



Mental Health Evaluation Report 2015-2016



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INTRODUCTION

With funding provided by the Plumas County Behavioral Health Services Department, First 5 Plumas County contracts with Plumas Rural Services to provide ongoing and expanded mental health supports to parents of/and children ages 0-5.

This evaluation report describes the impact that the First 5 Plumas Infant/Early Development Mental Health Program has had on families participating in services during the fiscal year 2015-2016. Evaluation data were collected on children and families who participated in services between July 1, 2015, and June 30, 2016.

ABOUT FIRST 5 PLUMAS COUNTY

First 5 Plumas was formed following the passage of California Proposition 10 (Prop 10). The Prop 10 initiative added a 50-cent-per-pack tax on cigarette sales to fund programs promoting early childhood development for children ages 0 - 5 and their families. First 5 Plumas operates on an annual budget of approximately \$360,000 made up primarily of Prop 10 funds. As a small county, First 5 Plumas is dependent on small county augmentation funds provided by First 5 California. It also draws down Medi-Cal Administrative Activities (MAA) funds. Combined, these funds are used to provide services and make system improvements supportive of young children and families. The aim is to invest effectively in a network of prevention and early intervention supports for families with young children.

First 5 Plumas works closely with county agencies and community-based partners, leveraging local resources to increase the value of its investments. The First 5 Plumas Commission has identified strategies based on research and best practice models to support services that make a difference in the lives of young children. Each First 5 Commission is accountable for measuring results of funded programs and adjusting investment priorities to best achieve results for children and families.

FIRST 5 PLUMAS INFANT/EARLY DEVELOPMENT MENTAL HEALTH PROGRAM

The First 5 Plumas Infant/Early Development Mental Health Program, as operated by Plumas Rural Services, interfaces with the Plumas County Behavioral Health Department, the Child Abuse Treatment program, and other Community Based Organizations by working in partnership to provide and coordinate services and provide referrals as necessary. The program functions as an augmentation of the core clinical services of the County by providing direct mental health services, outreach and engagement, and support and linkage to other community-based services.

The overarching goal of the program is to provide the earliest intervention possible with environmentally at-risk children and their families.

Target Population of Program:

- children age 0-5
- parents of children age 0-5
- families/caregivers of children age 0-5
- Native American Families
- children age 0-5 with special needs
- children age 0-5 in the foster system

PURPOSE AND OBJECTIVES

First 5 Plumas is required to demonstrate results. The results-based accountability model as adopted by the state First 5 Commission requires the collection and analysis of data, and the reporting of findings in order to evaluate the effectiveness of investments.

The primary purpose of the mental health evaluation was to assess the impact of services to two of the result areas of the First 5 Plumas County Strategic Plan. The First 5 Plumas Infant/Early Development Mental Health Program was required to provide services which were responsive to the strategic plan and aligned to the strategic indicators as outlined in the First 5 Plumas Evaluation Plan. These strategic indicators make up the basis of the evaluation report and include an examination of the following:

Who was provided with mental health services?

- ✓ Number of families receiving mental health services.

What kind of mental health services were provided?

- ✓ Number/type of mental health services provided to families
- ✓ Number of families being linked to community resources.

What was the impact on families who received mental health services?

- ✓ Number of parents (of children ages 0 - 5) receiving mental health services with improved Threshold Assessment Grid (TAG) scores.
- ✓ Number of families receiving mental health services with improved scores in each of the protective factors domains (after having received at least six months of services).

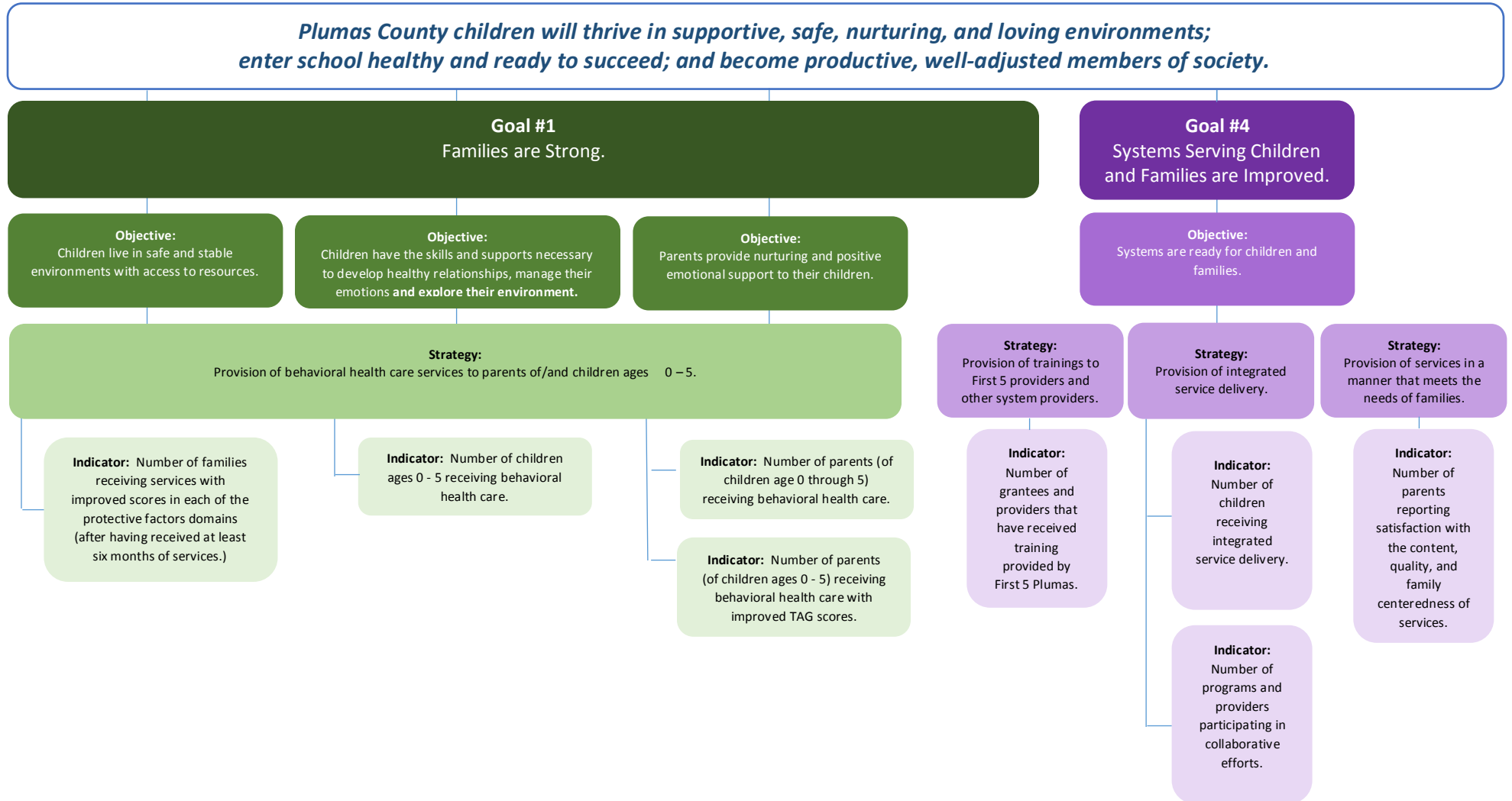
How well did mental health services meet the unique needs of families?

- ✓ Number of families receiving integrated service delivery.
- ✓ Number of parents reporting satisfaction with the content, quality, and family centeredness of services.

The evaluation report is based on a theoretical framework that links the mental health services indicators to four strategies and ultimately to two of the four strategic plan result areas per the First 5 Plumas County Strategic Plan. The results of the mental health evaluation and the recommendations as presented in this report are guided by this framework and pathway which is illustrated on the following page.



FIRST 5 PLUMAS COUNTY MENTAL HEALTH EVALUATION PATHWAY



METHODS

TARGET POPULATION

The evaluation focused on First 5 Plumas Infant/Early Development Mental Health Program participants, who are children under six and their parents, who participated in services between July 1, 2015, and June 30, 2016.

TYPES OF DATA COLLECTION

A combination of qualitative and quantitative data methodologies were used in the evaluation process, each of which is described below.

- **Administrative Data:** Quarterly reports submitted by the program provide information about the demographics of clients served, the number and type of services provided as well as issues impacting service delivery.
- **Strengthening Families Protective Factors Retrospective Survey Tool:** The Protective Factors Retrospective Survey (PFRS) tool measures change in protective factors within five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. The tool is administered by mental health service providers after a family has been engaged in services for at least six months. Out of 28 families that participated in services, there was a total of 12 families who participated in services for at least six months and completed and submitted a protective factors retrospective survey to First 5 Plumas County.
- **Threshold Assessment Grid (TAG):** TAG is a brief assessment tool to identify the severity of an individual's mental health problems. It is used to identify need as well as measure outcomes of a person on the caseload of a mental health team. TAG has seven domains covering areas of safety, risk, and needs and disabilities. The tool is administered by mental health service providers within the first 30 days of service and again after every 6 months. TAG assessments are only conducted on adult clients. Out of 35 adults that participated in services, there was a total of 14 adults who participated in services for at least six months and in which both a pre and post TAG was completed and submitted to First 5 Plumas County.



RESULTS

WHO WAS PROVIDED WITH MENTAL HEALTH SERVICES?

A total of **28** families were provided with mental health services between July 1, 2015, and June 30, 2016. Program Participants included both parents of and children ages 0 - 5.

How Many People were Served?



47 Children



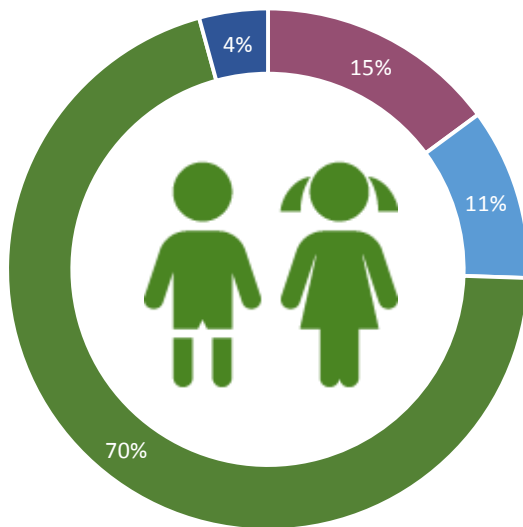
35 Parents and Caregivers

What was the Race/Ethnicity of those Served?

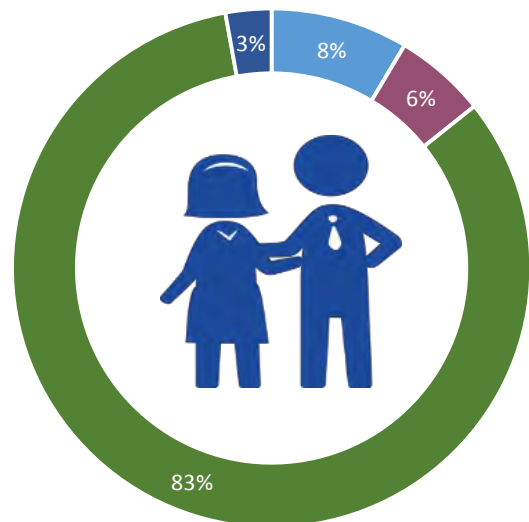
Children and adults receiving behavioral health services were mostly White, representing 76% of all those served. This is followed by Alaska Native/American Indians (12%) and Hispanics/Latinos (8%).

The pie charts below indicate the percentage of both children and parents/caregivers served according to their race/ethnicity.

Children



Parents & Caregivers



White

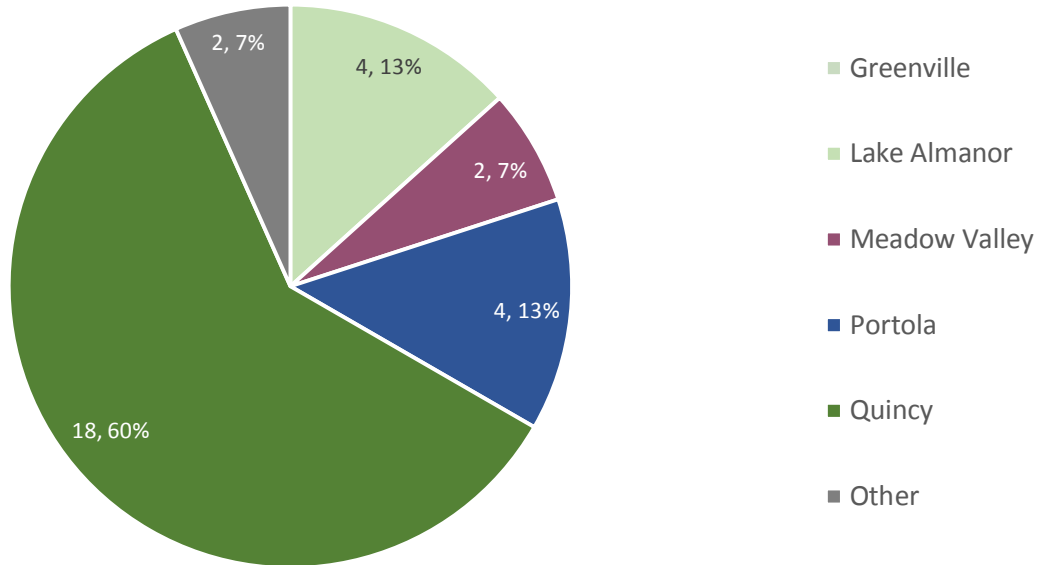
Alaska Native / American Indian

Hispanic / Latino

Other

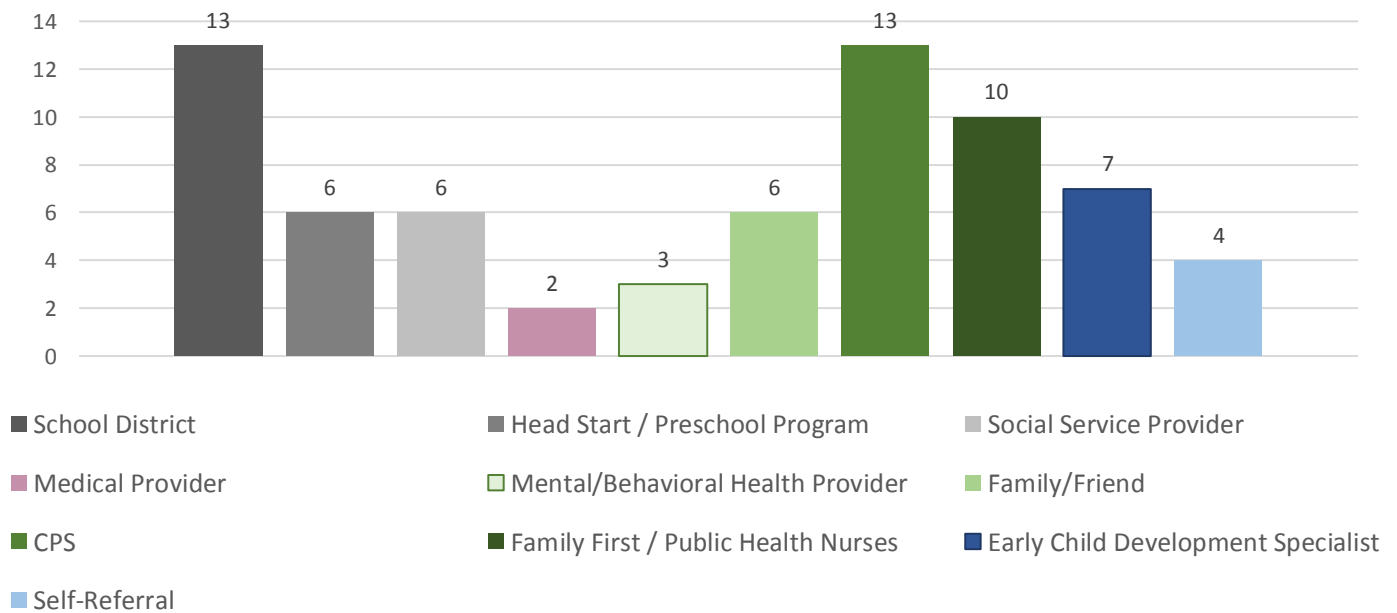
What Communities do They Live In?

Families receiving mental health services were primarily from Quincy (60%), followed by Portola (13%) and Lake Almanor (13%).



Who Referred Families to the Program?

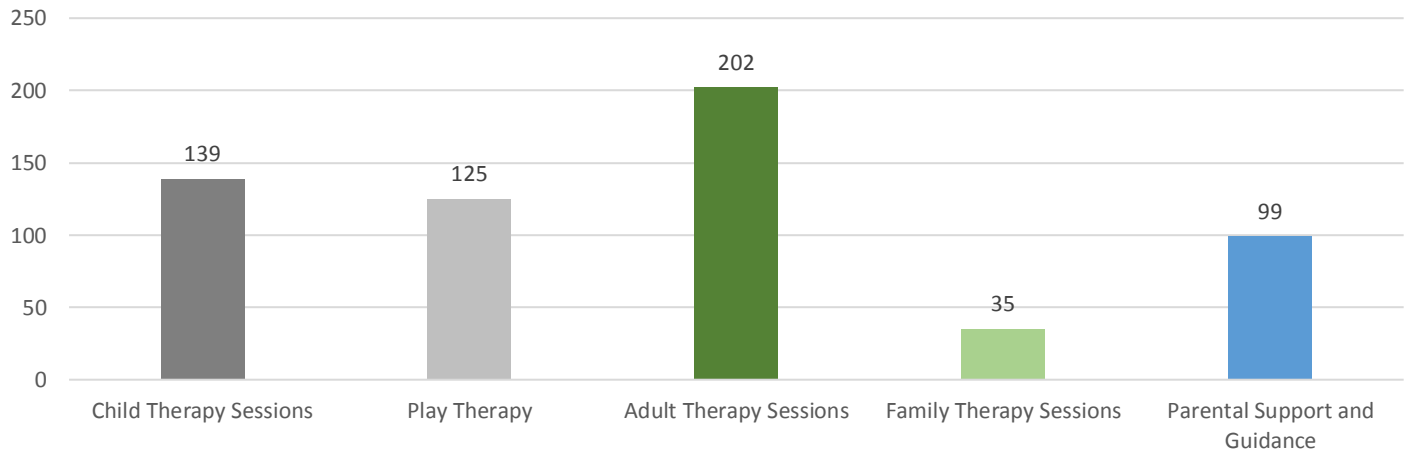
It is important to understand how families come to access services. This information helps the program understand outreach efforts that are working and additional areas where outreach is necessary to reach the target population. As indicated in the chart below, the majority of families have been referred by the school district and CPS.



WHAT KIND OF MENTAL HEALTH SERVICES WERE PROVIDED?

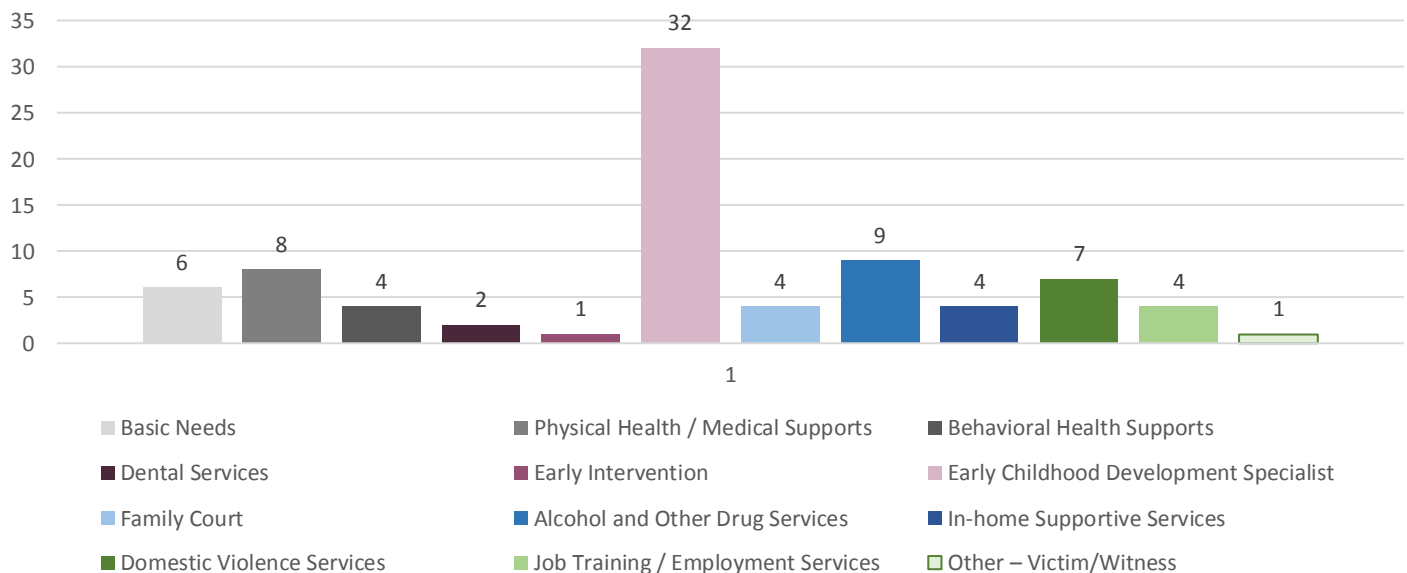
Between July 1, 2015, and June 30, 2016, a total of **600** mental health services were provided.

Mental Health Specialists record the primary subject matter of each service provided. As demonstrated in the following table, the majority of services provided by the program was adult therapy sessions.



What Referrals to Community Resources were Provided to Families?

Mental Health Specialists make referrals to community programs based on the needs of the families they serve. Between July 1, 2015, and June 30, 2016, Mental Health Specialists provided families with **82** referrals to other community resources.



The majority of referrals were provided to the Early Childhood Development Specialist. This is to be expected given the fact that the service approach calls for a direct link between these community partners. The second largest referral provided was to alcohol and other drug services.

WHAT WAS THE IMPACT ON FAMILIES WHO RECEIVED MENTAL HEALTH SERVICES?

To measure the impact of mental health services for families being served, the evaluation took a look at two indicators:

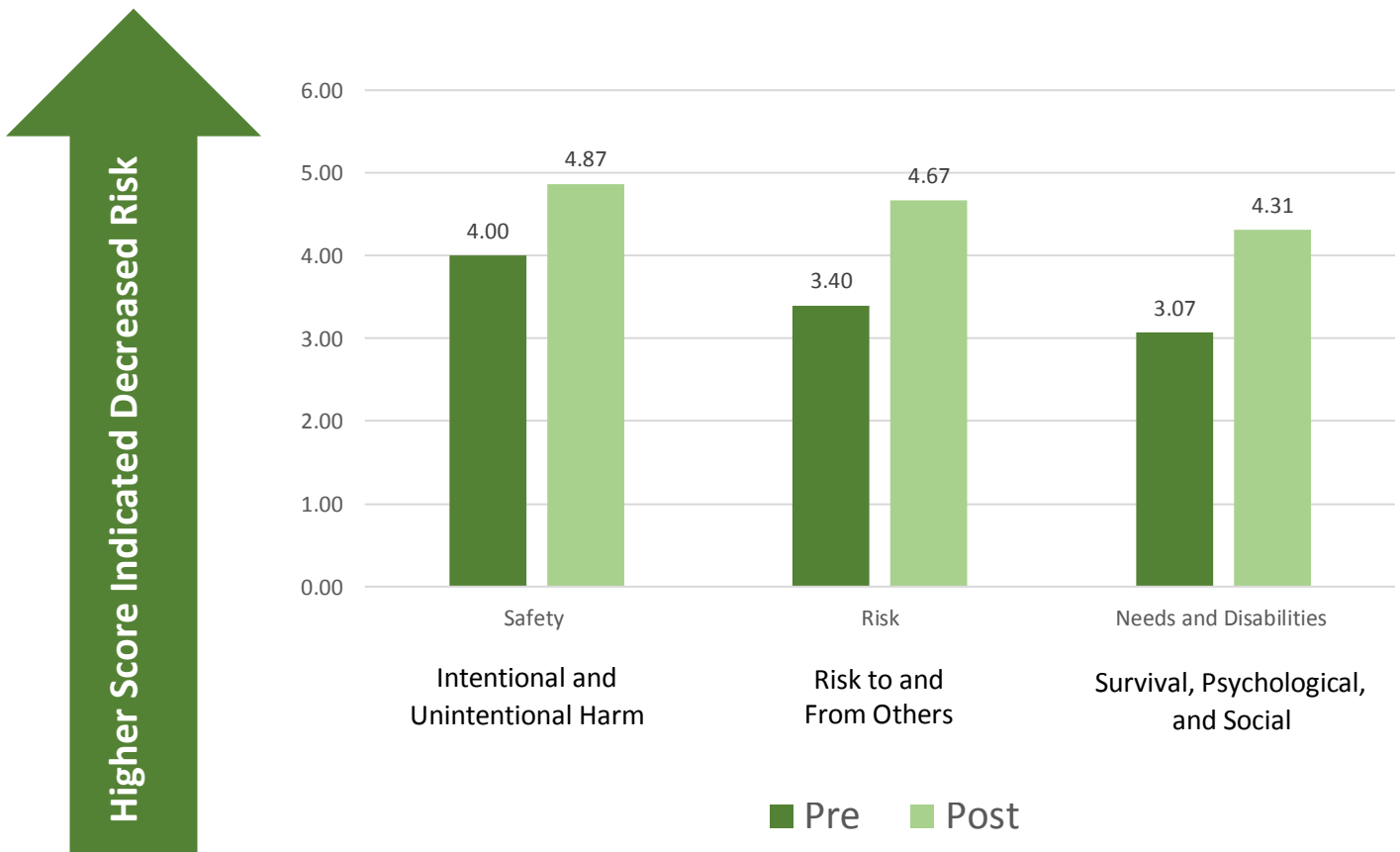
- ✓ Decreased risk for severe mental health issues related to areas of safety, risk, and needs and disabilities.
- ✓ Increased protective factors related to supports, knowledge, resiliency and social connections.

Are Families Experiencing Decreased Risks as a Result of Mental Health Services?

The threshold assessment grid (TAG) is a brief assessment tool used to identify need and measure outcomes of a person on the caseload of a mental health team. TAG has seven domains covering areas of safety, risk, needs and disabilities. The assessment is used within the first 30 days of service and re-administered after 6 months of care.

This assessment tool is used to monitor whether adult participants accessing mental health services decrease the severity of their mental health issues after receiving support. It is used to track the outcome that **Parents provide nurturing and positive emotional support to their children.**

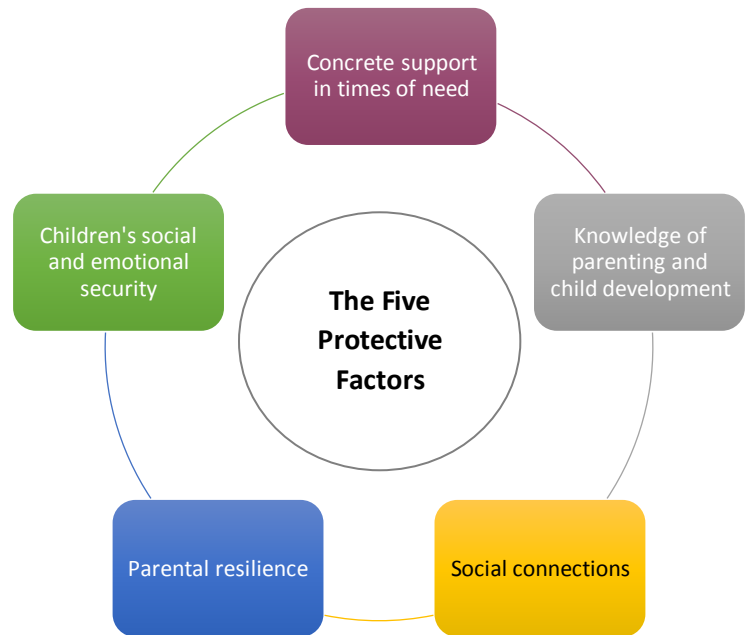
As identified in the chart below, there was a decreased risk in each mental health domain, with the most significant gains made within the risk category.



Are Families Experiencing Increased Protective Factors as a Result of Mental Health Services?

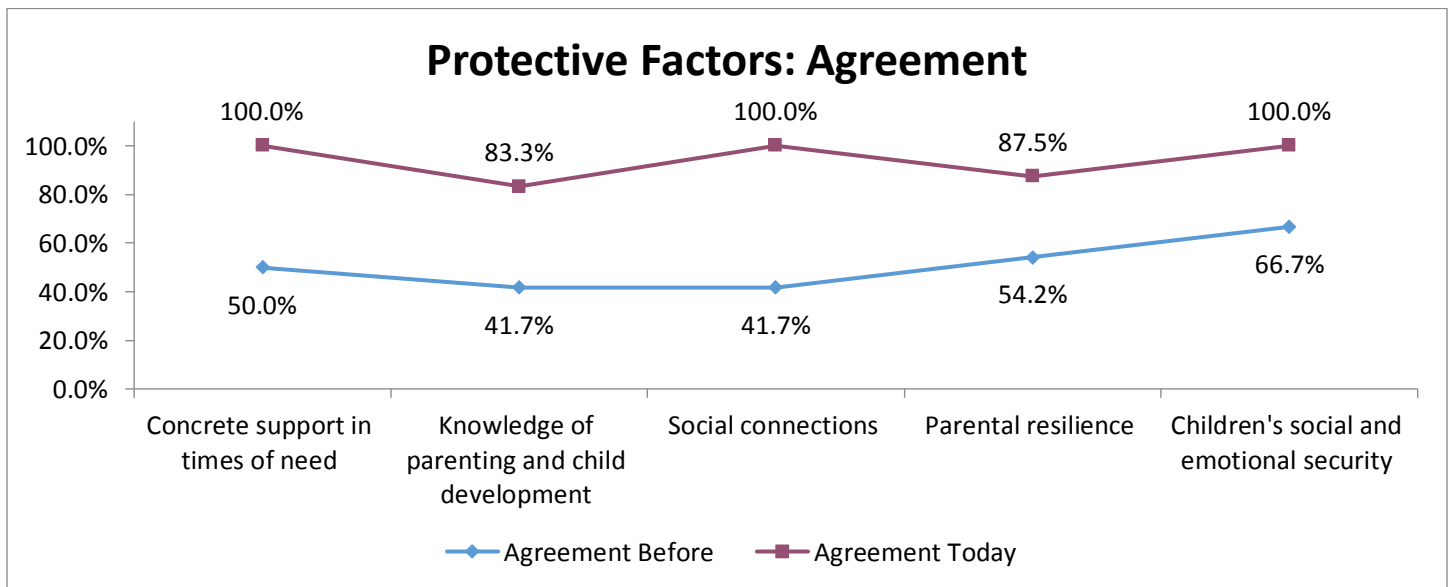
Mental health services are intended to have a positive impact on families receiving services. Programs funded by First 5 Plumas County Children and Families Commission utilize the research-based Strengthening Families Protective Factors framework as a theoretical approach to serving families as well as a system to measure outcomes.

The First 5 Plumas Infant/Early Development Mental Health Program utilizes the Protective Factors survey tool to identify outcomes achievement related to each of the five protective factors as demonstrated in the graphic to the right.



The Protective Factors survey measured participant outcomes through retrospective survey questions and open-ended questions. The following results identify participant perceptions of change. The retrospective survey questions allow parents to rate themselves before and after receiving mental health services.

This survey is used to track the intended outcome that **children live in safe and stable environments with access to resources.**



As indicated in the chart above, in each of the five protective factors, there was an increase in parental perception of skills, supports, and knowledge after having received mental health services. The most significant improvements were made in relationship to social connections.

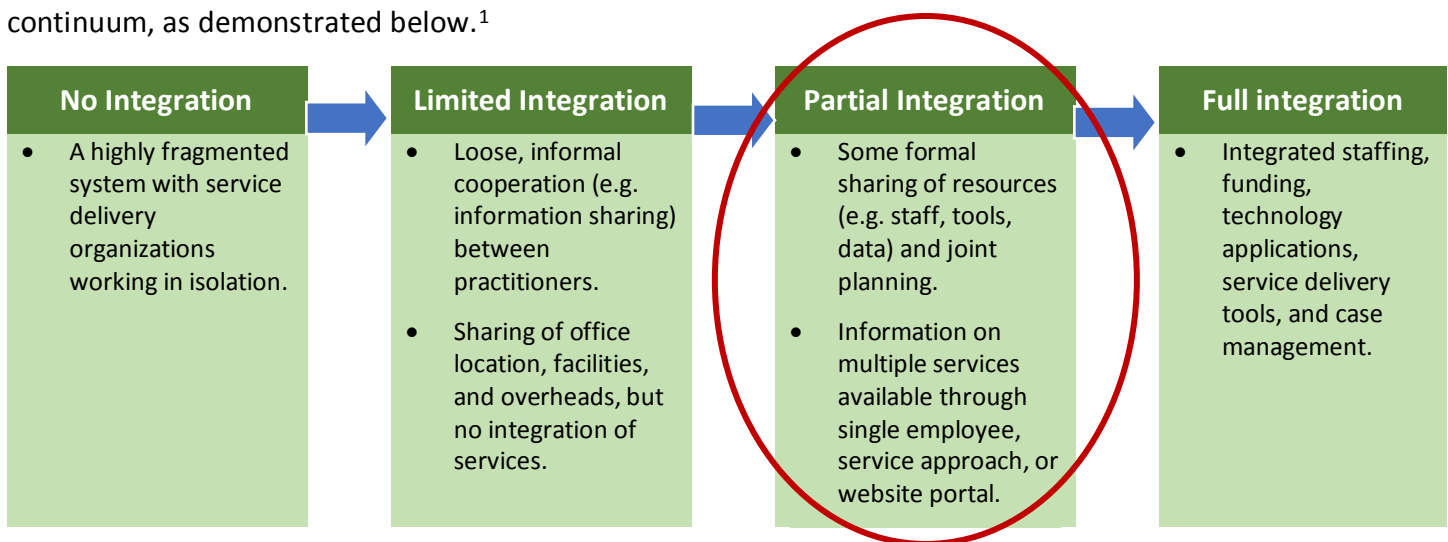
HOW WELL DID MENTAL HEALTH SERVICES MEET THE UNIQUE NEEDS OF FAMILIES?

To measure how well mental health services are meeting the unique needs of families the following indicators were analyzed:

- ✓ Number of children receiving integrated service delivery.
- ✓ Number of parents reporting satisfaction with the content, quality, and family centeredness of services.

How Many Families Benefited from Integrated Service Delivery?

Integrated service delivery, as it pertains to this report, refers to families being served by multiple community-based programs. Although there is no universal approach to integrating services, there is an implementation continuum, as demonstrated below.¹



Utilizing this framework, families participating in mental health services through the First 5 Plumas Infant/Early Development Mental Health Program are provided with partial service integration. A total of **23** families benefited from this service delivery approach.

Additionally, the First 5 Plumas Infant/Early Development Mental Health Program was a collaborative partner with other community-based organizations.

Collaborative efforts included:

- 13** multidisciplinary meetings were held with other First 5 service providers.
- 11** multidisciplinary meetings were held with Child Protective Services.
- 6** trainings were provided to various community services providers and professionals which included topics such as childhood bonding, attachment, and early trauma.

¹ Figure adapted from The Integration Imperative: Reshaping the Delivery of Human and Social Services, downloaded on September 14, 2016 from: <https://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/Documents/integration-imperative.pdf>

How Satisfied were Families with the Services they Received?

Successful programs work closely with parents and families to provide services that meet the unique needs of each family by integrating participant feedback into program planning. To solicit participant feedback, the First 5 Plumas Infant/Early Development Mental Health Program collected client satisfaction information at the end of the Protective Factors survey.

The overwhelming majority of parents who completed the questions related to client satisfaction at the end of the Protective Factors survey were very satisfied with the program.

Results are as follows:



95% of parents agreed that they received the assistance they needed.

95% of parents agreed that their impression and interaction with staff has been positive.

95% of parents agreed that their overall satisfaction with services was good.

90% of parents agreed that their ideas and opinions are welcomed and included in the program.

90% of parents agreed that the program is helping them reach goals for their family and themselves.

CONCLUSIONS AND RECOMMENDATIONS

Based on the evaluation's findings, the First 5 Plumas Infant/Early Development Mental Health Program is making a positive impact on families being served.

- ✓ **Families have access to mental health supports** as evidenced by the number of children and parents/caregivers served as well as the number of services provided.
- ✓ **Families are connected to community resources** as evidenced by the number of referrals provided to participating families.
- ✓ **Families are stronger** as evidenced by both the decrease in risk and increase in the each of the five protective factors. Families also indicated that the program has provided them with the assistance they needed, that it has helped them reach goals for their family and themselves.
- ✓ **Families are satisfied** as evidenced by the high percentage of families that indicated satisfaction with services and that their opinions are welcome and included in the program.

The following recommendations are being offered as a way to strengthen efforts and outcomes in the future:

- **Expand evaluation framework:** Some children being served are not served within the family structure. Because current evaluation activities focus on outcomes within the family structure, it leaves the program unable to demonstrate the gains made for these children as a result of treatment. It is recommended that this component of service delivery be further explored with decisions made regarding whether the numbers and/or strategies warrant further investigation.
- **Consider use of ASQ:SE for children being served by program:** The use of developmental screenings is already occurring to identify if any child is at risk for a developmental delay. To make similar identification of social-emotional development, the program may want to consider utilizing the ASQ:SE tool. First 5 may want to consider offering training on the benefits and use of the ASQ:SE tool to program providers.
- **Expand client interview component of evaluation efforts:** Because only one client interview took place with program clients, the results cannot be shared. The number of client interviews should be increased in the future to help describe the experience that clients have with the program and the gains made as a result of program participation while protecting the identity of the informants.