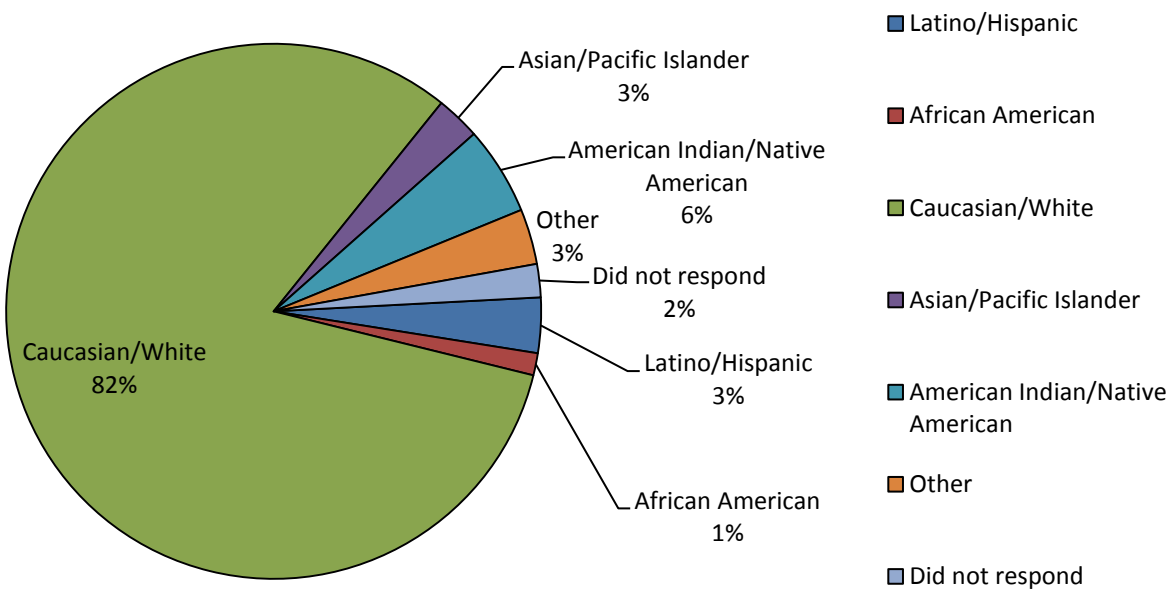


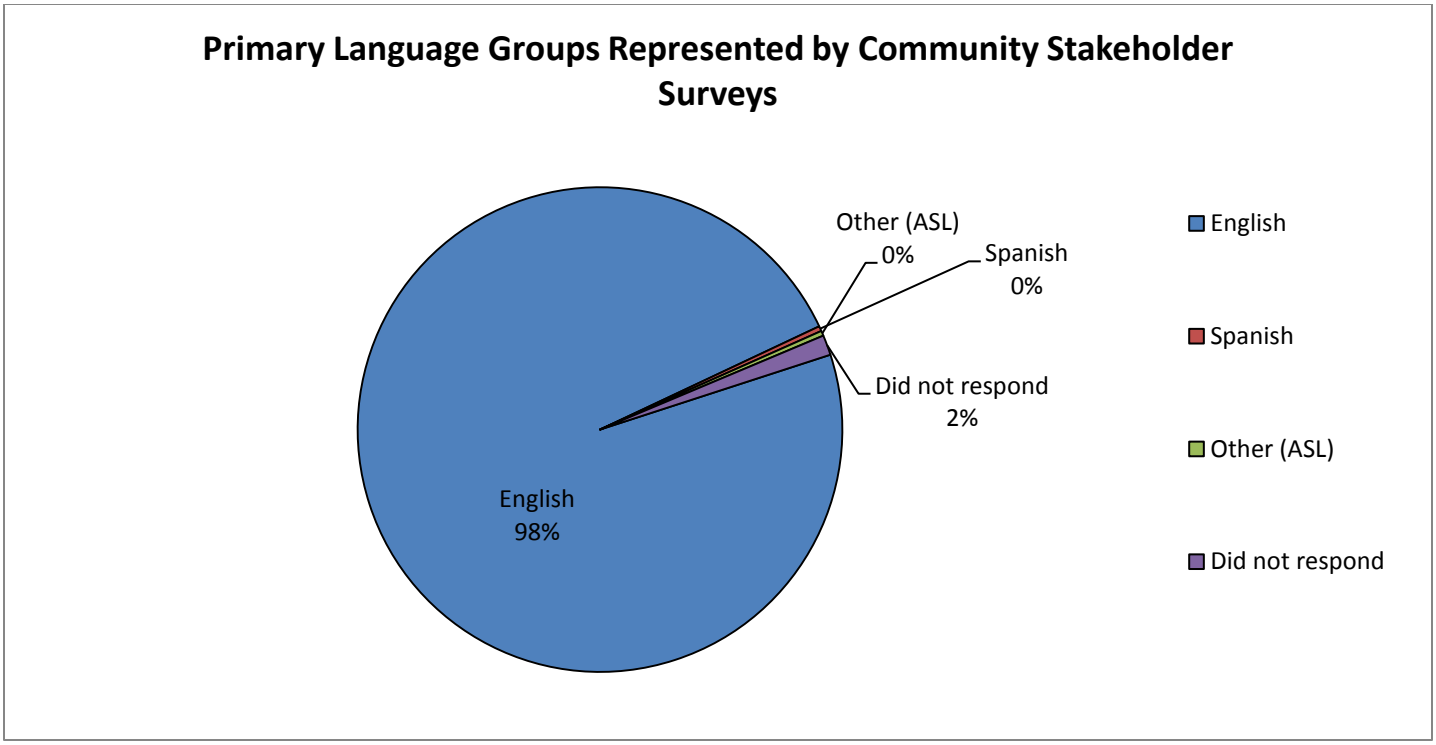

Towns/Communities Represented by Community Stakeholder Surveys
Round Mountain 1%
Shingletown 1%
Whitmore 0%
Unincorporated Shasta County 0%
Did not respond 3%
Shasta Lake City 6%
Anderson 7%
Bella Vista 1%
Burney 5%
Cassel 1%
Happy Valley 0%
Cottonwood 3%
Igo/Ono 0%
Lakehead 0%
Millville 1%
Montgomery Creek 1%
Outside Shasta County 2%
Palo Cedro 1%
Redding 66%

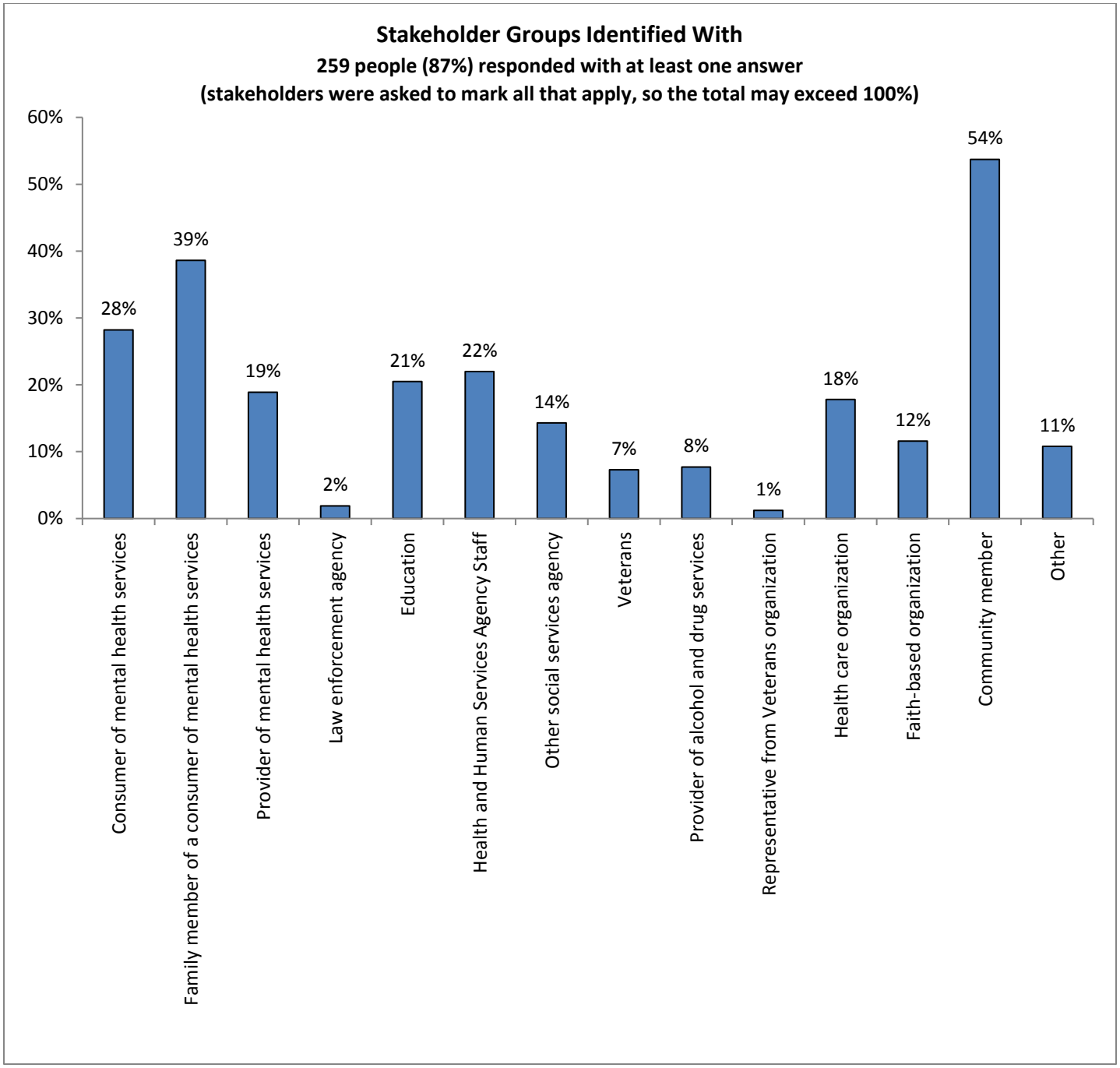
Homeless Represented by Community Stakeholder Surveys



Race/Ethnicity Groups Represented by Community Stakeholder Surveys

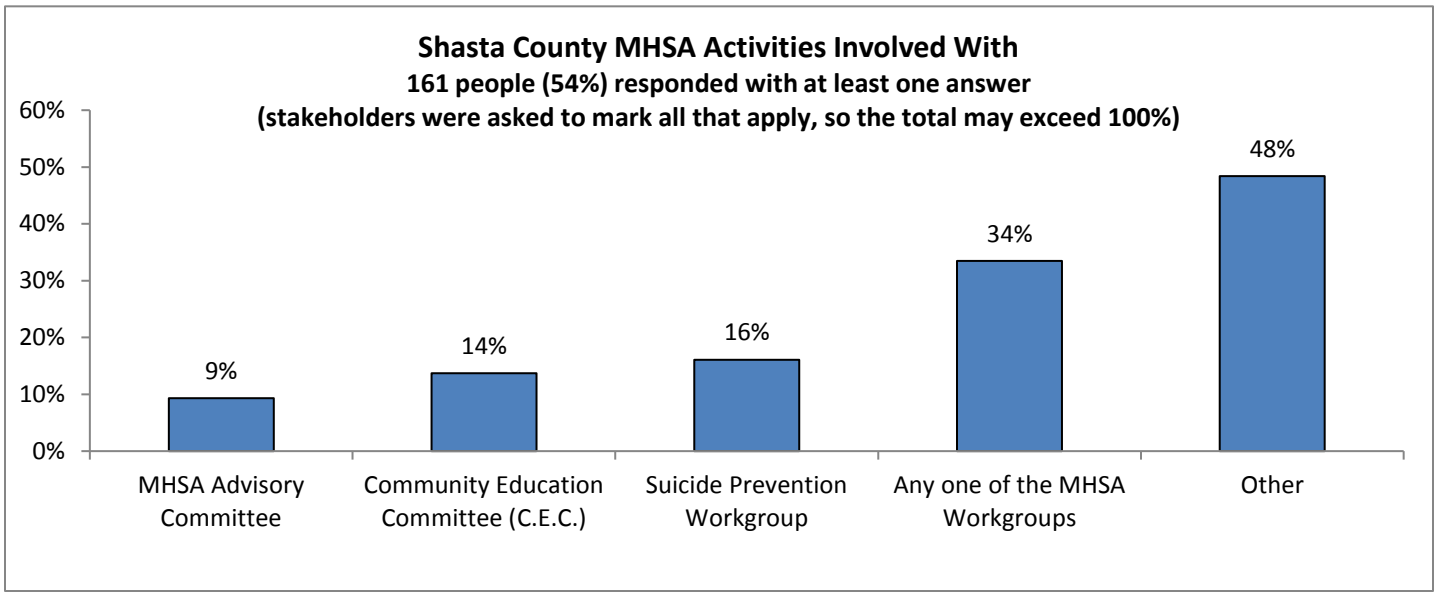



Primary Language Groups Represented by Community Stakeholder Surveys
Other (ASL)
0%
Spanish
0%
Did not respond
2%
English
98%
English
Spanish
Other (ASL)
Did not respond

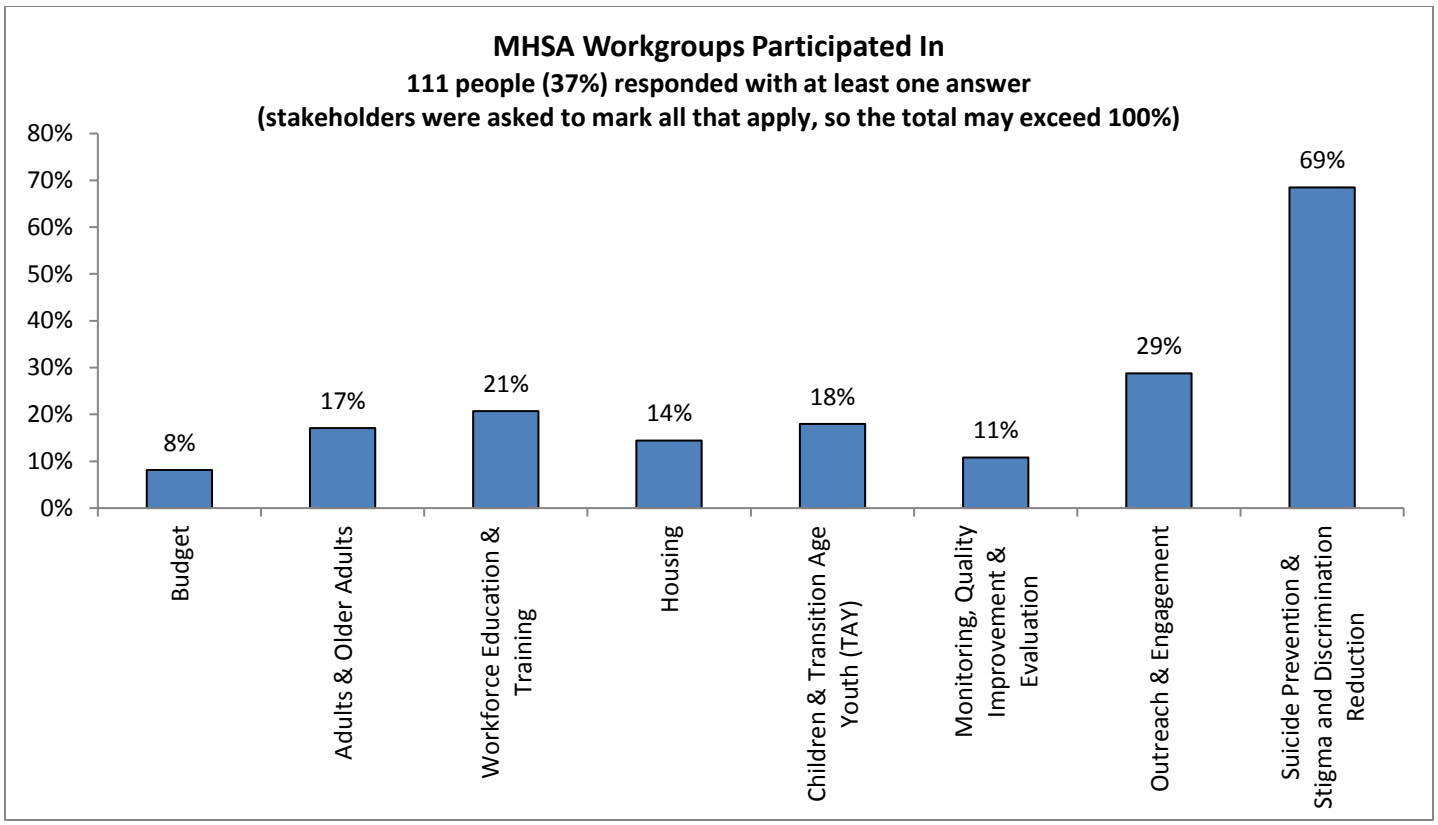


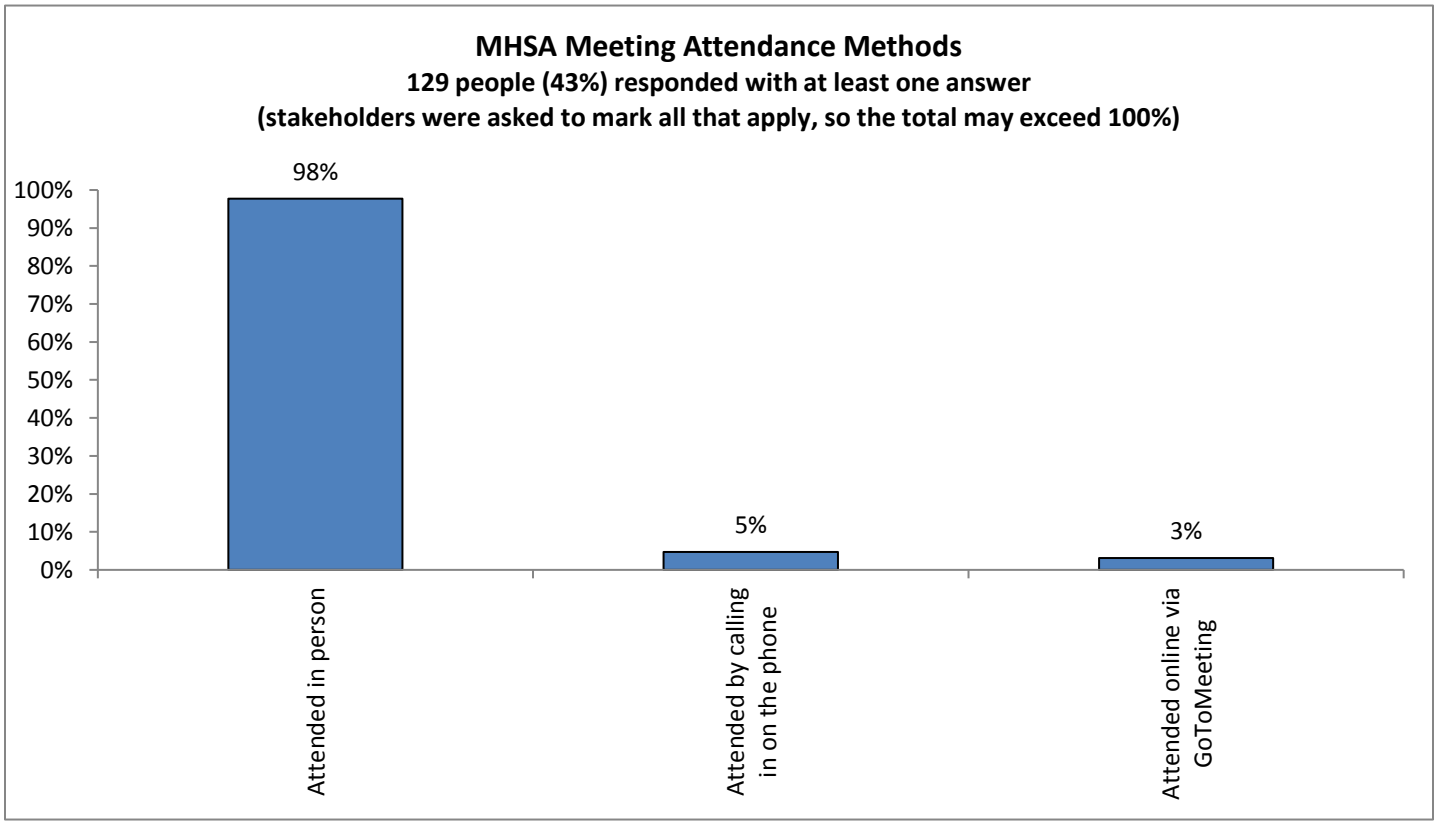
Other (please specify):	# responses	Other (please specify):	# responses
Brave Faces advocate/speaker	3	Licensed health provider	1
AA / Al-Anon (30 years alcohol / drug free)	1	NAMI Shasta County	1
admin of chronic illness support group	1	Nonprofit	1
chemical People	1	Partner in a small, independent community services center	1
City Councilmember	1	People of Progress-information center	1
Community Partner Recreation Services	1	Planning	1
Concerned "lifer"	1	Positive thinking	1
County COC/non-profit	1	Previously homeless 22 months ago.	1
Court Appointed Special Advocate (CASA)	1	Public relations-investigative reporter	1
Design - Mental Health and Addiction	1	Teacher for Head Start	1
Family law attorney	1	Triple P Practitioner	1
Government Agency	1	Volunteer thrift shop; volunteer meal provider	1
Handicapped. I think we need the Hope van here in Burney.	1	Worked at Shasta Day School	1

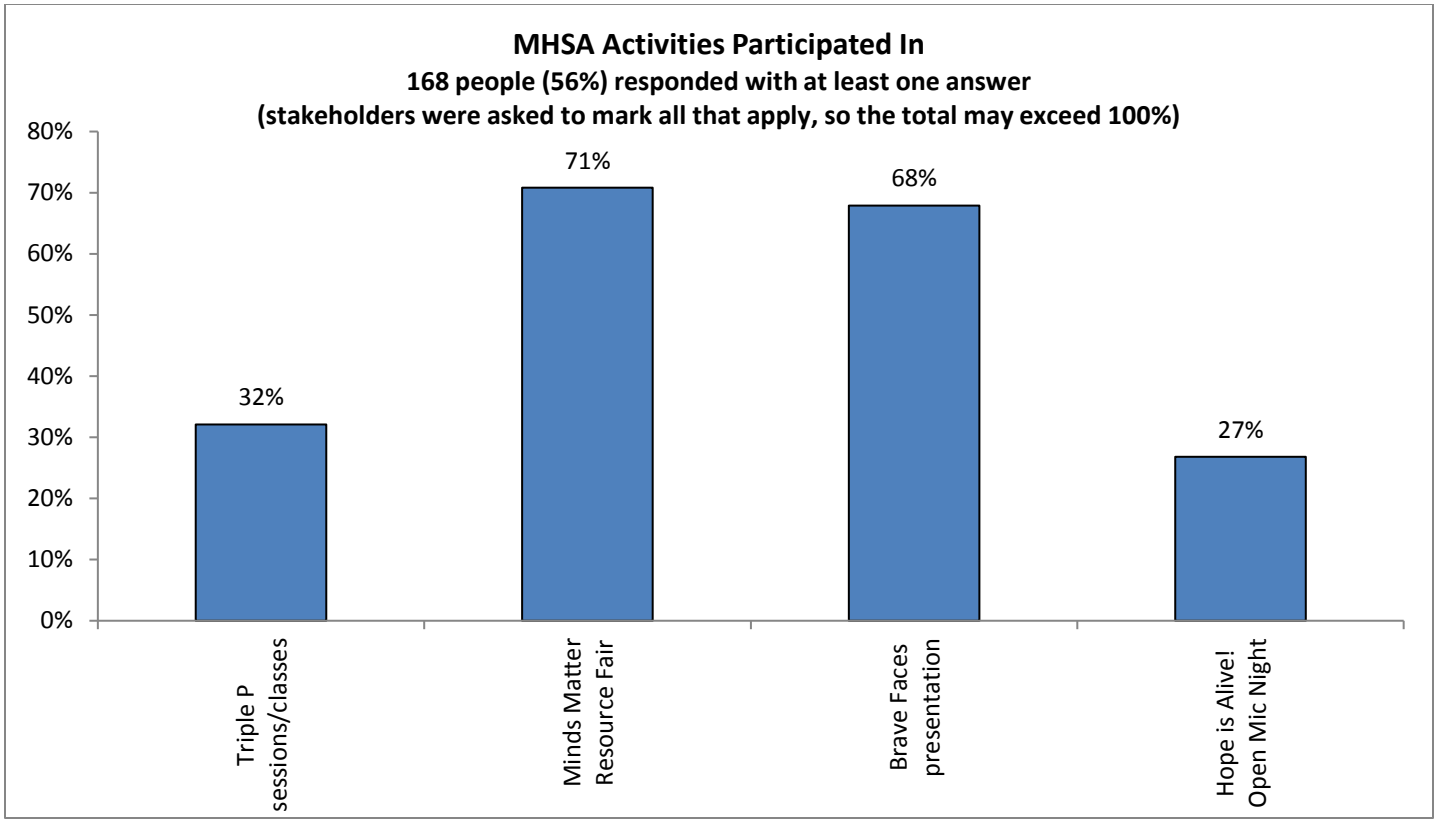
PERSONAL INVOLVEMENT / PUBLIC PRESENCE

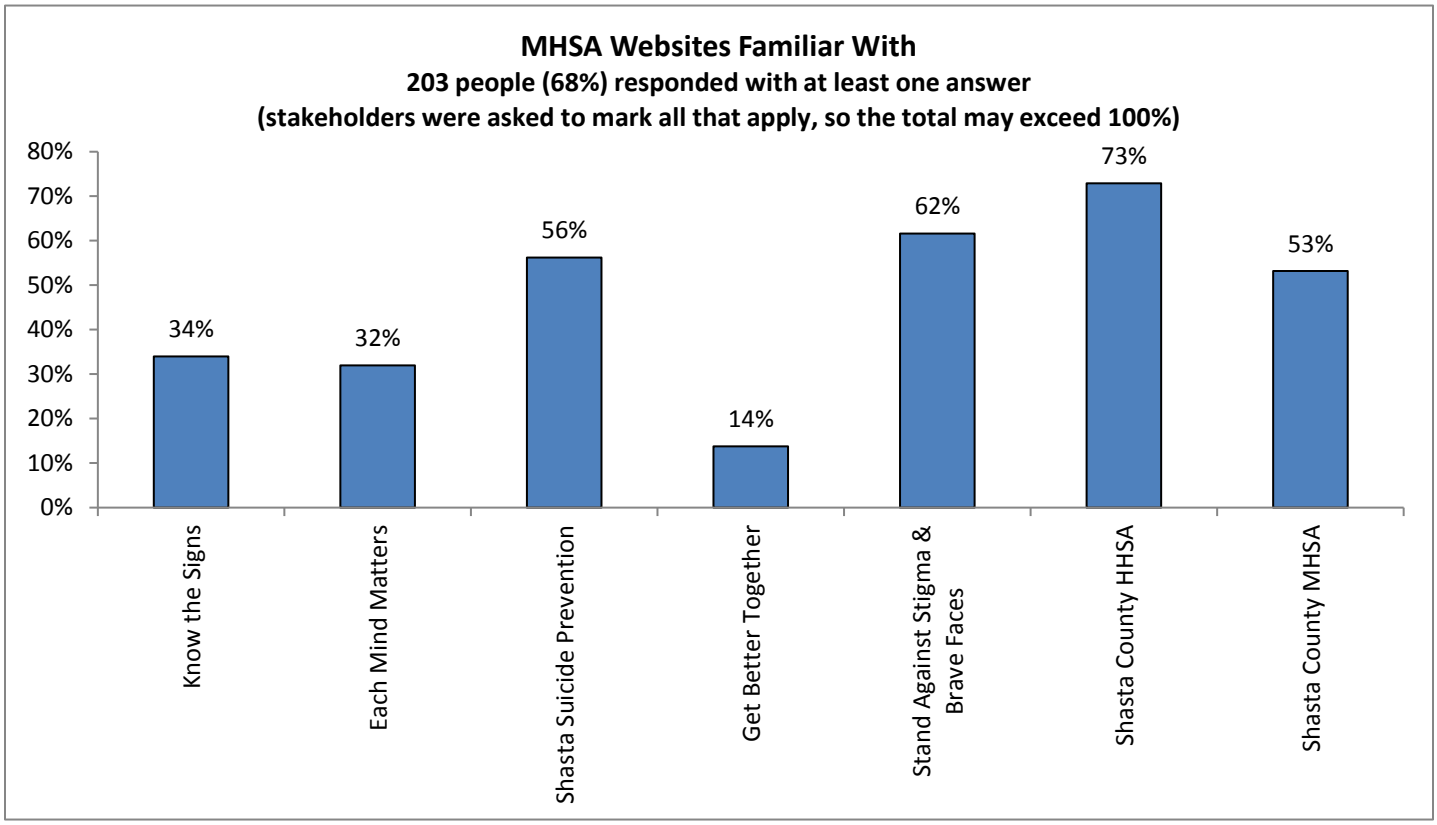


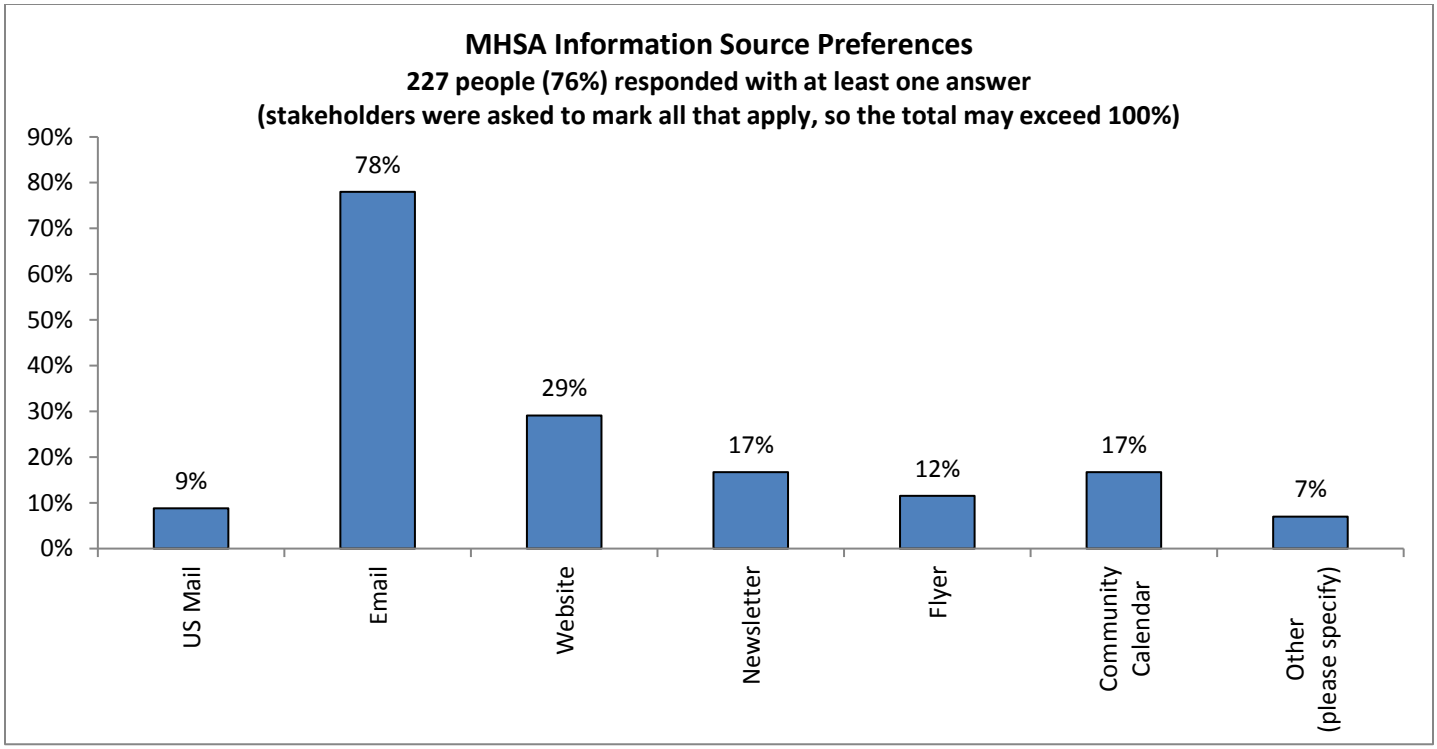
Other (please specify)	# responses	Other (please specify)	# responses
Did not know about them/not currently involved	22	involved with community college student mental health project	1
Employed by Health & Human Services Agency	2	LWVRA	1
MHADAB member	2	MHSA academy	1
ACE Prevention	1	MHSA-PEI meetings	1
attend events	1	My hospital is involved and it affects us on a daily basis	1
Brave Faces	1	Now disabled	1
Breaking Barriers, SCMH Placed Based Alignment Meeting	1	other	1
Community meetings, occasional	1	Partner	1
Drug Medi-Cal	1	Partner-support group	1
Have attended all the meetings listed above.	1	previously worked with Children's PEI	1
Held a meeting against stigma at our facility	1	Public Health Advisory Board	1
I a m not as all you offer is the hope van	1	receive info from all above, share info to community partners	1
I am interested in employment opportunities once completed peer to peer counseling classes	1	Receive the Suicide Prevention Workgroup emails	1
I attended a few Suicide Prevention workgroup meetings	1	Redding CAMFT Monthly meeting	1
I formerly attended MHSA Advisory Committee meetings	1	Retired teacher of Special Needs Students	1
I have attended several Stand Against Stigma events	1	School and community member	1
I have attended some mtgs mentioned. My work is MHSA-funded.	1	service referrals	1
I have not participated until motivated to do so this year.	1	Shasta County Interfaith Forum	1
I have previously attended and participated in CEC meetings	1	Staff in MHSA-funded program	1
I have taken suicide prevention trainings, and refer clients to mental health services, I am a home visitor to help adults and children with mental health issues	1	Stakeholder, Program Support	1
I participated in the initial formation of a group that was to come together during incidents the would have exceeded the strength of other medical assets.	1	Stand Against Stigma	1
I publicize MHSA successes via Facebook / social media / email / smart phone to 3 peace based international organizations	1	Suicide Prevention training	1
I recieve invites to events and projects that I then forward out to my contacts.	1	support staff	1
I train future mental health practitioners in the requirements of the MHSA	1	Volunteer-SCMH Peer Spec. Trainee Cathy Tillman	1
I will be attending the Suicide Prevention Workgroup monthly meetings	1	We are an FQHC that receives funding from MHSA	1
I work in affordable housing	1	Work in ER	1
I work with consumers who are served by MHSA	1	Would like more info/input from "old school"!	1
I'm in therapy?	1		


MHSA Workgroups Participated In
111 people (37%) responded with at least one answer
(stakeholders were asked to mark all that apply, so the total may exceed 100%)
80%
70%
60%
50%
40%
30%
20%
10%
0%
8%
17%
21%
14%
18%
11%
29%
69%
Budget
Adults & Older Adults
Workforce Education & Training
Housing
Children & Transition Age Youth (TAY)
Monitoring, Quality Improvement & Evaluation
Outreach & Engagement
Suicide Prevention & Stigma and Discrimination Reduction


MHSA Meeting Attendance Methods
129 people (43%) responded with at least one answer
(stakeholders were asked to mark all that apply, so the total may exceed 100%)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
98%
5%
3%
Attended in person
Attended by calling in on the phone
Attended online via GoToMeeting


MHSA Activities Participated In
168 people (56%) responded with at least one answer
(stakeholders were asked to mark all that apply, so the total may exceed 100%)
80%
70%
60%
50%
40%
30%
20%
10%
0%
32%
71%
68%
27%
Triple P sessions/classes
Minds Matter Resource Fair
Brave Faces presentation
Hope is Alive! Open Mic Night


MHSA Websites Familiar With
203 people (68%) responded with at least one answer
(stakeholders were asked to mark all that apply, so the total may exceed 100%)
80%
70%
60%
50%
40%
30%
20%
10%
0%
34%
32%
56%
14%
62%
73%
53%
Know the Signs
Each Mind Matters
Shasta Suicide Prevention
Get Better Together
Stand Against Stigma & Brave Faces
Shasta County HHSA
Shasta County MHSA



Other (please specify)	# responses
Facebook	5
Private email addresses shared	3
Record Searchlight Paper	2
social media	2
Word of mouth	2
Meetings and presentations. Formerly from the monthly Breslauer Bulletin. I feel like interagency communication and program knowledge could be better.	1
Community bulletin boards	1
Information is not getting to me as a retired person	1
MHSA, City of Redding, Shasta Co?	1
Radio	1
Through the Wellness Center	1
Why are there not regular meeting where you give us information and there can be discussions?	1

MHSA EXISTING PROGRAM IMPORTANCE RANKINGS

People were asked to rank the importance of 5 existing programs within the Community Service and Supports category of MHSA services, and 5 existing programs within the Prevention & Early Intervention category of MHSA services. The ranking scale ranged from 1 being the most important to 5 being the least important. This ranking scale means that the lower the average rating number, the more important the program was rated by people. Results have been color coded to shade as follows:

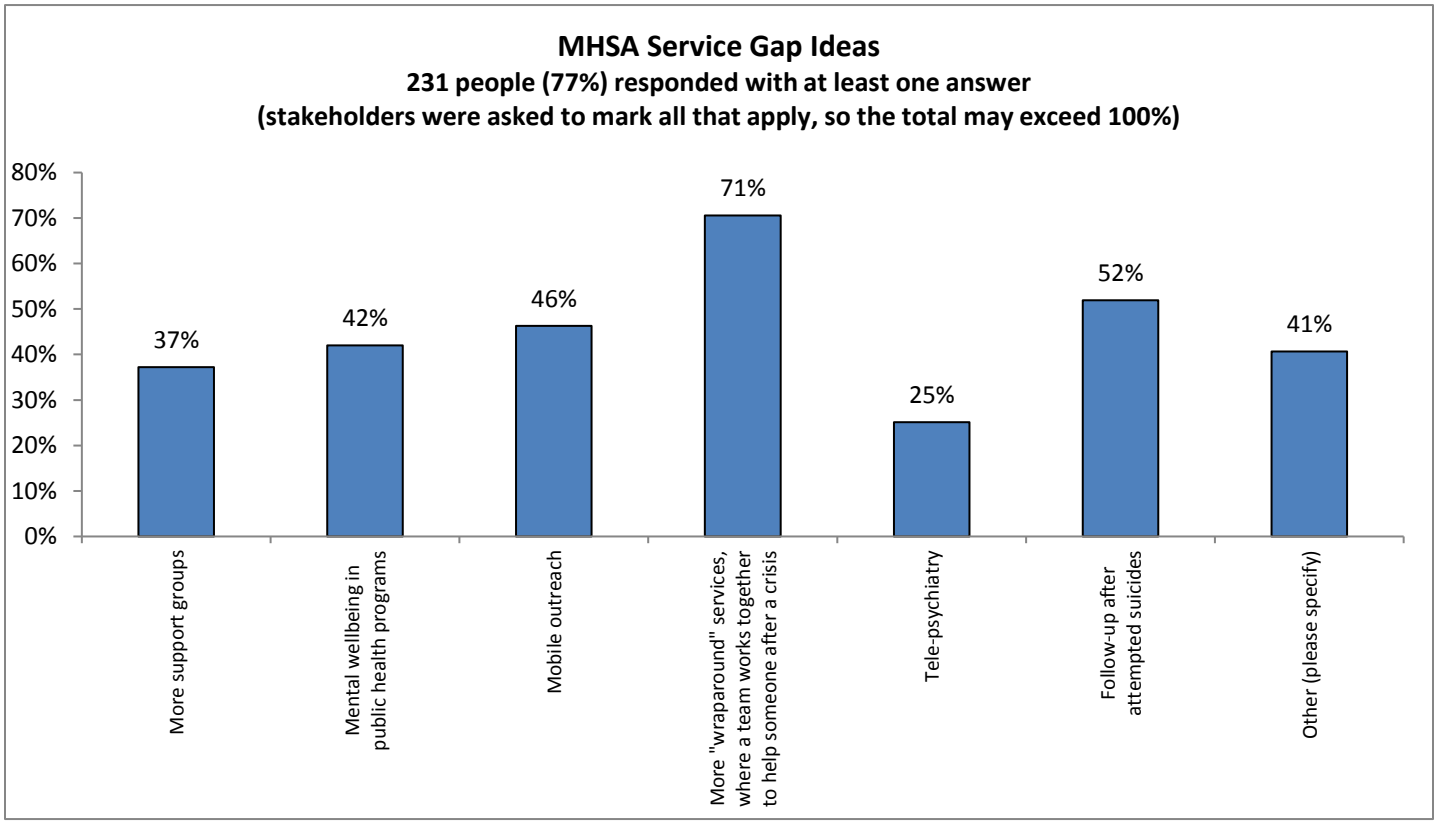
Most Important/ Most Responses			Least Important/ Least Responses

Community Services and Supports (CSS) Programs 232 people (78%) responded	Number of responses					Rating Average
	1 Most Important	2 Very Important	3 Important	4 A Little Important	5 Least Important	
Programs for people with both substance abuse & mental illness	38.3%	32.1%	16.3%	9.6%	3.8%	2.09
Crisis services	38.4%	24.6%	21.8%	8.5%	6.6%	2.20
Housing programs	16.4%	19.6%	25.7%	18.2%	20.1%	3.06
Wellness centers (Olberg, Circle of Friends) & NAMI programs	7.7%	14.4%	19.4%	27.5%	31.1%	3.60
Education & training programs	6.8%	13.6%	17.0%	32.0%	30.6%	3.66

Prevention & Early Intervention (PEI) Programs 228 people (76%) responded	Number of responses					Rating Average
	1 Most Important	2 Very Important	3 Important	4 A Little Important	5 Least Important	
Suicide prevention	37.9%	23.3%	18.4%	17.5%	8.7%	2.39
Parenting skill programs	21.5%	19.0%	21.0%	23.9%	14.6%	2.91
Preventing mental illness relapses	16.5%	25.7%	22.3%	16.5%	18.9%	2.96
Programs to educate middle school students about mental health problems	19.0%	17.5%	16.1%	18.5%	26.5%	3.17
Reducing stigma about mental illness	12.4%	15.6%	22.5%	19.7%	26.6%	3.34

MHSA SERVICE GAPS/MORE IDEAS

People were also asked to look at a list of other ideas, and mark which (if any) they thought could help prevent mental health issues or prevent relapse. They are also given an opportunity to write in other ideas, which quite a few people chose to do. Verbatim responses have been included.



Other (please specify)
Ability for pt to have appt at d/c from psych facility - Access team declines majority of pt for services and they return to crisis at ER
Access to sign lanuage proficient staff! Our community struggles big time
Addiction support and programs. Homeless outreach.
All of these are critical!
all of these would help, I tried to only choose 3 - younger people need the online support as that's how they deal with the world (if they can afford access)
AOD treatment in the Intermountain Area
Better services for mentally ill homeless clients
better support for pts and family when in hospital for 5150
Burney needs a crisis center. We have nowhere when in a crisis or before a crisis. Fund the youth Center for 5 days a week, not just 2. The kids need more positive places and things to do. Education and early intervention will naturally lead to reduced mental relapses and hospitalizations. Make programs like WRAP and Youth Centers full time and ongoing. Both are so badly needed and I know 3 people just got trained for WRAP. Don't let their training go to waste. Offer WRAP to people after a crisis and give evidence based practices that don't rely on drugs only approach, like WRAP! I don't understand why it's just now coming to the county. MHSA should offer a full time WRAP facilitator to help the community BEFORE things get bad. PREVENTION. And it's the ONLY evidence based mental health program NOT funded by big pharma. That alone says a lot. It works and its not corrupt. We need more. The homeless-OMG-3200 people in Burney and at least a hundre or more uncounted homeless. Walk along the creek anywhere, there's a camp. We need a tiny house village or something.
Case management
Child psychiatric services for those without medical insurance.
Counseling intervention for kids exposed to trauma
Crisis management -a team or an on-call person to go when there is a crisis in town somewhere.
Deescalation training for first responders
Destigmatizing support groups.
don't know
Dual diagnosis /Co occurring disorder treatment
Early detection and intervention for both child/ teen and their families across social institutions including schools, medical personnel and facilities especially pediatrics, law infotcement, social services, and leaders of faith based communities.

Other (please specify) continued…
Eating disorder treatment/support groups. Everything is equally important on the programs.
Eating disorder/support groups
EDUCATION
Education (in depth) for police, judges, determining "patients rights" need to know about mental health of people that "present well" and immediately relapse once let go.
Education for families of mental health to reduce stigma and increase advocacy. There are not enough MH providers, people have to wait too long for access to service, especially in Shasta and Tehama County, often service after the fact is too late.
Education of existing services, i.e. Health Babies!!!
Emergency Intake
Face to face psychiatry, drug and alcohol treatment, housing
focus group
Follow up on those that do not fit perfectly in to rules...they can't. NO HOUSING
Get homeless off streets
Get money out of state budget for mental health building/unit.
Greater availability of mental health services by psychgiatrists and other professionals so that services are easily available.
Greater focus on SMI, less on worried well with mhsa funds!
Having bipolar disorder and just accepting my MH this last 2years it would've been helpful with a easier way to chart my cycles and have an encourager in my low/down cycles its hard to push thru those moments and not get stuck for too long
Help out on job placement, programs for children
Helping homeless with housing
Hospital emergency rooms are not the place to treat mental health crisis patients. The county needs to work on developing appropriate treatment services for this group of residents. Jails and hospital ER's are not the solution to mental illness- if you want a hospital to be there for it's intended purpose to the community the county must step up and address this need.
Housing
I think that mental health programs should be offered to people who are incarcerated in order to break the cycle of crime with repeat offeners.
Increase support in families with 0-5 aged children.
Instead of just prescribing meds psychotherapy
Instead of MHSA funds being spent on community programs like Brave Faces, Stand Against Stigma, money should be spent on housing. Those community programs are a waste of money and do little or nothing to assist people with mental illness. In the early stages of MHSA money should have been spent on housing instead of lanyards and fluffy stuff.
Interagency communication. Good knowledge of what services are being provided in the community and how specific programs work.
Jail Outreach of NA/AA
Love is the best healer. (Somebody who cares)
Mobile apps to connect with support to prevent relapse
Moore coordination amont agencies and nonprofit. I have lots to learn!
more comprehensive care for seriously mentally ill and moderately mentallyill
More focus and support for Adverse Childhood Experiences efforts across our community
More forums, the medication forum was very beneficial to me. Def support group would help with this. Buddy system. I ranked suicide prevention lower only because I believe that focusing on individuals before they reach suicidal thoughts is helping so technically all support suicide prevention.
More help in addiction crisis here in Burney.
more housing, substance abuse treatment and jobs for people with mental illness
More information available to youth
More mental health services offered especially to those in crisis that cannot afford help
More mental health services that link to the addiction population for treatment of things such as meth-induced psychosis.
More physicaly psychiatry in outreach areas like Hill County (Round Mountain)-Burney, etc. Hope Wagon in Burney area.
More prosocial skills for children k-12, empathy training for educational staff at schools!
More team programs offering tools, traditional values, examples-like community volunteering. Have Safe Care in rural areas. Hope van needed.
More work with proven faith-based programs particularly related to addiction.
Need to get help for more people and less excuses why services cannot be given.
Not informed enough to offer suggestions.
Not sure
outreach into schools
Peer Support internship to complete training / this is necessary! needs to be available/flexible and without time limits to complete certification of Peer Support Mentoring program
People with other forms of insurance. Dual diagnosis, there's still too much "ping pong" between MH & ADD. Working more with childhood, family programs such as CAPC & Headstart, etc. Resources.
Pharmaceutical Assistance Programs
Post recovery treatment care/follow up
Prevention in general
Prevention through intervention!
Prevention, prevention, prevention
Quality services that support families through mental health and addiction
Reach out to Shasta Community Health's Family practice residency program for doctors in training to volunteer and educate kids/people/homeless. emorgan@shastahealth.org (Dr @ Family Med Residency)

Other (please specify) continued…
Reconsider criteria in order to increase access to services
Research based programs with strong success rates of recidivism.
residential facilities for suicidal youth
service without break due to billing issue when coming to shasta from other co cannot get served if not co 45
Services available at more sites with more convenient access. PH services brought in to MH more. Mobile outreach, not just after crisis.
Services to support TAY 18-26
Skills training in emotion regulation
Substance abuse education and training
Support for the families of the mentally ill. Someplace to call when afraid besides the police.
Support groups for parents with adult children with mental health illness, to assist with linkage to community resources.
The local FSP coordinator needs to make sure their case manager isn't rude and judgemental. Enough said. There needs to be more than one case manager at Hill Country.
The opiate/heroin epidemic is horrifying in our community as well as others. We need to do a better job of quantifying just how much of our population is addicted to what substances. There is a City in Washington taking the matter to the courts sueing the Oxy Contin manufacturer for the epidimic in their community because they cannot pay for the services needed. We need to possibly jump on the bandwagon, however we need quantifyable data to support how this has impacted our community. We also need to get the Adult Rehab Correctional Facility back on the table, and find money to operate the facility, many of these low offenders need to be forced into rehab, and jail is the obvious choice. The law abiding citizens have rights too. The vagrants need to be locked up.
Therapy for more than just acute patients
There should be regional MHSA offices available in Anderson, Shasta Lake and Burney. I have many people in Anderson asking where to find Mental Health services and they cannot get to Redding.
To teach real life consequences of actions and choices, concentrating on core values and responsibilities. EG: Interaction within community neighborhoods where they live.
Treatment facilities
Ultimately to close the existing County Mental Health place as all they do is send you to the hope van. Ive even know one that was suicidal and sent to the hope van. What you call mental health services is a joke. You should close the place on Breslauer and put a sign up that says go to the hope van as that is what they tell EVERYONE
WE NEED A HOSPITAL THAT SPECIALIZES IN DEALING WITH OUR MENTAL HEALTH PATIENTS!
We need more community outreach and prevention and early intervention activities to identify and train/inform gatekeepers/community members on how to identify and refer individuals at the first sign of a potential mental health issue.
We need people in the service industry who are more relate-able and real. "Professionals" who aren't afraid to be vulnerable and admonish judgments. More money needs to go to prevention, reducing ACE's and stabilizing families and individuals pre-crisis. More housing programs that are able to house people with evictions. People need safe spaces to learn and safe people to learn from. Family cycles are a tough thing to break and must be dealt with carefully. Allot of programs have short time limits and breaking chains takes a looong time. This county is doing amazing things but the face of "help" could use more work.
Wellness recovery action plan education
Wrap services for family also after a crisis. Field based nursing is awesome. Help build family relationships with ill loved ones and mental health staff. Families will be more likely to be caregivers.
Youth services

Stakeholder input meetings, 2017-2019 PEP

Three in-person meetings
Total attendees who signed in: 40

Northern Valley Catholic Social Service Olberg Center, May 23, 2017:

9 people signed in

Gaps in service:

- Homeless
- People in high school/kids
- People who work

General comments:

- Wellness Centers are very helpful because:
    - Helps from having panic attacks
    - Helps with drug addiction
    - Members meetings are useful
    - Help with communication
    - Work over problems

Ideas:

- Money for new mental health system
- More actual people (case managers)/doctors in person
- Transportation for wellness centers and for community meetings/events after wellness center hours (like Hope is Alive)

Circle of Friends Wellness Center, May 31, 2017:

16 people signed in

Gaps in service:

- Homeless
- Teens
- Addicts

General comments:

- RABA brings people here who are homeless, because they have easier access to resources here and law enforcement doesn't hassle them
- A food co-op has been successful here in Burney. A box of food is $3 and they have spiritual talks. About 40 people attend regularly.

- Law enforcement is stigmatizing. They need empathy and should have a social worker alongside them.
- Addiction is a crisis that creates homelessness, crime and adverse childhood experiences.
- You can't cut people off cold turkey from drugs that are helping to get them off opiates.
- Families of addicts need help.

Ideas:

- Peer-to-peer ride-alongs with law enforcement
- Open mic night for families of people with mental illness
- More community involvement – presentations at places like the Lions Club
- Connect SafeCare and Triple P

Redding Library, May 31, 2017:

15 people signed in

Gaps in service:

- Homeless
- Seniors
- Ongoing treatment
- Incarcerated people
- People who stop taking their meds
- Children

General comments:

- Revolving door
- NAMI is wonderful
- Include number of people being served and financial information in the Three-Year Program and Expenditure Plan

Ideas:

- Educate police and judges
- Have a buddy system after hospitalization
- Wrap services for the family
- Put something in the gap between the STAR Team and Crisis Residential and Recovery Center for people who are too high-functioning for STAR Team
- There's also a gap in services between people who are self-sufficient and people who are conserved (or who are at the Shasta Regional Medical Center inpatient facility that serves ages 21 and older)

Appendix B

Shasta County Health and Human Services Agency - MORS Quarterly Dashboard- updated December 2016

Performance Indicator	Qrtrly Avgs		FY 2013-2014 3rd Qtr.*	FY 2013-2014 4th Qtr.	FY 13-14 Total	FY 2014-2015 1st Qtr.	FY 2014-2015 2nd Qtr.	FY 2014-2015 3rd Qtr.	FY 2014-2015 4th Qtr.	FY 14-15 Total	FY15-16 1st Qtr.	FY15-16 2nd Qtr.	FY15-16 3rd Qtr.	FY15-16 4th Qtr.	FY 15-16 Total	FY16-17 1st Qtr.	FY 15-16 YTD
Unduplicated Clients																	
Clients who received one or more MORS assessments	**233**		14	174	**188**	178	191	260	225	**854**	349	209	275	387	**1220**	369	**369**
Clients who received two or more MORS assessements				181		195											
Clients who received one or more MORS assessments during the quarter as well as in each of the previous two quarters, and stayed at a 5 for six months or more:	**7**		N/A	N/A	**N/A**	0	2	6	9	**17**	13	18	4	7	**42**	9	**9**
Percent of clients who received one or more MORS assessments in the quarter as well as in each of the previous two quarters who stayed at a 5 for six months or more	**29%**		N/A	N/A	**N/A**	0%	3%	13%	75%	**12%**	72%	62%	11%	14%	**31%**	11%	**11%**
Clients who received one or more MORS assessments in the quarter and went from below a score of 5 in the immediately previous quarter up to a score of 5 or higher in the reporting quarter.	**8**		0	3	**3**	9	8	0	3	**20**	13	8	8	17	**46**	9	**9**
Percent of clients who received one or more MORS assessments in both the current and immediately previous quarter who went from below a score of 5 in the previous quarter up to a score of 5 or higher in the reporting quarter.	**10%**		N/A	21%	**21%**	7%	8%	0%	8%	**6%**	22%	12%	12%	14%	**14%**	4%	**4%**
Clients who received one or more MORS assessments in the quarter and went from above a score of 5 in the immediately previous quarter down to a score of 5 or lower in the reporting period quarter.	**10**		0	1	**1**	17	19	5	6	**47**	5	5	2	9	**21**	19	**19**
Percent of clients who received one or more MORS assessments in both the current and immediately previous quarter who went from above a score of 5 in the previous quarter down to a score of 5 or lower in the reporting period quarter.	**10%**		0	7%	**7%**	14%	18%	10%	15%	**14%**	8%	7%	3%	7%	**7%**	9%	**9%**
Scores			FY 2013-2014 3rd Qtr.*	FY 2013-2014 4th Qtr.	FY 13-14 Total	FY 2014-2015 1st Qtr.	FY 2014-2015 2nd Qtr.	FY 2014-2015 3rd Qtr.	FY 2014-2015 4th Qtr.	FY 14-15 Total	FY15-16 1st Qtr.	FY15-16 2nd Qtr.	FY15-16 3rd Qtr.	FY15-16 4th Qtr.	FY 15-16 YTD Dec15	FY16-17 1st Qtr.	FY 15-16 YTD
Count of score at intake MORS assessments	**Score**	1	N/A	N/A		1	6	5	6	**18**	4	5	0	0	**9**	8	**8**
						2%	4%	4%	6%	4%	7%	5%	0%	0%	3%	15%	15%
		2	N/A	N/A		7	21	11	7	**46**	2	15	3	10	**30**	6	**6**
						13%	13%	8%	7%	10%	3%	16%	5%	19%	11%	11%	11%
		3	N/A	N/A		8	11	23	33	**75**	27	21	16	7	**71**	16	**16**
						15%	7%	16%	34%	17%	46%	22%	26%	13%	26%	30%	30%
		4	N/A	N/A		11	44	30	19	**104**	12	19	12	6	**49**	4	**4**
						21%	28%	21%	19%	23%	20%	20%	19%	11%	18%	7%	7%
		5	N/A	N/A		19	53	43	22	**137**	7	23	21	18	**69**	7	**7**
						36%	33%	31%	22%	30%	12%	24%	34%	34%	26%	13%	13%
		6	N/A	N/A		6	19	25	11	**61**	7	10	10	10	**37**	13	**13**
						11%	12%	18%	11%	14%	12%	11%	16%	19%	14%	24%	24%
		7	N/A	N/A		1	5	3	0	**9**	0	2	0	2	**4**	0	**0**
						2%	3%	2%	0%	2%	0%	2%	0%	4%	1%	0%	0%
		8	N/A	N/A		0	0	0	0	**0**	0	0	0	0	**0**	0	**0**
						0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
		Total	N/A	N/A	**0**	**53**	**159**	**140**	**98**	**450**	**59**	**95**	**62**	**53**	**269**	**54**	**54**

Data as of: 12/19/16

Shasta County Health and Human Services Agency - MORS Quarterly Dashboard- updated December 2016

Performance Indicator	Qrtrly Avgs		FY 2013-2014 3rd Qtr.*	FY 2013-2014 4th Qtr.	FY 13-14 Total	FY 2014-2015 1st Qtr.	FY 2014-2015 2nd Qtr.	FY 2014-2015 3rd Qtr.	FY 2014-2015 4th Qtr.	FY 14-15 Total	FY15-16 1st Qtr.	FY15-16 2nd Qtr.	FY15-16 3rd Qtr.	FY15-16 4th Qtr.	FY 15-16 Total	FY16-17 1st Qtr.	FY 15-16 YTD
Count of score at discharge MORS assessments	**Score**	1	N/A	2		2	7	0	9	**18**	0	10	0	0	**10**	8	**8**
						10%	6%	0%	7%	5%	0%	9%	0%	0%	3%	15%	
		2	N/A	N/A		3	18	13	5	**39**	16	13	3	10	**42**	6	**6**
						14%	16%	15%	4%	11%	11%	11%	5%	19%	11%	11%	
		3	N/A	N/A		2	16	9	25	**52**	19	15	16	7	**57**	16	**16**
						10%	14%	11%	19%	15%	13%	13%	26%	13%	15%	30%	
		4	N/A	N/A		7	50	37	13	**107**	15	7	12	6	**40**	4	**4**
						33%	45%	44%	10%	31%	10%	6%	19%	11%	11%	7%	
		5	N/A	N/A		5	11	12	60	**88**	49	46	21	18	**134**	7	**7**
						24%	10%	14%	45%	25%	33%	39%	34%	34%	35%	13%	
		6	N/A	N/A		2	7	6	21	**36**	42	21	10	10	**83**	13	**13**
						10%	6%	7%	16%	10%	28%	18%	16%	19%	22%	24%	
		7	N/A	N/A		0	2	5	0	**7**	7	5	0	2	**14**	0	**0**
						0%	2%	6%	0%	2%	5%	4%	0%	4%	4%	0%	
		8	N/A	N/A		0	0	2	0	**2**	0	0	0	0	**0**	0	**0**
						0%	0%	2%	0%	1%	0%	0%	0%	0%	0%	0%	
		Total	N/A	N/A		**21**	**111**	**84**	**133**	**349**	**148**	**117**	**62**	**53**	**380**	**54**	**54**

Methodology:

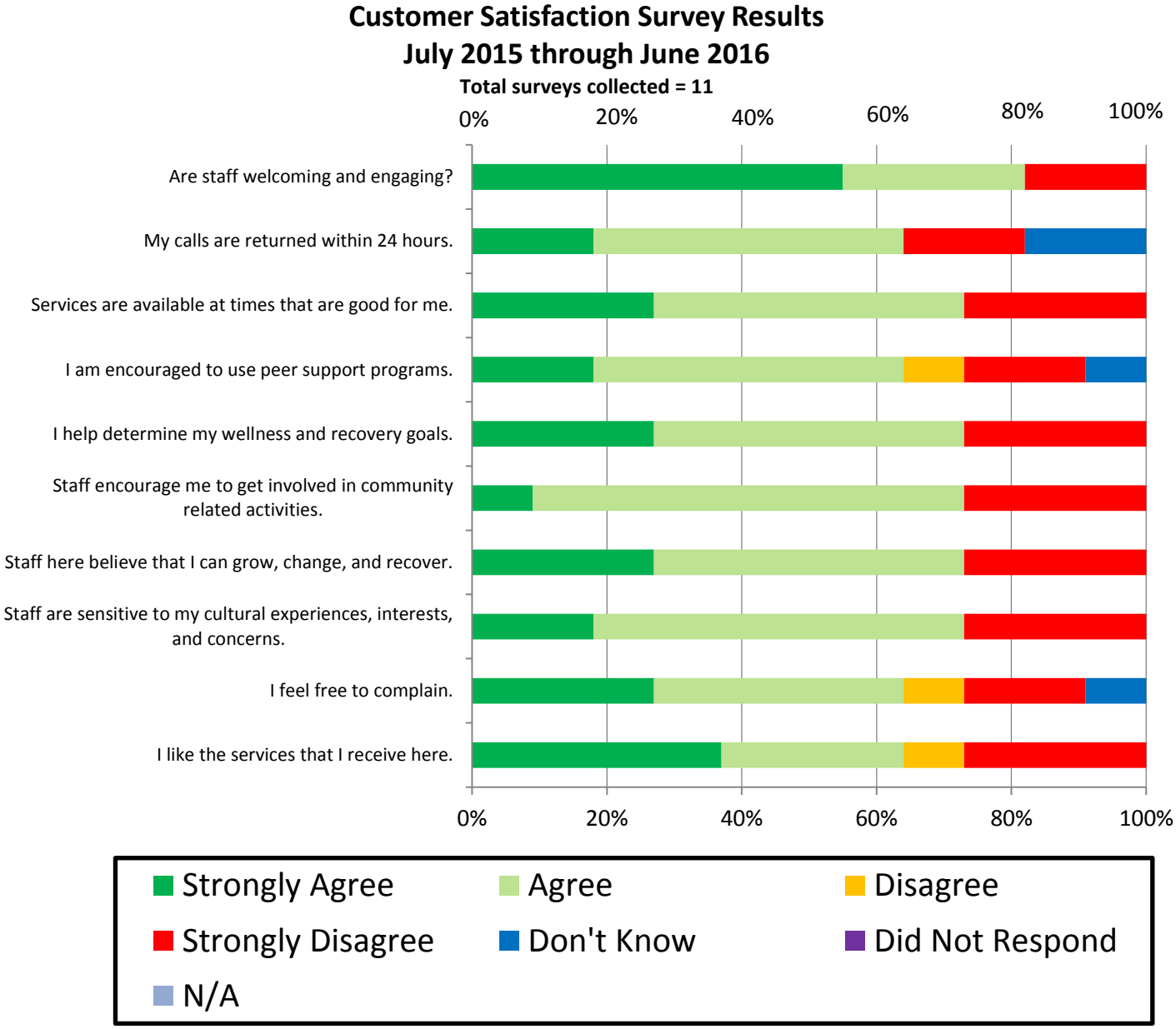
1. Number of unduplicated clients who received one or more MORS assessments in the reporting quarter.
2. Number of unduplicated clients who received one or more MORS assessments in the reporting quarter and stayed at a 5 for six months or more. Only include clients who had at least one MORS in the reporting quarter and at least one MORS in each of the previous two quarters. Do not include any client whose last MORS in the reporting quarter was not a 5 and/or had any MORS that was not a 5 within the previous six months measured from the last MORS conducted in the reporting quarter. Percent of clients with at least one MORS in the current quarter as well as in each of the two immediately previous quarters.
3. Number of unduplicated clients who received one or more MORS assessments in the reporting quarter and went from below a score of 5 the immediately previous quarter up to a score of 5 or higher in the reporting quarter. If the client received more than one MORS in any quarter, use the average of all MORS completed in that quarter. Do not count if the client did not have any MORS in the reporting quarter or in the immediately previous quarter. Percent of clients with at least one MORS in both the current and immediately previous quarter.
4. Number of unduplicated clients who received one or more MORS assessments in the reporting quarter and went from above a score of 5 in the immediately previous quarter down to a score of 5 or lower in the reporting quarter. If the client received more than one MORS in any quarter, use the average of all MORS completed in that quarter. Do not count if the client did not have any MORS in the reporting quarter or in the immediately previous quarter. Percent of clients with at least one MORS in both the current and immediately previous quarter.
5. Breakout (show percent at each score) of all scores for intake MORS assessments that occurred in the reporting quarter. For MORS conducted after the “Intake” radio button was added, include all “Intake” MORS. For those that were conducted prior to the addition of the radio button, to be counted as an intake MORS, the client must have been opened to Access within 75 days prior to the MORS assessment, and the MORS must be the first one conducted after the Access episode. If a client is opened and closed to Access more than once in the reporting quarter, and has a corresponding MORS, include each “Intake” MORS in this measure.
6. Breakout (show percent at each score) of all scores for discharge MORS assessment that occurred in the reporting quarter. For MORS conducted after the “Discharge” radio button was added, include all “Discharge” MORS. For those that were conducted prior to the addition of the radio button, to be counted as a discharge MORS, the client must have been closed no more than 30 days after the MORS assessment, and the MORS must be the last one conducted prior to the closing date. If a client is opened and closed more than once in the reporting quarter, include each “Discharge” MORS in this measure.

Data as of: 12/19/16

CLIENT SATISFACTION

The Client Satisfaction Survey is provided to all individuals who visit the HHSA Adult Services Branch on Breslauer Way. The surveys are placed at the main entrance to the building and at the desk in the Crisis Recovery and Residential Center, where they are easily accessible to everyone. Surveys are anonymous and are collected from drop boxes in the building.

The overall survey results include data from people accessing the following service areas: adult mental health, adult alcohol and drug, fair hearings, long-term care, in-home supportive services, public authority, public guardian, and children's services.



Consumer Perception Survey Comparison Report County vs. Statewide Results; Adults and Older adults Surveys- Shasta County (May 2015 and November 2015), California (May 2012)

Introduction: The Consumer Perception Client Satisfaction Survey is conducted by counties throughout California one to two times per year. This report focuses on the last survey conducted during November 2015. The survey is one tool used to survey mental health clients and their families on the quality of services they are receiving at the facility and their quality of life since receiving mental health services.

This report will focus on the portion of the survey that rates the client's satisfaction with their mental health services and staff interaction. The participants rated each statement as "Strongly Disagree", "Disagree", Neutral", "Agree", or "Strongly Agree".

A total of 45 (36 adults and 9 older adults) adult surveys were completed. This report shows a comparison of Shasta County's Provider scores by adults and older adults in May and November 2015 as compared to California scores gathered from 58 counties including Shasta County in May 2012.

Methodology: Shasta County percentages were derived from the number of valid answers in each category divided by the total number of answers for the question. The California percentages were copied from the Statewide Frequencies report produced by the State on May 18, 2012. The highest percent is bolded. If percentages of two answered ratings are equal, both answered percentages are bolded.

Report Summary: Participants rated 36 statements in 6 (types of statements) "sections" of the survey. Overall, Shasta County averaged below the 2012 statewide results. Shasta County scored within 10 percentage points of statewide results in all sections except section 5. Shasta County adult averages dropped in all sections of the survey in November 2015 as compared to the averages of May 2015. The highest average in the November 2015 survey in the percent who Agree or Strongly Agree with a statement was 82.6% ("Perception of services received"), the lowest average was for Section 5 68.2% ("Participants' perception of their coping skills since receive services").

Section 1 focused on perception of services received. On average the participants scored 82.6% in the Agree to Strongly Agree range (as compared to 96.3% in May 2015), indicating the participants felt good about the quality of services received. Section 1 includes statements 1 through 3.

Section 2 focused on perception of accessibility of services. On average the group scored 75.6% in the Agree to Strongly Agree range (as compared to 90.6% in May 2015). Section 2 includes statements 4 through 9.

Section 3 focused on perception of client participation. On average the group scored 80.0% in the Agree to Strongly Agree range (as compared to 92.2% in May 2015), again indicating the participants felt good about their participation. Section 3 includes statements 10 through 14.

Section 4 focused on staff interaction and client support. On average Shasta County participants scored 73.3% in the Agree to Strongly Agree range (as compared to 83.4 % in May 2015), indicating that a quarter of participants did not feel there was not enough staff interaction or client support. Section 4 includes statements 15 through 20.

Section 5 focused on participants' perception of their coping skills since receiving services. The group scored 53.1% in the Agree to Strongly Agree range (as compared to 68.2 in May 2015). The corresponding score at state level was higher at 69.8% for this section. Section 5 includes statements 21 through 32.

Section 6 focused on the participant's perception of social interactions. On average Shasta County participants scored 63.5% in the Agree to Strongly Agree range (as compared to the May 2015 score of 75.1%). Section 6 includes statements 33 through 36.

Section 1: Perception of Services Received

1. I like the services that I received here.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,906
	% of Valid Answers			% of Valid Answers Answers
Strongly Disagree	0.0%	0.0%	0.0%	0.6%
Disagree	0.0%	0.0%	0.0%	0.8%
I am Neutral	0.0%	15.9%	15.9%	6.4%
Agree	38.9%	**45.5%**	6.6%	33.4%
Strongly Agree	**61.1%**	38.6%	-22.5%	**58.7%**
Total	**100%**	**100%**		**100%**

2. If I had other choices, I would still get services from this agency.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
	18	45		8,808
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	4.4%	-1.2%	1.3%
Disagree	0.0%	4.4%	4.4%	3.6%
I am Neutral	5.6%	13.3%	7.7%	9.4%
Agree	38.9%	**44.4%**	5.5%	34.8%
Strongly Agree	**50.0%**	33.3%	-16.7%	**50.8%**
Total	**100%**	**100%**		**100%**

Section 2: Perception of Accessibility of Services

3. I would recommend this agency to a friend or family member.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,829
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	0.9%
Disagree	0.0%	0.0%	0.0%	2.1%
I am Neutral	0.0%	14.0%	14.0%	8.2%
Agree	44.4%	**44.2%**	-0.2%	34.7%
Strongly Agree	**55.6%**	41.9%	-13.7%	**54.2%**
Total	**100%**	**100%**		**100%**

4. The location of services was convenient (parking, public transportation, distance, etc.).				
	Shasta, County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,770
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	1.6%
Disagree	0.0%	7.0%	7.0%	4.8%
I am Neutral	5.6%	14.0%	8.4%	11.1%
Agree	33.3%	**44.2%**	10.9%	35.9%
Strongly Agree	**61.1%**	34.9%	-26.2%	**46.5%**
Total	**100%**	**100%**		**100%**

5. Staff were willing to see me as often as I felt it was necessary.				
	Shasta, County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,811
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	4.5%	4.5%	1.0%
Disagree	0.0%	2.3%	2.3%	2.5%
I am Neutral	5.6%	13.6%	8.0%	8.5%
Agree	44.4%	**43.2%**	-1.2%	36.5%
Strongly Agree	**50.0%**	36.4%	-13.6%	**51.5%**
Total	**100%**	**100%**		**100%**

6. Staff returned my calls within 24 hours.				
	Shasta, County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,448
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	1.4%
Disagree	0.0%	14.0%	14.0%	4.3%
I am Neutral	16.7%	16.3%	-0.4%	12.6%
Agree	33.3%	30.2%	-3.1%	35.4%
Strongly Agree	**50.0%**	**39.5%**	-10.5%	**46.4%**
Total	**100%**	**100%**		**100%**

7. Services were available at times that were good for me.				
	Shasta, County 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	18	45		8,842
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	0.9%
Disagree	0.0%	2.2%	2.2%	2.5%
I am Neutral	0.0%	13.3%	13.3%	8.2%
Agree	44.4%	**42.2%**	-2.2%	39.2%
Strongly Agree	**55.6%**	**42.2%**	-13.4%	**49.3%**
Total	**100%**	**100%**		**100%**

8. I was able to get all the services I thought I needed.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,808
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	1.2%
Disagree	5.6%	6.8%	1.2%	3.8%
I am Neutral	5.6%	18.2%	12.6%	10.4%
Agree	38.9%	36.4%	-2.5%	38.0%
Strongly Agree	**50.0%**	**38.6%**	-11.4%	**46.6%**
Total	**100%**	**100%**		**100%**

9. I was able to see a psychiatrist when I wanted to.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,416
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.9%	4.5%	-1.4%	1.7%
Disagree	5.9%	4.5%	-1.4%	5.3%
I am Neutral	5.9%	25.0%	19.1%	14.2%
Agree	35.3%	**38.6%**	3.3%	36.9%
Strongly Agree	**47.0%**	27.3%	-19.7%	**41.9%**
Total	**100%**	**100%**		**100%**

10. Staff here believe that I can grow, change and recover.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,722
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	0.6%
Disagree	0.0%	0.0%	0.0%	1.4%
I am Neutral	5.9%	13.6%	7.7%	9.5%
Agree	23.5%	**43.2%**	19.7%	35.5%
Strongly Agree	**70.6%**	**43.2%**	-27.4%	**52.9%**
Total	**100%**	**100%**		**100%**

11. I felt comfortable asking questions about my treatment and medication.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	45		8,716
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	4.4%	4.4%	0.9%
Disagree	5.6%	0.0%	-5.6%	2.4%
I am Neutral	0.0%	17.8%	17.8%	8.3%
Agree	22.2%	33.3%	11.1%	36.4%
Strongly Agree	**72.2%**	**44.4%**	-27.8%	**52.0%**
Total	**100%**	**100%**		**100%**

12. I felt free to complain.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,686
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	4.5%	4.5%	1.6%
Disagree	0.0%	4.5%	4.5%	4.0%
I am Neutral	16.7%	20.5%	3.8%	14.0%
Agree	22.2%	**36.4%**	14.2%	36.6%
Strongly Agree	**61.1%**	34.1%	-27.0%	**43.7%**
Total	**100%**	**100%**		**100%**

13. I was given information about my rights.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,723
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	2.3%	2.3%	1.0%
Disagree	5.6%	2.3%	-3.3%	2.3%
I am Neutral	5.6%	14.0%	8.4%	8.7%
Agree	27.8%	**41.9%**	14.1%	39.1%
Strongly Agree	**61.1%**	39.5%	-21.6%	**48.9%**
Total	**100%**	**100%**		**100%**

14. Staff encouraged me to take responsibility for how I live my life.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,695
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	0.7%
Disagree	0.0%	4.5%	4.5%	1.8%
I am Neutral	0.0%	11.4%	11.4%	9.9%
Agree	38.9%	**47.7%**	8.8%	38.6%
Strongly Agree	**61.1%**	36.4%	-24.7%	**48.9%**
Total	**100%**	**100%**		**100%**

Section 4: Perception of Staff Interaction

15. Staff told me what side effects to watch out for.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	41		8,425
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	4.9%	4.9%	1.4%
Disagree	0.0%	4.9%	4.9%	5.9%
I am Neutral	11.1%	19.5%	8.4%	13.7%
Agree	16.7%	34.1%	17.4%	37.3%
Strongly Agree	**72.2%**	**36.6%**	-35.6%	**41.7%**
Total	**100%**	**100%**		**100%**

16. Staff respected my wishes about who is, and who is not to be given information about my treatment.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,633
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	2.3%	-3.3%	0.9%
Disagree	0.0%	2.3%	2.3%	1.8%
I am Neutral	11.1%	16.3%	5.2%	8.7%
Agree	16.7%	37.2%	20.5%	36.2%
Strongly Agree	**66.7%**	**41.9%**	-24.8%	**52.3%**
Total	**100%**	**100%**		**100%**

17. I, not staff, decided my treatment goals.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	44		8,565
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	0.0%	-5.6%	1.5%
Disagree	0.0%	4.5%	4.5%	4.5%
I am Neutral	22.2%	20.5%	-1.7%	16.8%
Agree	11.1%	**47.7%**	36.6%	37.9%
Strongly Agree	**61.1%**	27.3%	-33.8%	**39.4%**
Total	**100%**	**100%**		**100%**

18. Staff were sensitive to my cultural background (race, religion, language, etc.).				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	42		8,447
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	2.4%	-3.2%	1.1%
Disagree	0.0%	0.0%	0.0%	2.0%
I am Neutral	5.6%	26.2%	20.6%	13.1%
Agree	27.8%	33.3%	5.5%	35.2%
Strongly Agree	**61.1%**	**38.1%**	-23.0%	**48.5%**
Total	**100%**	**100%**		**100%**

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	43		8,580
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	2.3%	-3.3%	1.0%
Disagree	0.0%	7.0%	7.0%	2.5%
I am Neutral	11.1%	14.0%	2.9%	10.9%
Agree	27.8%	**39.5%**	11.7%	39.3%
Strongly Agree	**55.6%**	37.2%	-18.4%	**46.2%**
Total	**100%**	**100%**		**100%**

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	18	42		8,294
	% of Valid Answers			% of Valid Answers
Strongly Disagree	5.6%	4.8%	-0.8%	1.1%
Disagree	0.0%	2.4%	2.4%	3.4%
I am Neutral	11.1%	26.2%	15.1%	13.4%
Agree	33.3%	**38.1%**	4.8%	37.7%
Strongly Agree	**50.0%**	28.6%	-21.4%	**44.4%**
Total	**100%**	**100%**		**100%**

Section 5: Perception of Participant's Coping Skills Since Receiving Services

21. I deal more effectively with daily problems.				
	Shasta County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	14	42		8,338
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	0.0%	0.0%	1.3%
Disagree	0.0%	9.5%	9.5%	4.0%
I am Neutral	21.4%	**31.0%**	9.6%	16.5%
Agree	35.7%	28.6%	-7.1%	**41.8%**
Strongly Agree	**42.8%**	**31.0%**	-11.8%	36.5%
Total	**100%**	**100%**		**100%**

22. I am better able to control my life.				
	Shasta County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	14	43		8,311
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	4.7%	4.7%	1.2%
Disagree	0.0%	4.7%	4.7%	4.2%
I am Neutral	14.3%	27.9%	13.6%	17.7%
Agree	**42.8%**	30.2%	-12.6%	**41.4%**
Strongly Agree	**42.8%**	**32.6%**	-10.2%	35.5%
Total	**100%**	**100%**		**100%**

23. I am better able to deal with crisis.				
	Shasta County 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	17	41		8,502
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	2.4%	2.4%	1.4%
Disagree	5.9%	4.9%	-1.0%	5.2%
I am Neutral	23.5%	**36.6%**	13.1%	19.9%
Agree	29.4%	26.8%	-2.6%	**41.5%**
Strongly Agree	**41.2%**	29.3%	-11.9%	32.0%
Total	**100%**	**100%**		**100%**

24. I am getting along better with my family.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	17	38		8,200
	% of Valid Answers			% of Valid Answers
Strongly Disagree	11.8%	2.6%	-9.2%	2.3%
Disagree	0.0%	10.5%	10.5%	6.0%
I am Neutral	**29.4%**	**28.9%**	-0.5%	20.6%
Agree	**29.4%**	**28.9%**	-0.5%	**36.8%**
Strongly Agree	**29.4%**	**28.9%**	-0.5%	34.3%
Total	**100%**	**100%**		**100%**

25. I do better in social situations.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	41		8,398
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	7.3%	7.3%	2.4%
Disagree	12.5%	19.5%	7.0%	7.8%
I am Neutral	**37.5%**	**29.3%**	-8.2%	22.8%
Agree	12.5%	26.8%	14.3%	37.3%
Strongly Agree	**37.5%**	17.1%	-20.4%	**29.6%**
Total	**100%**	**100%**		**100%**

26. I do better in school and /or work.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	31		6,697
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	6.5%	6.5%	2.8%
Disagree	6.2%	19.4%	13.2%	8.5%
I am Neutral	**31.3%**	**41.9%**	10.6%	**30.7%**
Agree	**31.3%**	16.1%	-15.2%	30.3%
Strongly Agree	**31.3%**	16.1%	-15.2%	27.8%
Total	**100%**	**100%**		**100%**

27. My housing situation has improved.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	17	35		8,075
	% of Valid Answers			% of Valid Answers
Strongly Disagree	11.8%	2.9%	-8.9%	3.6%
Disagree	11.8%	11.4%	-0.4%	8.5%
I am Neutral	5.9%	**37.1%**	31.2%	23.1%
Agree	**47.0%**	28.6%	-18.4%	32.0%
Strongly Agree	23.5%	20.0%	-3.5%	**32.9%**
Total	**100%**	**100%**		**100%**

28. My symptoms are not bothering me as much.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	40		8,406
	% of Valid Answers			% of Valid Answers
Strongly Disagree	12.5%	2.5%	-10.0%	4.2%
Disagree	6.2%	**27.5%**	21.3%	10.0%
I am Neutral	12.5%	20.0%	7.5%	21.4%
Agree	**37.5%**	**27.5%**	-10.0%	**37.4%**
Strongly Agree	31.3%	22.5%	-8.8%	27.0%
Total	**100%**	**100%**		**100%**

29. I do things that are more meaningful to me.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	40		8,384
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	5.0%	-1.2%	1.9%
Disagree	0.0%	2.5%	2.5%	5.8%
I am Neutral	25.0%	32.5%	7.5%	20.7%
Agree	31.3%	**37.5%**	6.2%	**39.5%**
Strongly Agree	**37.5%**	22.5%	-15.0%	32.1%
Total	**100%**	**100%**		**100%**

30. I am better able to take care of my needs.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	41		8,438
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	7.3%	1.1%	1.7%
Disagree	6.2%	2.4%	-3.8%	5.6%
I am Neutral	18.8%	29.3%	10.5%	19.2%
Agree	**37.5%**	**36.6%**	-0.9%	**41.5%**
Strongly Agree	31.3%	24.4%	-6.9%	32.0%
Total	**100%**	**100%**		**100%**

31. I am better able to handle things when they go wrong.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	15	39		8,426
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.7%	5.1%	-1.6%	2.4%
Disagree	6.7%	15.4%	8.7%	7.8%
I am Neutral	20.0%	28.2%	8.2%	21.2%
Agree	**33.3%**	**30.8%**	-2.5%	**40.2%**
Strongly Agree	**33.3%**	20.5%	-12.8%	28.4%
Total	**100%**	**100%**		**100%**

32. I am better able to do things that I want to do.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	41		8,394
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	4.9%	-1.3%	2.5%
Disagree	6.2%	12.2%	6.0%	6.8%
I am Neutral	18.8%	**29.3%**	10.5%	21.1%
Agree	**37.5%**	**29.3%**	-8.2%	**39.5%**
Strongly Agree	31.3%	24.4%	-6.9%	30.0%
Total	**100%**	**100%**		**100%**

Section 6: Perception of Participant's Social Interactions Since Receiving Services

33. I am happy with the friendships I have.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	38		8,359
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	2.6%	-3.6%	1.6%
Disagree	12.5%	7.9%	-4.6%	6.2%
I am Neutral	12.5%	21.1%	8.6%	19.4%
Agree	25.0%	**36.8%**	11.8%	**38.8%**
Strongly Agree	**43.8%**	31.6%	-12.2%	34.1%
Total	**100%**	**100%**		**100%**

34. I have people with whom I can do enjoyable things.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	38		8,355
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	2.6%	-3.6%	2.1%
Disagree	6.2%	10.5%	4.3%	6.7%
I am Neutral	12.5%	15.8%	3.3%	18.8%
Agree	31.3%	**44.7%**	13.4%	**39.0%**
Strongly Agree	**43.8%**	26.3%	-17.5%	33.4%
Total	**100%**	**100%**		**100%**

35. I feel I belong in my community.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	39		8,350
	% of Valid Answers			% of Valid Answers
Strongly Disagree	6.2%	5.1%	-1.1%	3.1%
Disagree	12.5%	15.4%	2.9%	9.0%
I am Neutral	12.5%	**30.8%**	18.3%	24.4%
Agree	**37.5%**	23.1%	-14.4%	**34.7%**
Strongly Agree	31.3%	25.6%	-5.7%	28.7%
Total	**100%**	**100%**		**100%**

36. In a crisis, I would have the support I need from family or friends.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	16	38		8,373
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.0%	5.3%	5.3%	3.3%
Disagree	6.2%	10.5%	4.3%	6.7%
I am Neutral	6.2%	18.4%	12.2%	16.7%
Agree	**50.0%**	26.3%	-23.7%	36.6%
Strongly Agree	37.5%	**39.5%**	2.0%	**36.7%**
Total	**100%**	**100%**		**100%**

Average scores of "Agree" and "Strongly Agree" responses to the 6 sections of the survey

(Adults and older adults)

Survey Sections	Shasta County 05/2015	Shasta County 11/2015	Average difference	California 2012 Adults and Older Adults
Section 1: Perception of Services Received	**96.3%**	**82.6%**	**-13.7%**	**88.9%**
Section 2: Perception of Accessibility of Services	**90.6%**	**75.6%**	**-15.0%**	**84.0%**
Section 3: Perception of Client Participation	**92.2%**	**80.0%**	**-12.2%**	**86.5%**
Section 4: Perception of Staff Interaction	**83.4%**	**73.3%**	**-10.1%**	**82.7%**
Section 5: Perception of Participant's Coping Skills Since Receiving Services	**68.2%**	**53.1%**	**-15.1%**	**69.8%**
Section 6: Perception of Participant's Social Interactions Since Receiving Services	**75.1%**	**63.5%**	**-11.6%**	**70.5%**

Consumer Perception Survey Comparison Report County vs. statewide Results; Family and Youth Surveys – Shasta County (May 2015 and November 2015); California (May 2012)

Introduction: The Consumer Perception Client Satisfaction Survey is conducted by counties throughout California one to two times per year. This report focuses on the last survey conducted during November 2015. The survey is one tool used to survey mental health clients and their families on the quality of services they are receiving at the facility and their quality of life since receiving mental health services. This report will focus on the portion of the survey that rates the client's satisfaction with their mental health services and staff interaction. The participant rated each statement Strongly Disagree, Disagree, Neutral, Agree, or Strongly Agree.

A total of 143 surveys were completed. This report shows a comparison of Shasta County's Provider scores vs. the scores from November 2015 and the summary of scores gathered from all 58 counties of California, including Shasta County in 2012, the most recent time period for which California data is available.

Methodology: Shasta County percentages were derived from the number of valid answers in each category divided by the total number of answers for the question. The California percentages were copied from the Statewide Frequencies report produced by the State on May 18, 2012. The highest percent is bolded. If percentages of two answered ratings are equal, both answered percentages are bolded.

Report Summary: Participants rated 26 statements in 6 (types of statements) "sections" of the survey. Overall, Shasta County scored well with percentages of respondents in "Agree" and "Strongly Agree" ranging between 81.2% and 91.0% in all sections except section 5. The scores were lower than the May 2015 Shasta County results in all sections except in section 6, and lower than the 2012 statewide scores in all sections. The participant group scored highest for questions in section 4 (staff interaction and client support) on average (91.0%), and lowest for questions in section 5 (perception of coping skills, 63.3%) when looking at clients who rated their satisfaction in the Agree to Strongly Agree range.

Section 1 focused on perception of services received. On average the Shasta County group of participants scored 82.9% in the Agree to Strongly Agree range, indicating the participants felt good about the services they are receiving. This shows a decrease from 85.5% in May 2015.

Section 1 includes statements 1, 4, 7, and 10.

Section 2 focused on perception of accessibility of services. On average the participants scored 81.2% in the Agree to Strongly Agree range, indicating the participants felt good about the accessibility of services they are receiving. This was 82.5% in May 2015.

Section 2 includes statements 5, 8, 9, and 11.

Section 3 focused on perception of client participation. On average the group scored 85.4% in the Agree to Strongly Agree range (as compared to 87.9% in May 2015), again indicating the participants felt good about their participation.

Section 3 includes statements 2, 3, and 6.

Section 4 focused on staff interaction and client support. Shasta County results from November 2015 survey showed that participants strongly agreed with the section's statements; on average, scoring 91.0% in the Agree to Strongly Agree range (as compared to 95.4% in May 2015).

Section 4 includes statements 12 through 15.

Section 5 focused on participant's perception of their coping skills since receiving services. The average score in this section was higher than the May 2015 results (63.3% versus 60.7%). The score was the lowest among all 6 sections in this survey and again lower than 2012 California survey score of 70.4% as it was in two previous surveys of 2014.

Section 5 includes statements 16 through 22.

Section 6 focused on the participant's perception of social interactions. The participants in Shasta County scored well in this section (on average 87.6% in May 2015 and 84.1% in November 2015). The rates were now slightly lower than the 2012 California rate of 87.5%.

Section 6 includes statements 23 through 26.

Sections 1, 2, & 3: Participant perception of services received (1), accessibility to location and staff (2), and client participation (3).

1. Overall, I am satisfied with the services received. (section 1 statement)				
	Shasta County, 05/15	**Shasta County, 11/15**	**Shasta County Difference**	**California '12**
n=	160	143		13,064
	% of Valid Answers			**% of Valid Answers**
Strongly Disagree	1.3%	2.8%	1.5%	2.1%
Disagree	0.0%	1.4%	1.4%	1.4%
I am Neutral	8.1%	7.0%	-1.1%	6.3%
Agree	34.4%	37.8%	3.4%	38.3%
Strongly Agree	**56.3%**	**51.0%**	-5.3%	**51.9%**
Total	**100%**	**100%**		**100%**

2. I helped to choose my services(section 3 statement)				
	Shasta County, 05/15	**Shasta County, 11/15**	**Shasta County Difference**	***California '12***
n=	145	136		12,410
	% of Valid Answers			**% of Valid Answers**
Strongly Disagree	4.1%	1.5%	-2.6%	3.4%
Disagree	4.8%	6.6%	1.8%	6.9%
I am Neutral	10.3%	14.0%	3.7%	9.6%
Agree	**45.5%**	**41.9%**	-3.6%	**46.2%**
Strongly Agree	35.2%	36.0%	0.8%	33.9%
Total	**100%**	**100%**		**100%**

3. I helped to choose my treatment goals (section 3 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	157	137		12,632
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.5%	1.5%	-1.0%	2.0%
Disagree	1.9%	2.9%	1.0%	3.3%
I am Neutral	4.5%	9.5%	5.0%	7.0%
Agree	**46.5%**	**48.2%**	1.7%	**48.1%**
Strongly Agree	44.6%	38.0%	-6.6%	39.6%
Total	**100%**	**100%**		**100%**

4. The people helping stuck with us no matter what. (section 1 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	153	138		12,703
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.0%	2.2%	0.2%	2.1%
Disagree	2.0%	2.9%	0.9%	2.2%
I am Neutral	9.8%	9.4%	-0.4%	7.6%
Agree	37.3%	35.5%	-1.8%	37.7%
Strongly Agree	**49.0%**	**50.0%**	1.0%	**50.4%**
Total	**100%**	**100%**		**100%**

5. I felt we had someone to talk to when troubled. (section 2 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	161	142		12,789
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.2%	1.4%	0.2%	2.0%
Disagree	1.9%	1.4%	-0.5%	2.3%
I am Neutral	12.4%	12.0%	-0.4%	7.4%
Agree	39.8%	38.7%	-1.1%	40.5%
Strongly Agree	**44.7%**	**46.5%**	1.8%	**47.8%**
Total	**100%**	**100%**		**100%**

6. I participated in treatment. (section 3 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	California '12
n=	161	140		12,816
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	0.7%	0.1%	1.5%
Disagree	1.2%	0.0%	-1.2%	1.7%
I am Neutral	6.2%	7.1%	0.9%	5.6%
Agree	**52.8%**	**48.6%**	-4.2%	**45.7%**
Strongly Agree	39.1%	43.6%	4.5%	45.5%
Total	**100%**	**100%**		**100%**

7. The services received were right for us. (section 1 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	160	143		12,940
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.3%	0.7%	-0.6%	1.7%
Disagree	1.9%	0.7%	-1.2%	1.7%
I am Neutral	13.1%	19.6%	6.5%	9.8%
Agree	39.4%	**42.0%**	2.6%	42.0%
Strongly Agree	**44.4%**	37.1%	-7.3%	**44.8%**
Total	**100%**	**100%**		**100%**

8. The location of services was convenient. (section 2 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	160	139		12,986
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.9%	0.7%	-1.2%	2.2%
Disagree	4.4%	3.6%	-0.8%	3.5%
I am Neutral	10.0%	10.8%	0.8%	6.3%
Agree	40.6%	**47.5%**	6.9%	41.5%
Strongly Agree	**43.1%**	37.4%	-5.7%	**46.5%**
Total	**100%**	**100%**		**100%**

9. Services were available at times that were convenient. (section 2 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	159	141		13,017
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	0.7%	0.1%	1.9%
Disagree	3.1%	4.3%	1.2%	2.8%
I am Neutral	8.8%	11.3%	2.5%	6.2%
Agree	**44.7%**	**46.1%**	1.4%	42.3%
Strongly Agree	42.8%	37.6%	-5.2%	**46.8%**
Total	**100%**	**100%**		**100%**

10. My family got the help we wanted. (section 1 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	160	139		12,898
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	0.7%	0.1%	1.9%
Disagree	3.1%	2.2%	-0.9%	2.2%
I am Neutral	15.0%	18.7%	3.7%	10.7%
Agree	38.8%	**46.8%**	8.0%	41.2%
Strongly Agree	**42.5%**	31.7%	-10.8%	**44.0%**
Total	**100%**	**100%**		**100%**

11. My family got as much help as we needed. (section 2 statement)				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	157	139		12,778
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	1.4%	0.8%	2.0%
Disagree	4.5%	6.5%	2.0%	3.0%
I am Neutral	20.4%	20.9%	0.5%	14.2%
Agree	35.0%	**41.7%**	6.7%	39.6%
Strongly Agree	**39.5%**	29.5%	-10.0%	**41.2%**
Total	**100%**	**100%**		**100%**

Section 4: Perception of Staff Interaction

12. Staff treated me/us with respect.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	159	138		13,080
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	1.4%	0.8%	1.6%
Disagree	0.6%	0.7%	0.1%	0.8%
I am Neutral	1.3%	2.9%	1.6%	2.4%
Agree	27.7%	39.9%	12.2%	33.7%
Strongly Agree	**69.8%**	**55.1%**	-14.7%	**61.5%**
Total	**100%**	**100%**		**100%**

13. Staff respected religious / spiritual beliefs.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	124	120		11,659
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.8%	0.8%	0.0%	1.5%
Disagree	1.6%	0.0%	-1.6%	0.5%
I am Neutral	3.2%	10.0%	6.8%	4.8%
Agree	33.1%	40.8%	7.7%	38.2%
Strongly Agree	**61.3%**	**48.3%**	-13.0%	**55.0%**
Total	**100%**	**100%**		**100%**

14. Staff spoke with me in a way that I/we understood.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	160	140		13,062
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.6%	0.7%	0.1%	1.4%
Disagree	1.3%	0.7%	-0.6%	0.7%
I am Neutral	2.5%	3.6%	1.1%	2.5%
Agree	33.8%	40.7%	6.9%	37.9%
Strongly Agree	**61.9%**	**54.3%**	-7.6%	**57.5%**
Total	**100%**	**100%**		**100%**

15. Staff were sensitive to cultural / ethnic background.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	121	115		11,608
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.8%	1.7%	0.9%	1.6%
Disagree	0.8%	1.7%	0.9%	1.0%
I am Neutral	4.1%	11.3%	7.2%	5.7%
Agree	30.6%	38.3%	7.7%	39.8%
Strongly Agree	**63.6%**	**47.0%**	-16.6%	**51.9%**
Total	**100%**	**100%**		**100%**

Section 5: Perception of Participant's Coping Skills since Receiving Services

16. I/we are better at handling daily life.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	151	135		12,626
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.3%	1.5%	0.2%	2.0%
Disagree	7.3%	5.2%	-2.1%	4.5%
I am Neutral	25.2%	27.4%	2.2%	21.0%
Agree	**46.4%**	**45.2%**	-1.2%	**46.5%**
Strongly Agree	19.9%	20.7%	0.8%	26.0%
Total	**100%**	**100%**		**100%**

17. I/we get along better with family members.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	147	136		12,579
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.0%	2.9%	0.9%	2.4%
Disagree	10.2%	8.1%	-2.1%	6.6%
I am Neutral	32.7%	25.0%	-7.7%	20.7%
Agree	**44.2%**	**48.5%**	4.3%	**45.7%**
Strongly Agree	10.9%	15.4%	4.5%	24.6%
Total	**100%**	**100%**		**100%**

18. I/we get along better with friends and other people.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	150	137		12,551
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.7%	1.5%	0.8%	1.8%
Disagree	8.7%	5.1%	-3.6%	4.4%
I am Neutral	27.3%	22.6%	-4.7%	19.2%
Agree	**44.7%**	**52.6%**	7.9%	**47.8%**
Strongly Agree	18.7%	18.2%	-0.5%	26.8%
Total	**100%**	**100%**		**100%**

19. I/we are doing better in school and / or work				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	144	133		12,387
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.1%	2.3%	0.2%	2.6%
Disagree	9.7%	11.3%	1.6%	7.0%
I am Neutral	28.5%	18.8%	-9.7%	19.6%
Agree	**38.2%**	**45.1%**	6.9%	**42.7%**
Strongly Agree	21.5%	22.6%	1.1%	28.1%
Total	**100%**	**100%**		**100%**

20. I/we are better able to cope when things go wrong.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	152	137		12,613
	% of Valid Answers			% of Valid Answers
Strongly Disagree	0.7%	2.2%	1.5%	2.8%
Disagree	10.5%	8.0%	-2.5%	7.5%
I am Neutral	32.9%	27.0%	-5.9%	22.7%
Agree	**39.5%**	**45.3%**	5.8%	**44.4%**
Strongly Agree	16.4%	17.5%	1.1%	2200.0%
Total	**100%**	**100%**		**100%**

21. I am satisfied with our family life right now.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	151	135		12,646
	% of Valid Answers			% of Valid Answers
Strongly Disagree	4.6%	5.2%	0.6%	4.2%
Disagree	17.9%	16.3%	-1.6%	9.2%
I am Neutral	23.8%	30.4%	6.6%	20.9%
Agree	**39.7%**	**34.8%**	-4.9%	**42.7%**
Strongly Agree	13.9%	13.3%	-0.6%	23.0%
Total	**100%**	**100%**		**100%**

22. I am better able to do things I want to do.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	151	133		12,546
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.0%	3.8%	1.8%	2.6%
Disagree	5.3%	9.0%	3.7%	5.5%
I am Neutral	23.2%	23.3%	0.1%	19.8%
Agree	**53.0%**	**47.4%**	-5.6%	**48.4%**
Strongly Agree	16.6%	16.5%	-0.1%	23.7%
Total	**100%**	**100%**		**100%**

Section 6: Perception of Participant's Social Interactions since Receiving Services

23. I/we know people who will listen and understand when I need to talk.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	155	138		12,783
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.9%	1.4%	-0.5%	1.7%
Disagree	0.6%	2.2%	1.6%	2.2%
I am Neutral	9.0%	8.7%	-0.3%	7.4%
Agree	**49.7%**	**52.9%**	3.2%	**51.3%**
Strongly Agree	38.7%	34.8%	-3.9%	37.4%
Total	**100%**	**100%**		**100%**

24. I/we have people that am/are comfortable talking with about problem(s).				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	155	138		12,848
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.9%	0.7%	-1.2%	1.9%
Disagree	1.3%	1.4%	0.1%	2.4%
I am Neutral	7.1%	10.1%	3.0%	6.7%
Agree	**49.7%**	**44.2%**	-5.5%	**48.1%**
Strongly Agree	40.0%	43.5%	3.5%	40.9%
Total	**100%**	**100%**		**100%**

25. In a crisis, I/we have the support needed from family or friends.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	153	135		12,784
	% of Valid Answers			% of Valid Answers
Strongly Disagree	2.0%	1.5%	-0.5%	2.4%
Disagree	2.6%	3.7%	1.1%	3.6%
I am Neutral	10.5%	14.1%	3.6%	10.4%
Agree	**47.1%**	**45.2%**	-1.9%	**45.3%**
Strongly Agree	37.9%	35.6%	-2.3%	38.3%
Total	**100%**	**100%**		**100%**

26. I/we have people with whom I can do enjoyable things.				
	Shasta County, 05/15	Shasta County, 11/15	Shasta County Difference	*California '12*
n=	156	134		12,692
	% of Valid Answers			% of Valid Answers
Strongly Disagree	1.9%	1.5%	-0.4%	1.6%
Disagree	2.6%	3.0%	0.4%	2.4%
I am Neutral	8.3%	14.9%	6.6%	7.4%
Agree	**50.0%**	**50.0%**	0.0%	**49.8%**
Strongly Agree	37.2%	30.6%	-6.6%	38.8%
Total	**100%**	**100%**		**100%**

Average scores of "Agree" plus "Strongly Agree" responses in different sections of the report

Survey Sections	Shasta County, 05/2015	Shasta County, 11/2015	Average Difference	California, 2012
Section 1: Perception of Services Received	**85.5%**	**82.9%**	**-2.6%**	**87.6%**
Section 2: Perception of Accessibility of Services	**82.5%**	**81.3%**	**-1.2%**	**86.6%**
Section 3: Perception of Client Participation	**87.9%**	**85.4%**	**-2.5%**	**86.3%**
Section 4: Perception of Staff Interaction	**95.4%**	**91.1%**	**-4.3%**	**93.9%**
Section 5: Perception of Participant's Coping Skills Since Receiving Services	**60.7%**	**63.3%**	**2.6%**	**70.4%**
Section 6: Perception of Participant's Social Interactions Since Receiving Services	**87.6%**	**84.2%**	**-3.4%**	**87.5%**

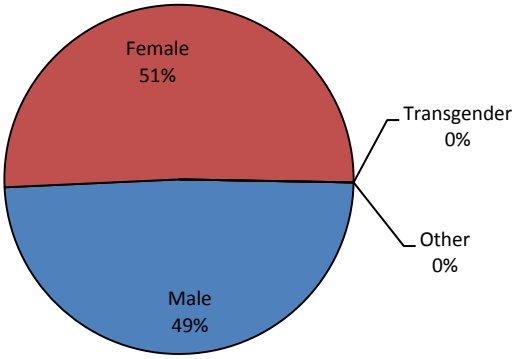
Wellness Center Summary Report

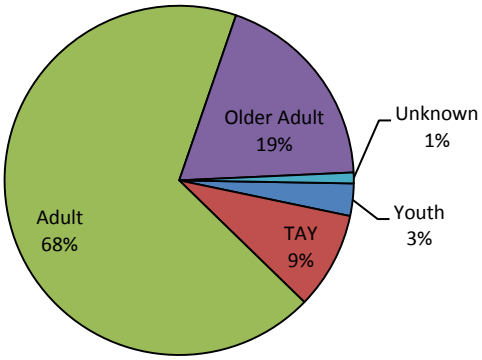
July 2015 through June 2016

Shasta County had two wellness centers in operation during the twelve-month period of July 2015 through June 2016: Olberg Wellness Center in Redding and Circle of Friends in Burney. Olberg Wellness Center is on a monthly reporting cycle, while Circle of Friends in on a quarterly reporting cycle. Because of this, some averaging was necessary for their data to be comparable, so all combined data is an approximation.

Demographics

Approximately 49% of wellness center attendees were male, 51% female, and 0% reported as transgender or other.

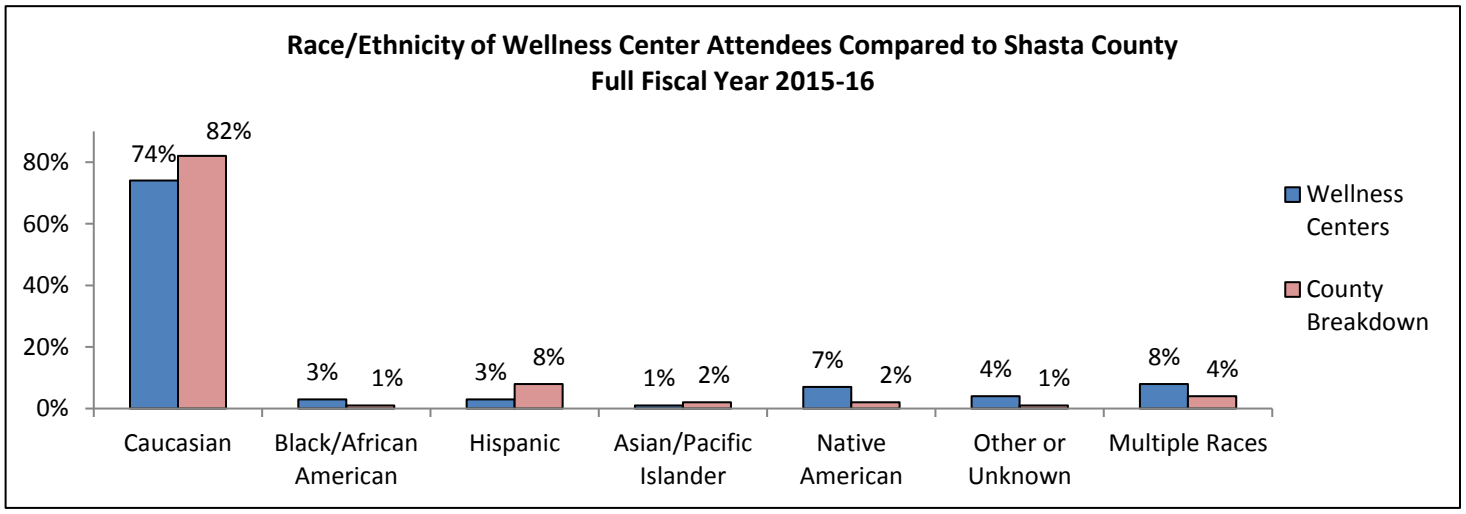




Approximately 3% of wellness center attendees were Youths (0-15 years of age), 9% were Transitional Age Youths (16-25 years of age), 68% were Adults (26-59 years of age), and 19% were Older Adults (60+ years of age), with 1% of unknown age.

Approximately 60% of wellness center attendees were consumers, 7% were family members of consumers, and 23% identified as both consumers and family members, with 10% unknown or declining to state.

Caucasians, Hispanics and Asian/Pacific Islanders were slightly under represented. Black/African Americans, Native Americans, Other or Unknown, and Multiple Races were slightly over represented.



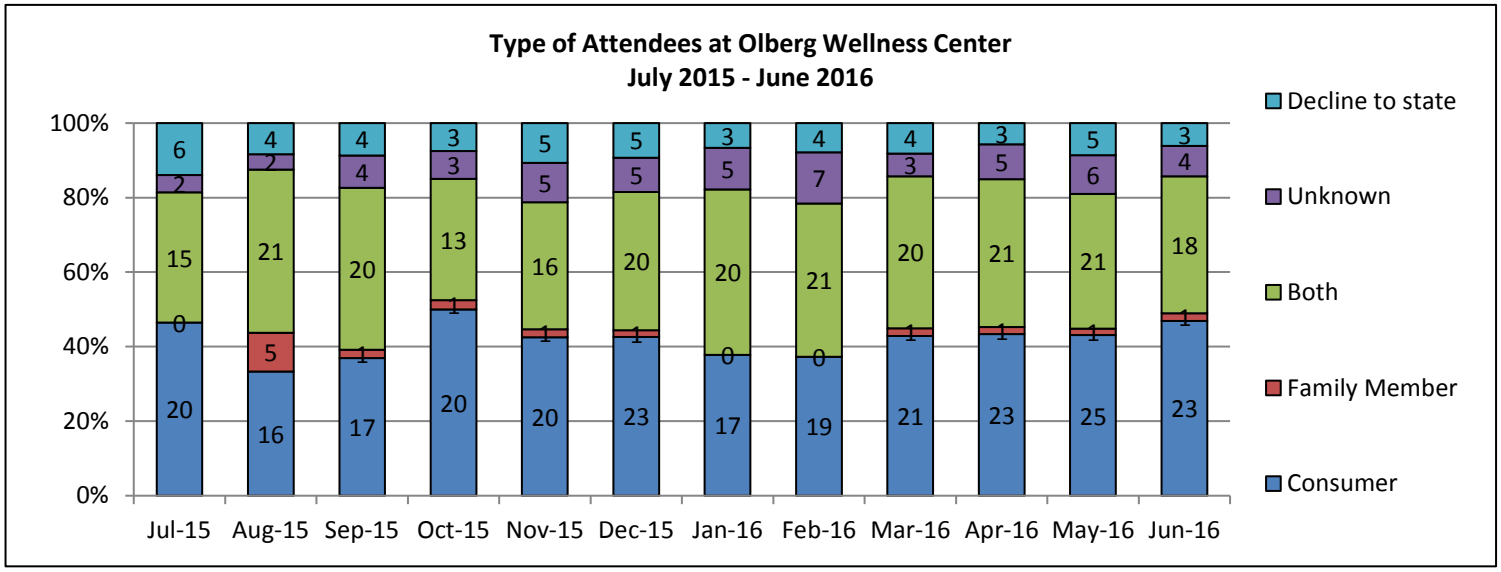
Services Provided

Overall, a total of 2,566 individual workshops, groups, activities, and 12-step recovery meetings were held during this twelve-month period.

Olberg Wellness Center

Attendance

Attendance was up 11% from the previous twelve-month period, with an average of 49 unduplicated participants each month.



Demographics

On average, 42% of attendees were consumers, 2% were family members, and 39% identified as both family members and consumers. On average, 9% of the participants were of unknown type, and 8% declined to state. On average, 91% of staff members (including volunteers) were consumers and/or family members. In order to maintain confidentiality, age, gender and race/ethnicity is not broken down by individual wellness center.

Services Provided

Olberg Wellness Center is open Monday through Friday 10 am to 3 pm. During this twelve-month period 1,310 individual activities and groups were available for participants, with the average being 6 groups or activities offered per day. On the average, there were approximately 6 participants per activity.

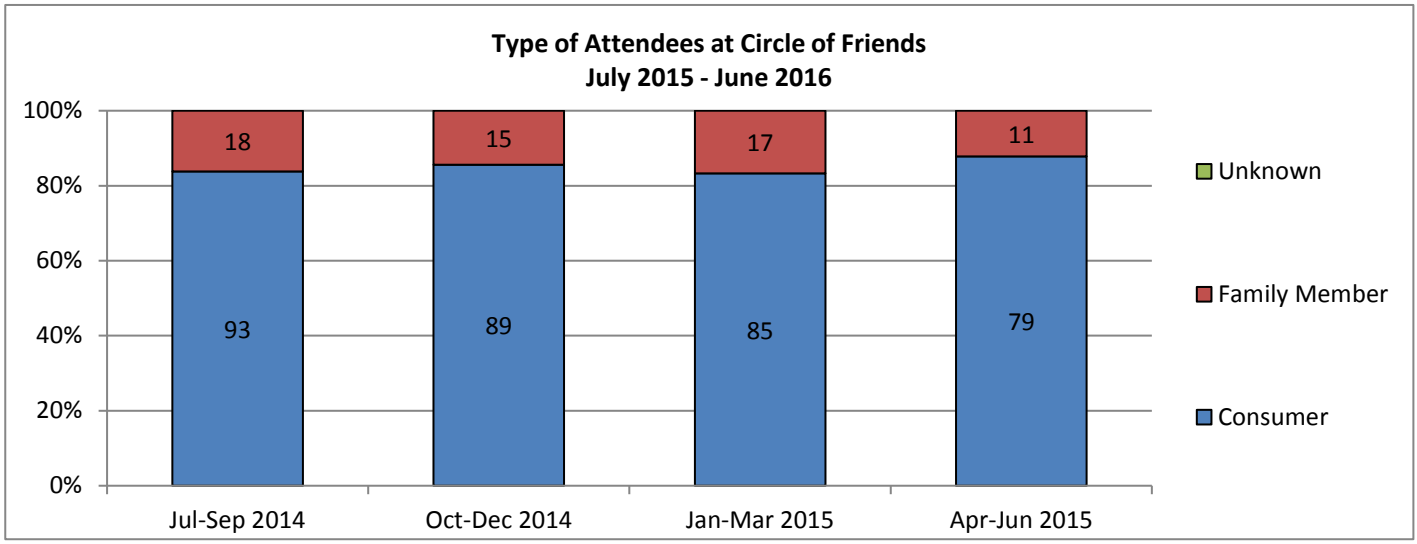
Attendee Direction

Olberg Wellness Center has weekly Members' Meetings and monthly Steering Committee Meetings, open to consumers and family members. During this twelve-month period, there were 49 of these types of meetings, and they had an average of 14 participants per meeting.

Circle of Friends

Attendance

Attendance was up 3% from the previous twelve-month period, with an average of 102 unduplicated people attending Circle of Friends each quarter.



Demographics

Eighty-five percent of attendees were consumers and 15% were family members. Eighty-three percent of staff and 88% of volunteers were consumers and/or family members. In order to maintain confidentiality, age, gender and race/ethnicity is not broken down by individual wellness center.

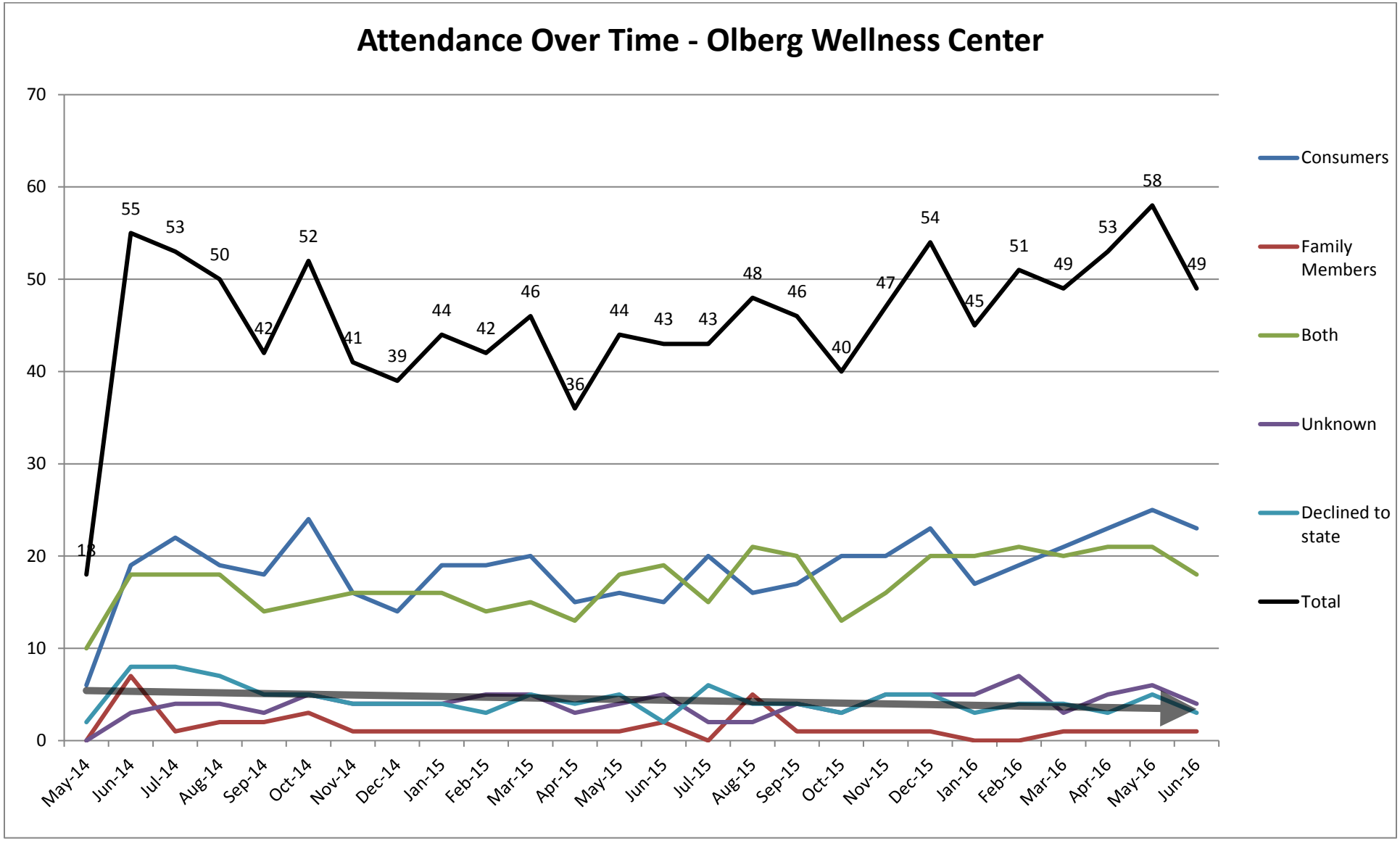
Services Provided

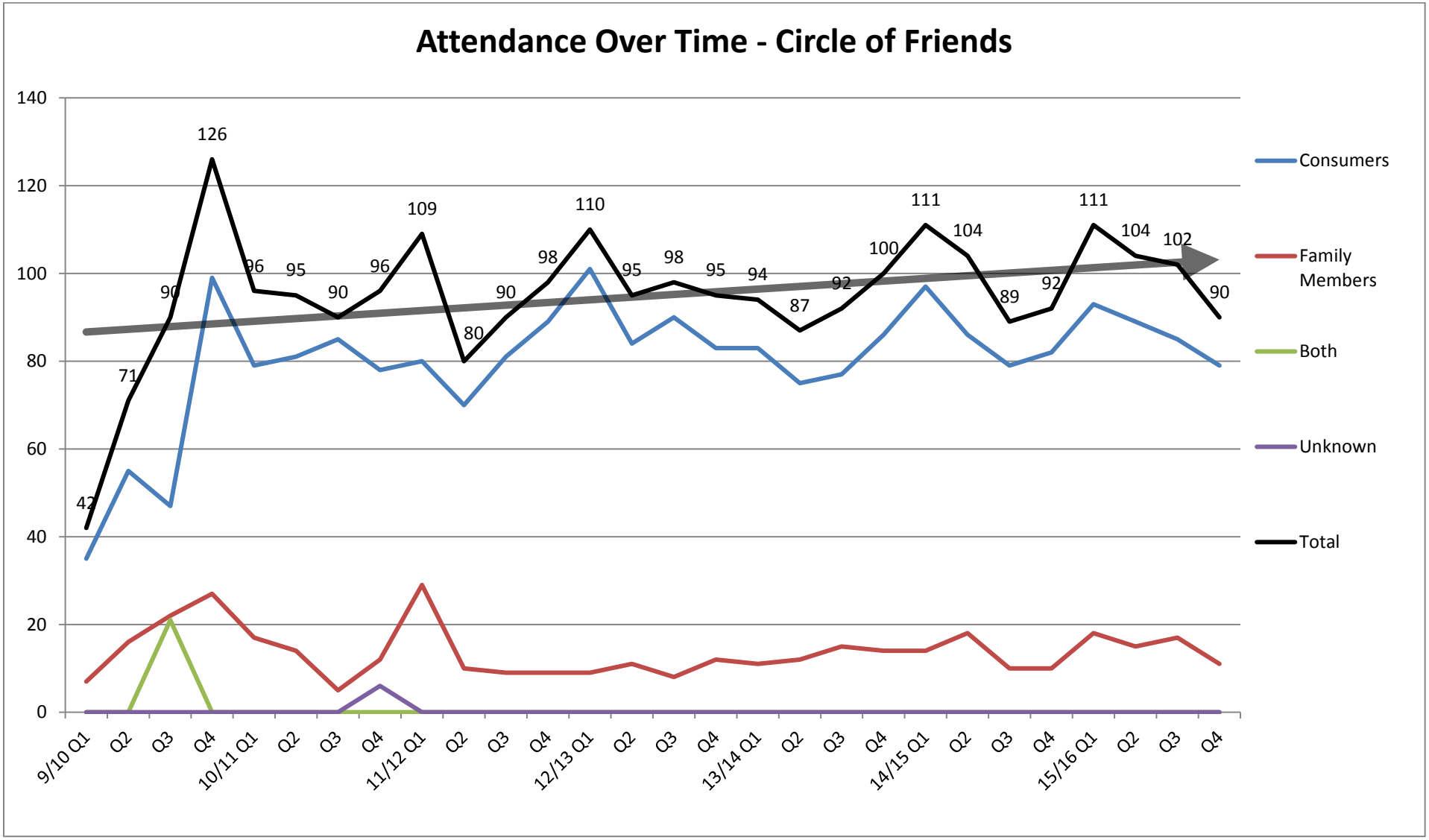
Circle of Friends is open in Burney Monday, Wednesday, and Friday 12:30 PM to 3:30 PM, and varying hours on Tuesdays and Thursday afternoons depending on the scheduled activity. They also offer services in Round Mountain from 9:00 AM to 11:30 AM Thursdays. In addition, many scheduled activities and outings, chosen by consumers, take place at other days and times, including evenings and weekends.

Eight workshops, 164 different activities, and 18 different weekly/biweekly 12 step recovery meetings were held on a regular basis, which provided 1,256 individual activities/groups for participants during this twelve-month period.

Attendee Direction

An average of 18 attendees (18%) contributed to the planning and direction of the program each quarter. All decisions relating to the Center are based on participant input through the Steering Committee, Community Education Committee, HEAL group, daily check-in time, daily discussions, Fundraiser Committee meetings, Earth Day planning, preparation for the Minds Matter Health Fair, preparation for the Housing Program Community Meeting, MHSA Advisory Committee Meeting, and other activity-specific planning meetings. Activities offered at the Center are based on participant preferences.


Attendance Over Time - Olberg Wellness Center
70
60
50
40
30
20
10
0
18
55
53
50
42
52
41
39
44
42
46
36
44
43
43
48
46
40
47
54
45
51
49
53
58
49
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Consumers
Family Members
Both
Unknown
Declined to state
Total

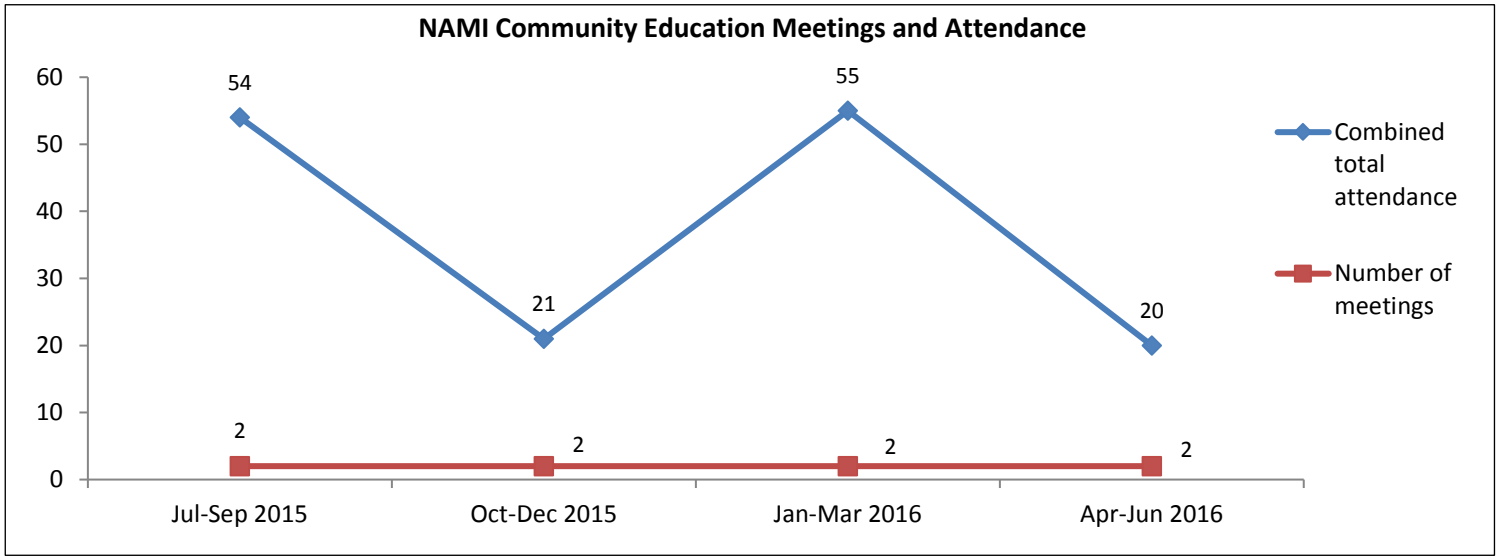

Attendance Over Time - Circle of Friends
140
120
100
80
60
40
20
0
126
109
110
111
111
104
104
102
100
98
98
96
96
95
95
94
92
92
90
90
90
90
89
87
80
71
42
Consumers
Family Members
Both
Unknown
Total
9/10 Q1
Q2
Q3
Q4
10/11 Q1
Q2
Q3
Q4
11/12 Q1
Q2
Q3
Q4
12/13 Q1
Q2
Q3
Q4
13/14 Q1
Q2
Q3
Q4
14/15 Q1
Q2
Q3
Q4
15/16 Q1
Q2
Q3
Q4

NAMI Summary Report

July 2015 through June 2016

Community Education

NAMI held 8 different community education meetings in the most recent 12 months tracked. An average of 19 people attended each meeting.

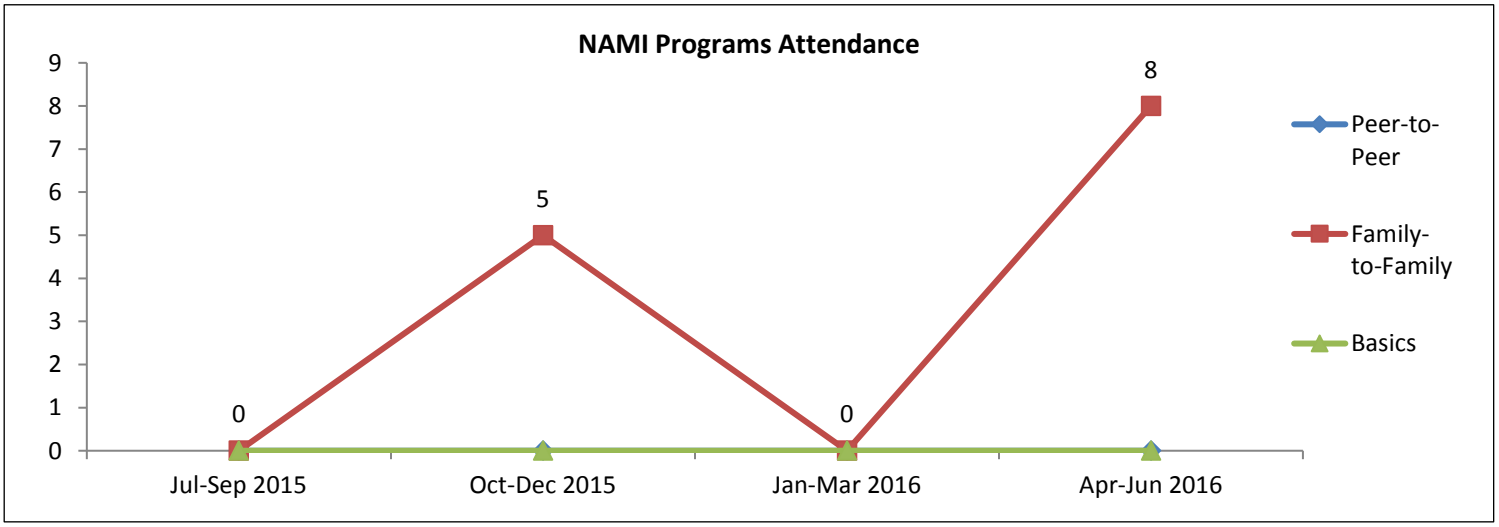


Program Offerings

Neither the Peer-to-Peer Program nor the Basics Program was offered in the most recent 12 months tracked. A Peer-to-Peer class was scheduled to begin in March 2016; however, one teacher resigned, and the replacement instructor had a family emergency, so this class had to be cancelled. It will be offered again as soon as possible, and there are now 3 people who are trained instructions for Peer-to-Peer. There are also now 3 trained instructors for Basics Class. There are plans to offer both Peer-to-Peer and Basics classes in fiscal year 2016/2017.

Due to funding cuts NAMI California is unable to give trainings on Mental Health 101, In Our Own Voice, NAMI on Campus and Parents and Teachers as Allies. The local NAMI chapter is working with them to come up with ways to offer those programs in Shasta County.

The offering of a Family-to-Family class began in the July-September 2015 quarter and completed in the Oct-Dec 2015 quarter, with 5 participants fully completing the Family-to-Family program. Another class began in March 2016 and ended in June 2016, with 8 attendees completing this training.



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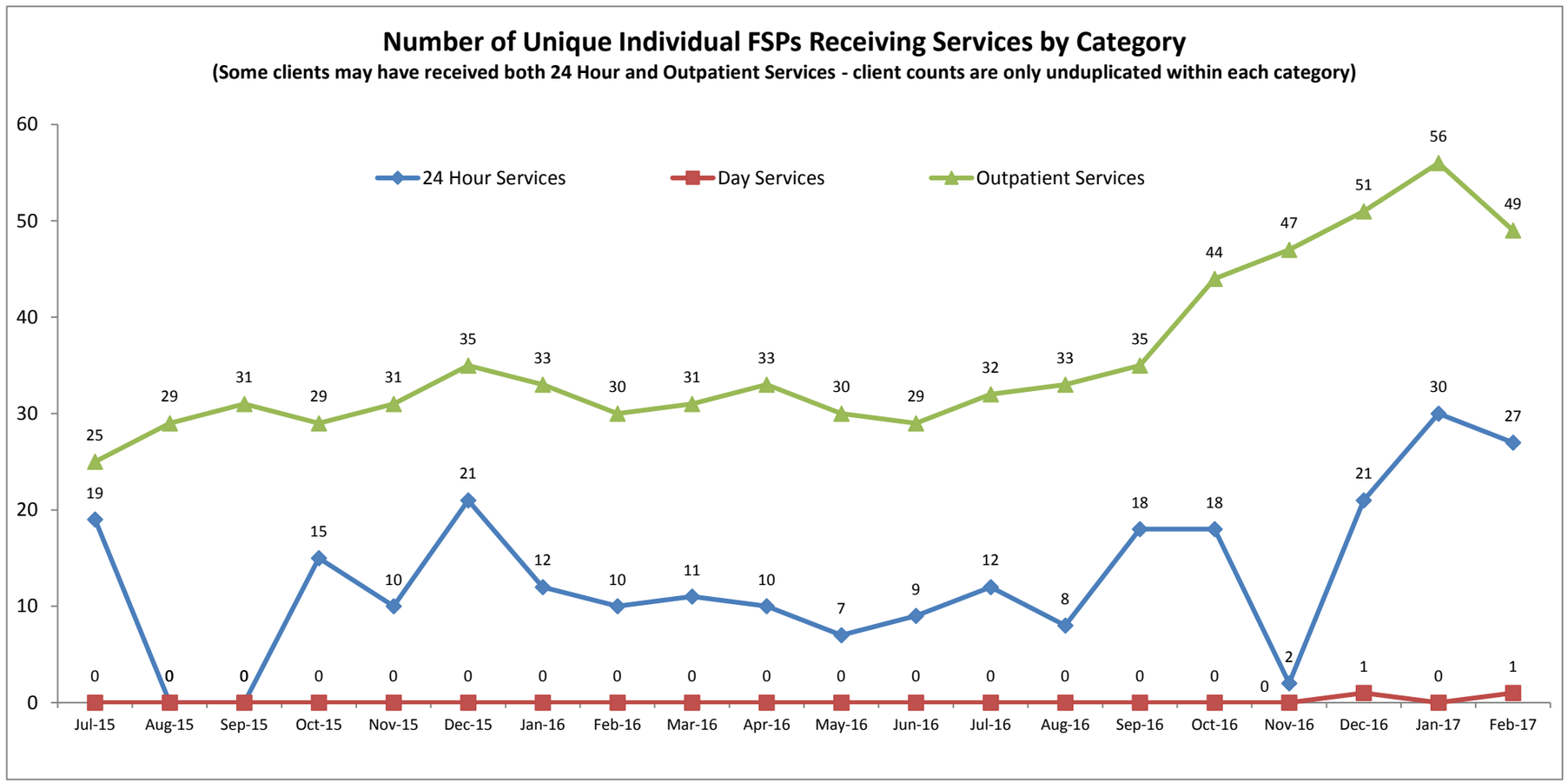
Data as of 4-18-2017

CSI AND FSP LINKED DATA – FISCAL YEARS 2015/16 – 2016/17 TO DATE

As part of the MediCal billing process in the State of California, information from the electronic health records on patient data and treatment is uploaded from the county to the state on a monthly basis. This is called Client and Service Information, or CSI. Within the MHSA Full Service Partnership (FSP) program, data is also collected in the state Data Collection and Reporting (DCR) system. Beginning in May 2015, the State of California Mental Health Services Oversight and Accountability Commission started sponsoring regional training (provided by Mental Health Data Alliance, LLC) on a newly available tool which can combine information from both these data sources. This information helps describe what treatments and services Full Service Partners are receiving in Shasta County, and how those services compare with other Shasta County consumers who are not part of the Full Service Partnership program. Data from the CSI file is based on input file date, and NOT on date of service, so information on this report may not match data from other sources due to late service reporting/billing by outside providers.



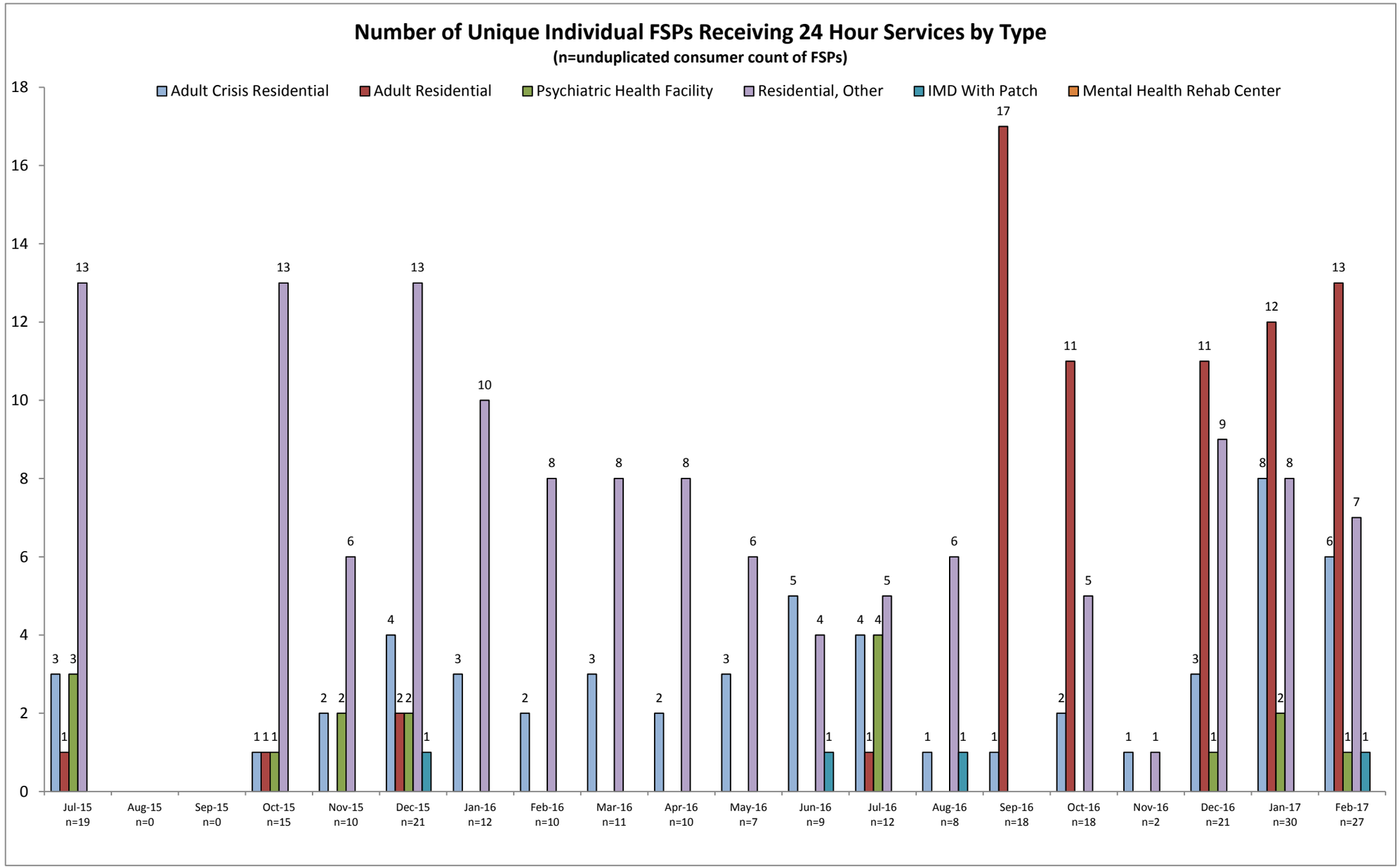
Mental Health Services are divided into three main categories: 24 Hour Services; Day Services; and, Outpatient Services.

24 Hour Services include various types of residential services, such as Skilled Nursing Facilities, Mental Health Rehab Centers and Psychiatric Health Facilities. These services are billed for by the day.

Day Services include such things as Day Treatment or Day Rehabilitation. These services are also billed for by the day, but differ from 24 Hour Services in that they do not provide over-night care.

Outpatient Services include things such as Crisis Intervention, Linkage/ Brokerage and Medication Support. These services are billed for by the minute.

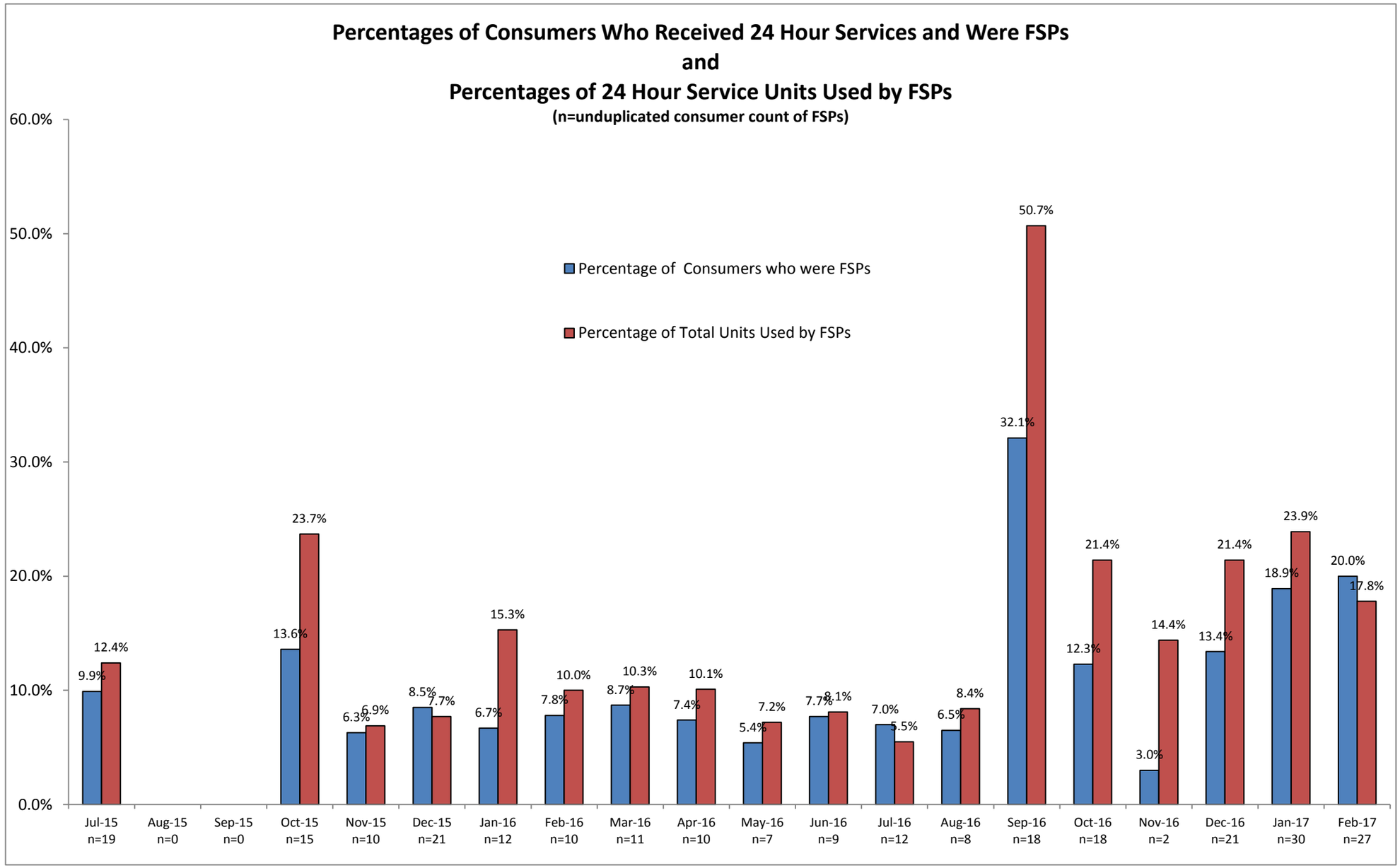
Data as of 4-18-2017



In this chart, the number of unduplicated Full Service Partners who received any type of 24 Hour Services is noted under the month as “n”.

The bars above each month show how many of those unduplicated Full Service Partners received each type of 24 Hour Service. Because consumers can, and often do, received more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as “n”.

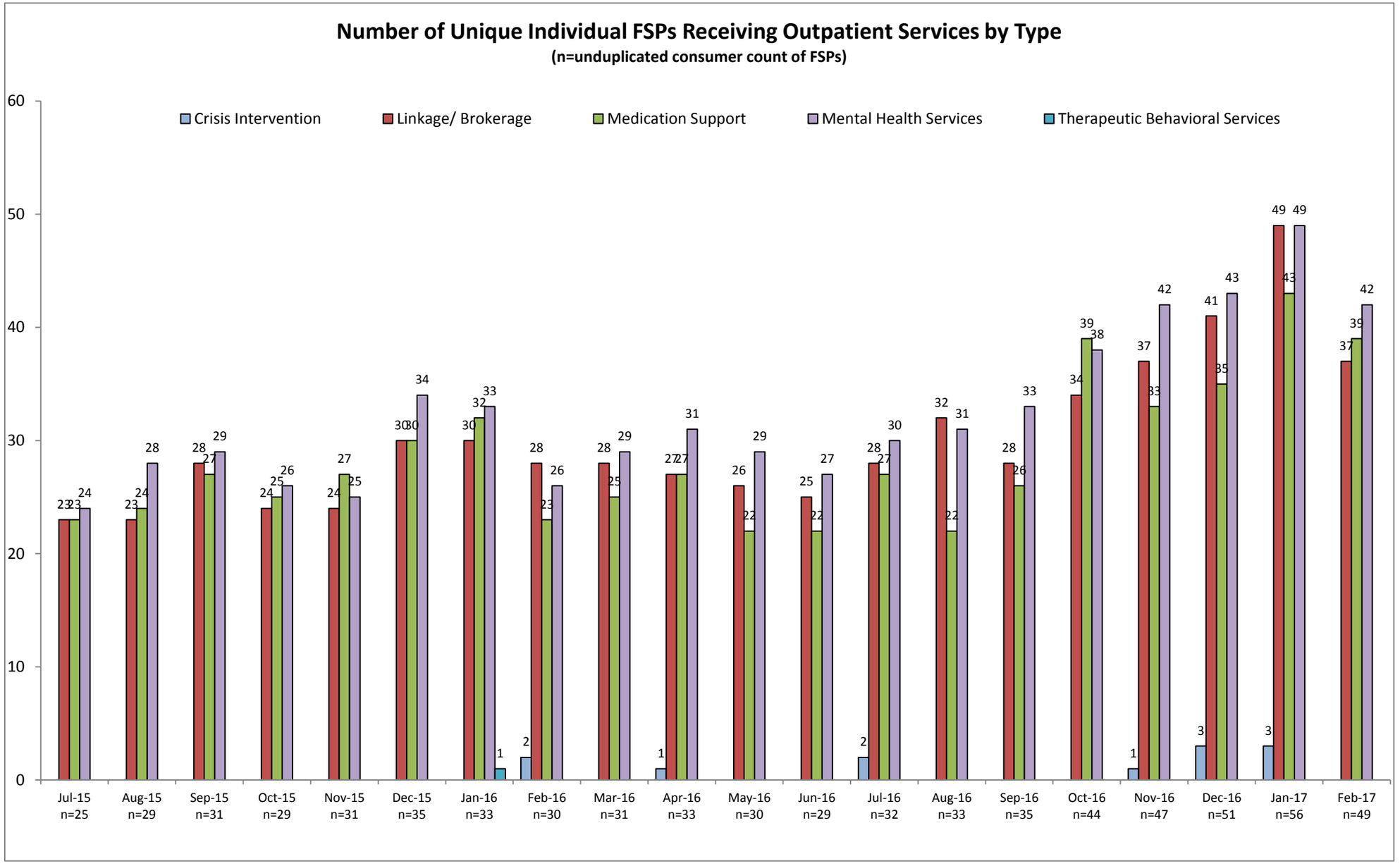
Data as of 4-18-2017



As mentioned before, 24 Hour Services are billed for by the day. This chart compares, by percentage, how many of the consumers who utilized 24 Hour Services were Full Service Partners, and how many of the days billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, it is expected that partners <u>may</u> utilize disproportionately more of the services than non-partner consumers.

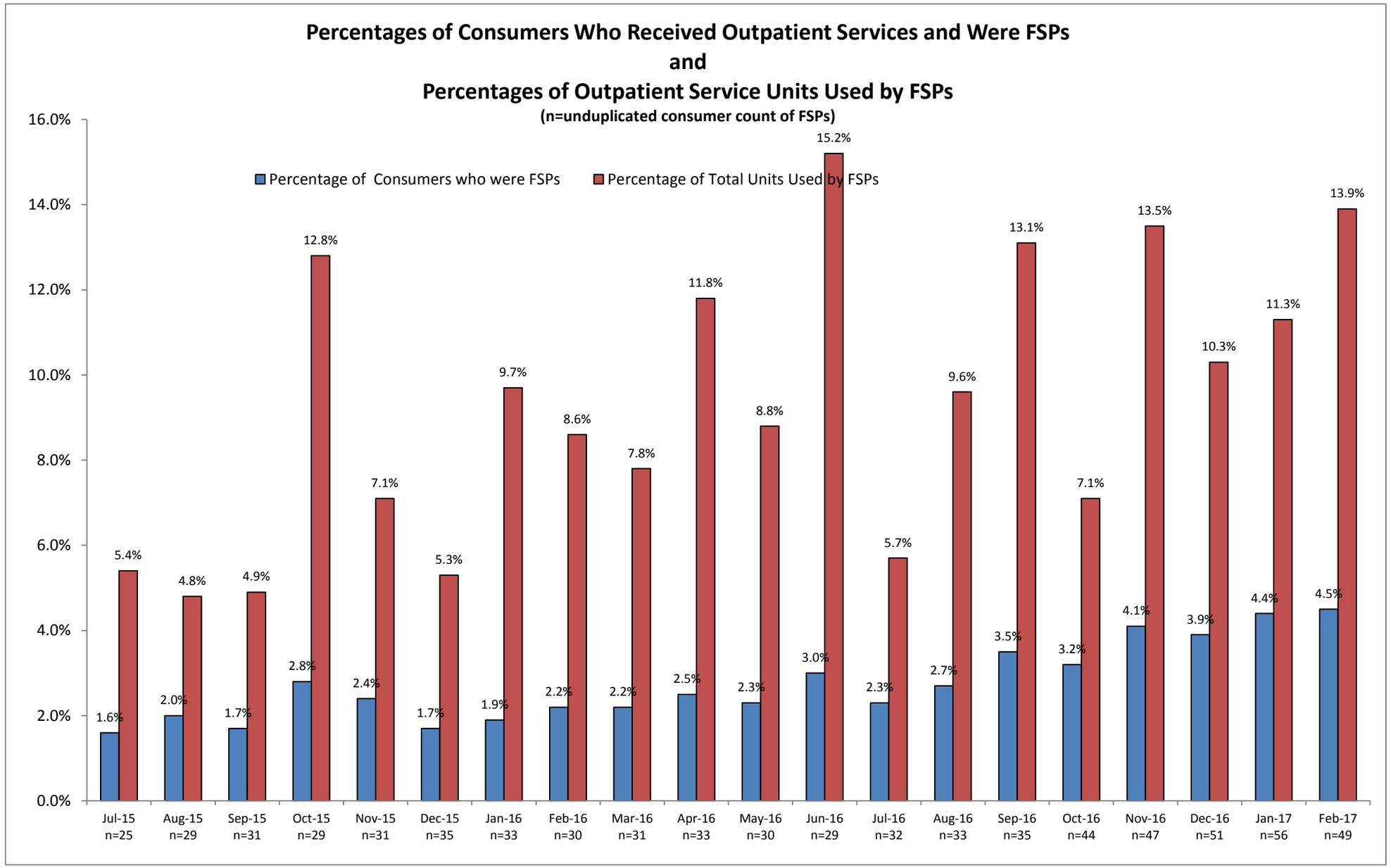
Data as of 4-18-2017



In this chart, the number of unduplicated Full Service Partners who received any type of Outpatient Services is noted under the month as “n”.

The bars above each month show how many of those unduplicated Full Service Partners received each type of Outpatient Service. Because consumers can, and often do, received more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as “n”.

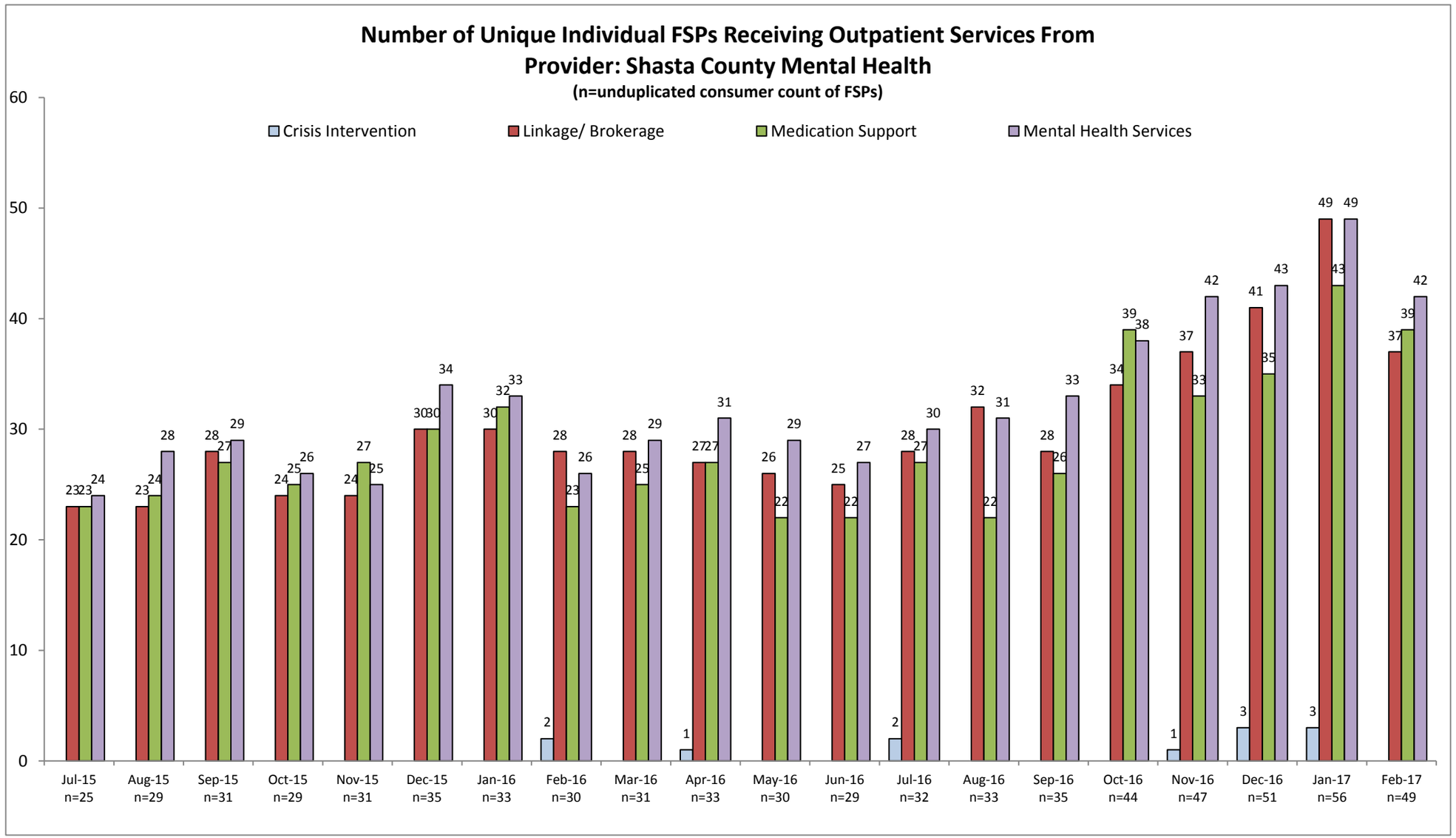
Data as of 4-18-2017



As mentioned before, Outpatient Services are billed for by the minute. This chart compares, by percentage, how many of the consumers who utilized Outpatient Services were Full Service Partners, and how many of the minutes billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, it is expected that partners may utilize disproportionately more of the services than non-partner consumers.

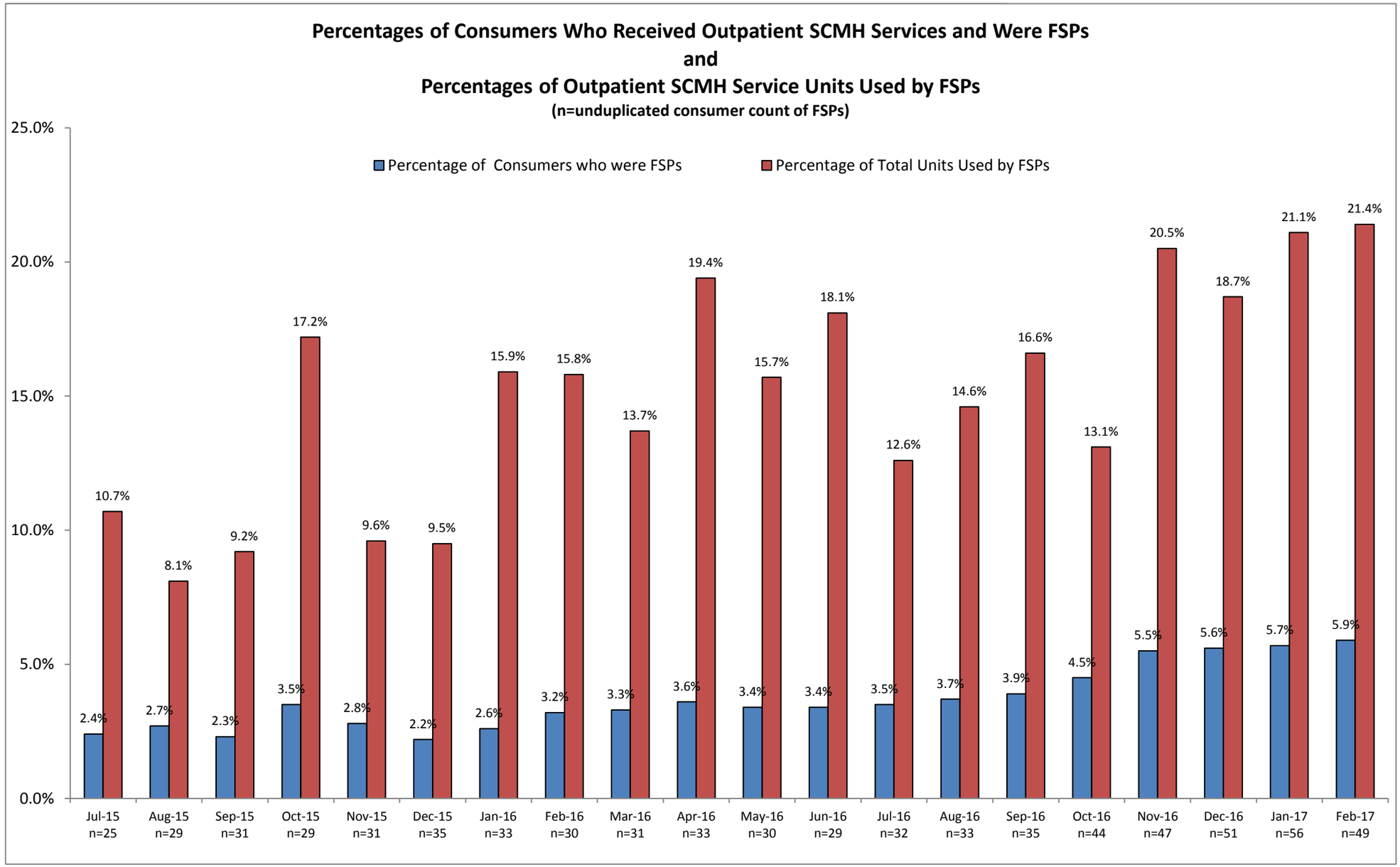
Data can be further narrowed down into specifics regarding who provided the services. Based on this, the following charts split out both Outpatient and 24 Hour Services into those provided by Shasta County Mental Health (SCMH) and those provided by outside vendors.



In this chart, the number of unduplicated Full Service Partners who received any type of Outpatient Services from SCMH is noted under the month as "n".

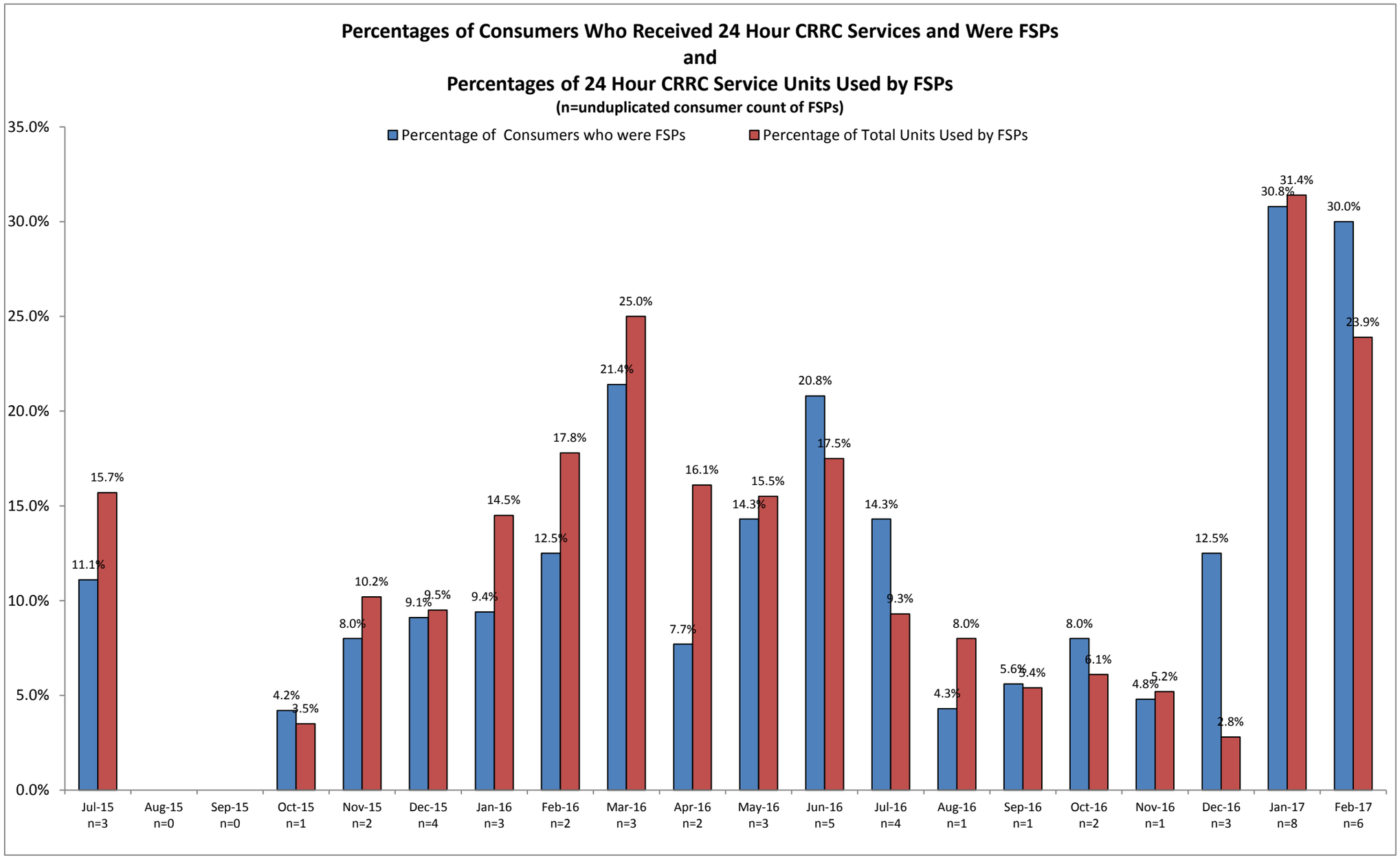
Again, the bars above each month show how many of those unduplicated Full Service Partners received each type of Outpatient Service. Because consumers can, and often do, received more than one kind of service in any given month, the numbers for the services types each month may add up to more than the number listed as "n".

Data as of 4-18-2017



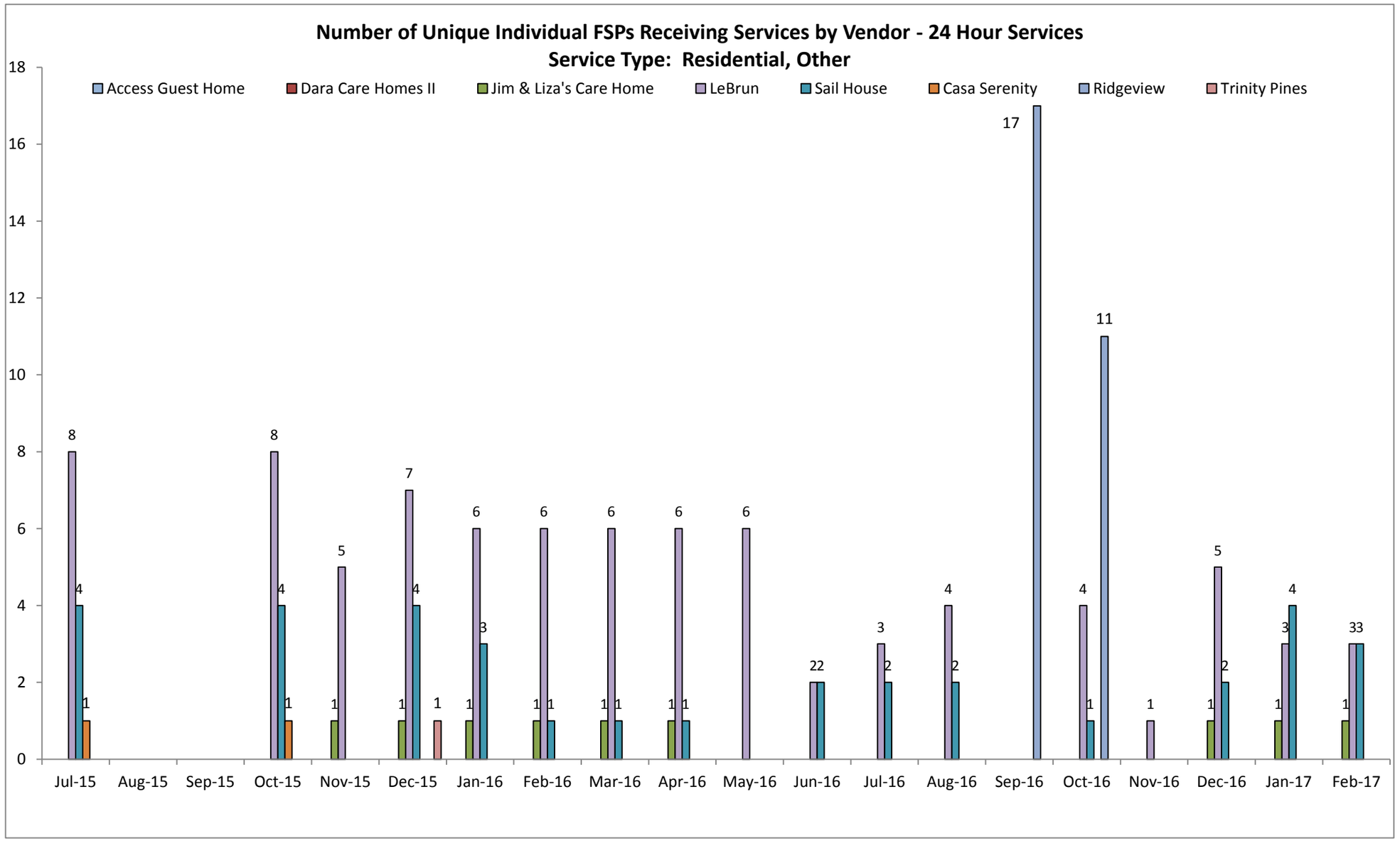
This chart compares, by percentage, how many of the consumers who utilized Outpatient Services were Full Service Partners, and how many of the minutes billed for were used by Full Service Partners.

Because the Full Service Partnership program is designed to provide intensive services, and particularly because case management of FSPs is handled by SCMH staff, it is expected that partners may utilize disproportionately more of the services than non-partner consumers.



The only 24 Hour Service provided directly by Shasta County Mental Health is the Crisis Residential and Recovery Center (CRRC).

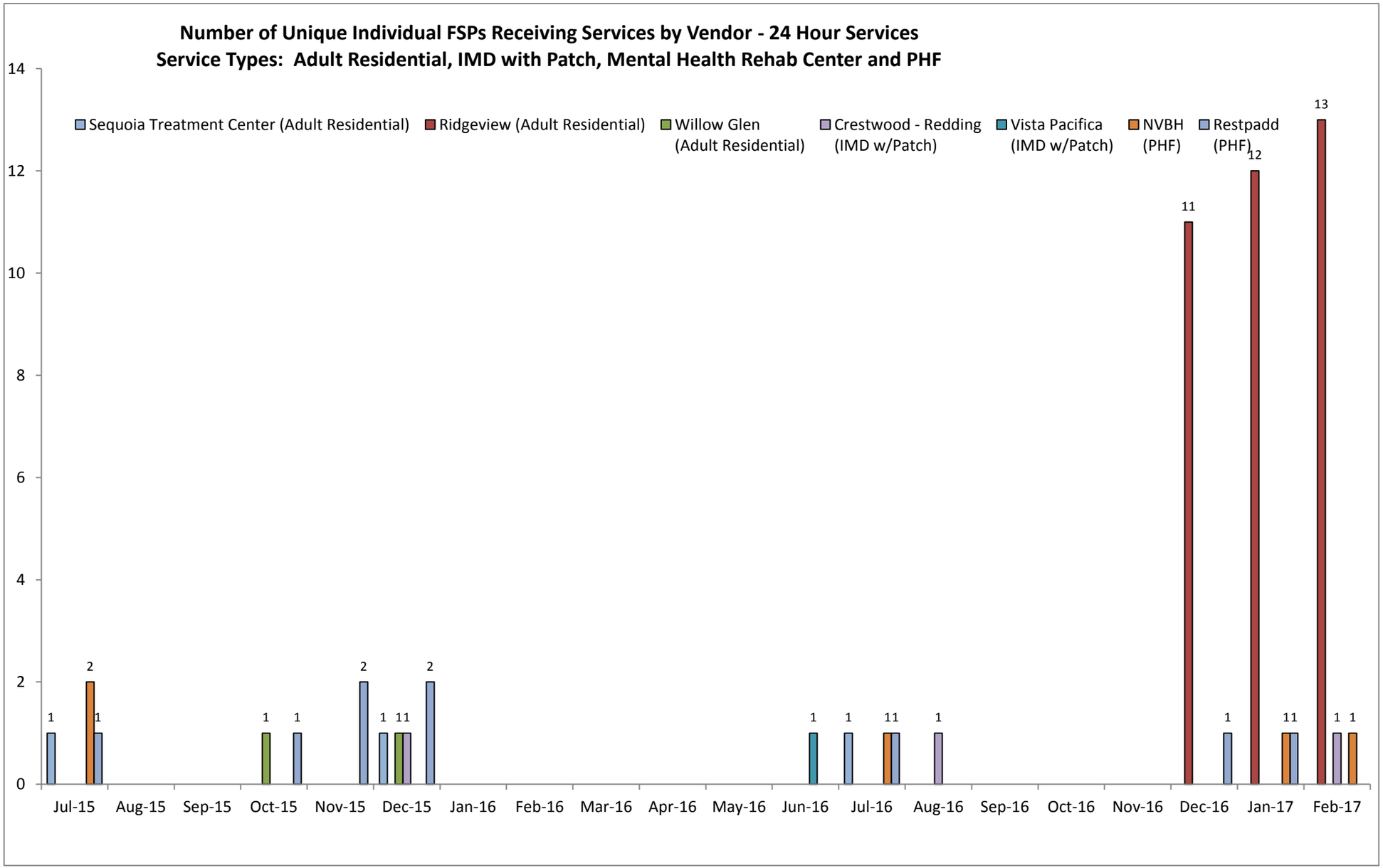
This chart compares, by percentage, how many of the consumers who utilized the CRRC were Full Service Partners, and how many of the days billed for were used by Full Service Partners.



This chart shows how many unduplicated Full Service Partners each individual vendor providing 24 Hour "Residential-Other" Services reported serving. All these vendors appear to be some level of Board and Care setting.

Because partners may have moved from one Board and Care to another in the same month, numbers of partners are only unduplicated by individual vendor.

Due to the relatively large number of vendors, but small number of partners, no further breakdown of the data was performed.

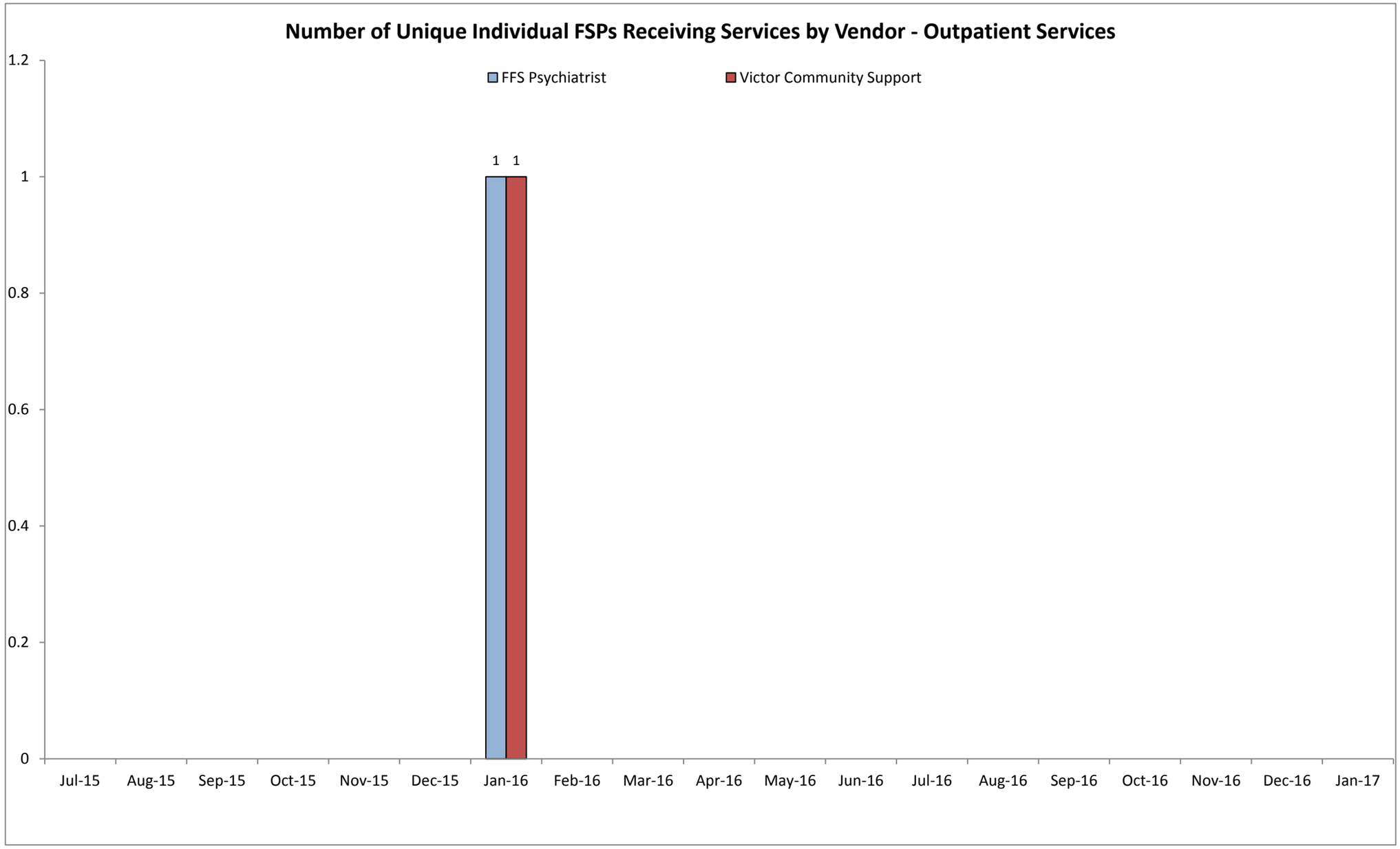


This chart shows how many unduplicated Full Service Partners each individual vendor providing all other 24 Hour Services reported serving. All these vendors appear to be providing services at a higher level of care than a standard Board and Care facility.

Because partners may have moved from one facility to another in the same month, numbers of partners are only unduplicated by individual vendor.

Due to the relatively large number of vendors, but small number of partners, no further breakdown of the data was performed.

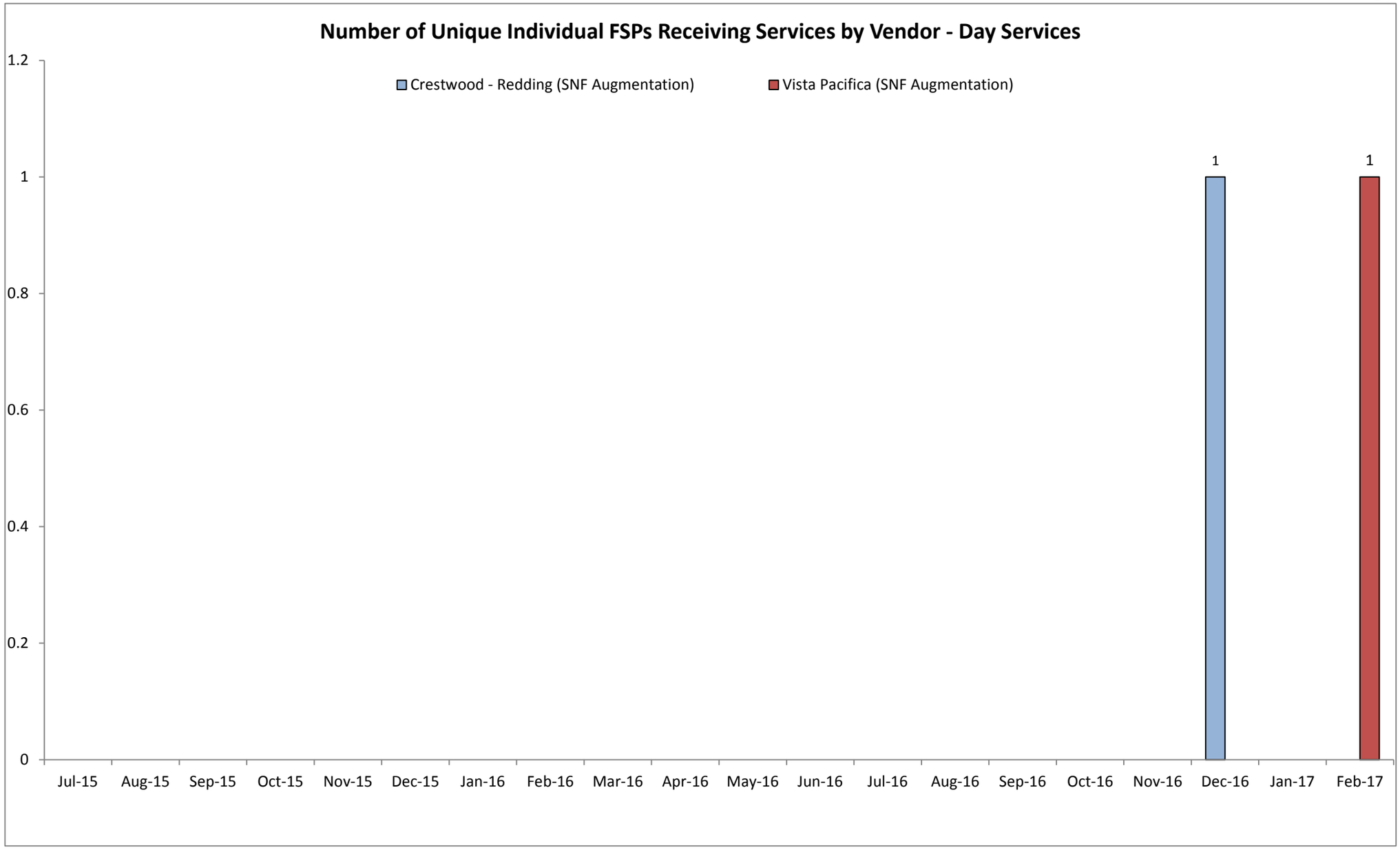
Data as of 4-18-2017



This chart shows how many unduplicated Full Service Partners each individual vendor providing Outpatient Services reported serving.

Due to the small number of partners, no further breakdown of the data was performed.

Data as of 4-18-2017



This chart shows how many unduplicated Full Service Partners each individual vendor providing Day Services reported serving.

Due to the small number of partners, no further breakdown of the data was performed.

12

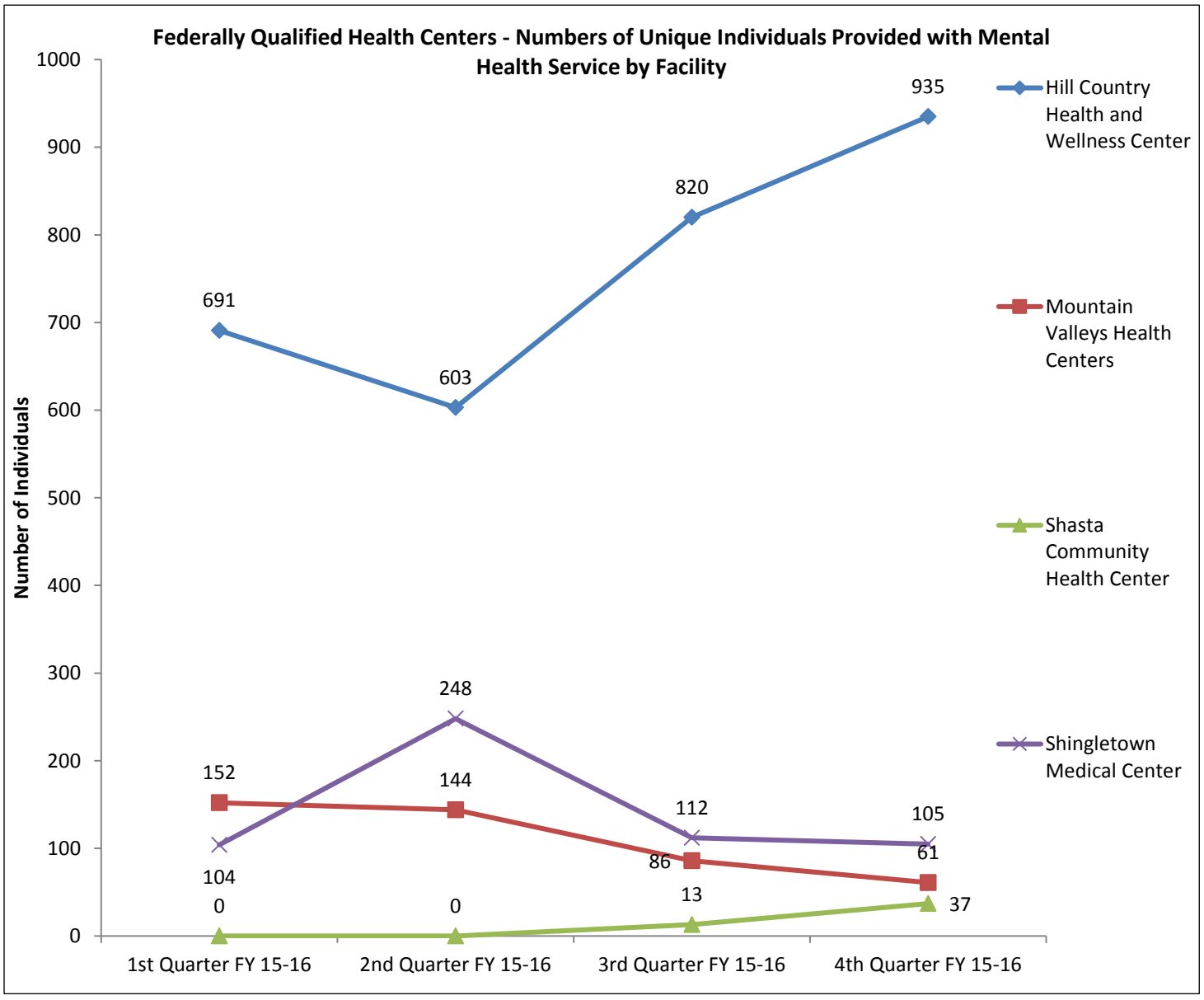
Federally Qualified Health Centers Annual Summary Report

July 2015 through June 2016

In order to better provide access to mental health services in Shasta County, the Shasta County Health and Human Services Agency has contracted with four different Federally Qualified Health Centers (FQHCs) to provide new or expanded mental health services, integrate mental health services with existing mental health and medical services provided by the FQHCs, and strengthen the relationship between the FQHCs and the County's public mental health system. Funding is provided through the Mental Health Services Act (MHSA). Shasta County had four federally qualified health centers in operation during the 2015-2016 fiscal year: Hill Country Health and Wellness Center in Round Mountain; Mountain Valleys Health Centers in Burney; Shasta Community Health Center in Redding; and, Shingletown Medical Center in Shingletown. As of July 2014, Shasta Community Health Center reported being unable to utilize the grant funding, and therefore chose to terminate reporting any numbers to Shasta County HHSA; however, funding began in Fiscal Year 2015/16 and services and reporting recommenced effective January 2016.

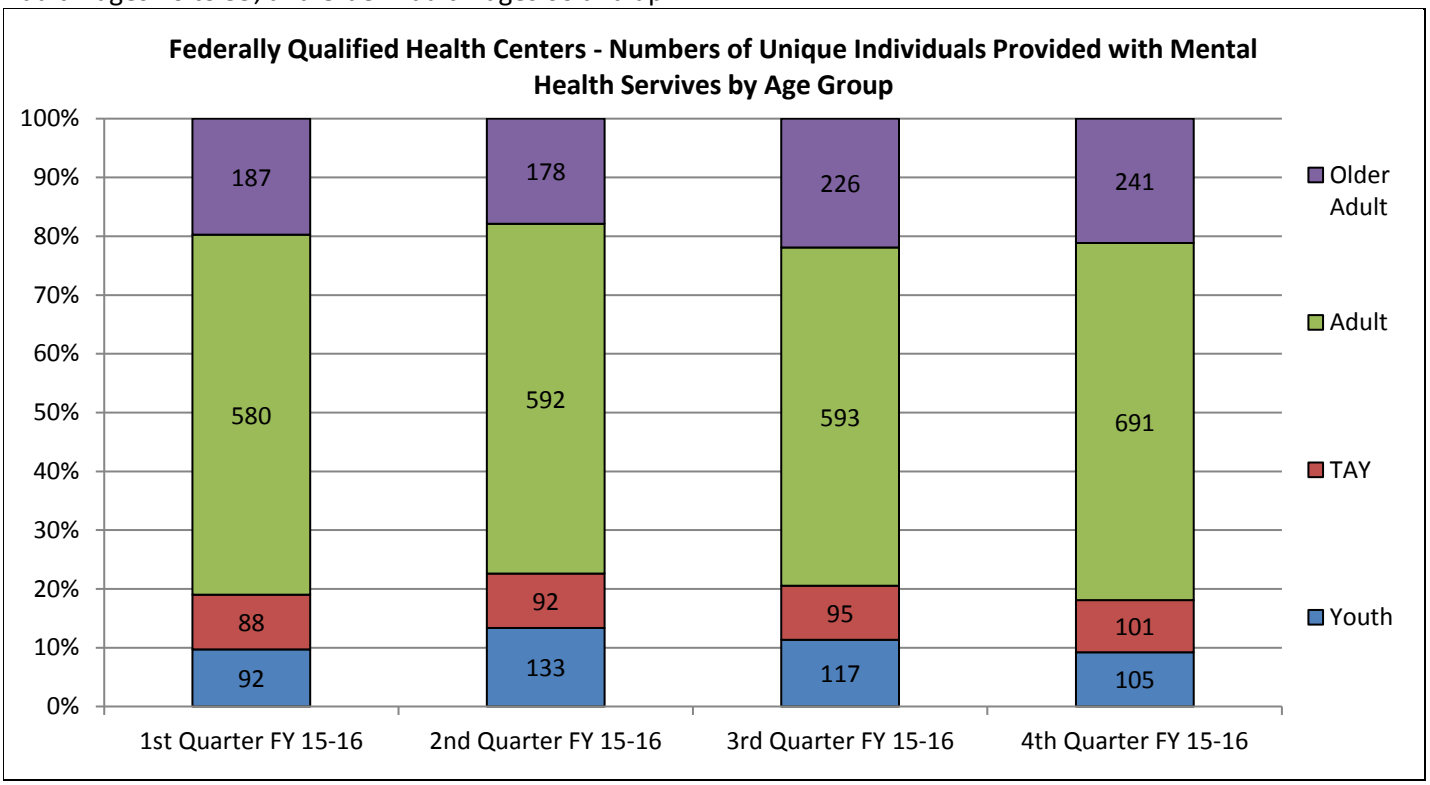
Attendance

An average of 1028 people visited a federally qualified health center in each quarter of fiscal year 2015-2016. This is a 49% increase from the previous fiscal year.

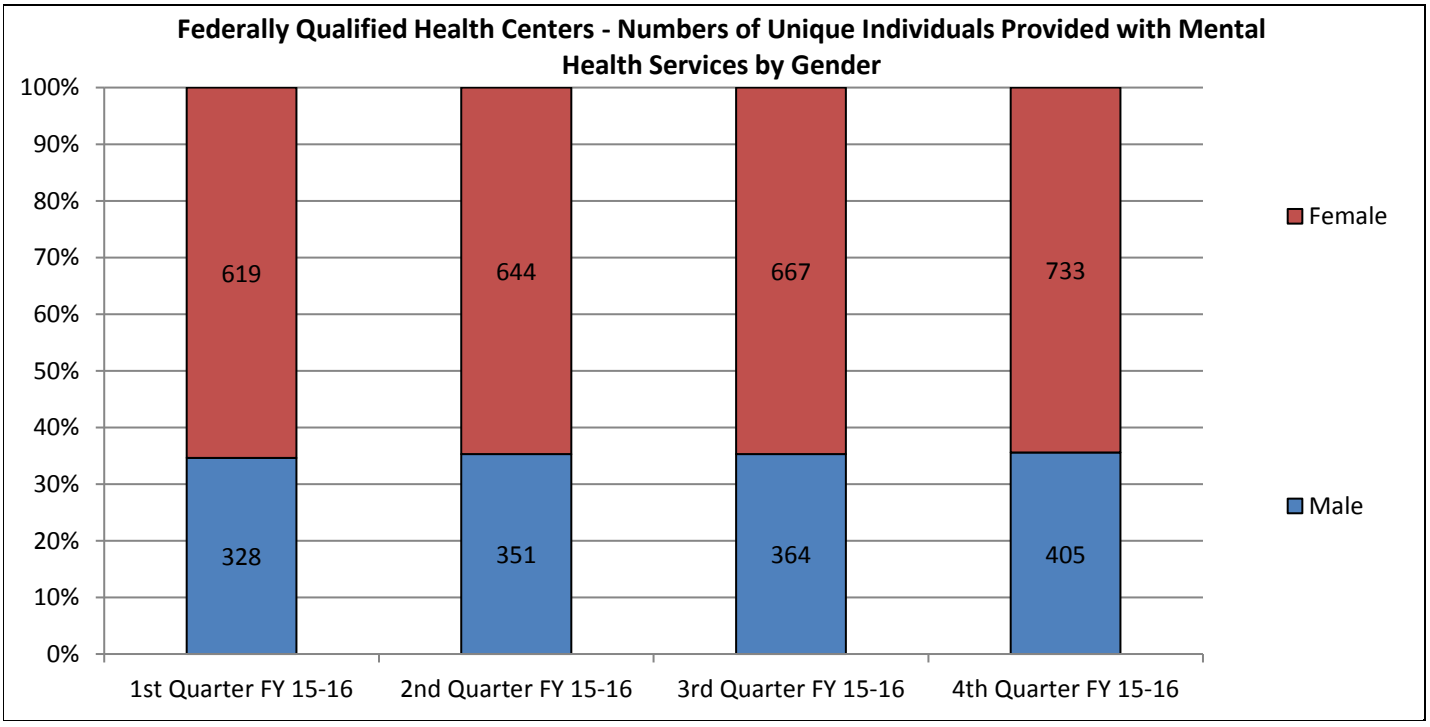


Demographics

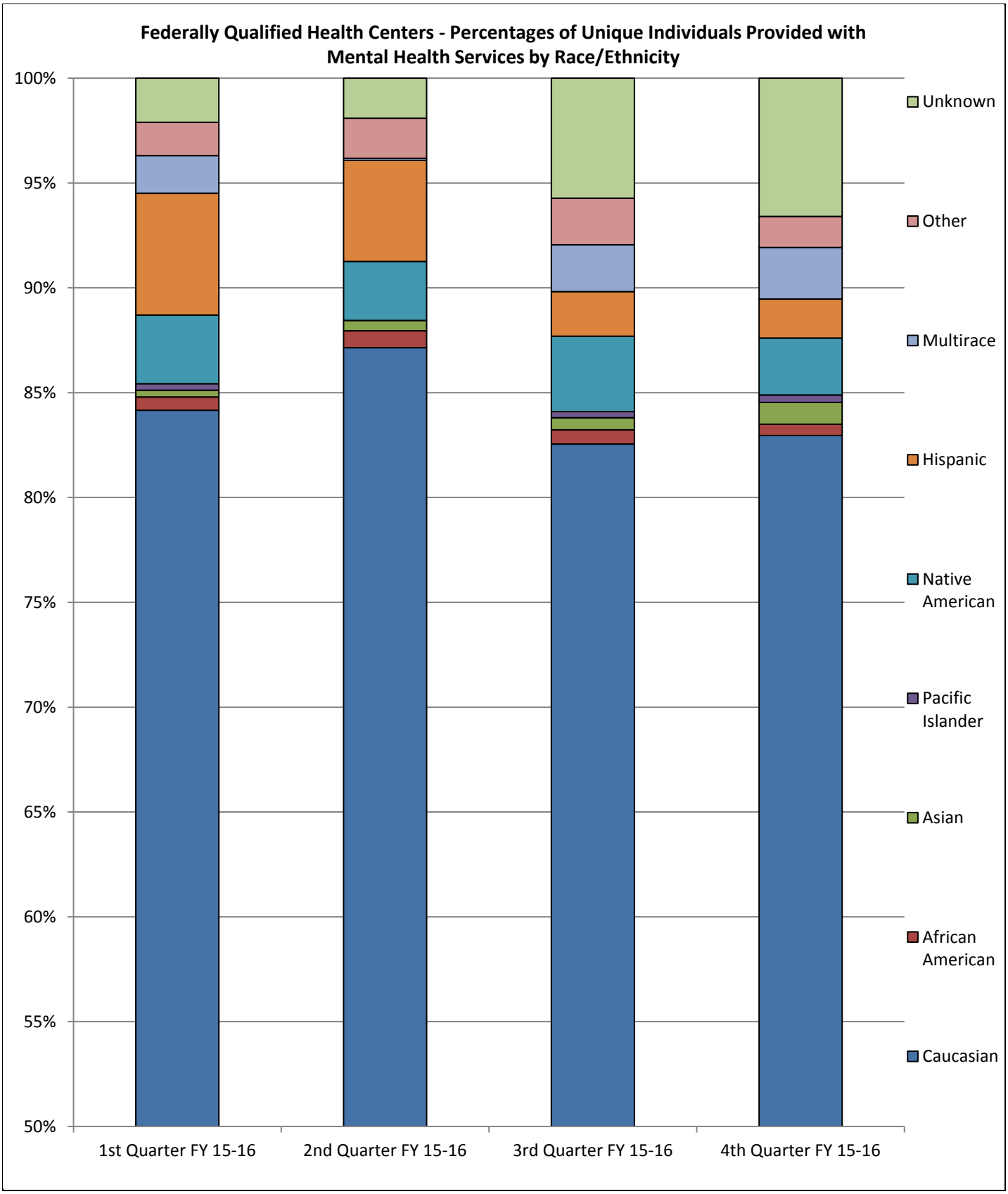
Age - The MHSA uses four age categories: Youth – ages 0 to 15, Transitional Aged Youth (TAY) – ages 16 to 25, Adult – ages 26 to 59, and Older Adult – ages 60 and up.



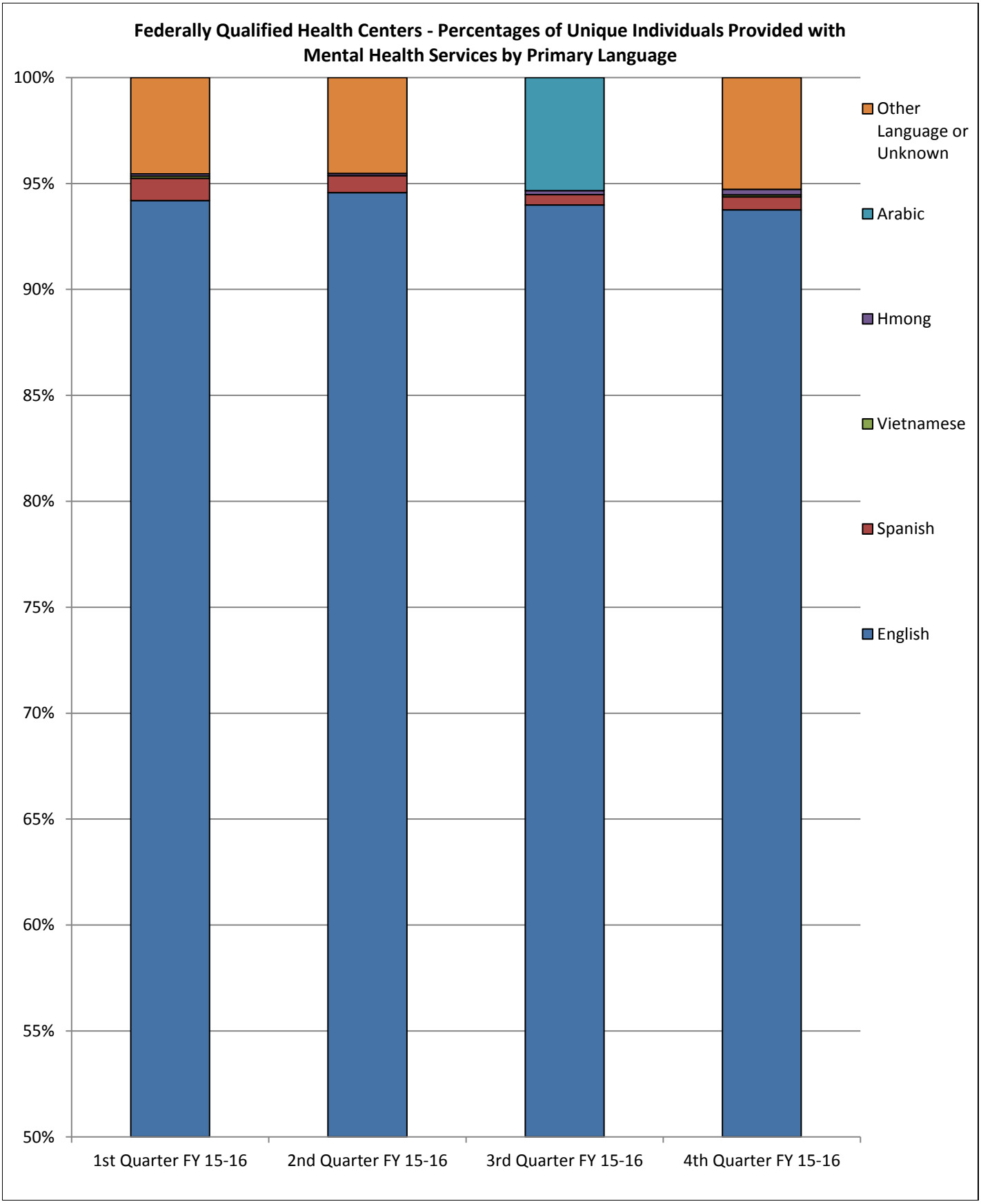
Gender - The MHSA uses four gender categories: Male, Female, Transgender, and Other. Counts of less than 20 individuals are not labeled, in order to help maintain consumer confidentiality, but are included in the chart. No data from any of the facilities was reported for the categories of Transgender or Other, so they are not included on the chart.



Race/Ethnicity - Because of the low gross numbers for some of these ethnicities within small communities, actual counts are not reported in order to help protect consumer confidentiality.

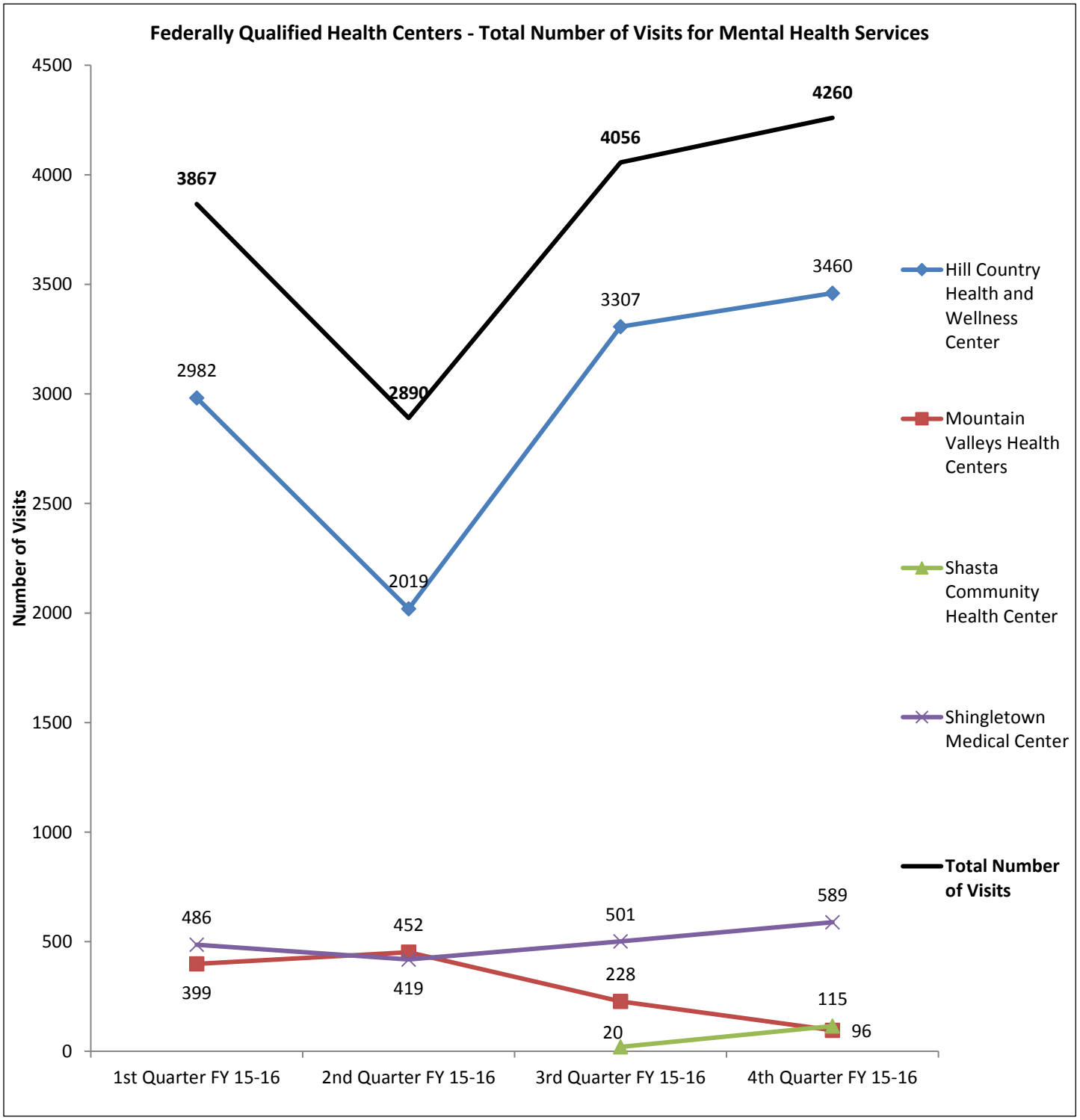


Primary Language -



Services Provided

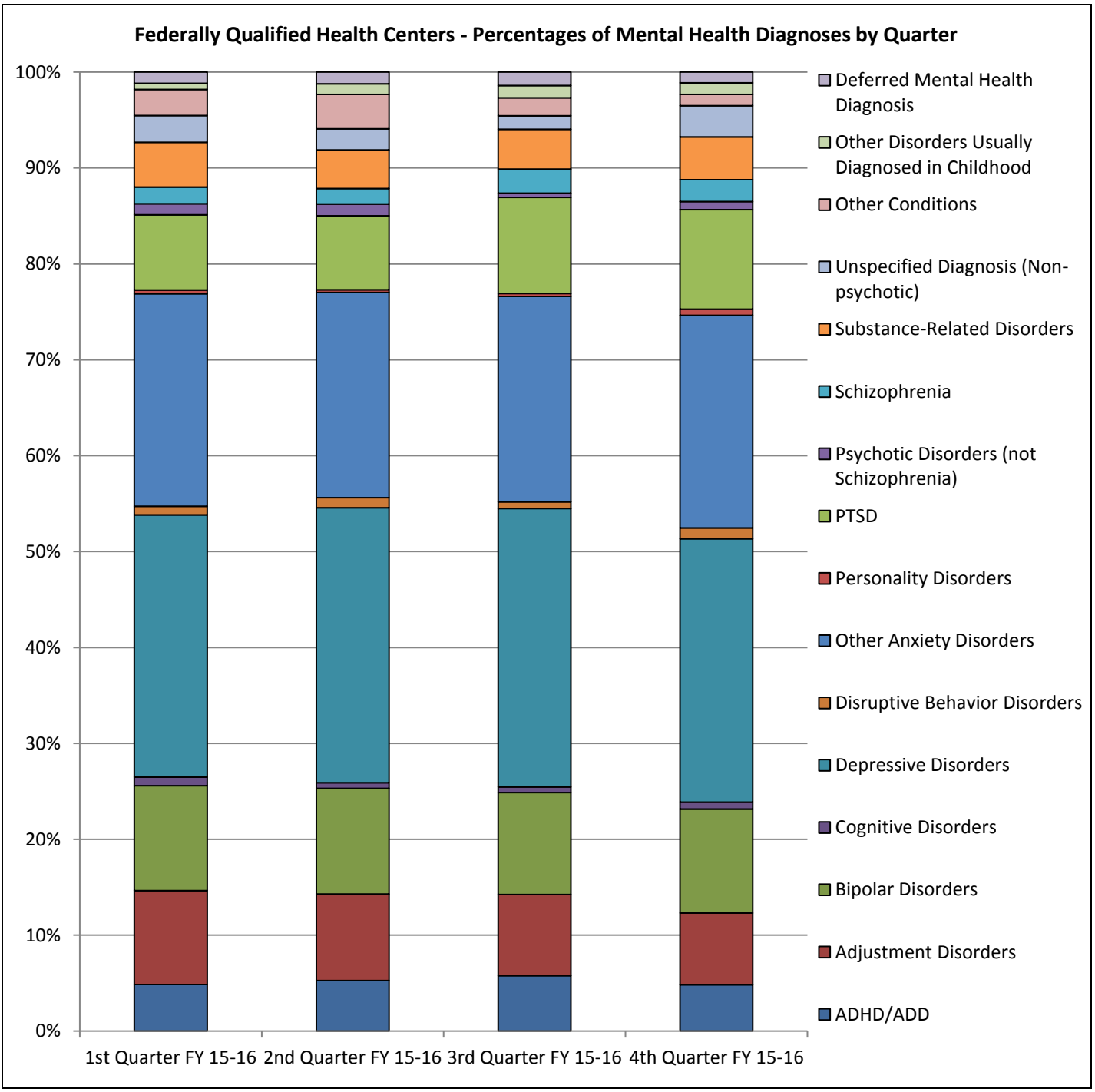
Most people will have multiple visits to the FQHC each quarter, and different types of service may be offered at different times in order to provide everyone with comprehensive and integrated age appropriate mental health services. Services provided may include such things as screenings, assessments, medication management, and individual or group psychotherapy sessions. For fiscal year 2015-2016, there were a total of 15,073 visits to a federally qualified health center for some type of mental health service. This is a 64% increase from the previous fiscal year.



Primary Mental Health Diagnosis

All FQHCs are asked to report on the primary mental health diagnosis for each consumer. However, due to some health recordkeeping systems in use, not all facilities are able to isolate primary mental health diagnosis, and so all mental health diagnoses made by them are reported. Because of this, comparisons are made by percentage of each diagnosis.

Regarding the categories used for reporting mental health diagnoses, "Other Conditions" is a state diagnosis category (as are all the others) which still refers to a mental health diagnosis and not a physical health ailment. This diagnosis is generally a mental health issue not readily fitting into the other main groupings (for example, conditions such as Anorexia Nervosa, Sleep Terror Disorder, Impulse-Control Disorder, Bereavement, etc.). If there is no mental health diagnosis, it would be reported under the category "Deferred Mental Health Diagnosis."



Appendix J

Crisis Residential and Recovery Center (CRRC)
Program Activity Report

The Crisis Residential and Recovery Center (CRRC) provides short-term respite for mentally disabled adults who have become suicidal, critically depressed, or otherwise psychiatrically incapacitated. The center serves as a social rehabilitation facility with the goal of averting the need for hospitalization. Stays are voluntary and are for up to 30 days. Services include: daily groups focused on wellness and recovery, coping skills, medication treatment, education, daily living activities, peer support, and other topics as needed.

Bolded and underlined numbers represent the highest number during the fiscal year.

CRRC Admits (chart on page 2)

FY	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total*	Change +/-**
2016-17	16	17	5	16	14	5	16	8	***22***	11	10		**153**	-13%
2015-16	18	9	15	20	14	11	12	15	10	***21***	11	19	**175**	-5%
2014-15	17	***23***	17	14	15	12	17	13	14	10	14	19	**185**	-1%
2013-14	17	17	19	19	12	15	***21***	6	19	15	10	16	**186**	-27%
2012-13	26	***28***	21	25	24	19	17	22	18	17	19	20	**256**	-3%
2011-12	24	23	27	20	11	23	21	22	***29***	18	22	25	**265**	-2%
2010-11	20	26	23	23	21	23	22	19	23	19	***30***	21	**270**	-6%
2009-10	24	26	25	27	***29***	15	23	24	27	20	22	24	**286**	-24%
2008-09	31	35	34	34	31	26	27	29	37	24	28	***39***	**375**	1%

CRRC Days (chart on page 2)

FY	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total*	Change +/-**
2016-17	***295***	280	201	185	291	120	242	199	167	228	130		***2551***	-10%
2015-16	236	224	244	***342***	301	266	194	217	178	215	193	229	**2839**	-5%
2014-15	***345***	268	280	235	235	186	284	239	174	246	192	304	**2988**	-3%
2013-14	274	231	255	295	136	207	333	311	212	***335***	242	243	**3074**	-14%
2012-13	315	341	321	310	344	***361***	248	259	296	308	213	274	**3590**	20%
2011-12	216	202	296	***329***	209	196	247	191	279	291	267	268	**2991**	2%
2010-11	193	254	250	290	278	231	***307***	192	203	165	302	280	**2945**	-10%
2009-10	***356***	272	323	319	311	199	231	266	245	241	238	267	**3268**	-12%
2008-09	330	300	301	248	270	276	318	319	***366***	310	312	350	***3700***	50%

CRRC Average Length of Stay (Bed Days/Discharge Count) - (chart on page 2)

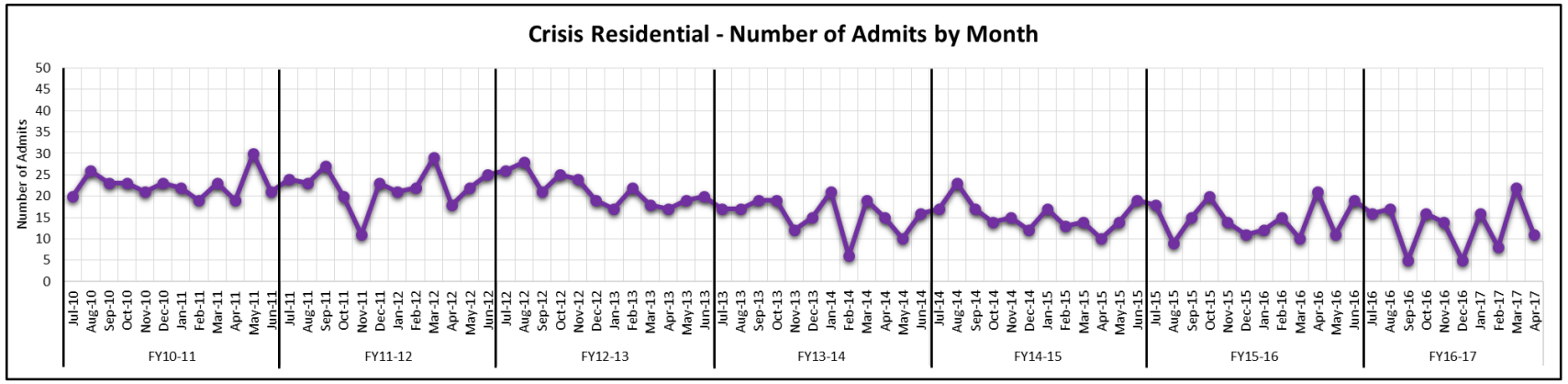
FY	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Avg. LOS	Change +/-**
2015-16	18	16	***40***	12	21	24	15	25	8	21	13		***17***	6%
2015-16	13	***25***	16	17	22	24	16	14	18	10	18	12	**16**	0%
2014-15	20	12	16	17	16	16	17	11	12	***25***	14	16	**16**	-6%
2013-14	16	14	13	16	11	14	16	***52***	11	22	24	15	***17***	21%
2012-13	12	12	15	12	14	***19***	15	12	16	18	11	14	**14**	27%
2011-12	9	9	11	16	***19***	9	12	9	10	16	12	11	**11**	0%
2010-11	10	10	11	13	13	10	***14***	10	9	9	10	13	**11**	0%
2009-10	***15***	10	13	12	11	13	10	11	9	12	11	11	**11**	10%
2008-09	11	9	9	7	9	11	12	11	10	***13***	11	9	**10**	43%

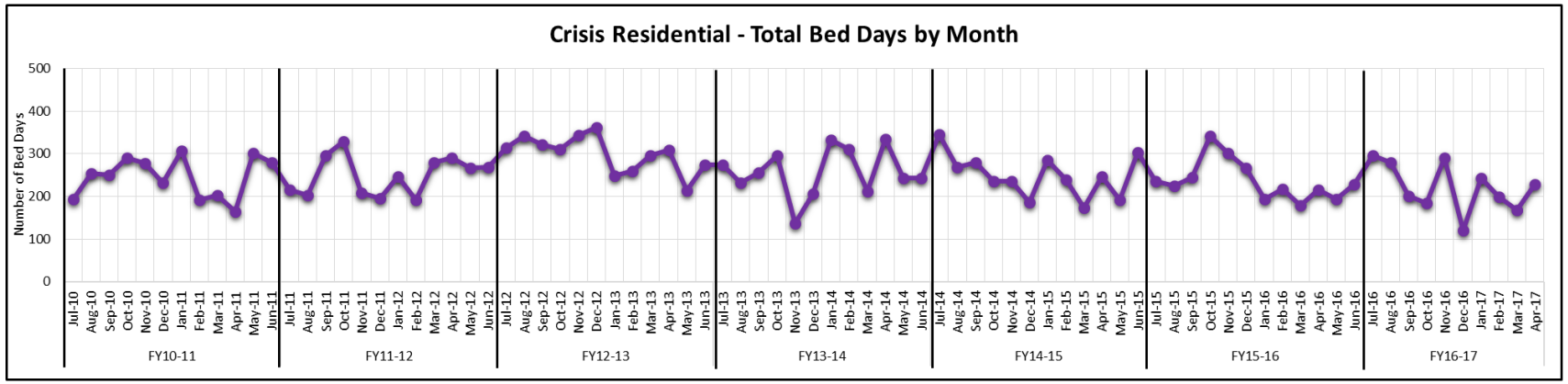
* Current Fiscal Year is a projected yearend total.

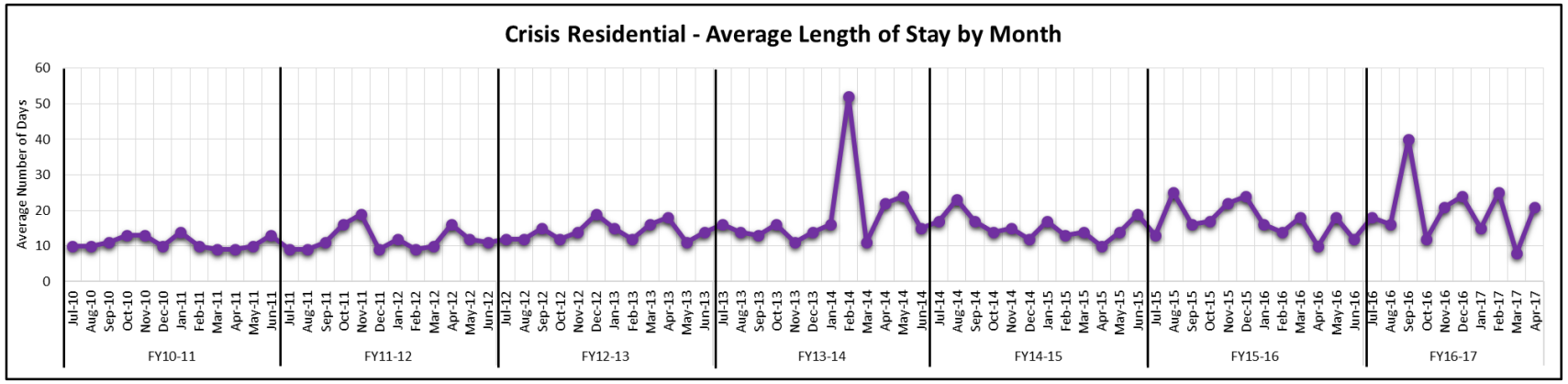
** Change +/- is calculated based on the prior Fiscal Year comparison to Current Fiscal Year.

Data as of: 5/11/17 (OPE - KL)

Crisis Residential Charts:







Length of stays are rounded numbers.

Data as of: 5/11/17 (OPE - KL)

Triple P – Shasta County

Triple P Program Performance Dashboard Report
December 2016 Data Submission
Prepared by Shasta County Health and Human Services Agency

This aggregate program performance dashboard report describes caregivers who participated in Triple P programs in Shasta County. This data is entered into the Shasta County Scoring Application reflecting caregivers served through the end of December 2016.
The source data for this report is from the Shasta County Scoring Application only and does not include data received from other sources. Though there are several input errors within the Shasta County Scoring Application, the effect of those errors is insignificant to the source data, thus have no effect on the outcome measures.

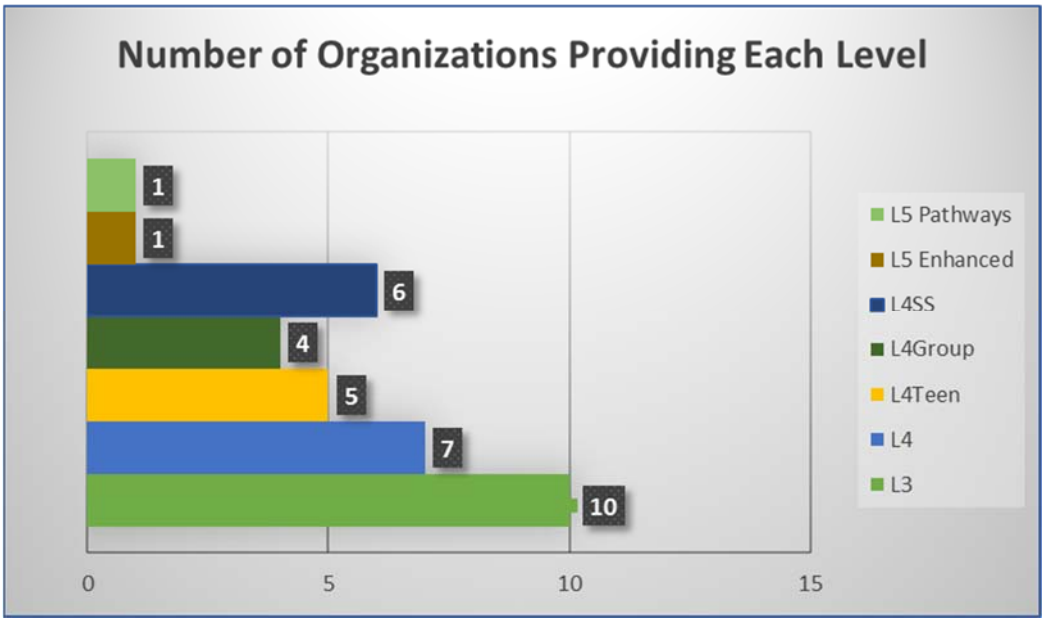
This 2016 dashboard report reflects a total of **576 Triple P caregivers** served in Shasta County, representing **477 children**. This signifies the addition of **536** new caregivers representing **445** children in 2016.

Below is the number of practitioners per Organization that entered data into the Shasta County Scoring Application and served caregivers in 2016.

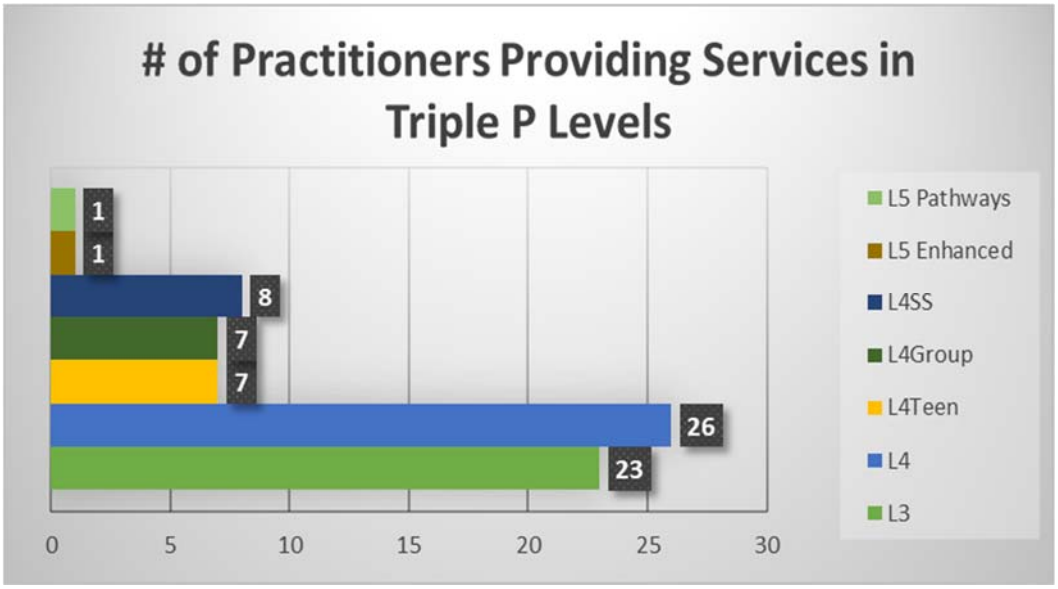
Table 1. Shasta County Triple P Programs Providing Data through December, 2016

Name of Organization	Number of Practitioners entering into Shasta Co Scoring Application 2016	Total Number of New Caregivers in 2016
Bridges to Success/ Shasta County Office of Education: Early Childhood Services/VOICES	8	73
Child Abuse Prevention Coordinating Council of Shasta County (CAPCC)	8	40
Family Dynamics	3	88
Gateway Unified School District/Great Partnership	1	15
Northern Valley Catholic Social Service	5	33
Remi Vista	5	27
Right Road Recovery Programs	3	43
Shasta County Health & Human Services Agency: Children's Services	10	55
Shasta County Health & Human Services Agency: Regional Services	1	4
Tri-Counties Community Network: Bright Futures	2	14
Victor Community Support Services	4	27
Wright Education Services	3	42
Youth and Family Programs	1	75

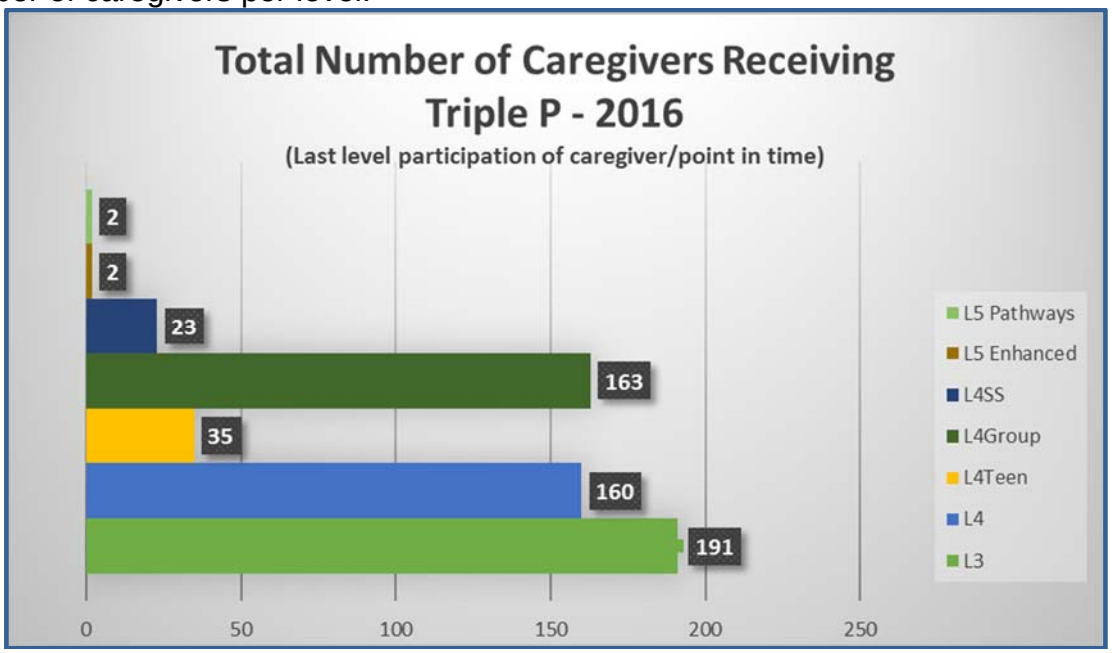
There was a total of 13 organizations providing Triple P services in 2016. The chart below shows the number of organizations that provided the specific levels.



Of these 13 organizations, there were 52 practitioners that provided Triple P services. Below is the number of practitioners that provided services in each specific level.

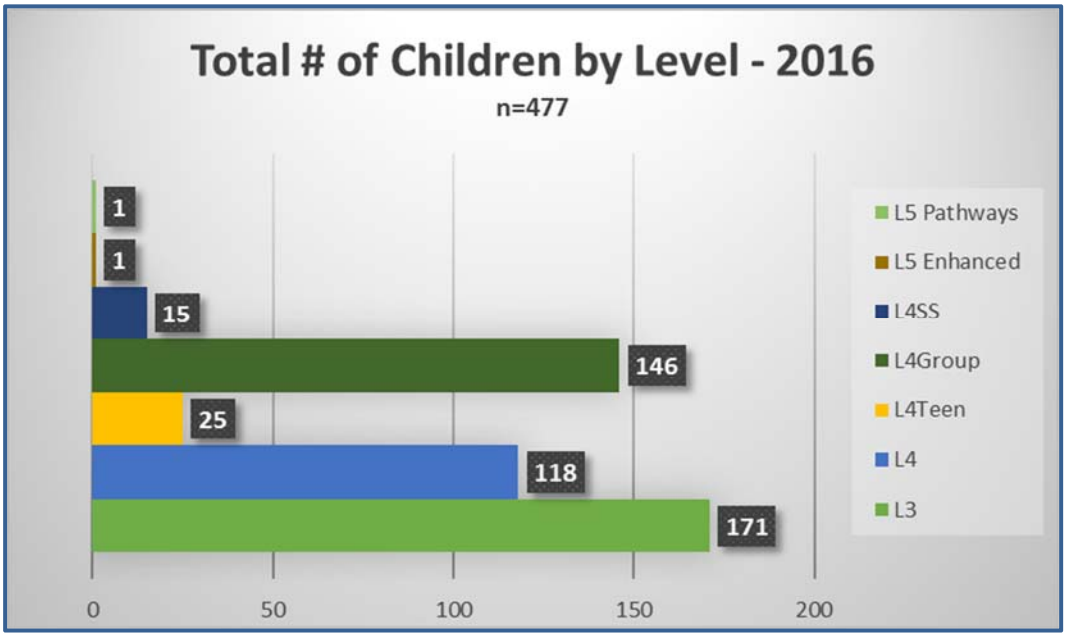


During 2016 there was a total of 546 caregivers that received Triple P services. The chart below shows the number of caregivers per level.

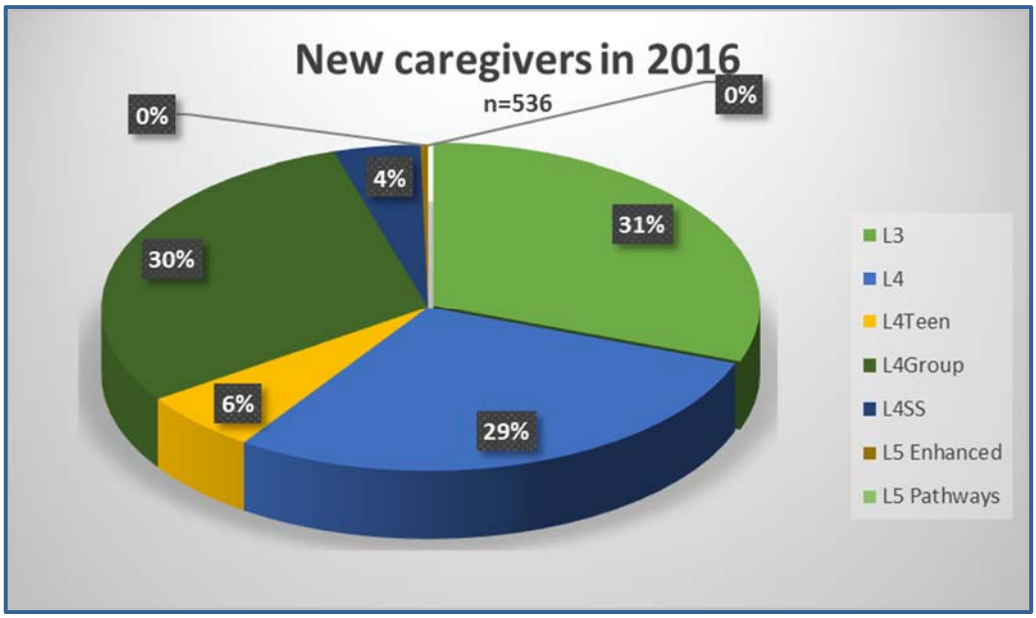


(Shasta County Scoring Application gives a point in time snapshot)

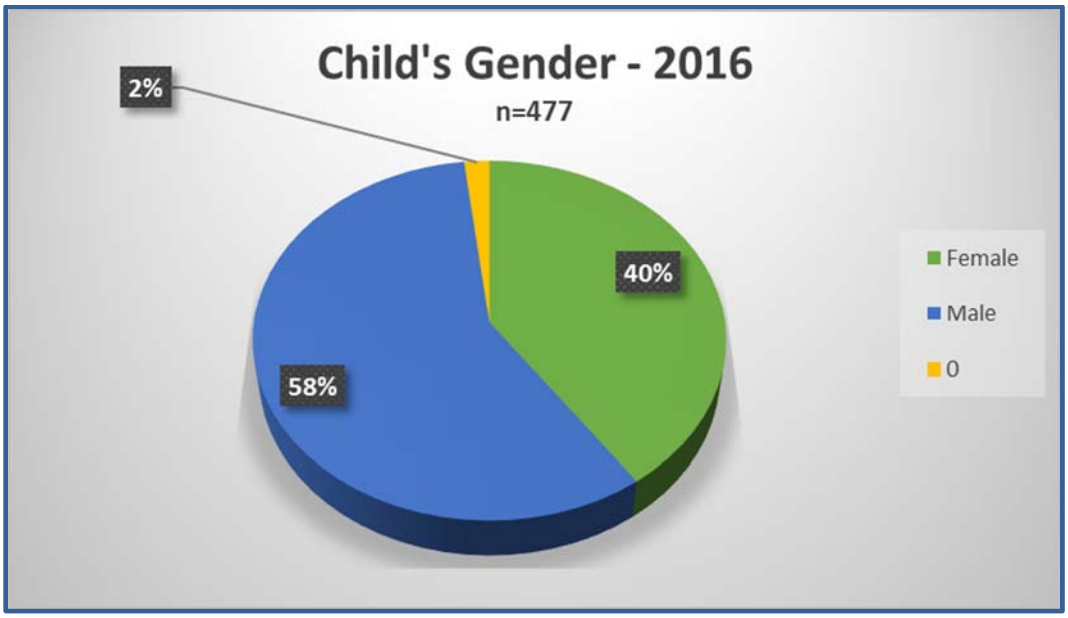
Each caregiver is associated with a child and there may be more than one caregiver per child. The total number of children represented by the caregivers in 2016 was 477.



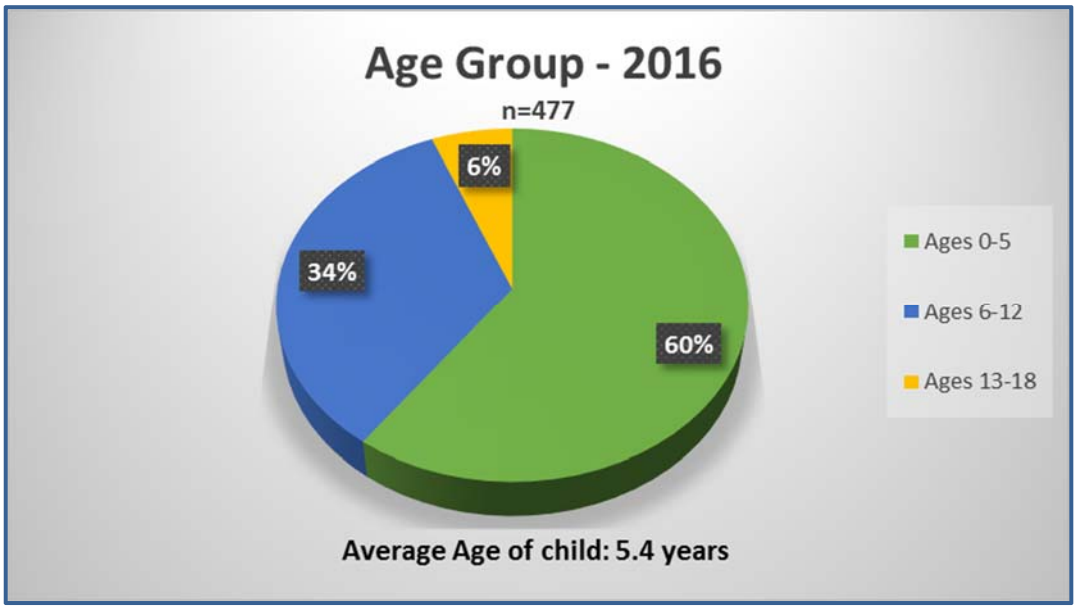
In 2016 there were 536 new caregivers that started receiving Triple P services representing an addition of 445 children.



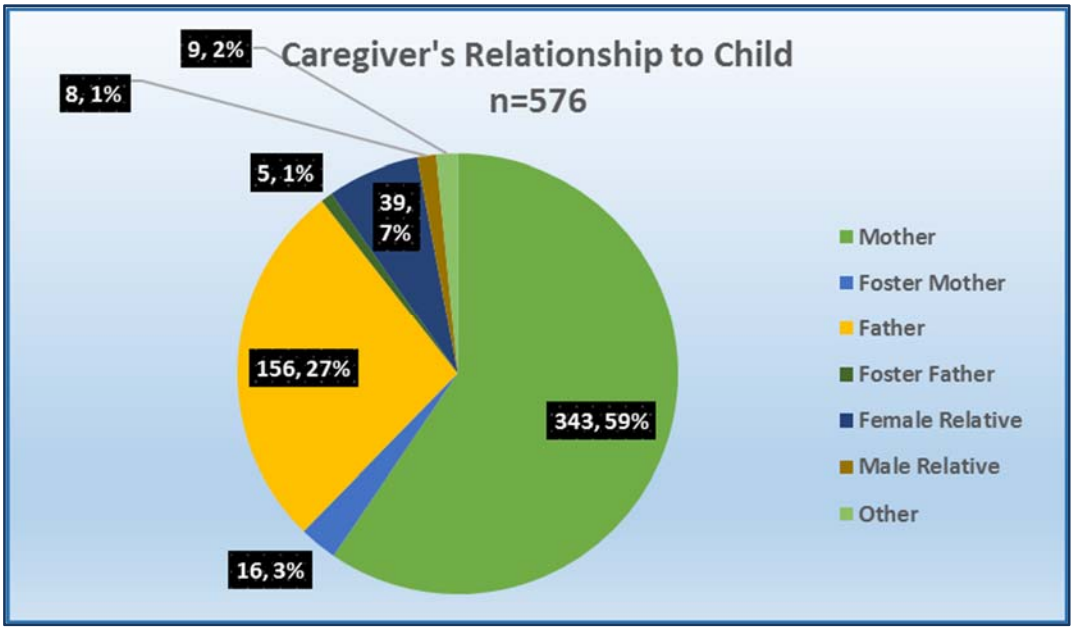
477 children were associated with the total caregivers. Of these, 276 were males, 192 females and 9 had neither male or female chosen.

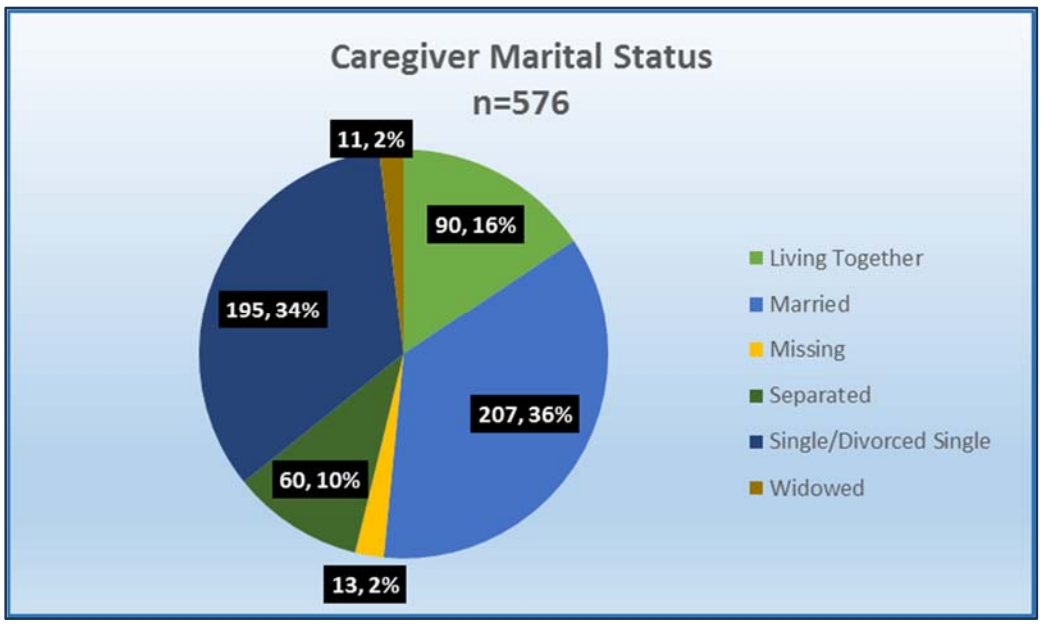


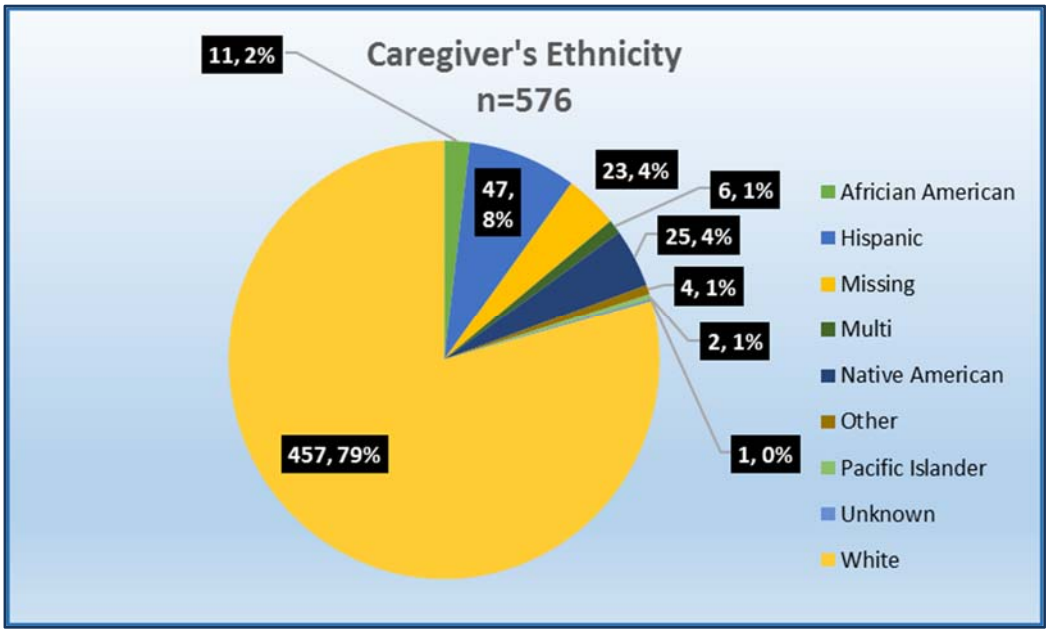
Two hundred and eighty-six children were 5 and under, 162 were ages 6-12 and 29 between the ages of 13-18 with the oldest being 16 years old.

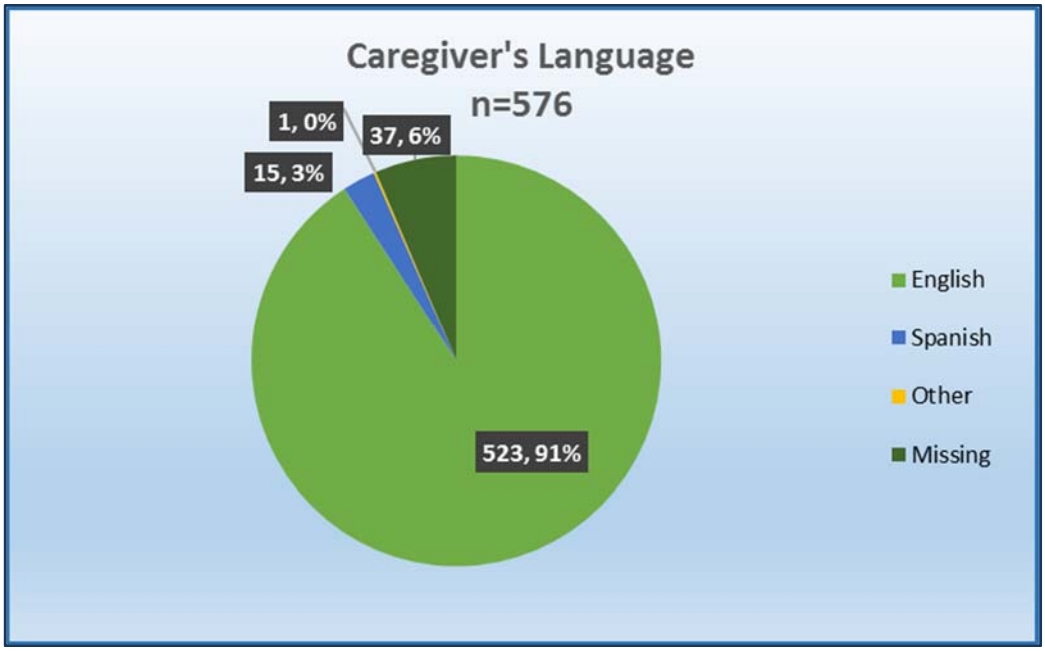


Demographic information for Triple P caregivers




Caregiver Marital Status
n=576
11, 2%
90, 16%
195, 34%
207, 36%
60, 10%
13, 2%
Living Together
Married
Missing
Separated
Single/Divorced Single
Widowed


Caregiver's Ethnicity
n=576
11, 2%
47, 8%
23, 4%
6, 1%
25, 4%
4, 1%
2, 1%
1, 0%
457, 79%
African American
Hispanic
Missing
Multi
Native American
Other
Pacific Islander
Unknown
White



Outcome Measures

All outcomes are reported as percentage of improvement from pre-Triple P participation to post-Triple P participation (e.g., improved parenting efficacy, improved parenting satisfaction).

Level 3 Primary Care

This level is:

- A brief face-to-face or telephone intervention with a practitioner usually based around a certain problem or behavior
- Approximately four individual consultations lasting between 15 and 30 minutes
- Uses tip sheets and Positive Parenting Booklet to reinforce strategies
- For parents of children birth to 12 years

The two required surveys are the Parenting Experience and Strengths and Difficulties Questionnaire.

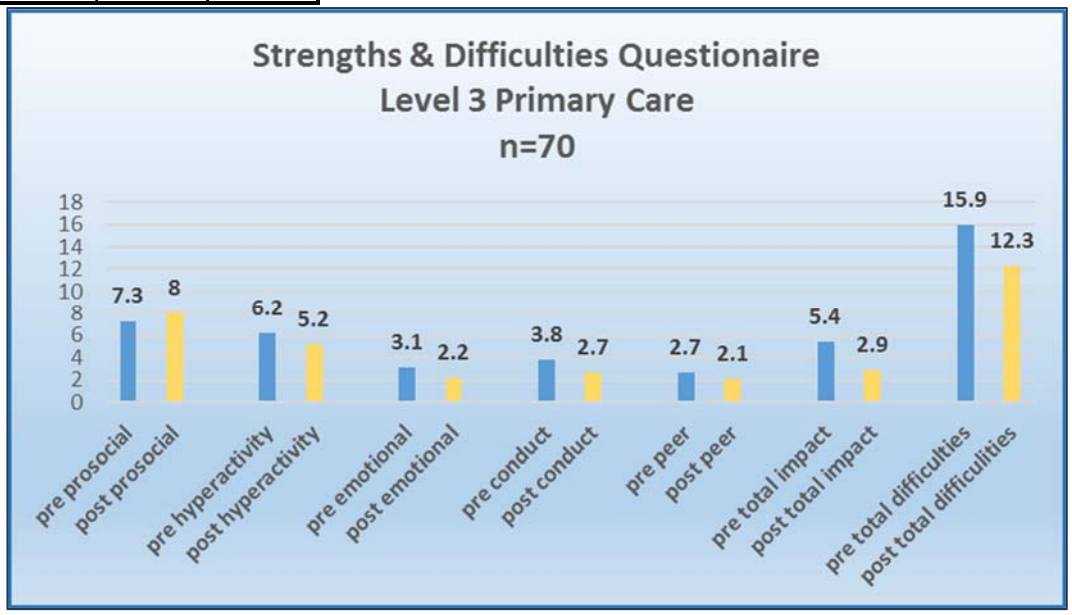
Parenting Experience Survey is a Level 3 Primary/Primary Teen questionnaire questioning about the child's behavior and issues related to being a parent. There is no data available for this survey except showing if it has been provided to the caregivers. This survey gives the practitioners information on how the parent perceives their parenting.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.

"Before" and "after" SDQs can be used to audit everyday practice (e.g. in clinics or special schools) and to evaluate specific interventions (e.g. parenting groups). Studies using the SDQ along with research interviews and clinical ratings have shown that the SDQ is sensitive to treatment effects. Child and adolescent mental health services, and other specialist services for children with emotional and behavioral difficulties, can use an 'added value' score based on the SDQ as one index of how much help they are providing to the young people they see.

Interpreting the SDQ			
Prosocial	higher score better		
all the rest	higher score greater difficulty		
Parent Versions	**This score is close to average - clinically significant problems in this area are unlikely**	**This score is slightly raised, which may reflect clinically significant problems**	**This score is high - there is a substantial risk of clinically significant problems in this area**
Total Difficulities	0-13	14-16	17-40
Emotional Symptoms	0-3	4	0-10
Conduct Problem	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem	0-2	3	4-10
Prosocial Behavior	6-10	5	0-4

Per the chart below there has been an improvement in all areas. The Total Impact score shows a 62% decrease in symptoms.



To date there have been **139** pre and **70** post surveys completed. **70** completed both pre/post.

Level 4 Standard

This level is:

- For parents/caregivers of children from birth to 12 years with severe behavioral difficulties or ones who need intensive support
- Covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations
- Individual counseling is usually delivered over ten (1 hour) sessions but there can be more if needed

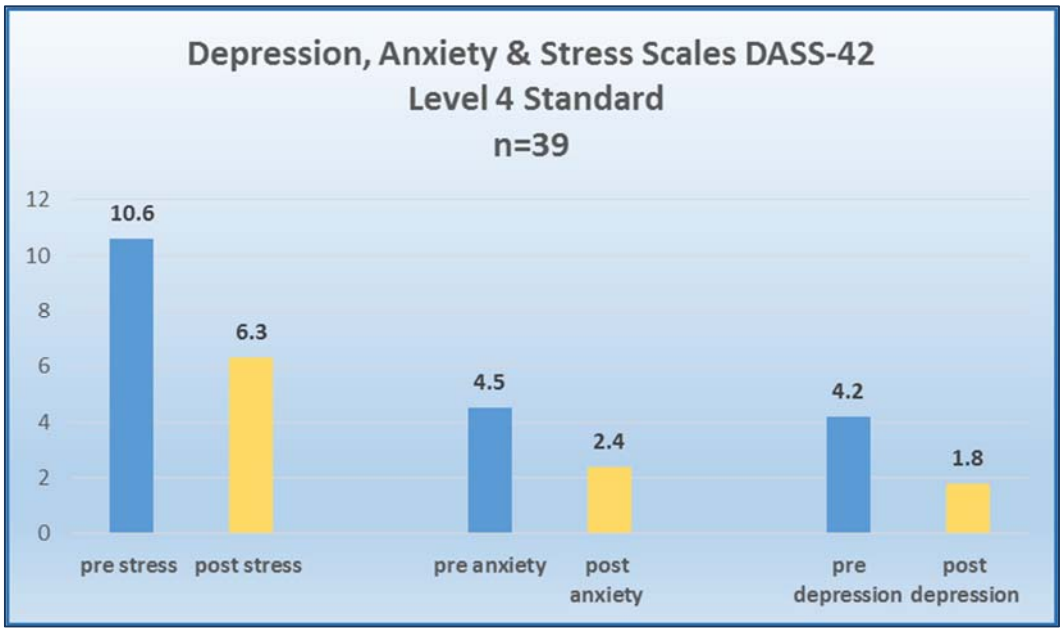
Depression Anxiety Stress Scale-42 (DASS42)

The *Depression Anxiety Stress Scale-42* (DASS42) is a self-report assessment completed before and after participation in Triple P Level 4 Standard. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.

Each of the scale scores has a possible range of 0-42. Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

	Depression, Anxiety and Stress Score (DASS-42)		
	Depression Score	**Anxiety Score**	**Stress Score**
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Very Severe	28+	20+	34+

There has been improvement in all areas. Depression symptoms have decreased by 57%.



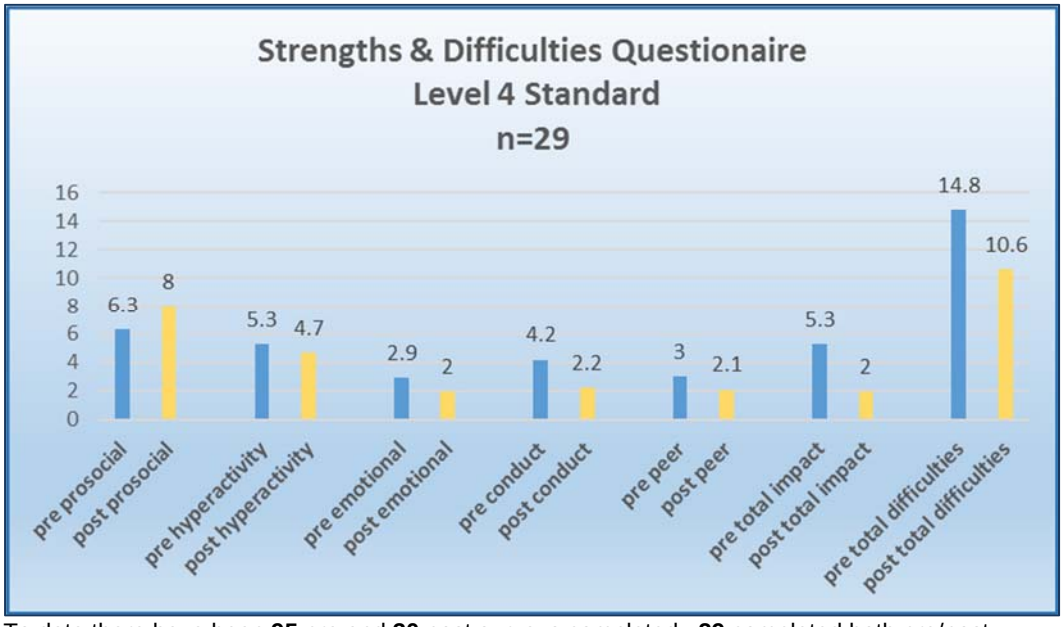
To date there have been **125** pre and **40** post surveys completed. **39** completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.

"Before" and "after" SDQs can be used to audit everyday practice (e.g. in clinics or special schools) and to evaluate specific interventions (e.g. parenting groups). Studies using the SDQ along with research interviews and clinical ratings have shown that the SDQ is sensitive to treatment effects. Child and adolescent mental health services, and other specialist services for children with emotional and behavioral difficulties, can use an 'added value' score based on the SDQ as one index of how much help they are providing to the young people they see.

Interpreting the SDQ			
Prosocial	higher score better		
all the rest	higher score greater difficulty		
Parent Versions	This score is close to average - clinically significant problems in this area are unlikely	This score is slightly raised, which may reflect clinically significant problems	This score is high - there is a substantial risk of clinically significant problems in this area
Total Difficulities	0-13	14-16	17-40
Emotional Symptoms	0-3	4	0-10
Conduct Problem	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem	0-2	3	4-10
Prosocial Behavior	6-10	5	0-4

The Total Impact score has improved by almost 62%



To date there have been **95** pre and **30** post surveys completed. **29** completed both pre/post.

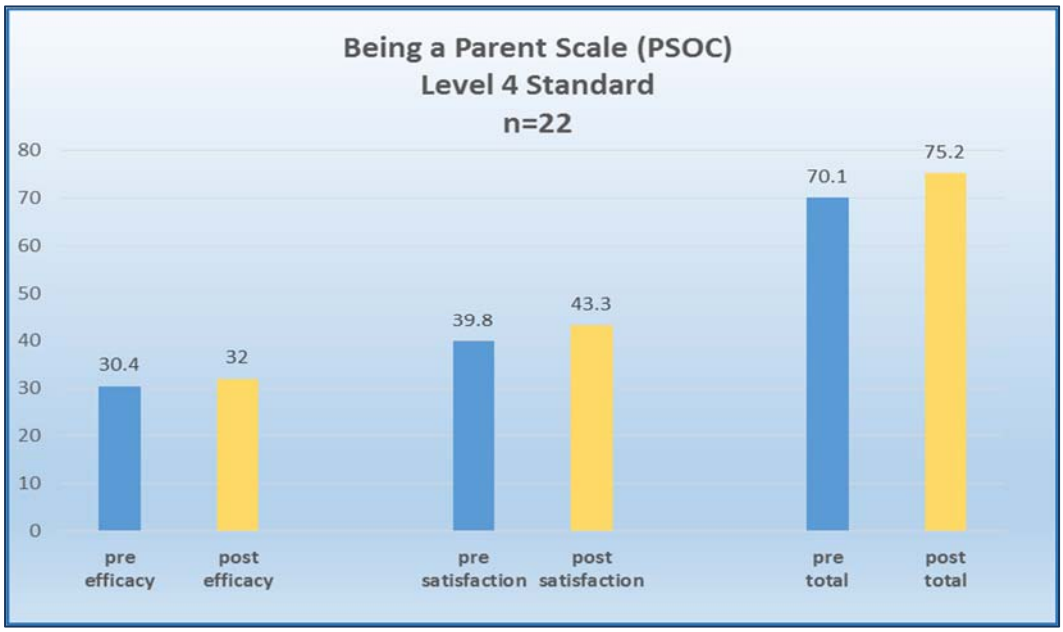
Being a Parent Scale (PSOC)

The *Being a Parent Scale* (PSOC) is a self-report assessment completed before and after participation in Triple P Level 4 Standard and Level 4 Group. This 16-item assessment inventory measures parenting self-esteem, or efficacy, and satisfaction with the parenting role. Parents indicate their agreement with a series of statements about their degree of satisfaction with their parenting role and their degree of confidence in carrying out their parenting role on a 6-point Likert scale (1 = strongly agree, 6 = strongly disagree).

Possible scores for the Efficacy scale range from 7-42, and for the Satisfaction scale from 9-54. Higher scores represent greater levels of parenting self-efficacy and parental satisfaction. Please note that the *Being a Parent Scale* is a strength-based measure.

There are no clinical cutpoints, but higher scores are better.

There has been a slight improvement in both areas.



To date there have been **78** pre and **22** post surveys completed. **22** completed both pre/post.

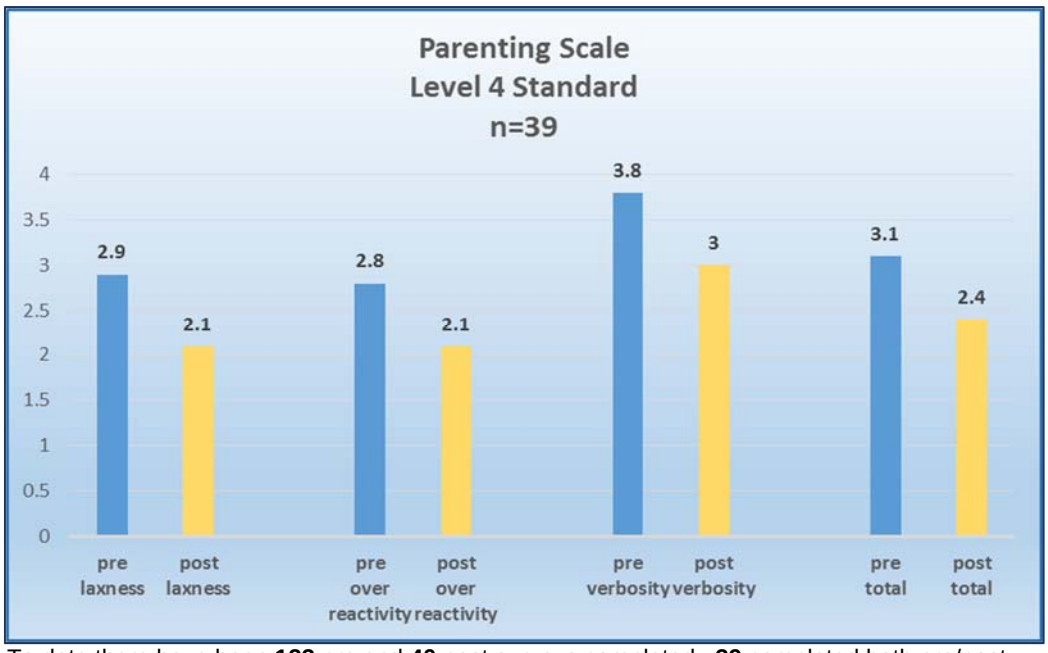
Parenting Scale

The *Parenting Scale* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Stepping Stones, Level 5 Enhanced and Level 5 Pathways. This 30-item questionnaire assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of child disruptive behavior problems. It is completed by parents/caregivers of children ages 1-12.

The original factor structures of Laxness, Overreactivity, and Verbosity are reported, along with the Total Score. Clinical cutpoints in the original literature are not employed, as they have not demonstrated stability over time.
Possible scores on all factors and the total range from 1-7, as they each represent an average item response.

Lower scores are better.

There has been a slight improvement in all areas.



To date there have been **123** pre and **40** post surveys completed. **39** completed both pre/post.

Level 4 Standard Teen

This level is:

- For parents/caregivers of children ages 12-18 years with severe behavioral difficulties or ones who need intensive support
- Covers Triple P's 17 core positive parenting skills that can be adapted to a wide range of parenting situations
- Individual counseling is usually delivered over ten (1 hour) sessions

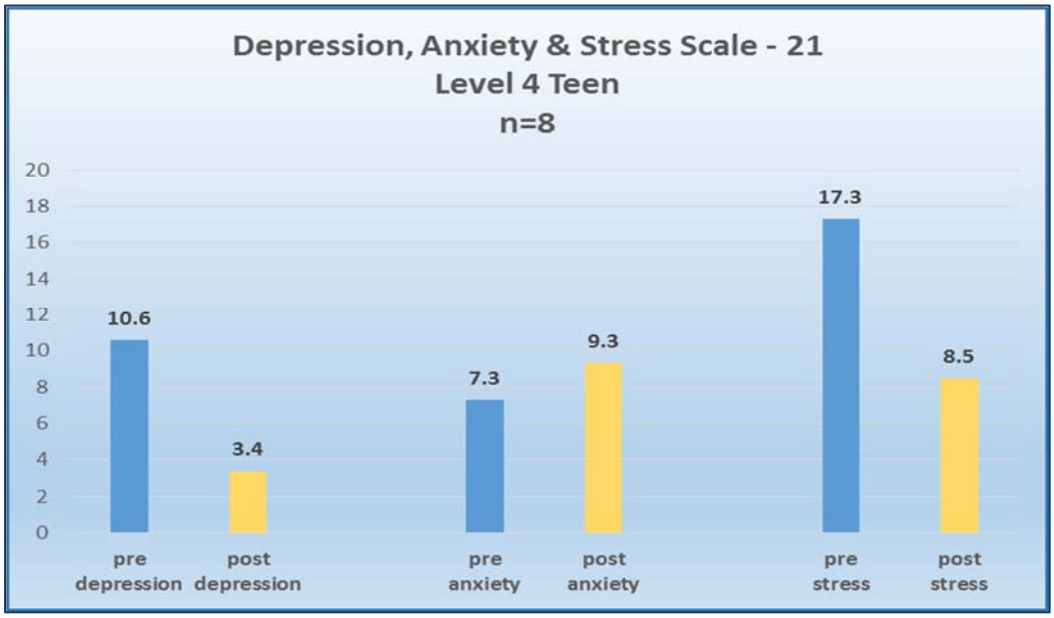
Depression Anxiety Stress Scale-21 (DASS21)

The *Depression Anxiety Stress Scale-21* (DASS21) is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 21-item assessment inventory is a short form of the DASS42 that measures symptoms of depression, anxiety and stress in adults.

Each of the scale scores has a possible range of 0-42 (the raw DASS21 scale scores must be multiplied by two to be consistent with the DASS42 scale scores). Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

	DASS 21 Score		
	Depression Score	Anxiety Score	Stress Score
	Depression	**Anxiety**	**Stress**
Normal	0-5	0-3	0-7
Mild	5-6	4-5	8-9
Moderate	7-10	6-7	10-12
Severe	11-13	8-9	13-16
Extremely	14+	10+	17+

Overall there has been an improvement in some areas with a slight increase in Anxiety.



To date there have been **29** pre and **9** post surveys completed. **8** completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 3 pre/post surveys completed.

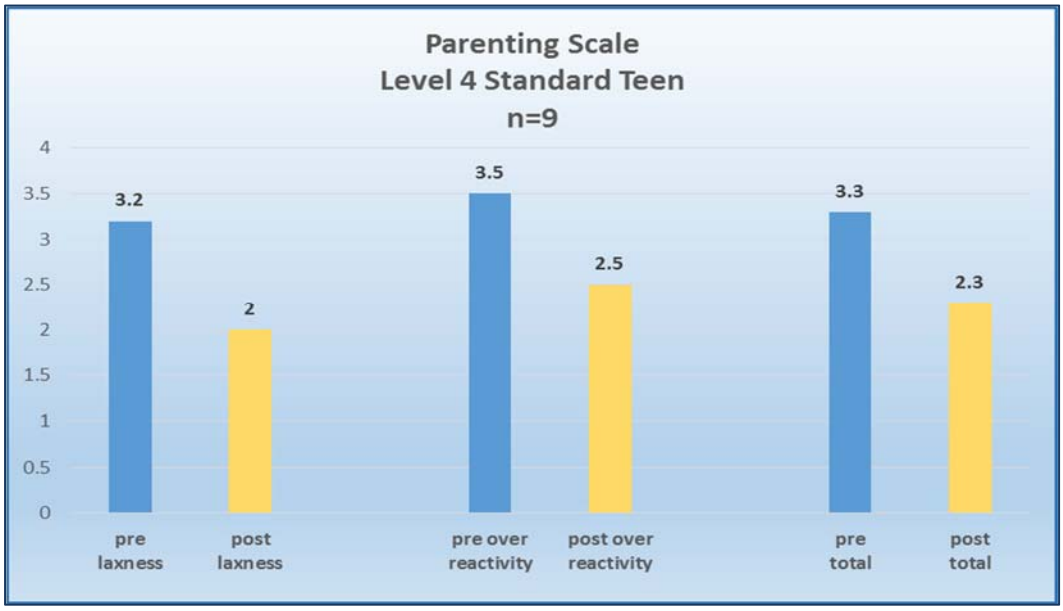
Parenting Scale – Adolescent Version

The *Parenting Scale-Adolescent Version* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 13-item questionnaire is a shorter version of the Parenting Scale and assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of disruptive behavior problems. It is completed by parents/caregivers of children ages 13 and higher.

The factor structures of Laxness and Overreactivity reported, along with the Total Score. Clinical cutpoints have not yet been established.
Possible scores on all factors and the total range from 1-7, each representing an average item response.

Lower scores are better.

There has been a slight improvement in all areas.



To date there have been **29** pre and **40** post surveys completed. **9** completed both pre/post.

Level 4 Standard Group

This level is for parents/caregivers of children from birth to 12 years who are:

- Interested in promoting their child's development and potential OR
- May have concerns about their child's mild to moderate level of behavioral problems OR
- Simply wish to prevent behavior problems from developing

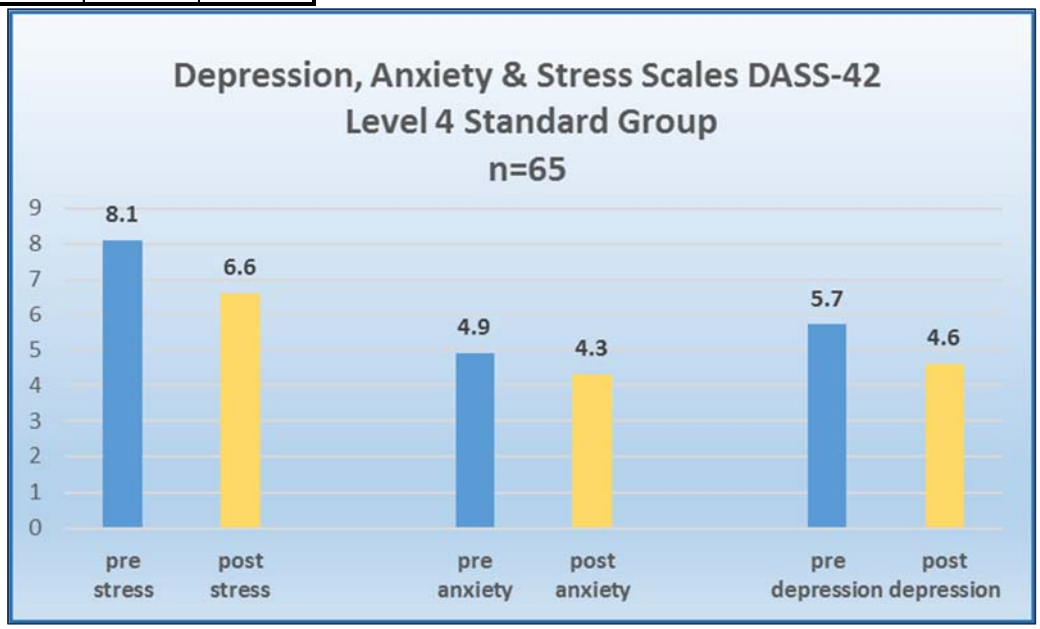
Group is a broad-based parenting intervention delivered over eight weeks which involves five (2-hour) group sessions of up to 12 parents. Parents actively participate in a range of exercises to learn about the causes of child behavior problems, setting specific goals, and using strategies to promote child development, manage misbehavior, and plan for high-risk situations. Then there are three (15 to 30 minute) individual telephone consultations to assist parents with independent problem solving while they are practicing the skills at home.

Depression Anxiety Stress Scale-42 (DASS42)

The *Depression Anxiety Stress Scale-42* (DASS42) is a self-report assessment completed before and after participation in Triple P Level 4 Standard, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.
Each of the scale scores has a possible range of 0-42. Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.

	Depression, Anxiety and Stress Score (DASS-42)		
	Depression Score	**Anxiety Score**	**Stress Score**
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Very Severe	28+	20+	34+

There has been a slight improvement in all areas.



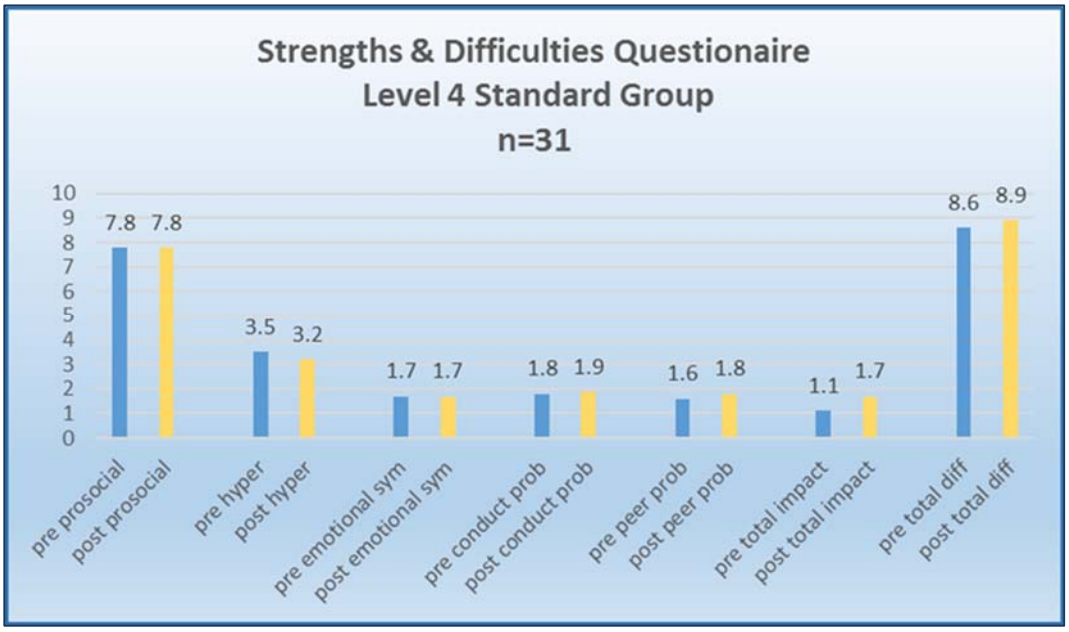
To date there have been **191**pre and **68** post surveys completed. **65** completed both pre/post.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.

"Before" and "after" SDQs can be used to audit everyday practice (e.g. in clinics or special schools) and to evaluate specific interventions (e.g. parenting groups). Studies using the SDQ along with research interviews and clinical ratings have shown that the SDQ is sensitive to treatment effects. Child and adolescent mental health services, and other specialist services for children with emotional and behavioral difficulties, can use an 'added value' score based on the SDQ as one index of how much help they are providing to the young people they see.

Interpreting the SDQ			
Prosocial	higher score better		
all the rest	higher score greater difficulty		
Parent Versions	This score is close to average - clinically significant problems in this area are unlikely	This score is slightly raised, which may reflect clinically significant problems	This score is high - there is a substantial risk of clinically significant problems in this area
Total Difficulities	0-13	14-16	17-40
Emotional Symptoms	0-3	4	0-10
Conduct Problem	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem	0-2	3	4-10
Prosocial Behavior	6-10	5	0-4

There doesn't seem to be improvement in any area. Some have had increases in problems.
Due to all other levels having some success, it might be wise to look into this further.



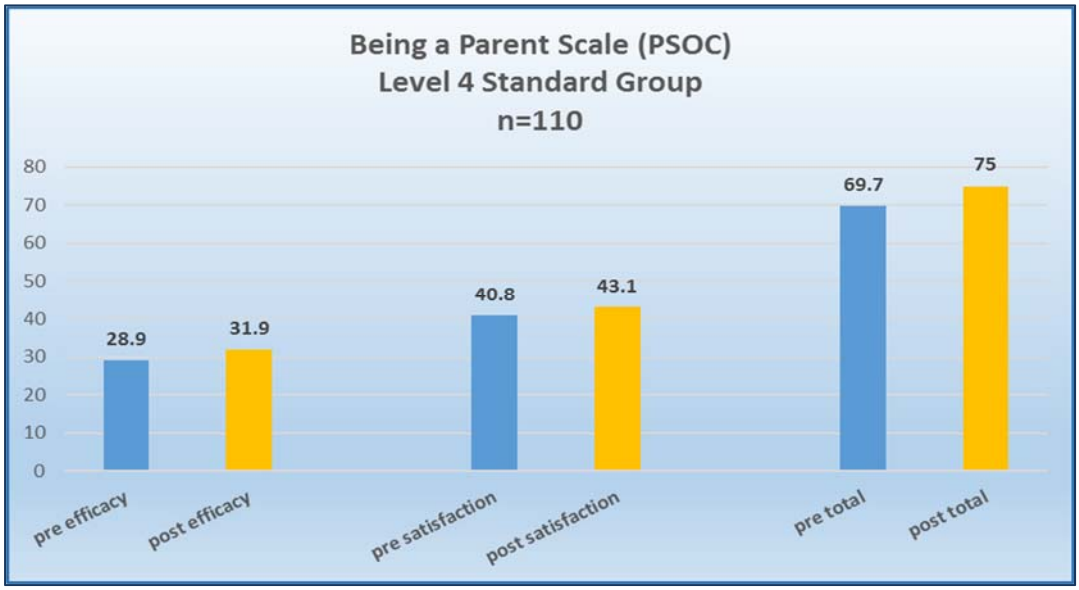
To date there have been **91** pre and **35** post surveys completed. **31** completed both pre/post.

Being a Parent Scale (PSOC)

The *Being a Parent Scale* (PSOC) is a self-report assessment completed before and after participation in Triple P Level 4 Standard and Level 4 Group. This 16-item assessment inventory measures parenting self-esteem, or efficacy, and satisfaction with the parenting role. Parents indicate their agreement with a series of statements about their degree of satisfaction with their parenting role and their degree of confidence in carrying out their parenting role on a 6-point Likert scale (1 = strongly agree, 6 = strongly disagree).

Possible scores for the Efficacy scale range from 7-42, and for the Satisfaction scale from 9-54. Higher scores represent greater levels of parenting self-efficacy and parental satisfaction. Please note that the *Being a Parent Scale* is a strength-based measure. There are no clinical cutpoints, but higher scores are better.

All areas have a modest improvement.



To date there have been **183** pre and **124** post surveys completed. **110** completed both pre/post.

Level 4 Standard Stepping Stones

Stepping Stones Triple P is for parents of children who have a disability. It has been shown to work with children with intellectual and physical disabilities who also have disruptive behaviors. Stepping Stones gives support to help manage a child's behavior and prevent the kinds of problems that make family life stressful.

Stepping Stones is given over 8 to 10 individual sessions or as needed. Caregivers set their own goals and work out what changes they would like to see in their child's behavior. Caregivers learn the strategies they can use and adapt to suit their family's needs.

Depression Anxiety Stress Scale-42 (DASS42)

The *Depression Anxiety Stress Scale-42* (DASS42) is a self-report assessment completed before and after participation in Triple P Level 4 Standard, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.
Each of the scale scores has a possible range of 0-42. Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were no pre/post surveys completed.

The Strengths and Difficulties Questionnaire (SDQ)
The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P have impacted the child.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 2 pre/post surveys completed.

Parenting Scale – Adolescent Version
The *Parenting Scale-Adolescent Version* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 13-item questionnaire is a shorter version of the Parenting Scale and assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of disruptive behavior problems. It is completed by parents/caregivers of children ages 13 and higher.

The factor structures of Laxness and Overreactivity reported, along with the Total Score. Clinical cutpoints have not yet been established.
Possible scores on all factors and the total range from 1-7, each representing an average item response.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There were only 2 pre/post surveys completed.

Level 5 Enhanced/Pathways

This level provides intensive support for families with complex concerns. Parents must complete a Level 4 Standard or Group program before (or in conjunction with) a Level 5 course.

- **Enhanced Triple P –** This is for parents whose family situation is complicated by problems such as partner conflict, stress or mental health issues. Three modules target specific concerns. Parents can do one, two or three of the modules which work on partner relationships and communication, personal coping strategies for high stress situations and other positive parenting practice.
- **Pathways Triple P –** This is for parents at risk of child maltreatment. It covers anger management and other behavioral strategies to improve a parent's ability to cope with raising children.

Depression Anxiety Stress Scale-42 (DASS42)
The *Depression Anxiety Stress Scale-42* (DASS42) is a self-report assessment completed before and after participation in Triple P Level 4 Standard, Level 4 Group, Level 5 Enhanced and Level 5 Pathways. This 42-item assessment inventory measures symptoms of depression, anxiety and stress in adults.
Each of the scale scores has a possible range of 0-42. Clinical cutpoints are 14 for Depression, 10 for Anxiety, and 19 for Stress. Scores at or above these cutpoints are considered to be clinically significant.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

The Strengths and Difficulties Questionnaire (SDQ)
The SDQ is a brief behavioral screening questionnaire for children aged 3-16 year. It exists in several versions to meet the needs of researchers, clinicians and educators. This survey can give some idea on how the caregivers receiving Triple P can impact the child.
There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

Parenting Scale – Adolescent Version

The *Parenting Scale-Adolescent Version* is a self-report assessment completed before and after participation in Triple P Level 4 Standard Teen and Level 4 Group Teen. This 13-item questionnaire is a shorter version of the Parenting Scale and assesses parenting and disciplinary styles, particularly those that are found to be related to the development and/or maintenance of disruptive behavior problems. It is completed by parents/caregivers of children ages 13 and higher.

There is no basis for a pre/post for this survey as the minimum number for any site-specific pre/post outcome analysis is 5. There was only 1 pre/post survey completed.

Satisfaction Measure

Client Satisfaction Questionnaire (CSQ)

The *Client Satisfaction Questionnaire* (CSQ) is a measure of consumer satisfaction completed after participation in all Triple P levels. This 13-item measure assesses participant satisfaction with the parent training program. Possible scores range from 13-91. Higher scores are better.

	Completed	Not Completed	Client Satisfaction Survey Completed	Avg Score
L3	66	103	71	80.1
L4	26	104	39	83.2
L4Teen	2	31	10	73.7
L4Group	41	59	0	
L4SS	1	21	2	86.5
L5 Enhanced	0	2	1	88
L5 Pathways		1	0	
Totals	136	321	123	82.3

Summary of data entered into the Shasta County Scoring Application

Data entered into the Shasta County Scoring Application is a picture in time. There are no dates entered for when the surveys are started or completed so some may have been completed and just entered after 12/2016. Another problem that is being worked on is that the practitioner needs to leave the completion field blank until the caregiver either completes the level or stops coming. It has been found that some practitioners automatically put “no” at the start and then don’t change it later.

There has been a total of 3287 caregivers entered into the Scoring Application since 2011. There are many cases where a caregiver has not been entered, and this results in them not showing up when the is data pulled. Some of the possibilities for differences in the dates and numbers of caregivers being seen and surveys completed may be due to either the caregivers not completing the sessions or changing to another caregiver at a different time. When a caregiver has completed their sessions, there are times when they want to either repeat that level or go on to another level. When this happens, it is linked to the new practitioner and it doesn’t show up in the previous practitioner or organization data when the next data is pulled.

Detailed Year Three Positive Action Evaluation Report

Data from: August 2015 - June 2016

TABLE OF CONTENTS

OVERVIEW

The Positive Action program was piloted in one classroom at Sequoia Middle School, and in the Redding Community Day School classroom, for the first year. For the second year of the pilot, the program was expanded into 2 additional Sequoia classrooms, 5 classrooms in Fall River Mills, 6 classrooms in Burney and 1 classroom in Montgomery Creek. For the third year of the pilot (currently in progress), the program was implemented in all 4 classrooms at Montgomery Creek (K-1st, 2nd-3rd, 4th-5th and 6th-8th grade classes), 4 classrooms in Fall River Mills (two 7th grade and two 8th grade classes), and 4 classrooms in Burney (two 6th grade and two 7th/8th grade classes), for a total of 12 classrooms which receive Positive Action curriculum in Shasta County currently.

The evaluation of this pilot project has changed in focus, based on issues found during the first two years. Because Positive Action is an evidence-based practice, it is unnecessary for Shasta County to attempt to validate outcomes independently. Instead, for the third year of this pilot program, an emphasis has been placed on fidelity in program implementation, in order to yield better results, and help alleviate some of the data collection issues seen in the first two years of piloting Positive Action. The Program Coordinator is responsible for collecting and submitting aggregate data to the county. Additionally, in line with program fidelity, Positive Action is being implemented with younger children also, with the hope of influencing their actions, behaviors and future well-being and creating an established base of positive behavior patterns before they enter middle school.

There were four specific evaluation measures from the Student Behavior Rating Scale listed in the current contract:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

Data was also collected on student survey results, and implementation data. Program satisfaction surveys were collected at the end of year three of this pilot program from teachers, climate committee members and other staff, parents, and the students.

STUDENT SURVEYS

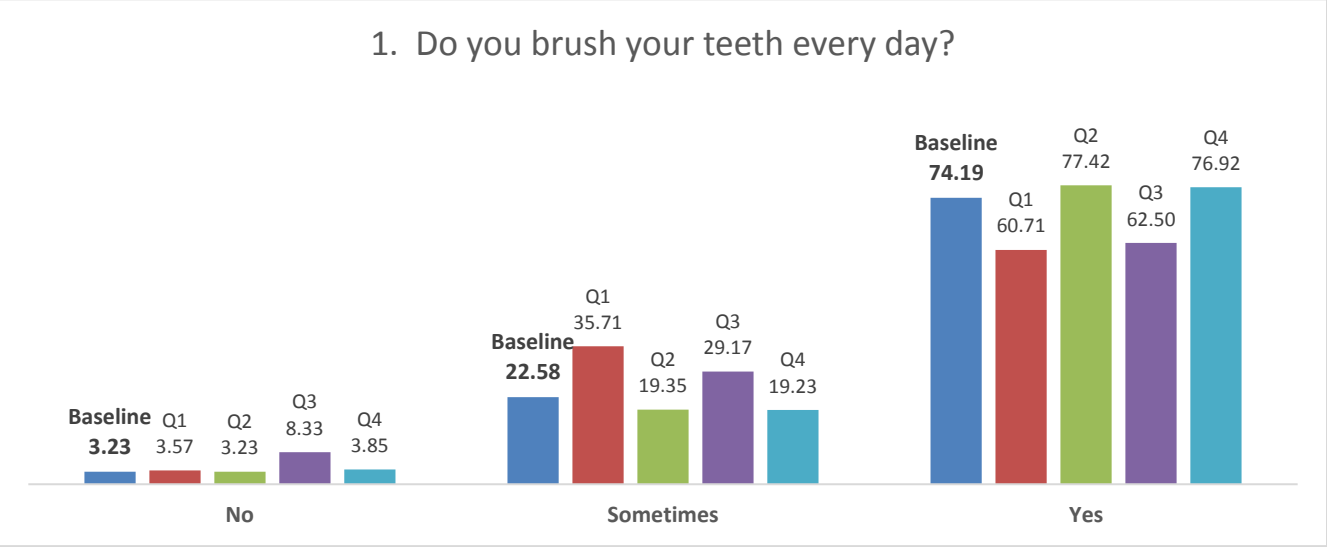
An important component of this pilot project is decreasing high-risk behaviors while increasing positive coping skills and psychosocial development. In order to try and measure items in these areas, students were given a survey at the beginning of the year (to create a baseline) and then repeated once per quarter thereafter. Surveys differ by grade level, ranging from 6 to 21 questions. Younger students in grades K-3 are given 6 questions with three possible answers (No, Sometimes or Yes) while students in grades 4-6 receive surveys with 21 questions and four possible answers (Never, Sometimes, Most of the time or All the time), and students in grades 7-8 receive surveys with 21 questions and five possible answers (Never, Rarely, Sometimes, Often or All the time). While no formal analysis or outcomes measurements are based on these surveys, it is interesting to track how overall percentages of each answer change over time. Because all data is compiled and reported in aggregate by the Program Coordinator as negotiated in the contract, t-tests or other formal statistical analysis is not possible on year 3 data.

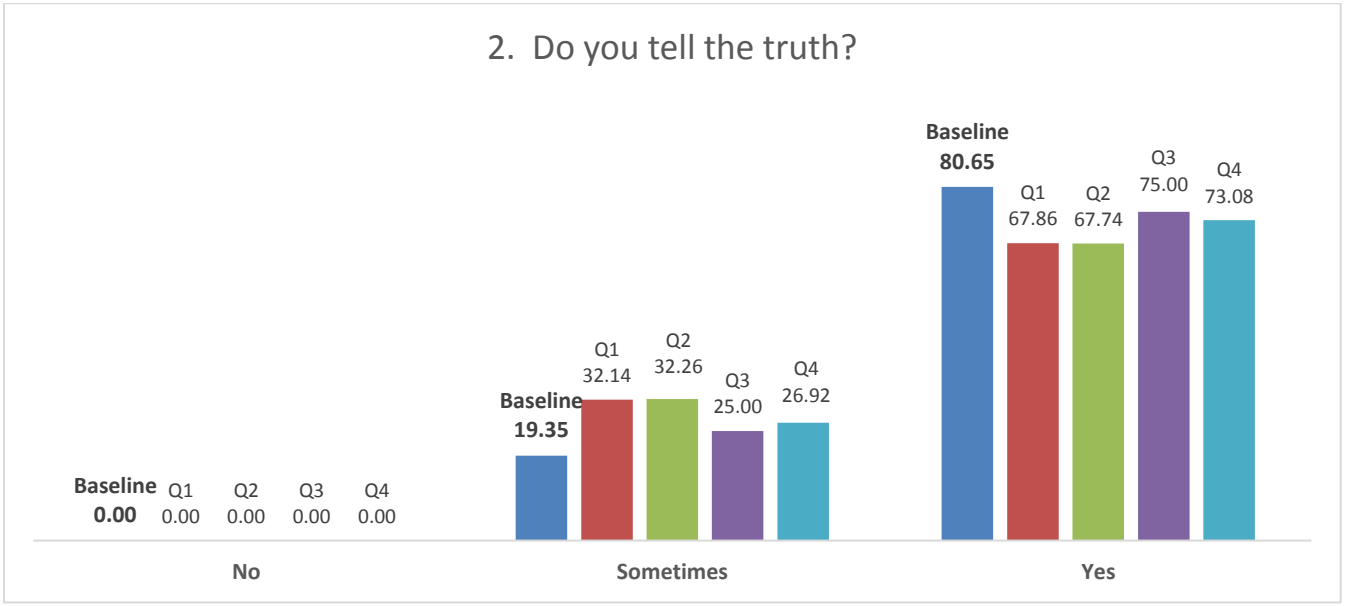
STUDENT SURVEY DETAILED RESULTS

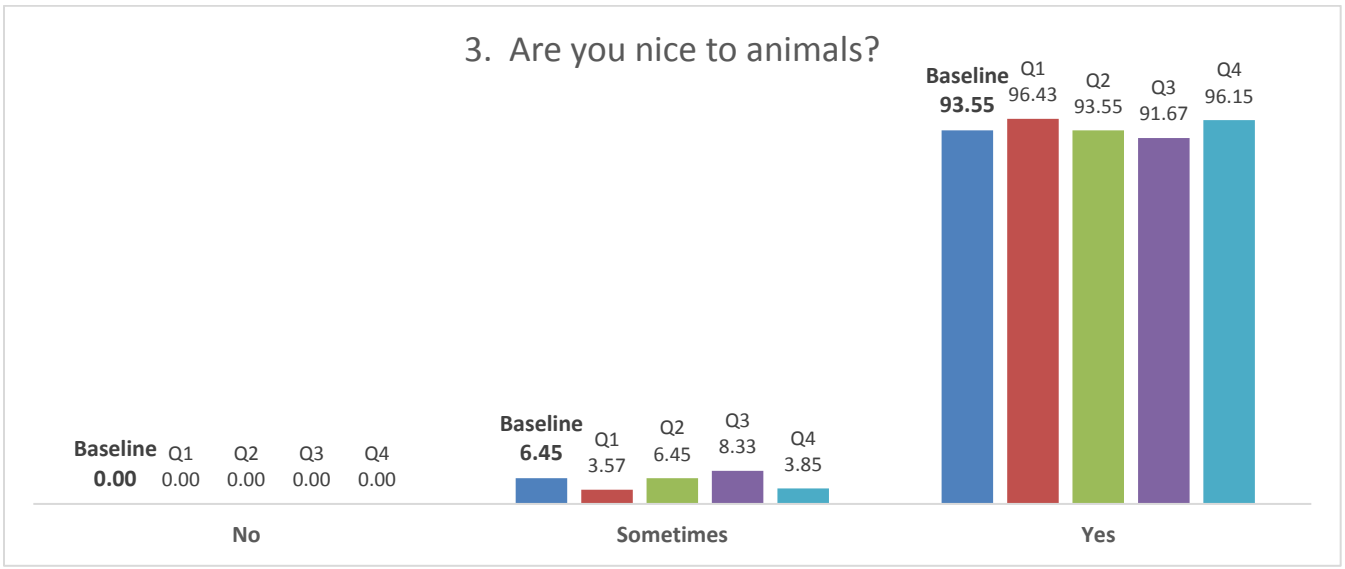
For each of the following charts, the first column under each possible answer represents the baseline, with the four subsequent columns reflecting the data from each of the quarterly repeats of the survey. Because data is reported in aggregate, the raw number of responses for each data point may be different, so all data is reported by percentage.

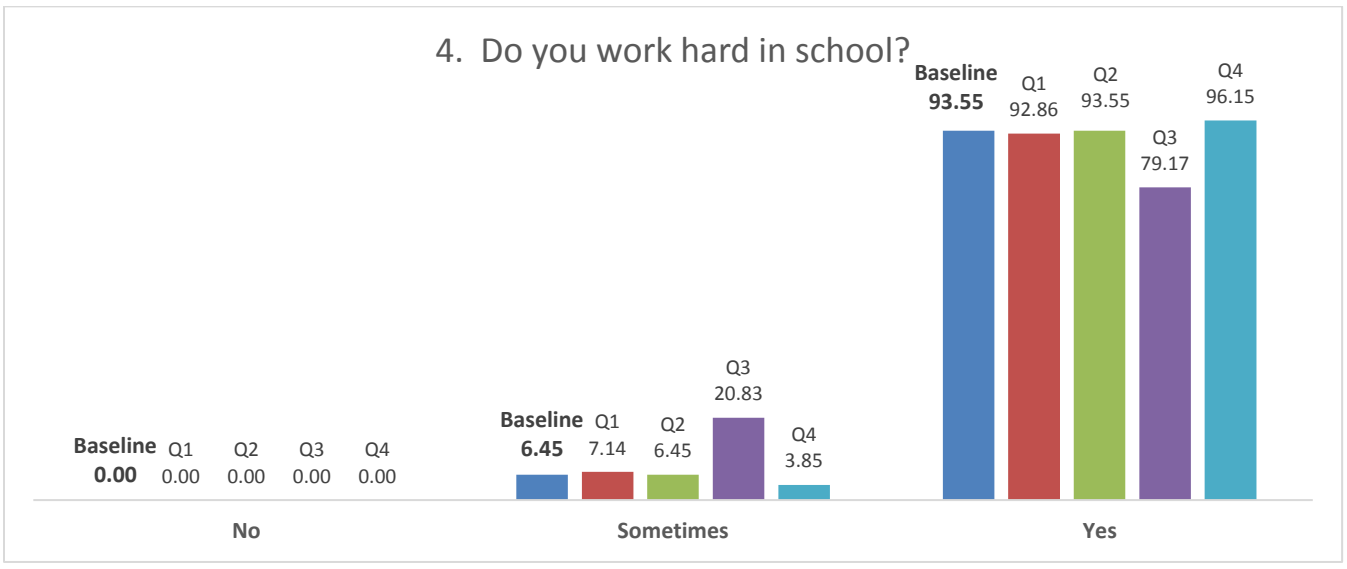
GRADES K-3

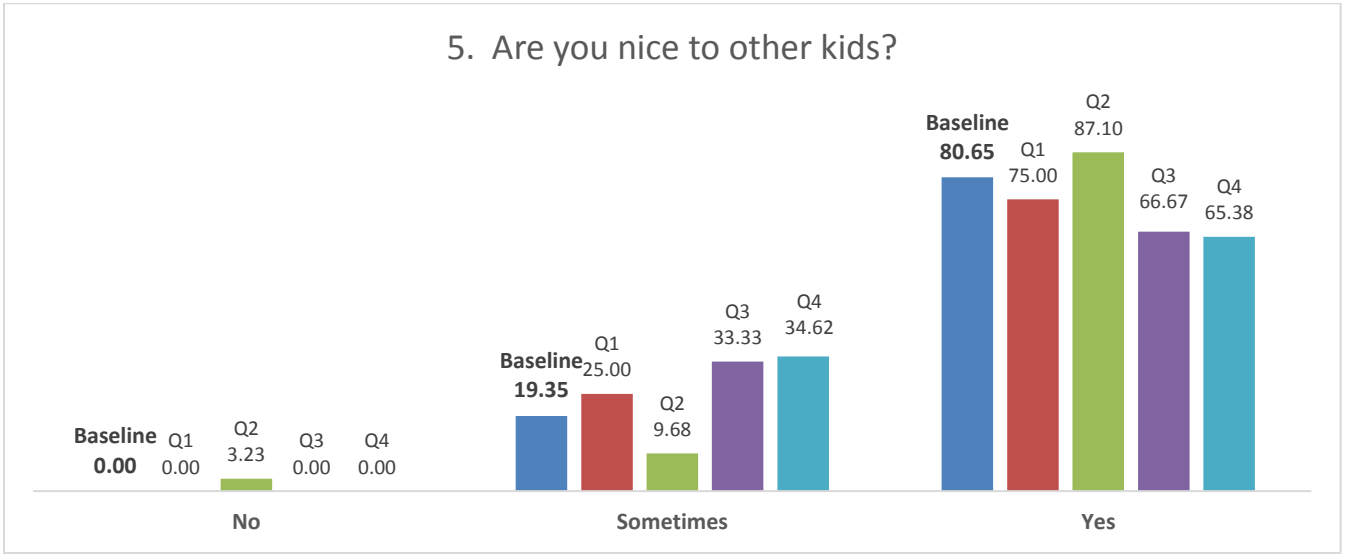
Six questions were asked of the K-3 students, with three possible answers (No, Sometimes or Yes).

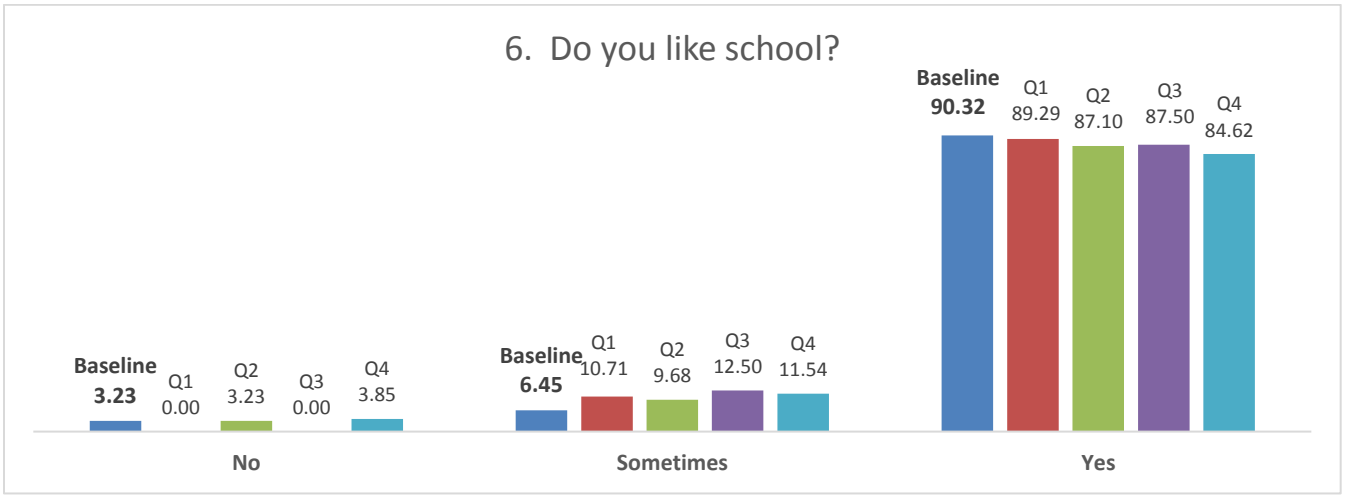



2. Do you tell the truth?
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 19.35
Q1 32.14
Q2 32.26
Q3 25.00
Q4 26.92
Baseline 80.65
Q1 67.86
Q2 67.74
Q3 75.00
Q4 73.08
No
Sometimes
Yes


3. Are you nice to animals?
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 6.45
Q1 3.57
Q2 6.45
Q3 8.33
Q4 3.85
Baseline 93.55
Q1 96.43
Q2 93.55
Q3 91.67
Q4 96.15
No
Sometimes
Yes

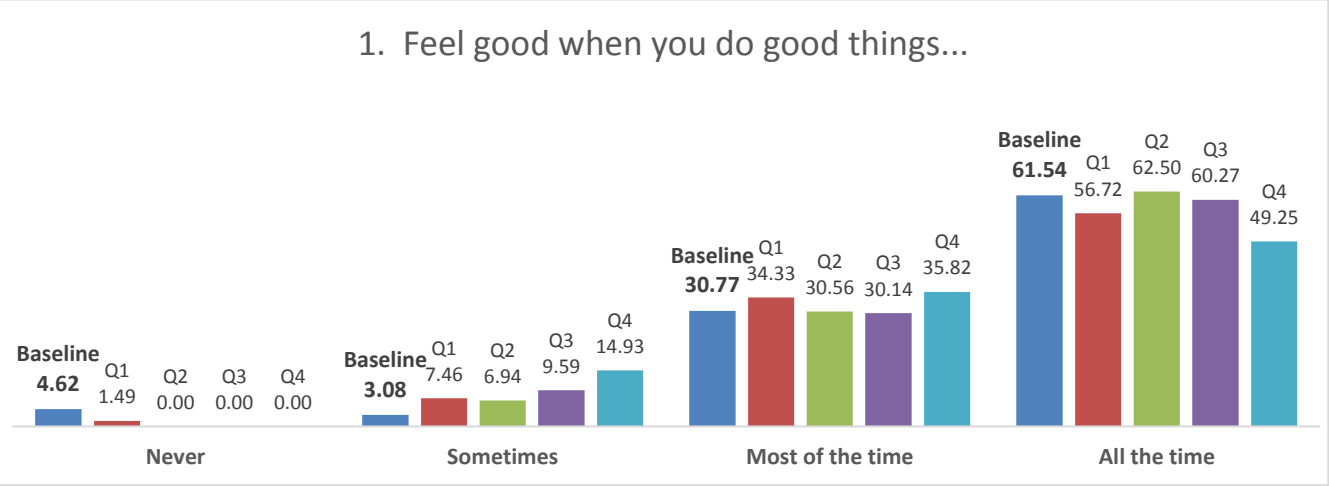

4. Do you work hard in school?
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 6.45
Q1 7.14
Q2 6.45
Q3 20.83
Q4 3.85
Baseline 93.55
Q1 92.86
Q2 93.55
Q3 79.17
Q4 96.15
No
Sometimes
Yes

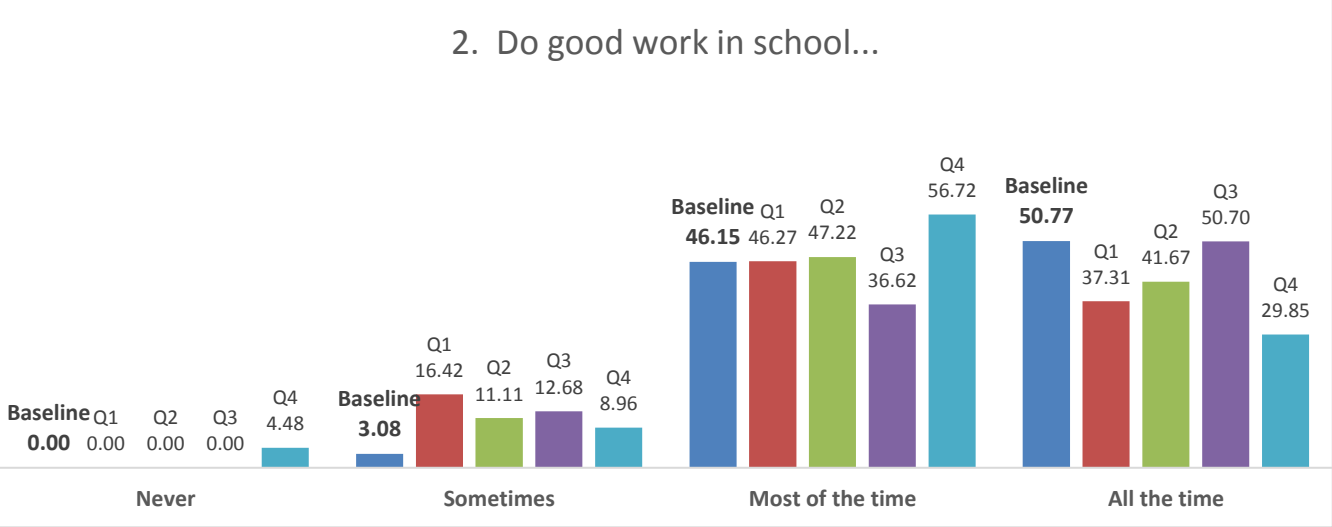

5. Are you nice to other kids?
Baseline 0.00
Q1 0.00
Q2 3.23
Q3 0.00
Q4 0.00
Baseline 19.35
Q1 25.00
Q2 9.68
Q3 33.33
Q4 34.62
Baseline 80.65
Q1 75.00
Q2 87.10
Q3 66.67
Q4 65.38
No
Sometimes
Yes

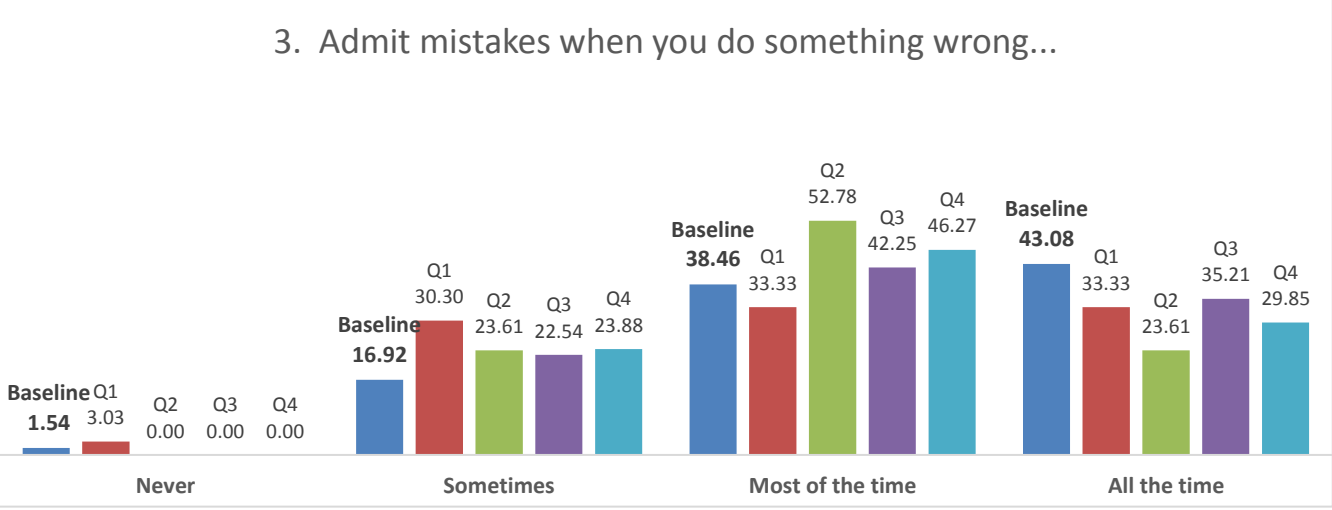

6. Do you like school?
Baseline 3.23
Q1 0.00
Q2 3.23
Q3 0.00
Q4 3.85
Baseline 6.45
Q1 10.71
Q2 9.68
Q3 12.50
Q4 11.54
Baseline 90.32
Q1 89.29
Q2 87.10
Q3 87.50
Q4 84.62
No
Sometimes
Yes

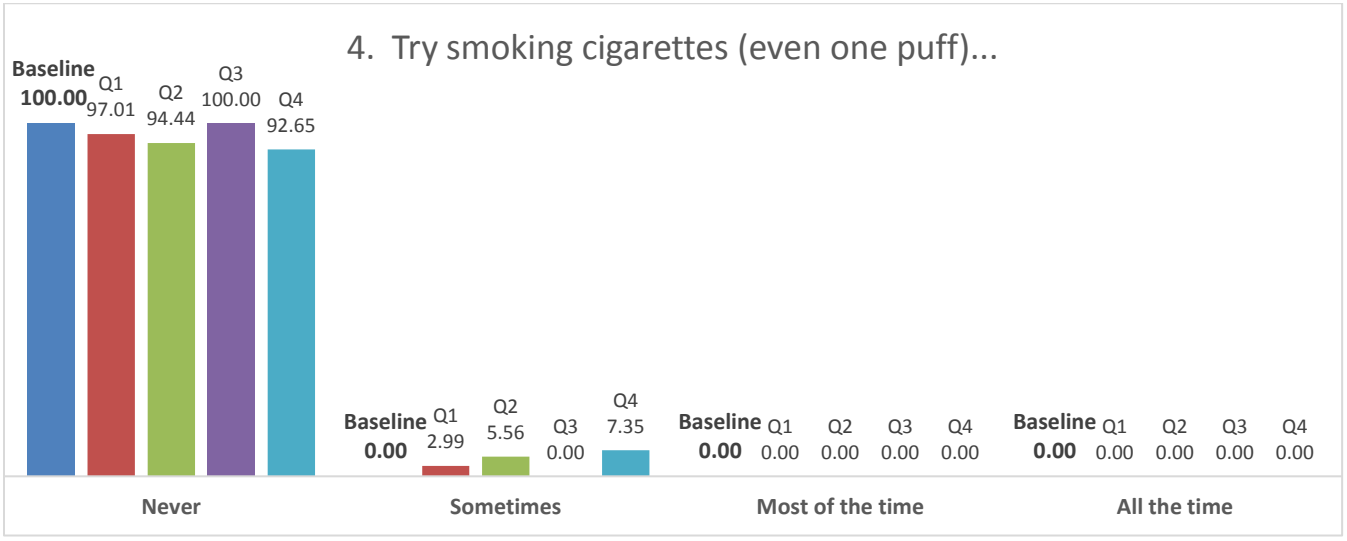
GRADES 4-6

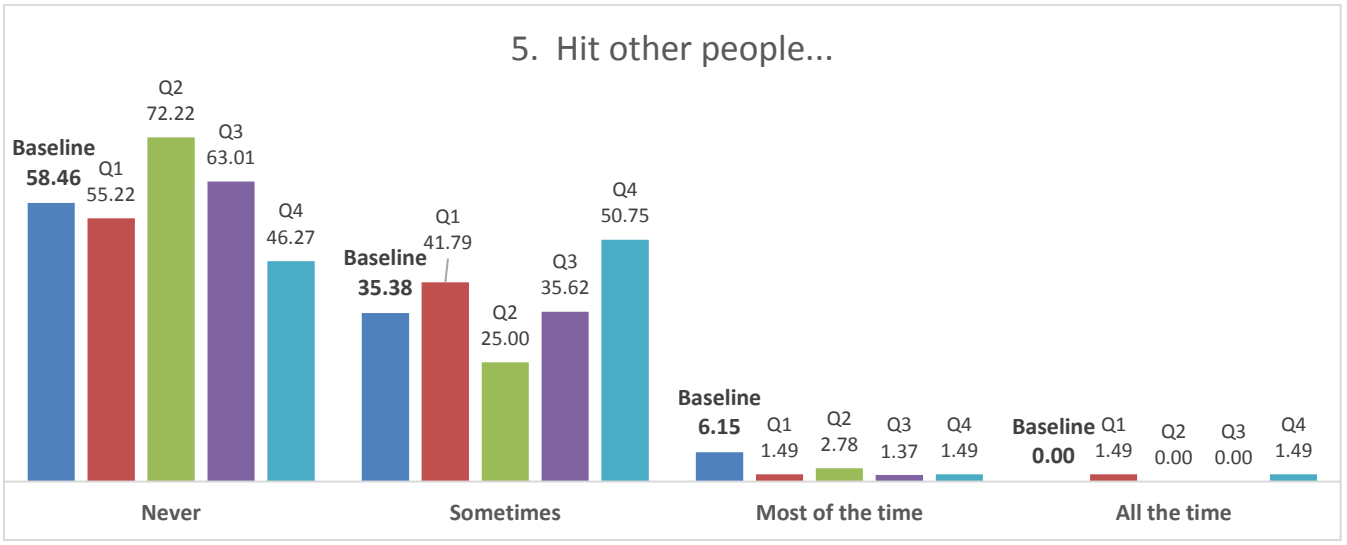
Twenty-one questions were asked of the grades 4-6 students, with four possible answers (Never, Sometimes, Most of the time, or All the time). All questions start with "How often do you…"

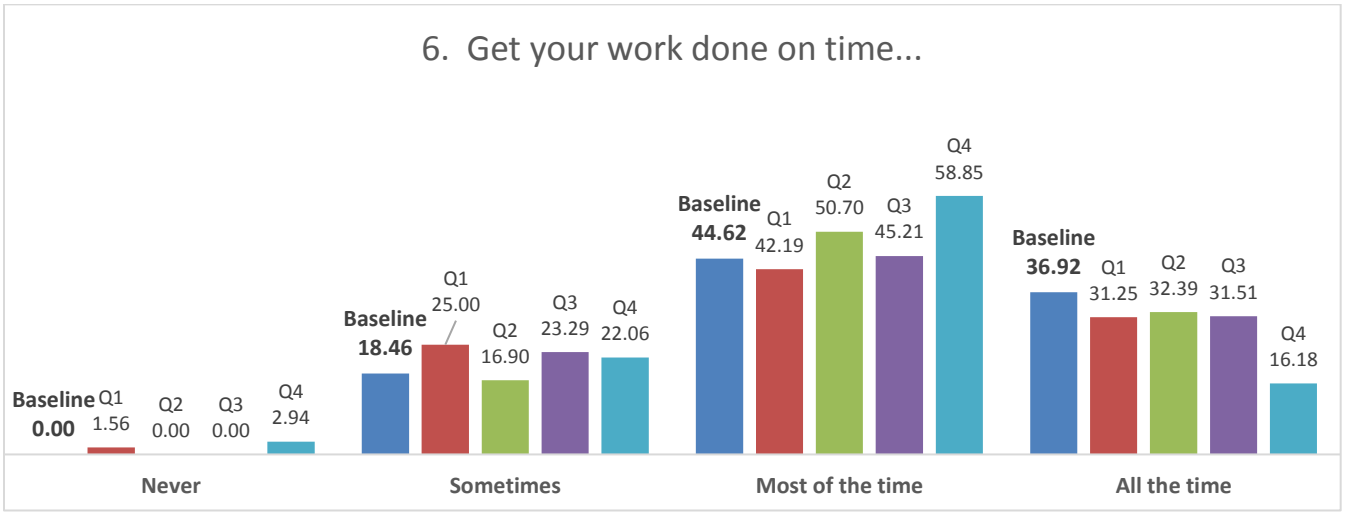


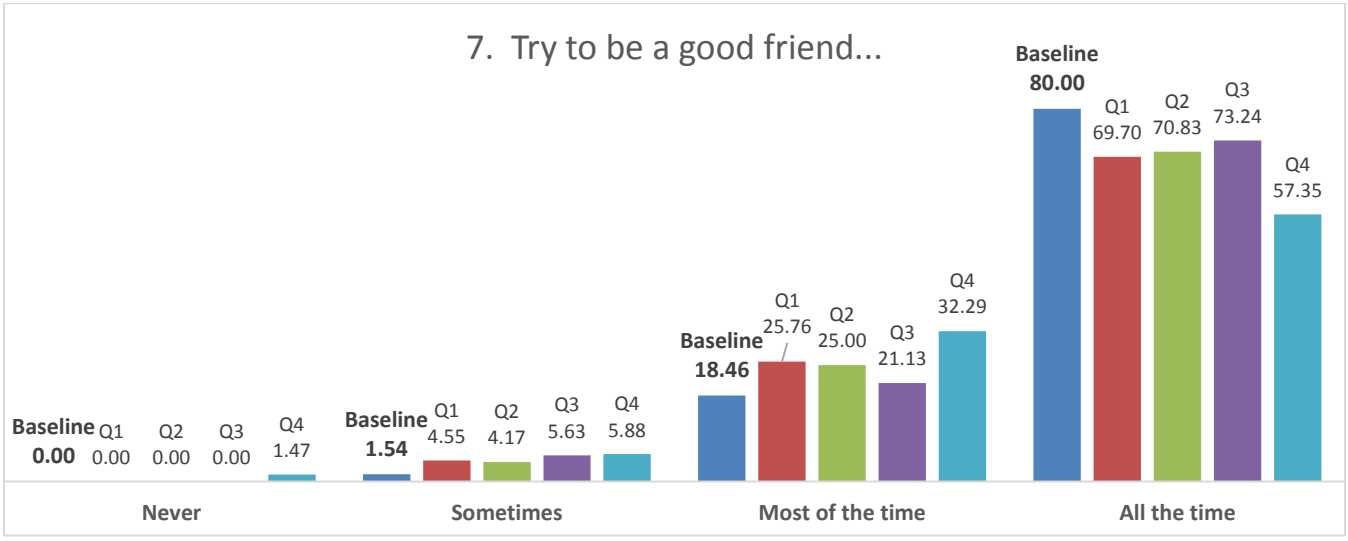


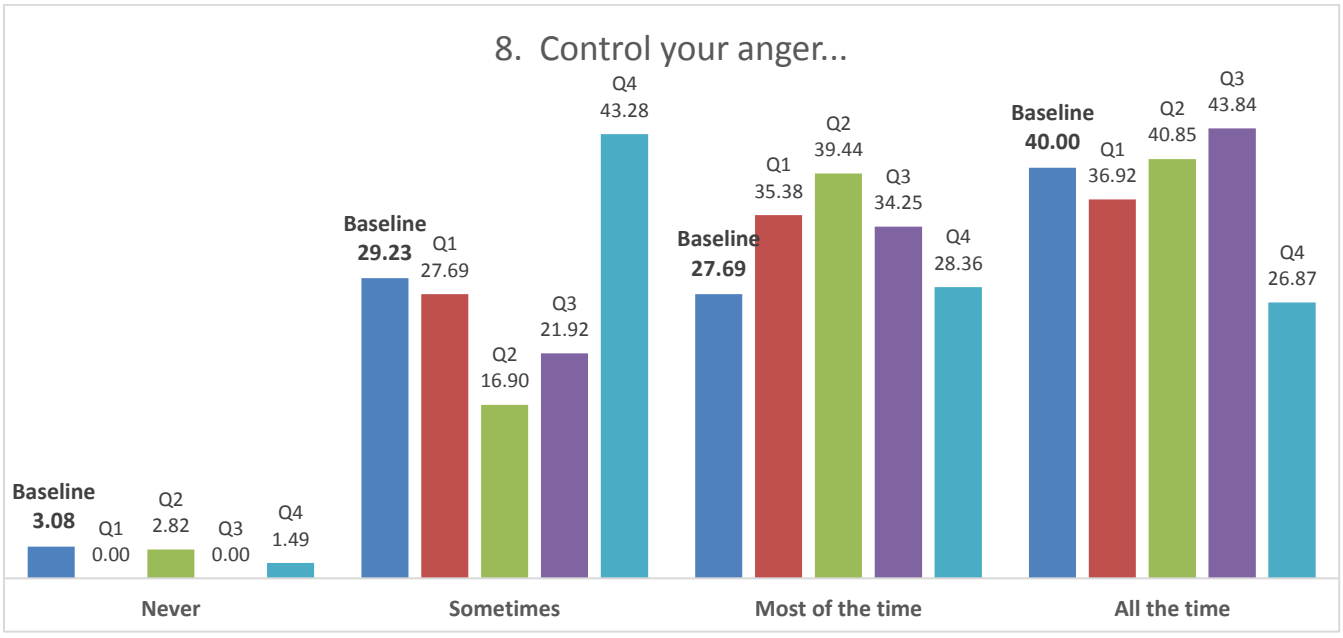


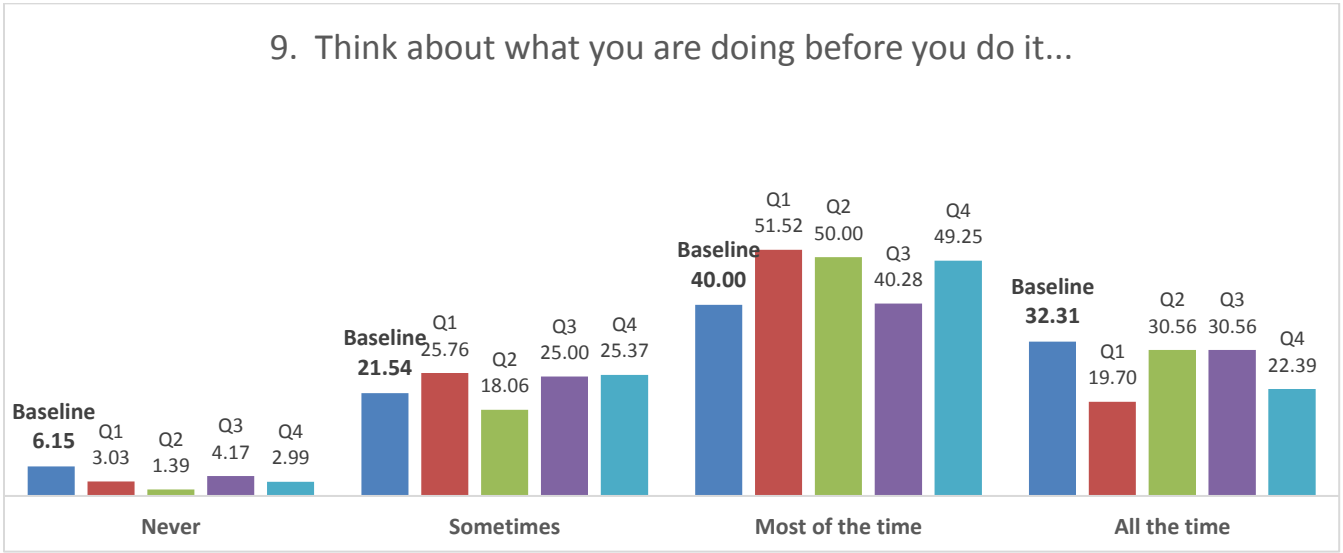

4. Try smoking cigarettes (even one puff)...
Baseline 100.00
Q1 97.01
Q2 94.44
Q3 100.00
Q4 92.65
Baseline 0.00
Q1 2.99
Q2 5.56
Q3 0.00
Q4 7.35
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Never
Sometimes
Most of the time
All the time

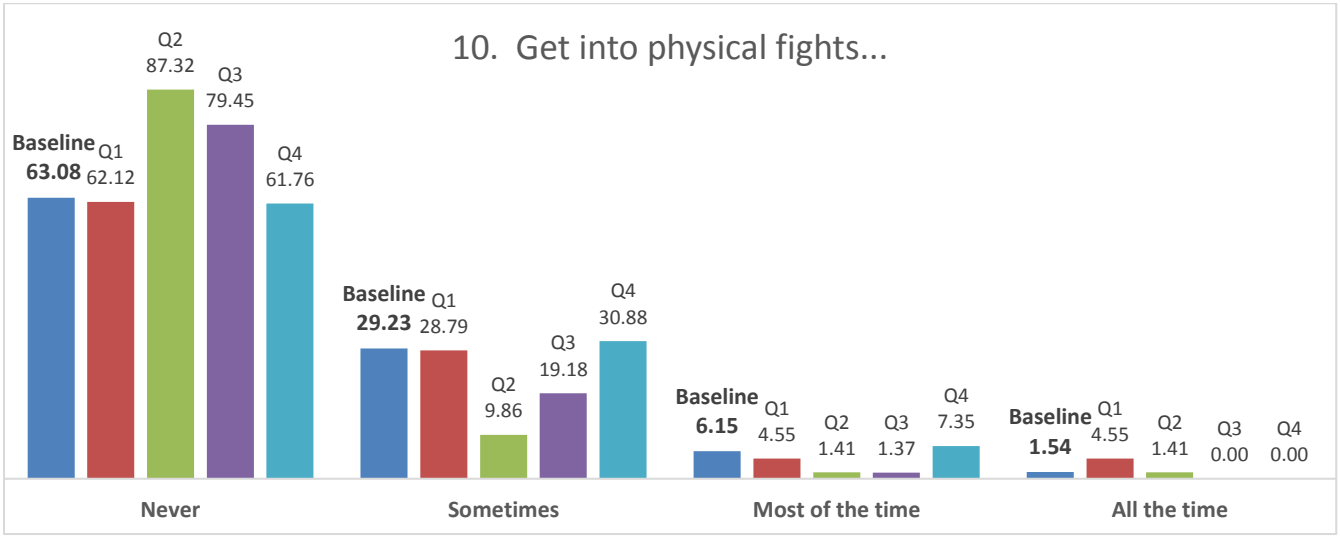

5. Hit other people...
Baseline 58.46
Q1 55.22
Q2 72.22
Q3 63.01
Q4 46.27
Baseline 35.38
Q1 41.79
Q2 25.00
Q3 35.62
Q4 50.75
Baseline 6.15
Q1 1.49
Q2 2.78
Q3 1.37
Q4 1.49
Baseline 0.00
Q1 1.49
Q2 0.00
Q3 0.00
Q4 1.49
Never
Sometimes
Most of the time
All the time

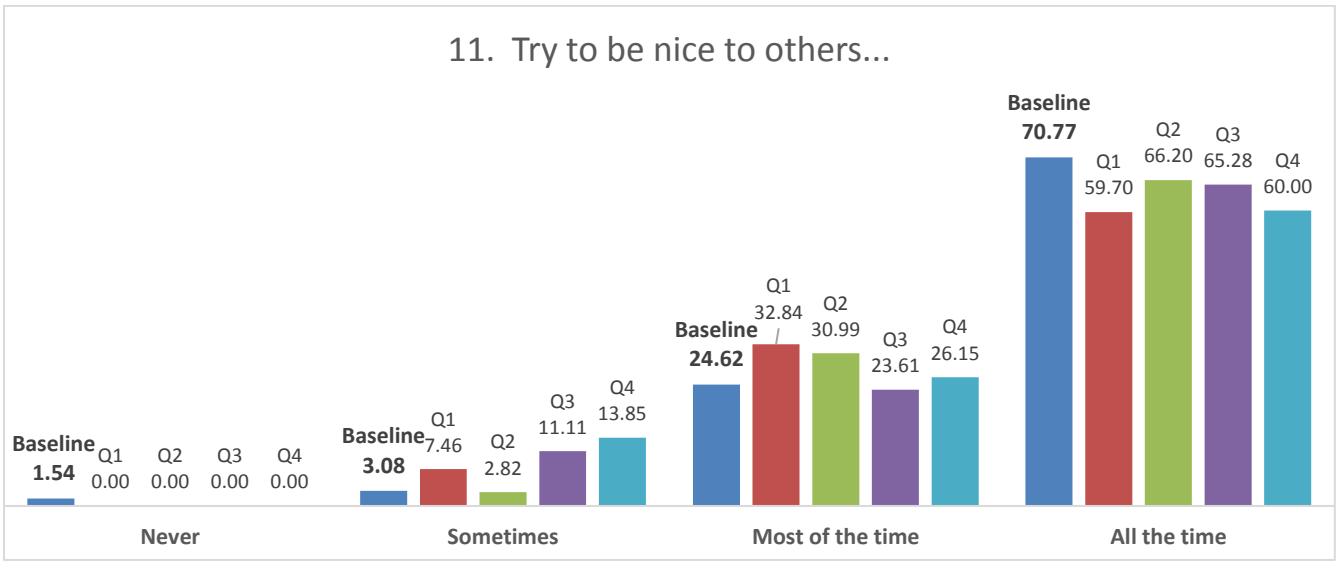

6. Get your work done on time...
Baseline 0.00
Q1 1.56
Q2 0.00
Q3 0.00
Q4 2.94
Baseline 18.46
Q1 25.00
Q2 16.90
Q3 23.29
Q4 22.06
Baseline 44.62
Q1 42.19
Q2 50.70
Q3 45.21
Q4 58.85
Baseline 36.92
Q1 31.25
Q2 32.39
Q3 31.51
Q4 16.18
Never
Sometimes
Most of the time
All the time

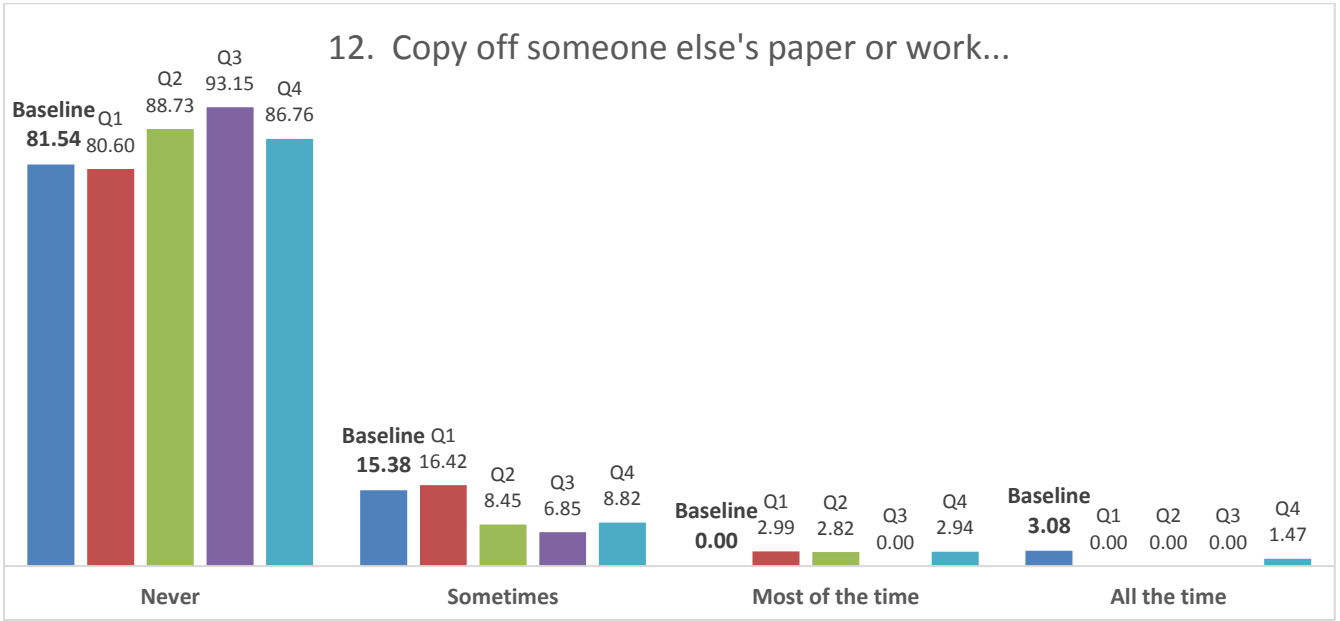

7. Try to be a good friend...
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 1.47
Baseline 1.54
Q1 4.55
Q2 4.17
Q3 5.63
Q4 5.88
Baseline 18.46
Q1 25.76
Q2 25.00
Q3 21.13
Q4 32.29
Baseline 80.00
Q1 69.70
Q2 70.83
Q3 73.24
Q4 57.35
Never
Sometimes
Most of the time
All the time

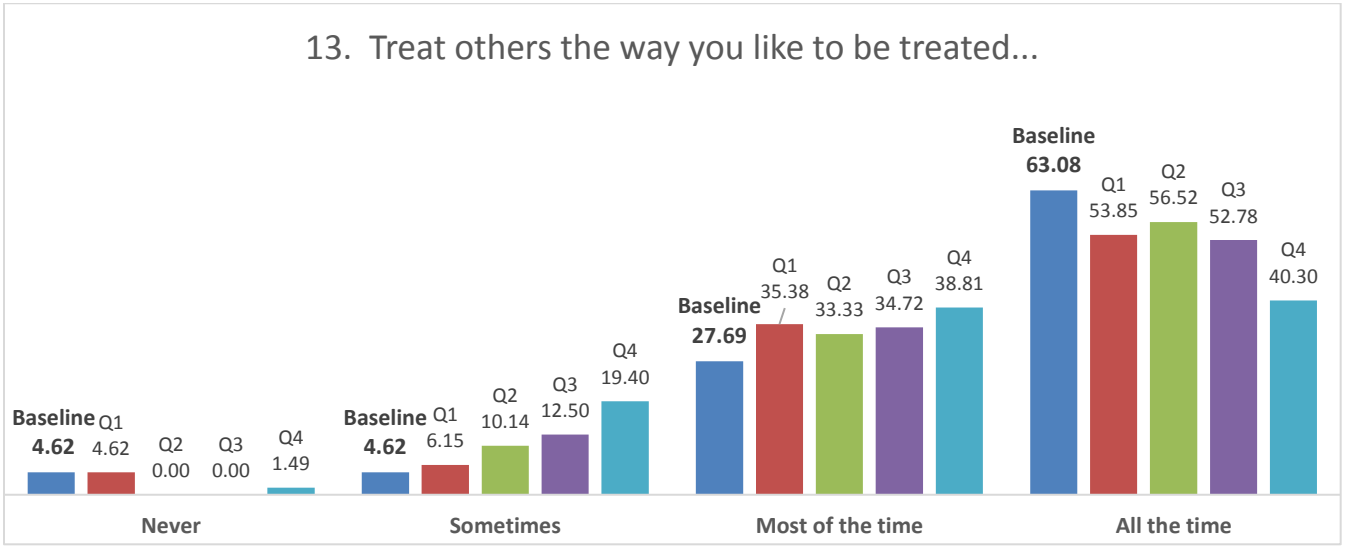

8. Control your anger...
Baseline 3.08
Q1 0.00
Q2 2.82
Q3 0.00
Q4 1.49
Baseline 29.23
Q1 27.69
Q2 16.90
Q3 21.92
Q4 43.28
Baseline 27.69
Q1 35.38
Q2 39.44
Q3 34.25
Q4 28.36
Baseline 40.00
Q1 36.92
Q2 40.85
Q3 43.84
Q4 26.87
Never
Sometimes
Most of the time
All the time

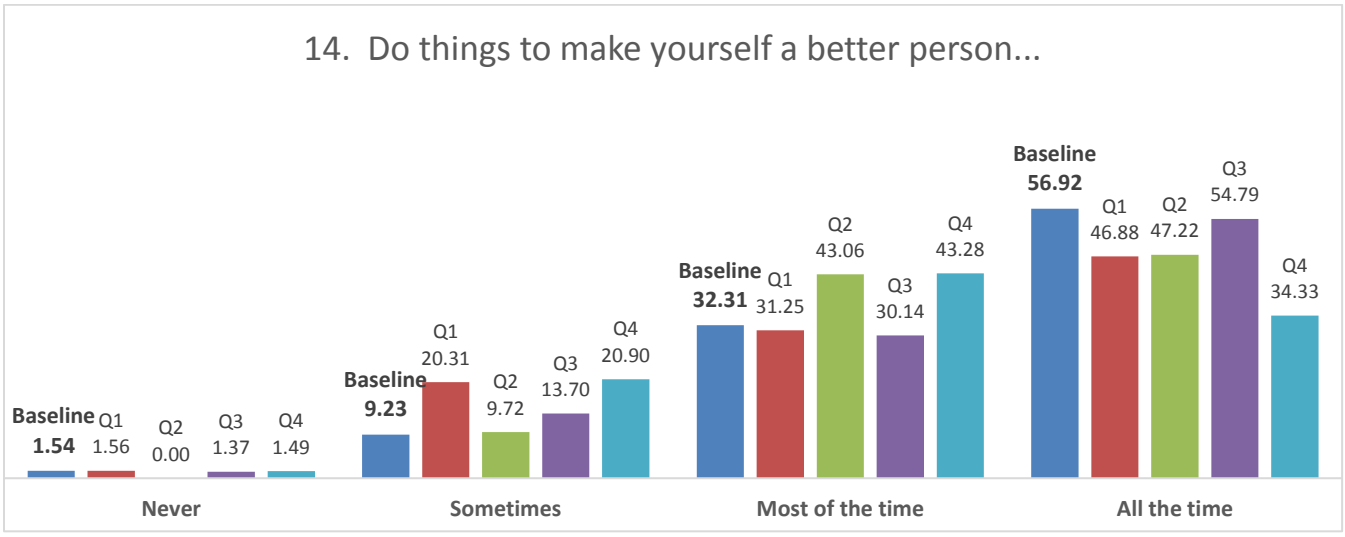

9. Think about what you are doing before you do it...
Baseline 6.15
Q1 3.03
Q2 1.39
Q3 4.17
Q4 2.99
Baseline 21.54
Q1 25.76
Q2 18.06
Q3 25.00
Q4 25.37
Baseline 40.00
Q1 51.52
Q2 50.00
Q3 40.28
Q4 49.25
Baseline 32.31
Q1 19.70
Q2 30.56
Q3 30.56
Q4 22.39
Never
Sometimes
Most of the time
All the time

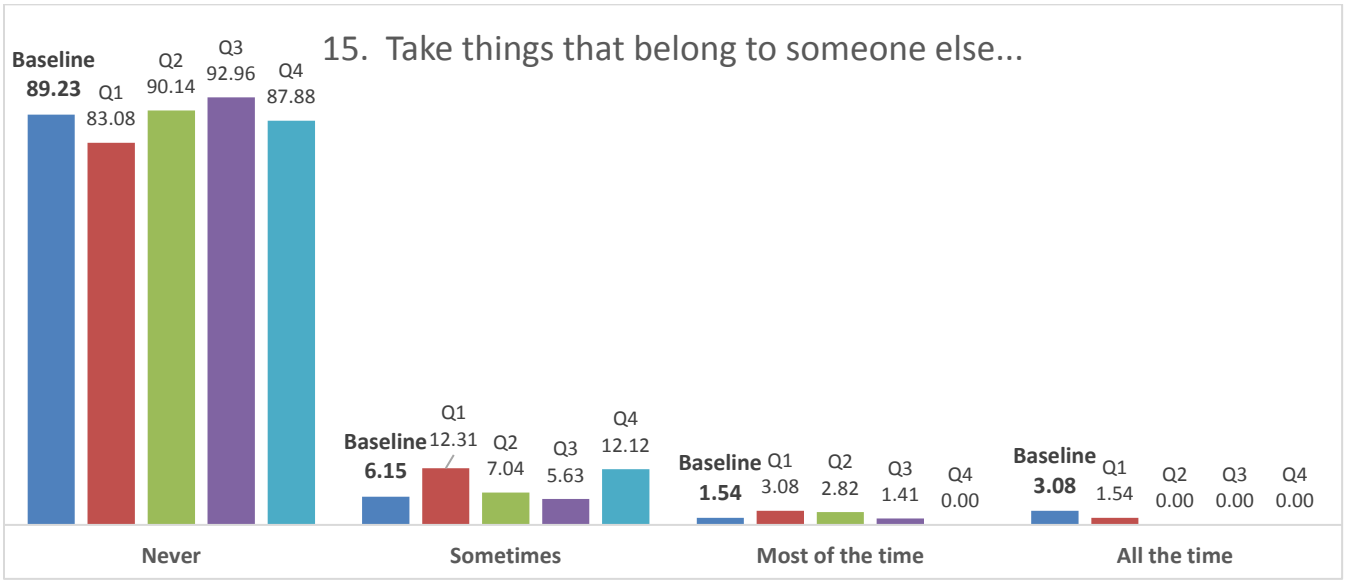

10. Get into physical fights...
Baseline 63.08
Q1 62.12
Q2 87.32
Q3 79.45
Q4 61.76
Baseline 29.23
Q1 28.79
Q2 9.86
Q3 19.18
Q4 30.88
Baseline 6.15
Q1 4.55
Q2 1.41
Q3 1.37
Q4 7.35
Baseline 1.54
Q1 4.55
Q2 1.41
Q3 0.00
Q4 0.00
Never
Sometimes
Most of the time
All the time

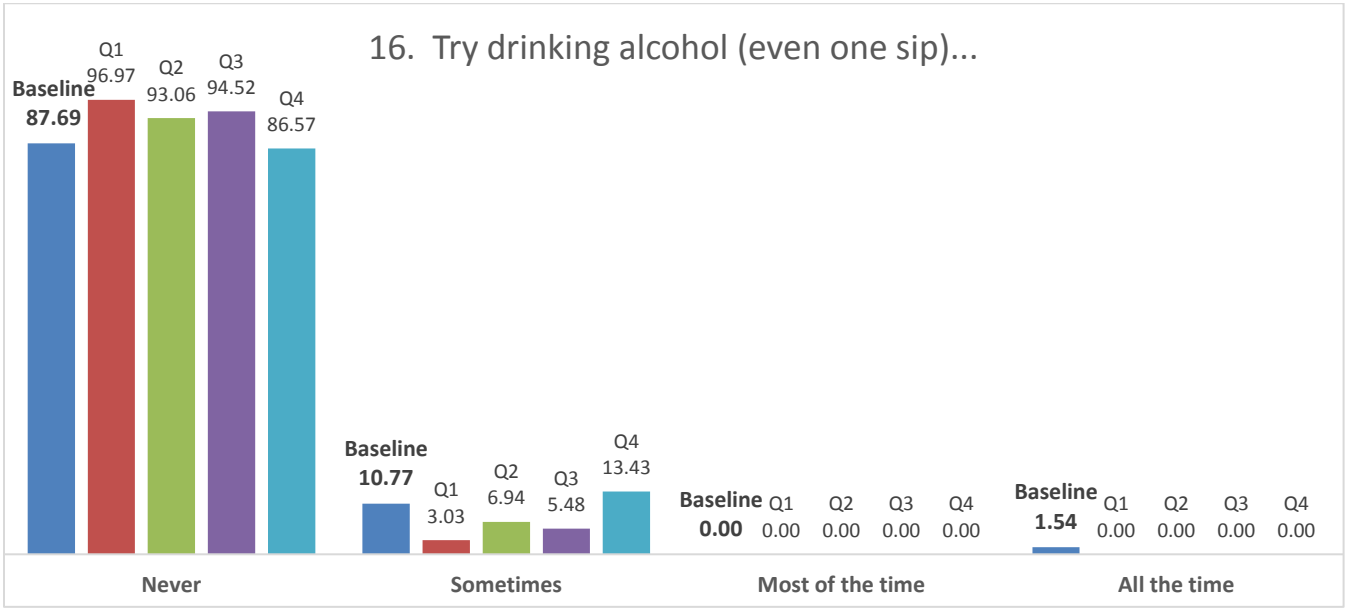

11. Try to be nice to others...
Baseline 1.54
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 3.08
Q1 7.46
Q2 2.82
Q3 11.11
Q4 13.85
Baseline 24.62
Q1 32.84
Q2 30.99
Q3 23.61
Q4 26.15
Baseline 70.77
Q1 59.70
Q2 66.20
Q3 65.28
Q4 60.00
Never
Sometimes
Most of the time
All the time

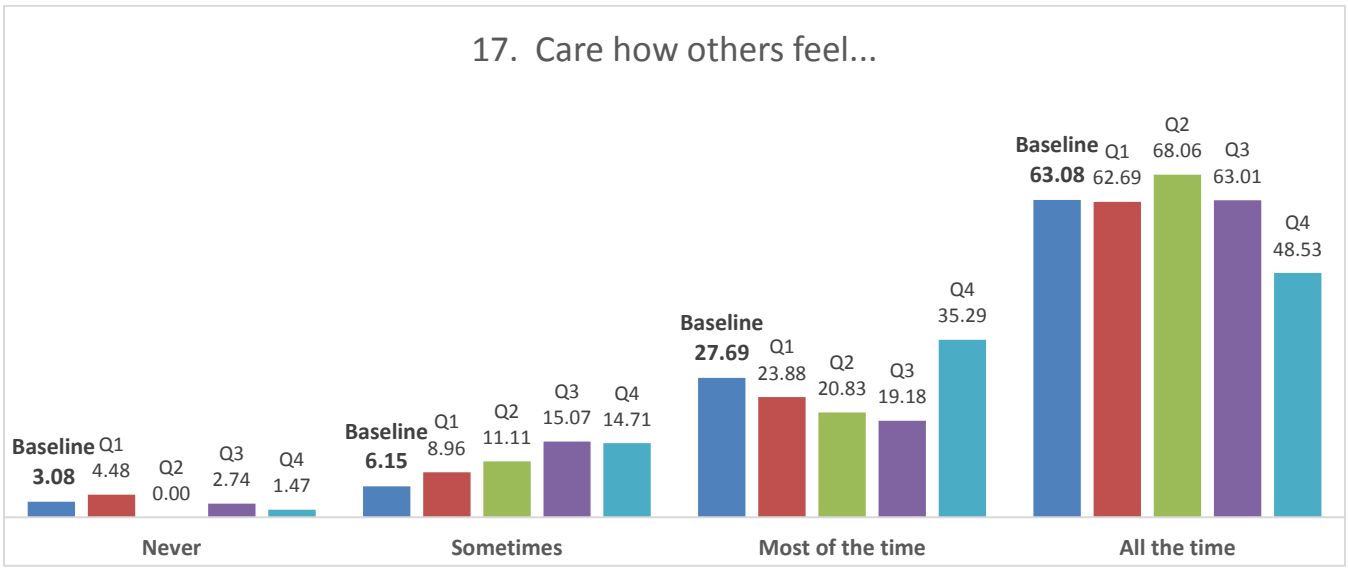

12. Copy off someone else's paper or work...
Baseline 81.54
Q1 80.60
Q2 88.73
Q3 93.15
Q4 86.76
Baseline 15.38
Q1 16.42
Q2 8.45
Q3 6.85
Q4 8.82
Baseline 0.00
Q1 2.99
Q2 2.82
Q3 0.00
Q4 2.94
Baseline 3.08
Q1 0.00
Q2 0.00
Q3 0.00
Q4 1.47
Never
Sometimes
Most of the time
All the time

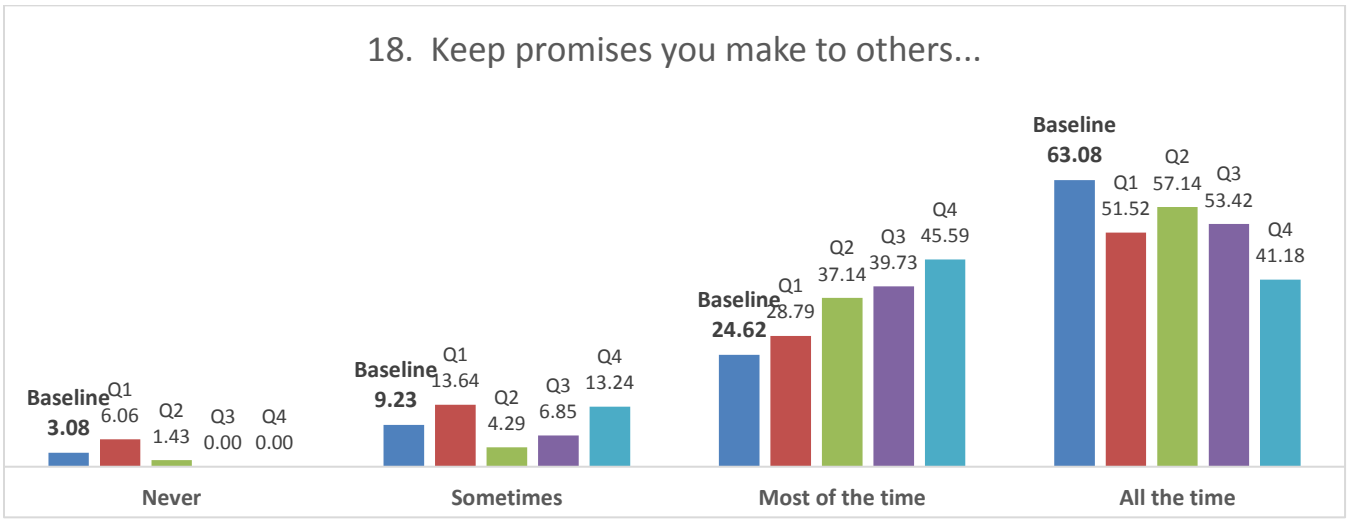

13. Treat others the way you like to be treated...
Baseline 4.62
Q1 4.62
Q2 0.00
Q3 0.00
Q4 1.49
Baseline 4.62
Q1 6.15
Q2 10.14
Q3 12.50
Q4 19.40
Baseline 27.69
Q1 35.38
Q2 33.33
Q3 34.72
Q4 38.81
Baseline 63.08
Q1 53.85
Q2 56.52
Q3 52.78
Q4 40.30
Never
Sometimes
Most of the time
All the time

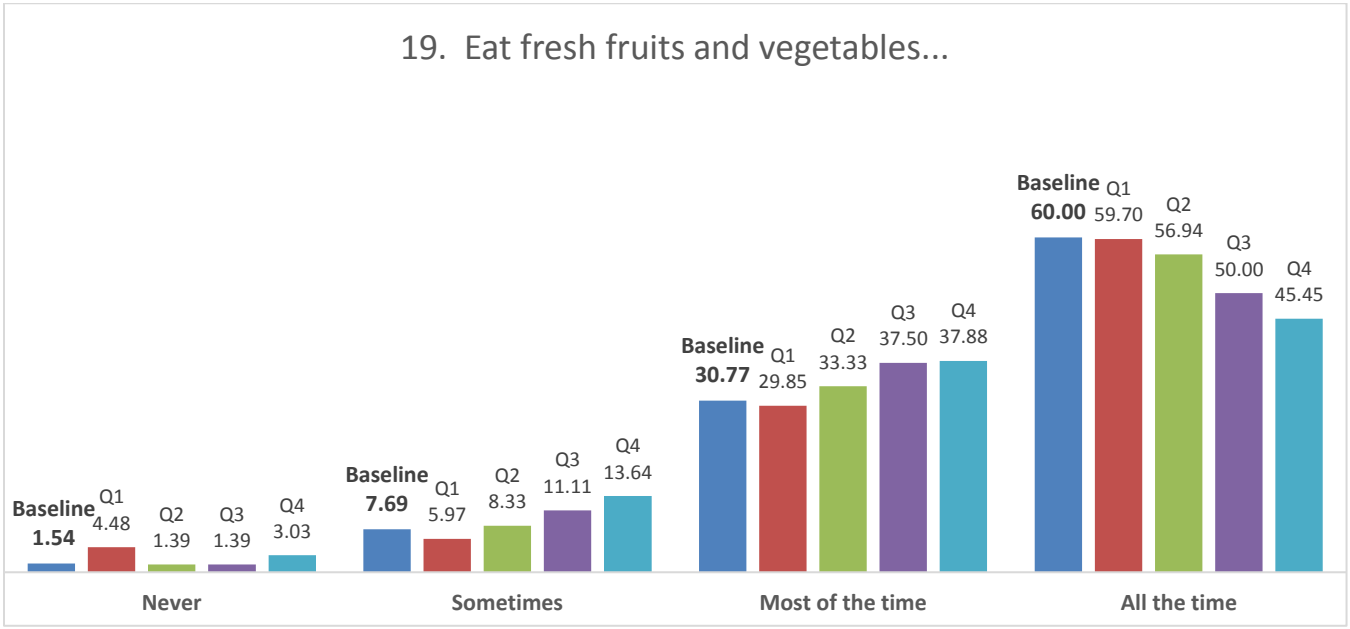

14. Do things to make yourself a better person...
Baseline 1.54
Q1 1.56
Q2 0.00
Q3 1.37
Q4 1.49
Baseline 9.23
Q1 20.31
Q2 9.72
Q3 13.70
Q4 20.90
Baseline 32.31
Q1 31.25
Q2 43.06
Q3 30.14
Q4 43.28
Baseline 56.92
Q1 46.88
Q2 47.22
Q3 54.79
Q4 34.33
Never
Sometimes
Most of the time
All the time

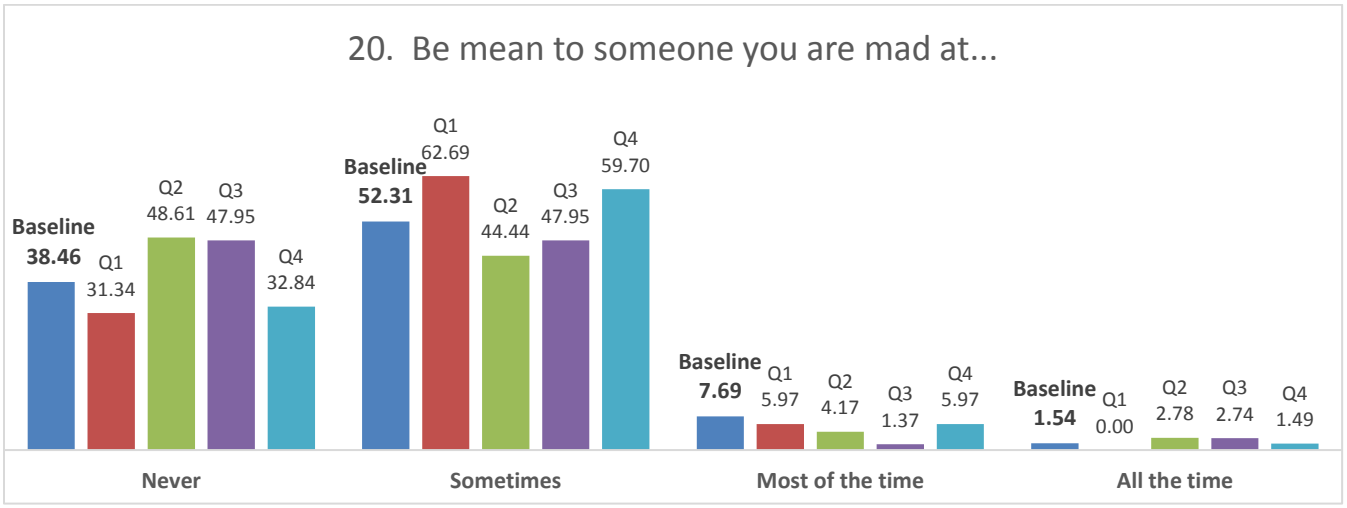

15. Take things that belong to someone else...
Baseline 89.23
Q1 83.08
Q2 90.14
Q3 92.96
Q4 87.88
Baseline 6.15
Q1 12.31
Q2 7.04
Q3 5.63
Q4 12.12
Baseline 1.54
Q1 3.08
Q2 2.82
Q3 1.41
Q4 0.00
Baseline 3.08
Q1 1.54
Q2 0.00
Q3 0.00
Q4 0.00
Never
Sometimes
Most of the time
All the time

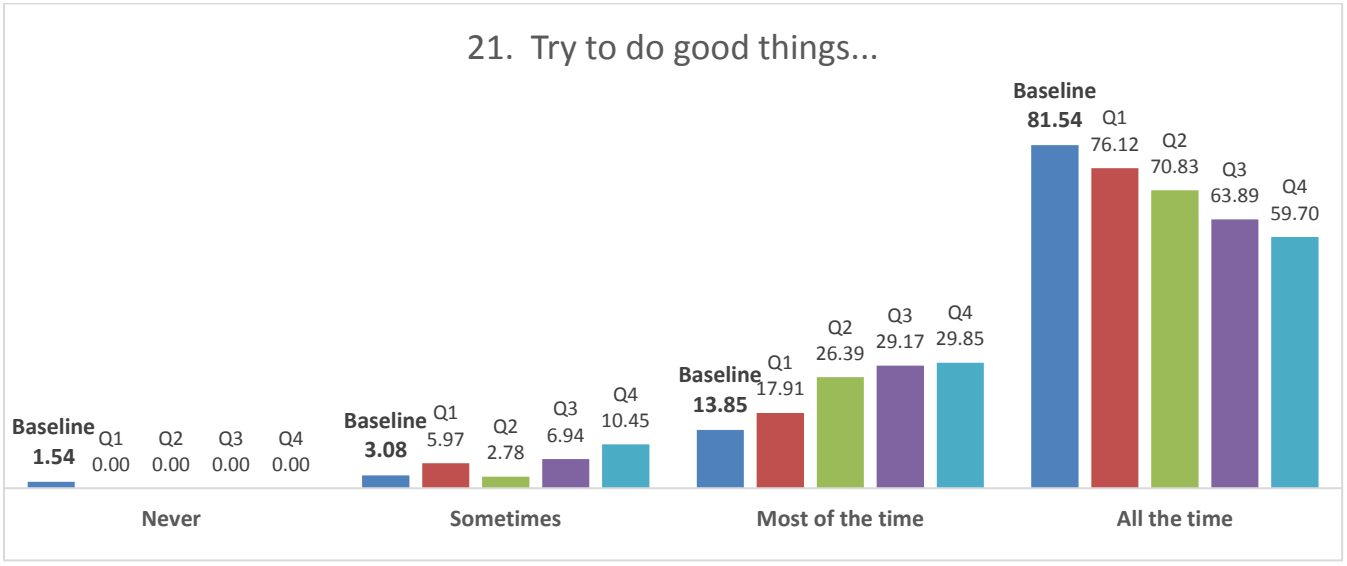

16. Try drinking alcohol (even one sip)...
Baseline 87.69
Q1 96.97
Q2 93.06
Q3 94.52
Q4 86.57
Baseline 10.77
Q1 3.03
Q2 6.94
Q3 5.48
Q4 13.43
Baseline 0.00
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 1.54
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Never
Sometimes
Most of the time
All the time


17. Care how others feel...
Baseline 3.08
Q1 4.48
Q2 0.00
Q3 2.74
Q4 1.47
Baseline 6.15
Q1 8.96
Q2 11.11
Q3 15.07
Q4 14.71
Baseline 27.69
Q1 23.88
Q2 20.83
Q3 19.18
Q4 35.29
Baseline 63.08
Q1 62.69
Q2 68.06
Q3 63.01
Q4 48.53
Never
Sometimes
Most of the time
All the time


18. Keep promises you make to others...
Baseline 3.08
Q1 6.06
Q2 1.43
Q3 0.00
Q4 0.00
Baseline 9.23
Q1 13.64
Q2 4.29
Q3 6.85
Q4 13.24
Baseline 24.62
Q1 28.79
Q2 37.14
Q3 39.73
Q4 45.59
Baseline 63.08
Q1 51.52
Q2 57.14
Q3 53.42
Q4 41.18
Never
Sometimes
Most of the time
All the time

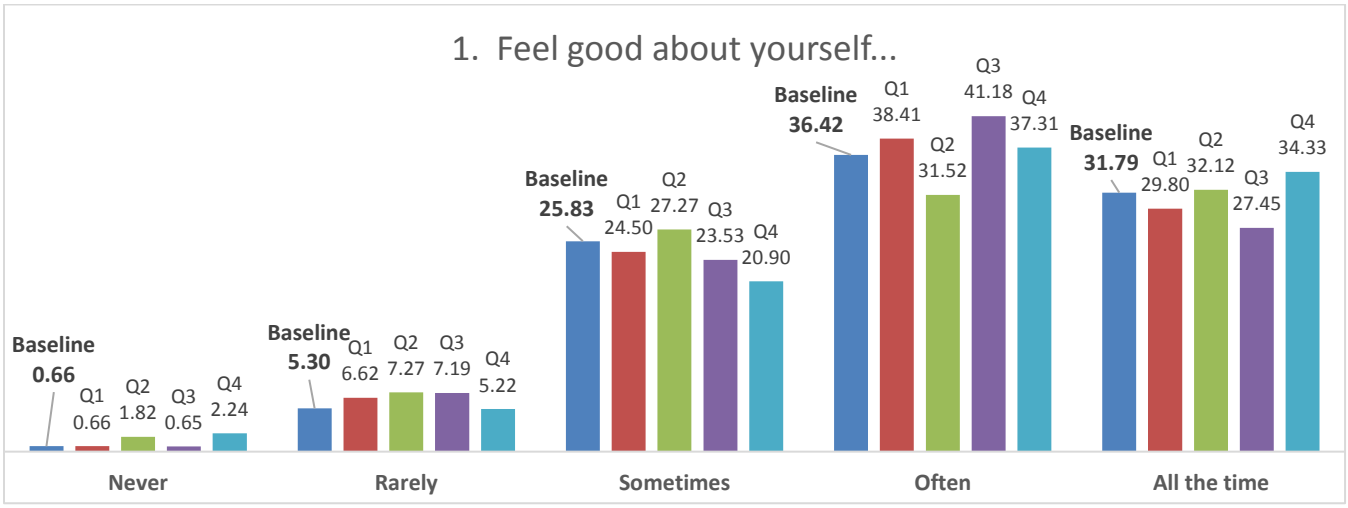

19. Eat fresh fruits and vegetables...
Baseline 1.54
Q1 4.48
Q2 1.39
Q3 1.39
Q4 3.03
Baseline 7.69
Q1 5.97
Q2 8.33
Q3 11.11
Q4 13.64
Baseline 30.77
Q1 29.85
Q2 33.33
Q3 37.50
Q4 37.88
Baseline 60.00
Q1 59.70
Q2 56.94
Q3 50.00
Q4 45.45
Never
Sometimes
Most of the time
All the time

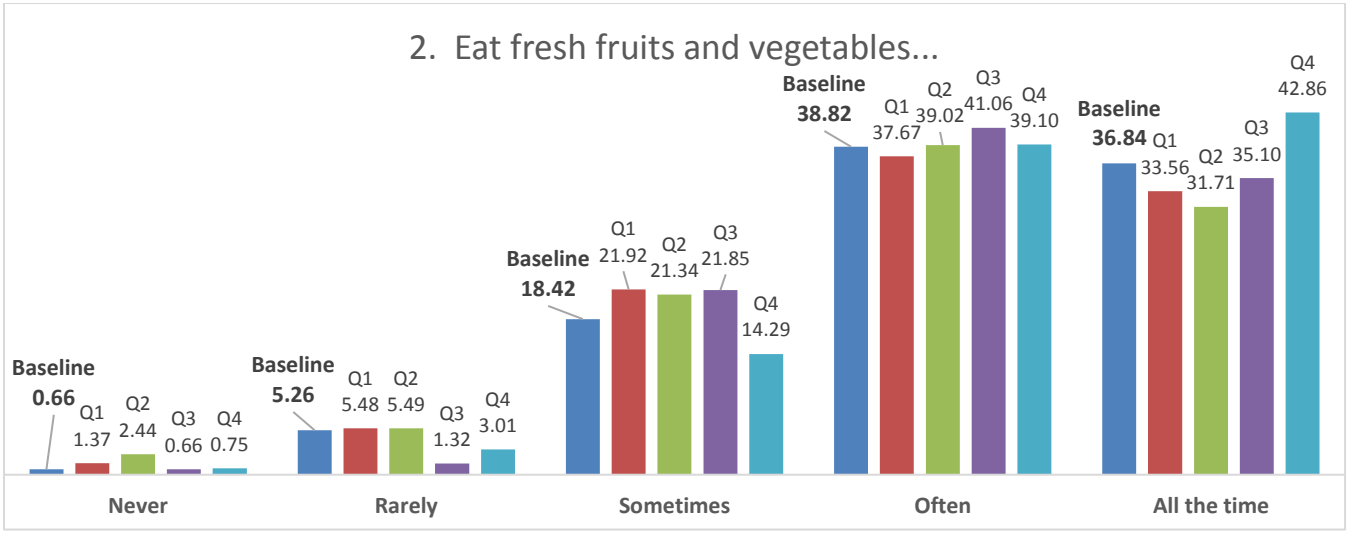

20. Be mean to someone you are mad at...
Baseline 38.46
Q1 31.34
Q2 48.61
Q3 47.95
Q4 32.84
Baseline 52.31
Q1 62.69
Q2 44.44
Q3 47.95
Q4 59.70
Baseline 7.69
Q1 5.97
Q2 4.17
Q3 1.37
Q4 5.97
Baseline 1.54
Q1 0.00
Q2 2.78
Q3 2.74
Q4 1.49
Never
Sometimes
Most of the time
All the time

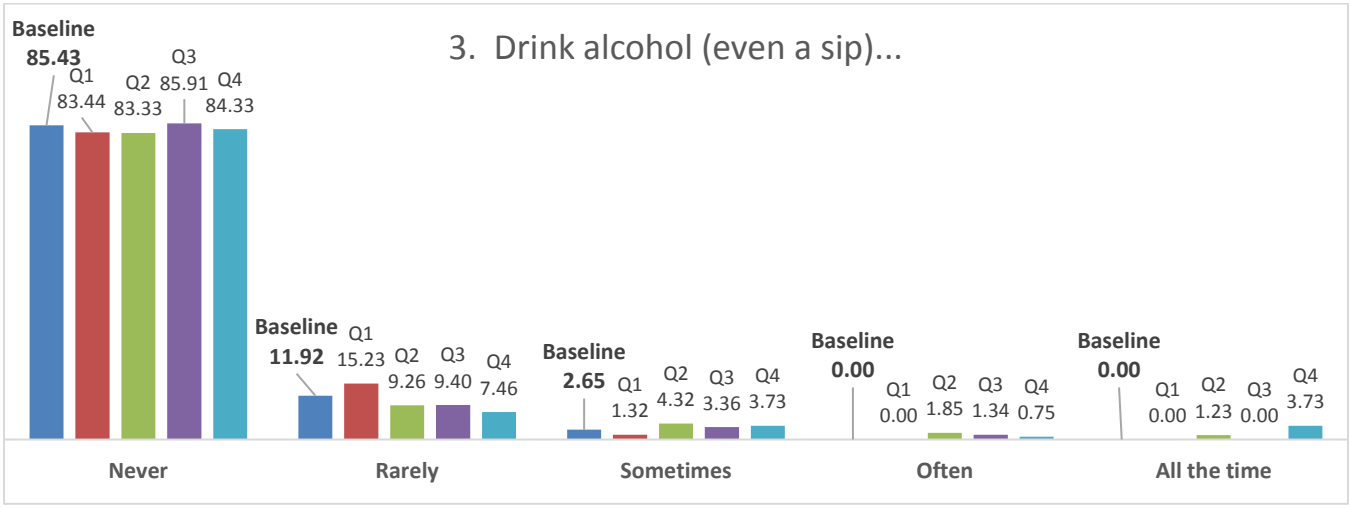

21. Try to do good things...
Baseline 1.54
Q1 0.00
Q2 0.00
Q3 0.00
Q4 0.00
Baseline 3.08
Q1 5.97
Q2 2.78
Q3 6.94
Q4 10.45
Baseline 13.85
Q1 17.91
Q2 26.39
Q3 29.17
Q4 29.85
Baseline 81.54
Q1 76.12
Q2 70.83
Q3 63.89
Q4 59.70
Never
Sometimes
Most of the time
All the time

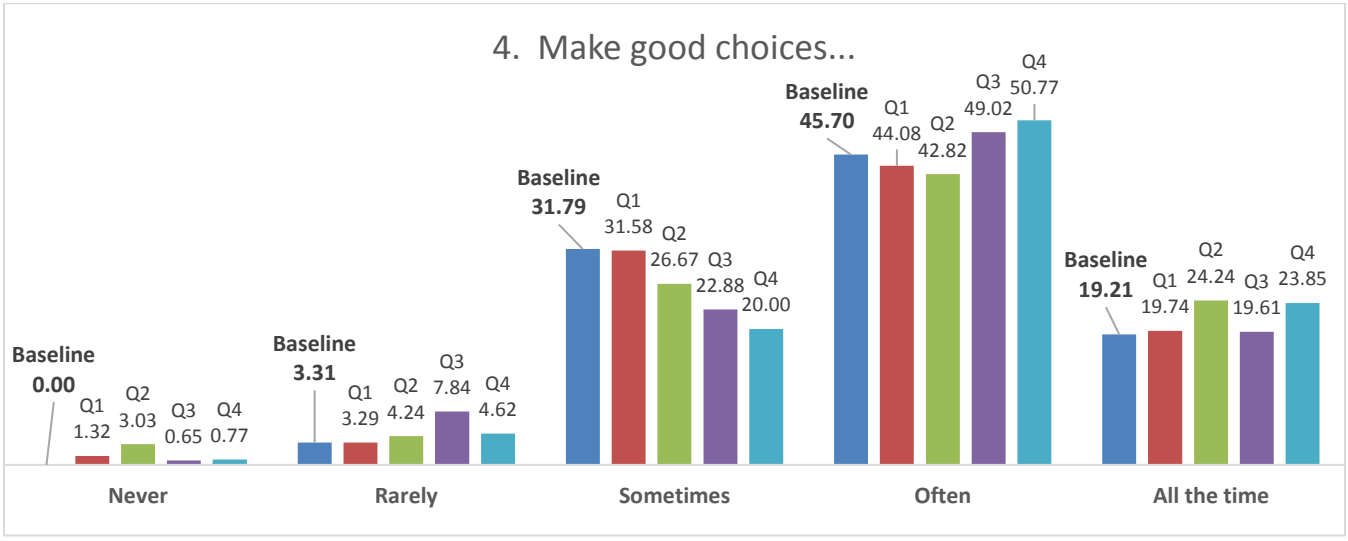
GRADES 7-8

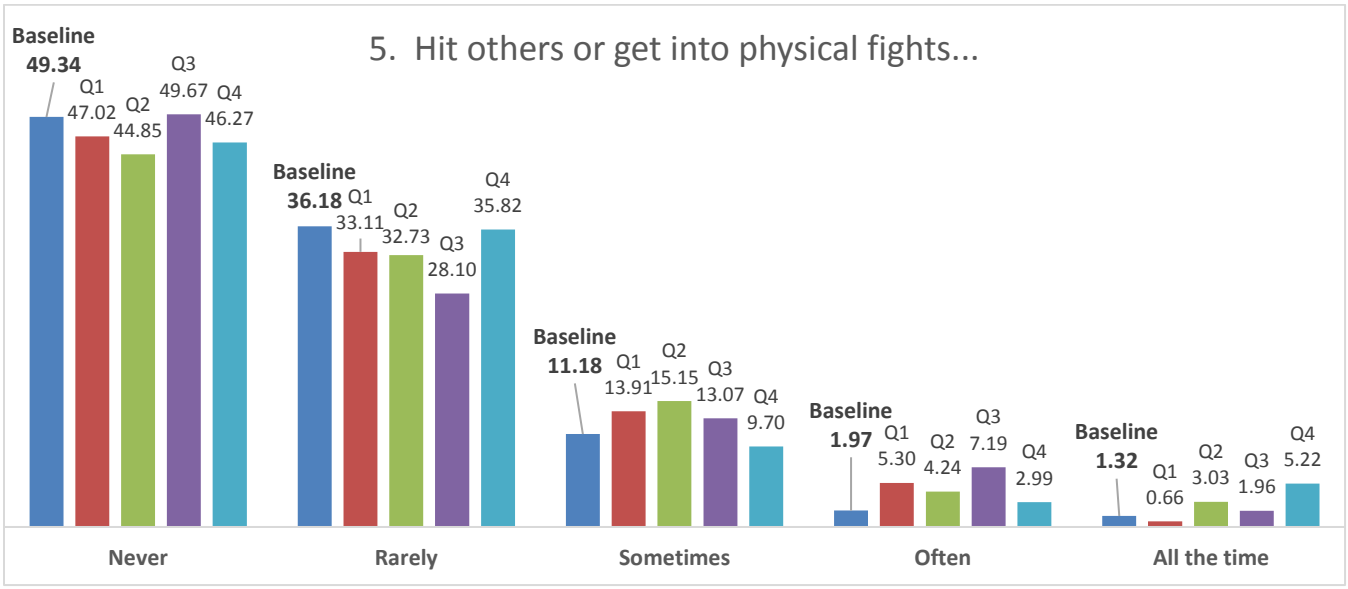
Twenty-one questions were asked of the grades 7-8 students, with five possible answers (Never, Rarely, Sometimes, Often, or All the time). All questions start with "How often do you…"

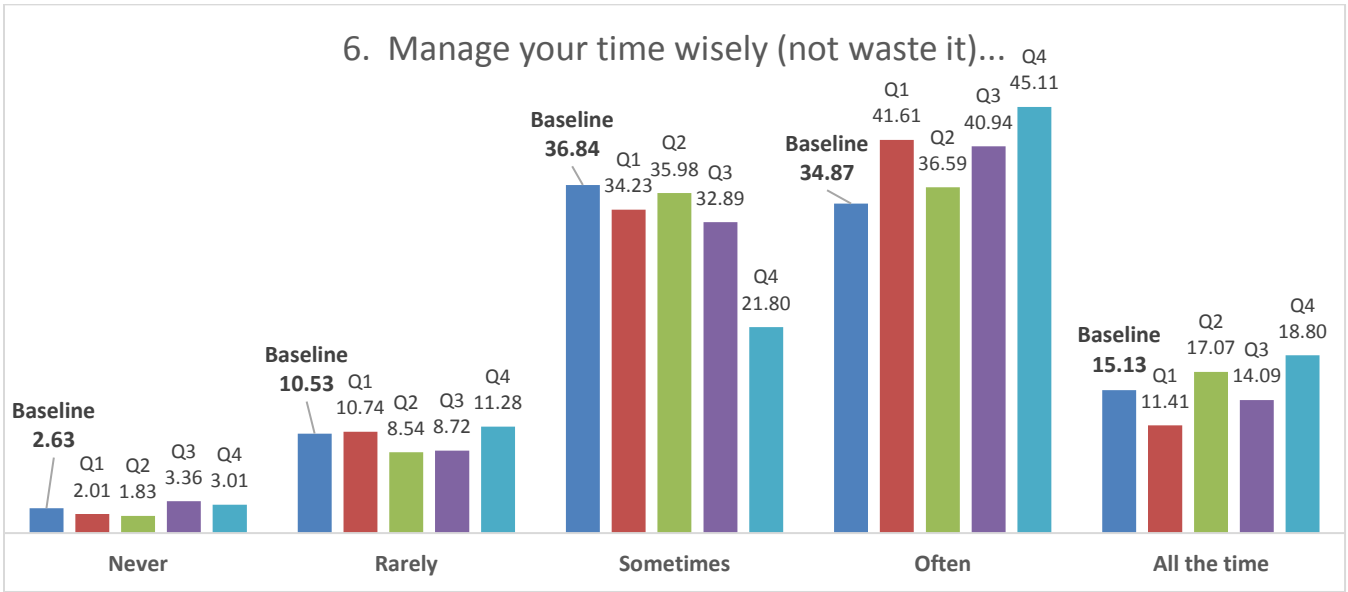


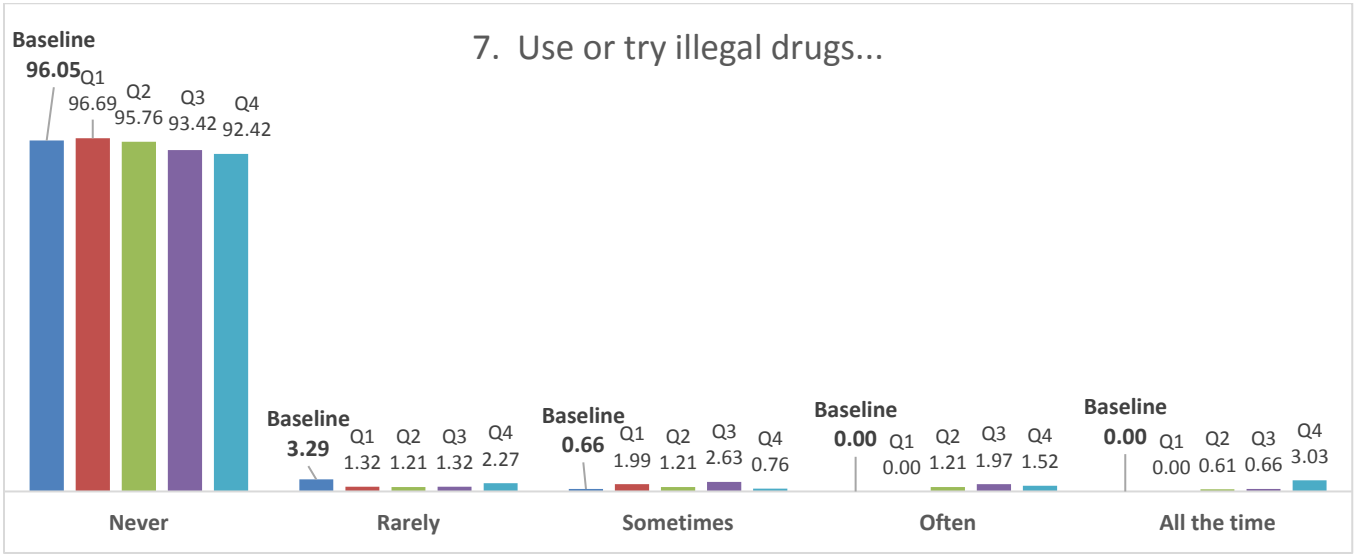


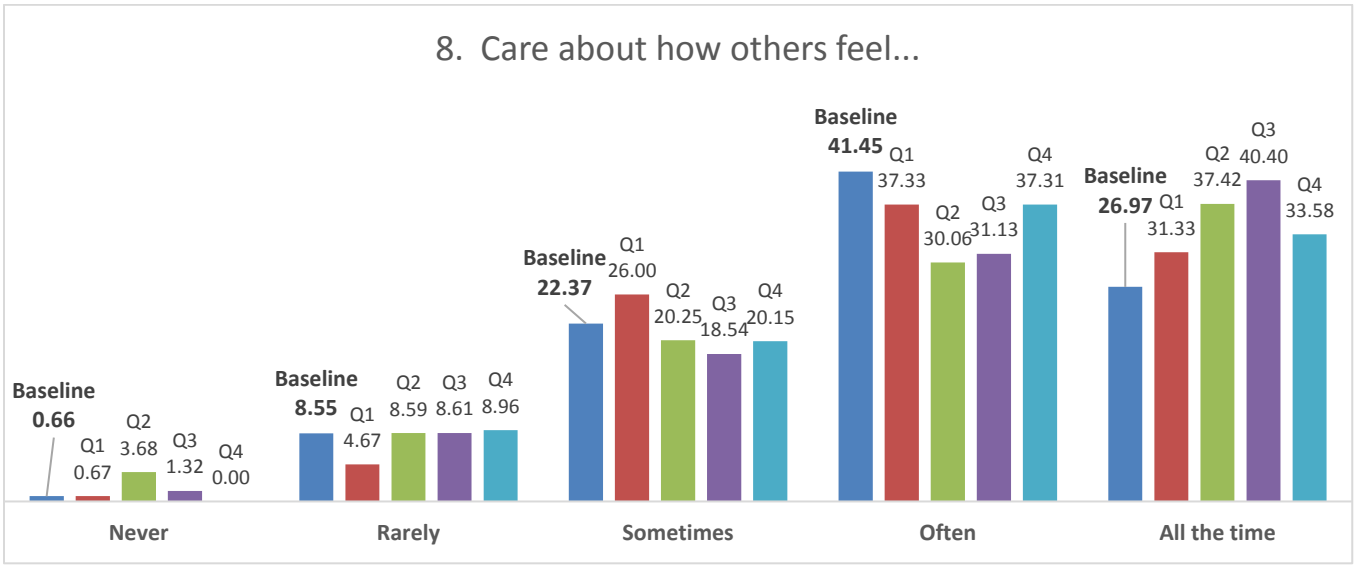


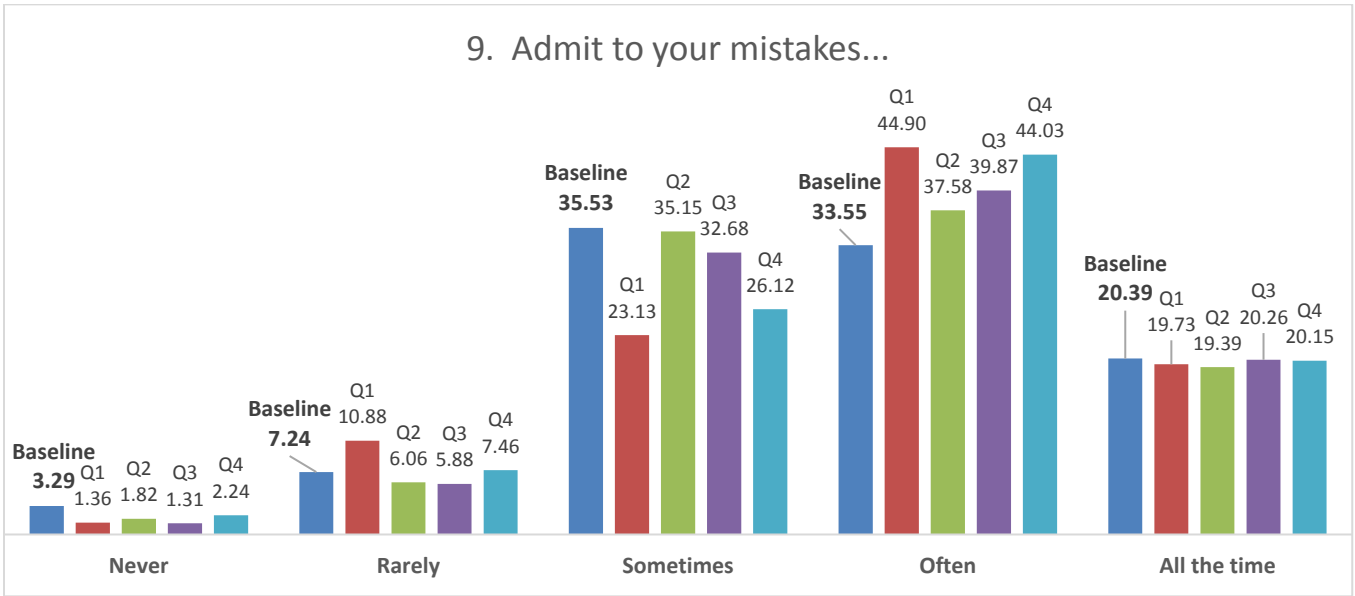

4. Make good choices...
Baseline 0.00
Q1 1.32
Q2 3.03
Q3 0.65
Q4 0.77
Baseline 3.31
Q1 3.29
Q2 4.24
Q3 7.84
Q4 4.62
Baseline 31.79
Q1 31.58
Q2 26.67
Q3 22.88
Q4 20.00
Baseline 45.70
Q1 44.08
Q2 42.82
Q3 49.02
Q4 50.77
Baseline 19.21
Q1 19.74
Q2 24.24
Q3 19.61
Q4 23.85
Never
Rarely
Sometimes
Often
All the time

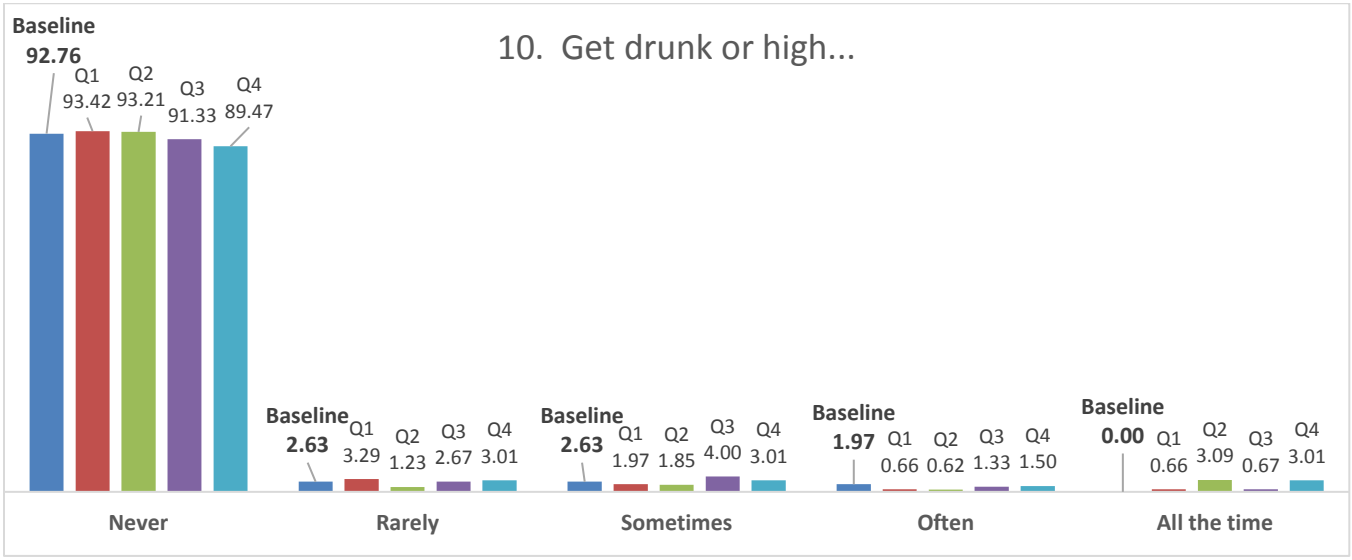

5. Hit others or get into physical fights...
Baseline 49.34
Q1 47.02
Q2 44.85
Q3 49.67
Q4 46.27
Baseline 36.18
Q1 33.11
Q2 32.73
Q3 28.10
Q4 35.82
Baseline 11.18
Q1 13.91
Q2 15.15
Q3 13.07
Q4 9.70
Baseline 1.97
Q1 5.30
Q2 4.24
Q3 7.19
Q4 2.99
Baseline 1.32
Q1 0.66
Q2 3.03
Q3 1.96
Q4 5.22
Never
Rarely
Sometimes
Often
All the time

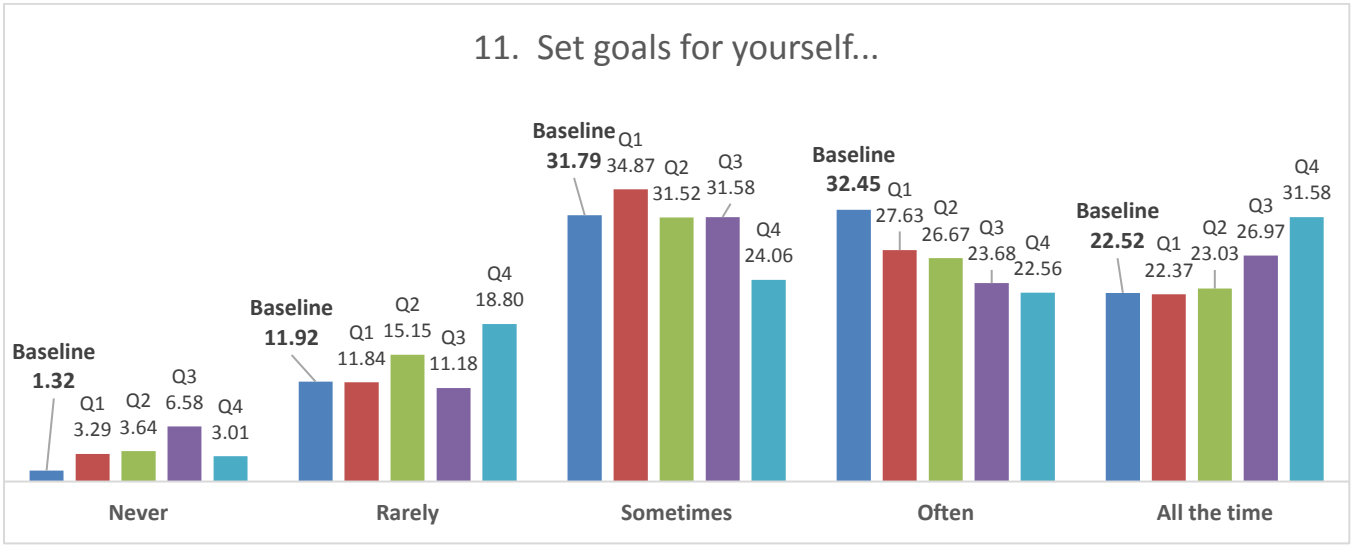

6. Manage your time wisely (not waste it)...
Baseline 2.63
Q1 2.01
Q2 1.83
Q3 3.36
Q4 3.01
Baseline 10.53
Q1 10.74
Q2 8.54
Q3 8.72
Q4 11.28
Baseline 36.84
Q1 34.23
Q2 35.98
Q3 32.89
Q4 21.80
Baseline 34.87
Q1 41.61
Q2 36.59
Q3 40.94
Q4 45.11
Baseline 15.13
Q1 11.41
Q2 17.07
Q3 14.09
Q4 18.80
Never
Rarely
Sometimes
Often
All the time

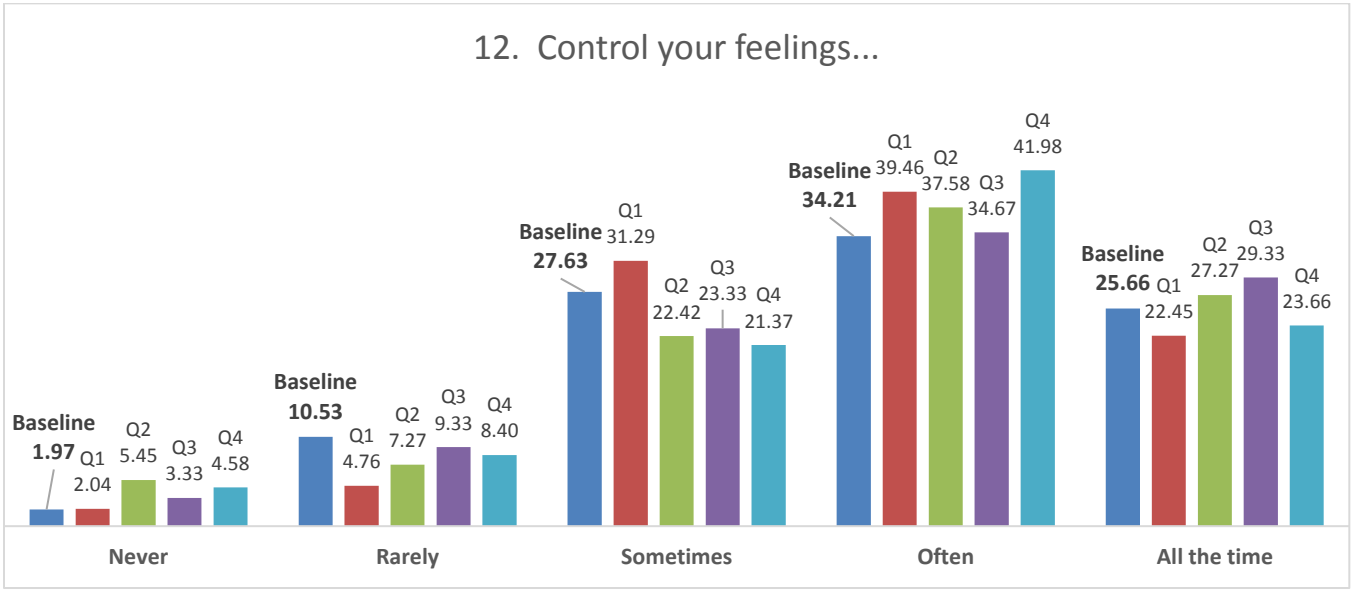

7. Use or try illegal drugs...
Baseline 96.05 Q1 96.69 Q2 95.76 Q3 93.42 Q4 92.42
Baseline 3.29 Q1 1.32 Q2 1.21 Q3 1.32 Q4 2.27
Baseline 0.66 Q1 1.99 Q2 1.21 Q3 2.63 Q4 0.76
Baseline 0.00 Q1 0.00 Q2 1.21 Q3 1.97 Q4 1.52
Baseline 0.00 Q1 0.00 Q2 0.61 Q3 0.66 Q4 3.03
Never
Rarely
Sometimes
Often
All the time

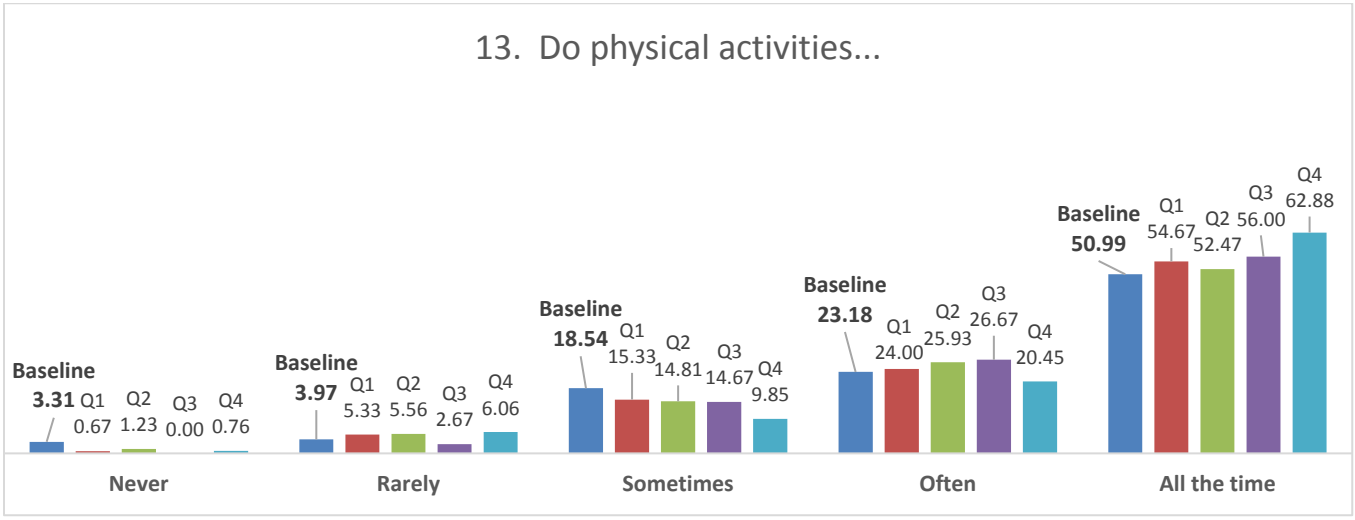

8. Care about how others feel...
Baseline 0.66 Q1 0.67 Q2 3.68 Q3 1.32 Q4 0.00
Baseline 8.55 Q1 4.67 Q2 8.59 Q3 8.61 Q4 8.96
Baseline 22.37 Q1 26.00 Q2 20.25 Q3 18.54 Q4 20.15
Baseline 41.45 Q1 37.33 Q2 30.06 Q3 31.13 Q4 37.31
Baseline 26.97 Q1 31.33 Q2 37.42 Q3 40.40 Q4 33.58
Never
Rarely
Sometimes
Often
All the time

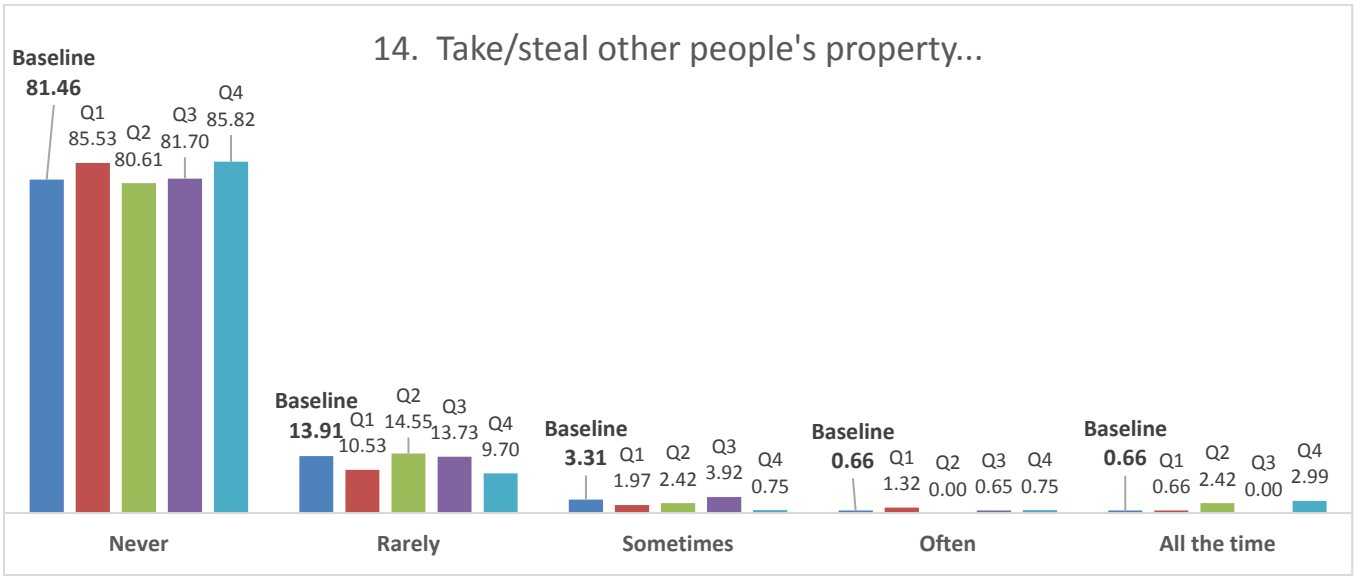

9. Admit to your mistakes...
Baseline 3.29 Q1 1.36 Q2 1.82 Q3 1.31 Q4 2.24
Baseline 7.24 Q1 10.88 Q2 6.06 Q3 5.88 Q4 7.46
Baseline 35.53 Q1 23.13 Q2 35.15 Q3 32.68 Q4 26.12
Baseline 33.55 Q1 44.90 Q2 37.58 Q3 39.87 Q4 44.03
Baseline 20.39 Q1 19.73 Q2 19.39 Q3 20.26 Q4 20.15
Never
Rarely
Sometimes
Often
All the time


10. Get drunk or high...
Baseline 92.76
Q1 93.42
Q2 93.21
Q3 91.33
Q4 89.47
Baseline 2.63
Q1 3.29
Q2 1.23
Q3 2.67
Q4 3.01
Baseline 2.63
Q1 1.97
Q2 1.85
Q3 4.00
Q4 3.01
Baseline 1.97
Q1 0.66
Q2 0.62
Q3 1.33
Q4 1.50
Baseline 0.00
Q1 0.66
Q2 3.09
Q3 0.67
Q4 3.01
Never
Rarely
Sometimes
Often
All the time

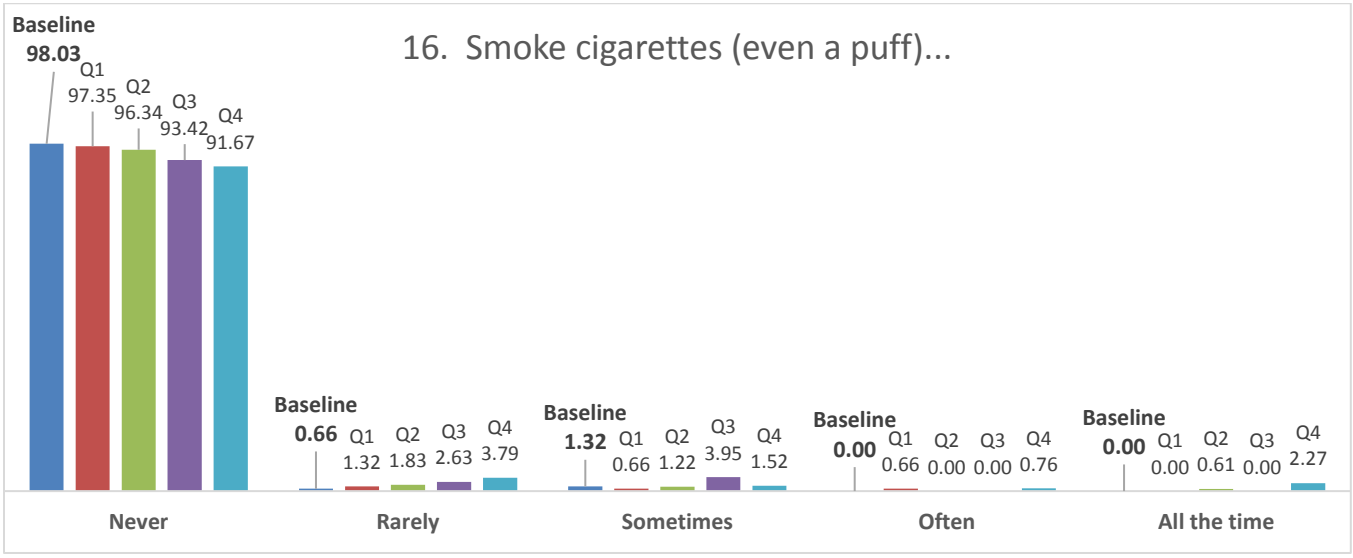

11. Set goals for yourself...
Baseline 1.32
Q1 3.29
Q2 3.64
Q3 6.58
Q4 3.01
Baseline 11.92
Q1 11.84
Q2 15.15
Q3 11.18
Q4 18.80
Baseline 31.79
Q1 34.87
Q2 31.52
Q3 31.58
Q4 24.06
Baseline 32.45
Q1 27.63
Q2 26.67
Q3 23.68
Q4 22.56
Baseline 22.52
Q1 22.37
Q2 23.03
Q3 26.97
Q4 31.58
Never
Rarely
Sometimes
Often
All the time

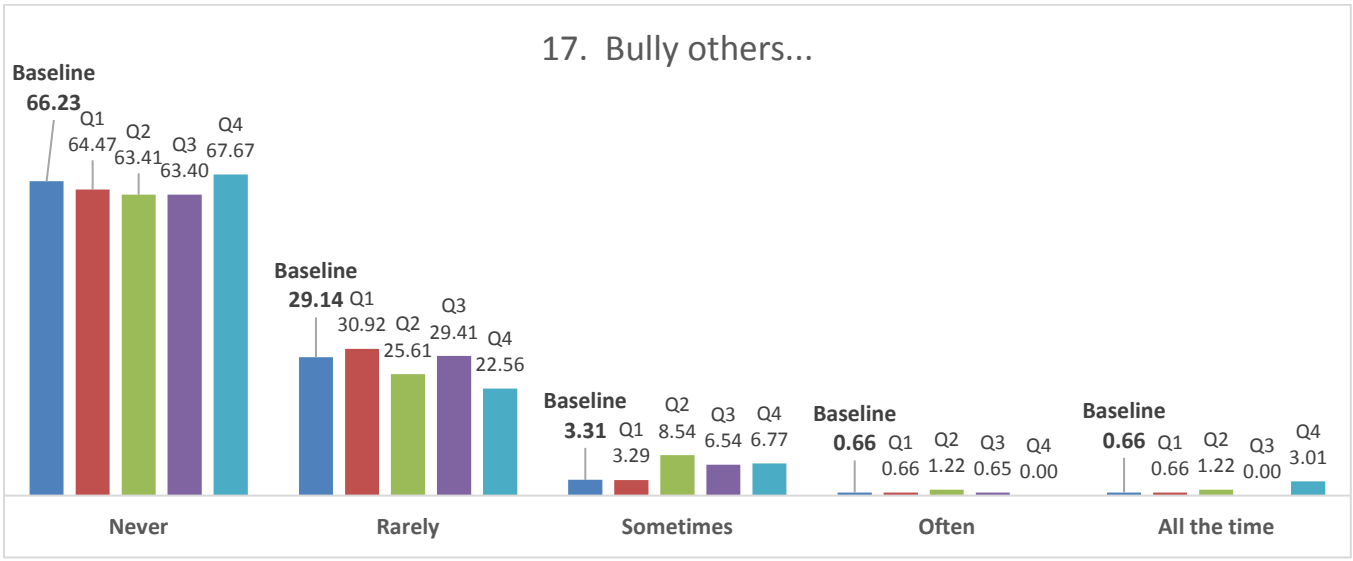

12. Control your feelings...
Baseline 1.97
Q1 2.04
Q2 5.45
Q3 3.33
Q4 4.58
Baseline 10.53
Q1 4.76
Q2 7.27
Q3 9.33
Q4 8.40
Baseline 27.63
Q1 31.29
Q2 22.42
Q3 23.33
Q4 21.37
Baseline 34.21
Q1 39.46
Q2 37.58
Q3 34.67
Q4 41.98
Baseline 25.66
Q1 22.45
Q2 27.27
Q3 29.33
Q4 23.66
Never
Rarely
Sometimes
Often
All the time

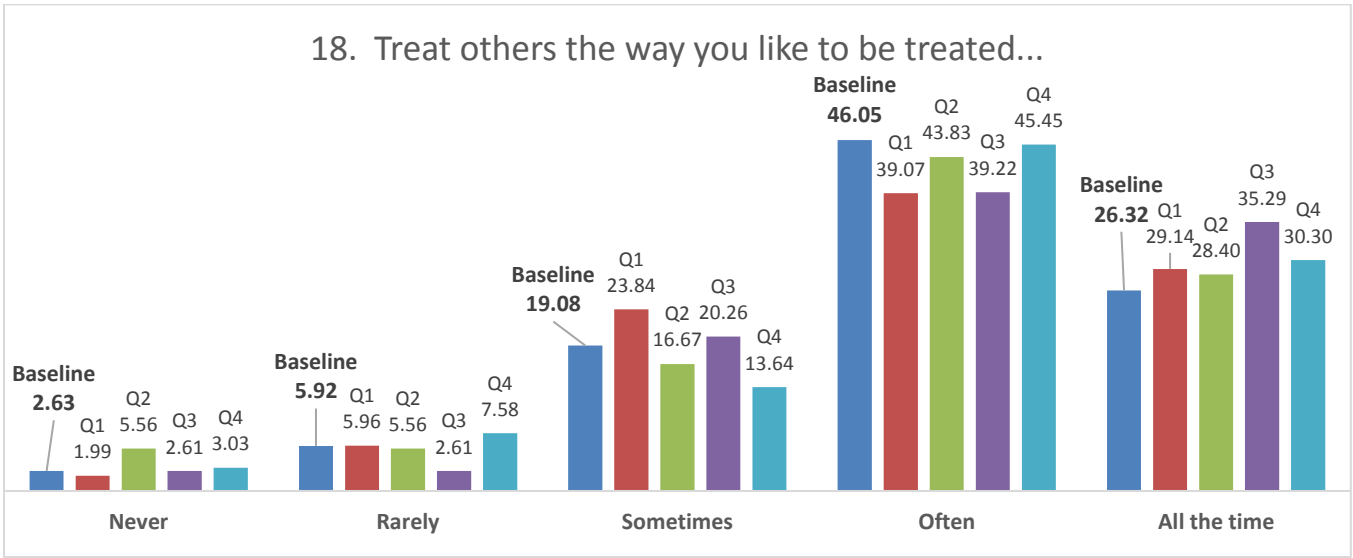

13. Do physical activities...
Baseline 3.31 Q1 0.67 Q2 1.23 Q3 0.00 Q4 0.76
Baseline 3.97 Q1 5.33 Q2 5.56 Q3 2.67 Q4 6.06
Baseline 18.54 Q1 15.33 Q2 14.81 Q3 14.67 Q4 9.85
Baseline 23.18 Q1 24.00 Q2 25.93 Q3 26.67 Q4 20.45
Baseline 50.99 Q1 54.67 Q2 52.47 Q3 56.00 Q4 62.88
Never
Rarely
Sometimes
Often
All the time

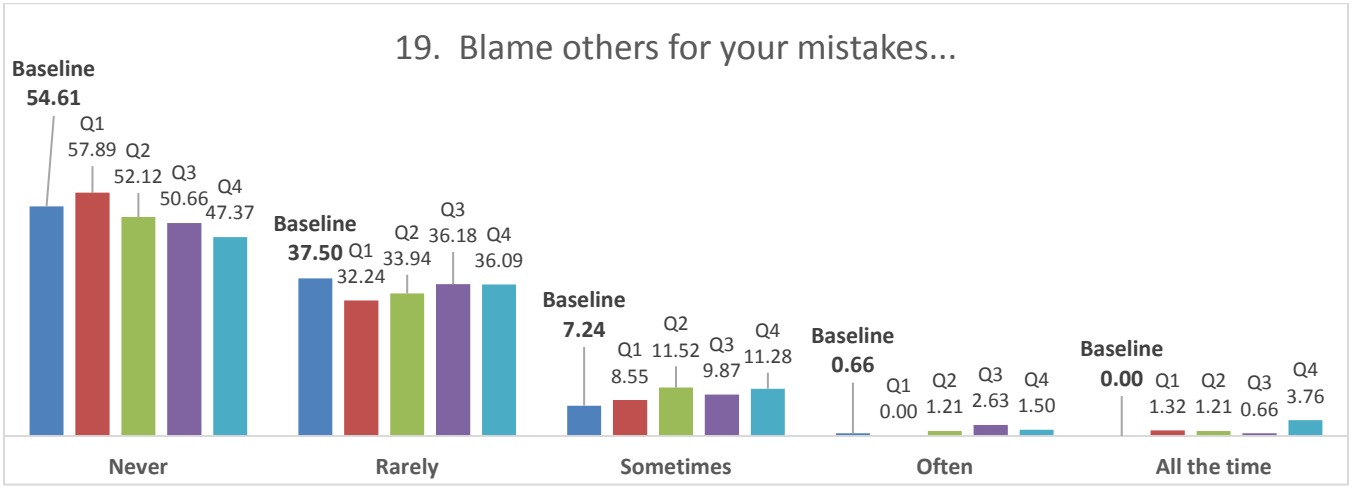

14. Take/steal other people's property...
Baseline 81.46 Q1 85.53 Q2 80.61 Q3 81.70 Q4 85.82
Baseline 13.91 Q1 10.53 Q2 14.55 Q3 13.73 Q4 9.70
Baseline 3.31 Q1 1.97 Q2 2.42 Q3 3.92 Q4 0.75
Baseline 0.66 Q1 1.32 Q2 0.00 Q3 0.65 Q4 0.75
Baseline 0.66 Q1 0.66 Q2 2.42 Q3 0.00 Q4 2.99
Never
Rarely
Sometimes
Often
All the time

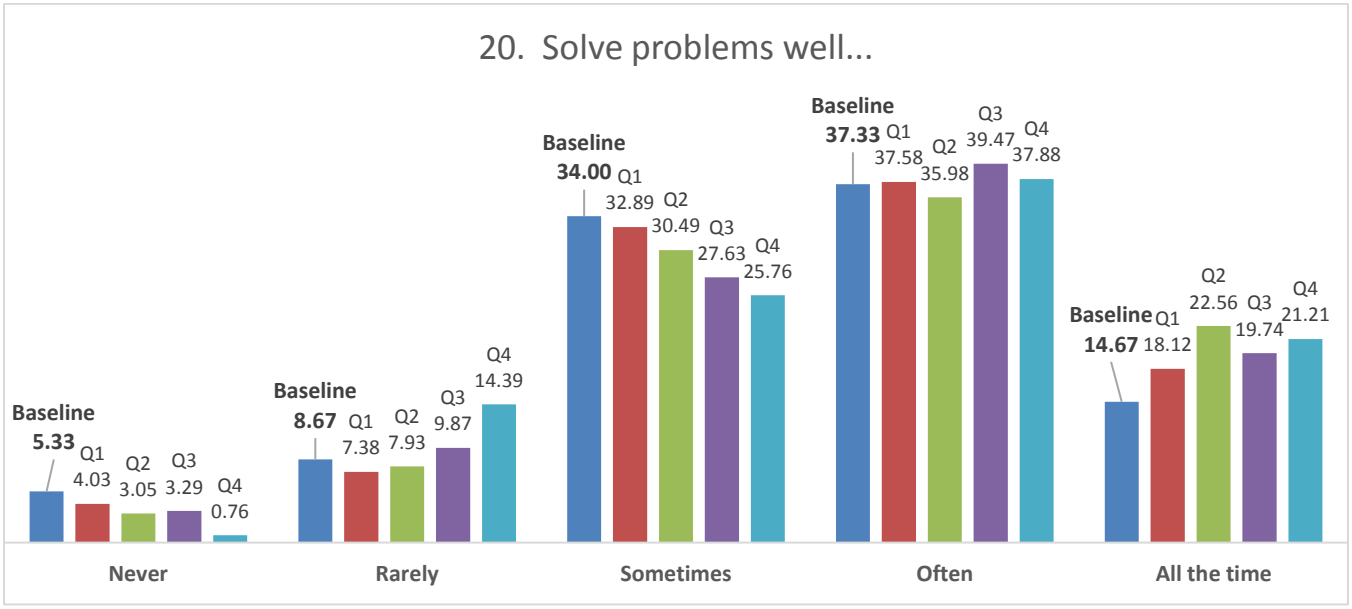

15. Make bad decisions...
Baseline 24.50 Q1 22.00 Q2 26.67 Q3 19.61 Q4 22.39
Baseline 33.77 Q1 38.67 Q2 38.18 Q3 34.64 Q4 41.04
Baseline 36.42 Q1 36.00 Q2 27.88 Q3 39.87 Q4 24.63
Baseline 3.97 Q1 2.67 Q2 4.85 Q3 4.58 Q4 7.46
Baseline 1.32 Q1 0.67 Q2 2.42 Q3 1.31 Q4 4.48
Never
Rarely
Sometimes
Often
All the time

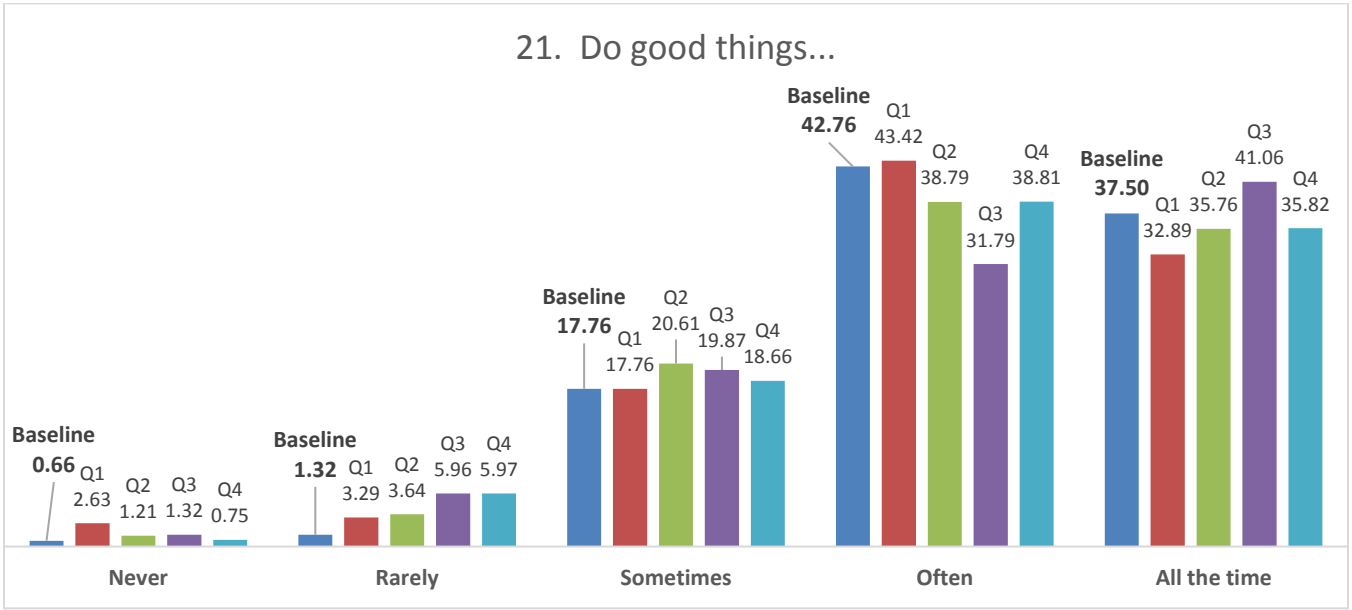

16. Smoke cigarettes (even a puff)...
Baseline 98.03 Q1 97.35 Q2 96.34 Q3 93.42 Q4 91.67
Baseline 0.66 Q1 1.32 Q2 1.83 Q3 2.63 Q4 3.79
Baseline 1.32 Q1 0.66 Q2 1.22 Q3 3.95 Q4 1.52
Baseline 0.00 Q1 0.66 Q2 0.00 Q3 0.00 Q4 0.76
Baseline 0.00 Q1 0.00 Q2 0.61 Q3 0.00 Q4 2.27
Never
Rarely
Sometimes
Often
All the time


17. Bully others...
Baseline 66.23 Q1 64.47 Q2 63.41 Q3 63.40 Q4 67.67
Baseline 29.14 Q1 30.92 Q2 25.61 Q3 29.41 Q4 22.56
Baseline 3.31 Q1 3.29 Q2 8.54 Q3 6.54 Q4 6.77
Baseline 0.66 Q1 0.66 Q2 1.22 Q3 0.65 Q4 0.00
Baseline 0.66 Q1 0.66 Q2 1.22 Q3 0.00 Q4 3.01
Never
Rarely
Sometimes
Often
All the time


18. Treat others the way you like to be treated...
Baseline 2.63 Q1 1.99 Q2 5.56 Q3 2.61 Q4 3.03
Baseline 5.92 Q1 5.96 Q2 5.56 Q3 2.61 Q4 7.58
Baseline 19.08 Q1 23.84 Q2 16.67 Q3 20.26 Q4 13.64
Baseline 46.05 Q1 39.07 Q2 43.83 Q3 39.22 Q4 45.45
Baseline 26.32 Q1 29.14 Q2 28.40 Q3 35.29 Q4 30.30
Never
Rarely
Sometimes
Often
All the time


19. Blame others for your mistakes...
Baseline 54.61
Q1 57.89
Q2 52.12
Q3 50.66
Q4 47.37
Baseline 37.50
Q1 32.24
Q2 33.94
Q3 36.18
Q4 36.09
Baseline 7.24
Q1 8.55
Q2 11.52
Q3 9.87
Q4 11.28
Baseline 0.66
Q1 0.00
Q2 1.21
Q3 2.63
Q4 1.50
Baseline 0.00
Q1 1.32
Q2 1.21
Q3 0.66
Q4 3.76
Never
Rarely
Sometimes
Often
All the time


20. Solve problems well...
Baseline 5.33
Q1 4.03
Q2 3.05
Q3 3.29
Q4 0.76
Baseline 8.67
Q1 7.38
Q2 7.93
Q3 9.87
Q4 14.39
Baseline 34.00
Q1 32.89
Q2 30.49
Q3 27.63
Q4 25.76
Baseline 37.33
Q1 37.58
Q2 35.98
Q3 39.47
Q4 37.88
Baseline 14.67
Q1 18.12
Q2 22.56
Q3 19.74
Q4 21.21
Never
Rarely
Sometimes
Often
All the time


21. Do good things...
Baseline 0.66
Q1 2.63
Q2 1.21
Q3 1.32
Q4 0.75
Baseline 1.32
Q1 3.29
Q2 3.64
Q3 5.96
Q4 5.97
Baseline 17.76
Q1 17.76
Q2 20.61
Q3 19.87
Q4 18.66
Baseline 42.76
Q1 43.42
Q2 38.79
Q3 31.79
Q4 38.81
Baseline 37.50
Q1 32.89
Q2 35.76
Q3 41.06
Q4 35.82
Never
Rarely
Sometimes
Often
All the time

SUMMARY STUDENT SURVEY RESULTS

As noted above, all data was compiled and reported in aggregate, so no t-tests or other formal statistical analysis is possible on this data. Because data was reported in aggregate for each grouping of grade levels, the raw numbers of responses for each data point may be different, so all data is reported by percentage. While no formal outcomes are being determined from the student surveys, the data may still be of some use and interest in overall program evaluation.

GRADES K-3

In half of the questions asked (numbers 1, 3 and 4), there is a very slight (less than 3%) increase in positive responses between the baseline measure from the beginning of the year and the final survey conducted at the end of the year. In the other half of the questions, there is a more noticeable (between 5%-15%) decrease in positive responses between the baseline measure and the final survey.

GRADES 4-6

In four of the 21 questions asked (numbers 5, 10, 15 and 16), there is a very slight (average of less than 3%) increase in more positive responses between the baseline measure and the final survey. However, in all 4, the most positive answer possible for those questions (Never) shows a decrease between baseline and the final survey.

In the other 17 questions, the decrease in positive responses ranges from 1% to 12% (average of 7%) between the baseline measure and the final survey.

GRADES 7-8

In twelve of the 21 questions asked (numbers 1, 2, 4, 6, 8, 9, 12, 13, 14, 15, 18 and 20), there is a small (average of 6%) increase in more positive responses between the baseline measure and the final survey. However, on questions 9, 12 and 15, the most positive answer possible for those questions (either Never or All the time, depending on the wording of the question) shows a decrease between baseline and the final survey.

In the other nine questions, the decrease in positive responses ranges from less than half a percent to 9% (average of 5%) between the baseline measure and the final survey.

STUDENT SURVEY CONCLUSIONS

While this data is of some interest, due to the type of data collection and reporting it is impossible to determine if there is any statistical significance to any of the changes seen. Based on the very small increments of change seen, it is highly unlikely. It is also beyond the scope of this evaluation to determine if negative responses are due to a select few students skewing the results, or reflect more prevalent changes in behavior and attitude throughout the classes. Score variations could have been impacted by any number of factors, including but not limited to: a learning curve over the year of what some of these questions and concepts entail; a willingness to be more truthful as comfort was gained in the classroom over time; a mirroring of negative attitudes towards the program by peers, parents or teachers; a desire to “shock” teachers or administrators; or, survey fatigue.

STUDENT CLASSROOM BEHAVIOR

While the student surveys provide self-reported data about student behaviors, teachers in the classrooms are asked to complete a baseline and then quarterly surveys on student behavior they observe. The Student Behavior survey is a series of 15 questions which the teacher completed for each individual student, ranking various behaviors and attitudes seen by them in the classroom setting. Each question has a range of numeric values (1 for least positive response up to 7 for most positive response), so scoring can be summarized and compared. All students, regardless of grade level, are rated with this tool and all student data is consolidated prior to being reported to the county.

OUTCOME MEASURES

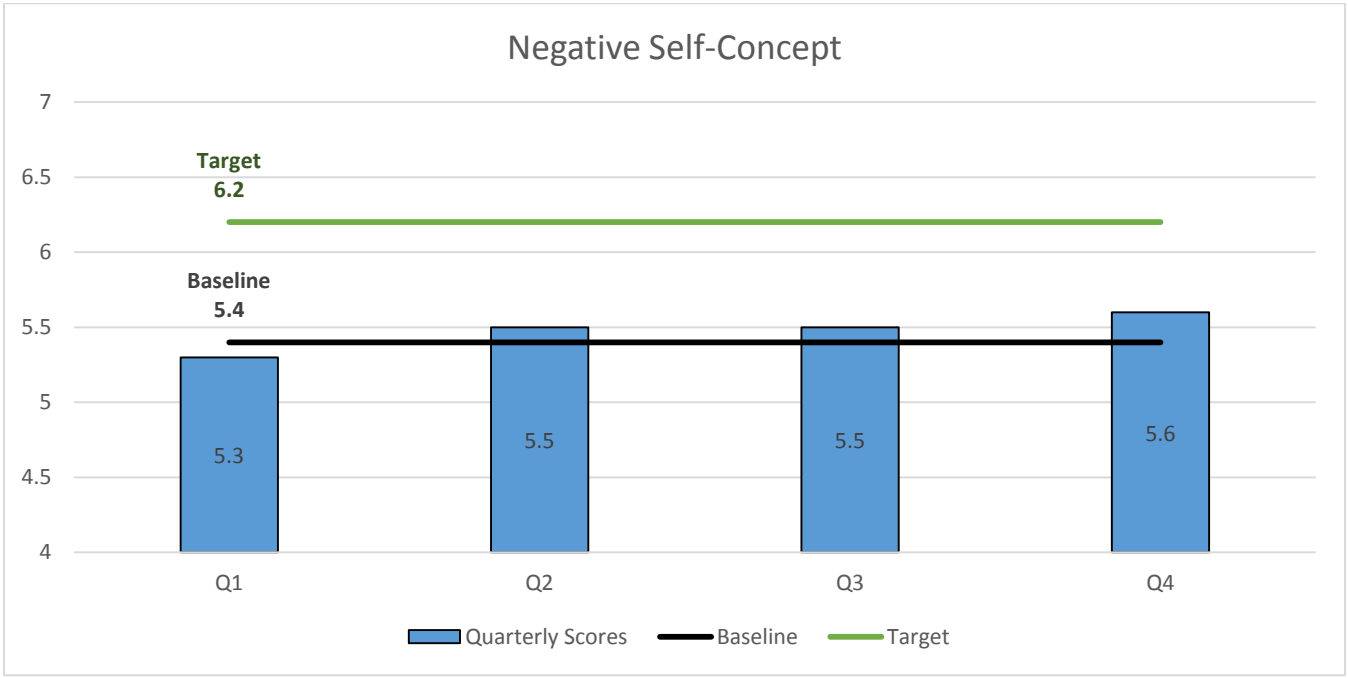
As noted above in the Overview, outcomes are being tracked on 4 specific measures from these behavioral surveys:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

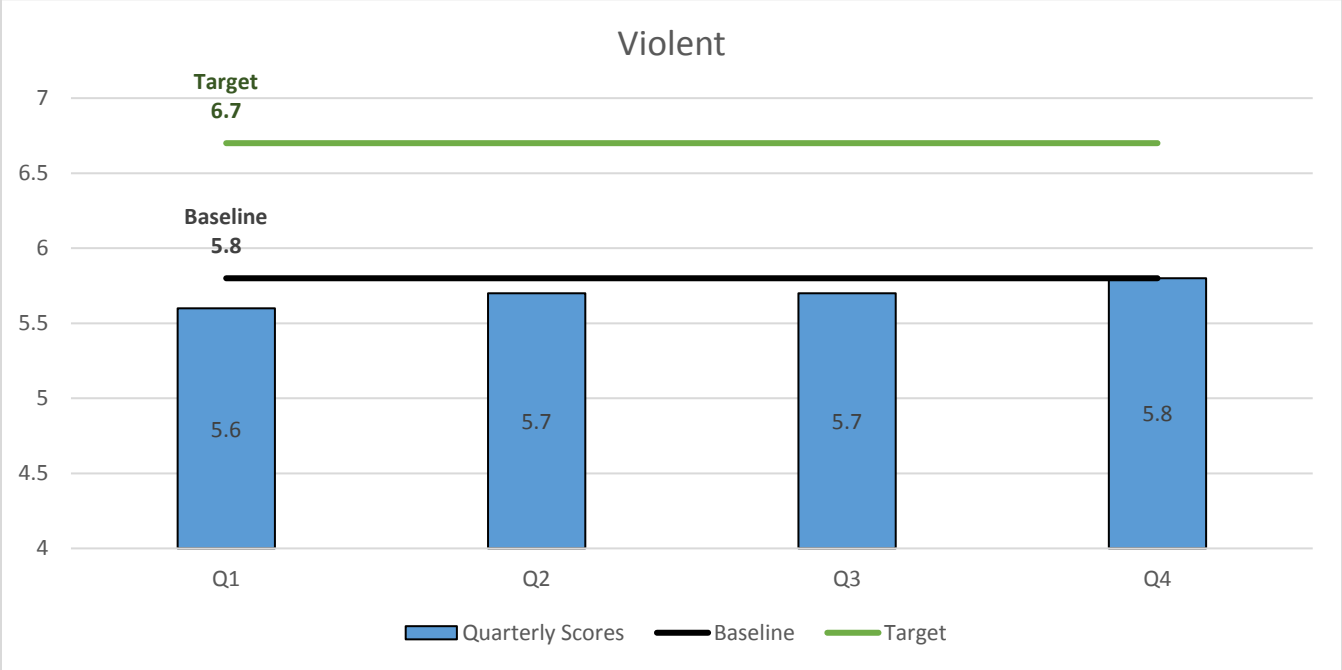
As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

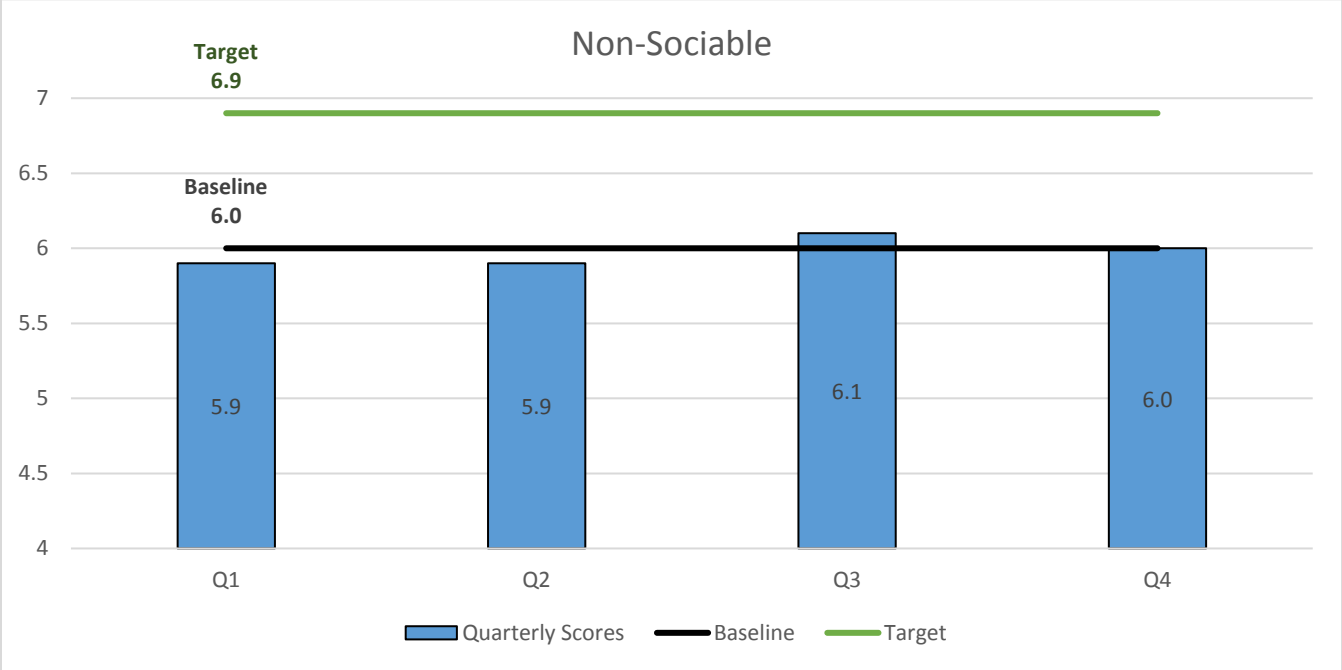
CLASSROOM BEHAVIOR SURVEY DETAILED RESULTS

Measurement	Number of Students with Each Score							Average Score	15% Increase (Target for EOY)
	Very Negative 1	Moderately Negative 2	A Little Negative 3	Neutral 4	A Little Positive 5	Moderately Positive 6	Very Positive 7		
Baseline Negative Self-Concept	1	11	25	35	45	98	62	5.4	6.2
Baseline Poor Self-Control	5	7	28	26	47	91	72	5.4	6.2
Baseline Violent	1	8	18	23	33	81	113	5.8	6.7
Baseline Non-Sociable	0	2	3	13	53	109	97	6.0	6.9
									Difference from Target
Q1 Negative Self-Concept	2	14	37	16	61	66	77	5.3	-0.9
Q1 Poor Self-Control	4	19	22	27	46	77	79	5.3	-0.9
Q1 Violent	1	10	35	24	33	59	111	5.6	-1.1
Q1 Non-Sociable	0	7	7	17	53	69	121	5.9	-1.0
Q2 Negative Self-Concept	0	7	31	22	47	82	74	5.5	-0.7
Q2 Poor Self-Control	5	20	26	17	47	74	75	5.3	-0.9
Q2 Violent	2	6	20	19	45	82	89	5.7	-1.0
Q2 Non-Sociable	2	6	5	12	50	85	103	5.9	-1.0
Q3 Negative Self-Concept	0	5	30	28	60	56	98	5.5	-0.6
Q3 Poor Self-Control	2	16	25	26	55	57	96	5.4	-0.8
Q3 Violent	1	6	22	24	51	67	105	5.7	-1.0
Q3 Non-Sociable	0	3	5	14	37	86	131	6.1	-0.8
Q4 Negative Self-Concept (EOY)	0	5	32	19	66	62	98	5.6	-0.6
Q4 Poor Self-Control (EOY)	3	18	22	24	46	64	101	5.5	-0.7
Q4 Violent (EOY)	2	10	13	25	49	65	118	5.8	-0.9
Q4 Non-Sociable (EOY)	0	2	5	18	76	52	129	6.0	-0.9


Negative Self-Concept
7
6.5
6
5.5
5
4.5
4
Target
6.2
Baseline
5.4
5.3
5.5
5.5
5.6
Q1
Q2
Q3
Q4
Quarterly Scores
Baseline
Target


Poor Self-Control
7
6.5
6
5.5
5
4.5
4
Target
6.2
Baseline
5.4
5.3
5.3
5.4
5.5
Q1
Q2
Q3
Q4
Quarterly Scores
Baseline
Target


Violent
Target
6.7
Baseline
5.8
7
6.5
6
5.5
5
4.5
4
5.6
5.7
5.7
5.8
Q1
Q2
Q3
Q4
Quarterly Scores
Baseline
Target


Non-Sociable
Target
6.9
Baseline
6.0
7
6.5
6
5.5
5
4.5
4
5.9
5.9
6.1
6.0
Q1
Q2
Q3
Q4
Quarterly Scores
Baseline
Target

SUMMARY CLASSROOM BEHAVIOR SURVEY RESULTS

As of the end of the year, two of the four measures (negative self-concept and poor self-control) showed slight positive change when compared to baseline. The other two measures (violent and non-sociable) showed no change from baseline. None of the four measures demonstrate significant movement towards meeting the 15% increase target that was set in the contract.

Results Summary														
Measure	**Base-line Score**	**Goal (+15% over base-line)**	**Q1 Score**	**Compared to base-line**	**Compared to goal**	**Q2 Score**	**Compared to base-line**	**Compared to goal**	**Q3 Score**	**Compared to base-line**	**Compared to goal**	**Q4 (EOY) Score**	**Compared to base-line**	**Compared to goal**
Negative Self-Concept	5.4	6.2	5.3	**-0.1**	**-0.9**	5.5	**+0.1**	**-0.7**	5.5	**+0.1**	**-0.7**	5.6	**+0.2**	**-0.6**
Poor Self-Control	5.4	6.2	5.3	**-0.1**	**-0.9**	5.3	**-0.1**	**-0.9**	5.4	No change	**-0.8**	5.5	**+0.1**	**-0.7**
Violent	5.8	6.7	5.6	**-0.2**	**-1.1**	5.7	**-0.1**	**-1.0**	5.7	**-0.1**	**-1.0**	5.8	No change	**-0.9**
Non-Sociable	6.0	6.9	5.9	**-0.1**	**-1.0**	5.9	**-0.1**	**-1.0**	6.1	**+0.1**	**-0.8**	6.0	No change	**-0.9**

CLASSROOM BEHAVIOR SURVEY CONCLUSIONS

Again, due to the type of data collection and reporting it is impossible to determine if there is any statistical significance to any of the changes seen. Based on the very small increments of change seen, it is highly unlikely. Since these surveys were all completed by the teachers, and as trained educators they were aware of what appropriate classroom behaviors should look like, there would be no “learning curve” where baselines are higher than later surveys due to participants not knowing what they don’t yet know. It is not clear what other factors could have played into the results seen. Anecdotal feedback from teacher and school administrator comments would suggest better behavioral outcomes than demonstrated by the data collected with these surveys.

IMPLEMENTATION DATA

Part of ensuring that there is fidelity to the Positive Action evidence-based practice requires data documenting the implementation of the curriculum. Teachers have been asked to complete an implementation survey each month. Because the classrooms are using different curriculum, the number of lessons and units, as well as the timing of their completion, will be different for each school and/or classroom.

For evaluation purposes and to achieve fidelity through minimum adequate implementation of 75%, a minimum of **105 lessons** is required to be taught out of each K - 6th grade kit. The tables below have identified the Core Lessons required for each grade levels. An additional 85 lessons will be selected by contractor to implement from each K-6th grade kit implemented. In addition, drug kit lessons are required for grades 6-8.

20 Core Lessons Required K-4th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 2, 3**
Unit 2 lessons	**23, 25, 26, 33, 37**
Unit 3 lessons	**44, 56, 58, 60**
Unit 4 lessons	**74, 77, 79**
Unit 5 lessons	**93, 100, 102**
Unit 6 lessons	**113, 114**
Unit 7 lessons	
Drug Kit Lessons	None, not age-appropriate

20 Core Lessons Required 5-6 Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 2, 3**
Unit 2 lessons	**23, 25, 26, 33, 37**
Unit 3 lessons	**44, 56, 58, 60**
Unit 4 lessons	**74, 77, 79**
Unit 5 lessons	**93, 100, 102**
Unit 6 lessons	**113, 114**
Unit 7 lessons	
Drug Kit Lessons	**6th-any 15 lessons during the year**

The 7th grade curriculum only contains the first 3 units of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75% implementation, a minimum of **60 lessons** is required to be taught out of each 7th grade kit. The tables below have identified the Core Lessons required for each grade levels. Along with the 20 Core Lessons, 40 additional lessons will be selected by the contractor to implement.

20 Core Lessons Required 7th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 4, 5, 6, 7, 13**
Unit 2 lessons	**27, 28, 30, 31, 40, 48**
Unit 3 lessons	**52, 55, 56, 58, 59, 60, 61, 63**
Drug Kit Lessons	**Any 15 lessons during the year**

The 8th grade curriculum contains units 4-7 of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75%, a minimum of 58 lessons is required be taught out of each 8th grade kit. The tables below have identified the Core Lessons required for each grade levels. A minimum of 38 additional lessons will be selected by contractor to implement.

20 Core Lessons Required 8th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 4 lessons	**82, 83, 84, 89, 96, 97, 101**
Unit 5 lessons	**108, 110, 112, 115, 116, 117**
Unit 6 lessons	**128, 130, 131, 135, 136, 137, 140**
Unit 7 lessons	
Drug Kit Lessons	**Any 15 lessons during the year**

The implementation survey includes data regarding how much of the curriculum was used, if there was anything added or subtracted from the curriculum, and how consistently the materials were presented

In addition to the actual lessons presented to students in the classroom, Positive Action also includes a number of tools and activities to be used for altering the school climate. The implementation surveys track data on the average number of these activities during each week of the unit as well.

IMPLEMENTATION DETAILED RESULTS

Data has been divided up by grade level.

TK/K/1ST GRADES COMBINED CLASSROOM – MONTGOMERY CREEK

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	0	0	0	<did not respond>	<did not respond>	None	
Sep 2015	8	5	5	First Thing	11-15	A little	<did not respond>
Oct 2015	32	5	4	First Thing	11-15	A little	sometimes modify activity pages
Nov 2015	40	5	5	First Thing	11-15	A little	shortened some dialogue
Dec 2015	49	0	0	<did not respond>	0-10	None	
Jan 2016	72	6 or more	6 or more	First Thing	11-15	None	
Feb 2016	90	5	5	First Thing	11-15	A little	did not do some activities that went with the stories
Mar 2016	112	5	5	First Thing	11-15	None	
Apr 2016	124	5	5	First Thing	0-10	None	
May 2016	138	5	5	First Thing	0-10	None	

2ND/3RD GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	0	0	0	<did not respond>	0-10	None	
Sep 2015	2	2	2	Early PM	16-20	Some	lesson 1 did not use music, too elementary
Oct 2015	4	4	4	Late PM	16-20	<did not respond>	<did not respond>
Nov 2015	10	5	5	Late PM	16-20	None	
Dec 2015	<did not respond>	0	0	<did not respond>	<did not respond>	<did not respond>	<did not respond>
Jan 2016	14	4	4	Late PM	21+	<did not respond>	11-14
Feb 2016	15	0	0	<did not respond>	0-10	<did not respond>	<did not respond>
Mar 2016	10	0	0	<did not respond>	0-10	None	
Apr 2016	10	0	0	<did not respond>	11-15	<did not respond>	<did not respond>
May 2016	14	0	0	<did not respond>	0-10	<did not respond>	<did not respond>

4TH/5TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	Aug	0	0	<did not respond>	0-10	None	
Sep 2015	<did not respond>	0	0	<did not respond>	0-10	None	
Oct 2015	<did not respond>	3	0	Mid AM	0-10	None	
Nov 2015	0	0	0	First Thing	16-20	A little	<did not respond>
Dec 2015	1	1	0	Late PM	21+	A little	1
Jan 2016	2	1	0	Early PM	16-20	None	
Feb 2016	4	2	1	Early PM	11-15	None	
Mar 2016	4	1	1	Early PM	11-15	None	
Apr 2016	26	2	2	Late PM	21+	A lot	The Bear's Lunch
May 2016	<did not respond>	0	0	<did not respond>	21+	Some	<did not respond>

6TH/7TH/8TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	<did not respond>	5	3	Mid AM	21+	None	
Sep 2015	<did not respond>	3	3	Early PM	0-10	None	
Oct 2015	Did not start	0	0	<did not respond>	0-10	None	
Nov 2015	7	5	5	Late AM	16-20	A little	lessons 5 & 6
Dec 2015	15	2	2	Mid AM	16-20	Some	13,14,15
Jan 2016	27	1	1	Mid AM	16-20	Some	25, 26
Feb 2016	36	2	2	Mid AM	16-20	A little	35, 36
Mar 2016	11 Drug Kit lessons	0	6 or more	Mid AM	16-20	A lot	All 11 drug kit lessons
Apr 2016	54	5	5	Mid AM	11-15	Some	42,45,46,47,48,49,52,53,54, and drug kit
May 2016	76	5	5	Mid AM	16-20	A lot	55-61, 66, 76

6TH GRADE CLASSROOMS – BURNEY ELEMENTARY

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	1-3	3	2	Early PM	16-20	None	
	Unit 1 Lesson 3	3	3	Early PM	16-20	None	
Sep 2015	1-8 29	5	5	Early PM	16-20	None	
	29 unit 2	4	4	Early PM	16-20	None	
Oct 2015	35	6 or more	6 or more	Early PM	16-20	None	
	18	6 or more	6 or more	Late PM	16-20	None	
Nov 2015	76	2	2	Early PM	16-20	None	
	53	6 or more	6 or more	Early PM	16-20	None	
Dec 2015	84	2	2	Early PM	16-20	None	
	61	3	3	Early PM	11-15	None	
Jan 2016	85	0	1	Early PM	16-20	None	
	60	4	4	Early PM	16-20	A little	3-57
Feb 2016	91	6 or more	6 or more	Late PM	11-15	None	
	53	1	1	Early PM	16-20	None	
Mar 2016	94	4	4	Early PM	16-20	None	
	59	4	4	Early PM	16-20	None	
Apr 2016	5	0	6 or more	Early PM	16-20	A little	91
	100	4	4	Early PM	16-20	None	
May 2016	97	1	5	Early PM	16-20	None	
	<did not respond>	6 or more	6 or more	Early PM	16-20	None	

7TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	N/A	0	0	<did not respond>	<did not respond>	None	
	0	0	0	<did not respond>	0-10	None	
	<did not respond>	0	0	<did not respond>	0-10	None	
Sep 2015	<did not respond>	0	0	<did not respond>	<did not respond>	None	
	8	5	3	First Thing	21+	Some	#1 and #2
	10	6 or more	6 or more	First Thing	21+	None	
Oct 2015	24	4	4	Early PM	11-15	None	
	21	5	5	First Thing	21+	None	
	16	5	5	First Thing	21+	None	
Nov 2015	42	6 or more	6 or more	First Thing	11-15	None	
	31	5	5	First Thing	21+	None	
	21	5	5	First Thing	21+	None	
Dec 2015	<did not respond>	0	0	<did not respond>	<did not respond>	<did not respond>	<did not respond>
	31	4	4	First Thing	21+	None	
	30	5	5	First Thing	21+	None	
Jan 2016	62	6 or more	6 or more	First Thing	16-20	A little	<did not respond>
	36	5	5	First Thing	21+	None	
	36	5	5	First Thing	21+	None	
Feb 2016	64	6 or more	6 or more	Early PM	11-15	Some	Most of them
	52	5	5	First Thing	21+	Some	45
	57	6 or more	6 or more	First Thing	21+	A little	all
Mar 2016	74	4	4	Early PM	0-10	A little	<did not respond>
	73	6 or more	6 or more	First Thing	21+	None	
	64	5	5	First Thing	21+	Some	60,62
Apr 2016	62	5	5	First Thing	0-10	None	
	82	6 or more	6 or more	First Thing	21+	None	
	82	5	5	First Thing	21+	None	
May 2016	92	5	5	First Thing and Early PM	11-15	A little	<did not respond>
	<did not respond>	0	0	<did not respond>	<did not respond>	<did not respond>	<did not respond>

8TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

Month	Lesson # Ended on This Month	Core PA lessons taught	How many were taught at same time of day	What time was this	How many minutes did the lessons last	How much did you adapt the lessons	If so, which lessons were adapted
Aug 2015	0	0	0	<did not respond>	<did not respond>	None	
	0	0	0	<did not respond>	0-10	None	
	<did not respond>	0	0	<did not respond>	0-10	None	
Sep 2015	<did not respond>	0	0	<did not respond>	<did not respond>	None	
	88	6 or more	6 or more	First Thing	11-15	A lot	<did not respond>
	99	6 or more	6 or more	First Thing	21+	A little	all
Oct 2015	82	1	1	Mid AM	11-15	A little	24
	121	6 or more	6 or more	First Thing	21+	None	
	112	5	5	First Thing	21+	None	
Nov 2015	28	4	4	Mid AM	0-10	None	
	28	4	4	First Thing	21+	None	
	137	5	5	First Thing	21+	None	
Dec 2015	103	2	2	First Thing	16-20	Some	<did not respond>
	145	5	5	First Thing	21+	None	
	<did not respond>	0	0	<did not respond>	<did not respond>	<did not respond>	<did not respond>
Jan 2016	26	5	5	Mid AM	11-15	None	
	140	5	5	First Thing	21+	None	
	90	1	1	First Thing	21+	None	
	change over	3	0	First Thing	21+	None	
Feb 2016	124	6 or more	6 or more	Mid AM	11-15	A little	most of them
	100	6 or more	6 or more	First Thing	21+	A little	all
	<did not respond>	0	0	First Thing	0-10	None	
Mar 2016	127	6 or more	6 or more	Mid AM	0-10	A little	<did not respond>
	133	6 or more	6 or more	First Thing	21+	None	
	Drug	2	1	First Thing	16-20	None	
Apr 2016	132	5	5	Mid AM	0-10	None	
	<did not respond>	0	0	First Thing	0-10	None	
	140	6 or more	6 or more	First Thing	21+	None	
May 2016	130	5	5	Mid AM and Late AM	0-10	A little	<did not respond>
	n/a	0	0	<did not respond>	<did not respond>	<did not respond>	<did not respond>
	None	0	0	<did not respond>	0-10	None	

SUMMARY IMPLEMENTATION RESULTS

TK/K/1ST GRADES COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of 41+ Core Lessons having been taught over the course of the year. It is unclear exactly how many lessons were taught, but the "Lesson # Ended on This Month" data reported seems to indicate that target of 105 lessons may have been met. The report also indicates good consistency on the timing and length of the lessons. The data on lesson adaptation is incomplete, with no lesson numbers given for any of the adaptations reported.

2ND/3RD GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of only 15 Core lessons having been taught over the course of the year. There is a 60% no response rate for both the timing of lessons during the day, and the amount of adaptation made to the lessons. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom.

4TH/5TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of only 10 Core lessons having been taught over the course of the year. There is a 30% no response rate for the timing of lessons, and no consistency for when the reported lessons were taught during the day. There is also a wide variation on the length of time spent on lessons. The data on lesson adaptation is incomplete, with lesson numbers provided in only 25% of the instances where adaptation was reported. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom.

6TH/7TH/8TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, 85 additional lessons of the teacher's choice (for a total of 105 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list a total of 28 Core lessons having been taught over the course of the year, however there was a change in teachers for this classroom within the first few months of the school year. Looking at data from the final teachers, it appears as if exactly 20 Core Lessons (the expected number) were taught from the time the teachers began the curriculum in November 2015 until the end of the school year. Additionally, the timing and length of lessons shows good consistency from November 2015 through the rest of

the school year. There was good reporting on adaptations of lessons as well. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom, but it does appear as if the 15 Drug Kit lesson target was reached.

6TH GRADE CLASSROOMS – BURNEY ELEMENTARY

The curriculum for these classrooms was to include 20 Core Lessons required, 85 additional lessons of the teacher's choice (for a total of 105 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 47+ Core Lessons taught for one classroom, and 23+ Core Lessons taught in the other classroom. There is good consistency in both timing of the lessons and the length of lessons in both classrooms for the entire year. There is also complete data provided on adaptations made. There is some confusion regarding the "Lesson # Ended on This Month" for both classrooms, with numbers not appearing sequentially from month to month. It is unclear if the target of 105 lessons plus 15 Drug Kit lessons were reached in both classrooms.

7TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

The curriculum for these classrooms was to include 20 Core Lessons required, 40 additional lessons of the teacher's choice (for a total of 60 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 40+ Core Lessons completed for one classroom, 43+ for a second classroom, and 46+ for the third. There is good consistency in both timing of the lessons and the length of lessons in two of the three classrooms for the entire year (both from Fall River High). There is incomplete data provided on adaptations to lessons, with no lessons number given in 63% of the instances where adaptation was reported. In one classroom (from Burney Jr/Sr High) the "Lesson # Ended on This Month" data is confusing, with numbers not appearing sequentially from month to month, and one number repeating several months apart. It appears from the "Lesson # Ended on This Month" data as if the 60 regular Positive Action lessons target may have been met. There is no data to indicate that any of the required 15 Drug Kit lessons were taught in any of these three classrooms in the teacher Implementation Reports; however, the Positive Action Coordinator's Implementation Progress report does indicate that the Drug Kit was completed in all three of these classrooms.

8TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

The curriculum for these classrooms was to include 20 Core Lessons required, 38 additional lessons of the teacher's choice (for a total of 58 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 22+ Core Lessons completed for one classroom, 32+ for a second classroom, and 46+ for the third. There is fairly good consistency on timing of the lessons in all classrooms. The length of lessons shows some wide variations in one of the three classrooms (from Fall River High). There is incomplete data provided on adaptations to lessons, with no lesson numbers given in 50% of the instances where adaptation was reported. The "Lesson # Ended on This Month" data is confusing, with numbers not appearing sequentially from month to month, in all three classrooms. It appears as if the 58 regular Positive Action lessons target may have been met; however, there is no data to indicate that any of the required 15 Drug Kit lessons

were taught in two of the three classrooms. According to the Positive Action Coordinator's Implementation Progress report, only one of the classrooms did not implement the Drug Kit.

FAMILY AND CLIMATE KITS

The family kit information was made available as handouts and included in newsletters sent home to the parents, and via face-to-face meetings at Back to School nights or other parent functions. There are no specific implementation surveys for the family kit. None of the family pretest/posttest surveys were utilized this year as the family kit was not implemented in a class-style setting for parents, which has been determined by school staff and the coordinator to be ineffective in the highly rural setting of the intermountain area.

Climate kit information was implemented in assemblies, student clubs, and the "Words of the Week". There are no specific implementation surveys for the climate kit.

IMPLEMENTATION CONCLUSIONS

As has been noted in previous years, based on implementation requirements from the Positive Action program, and the data provided from the vendors, it seems there were issues with the program being implemented as prescribed. It appears from the Implementation Reports submitted, in conjunction with the Positive Action Coordinator's reports, that the full target number of lessons (including Drug Kit lessons where appropriate) were only possibly met in six out of the twelve classrooms which used Positive Action curriculum.

The Positive Action Coordinator provided monthly reports regarding the implementation progress. In December 2015, she noted this in her report:

> "*I had an 'A-ha' moment this month. I have been concerned about the number of lessons taught by teachers, and realized that those teachers who are familiar with the PA curriculum because they were a part of the pilot last year are doing a great job this year. …Those who have a year's experience with the curriculum 'get it' and have figured out how to make it meaningful. …I have come to realize (and I don't think it's a 'cop-out') that it takes a full year for teachers to make PA their own and fully implement it."*

In February 2016, this was part of her report:

> *"Teachers continue to be 'all over the map' in their level of success with implementation of the PA curriculum. All teachers believe the PA concepts are relevant and valuable, but some are still struggling with finding the class time to correctly implement the lessons."*

Her report in April 2016 included this information:

> *"Generally, implementation is going reasonably well. Teachers who have struggled with time management are starting to plan for better utilization of the curriculum next year. …At this point, it appears that all the current teachers will return as PA teachers in the fall."*

Also included in the Positive Action Coordinator's final report was information regarding future planning and work to improve the implementation in the following year:

"The principal/superintendent in Montgomery Creek has high praise for the curriculum…He and I brainstormed some ideas for next year that will make schoolwide implementation easier."

"…I have learned that I must be more of a presence with some of the teachers and intend to contemplate changes during the summer in anticipation of better and more uniform implementation beginning in the fall. …Although no new teachers are expected to join the pilot in the fall, if any do, I will meet with them individually to provide training. Returning teachers and I will meet at each school site before classes reconvene in August to reinforce expectations, distribute materials, discuss deadlines, and answer questions."

"Changing the culture of a school doesn't happen all at once. It is a gradual process taken in small steps that build on one another. These established [Climate Kit] activities will continue next year and will be expanded."

Overall, while implementation was not ideal in this third year of the pilot, it was improved from the prior year. Planned changes to the data collection for next year include setting the student and teacher survey schedules to match the schools' trimester schedule. It is hoped this will help streamline some of the timing and data collection issues, and implementation data will reflect further improvements for the 2016/2017 school year. The Coordinator has also requested some changes to the monthly Implementation Reports that will assist the teachers with more accurately reporting precisely which Positive Action lessons have been taught each month.

PROGRAM SATISFACTON SURVEYS

In order to assess satisfaction with the Positive Action program, end of year surveys were administered to four different groups of individuals: students, teachers, climate committee members and parents. The intent was to obtain a well-rounded view from all involved parties. All surveys were anonymous, and where individual student names were written in or provided, they have been redacted in this report, in order to maintain confidentiality.

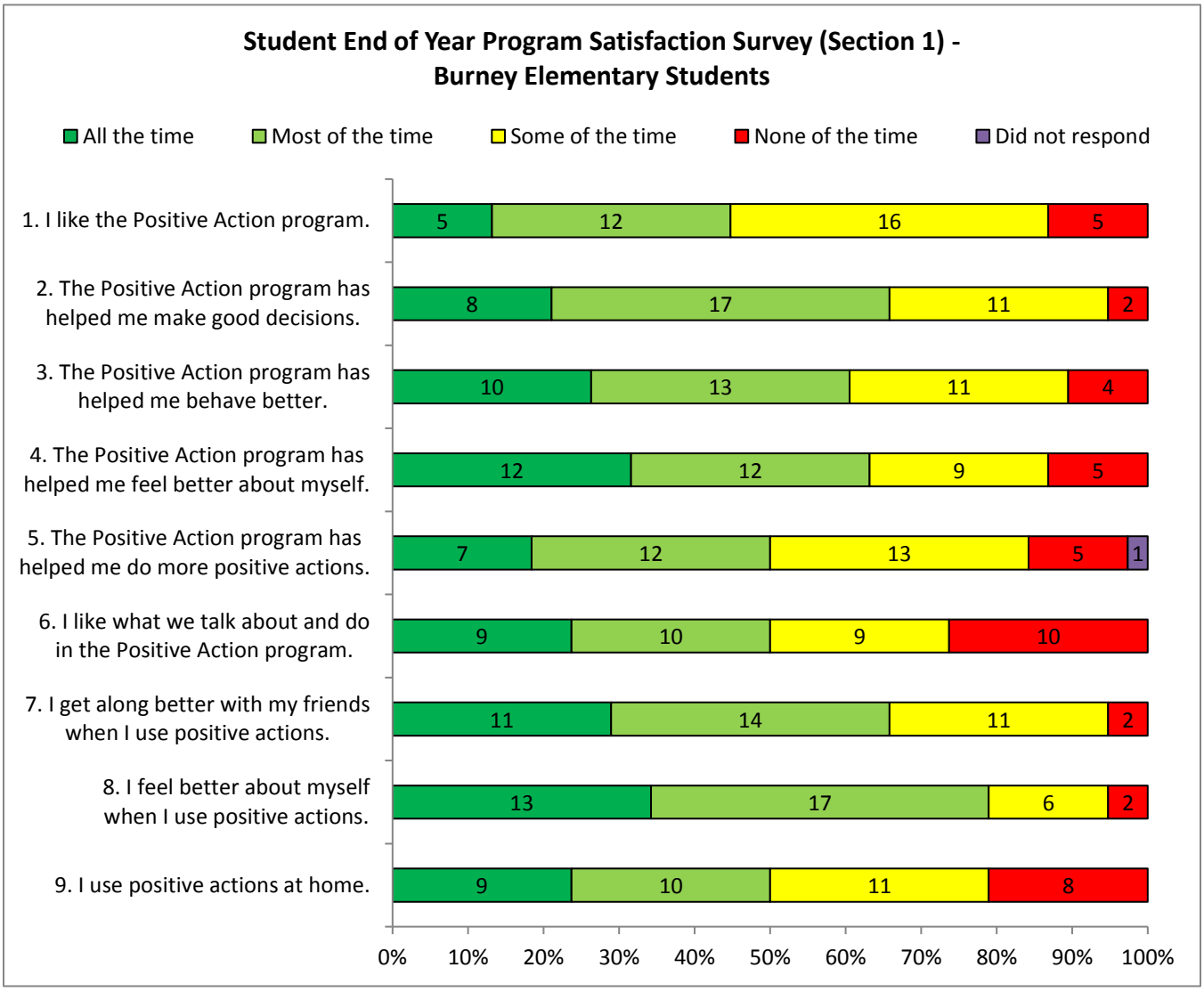
All surveys were adapted from approved Positive Action surveys, and changes to these surveys were made with the knowledge and approval of Dr. Brian Flay, who is the evaluator of the Positive Action program at the national level. All surveys included both multiple-choice Likert scale questions, and free text comment areas. All comments have been reproduced verbatim with the exception of some spelling corrections and the above-mentioned name redaction.

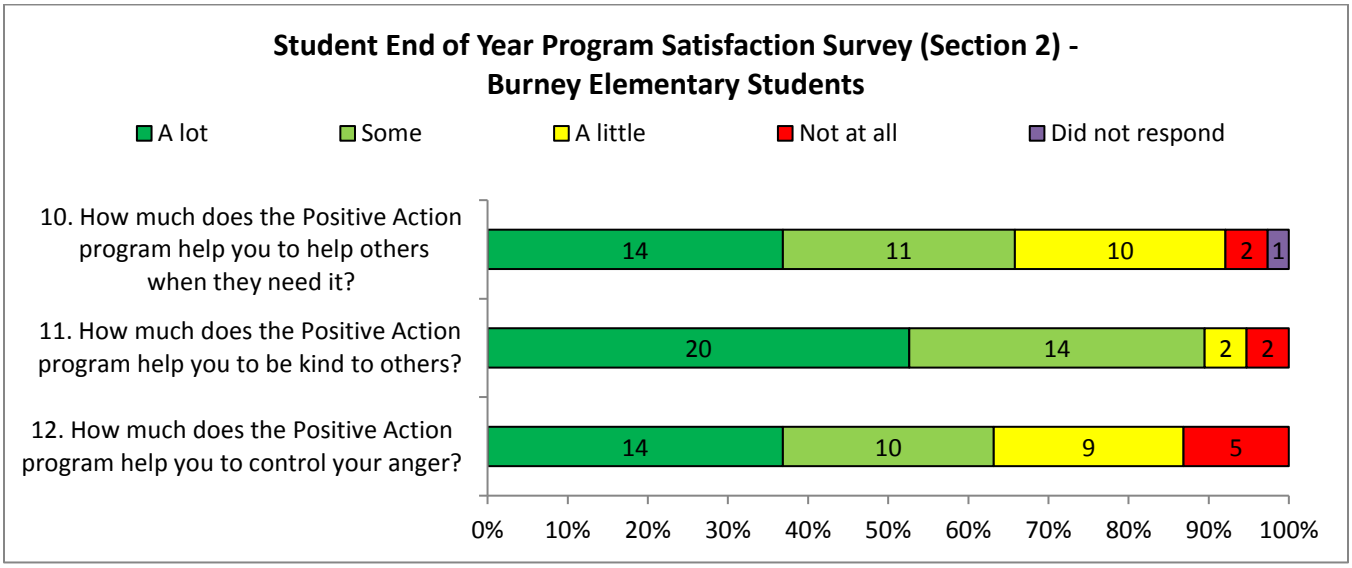
Results were tracked by individual school.

STUDENT PROGRAM SATISFACTION SURVEYS

The student end of year program satisfaction surveys consisted of 12 multiple-choice questions, and a comments section. There were a total of 253 student surveys collected: 38 from Burney Elementary; 73 from Burney Jr/Sr High; 74 from Fall River High; and, 68 from Montgomery Creek.

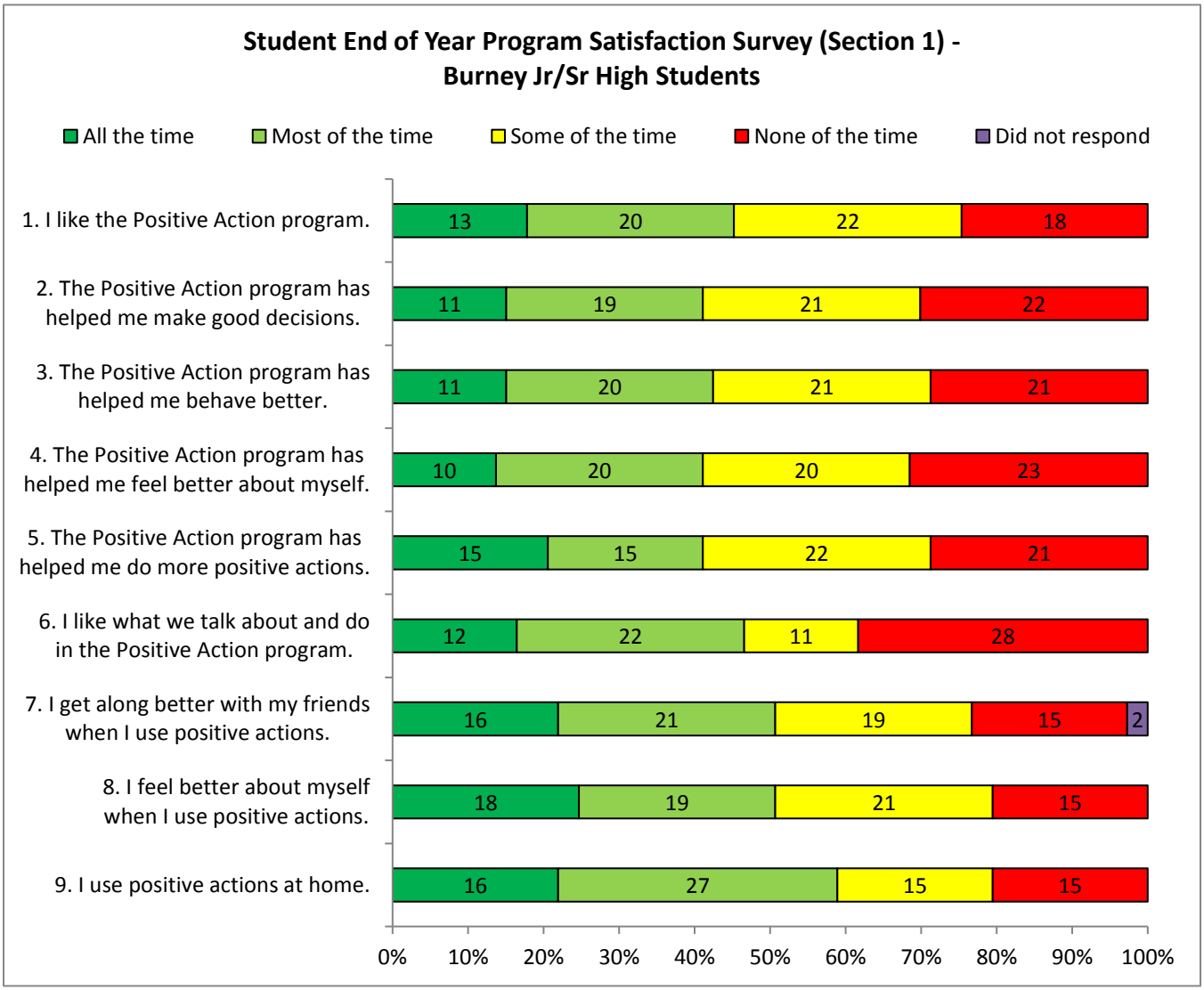
BURNEY ELEMENTARY

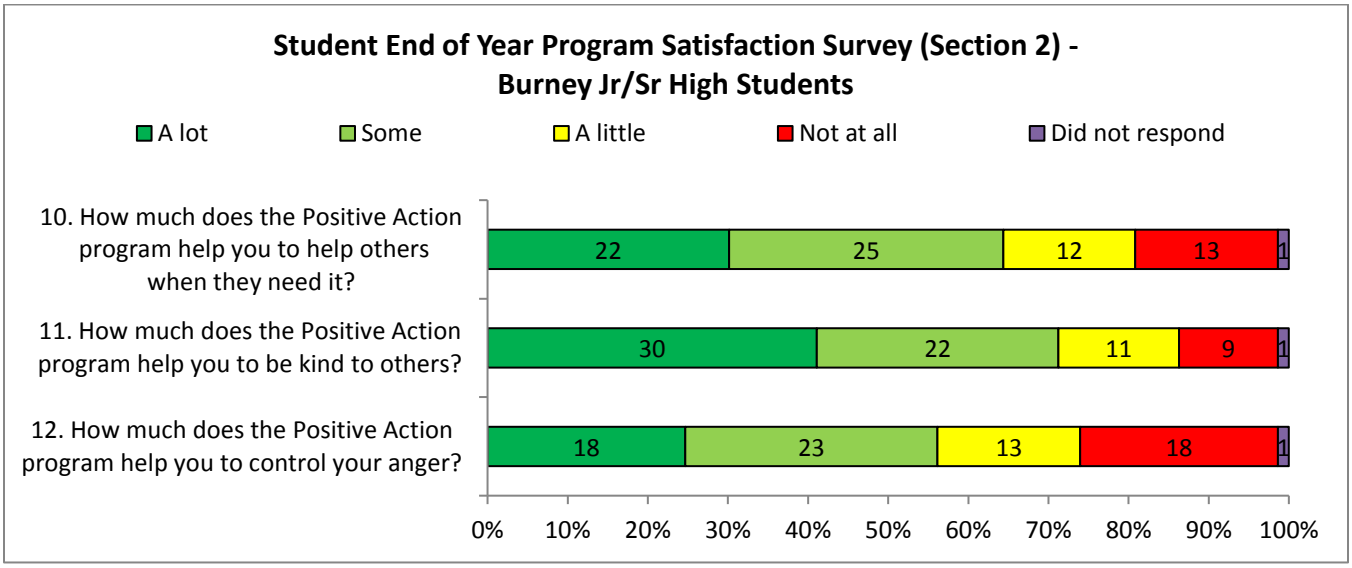




Student End of Year Program Satisfaction Survey (Comments) – Burney Elementary Students
• I don't really like these surveys, too personal.
• I think it is amazing just the way it is.
• I think Positive Action has helped a lot of kids around our school, and I can see that more and more people have used it in my grade.
• It can help me most of the time.
• It has helped the whole class.
• It is a very good program!
• It was a cool thing to do.
• It's a good program for kids.
• It's kinda boring.
• Positive Action sometimes helps me break out of my shell and talk more.
• The Positive Action book sometimes makes me feel worse about myself.
• The Positive Action lessons helped me control my anger a lot more than I did before.
• The Positive Action program has helped me improve who I am as a person.
• Well, I like Positive Action course, it is fun.
• Why do we take this survey?
• You need to make things real but more exciting, like say it was about drugs you need to make it to where a kid dies from drugs, then nobody would touch drugs.

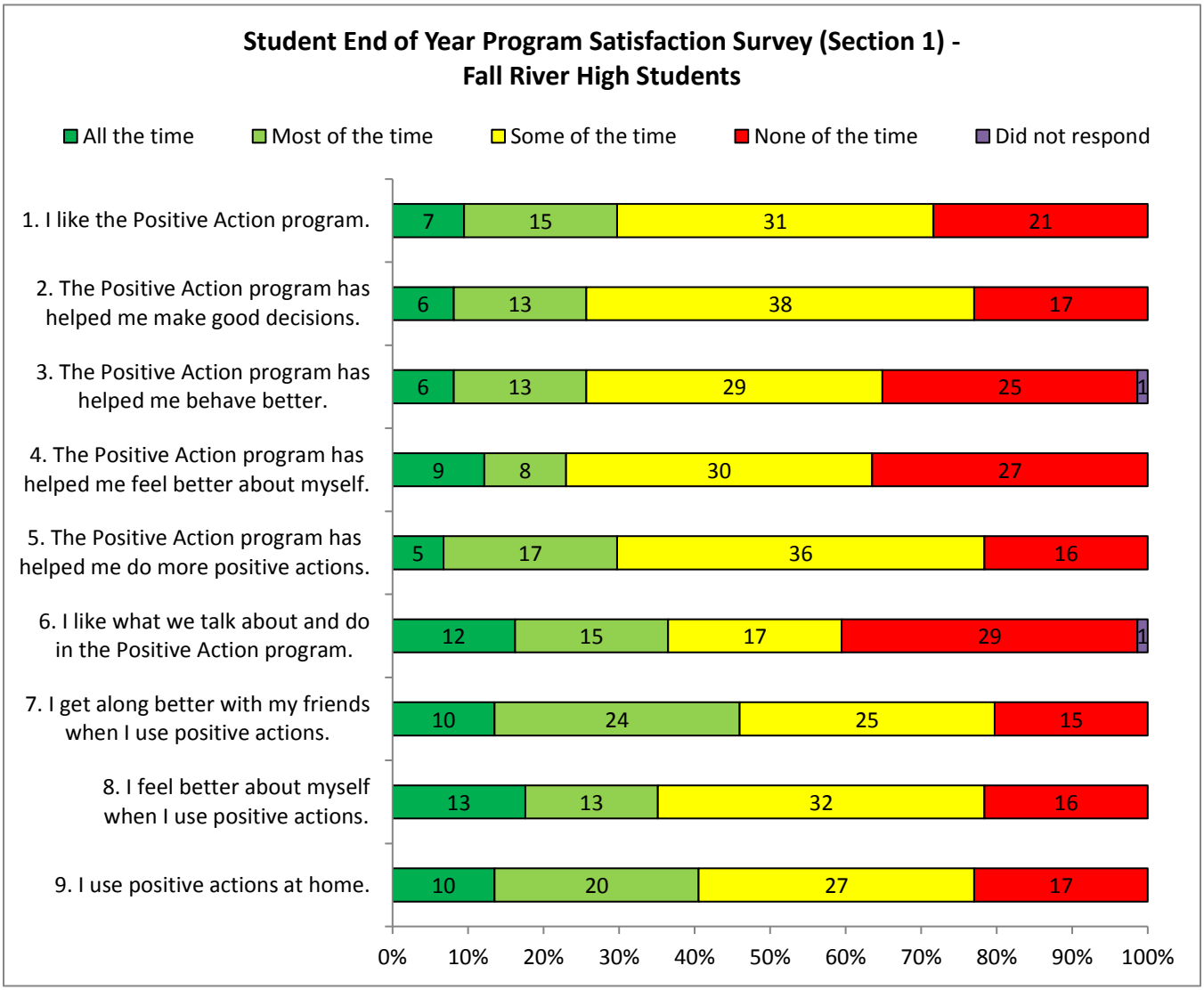
BURNEY JR/SR HIGH

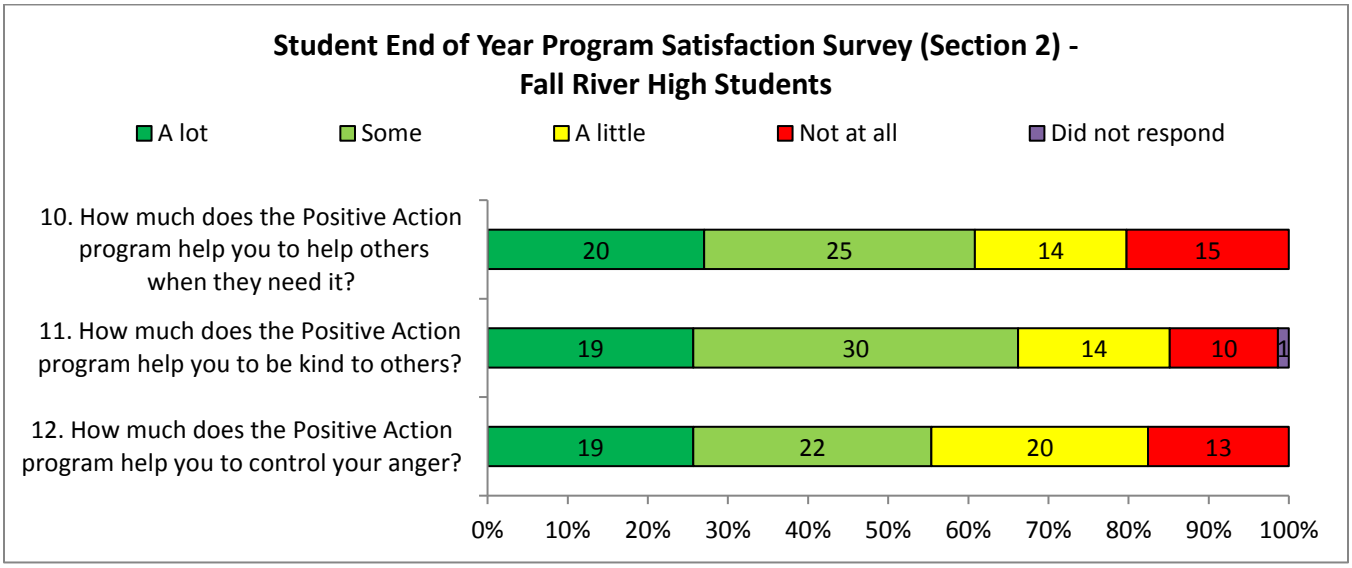




Student End of Year Program Satisfaction Survey (Comments) – Burney Jr/Sr High Students
• Hi…ya, I don't understand this program at all.
• I don't know about this program.
• I don't know what the Positive Action program.
• I guess it's alright.
• I like being nice and feeling good about it.
• I'm not in it, but I'm still positive.
• It doesn't help me much.
• It helps me through the hard times.
• It is so super fun.
• It sucks, and I think it's retarded, stupid and useless.
• No, wait do more

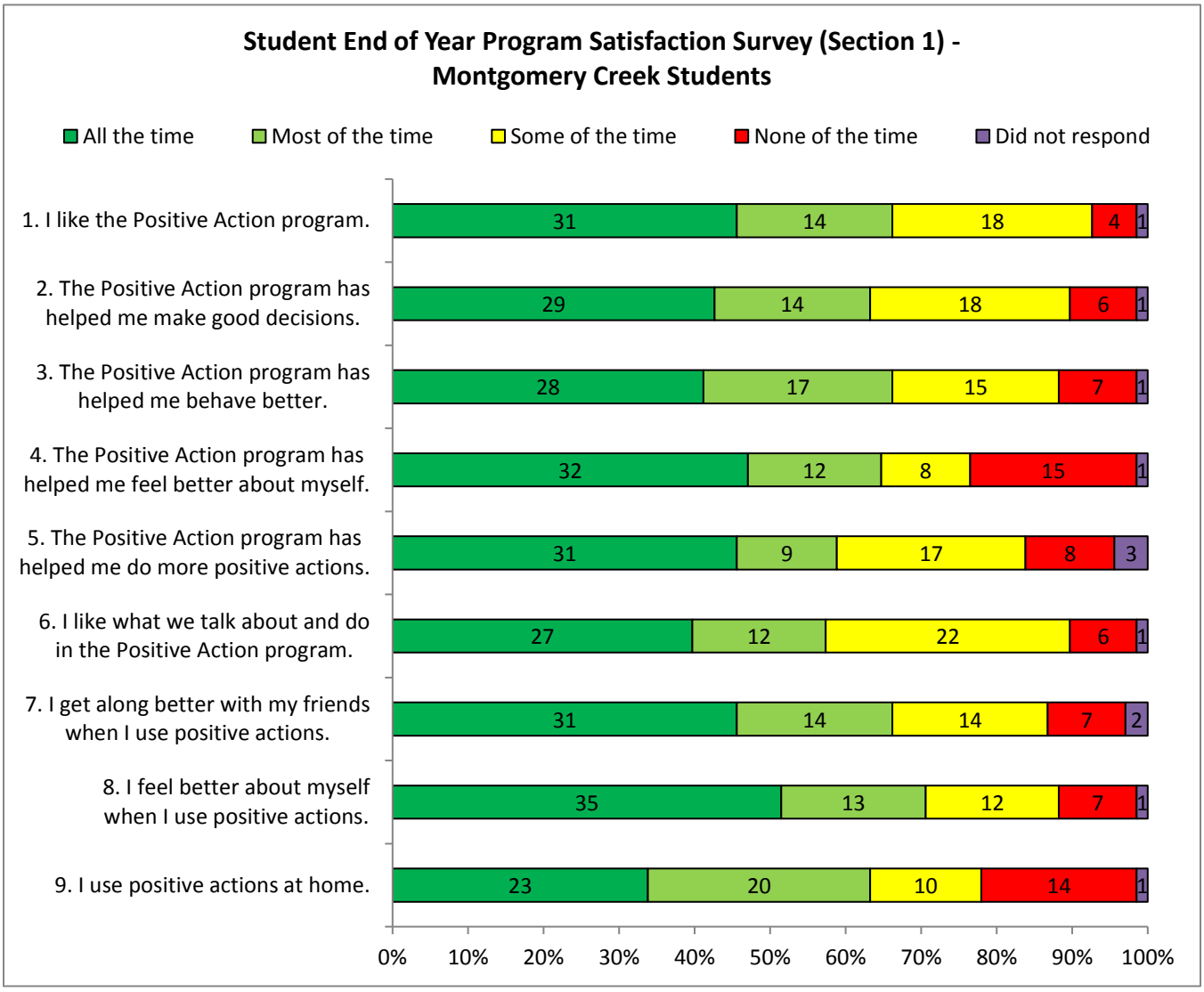
FALL RIVER HIGH

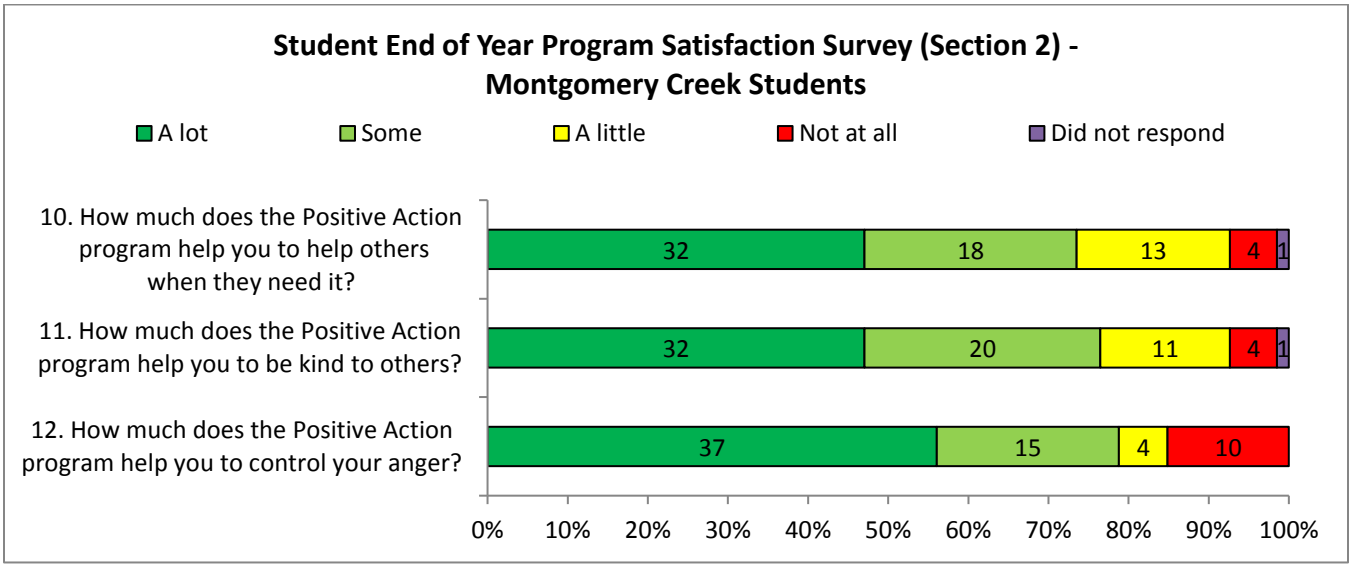




Student End of Year Program Satisfaction Survey (Comments) – Fall River High Students
• I didn't like that it took time away from Public Speaking.
• I don't have anger. I don't like it.
• I don't like it.
• I don't like Positive Action because it frustrates me and is a waste of my time.
• I think this class should continue because it seems like it will help students.
• I think you should start this program earlier, it doesn't really help in Jr. High.
• It didn't really help me all that much.
• It doesn't help anything, it's kinda stupid.
• It gets a little annoying.
• It is a very awesome program and I love it!!!
• It needs to be more fun.
• It should be less reading.
• It was a great program, but it needs more games for the kids. Overall great program.
• It's not helpful.
• No, but it's a very good program for my little sister who is only 8.
• Nobody really takes it serious and it doesn't really help, se we shouldn't have to take it.
• Nobody that I know of takes it serious, so really it doesn't help and I think we shouldn't have to do it.
• None of my class likes these, because they have to read, although I personally don't mind it.
• Positive Action is not helpful. All it teaches is friendship.
• Questions 10, 11 and 12 have nothing to do with how I answered the questions. I always treat others well, but "Positive Action" doesn't help.
• The Positive Action Program helps a lot of people.
• The Positive Action program is a waste of time in my opinion. :-/
• The Positive Action program is okay, but I feel that there's really no point to use Positive Action because we're smart kids, we won't be bad.
• There should be more activities in Positive Action.
• They should make Positive Action more fun and relatable, it's a little childish.

MONTGOMERY CREEK

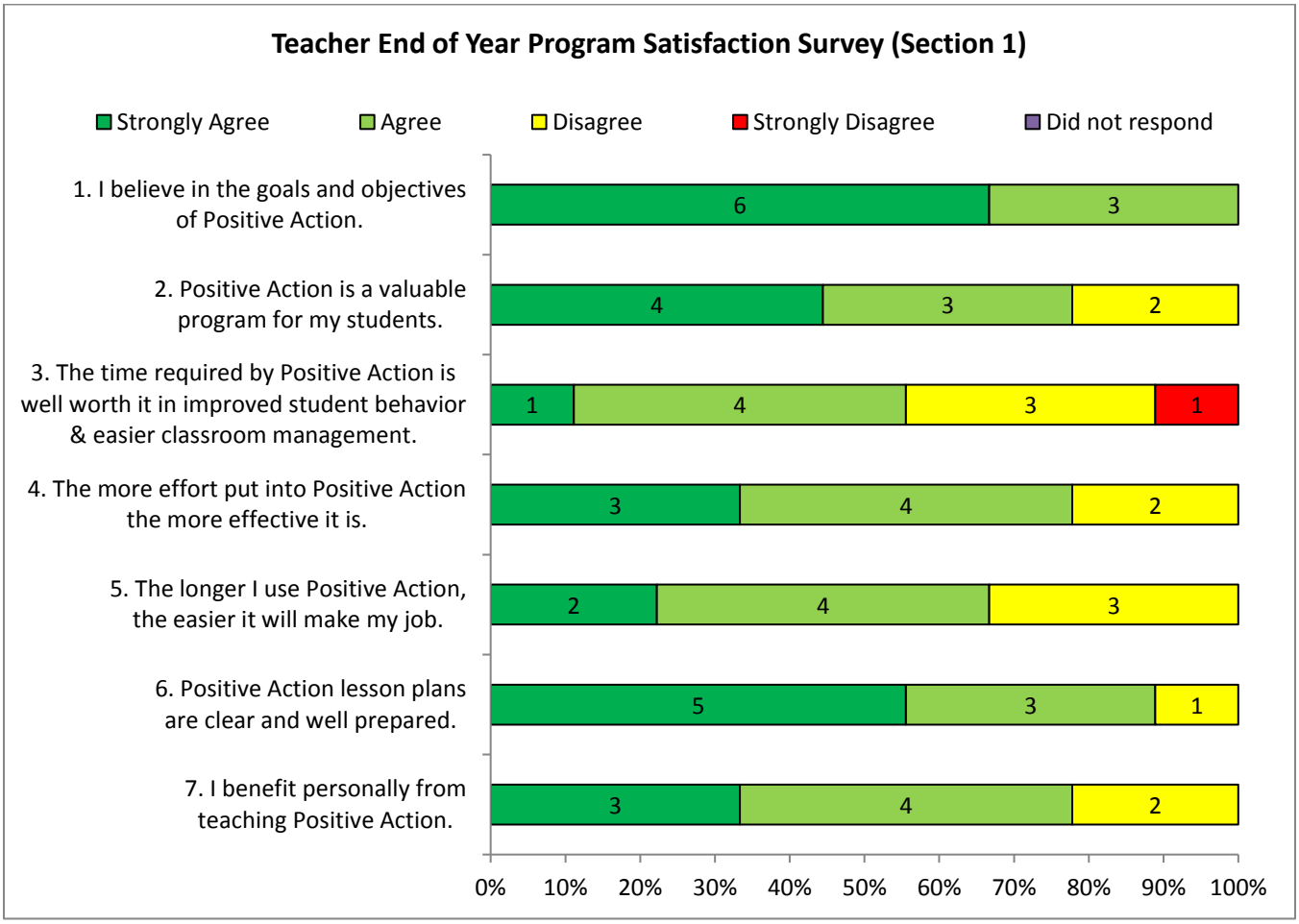


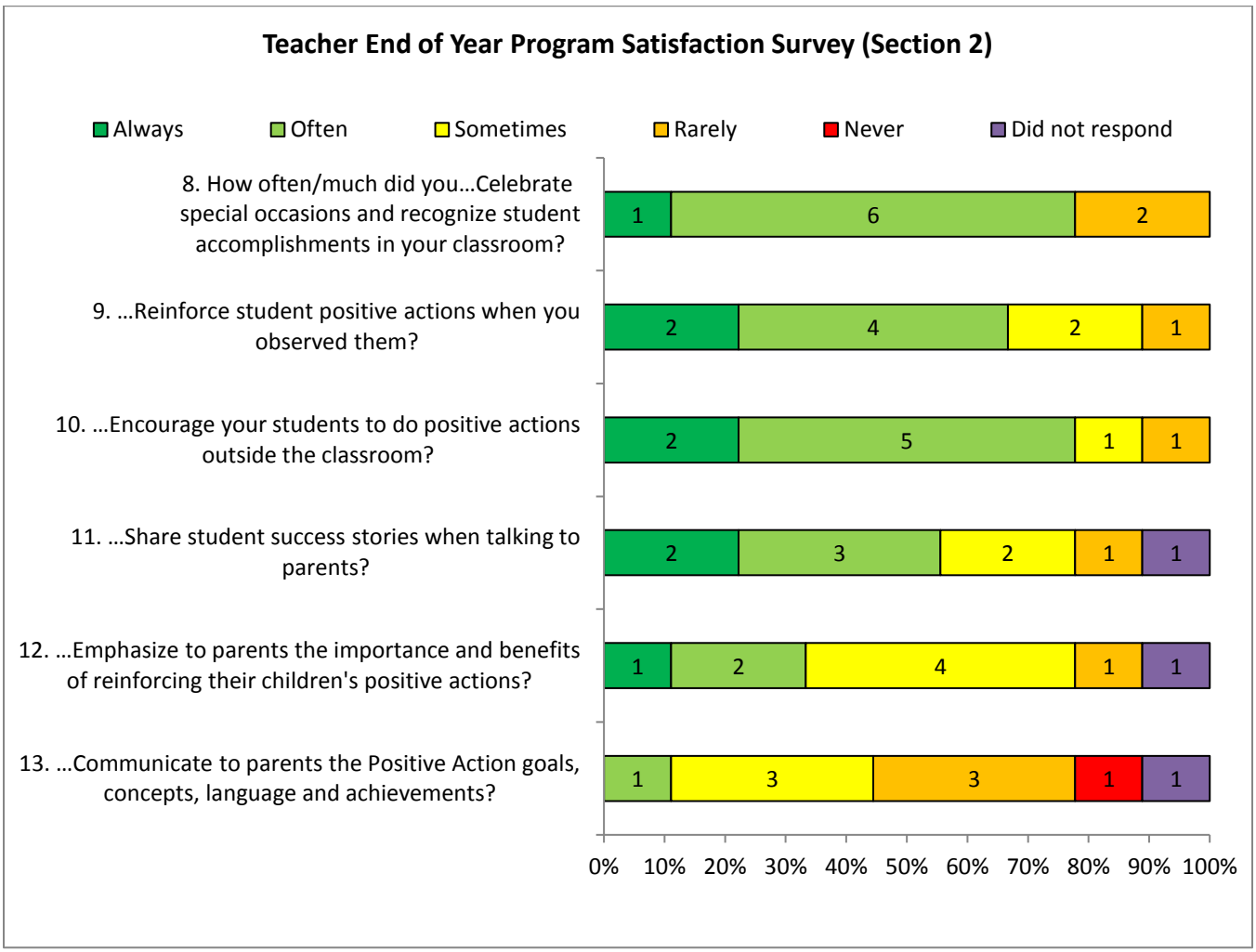


Student End of Year Program Satisfaction Survey (Comments) – Montgomery Creek Students
• I don’t like the program. (4 responses)
• [between #3 and #4] I don't need to be helped… [after #5] Again, no help
• [on #12 Control you anger] not a lot, because I'm not use to it. It's a bit better than math.
• How come Positive Action helps people deal with their actions.
• I don't get angry.
• I like the Positive Action program. I love this Positive Action program. I love watermelon.
• It is fun.
• It makes me feel good inside.
• It tends to become very dull and depressing. It makes me feel worse about myself.
• This Positive Action has helped me a lot because I do a lot of running and drink more water.
• We should have a Positive Action Olympics and do a test on action for positive!
• We should not use Positive Action.

TEACHER PROGRAM SATISFACTION SURVEYS

Because there were again only a few teachers involved in the pilot project, survey results have been combined in order to try and allow for some anonymity. There were 9 completed teacher survey forms collected. The teacher end of year program satisfaction surveys consisted of 13 multiple-choice questions, and a comments section.

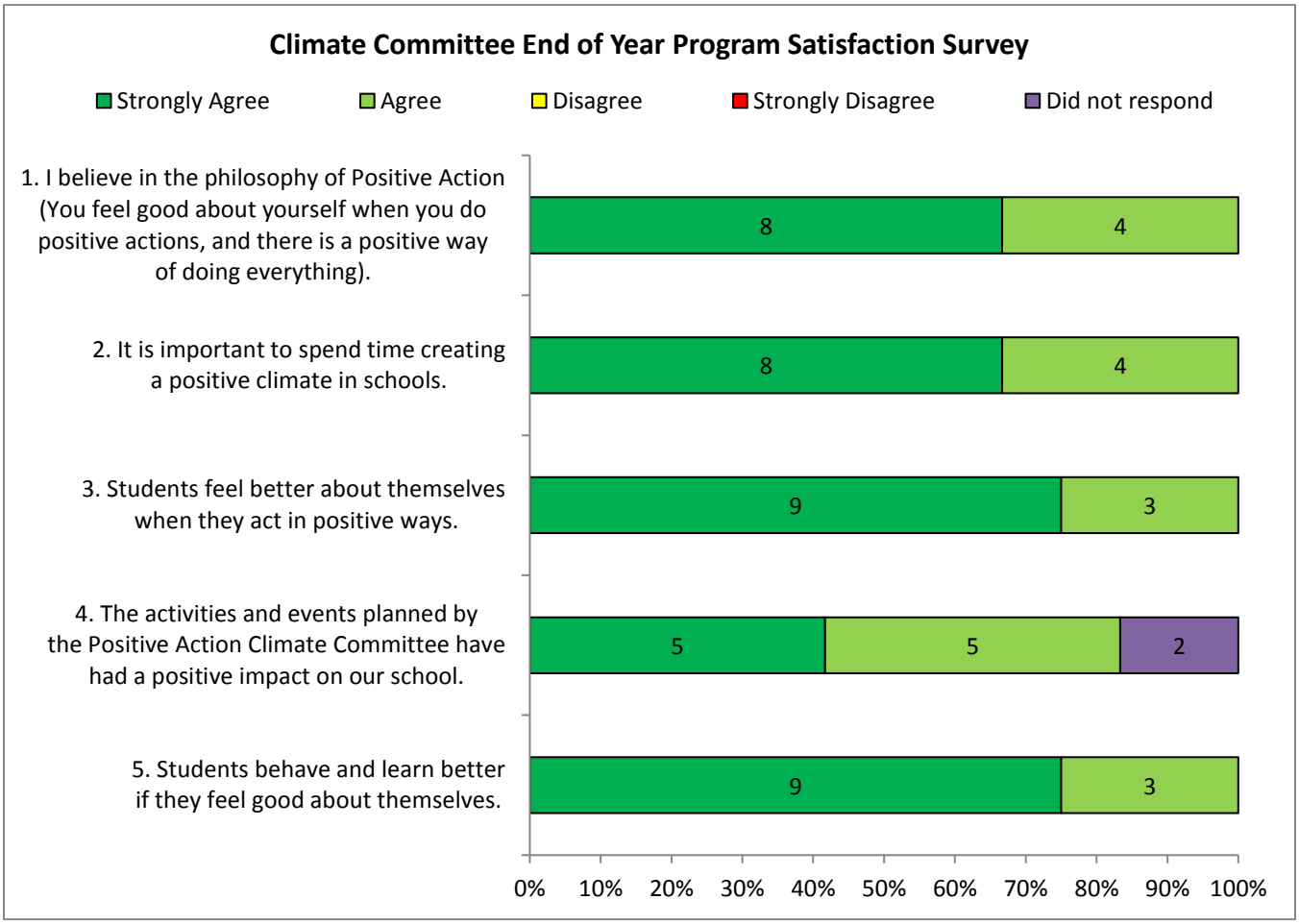




Teacher End of Year Program Satisfaction Survey (Comments)
• I like the concept of Positive Action. I plan to use this program much more next year, and implement specific lessons into my curriculum. I do infuse many Positive Action concepts informally in my classroom on a regular basis.
• Looking forward to Year 2.
• Surveys are very time consuming.
• This was my first year using Positive Action (PA). I had several students that just would not pay attention to the lessons, which decreased the effectiveness. I appreciate the concept of character education, but sometimes find it hard to work in specific PA lessons.

CLIMATE COMMITTEE PROGRAM SATISFACTION SURVEYS

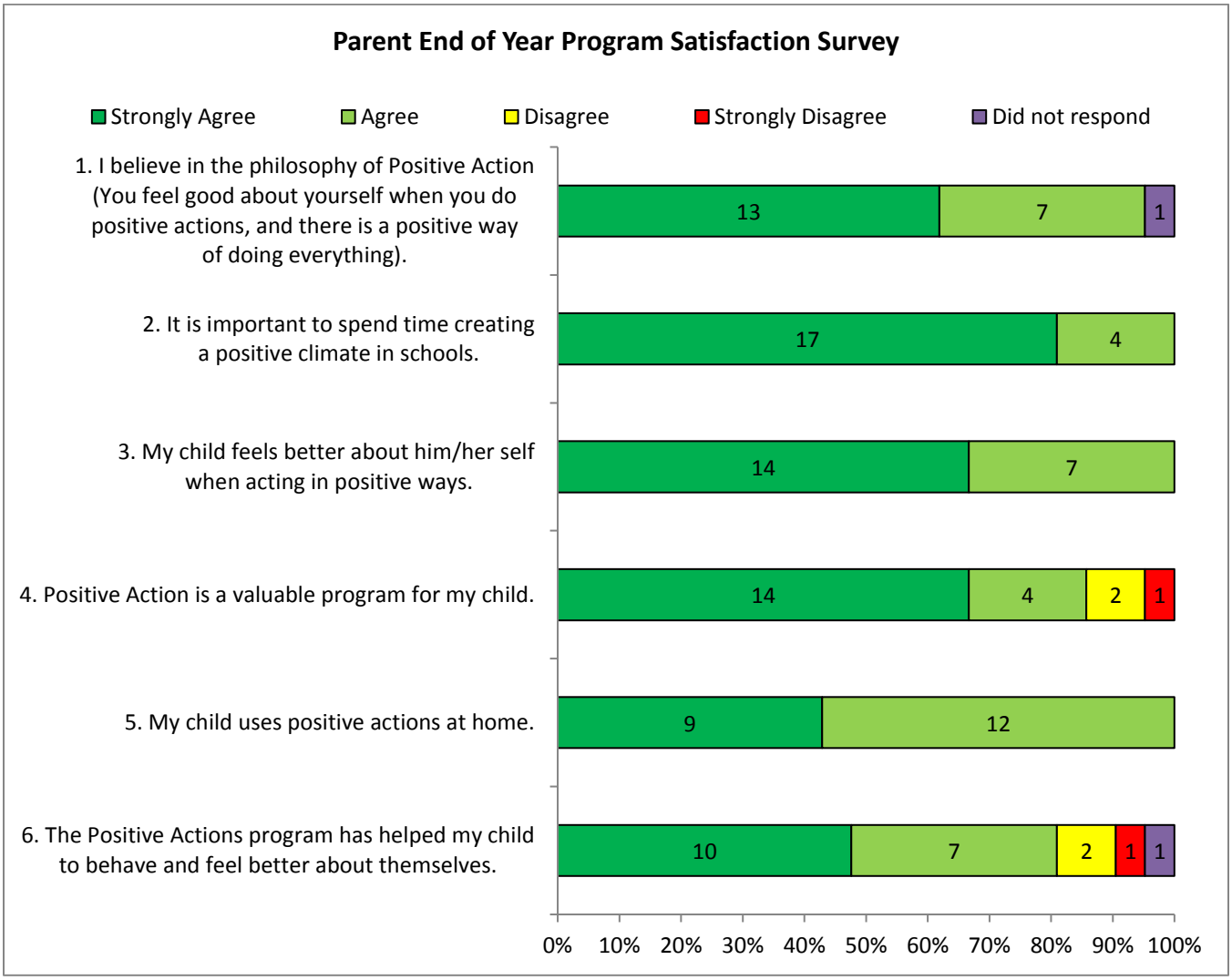
As a part of the Positive Action program, Burney Elementary, Burney Jr/Sr High, Fall River High and Montgomery Creek each designated their own Climate Committees comprised of teachers, school counselors, school administrator(s) and parents. In most of the schools, these were already-existing student councils, on campus youth-led clubs and site councils who were tasked with implementing Positive Action activities. These committees implemented activities both from the Positive Action Climate Kit, and other outside activities they felt were compatible with the Positive Action philosophies. At all sites (not just Montgomery Creek where the entire school was engaged), these activities involved the whole school and not just the one or two classrooms where the Positive Action program was being piloted. This structure and implementation, according to discussions with Dr. Brian Flay, has never been done before, which means there are no comparable studies to validate our results against. The Climate Committee end of year program satisfaction surveys consisted of 5 multiple-choice questions, and a comments section. There were 12 completed surveys: 5 by Burney Elementary; 3 by Burney Jr/Sr High; 2 by Fall River; and, 2 by Montgomery Creek. Because there were only a few surveys returned, results have been combined in order to try and allow for some anonymity.



Climate Committee End of Year Program Satisfaction Survey (Comments)
• Hope it continues and grows. Thank you!
• I believe in PA - but have not witnessed a "change" in students that really need it.
• The hardest thing about Positive Action is to squeeze in doing surveys. Cindy was very patient and diligent in helping us get this done. P.A. is a very needed program!

PARENT PROGRAM SATISFACTION SURVEYS

The parent end of year program satisfaction surveys consisted of 6 multiple-choice questions, and a comments section. There were 21 completed surveys: 5 from Burney Elementary parents; 3 from Burney Jr/Sr High parents; and, 13 from Fall River parents. There were no parent satisfaction surveys received from Montgomery Creek parents. Again, because of the low response rate, to allow for anonymity all survey results have been combined.



Parent End of Year Program Satisfaction Survey (Comments)
• I did not receive any parent newsletters.
• I think it's great for the kids. Gives them a more positive outlook on things. The Positive Action curriculum is something I feel ALL grades should do! It is truly a great "program!" Thank you!!!!
• I think since XXXXX has been here she has grown. She [is] more involved in what school is about, she understands no one should be bullied and also she likes her teacher and classes.
• My child enjoyed the program. As a parent I appreciate the opportunity for students to have a program like this during their junior high school years!! :-)
• My child feels she has learned all of this in kindergarten! Thank you
• My granddaughter has always accepted others, no matter their age, gender, ethnicity, etc. The Positive Action program has taught her ways to handle different situations, and has helped her look at things in a more positive way.
• My son already exhibits good behavior. This program did not alter or change his behavior. The program is seen by him as not effective, and was busy work. When I asked him how he and his peers felt about the program, he said he did not like the program, and his peers disliked it as well.
• Positive Action program is one of the best program[s] that the school has put into action.
• Very pleased this is being practiced. Thank you!

PROGRAM SATISFACTION CONCLUSIONS

In general, the surveys completed reflect satisfaction with the Positive Action program, or at least with results seen from it. What little criticism appeared in the comments is constructive (with the exception of a few of the student survey responses), giving suggestions and ideas for how the implementation or program could be improved upon in the future.

One recurring theme noted, particularly in student responses from Fall River High and from the parent surveys, is the impression that this curriculum would be more beneficial to younger age levels than the middle school/junior high classes. This may well speak to the fact that as an evidence-based program, Positive Action is designed to be started at a much younger age, and without that earlier exposure and foundation, it is much harder to obtain buy-in from tween and teen-age students.

Another theme noted in the teacher and climate committee responses is the difficulty in completing all the necessary surveys. The importance of the Positive Action program, and adherence to fidelity, is recognized; but, the logistics of actually accomplishing all the paperwork is hard for school staff members. In fact, Fall River High has withdrawn from participation next year for this very reason.

ANALYSIS AND RECOMMENDATIONS

ANALYSIS

As stated previously, the evaluation has changed in focus, and for the third year of this pilot program an emphasis has been placed on fidelity in program implementation. The Program Coordinator was responsible for collecting and submitting aggregate data to the county.

Data to be collected	Timeliness	Completeness	Analysis of implementation
1. Student Surveys	All required aggregate reports were submitted by the Coordinator in a timely fashion.	All reports provided were complete.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.
2. Student Classroom Behavior Surveys	All required aggregate reports were submitted by the Coordinator in a timely fashion.	One teacher inadvertently sent the wrong survey link to students, and because it was impossible to determine which behavior surveys had been completed by the teacher and which by students, one classroom's data was excluded for one quarterly report.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.
3. Monthly Implementation Survey	All required reports were submitted by the Coordinator in a timely fashion.	Approximately 30% of the reports completed by teachers were missing one or more data elements.	In order to accurately determine fidelity to the evidence-based practice, these surveys needed to have been more thoroughly completed.
4. Monthly Coordinator's Implementation Progress Report	All required reports were submitted by the Coordinator in a timely fashion.	The Coordinator did an outstanding job documenting implementation barriers and progress.	These reports were critical for county staff to follow program implementation, and greatly facilitated dialogue with the Coordinator to address concerns.
5. Year-End Surveys	All required reports were submitted by the Coordinator in a timely fashion.	While it would have been ideal to receive more feedback from parents and climate committee members, it is understood that response to surveys such as these will never result in 100% participation rates.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.

There were four specific evaluation measures from the Student Behavior Rating Scale listed in the current contract:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

None of these measures reached the targeted goal.

Measure	Base-line Score	Goal (+15% over baseline)	End Of Year Score	Compared to baseline	Compared to goal
Negative Self-Concept	5.4	6.2	5.6	**+0.2**	**-0.6**
Poor Self-Control	5.4	6.2	5.5	**+0.1**	**-0.7**
Violent	5.8	6.7	5.8	No change	**-0.9**
Non-Sociable	6.0	6.9	6.0	No change	**-0.9**

RECOMMENDATIONS

While it is disappointing to not be able to gather objective data which clearly demonstrates immediate benefits to implementing Positive Action, because it is an evidence-based practice it is unnecessary to attempt to validate outcomes independently. A continued emphasis on the fidelity of implementation can reasonably be expected to increase positive outcomes, which have been reported anecdotally and just do not appear in the limited data gathered.

Year Three Positive Action Evaluation Report Executive Summary

Data from: August 2015 - June 2016

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OVERVIEW

The Positive Action program was piloted in one classroom at Sequoia Middle School, and in the Redding Community Day School classroom, for the first year. For the second year of the pilot, the program was expanded into 2 additional Sequoia classrooms, 5 classrooms in Fall River Mills, 6 classrooms in Burney and 1 classroom in Montgomery Creek. For the third year of the pilot (currently in progress), the program was implemented in all 4 classrooms at Montgomery Creek (K-1st, 2nd-3rd, 4th-5th and 6th-8th grade classes), 4 classrooms in Fall River Mills (two 7th grade and two 8th grade classes), and 4 classrooms in Burney (two 6th grade and two 7th/8th grade classes), for a total of 12 classrooms which receive Positive Action curriculum in Shasta County currently.

The evaluation of this pilot project has changed in focus, based on issues found during the first two years. Because Positive Action is an evidence-based practice, it is unnecessary for Shasta County to attempt to validate outcomes independently. Instead, for the third year of this pilot program, an emphasis has been placed on fidelity in program implementation, in order to yield better results, and help alleviate some of the data collection issues seen in the first two years of piloting Positive Action. The Program Coordinator is responsible for collecting and submitting aggregate data to the county. Additionally, in line with program fidelity, Positive Action is being implemented with younger children also, with the hope of influencing their actions, behaviors and future well-being and creating an established base of positive behavior patterns before they enter middle school.

There were four specific evaluation measures from the Student Behavior Rating Scale listed in the current contract:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

Data was also collected on student survey results, and implementation data. Program satisfaction surveys were collected at the end of year three of this pilot program from teachers, climate committee members and other staff, parents, and the students.

STUDENT SURVEYS

An important component of this pilot project is decreasing high-risk behaviors while increasing positive coping skills and psychosocial development. In order to try and measure items in these areas, students were given a survey at the beginning of the year (to create a baseline) and then repeated once per quarter thereafter. Surveys differ by grade level, ranging from 6 to 21 questions. While no formal analysis or outcomes measurements are based on these surveys, it is interesting to track how overall percentages of each answer change over time. Because all data is compiled and reported in aggregate by the Program Coordinator as negotiated in the contract, t-tests or other formal statistical analysis is not possible on year 3 dataWhile no formal outcomes are being determined from the student surveys, the data may still be of some use and interest in overall program evaluation.

GRADES K-3

In half of the questions asked there is a very slight (less than 3%) increase in positive responses between the baseline measure from the beginning of the year and the final survey conducted at the end of the year. In the other half of the questions, there is a more noticeable (between 5%-15%) decrease in positive responses between the baseline measure and the final survey.

GRADES 4-6

In four of the 21 questions asked there is a very slight (average of less than 3%) increase in more positive responses between the baseline measure and the final survey. However, in all 4, the most positive answer possible for those questions shows a decrease between baseline and the final survey.

In the other 17 questions, the decrease in positive responses ranges from 1% to 12% (average of 7%) between the baseline measure and the final survey.

GRADES 7-8

In twelve of the 21 questions asked there is a small (average of 6%) increase in more positive responses between the baseline measure and the final survey. However, on three of them, the most positive answer possible for those questions shows a decrease between baseline and the final survey.

In the other nine questions, the decrease in positive responses ranges from less than half a percent to 9% (average of 5%) between the baseline measure and the final survey.

STUDENT SURVEY CONCLUSIONS

While this data is of some interest, due to the type of data collection and reporting it is impossible to determine if there is any statistical significance to any of the changes seen. Based on the very small increments of change seen, it is highly unlikely. It is also beyond the scope of this evaluation to determine if negative responses are due to a select few students skewing the results, or reflect more prevalent changes in behavior and attitude throughout the classes. Score variations could have been impacted by any number of factors, including but not limited to: a learning curve over the year of what some of these questions and concepts entail; a willingness to be more truthful as comfort was gained in the classroom over time; a mirroring of negative attitudes towards the program by peers, parents or teachers; a desire to “shock” teachers or administrators; or, survey fatigue.

STUDENT CLASSROOM BEHAVIOR

While the student surveys provide self-reported data about student behaviors, teachers in the classrooms are asked to complete a baseline and then quarterly surveys on student behavior they observe. The Student Behavior survey is a series of 15 questions which the teacher completed for each individual student, ranking various behaviors and attitudes seen by them in the classroom setting. Each question has a range of numeric values (1 for least positive response up to 7 for most positive response), so scoring can be summarized and compared. All students, regardless of grade level, are rated with this tool and all student data is consolidated prior to being reported to the county.

OUTCOME MEASURES

As noted above in the Overview, outcomes are being tracked on 4 specific measures from these behavioral surveys:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

As of the end of the year, two of the four measures (negative self-concept and poor self-control) showed slight positive change when compared to baseline. The other two measures (violent and non-sociable) showed no change from baseline. None of the four measures demonstrate significant movement towards meeting the 15% increase target that was set in the contract.

CLASSROOM BEHAVIOR SURVEY CONCLUSIONS

Again, due to the type of data collection and reporting it is impossible to determine if there is any statistical significance to any of the changes seen. Based on the very small increments of change seen, it is highly unlikely. Since these surveys were all completed by the teachers, and as trained educators they were aware of what appropriate classroom behaviors should look like, there would be no “learning curve” where baselines are higher than later surveys due to participants not knowing what they don’t yet know. It is not clear what other factors could have played into the results seen. Anecdotal feedback from teacher and school administrator comments would suggest better behavioral outcomes than demonstrated by the data collected with these surveys.

IMPLEMENTATION DATA

Part of ensuring that there is fidelity to the Positive Action evidence-based practice requires data documenting the implementation of the curriculum. Teachers have been asked to complete an implementation survey each month. Because the classrooms are using different curriculum, the number of lessons and units, as well as the timing of their completion, will be different for each school and/or classroom.

For evaluation purposes and to achieve fidelity through minimum adequate implementation of 75%, a minimum of **105 lessons** is required to be taught out of each K - 6th grade kit. The 7th grade curriculum only contains the first 3 units of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75% implementation, a minimum of **60 lessons** is required to be taught out of each 7thth grade kit. The 8th grade curriculum contains units 4-7 of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75%, a minimum of 58 lessons is required be taught out of each 8th grade kit. In addition, drug kit lessons are required for grades 6-8.

The implementation survey includes data regarding how much of the curriculum was used, if there was anything added or subtracted from the curriculum, and how consistently the materials were presented. In addition to the actual lessons presented to students in the classroom, Positive Action also includes a number of tools and activities to be used for altering the school climate. The implementation surveys track data on the average number of these activities during each week of the unit as well.

TK/K/1ST GRADES COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of 41+ Core Lessons having been taught over the course of the year. It is unclear exactly how many lessons were taught, but the "Lesson # Ended on This Month" data reported seems to indicate that target of 105 lessons may have been met. The report also indicates good consistency on the timing and length of the lessons. The data on lesson adaptation is incomplete, with no lesson numbers given for any of the adaptations reported.

2ND/3RD GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of only 15 Core lessons having been taught over the course of the year. There is a 60% no response rate for both the timing of lessons during the day, and the amount of adaptation made to the lessons. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom.

4TH/5TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, and 85 additional lessons of the teacher's choice, for a total of 105 Positive Action lessons.

The Implementation Reports list a total of only 10 Core lessons having been taught over the course of the year. There is a 30% no response rate for the timing of lessons, and no consistency for when the reported lessons were taught during the day. There is also a wide variation on the length of time spent on lessons. The data on lesson adaptation is incomplete, with lesson numbers provided in only 25% of the instances where adaptation was reported. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom.

6TH/7TH/8TH GRADE COMBINED CLASSROOM – MONTGOMERY CREEK

The curriculum for this classroom was to include 20 Core Lessons required, 85 additional lessons of the teacher's choice (for a total of 105 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list a total of 28 Core lessons having been taught over the course of the year, however there was a change in teachers for this classroom within the first few months of the school year. Looking at data from the final teachers, it appears as if exactly 20 Core Lessons (the expected number) were taught from the time the teachers began the curriculum in November 2015 until the end of the school year. Additionally, the timing and length of lessons shows good consistency from November 2015 through the rest of the school year. There was good reporting on adaptations of lessons as well. Based on the "Lesson # Ended on This Month" data, it appears as if the target of 105 lessons was not reached in this classroom, but it does appear as if the 15 Drug Kit lesson target was reached.

6TH GRADE CLASSROOMS – BURNEY ELEMENTARY

The curriculum for these classrooms was to include 20 Core Lessons required, 85 additional lessons of the teacher's choice (for a total of 105 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 47+ Core Lessons taught for one classroom, and 23+ Core Lessons taught in the other classroom. There is good consistency in both timing of the lessons and the length of lessons in both classrooms for the entire year. There is also complete data provided on adaptations made. There is some confusion regarding the "Lesson # Ended on This Month" for both classrooms, with numbers not appearing sequentially from month to month. It is unclear if the target of 105 lessons plus 15 Drug Kit lessons were reached in both classrooms.

7TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

The curriculum for these classrooms was to include 20 Core Lessons required, 40 additional lessons of the teacher's choice (for a total of 60 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 40+ Core Lessons completed for one classroom, 43+ for a second classroom, and 46+ for the third. There is good consistency in both timing of the lessons and the length of lessons in two of the three classrooms for the entire year (both from Fall River High). There is incomplete data provided on adaptations to lessons, with no lessons number given in 63% of the instances where adaptation was reported. In one classroom (from Burney Jr/Sr High) the "Lesson # Ended on This Month" data is confusing, with numbers not appearing sequentially from month to month, and one number repeating several months apart. It appears from the "Lesson # Ended on This Month" data as if the 60 regular Positive Action lessons target may have been met. There is no data to indicate that any of the required 15 Drug Kit lessons were taught in any of these three

classrooms in the teacher Implementation Reports; however, the Positive Action Coordinator's Implementation Progress report does indicate that the Drug Kit was completed in all three of these classrooms.

8TH GRADE CLASSROOMS – BURNEY JR/SR HIGH & FALL RIVER HIGH

The curriculum for these classrooms was to include 20 Core Lessons required, 38 additional lessons of the teacher's choice (for a total of 58 Positive Action lessons), plus any 15 Drug Kit lessons.

The Implementation Reports list 22+ Core Lessons completed for one classroom, 32+ for a second classroom, and 46+ for the third. There is fairly good consistency on timing of the lessons in all classrooms. The length of lessons shows some wide variations in one of the three classrooms (from Fall River High). There is incomplete data provided on adaptations to lessons, with no lesson numbers given in 50% of the instances where adaptation was reported. The "Lesson # Ended on This Month" data is confusing, with numbers not appearing sequentially from month to month, in all three classrooms. It appears as if the 58 regular Positive Action lessons target may have been met; however, there is no data to indicate that any of the required 15 Drug Kit lessons were taught in two of the three classrooms. According to the Positive Action Coordinator's Implementation Progress report, only one of the classrooms did not implement the Drug Kit.

FAMILY AND CLIMATE KITS

The family kit information was made available as handouts and included in newsletters sent home to the parents, and via face-to-face meetings at Back to School nights or other parent functions. There are no specific implementation surveys for the family kit. None of the family pretest/posttest surveys were utilized this year as the family kit was not implemented in a class-style setting for parents, which has been determined by school staff and the coordinator to be ineffective in the highly rural setting of the intermountain area.

Climate kit information was implemented in assemblies, student clubs, and the "Words of the Week". There are no specific implementation surveys for the climate kit.

IMPLEMENTATION CONCLUSIONS

As has been noted in previous years, based on implementation requirements from the Positive Action program, and the data provided from the vendors, it seems there were issues with the program being implemented as prescribed. It appears from the Implementation Reports submitted, in conjunction with the Positive Action Coordinator's reports, that the full target number of lessons (including Drug Kit lessons where appropriate) were only possibly met in six out of the twelve classrooms which used Positive Action curriculum.

Overall, while implementation was not ideal in this third year of the pilot, it was improved from the prior year. Planned changes to the data collection for next year include setting the student and teacher survey schedules to match the schools' trimester schedule. It is hoped this will help streamline some of the timing and data collection issues, and implementation data will reflect further improvements for the 2016/2017 school year. The Coordinator has also requested some changes to the monthly Implementation Reports that will assist the teachers with more accurately reporting precisely which Positive Action lessons have been taught each month.

PROGRAM SATISFACTON SURVEYS

In order to assess satisfaction with the Positive Action program, end of year surveys were administered to four different groups of individuals: students, teachers, climate committee members and parents. The intent was to obtain a well-rounded view from all involved parties. All surveys were anonymous, and where individual student names were written in or provided, they have been redacted in this report, in order to maintain confidentiality.

All surveys were adapted from approved Positive Action surveys, and changes to these surveys were made with the knowledge and approval of Dr. Brian Flay, who is the evaluator of the Positive Action program at the national level. All surveys included both multiple-choice Likert scale questions, and free text comment areas.

Results were tracked by individual school.

STUDENT PROGRAM SATISFACTION SURVEYS

There were a total of 253 student surveys collected: 38 from Burney Elementary; 73 from Burney Jr/Sr High; 74 from Fall River High; and, 68 from Montgomery Creek.

TEACHER PROGRAM SATISFACTION SURVEYS

Because there were again only a few teachers involved in the pilot project, survey results have been combined in order to try and allow for some anonymity. There were 9 completed teacher survey forms collected.

CLIMATE COMMITTEE PROGRAM SATISFACTION SURVEYS

As a part of the Positive Action program, Burney Elementary, Burney Jr/Sr High, Fall River High and Montgomery Creek each designated their own Climate Committees comprised of teachers, school counselors, school administrator(s) and parents. In most of the schools, these were already-existing student councils, on campus youth-led clubs and site councils who were tasked with implementing Positive Action activities. These committees implemented activities both from the Positive Action Climate Kit, and other outside activities they felt were compatible with the Positive Action philosophies. At all sites (not just Montgomery Creek where the entire school was engaged), these activities involved the whole school and not just the one or two classrooms where the Positive Action program was being piloted. This structure and implementation, according to discussions with Dr. Brian Flay, has never been done before, which means there are no comparable studies to validate our results against. There were 12 completed surveys: 5 by Burney Elementary; 3 by Burney Jr/Sr High; 2 by Fall River; and, 2 by Montgomery Creek.

PARENT PROGRAM SATISFACTION SURVEYS

There were 21 completed parent surveys: 5 from Burney Elementary parents; 3 from Burney Jr/Sr High parents; and, 13 from Fall River parents. There were no parent satisfaction surveys received from Montgomery Creek parents.

PROGRAM SATISFACTION CONCLUSIONS

In general, the surveys completed reflect satisfaction with the Positive Action program, or at least with results seen from it. What little criticism appeared in the comments is constructive (with the exception of a few of the student survey responses), giving suggestions and ideas for how the implementation or program could be improved upon in the future.

One recurring theme noted, particularly in student responses from Fall River High and from the parent surveys, is the impression that this curriculum would be more beneficial to younger age levels than the middle school/junior high classes. This may well speak to the fact that as an evidence-based program, Positive Action is designed to be started at a much younger age, and without that earlier exposure and foundation, it is much harder to obtain buy-in from tween and teen-age students.

Another theme noted in the teacher and climate committee responses is the difficulty in completing all the necessary surveys. The importance of the Positive Action program, and adherence to fidelity, is recognized; but, the logistics of actually accomplishing all the paperwork is hard for school staff members. In fact, Fall River High has withdrawn from participation next year for this very reason.

ANALYSIS AND RECOMMENDATIONS

ANALYSIS

As stated previously, the evaluation has changed in focus, and for the third year of this pilot program an emphasis has been placed on fidelity in program implementation. The Program Coordinator was responsible for collecting and submitting aggregate data to the county.

Data to be collected	Timeliness	Completeness	Analysis of implementation
1. Student Surveys	All required aggregate reports were submitted by the Coordinator in a timely fashion.	All reports provided were complete.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.
2. Student Classroom Behavior Surveys	All required aggregate reports were submitted by the Coordinator in a timely fashion.	One teacher inadvertently sent the wrong survey link to students, and because it was impossible to determine which behavior surveys had been completed by the teacher and which by students, one classroom's data was excluded for one quarterly report.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.
3. Monthly Implementation Survey	All required reports were submitted by the Coordinator in a timely fashion.	Approximately 30% of the reports completed by teachers were missing one or more data elements.	In order to accurately determine fidelity to the evidence-based practice, these surveys needed to have been more thoroughly completed.
4. Monthly Coordinator's Implementation Progress Report	All required reports were submitted by the Coordinator in a timely fashion.	The Coordinator did an outstanding job documenting implementation barriers and progress.	These reports were critical for county staff to follow program implementation, and greatly facilitated dialogue with the Coordinator to address concerns.
5. Year-End Surveys	All required reports were submitted by the Coordinator in a timely fashion.	While it would have been ideal to receive more feedback from parents and climate committee members, it is understood that response to surveys such as these will never result in 100% participation rates.	From an implementation standpoint, these surveys were administered appropriately and in compliance with program fidelity.

There were four specific evaluation measures from the Student Behavior Rating Scale listed in the current contract:

- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

None of these measures reached the targeted goal.

RECOMMENDATIONS

While it is disappointing to not be able to gather objective data which clearly demonstrates immediate benefits to implementing Positive Action, because it is an evidence-based practice it is unnecessary to attempt to validate outcomes independently. A continued emphasis on the fidelity of implementation can reasonably be expected to increase positive outcomes, which have been reported anecdotally and just do not appear in the limited data gathered.

Year Four Positive Action Interim Evaluation Report

Data from: August 2016 - February 2017

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PROGRAM EVALUATION UPDATE

It appears at this time as if the schools will be able to fully implement the required number of lessons in this fourth and final year of the pilot program in all but one classroom (Montgomery Creek 2nd/3rd grade). It does not appear as if there has been any significant impact on 3 of the 4 outcome measures selected, as of yet. Below are the specifics of these measures and findings, with supporting data.

OVERVIEW

The Positive Action program was piloted in one classroom at Sequoia Middle School, and in the Redding Community Day School classroom, for the first year. For the second year of the pilot, the program was expanded into 2 additional Sequoia classrooms, 5 classrooms in Fall River Mills, 6 classrooms in Burney and 1 classroom in Montgomery Creek. For the third year of the pilot, the program was implemented in all 4 classrooms at Montgomery Creek, 4 classrooms in Fall River Mills, and 4 classrooms in Burney. For the fourth and final year of the pilot, the program was implemented in all 4 classrooms at Montgomery Creek (K-1st, 2nd-3rd, 4th-5th and 6th-8th grade classes), 2 classrooms in Burney Elementary (two 6th grade classes), and 4 classrooms in Burney Jr/Sr High (two 7th grade and two 8th grade classes) for a total of 10 classrooms receiving Positive Action curriculum in Shasta County.

The evaluation of this pilot project has continued the focus identified in year three, with the emphasis in year four remaining on tracking fidelity in program implementation, in order to yield better results, and help alleviate some of the data collection issues seen in the first two years of piloting Positive Action. The Program Coordinator is responsible for collecting and submitting aggregate data to the county. Additionally, in line with program fidelity, Positive Action is being implemented with younger children, with the hope of influencing their actions, behaviors and future well-being and creating an established base of positive behavior patterns before they enter middle school.

There were four specific evaluation measures from the Student Behavior Rating Scale listed in the current contract:

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- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

Data was also collected on student survey results, and implementation data. One slight change in the final year of the pilot is that behavior and student surveys are being collected on a trimester schedule, instead of the previously used quarterly schedule. This means there is one less data point, but collection is now consistent with other testing and scheduling in the classrooms. This is also the reason for the late timing of this interrim report, which was created after 2 data points were available, so trends could be identified. Program satisfaction surveys are scheduled to be collected at the end of year four of this pilot program.

STUDENT SURVEYS

An important component of this pilot project is decreasing high-risk behaviors while increasing positive coping skills and psychosocial development. In order to try and measure items in these areas, students were given a survey at the beginning of the year (to create a baseline) and then repeated once per trimester thereafter. Surveys differ by grade level, ranging from 6 to 21 questions. Younger students in grades K-3 are given 6 questions with three possible answers (No, Sometimes or Yes) while students in grades 4-6 receive surveys with 21 questions and four possible answers (Never, Sometimes, Most of the time or All the time), and students in grades 7-8 receive surveys with 21 questions and five possible answers (Never, Rarely, Sometimes, Often or All the time). While no formal analysis or outcomes measurements are based on these surveys, it is interesting to track how overall percentages of each answer change over time. Because all data is compiled and reported in aggregate by the Program Coordinator as negotiated in the contract, t-tests or other formal statistical analysis is not possible on year 4 data.

SUMMARY SURVEY OUTCOMES

K-3 – in 5 of the 6 questions, baseline answers are more positive than seen in trimester 2 surveys.

4-6 – in approximately half the questions (11 out of 21), baseline answers are more positive than seen in trimester 2 surveys.

7-8 – in approximately two-thirds the questions (14 out of 21), baseline answers are more positive than seen in trimester 2 surveys.

STUDENT CLASSROOM BEHAVIOR

While the student surveys provide self-reported data about student behaviors, teachers in the classrooms are asked to complete a baseline and then trimester surveys on student behavior. The Student Behavior survey is a series of 15 questions which the teacher completed for each individual student, ranking various behaviors and attitudes seen by them in the classroom setting. Each question has a range of numeric values (1 for least positive response up to 7 for most positive response), so scoring can be summarized and compared. All students, regardless of grade level, are rated with this tool and all student data is consolidated prior to being reported to the county.

SURVEY OUTCOME MEASURES

As noted above in the Overview, outcomes are being tracked on 4 specific measures from these behavioral surveys:

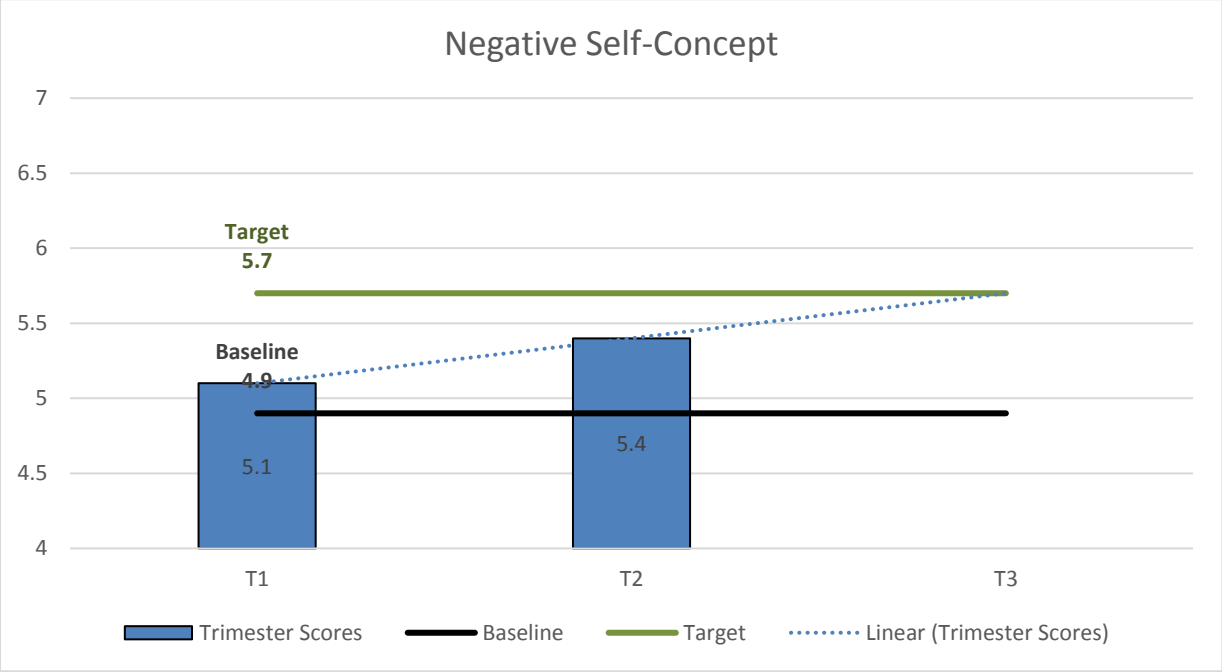
- Negative self-concept: pessimistic, unhappy, withdrawn, depressed
- Poor self-control: does not know how to control feelings, anger
- Violent: gets into fights, threatens others, hits/pushes others, hurts others
- Non-Sociable: very unfriendly and unsociable, does not like to be with peers, does not like to be with teachers

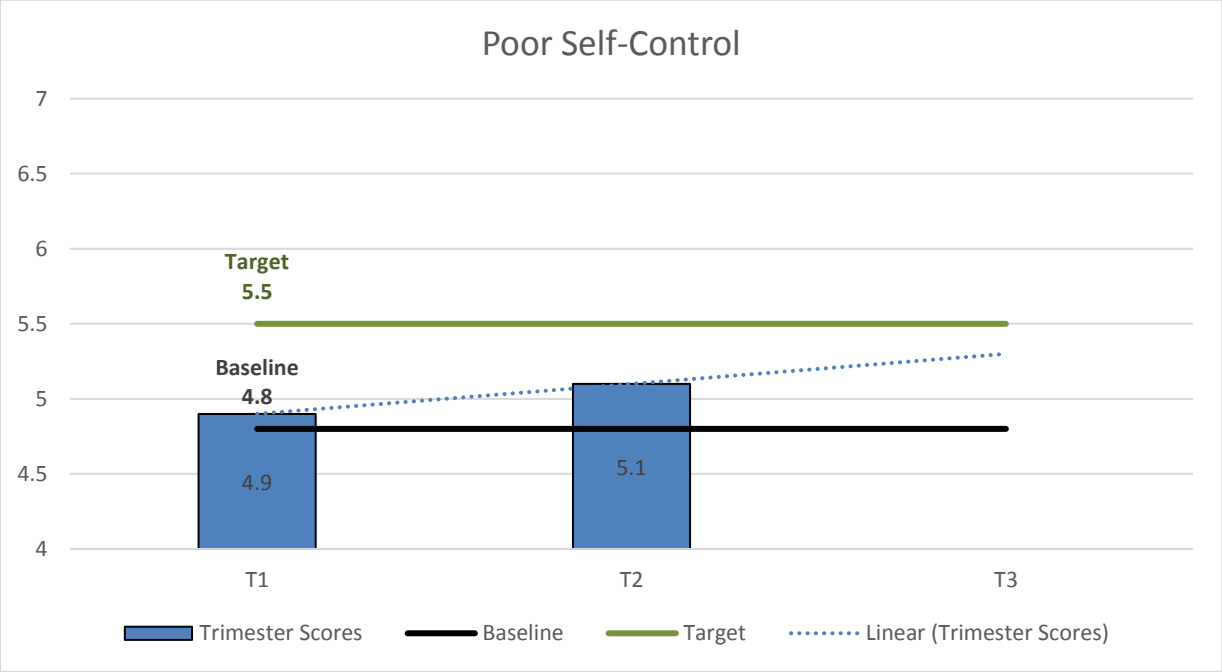
As an indicator of the effectiveness of the Program, for each of the four outcome measures listed above, a minimum of at least a 15% increase in scores from the beginning of the school year to the end was set.

As of the end of trimester 2, three of the four measures (negative self-concept, poor self-control and violent) are showing positive change when compared to baseline. However, only one of the four measures (negative self-concept) demonstrate significant movement towards meeting the 15% increase target that was set in the contract. The other two measures showing positive movement do not appear as if they will reach the goal, based on increments of change seen so far.

Results Summary								
Measure	**Baseline Score**	**Goal (+15% over baseline)**	**T1 Score**	**Compared to baseline**	**Compared to goal**	**T2 Score**	**Compared to baseline**	**Compared to goal**
Negative Self-Concept	4.9	5.7	5.1	**+0.2**	**-0.5**	5.4	**+0.5**	**-0.3**
Poor Self-Control	4.8	5.5	4.9	**+0.1**	**-0.7**	5.1	**+0.3**	**-0.4**
Violent	5.3	6.1	5.3	**No change**	**-0.7**	5.5	**+0.2**	**-0.6**
Non-Social	5.7	6.6	5.7	**No change**	**-0.9**	5.7	**No change**	**-0.9**

Results Details									
	Number of Students with Each Score								
Measurement	Very Negative 1	Moderately Negative 2	A Little Negative 3	Neutral 4	A Little Positive 5	Moderately Positive 6	Very Positive 7	Average Score	15% Increase (Target for EOY)
Baseline Negative Self-Concept	1	4	39	30	68	62	22	4.9	5.7
Baseline Poor Self-Control	2	18	29	36	55	60	26	4.8	5.5
Baseline Violent	0	6	30	28	49	57	56	5.3	6.1
Baseline Non-Social	0	2	5	8	77	77	57	5.7	6.6
									Difference from Target
T1 Negative Self-Concept	1	3	26	18	70	69	21	5.1	-0.5
T1 Poor Self-Control	5	13	36	18	40	75	22	4.9	-0.7
T1 Violent	1	4	19	23	49	76	37	5.3	-0.7
T1 Non-Social	0	0	8	12	65	81	43	5.7	-0.9
T2 Negative Self-Concept	2	6	17	13	39	84	31	5.4	-0.3
T2 Poor Self-Control	3	7	23	19	45	62	32	5.1	-0.4
T2 Violent	1	2	12	19	49	60	49	5.5	-0.6
T2 Non-Social	0	5	6	10	59	59	53	5.7	-0.9


Negative Self-Concept
7
6.5
6
5.5
5
4.5
4
Target
5.7
Baseline
4.9
5.1
5.4
T1
T2
T3
Trimester Scores
Baseline
Target
Linear (Trimester Scores)


Poor Self-Control
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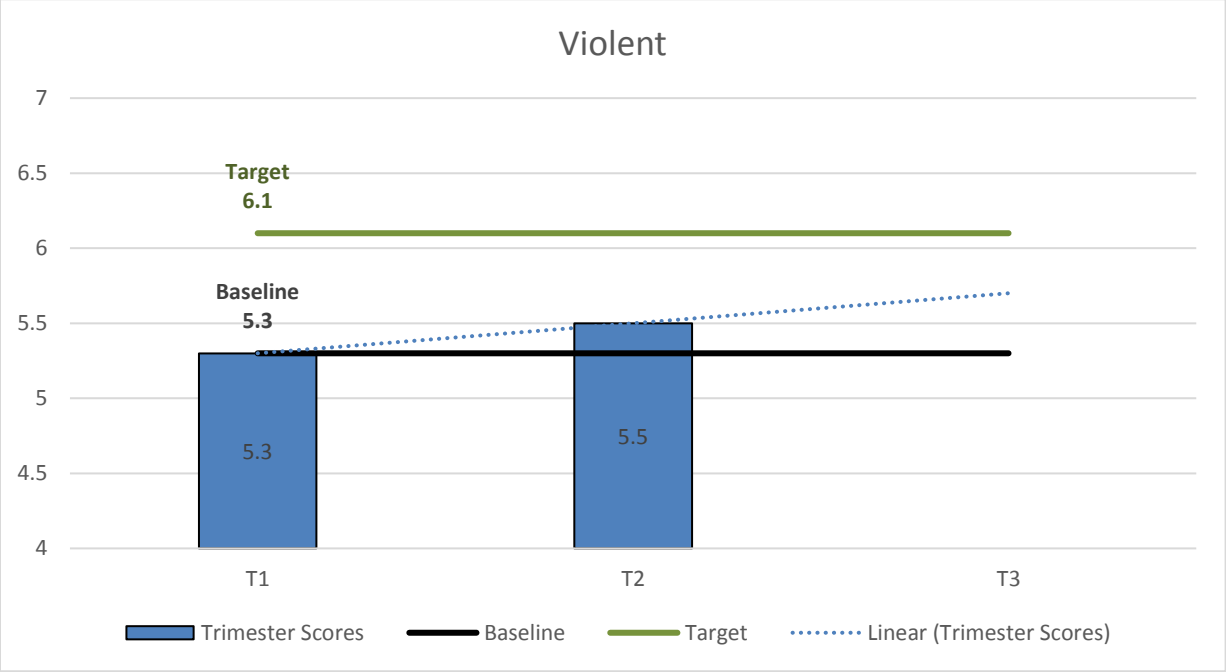
T3
Trimester Scores
Baseline
Target
Linear (Trimester Scores)


Violent
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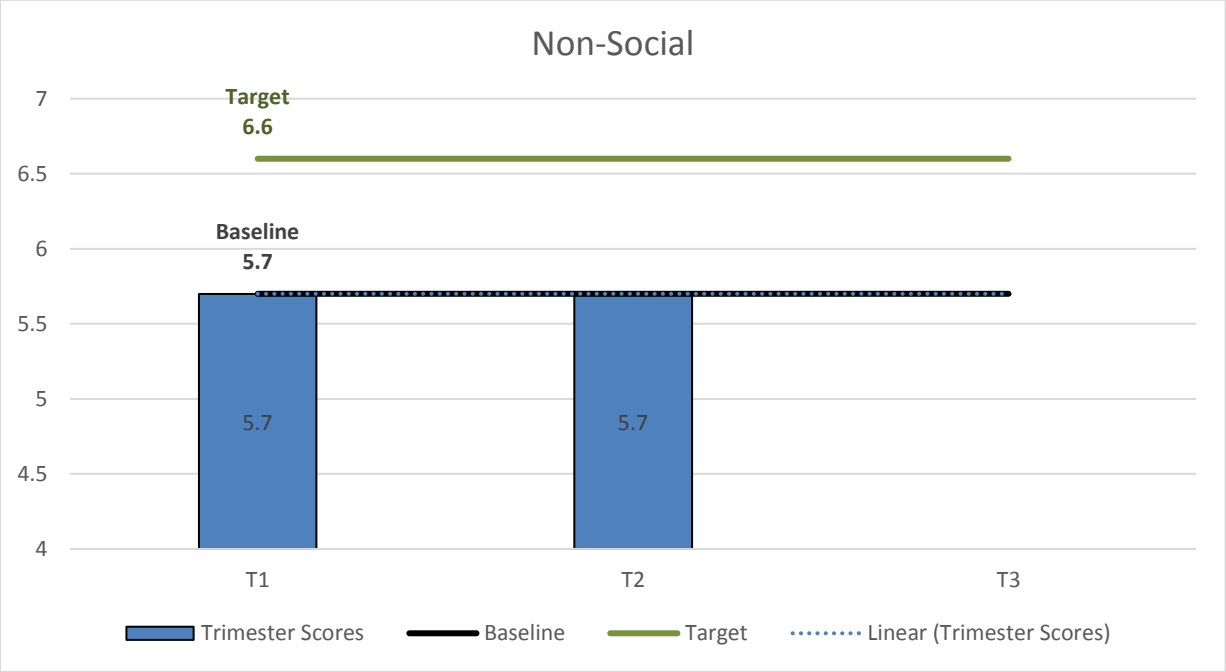
Trimester Scores
Baseline
Target
Linear (Trimester Scores)


Non-Social
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Target
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Baseline
5.7
5.7
5.7
T1
T2
T3
Trimester Scores
Baseline
Target
Linear (Trimester Scores)

IMPLEMENTATION DATA

Part of ensuring that there is fidelity to the Positive Action evidence-based practice requires data documenting the implementation of the curriculum. Teachers have been asked to complete an implementation survey each month. Because the classrooms are using different curriculum, the number of lessons and units, as well as the timing of their completion, will be different for each school and/or classroom.

For evaluation purposes and to achieve fidelity through minimum adequate implementation of 75%, a minimum of **105 lessons** is required to be taught out of each K - 6th grade kit. The tables below have identified the Core Lessons required for each grade level. An additional 85 lessons will be selected by contractor to implement from each K-6th grade kit. In addition, drug kit lessons are required for grades 6-8.

20 Core Lessons Required K-5th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 2, 3**
Unit 2 lessons	**23, 25, 26, 33, 37**
Unit 3 lessons	**44, 56, 58, 60**
Unit 4 lessons	**74, 77, 79**
Unit 5 lessons	**93, 100, 102**
Unit 6 lessons	**113, 114**
Unit 7 lessons	
Drug Kit Lessons	**None, not age-appropriate**

20 Core Lessons Required 6 Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 2, 3**
Unit 2 lessons	**23, 25, 26, 33, 37**
Unit 3 lessons	**44, 56, 58, 60**
Unit 4 lessons	**74, 77, 79**
Unit 5 lessons	**93, 100, 102**
Unit 6 lessons	**113, 114**
Unit 7 lessons	
Drug Kit Lessons	**Any 15 lessons during the year**

The 7th grade curriculum only contains the first 3 units of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75% implementation, a minimum of **60 lessons** is required to be taught out of each 7th grade kit. The table below identifies the Core Lessons required for the grade level. Along with the 20 Core Lessons, 40 additional lessons will be selected by the contractor to implement.

20 Core Lessons Required 7th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 1 lessons	**1, 4, 5, 6, 7, 13**
Unit 2 lessons	**27, 28, 30, 31, 40, 48**
Unit 3 lessons	**52, 55, 56, 58, 59, 60, 61, 63**
Drug Kit Lessons	**Any 15 lessons during the year**

The 8th grade curriculum contains units 4-7 of the Program. For evaluation purposes to achieve fidelity through minimum adequate implementation of 75%, a minimum of 58 lessons is required to be taught out of each 8th grade kit. The table below identifies the Core Lessons required for the grade level. A minimum of 38 additional lessons will be selected by contractor to implement.

20 Core Lessons Required 8th Grade Curriculum	
Lessons per year	**Core Lessons Required per Unit**
Unit 4 lessons	**82, 83, 84, 89, 96, 97, 101**
Unit 5 lessons	**108, 110, 112, 115, 116, 117**
Unit 6 lessons	**128, 130, 131, 135, 136, 137, 140**
Unit 7 lessons	
Drug Kit Lessons	**Any 15 lessons during the year**

The implementation survey includes data regarding how much of the curriculum was used, if there was anything added or subtracted from the curriculum, and how consistently the materials were presented.

In addition to the actual lessons presented to students in the classroom, Positive Action also includes a number of tools and activities to be used for altering the school climate. The implementation surveys track data on the average number of these activities completed during each week of the unit as well.

IMPLEMENTATION TO DATE

Based on both implementation reports, and the Program Coordinator's progress reports, there have been issues identified with implementation of the overall program.

One of the teachers (2nd/3rd grade) has not implemented the Positive Action curriculum yet, which is of concern as the school year is two-thirds over at this point. On the monthly implementation reports, the teachers also do not always complete all questions, so it is difficult to ascertain exactly how many of the required lessons have been completed so far, and what (if any) changes or additions they have made to the material. It appears as if most of the other teachers are on target to complete the Core required lessons (most reporting from 11-18 of them having been completed by February 2017), although one teacher has reported completing 27 Core lessons (an impossibility as there are only 20 identified Core lessons for any grade level). Overall numbers of lessons also appear to be in line with most classes completing most (if not quite all) of the full number of required lessons specified in the contract. Also of note is that one of the teachers has been selecting lessons based on her perception of applicableness in relation to current happenings and events, and not sequentially. This could have impacted fidelity and effectiveness, as lessons tend to build on previous curriculum covered earlier.

As of February 2017, only the teachers at Burney Elementary have implemented any of the drug kit lessons. According to the Program Coordinator's report, the teacher at Montgomery Creek who is required to use the

drug kit had a less than positive experience last year, and with three-quarters of her class being returnees, she appears to be reluctant to use this curriculum again. The teachers at Burney Jr/Sr High have made previous comments to the Program Coordinator about the drug kit curriculum being a good fit for the end of the school year, so that may be why they have not yet implemented any of it.

The family kit information is once again being made available as handouts and included in newsletters sent home to the parents, and via face-to-face meetings at Back to School nights or other parent functions.

Climate kit information is being implemented in assemblies, student clubs, and the "Words of the Week". All of the schools are utilizing what the Program Coordinator calls "a 'youth development' approach to the implementation of the Climate Kit. Students determine what aspects of the kit they want to incorporate and adults guide them to turn their ideas into actions."

It was identified that the Program Coordinator has continued to do an excellent job of compiling the required surveys and forms, and submitting everything to the county on or as close as possible to the deadlines.

ANALYSIS AND RECOMMENDATIONS

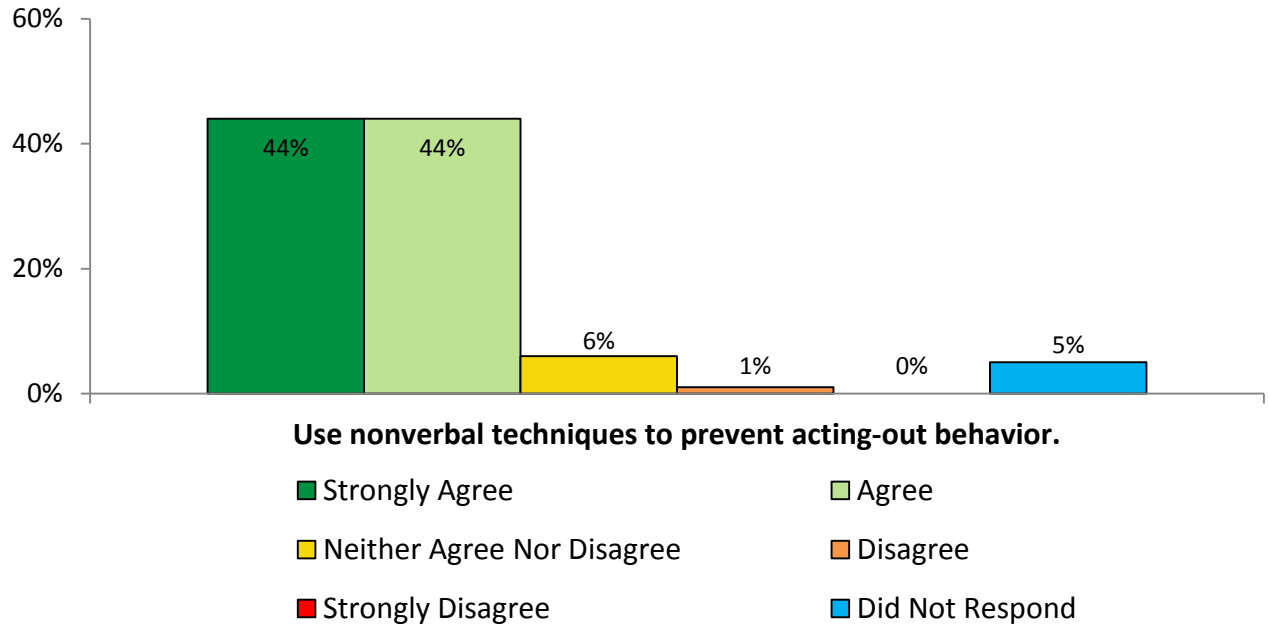
While it is difficult to make recommendations based on only two sets of data points from the surveys, and just 2/3rds of the required implementation reports, as stated in the beginning of this report it does appear at this time as if the schools will be able to fully implement the required number of lessons in most of the classrooms. However, it does not appear as if there has been significant impact on 3 of the 4 outcome measures selected, as of yet. Hopefully, the last trimester of the school year will show more positive results than appear to be trending currently.

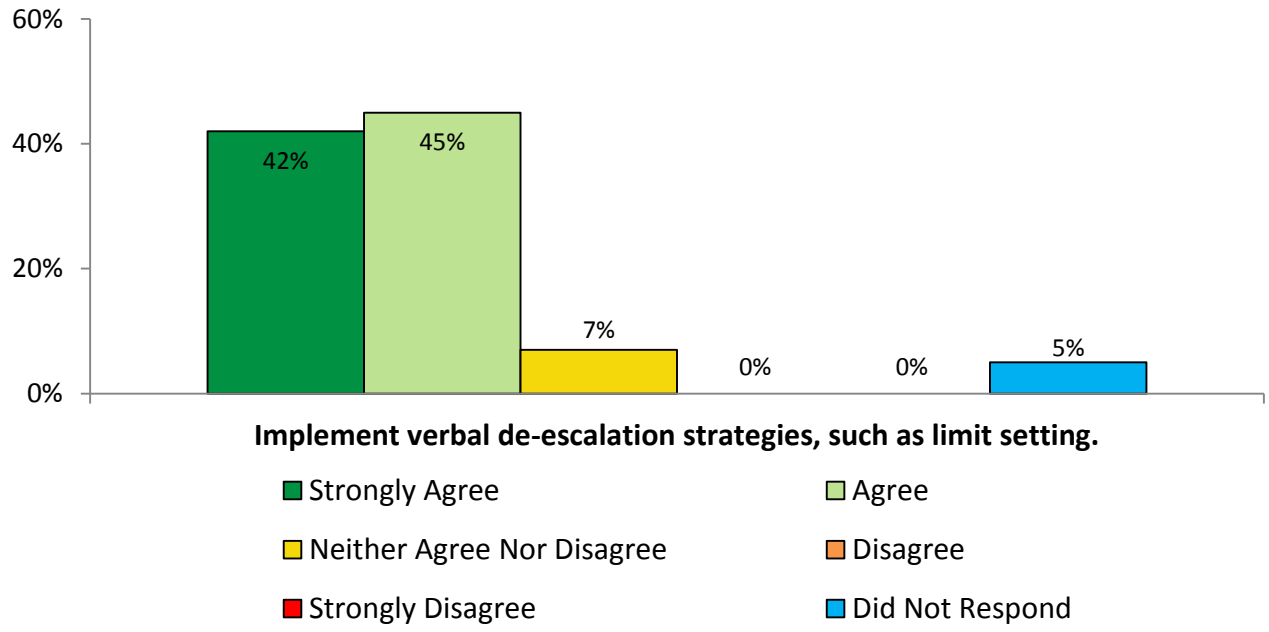
Nonviolent Crisis Intervention Participant Evaluation Summary
Initial Trainings - All Trainers
Data from trainings held January 25, 2013 through February 26, 2015

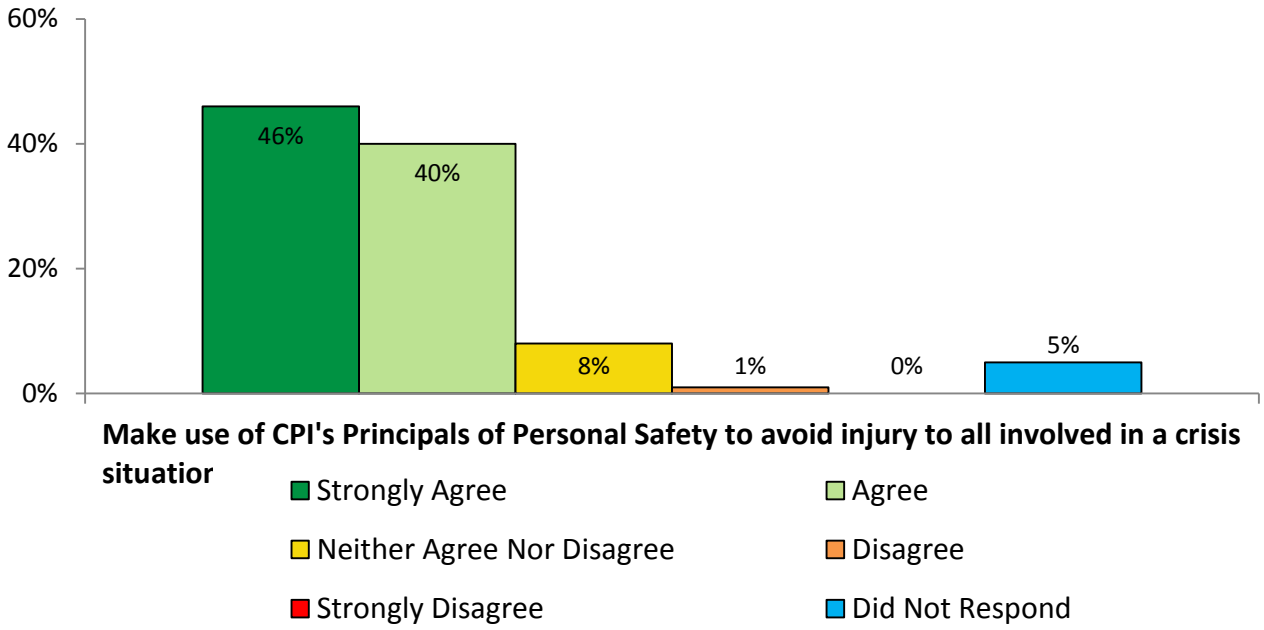
Results for CPI Trainings Presented Through Dates: 1/25/2013 – 2/26/2015
Number of Trainings: 47 **Number of Evaluations:** 709 **Number of Participants Trained:** 715

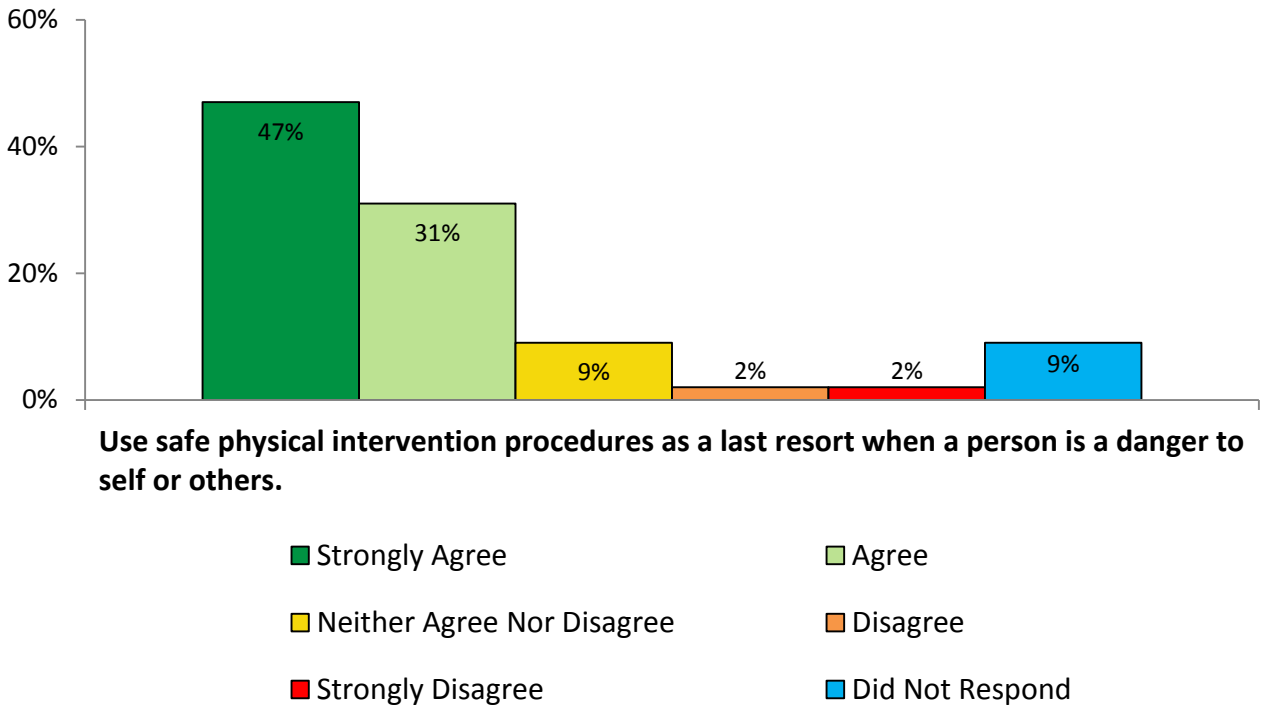
Program Objectives

As a result of completing this program, I believe that I have learned to:






60%
40%
20%
0%
46%
40%
8%
1%
0%
5%
Make use of CPI's Principals of Personal Safety to avoid injury to all involved in a crisis situatior
Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
Strongly Disagree
Did Not Respond


60%
40%
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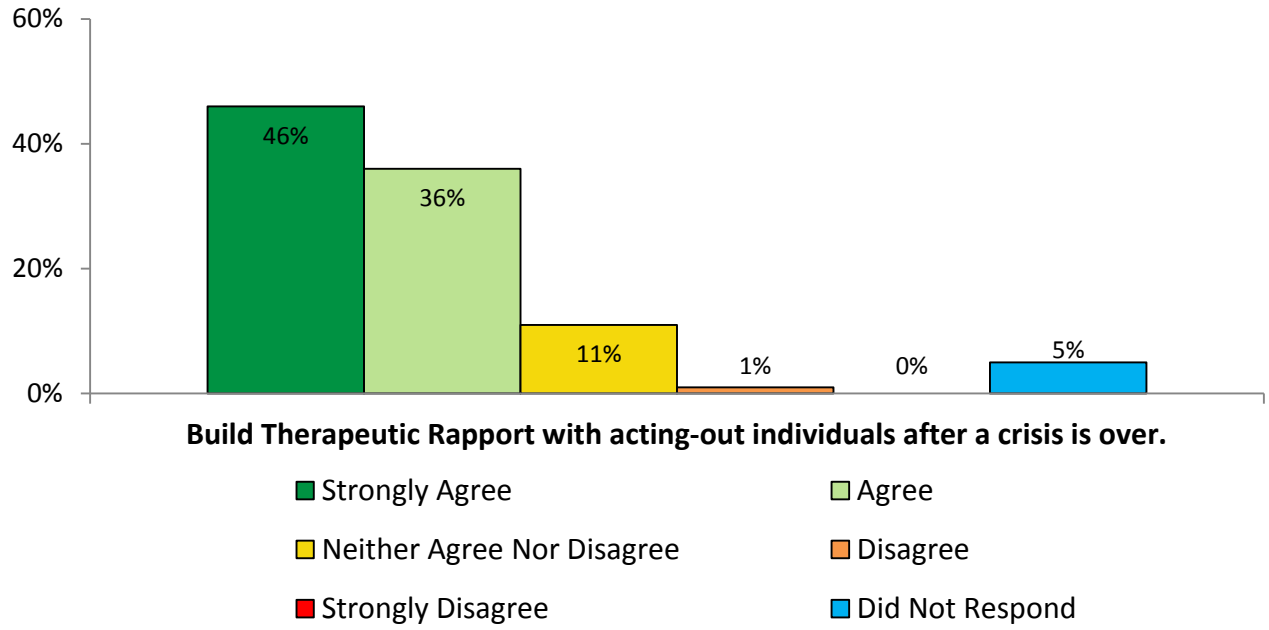
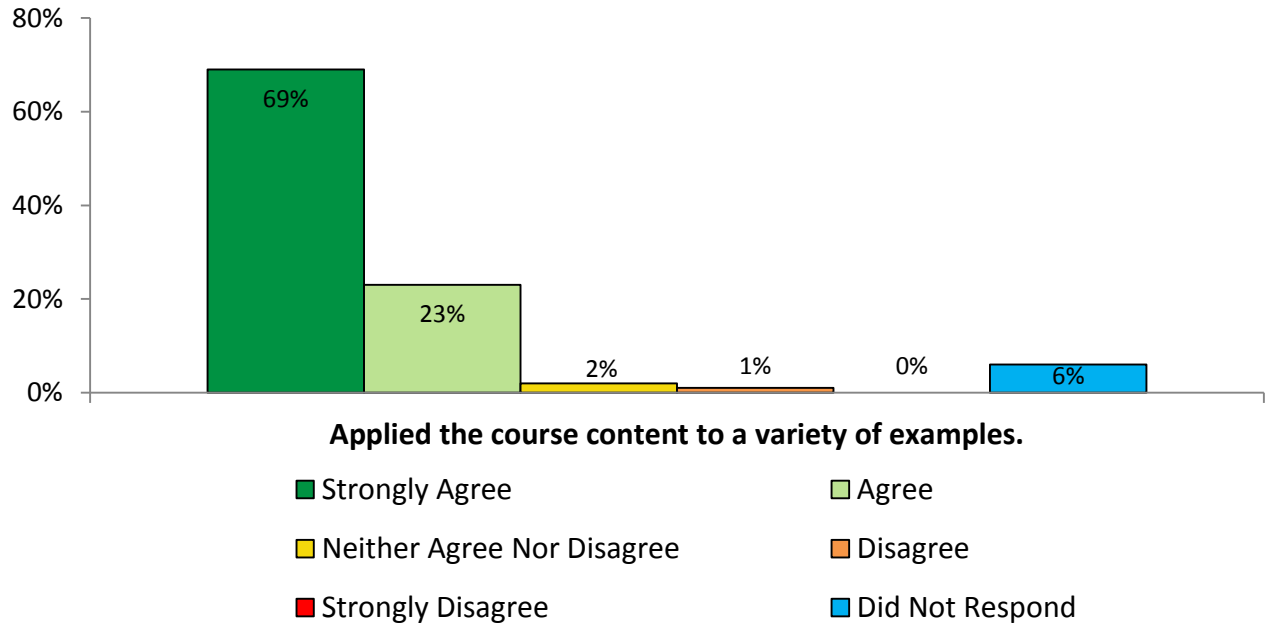
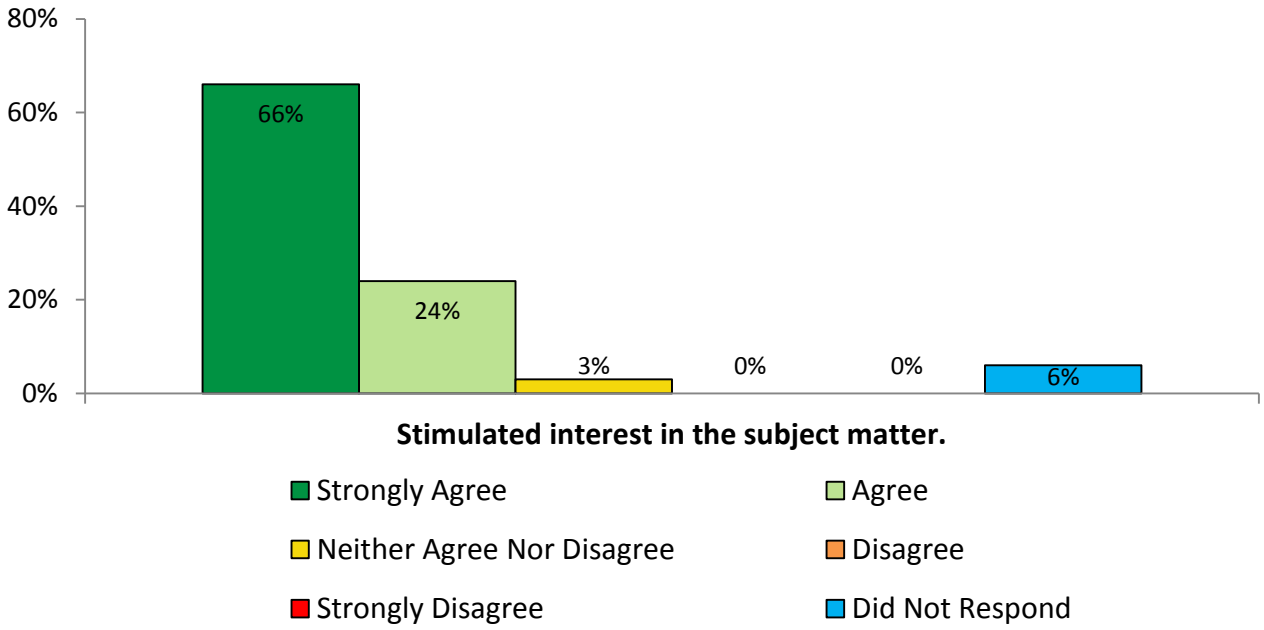
0%
47%
31%
9%
2%
2%
9%
Use safe physical intervention procedures as a last resort when a person is a danger to self or others.
Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
Strongly Disagree
Did Not Respond

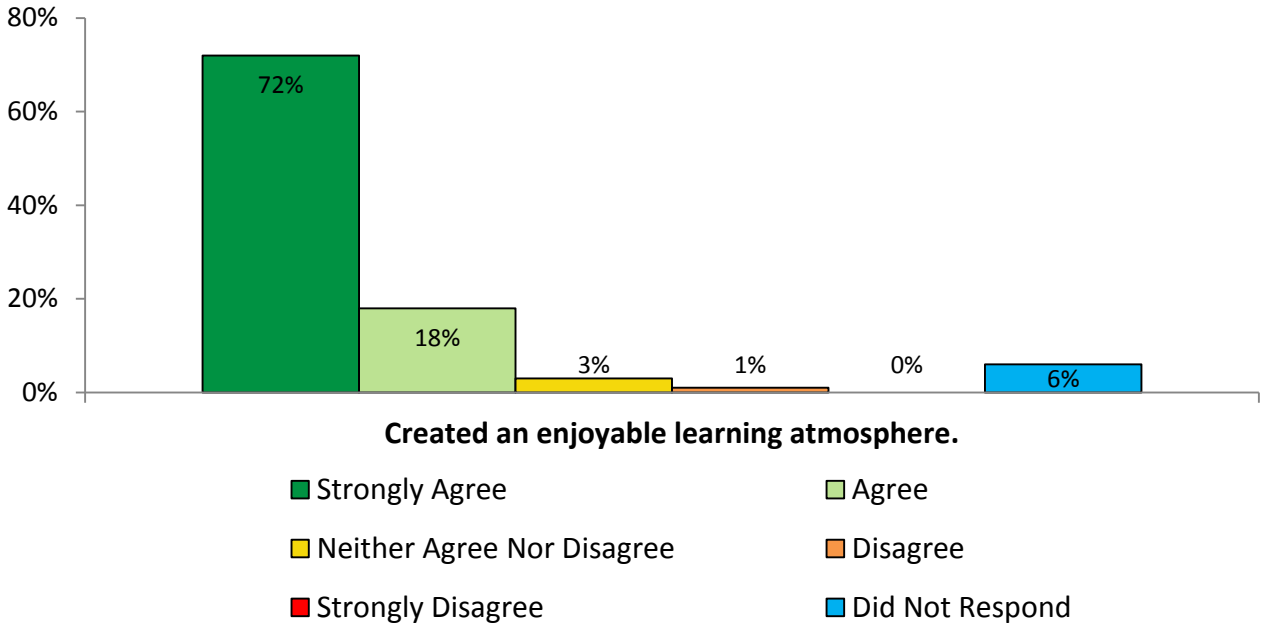


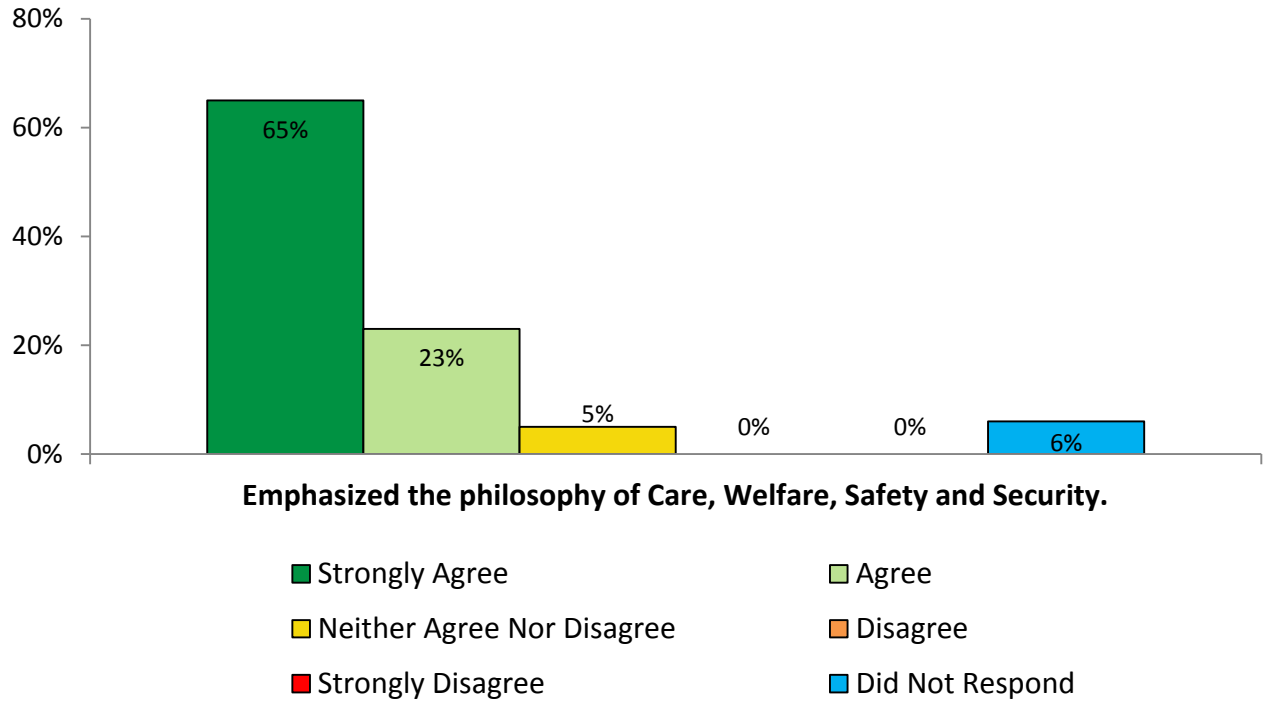
Instructor

During the program, the Instructor:



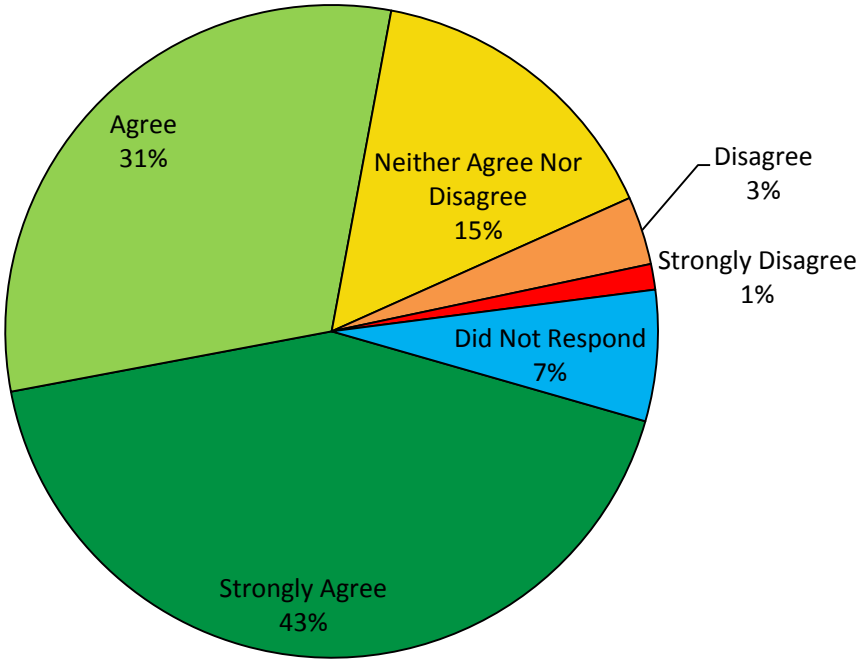

80%
60%
40%
20%
0%
66%
24%
3%
0%
0%
6%
Stimulated interest in the subject matter.
Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
Strongly Disagree
Did Not Respond


80%
60%
40%
20%
0%
72%
18%
3%
1%
0%
6%
Created an enjoyable learning atmosphere.
Strongly Agree
Agree
Neither Agree Nor Disagree
Disagree
Strongly Disagree
Did Not Respond

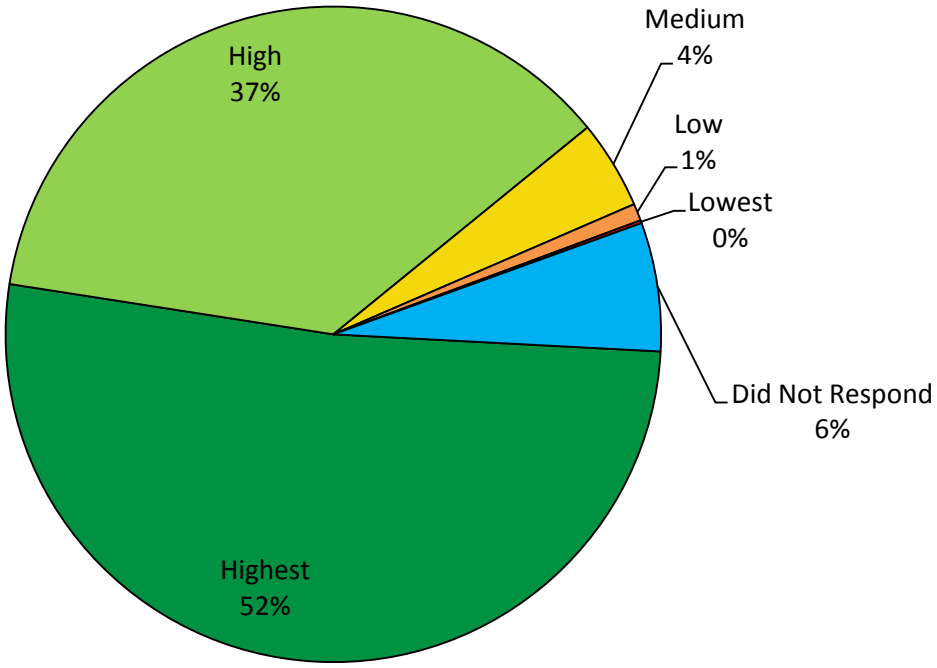


Content

The program content was relevant to my needs.



How would you rate the program overall?



As a result of this program, I…

- Have more knowledge/skills/tools to use (199 responses)
- Have a better understanding/am better prepared (145 responses)
- Feel more confident (43 responses)
- Feel more comfortable/safer (35 responses)
- Received a refresher/reminder of already learned information/skills (27 responses)
- Want more hands-on practice/more application in office (17 responses)

Additional comments (organized by topic):

Content/Curriculum:

- Enjoyed role-play/hands-on practice/want more practice (44 responses)
- Too much writing (33 responses)
- Videos used could use updating/be more applicable (9 responses)
- Course was too long (9 responses)

Trainers:

- Instructors were great/knowledgeable/enthusiastic (105 responses)
- Instructors were rusty/too hard to hear (6 responses)

Facilities:

- Too much glare/lighting issues/too hot/too cold (8 responses)

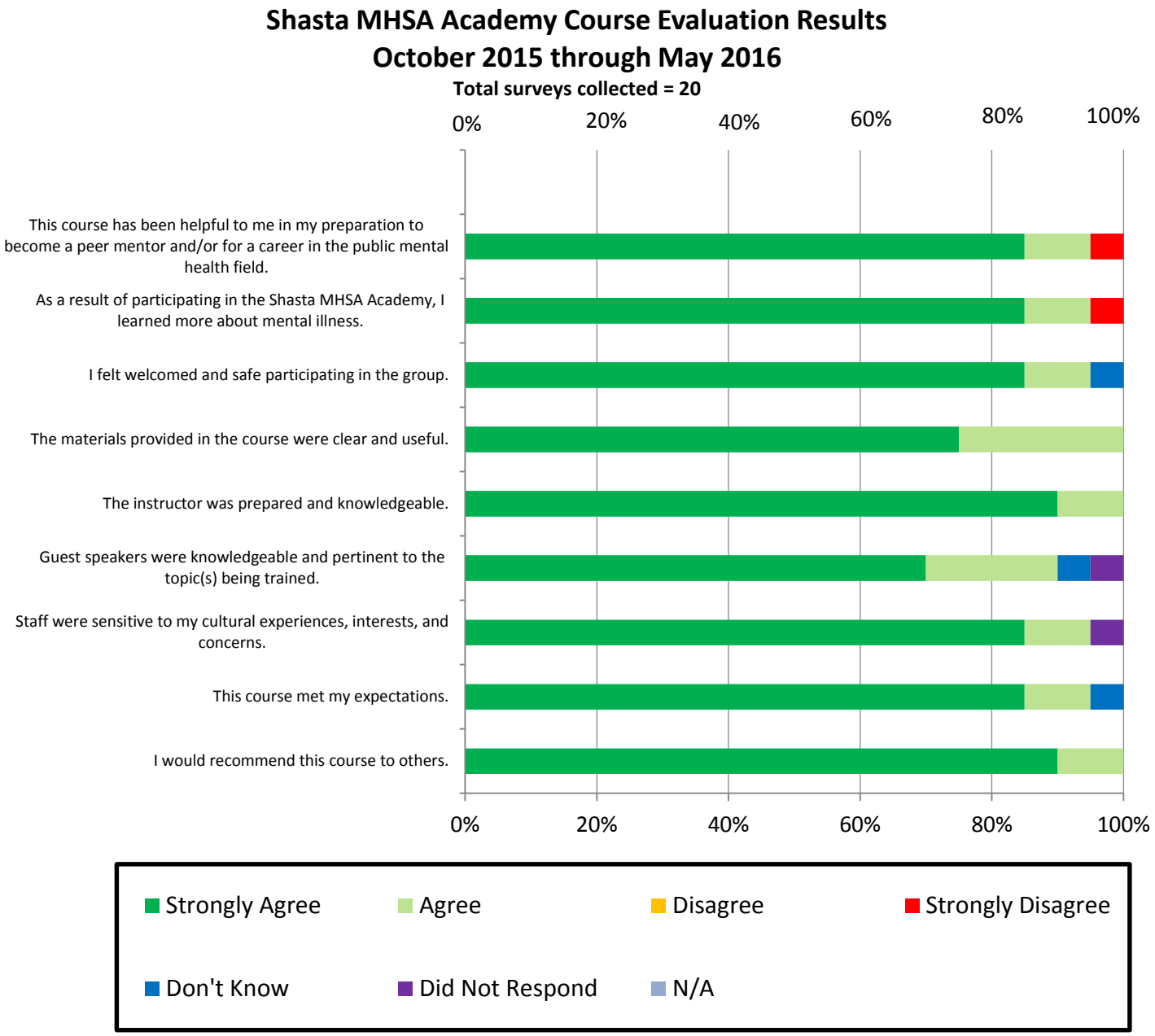
Overall comments:

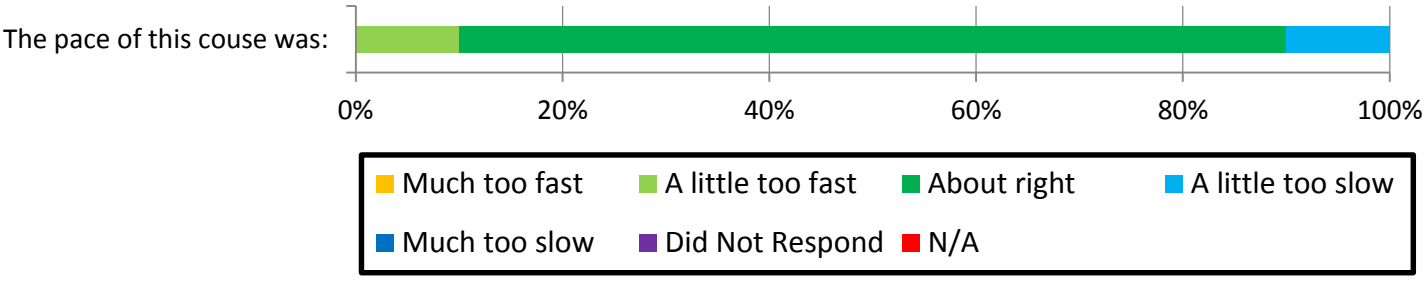
- Training was great/useful/applicable (110 responses)
- Training was not applicable to current job functions (12 responses)

Shasta MHSA Academy Course Evaluation Results

The Shasta MHSA Academy Course Evaluation form is provided to all individuals who completed the course. Surveys are anonymous.

The overall results include data from the first four class offerings between October 2015 and May 2016.





More time could have been spent on the following topics:

- Time was spent where needed – 5 responses
- Role playing – 4 responses
- WRAP – 4 responses
- Different illnesses – 2 responses
- Facilitating groups – 2 responses
- Person Centered Planning – 2 responses
- Shadowing / visiting clinicians – 2 responses
- Advanced directives – 1 response
- Communication – 1 response
- Homelessness – 1 response
- Medications – 1 response
- Recovery – 1 response
- Rules not to break – 1 response

Less time could have been spent on the following topics:

- Time was spent where needed – 8 responses
- Personal discussion – 1 response
- Reading – 1 response
- Self-determination – 1 response

I learned the most about:

- Peer support – 7 responses
- Communication – 4 responses
- Myself – 3 responses
- How to handle different situations – 2 responses
- Importance of individualism/treat each case as its own – 2 responses
- Stigma – 2 responses
- All topics in general – 1 response
- Consolidating and organizing skills – 1 response
- Different cultural aspects – 1 response
- Ethics/Resource guiding – 1 response
- Strength focus/peer centered planning/recovery model – 1 response

What were the strengths of this course?

- Group / group discussions and interactions – 11 responses
- Instructor(s) – 6 responses
- Materials/topics – 3 responses
- Role playing – 3 responses
- Everything – 1 response
- Gives hope that one's success story can be useful in recovery/wellness of others – 1 response
- Positive feedback from instructor to students – 1 response

What suggestions or areas of improvement do you think would make this course more effective or valuable?

- Liked it as it was – 3 responses
- Practice as a Peer Specialist / observe a Peer Specialist in action – 2 responses
- A better understanding of other diagnoses, so that your knowledge of another condition can help you guide appropriately towards the wellness model – 1 response
- A bit more organized with volunteer schedule/hours – 1 response
- Have a minimum number of hours, but allow the class to run longer so the class can spend the needed amount of time in each subject – 1 response
- Homelessness subject – 1 response
- More people in class – 1 response
- Move videos – 1 response
- Refresher trainings occasionally – 1 response
- Start a little later in the morning – 1 response
- Write a report or essay, detailing participants' course of actions through a theoretical case – 1 response

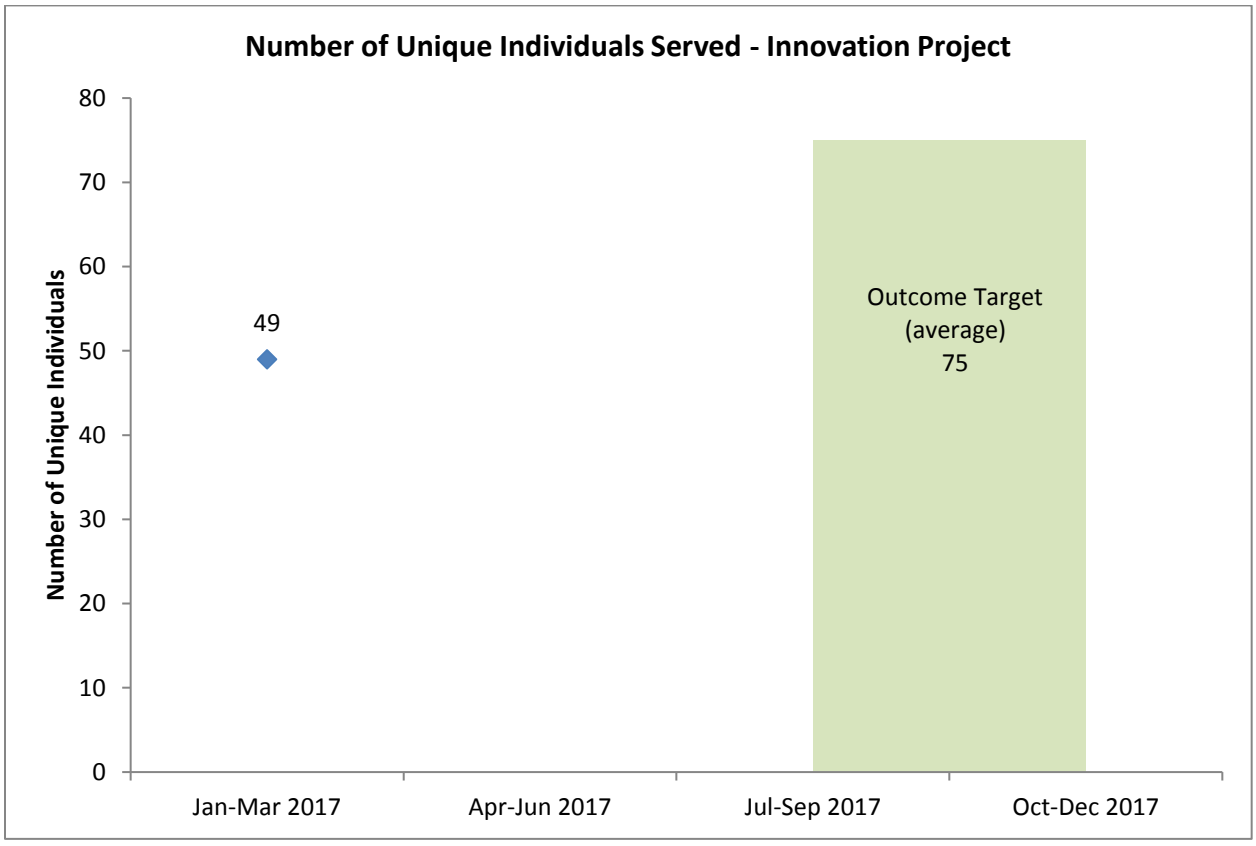
Additional Comments:

- Thank you – 5 responses
- Cathy is very personable and a great facilitator – 1 response
- Great class, thanks – 1 response
- Have peer specialists in all fields – 1 response
- Hours of volunteering should start at the beginning. Maybe having a team work, and in the beginning get the instructors in the beginning instead of the last to end of program. Thank you! – 1 response
- Thank you Cathy for finding a way for me, and being so encouraging and supportive along the way! Hope to have a chance to work with you in the future! – 1 response
- Thank you for all our discussions – it has been the first time in my wellness that I have legitimately spoken truth about my illness in a supportive and non-bias place.

CARE Center Activity Report – Innovation Project
January 2017 through March 2017

In order to determine if providing access to mental health services after traditional office hours will improve access to services, reduce mental health crisis (including trips to the hospital emergency departments) and bridge service gaps, the Shasta County Health and Human Services Agency has contracted with Hill County Health and Wellness Center to provide new and expanded mental health services at the Counseling and Recovery Engagement (CARE) Center. Funding is provided through the Mental Health Services Act (MHSA) for the Innovation Project portion of this center. The CARE Center contract was approved as of January 2017, and they officially opened for business on March 12, 2017. For this report, data was gathered using the CARE Center Quarterly Progress Report for January 2017 through March 2017. Please note that due to the CARE Center not actually opening for business until early March 2017, the first quarter actually only reflects less than one month of data. Additionally, there are several measures where their data systems and/or electronic health record are still in process, so they could not be tracked for this first quarter. It is anticipated all measures will be tracked and reported on in future quarters.

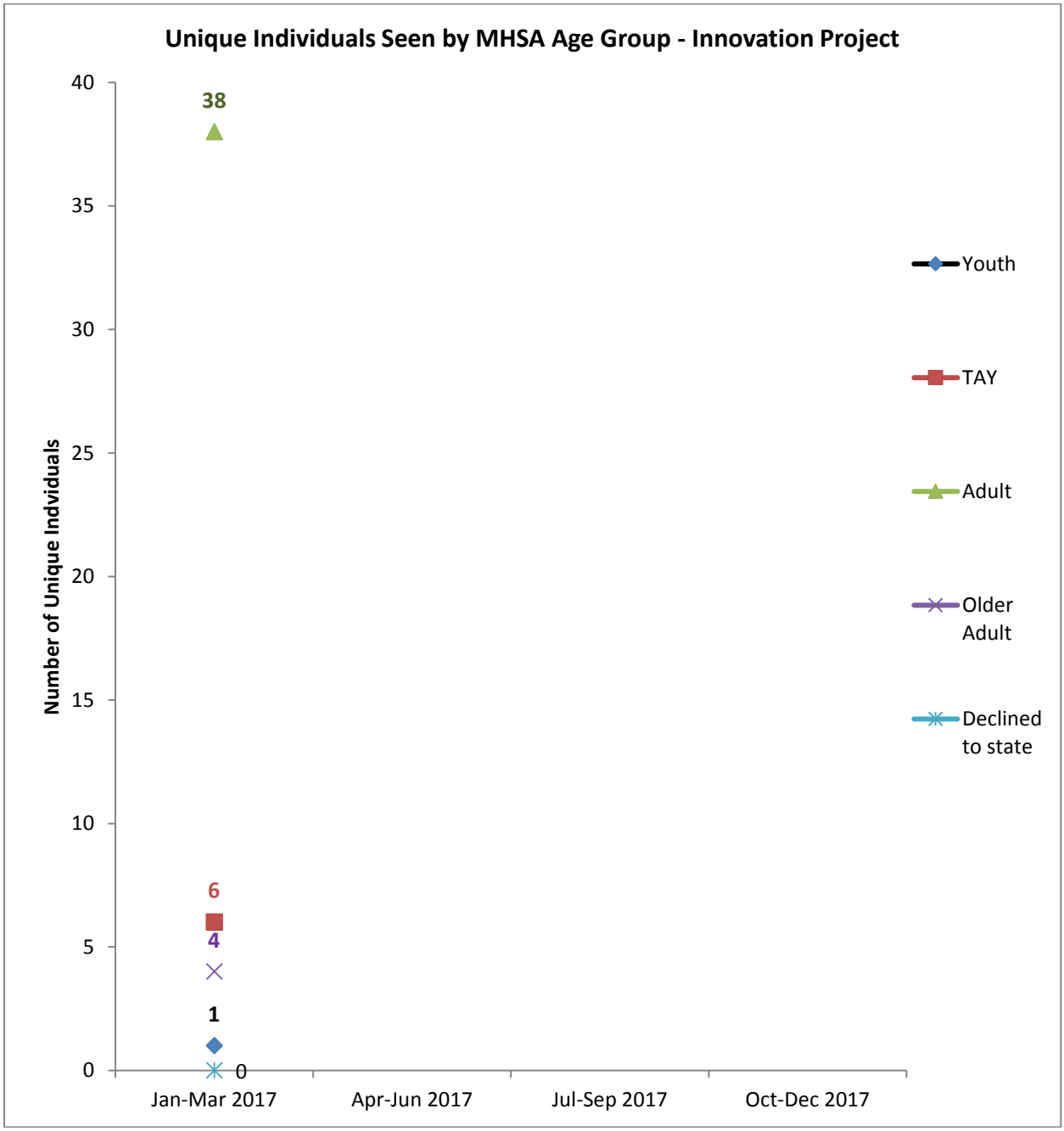
The outcome target numbers are for the CARE Center to serve an average of 75 unique individuals per quarter by the end of year one (12/31/17), 113 per quarter by the end of year two (12/31/18), and 128 per quarter by the middle of year three (6/30/19).



All demographics questions are optional, so each includes the category "Declined to State".

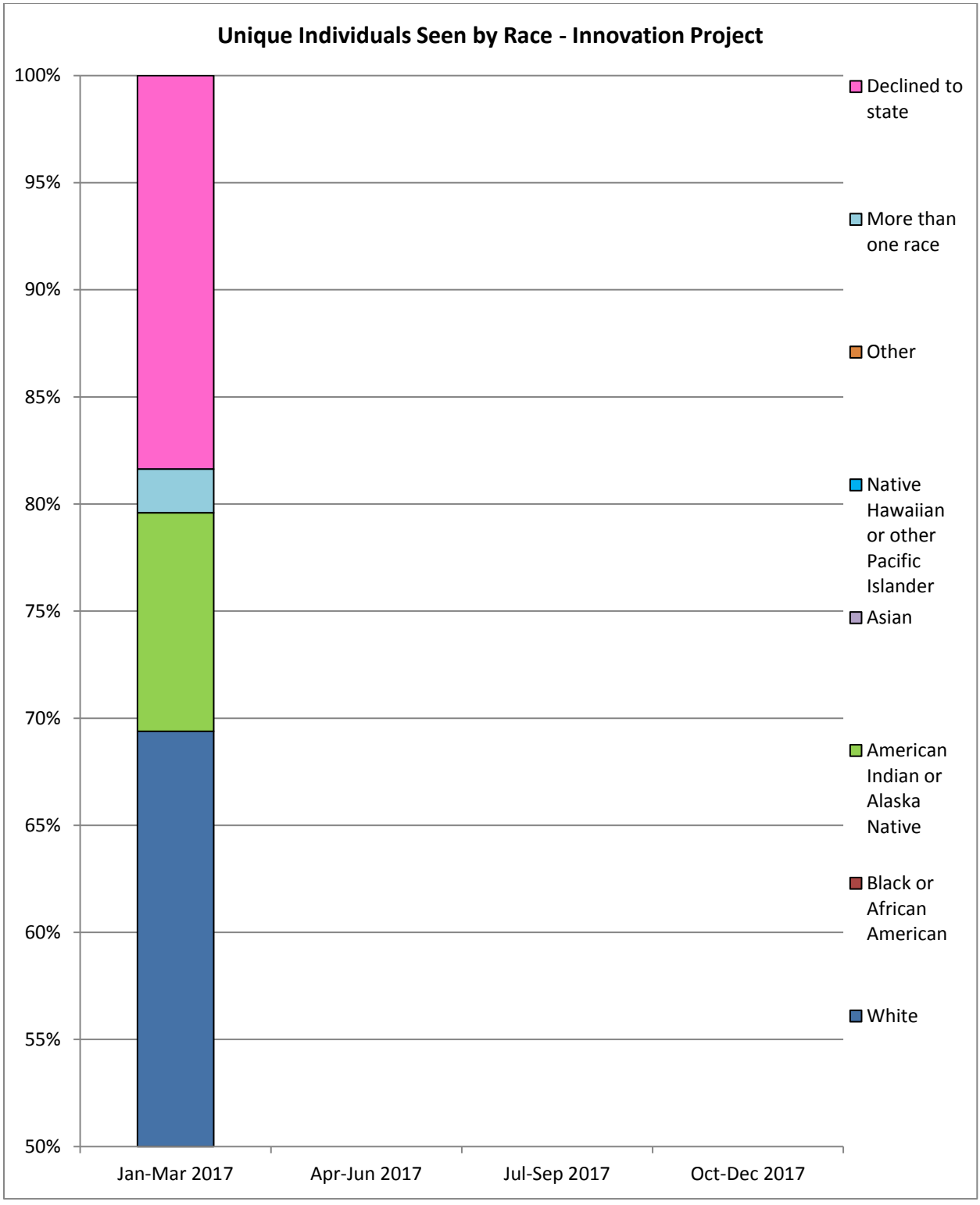
AGE

The MHSA uses four age categories: Youth – ages 0-15, Transition Age Youth – ages 16-25, Adult – ages 26-59, and Older Adult – ages 60 and up.



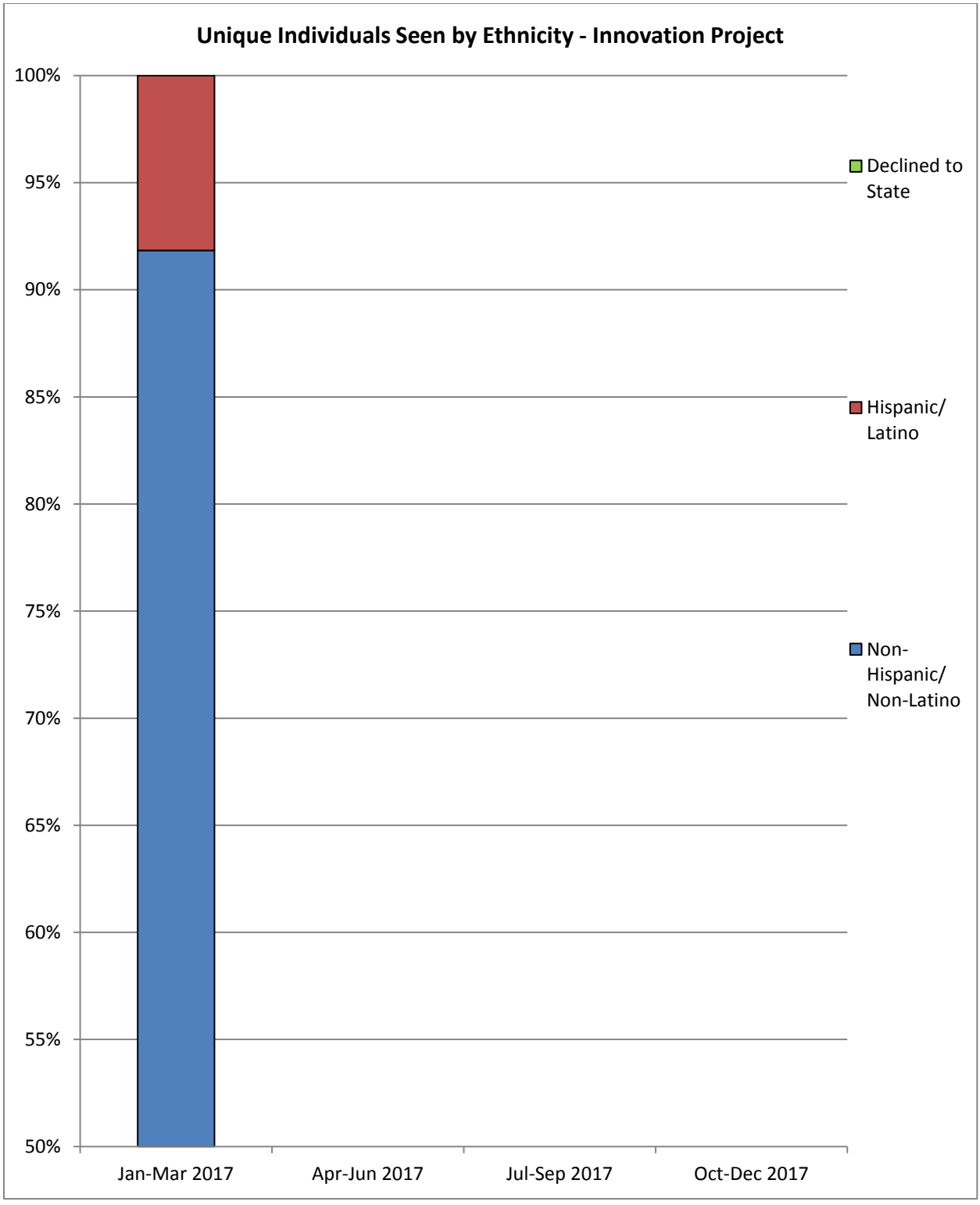
RACE

Because of the low gross numbers for some of these races, actual counts are not reported in order to help protect consumer confidentiality.



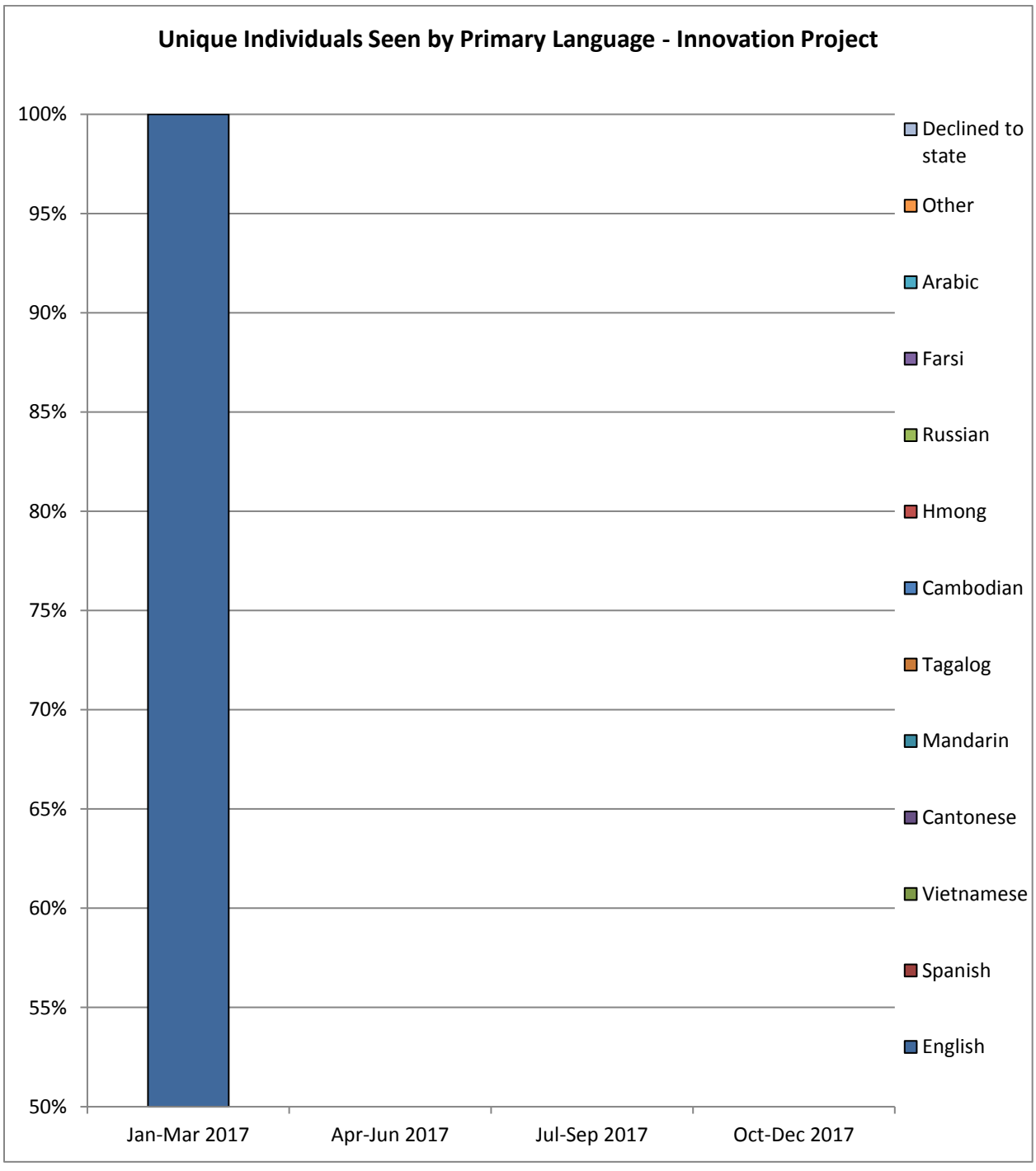
ETHNICITY

Because of the low gross numbers for some of these ethnicities, actual counts are not reported in order to help protect consumer confidentiality.

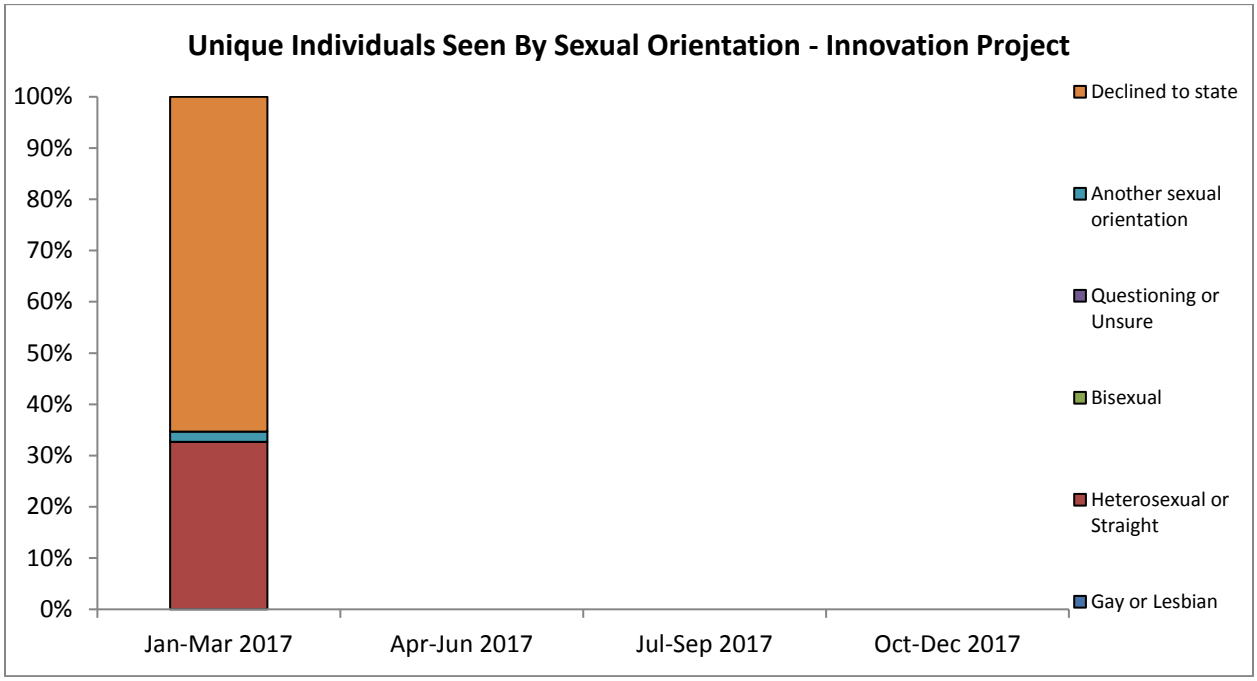


PRIMARY LANGUAGE

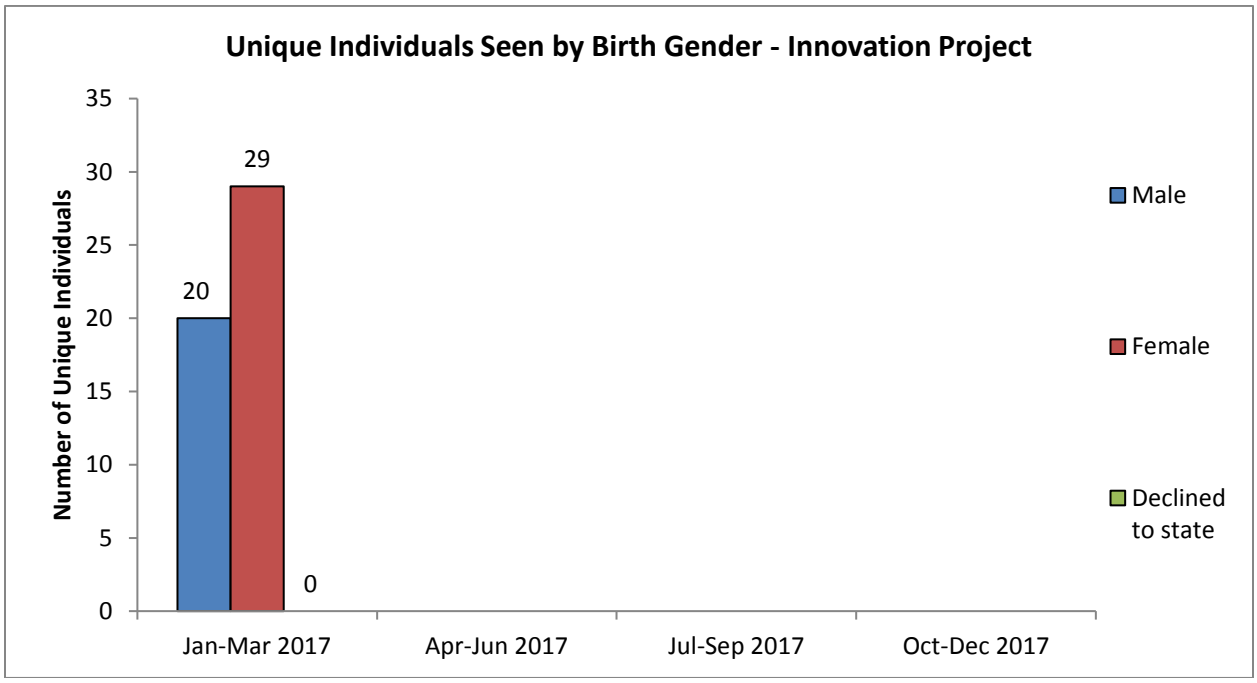
The primary language of consumers served by the CARE Center is English for 100% of the people. Because of the low gross numbers for some reported languages, actual counts are not reported in order to help protect consumer confidentiality.



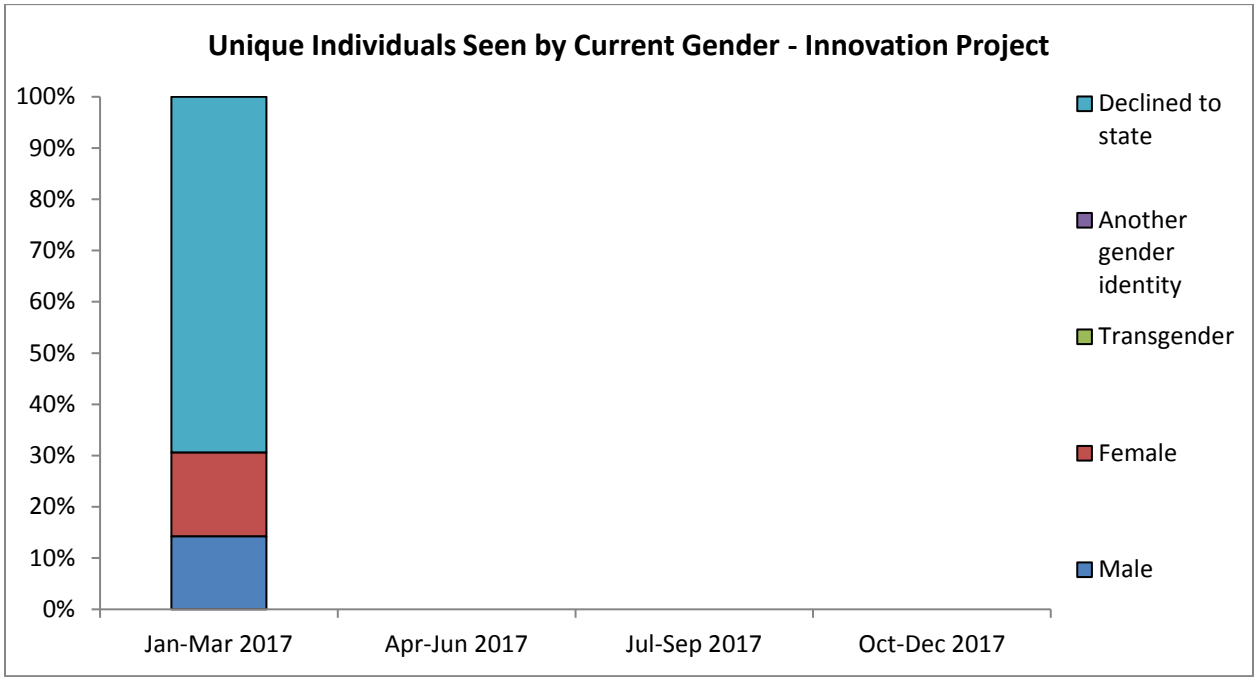
SEXUAL ORIENTATION



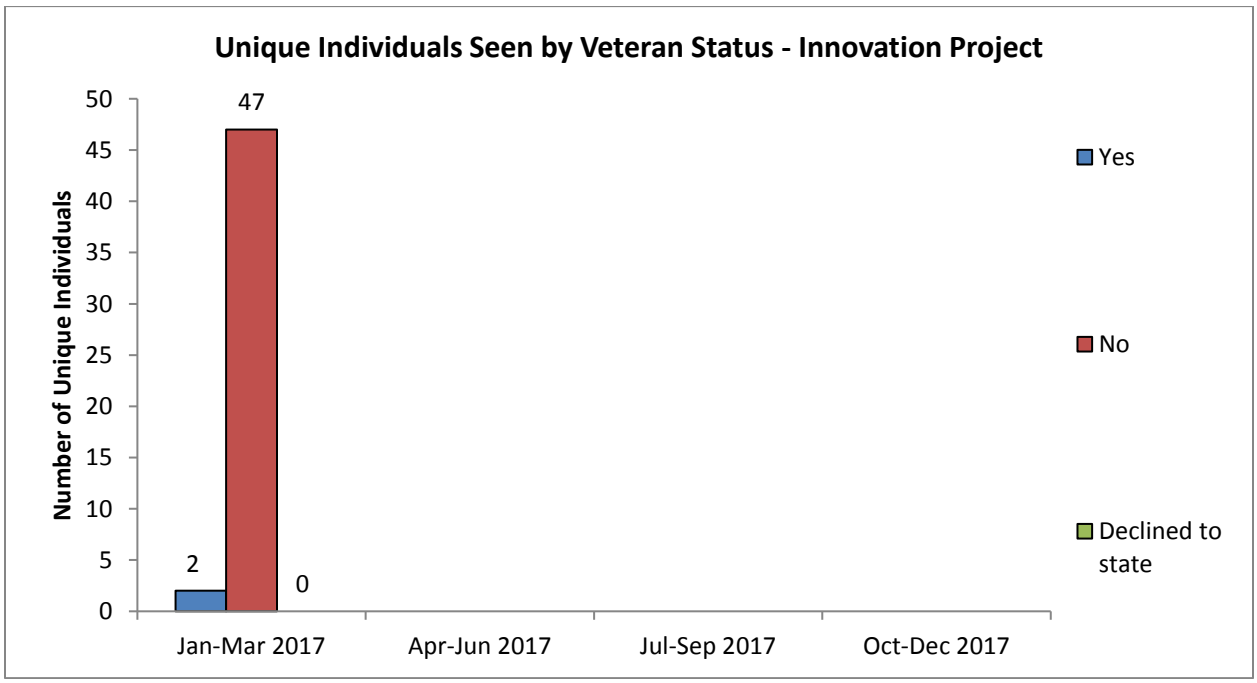
BIRTH GENDER



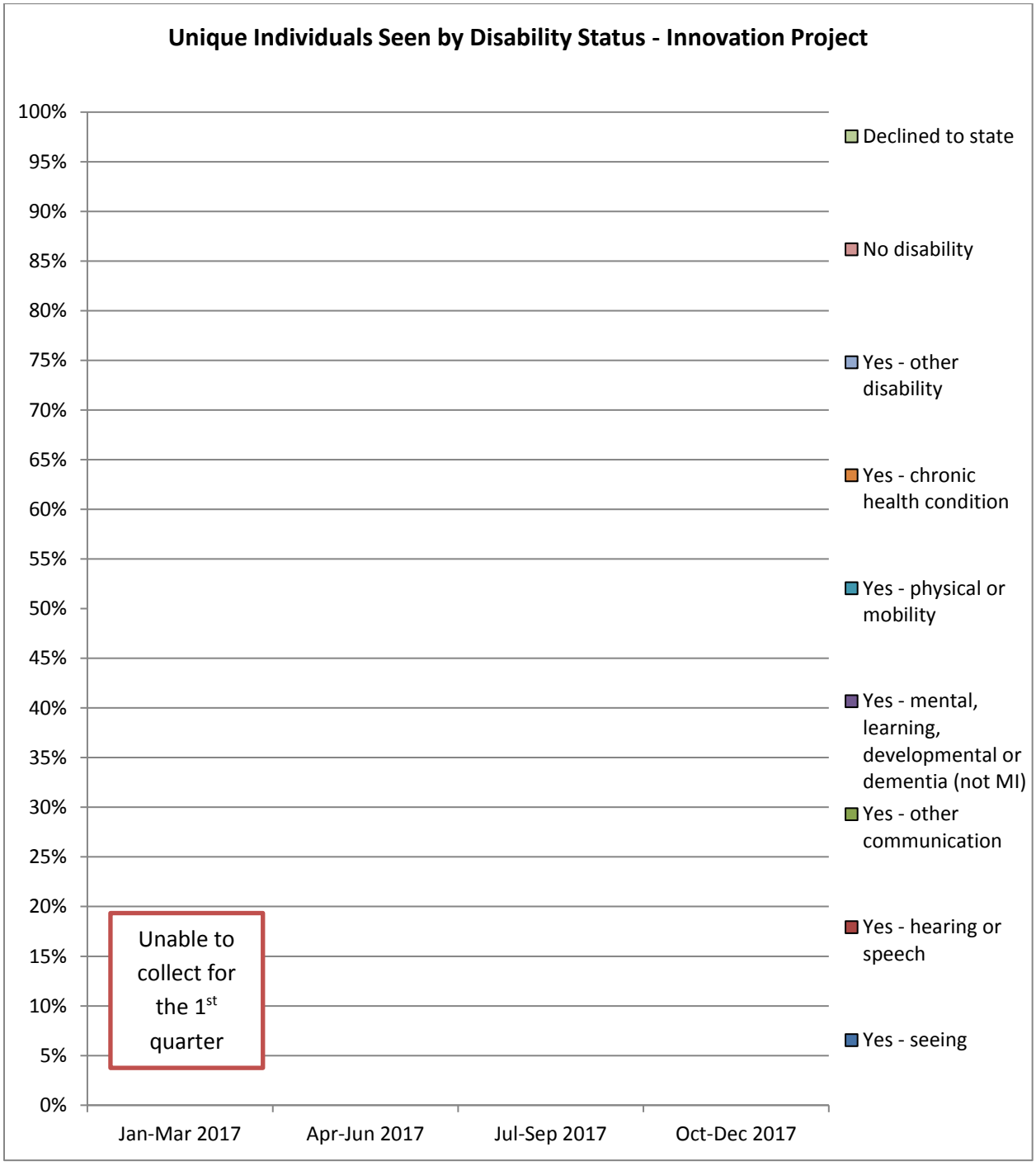
CURRENT GENDER



VETERAN STATUS



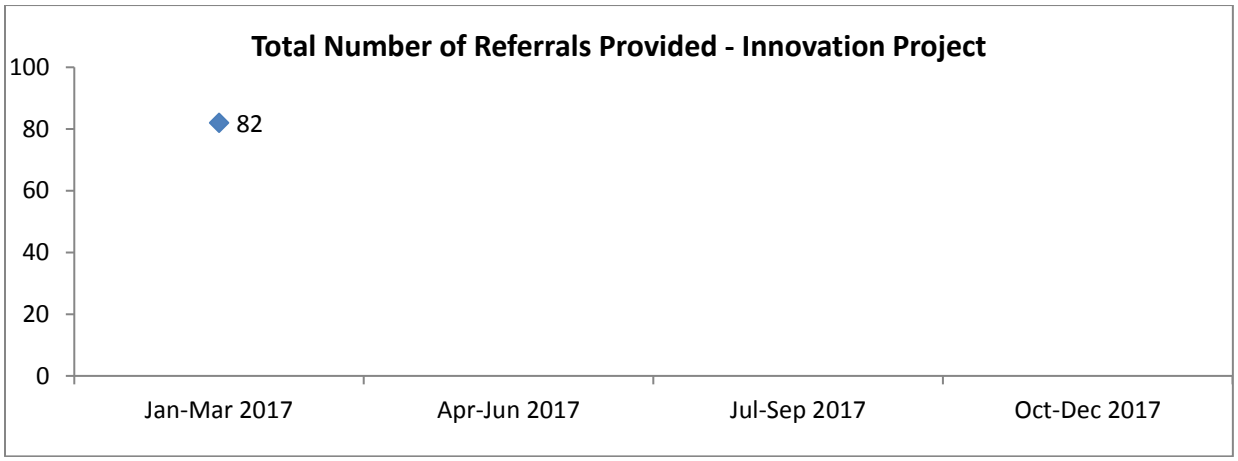
DISABILITY STATUS

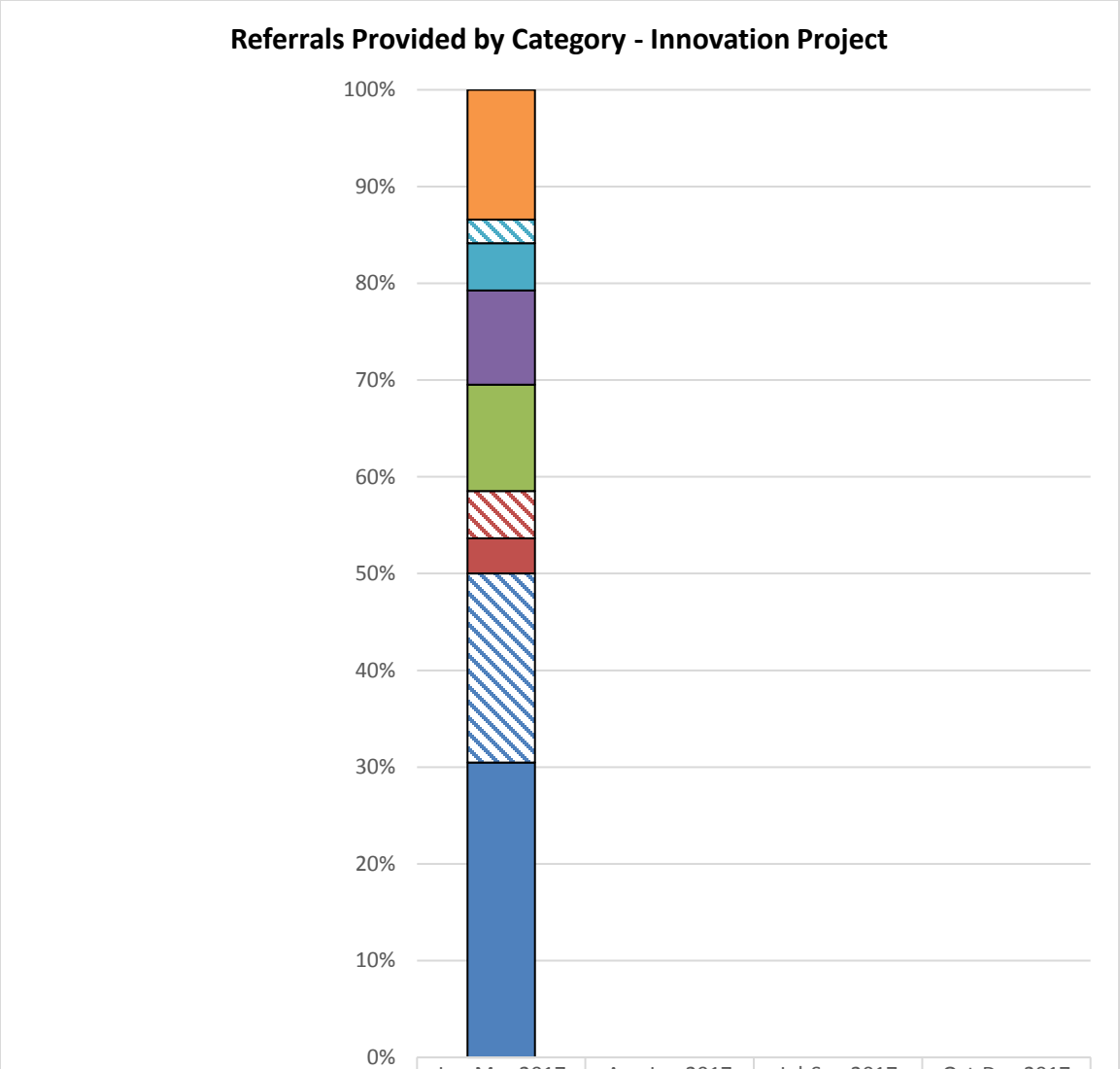


NUMBER OF OUTSIDE REFERRALS PROVIDED AND SUCCESSFULLY ACCESSED

There are a large number of other departments and agencies which individuals can be referred to for items or services not directly provided by the CARE Center Innovation Project, and these are all reported to Shasta County in specific granular detail. For the purposes of this report, referrals have been categorized into 6 main types, and the reported numbers consolidated into these categories by external referrals and internal Hill Country referrals where applicable. The referral type categories are:

- "Behavioral/MH Services" which include referrals to:
  - Hill Country behavioral health services at various clinic locations
  - Mental health community services
  - Mental health county services
  - Specialty/psych health care services
  - Support group
  - Wellness and recovery
- "Community Groups" which include referrals to:
  - Community groups
  - Other external referrals
  - Other Hill Country referrals
- "Emergency Department Hospital"
- "Housing/Shelter Services"
- "Medical Health Services" which include referrals to:
  - Hill Country medical services at various clinic locations
  - Primary health care services
- "Substance Use Services" which include referrals to:
  - Medication-Assisted Treatment (MAT)
  - Substance Use Disorder (SUD) treatment





	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017
Substance Use Services	11			
Medical Health Services Hill Country	2			
Medical Health Services External	4			
Housing/Shelter Services	8			
ED Hospital	9			
Community Groups Hill Country	4			
Community Groups External	3			
Behavioral/MH Services Hill Country	16			
Behavioral/MH Servivces External	25			

Referrals are also tracked to see if the individuals who are referred to services provided by entities other than the CARE Center are successful in completing the referral. Success is measured by the person being provided a warm hand-off, and getting connected to the new service provider. The CARE Center is not being held accountable for whether the person was granted the benefits or items they were referred for, as that is outside the CARE Center staff's control.

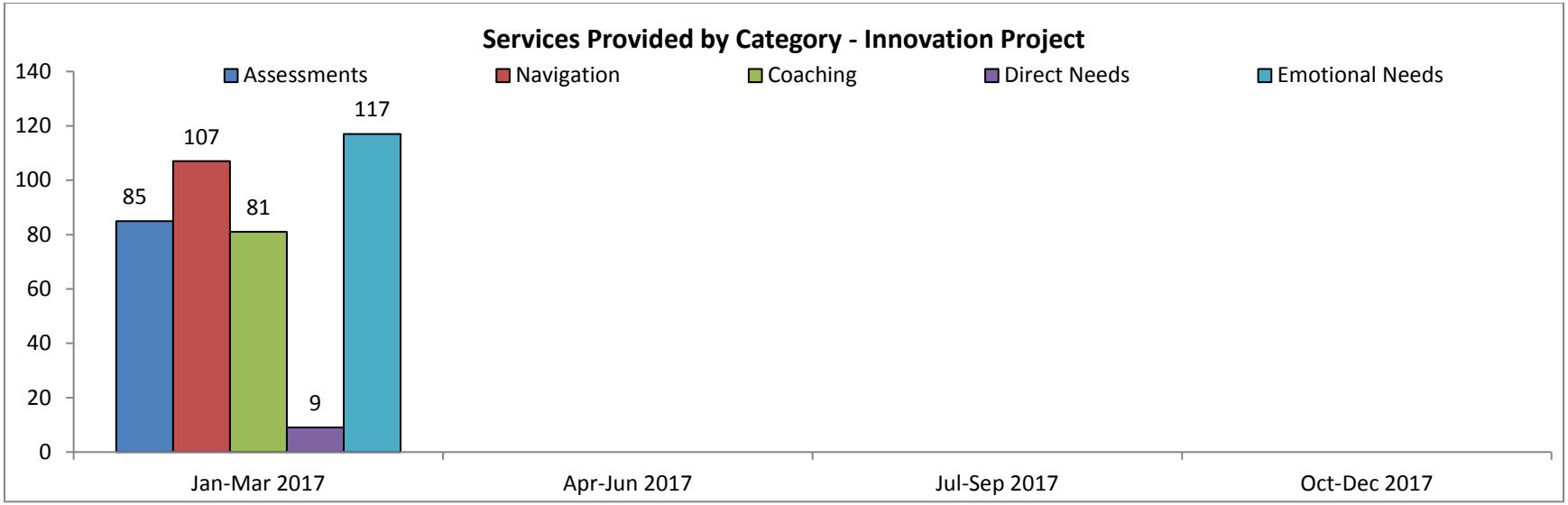

Percentage of Successful Referral by Category - Innovation Project
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jan-Mar 2017
Apr-Jun 2017
Jul-Sep 2017
Oct-Dec 2017
Behavioral/MH Servivces External
Behavioral/MH Services Hill Country
Community Groups External
Community Groups Hill Country
ED Hospital
Housing/Shelter Services
Medical Health Services External
Medical Health Services Hill Country
Substance Use Services
Unable to collect for the 1st quarter

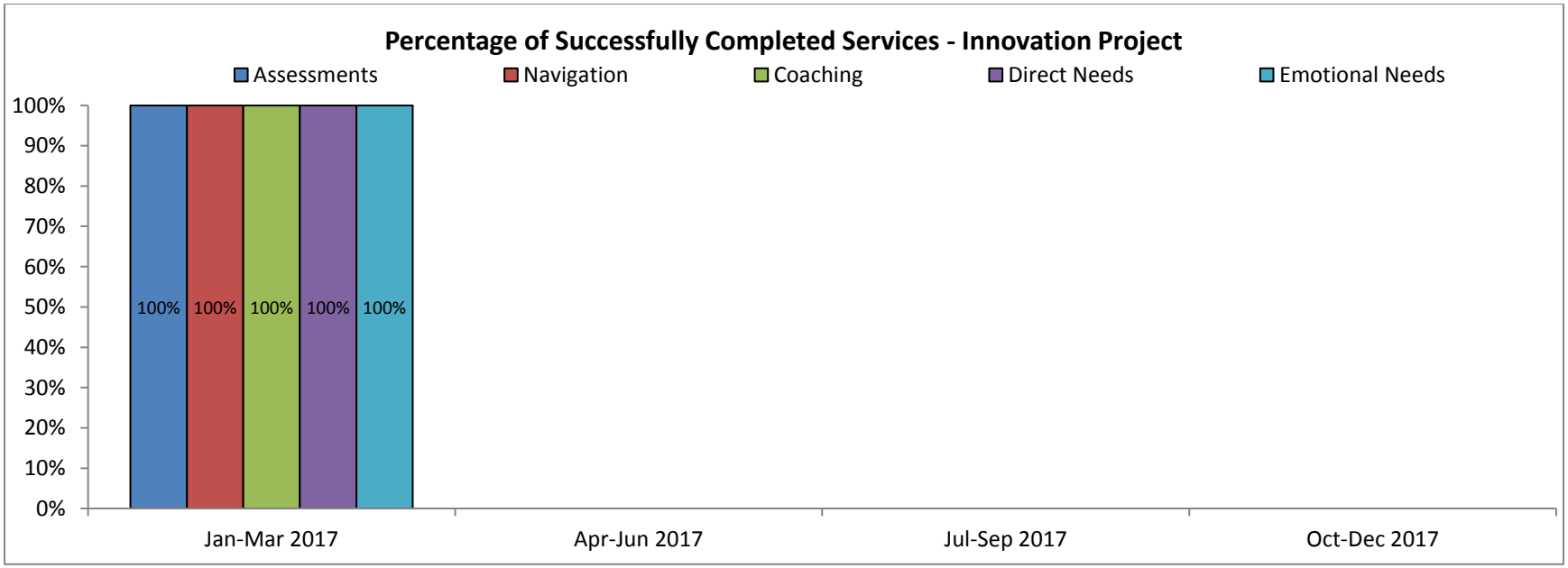
NUMBER OF SERVICES PROVIDED AND SUCCESSFULLY COMPLETED

There are a large number of services which individuals can access directly through the CARE Center Innovation Project, and these are all reported to Shasta County in specific granular detail. These services are provided directly by CARE Center staff members (including clinical staff, case managers, and peer volunteers). For the purposes of this report, services have been categorized into 5 main types, and the reported numbers consolidated. These service type categories are:

- "Assessments" which include
  - Mental health assessments
  - Needs assessments
  - Wellness and recovery assessments
- "Navigation" which includes
  - Advocacy
  - Navigation
  - Referral linkage and follow up
- "Coaching" which includes
  - Development of support systems
  - Goal and action planning
  - Skill building
  - Wellness coaching
- "Direct Needs" which include
  - Basic needs
  - Food/clothing
  - Transportation
- "Emotional Needs" which include
  - Crisis intervention/emotional support
  - Mental health follow up
  - Social services

Services are also tracked to see if the individuals who are needing the service(s) provided by the CARE Center are successful in accessing the services, and either completing the activities or receiving any tangible items involved with each service.


Services Provided by Category - Innovation Project
Assessments
Navigation
Coaching
Direct Needs
Emotional Needs
140
120
100
80
60
40
20
0
85
107
81
9
117
Jan-Mar 2017
Apr-Jun 2017
Jul-Sep 2017
Oct-Dec 2017


Percentage of Successfully Completed Services - Innovation Project
Assessments
Navigation
Coaching
Direct Needs
Emotional Needs
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
100%
100%
100%
100%
100%
Jan-Mar 2017
Apr-Jun 2017
Jul-Sep 2017
Oct-Dec 2017

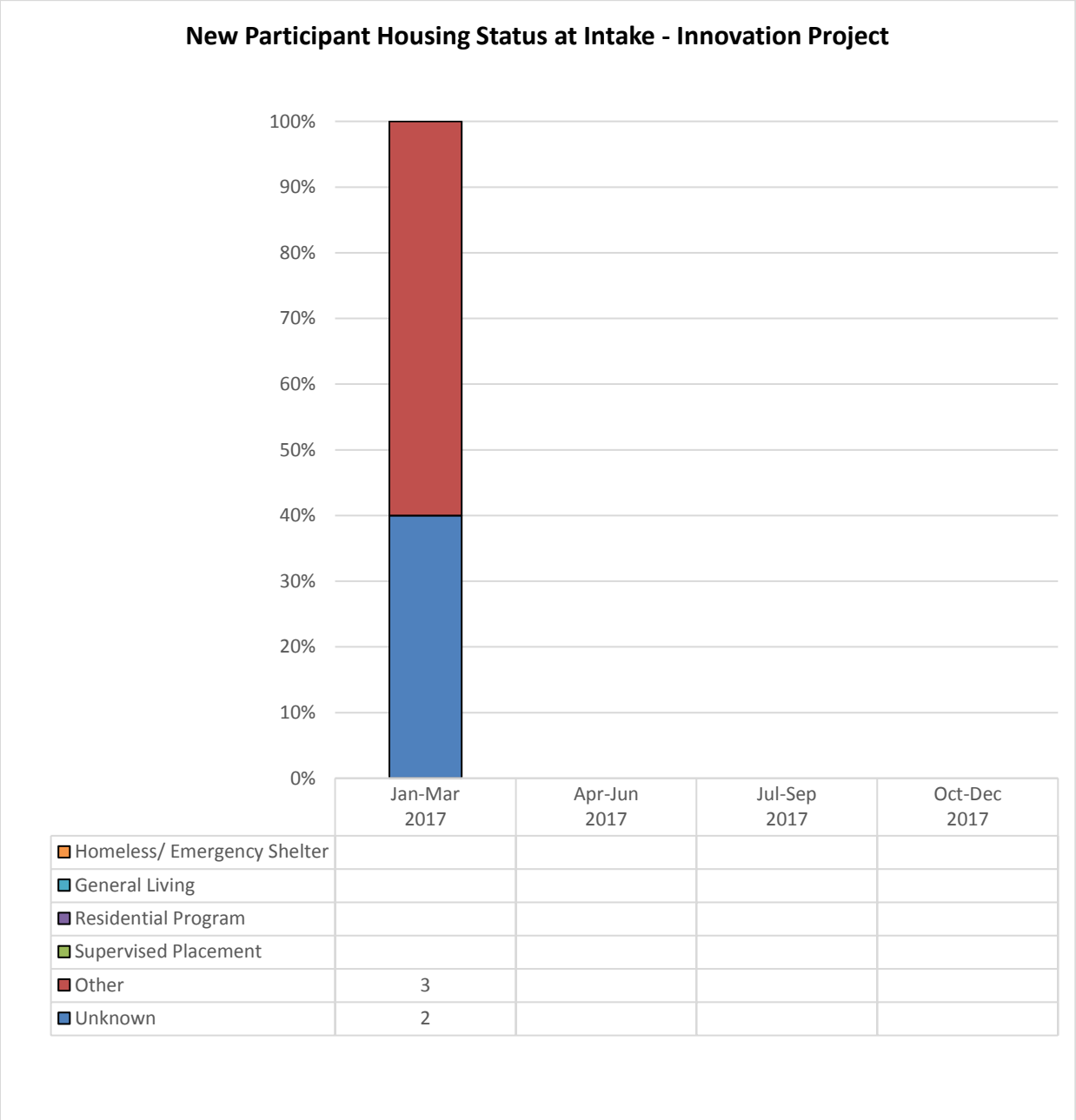
HOUSING STATUS

To help track the impact and effectiveness of services, the CARE Center has been asked to track the housing status of individuals accessing the Innovation Project services at the time they first start services, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% increase in housing stability/permanence at the 3-month mark, and a 20% increase at the 6-month mark.

Housing status has been divided up into the following categories:

- Homeless/emergency shelter
- General living, which includes the following:
    - Apartment or house, alone or with family/roommates
    - Foster home
    - Single room occupancy
- Residential program, which includes the following:
    - Community treatment program
    - Group home (any level)
    - Long term care facility
    - Residential treatment program
    - Skilled nursing facility (any type)
- Supervised placement, which includes the following:
    - Assisted living facility
    - Community care facility, such as a Board and Care
    - Congregate placement
- Inpatient psychiatric hospitalization, which includes the following:
    - Psychiatric Health Facility (PHF)
    - Institute of Mental Disease (IMD)
- Incarcerated/justice placement, which includes the following:
    - Jail
    - Prison
    - Juvenile hall
    - Juvenile justice placement
- Other
- Unknown

HOUSING STATUS AT START OF SERVICES



	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017
Homeless/ Emergency Shelter				
General Living				
Residential Program				
Supervised Placement				
Other	3			
Unknown	2			

HOUSING STABILITY 3 MONTHS AFTER SERVICES AT THE CARE CENTER

No data expected until the Apr-Jun 2017 quarter at the earliest.

HOUSING STABILITY 6 MONTHS AFTER SERVICES AT THE CARE CENTER

No data expected until the Jul-Sep 2017 quarter at the earliest.

EMERGENCY DEPARTMENT VISITS

One of the goals of the Innovation Project is to reduce the number of emergency department visits for psychiatric reasons. Statistics are being tracked directly from the hospitals, but in order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of ER visits individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in ER visits at the 3-month mark, and a 20% decrease at the 6-month mark.

The average number of ER visits in the prior 6 months for the Jan-Mar 2017 quarter was not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

PSYCHIATRIC INPATIENT HOSPITALIZATIONS

Another goal of the Innovation Project is to reduce the number of psychiatric inpatient hospitalizations, and the number of days spent in the hospital during those hospitalizations. In order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of psychiatric inpatient hospitalizations and number of days spent in the hospital that individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in hospitalizations and days spent in the hospital at the 3-month mark, and a 20% decrease at the 6-month mark.

The average number of psychiatric inpatient hospitalizations in the prior 6 months for the Jan-Mar 2017 quarter was also not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

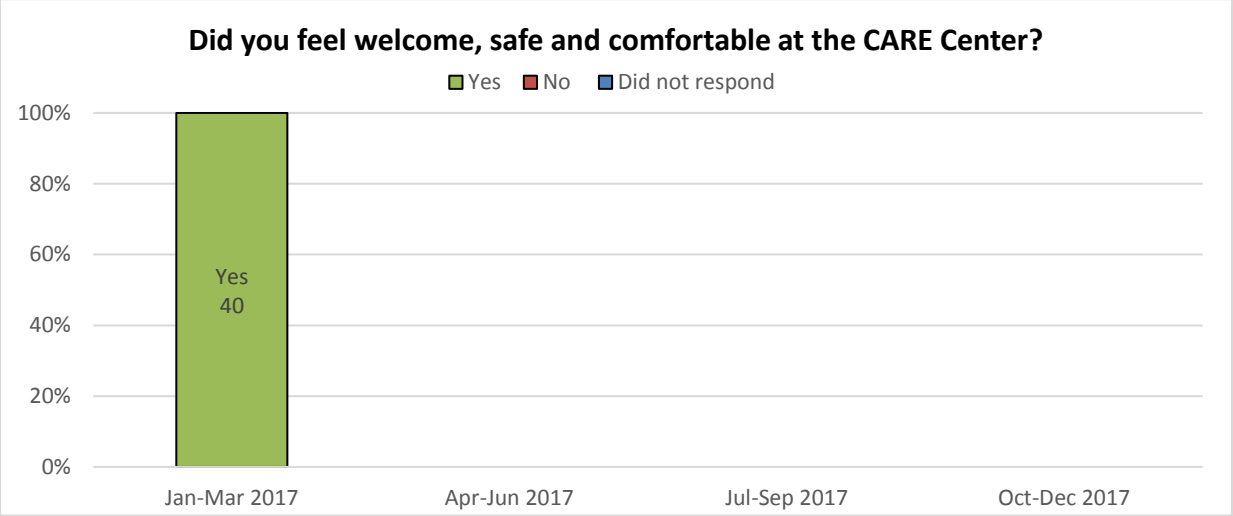
ARRESTS AND DAYS INCARCERATED

Another goal of the Innovation Project is to reduce the number of arrests, and the number of days spent incarcerated. In order to measure the impact and effectiveness for individuals, the CARE Center has been asked to track the number of arrests and number of days spent incarcerated that individuals report having made in the 6 months prior to the time they first start services at the CARE Center, and then at the 3-month and 6-month points after that first service. The target outcome numbers are to see a 15% decrease in arrests and days spent incarcerated at the 3-month mark, and a 20% decrease at the 6-month mark.

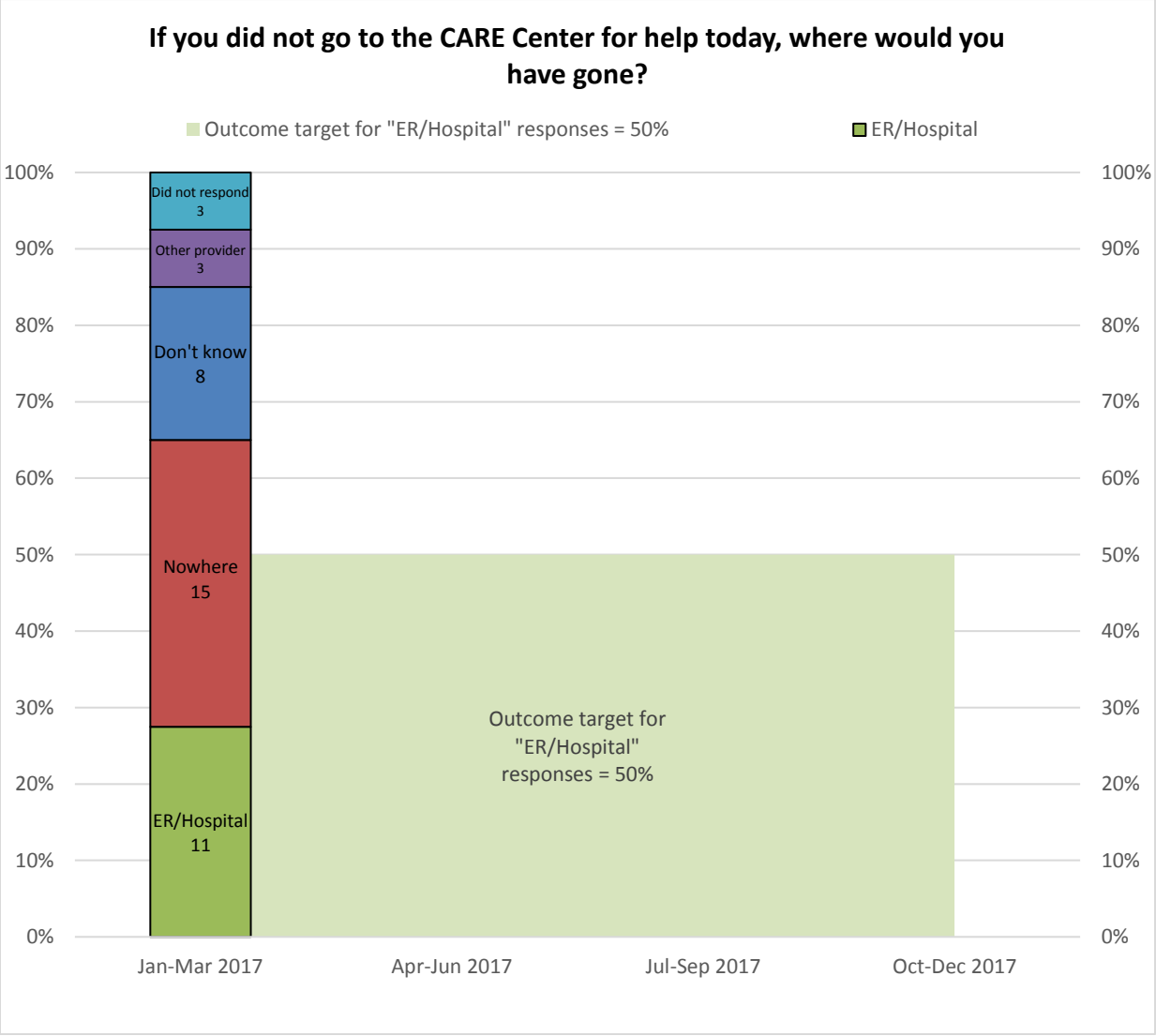
Again, the average number of arrests in the prior 6 months for the Jan-Mar 2017 quarter was not available, as the data collection systems for this were still in development. Data is expected in the Apr-Jun 2017 quarter, at which time tracking will commence.

CUSTOMER SURVEYS

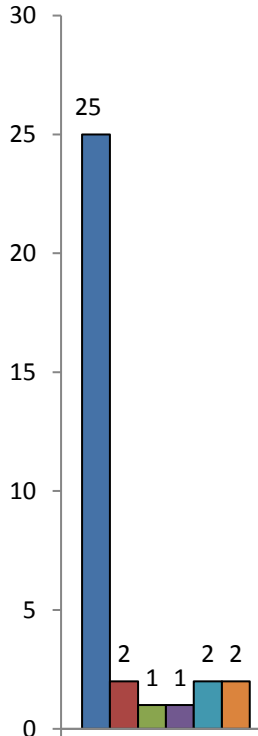
Each person who is served is offered the chance to complete a simple 4-question survey.




Did the CARE Center staff provide you with support and helpful information about community resources?
Yes
No
Did not respond
100%
80%
60%
40%
20%
0%
No
1
Yes
39
Jan-Mar 2017
Apr-Jun 2017
Jul-Sep 2017
Oct-Dec 2017


If you did not go to the CARE Center for help today, where would you have gone?
Outcome target for "ER/Hospital" responses = 50%
ER/Hospital
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Did not respond
3
Other provider
3
Don't know
8
Nowhere
15
ER/Hospital
11
Outcome target for "ER/Hospital" responses = 50%
Jan-Mar 2017
Apr-Jun 2017
Jul-Sep 2017
Oct-Dec 2017

Was there something you were hoping for from the CARE Center that you did not receive, or what can we do better?

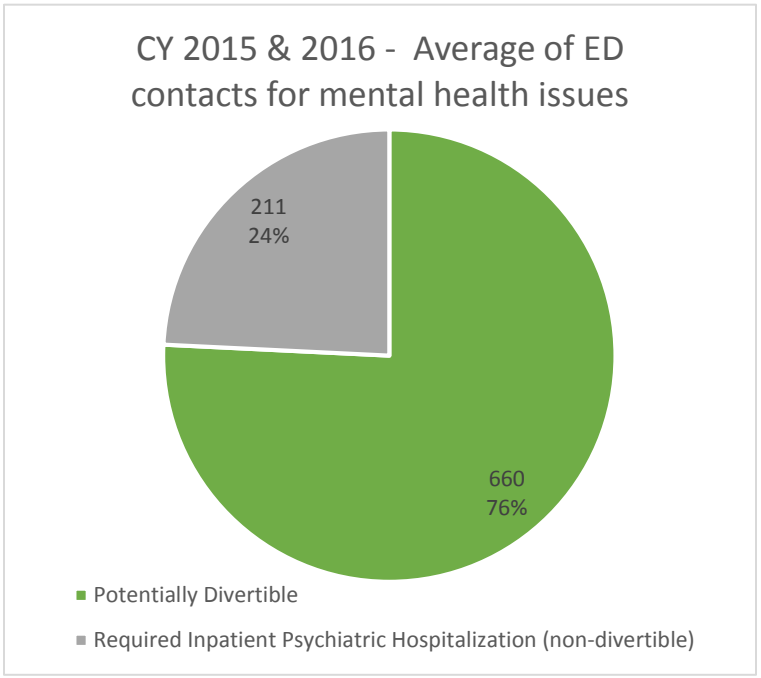


	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Oct-Dec 2017
Happy with experience/ services	25			
Medication	2			
Dental Care	1			
Services for alcoholics in crisis	1			
More and/or different groups	2			
Other facility amenities (music, TV, etc.)	2			

Data as of: 6/23/17

Innovation Project Outcome Tracking – Shasta County Emergency Department Contacts over Time

There will be many factors behind these numbers and their change over time, and it is not the intent to presume that the Innovation Project will be solely responsible for those changes. However, by watching the emerging trends, it could be indicative of potential project success or failure.



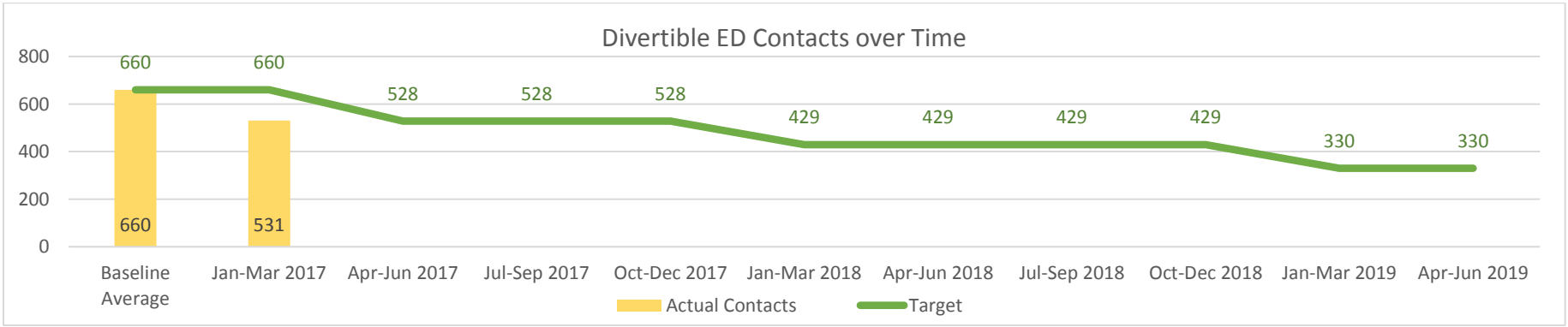
Looking at numbers from the Shasta County hospitals with emergency departments for calendar year 2015 and 2016, the average is 660 potentially divertible contacts for mental health issues (76%), and 211 non-divertible (24%).

One of the goals for the Innovation Project, as approved by the state MHSOAC office and the Shasta County Board of Supervisors, is to reduce emergency department visits for mental health issues over time by the following amounts:

- At the end of year one – reduced by 20%
- At the end of year two – reduced by 35%
- By the mid-point of year three – reduced by 50%

Using the historical data, and applying these percentages, the goals for the emergency department contacts calculate out to the following:

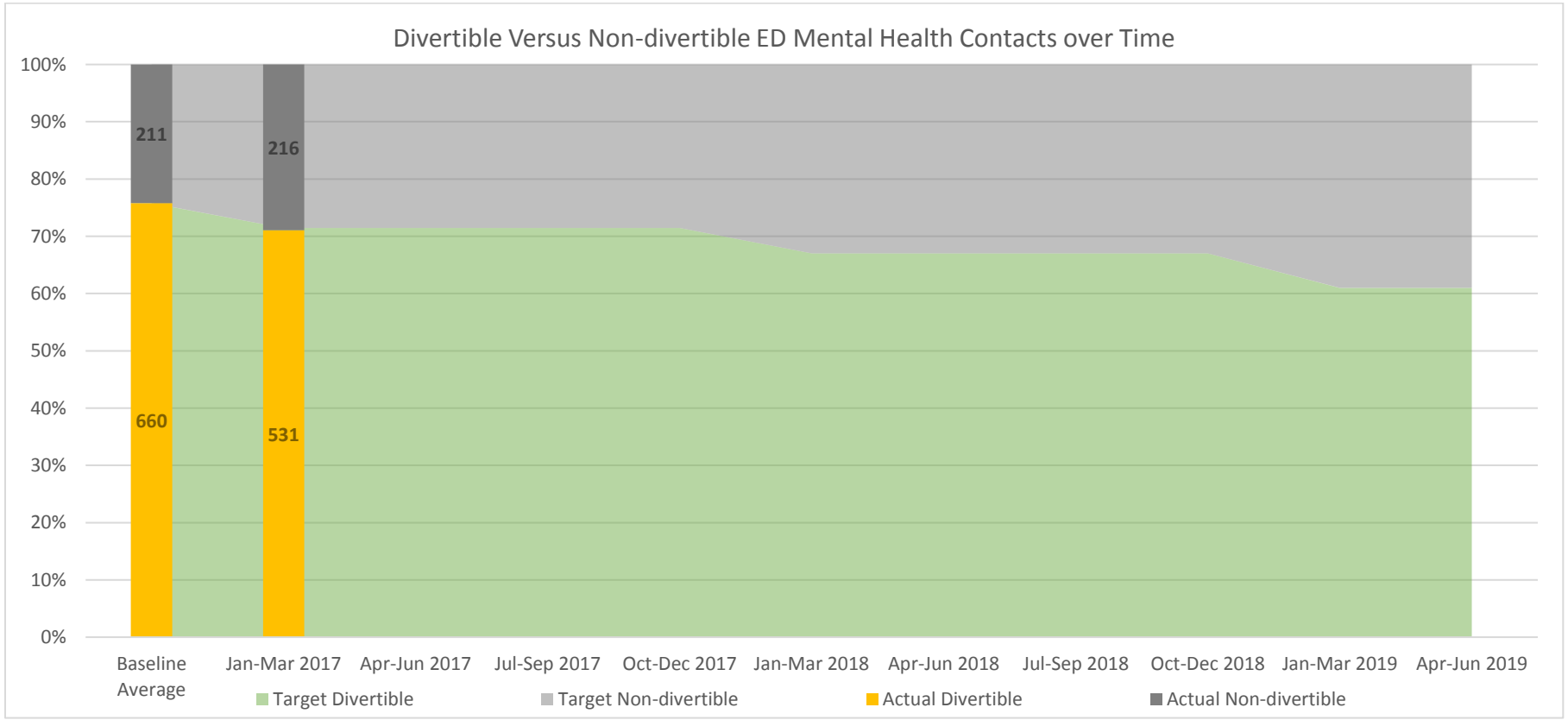
- For the quarter ending 12/31/17 – potentially divertible ED contacts should equal 528 or fewer
- For the quarter ending 12/31/18 – potentially divertible ED contacts should equal 429 or fewer
- For the quarter ending 6/30/19 – potentially divertible ED contacts should equal 330 or fewer



There may be additional factors to overall emergency department contact numbers which will make tracking just the hard number of contacts misleading (for example, if overall numbers of all ED contacts increase greatly, it may appear as if very few or none are being diverted). Tracking the percentage of divertible versus non-divertible mental health contacts could potentially be more revealing.

Assuming the average number of non-divertible contacts is constant, and applying the calculated number of divertible contacts for each time period that are the goal, the percentages of non-divertible versus divertible should change as follows:

- For the quarter ending 12/31/17 – 29% non-divertible to 71% divertible (211 vs. 528)
- For the quarter ending 12/31/18 – 33% non-divertible to 67% divertible (211 vs. 429)
- For the quarter ending 6/30/19 – 39% non-divertible to 61% divertible (211 vs. 330)



SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY

People's Health

Outcomes • Planning • Evaluation

Shasta County population by age and race/ethnicity

Definition:

The population represented here is the projected* number of people living in Shasta County for 2014.

Projected Population by Age Group and Ethnicity, Shasta County, 2014							
Years of Age	Total population	Caucasian	Hispanic	Asian & Pacific Islander	American Indian	Black	Two or more races
All Ages	**180,254**	**144,523**	**17,283**	**6,234**	**4,312**	**1,461**	**6,440**
Under 5 years	**10,519**	7,666	1,226	399	314	118	795
5-14	**21,410**	14,823	3,607	755	631	203	1,392
15-19	**11,213**	7,902	1,714	443	358	150	656
20-39	**41,925**	31,615	5,201	2,042	1,046	421	1,600
40-64	**60,493**	51,353	4,295	1,934	1,470	431	1,460
65+	**34,243**	31,163	1,239	662	493	139	546

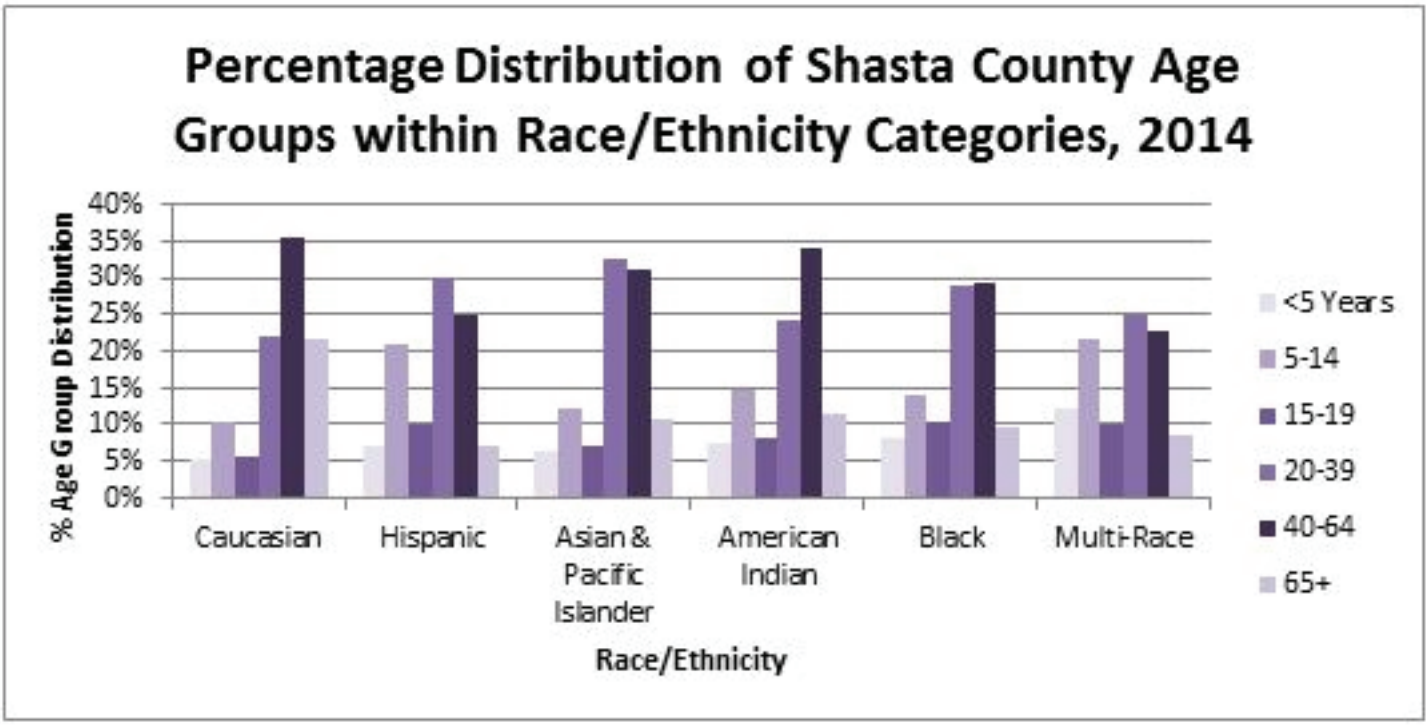
Percentage Distribution of Population by Race/Ethnicity
Shasta County and California, 2014

Race/Ethnic Group	Shasta County	California
Caucasian	80.2%	38.8%
Latino/Hispanic	9.6%	39.0%
Asian & Pacific Islander	2.4%	13.4%
American Indian	3.5%	0.4%
African American	0.8%	5.8%
Two or more races	3.6%	2.6%
Total	100.0%	100.0%

* The above numbers are projections based on the 2010 Census, the last year population was officially counted in Shasta County. These numbers may differ from true population figures. The U.S. Census Bureau counts the number of people in the United States through the use of the decennial (every 10 years) census, so populations in California have been projected by the California Department of Finance for non-census years.

KEY POINTS:

- The percentage of white people in Shasta County is twice that of California.
- While the overall non-white population for Shasta County is 20%, 27% of Shasta County's children under 5 years old are nonwhite.
- More than 22% of the Caucasian population (greater than any other race/ethnicity) is aged 65 years or older.
- Approximately 38% of the Hispanic population and 44% of those who identify themselves as two or more races are younger than 20 years old. Other races fell between 21% and 32% of their populations being under 20 years of age.



Data source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010, Sacramento, CA July 2010.
Updated January 2014