Tool

Monitoring Prevention Mental Health Programs

Supporting California Counties to Meet Statewide Reporting Requirements

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Preface

The Los Angeles County Department of Mental Health is fulfilling prevention mental health program reporting regulations established by the state of California's Mental Health Services Oversight and Accountability Commission (MHSOAC). MHSOAC oversees programs funded by the Mental Health Services Act (Prop. 63), including prevention and early intervention mental health programs. The contents of this document provide an overview of the process of developing outcome measurement tools for the Los Angeles County Department of Mental Health's prevention programs to fulfill MHSOAC reporting regulations.

This work was sponsored by the California Mental Health Services Authority (CalMHSA). CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and early intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

This project was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at www.rand.org/health.

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Acknowledgments

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The RAND Health quality assurance process employs peer reviewers. We are grateful to Anthony Lawrence for his technical expertise in the development and review of the scoring and reporting tools described in this document. The quality of this document also benefited from the rigorous technical reviews of Joshua Breslau and Paul Koegel.

Abbreviations

DESRT	Data Entry, Scoring, and Report Tool
K-6	Kessler Psychological Distress Scale
LACDMH	Los Angeles County Department of Mental Health
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
PEI	prevention and early intervention

1. Introduction and Background

With the passage in November 2004 of California's Proposition 63, the Mental Health Services Act (MHSA), the Mental Health Services Oversight and Accountability Commission (MHSOAC) was created to oversee the implementation of the MHSA. As part of its oversight of the prevention and early intervention component of the MHSA, MHSOAC issued annual reporting regulations that became effective October 2015 for all California counties (see Appendix A for a copy of these regulations). These regulations require county behavioral health departments that receive MHSA funds for mental health prevention programs to report on changes in program participants' risk and protective factors that occur as a result of program engagement.

One challenge for counties has been to identify mental health–related risk and protective factors that can be expected to be influenced by mental health prevention programs; to create streamlined, low-burden tools to measure these outcomes; and to standardize the measurement, scoring, and reporting tools for use across a variety of prevention programs in order to report aggregated results to MHSOAC. The Los Angeles County Department of Mental Health (LACDMH) asked the RAND Corporation for assistance in developing these tools for its prevention-only programs, which pose unique challenges for reporting on individual program participants and changes in risk and protective factors.

LACDMH Prevention and Early Intervention Programs

As part of its three-year strategic plan, LACDMH expanded the number of prevention-only programs that are available, particularly in the domain of community outreach services. The department's current matrix of prevention and early intervention programs includes seven areas of service focus: Suicide Prevention, Stigma and Discrimination Reduction, Strengthening Family Functioning, Trauma Recovery Services, Individuals and Families Under Stress, At-Risk Youth, and Vulnerable Communities. See Appendix B for the programs that constitute each focus area. These programs are typically provided in community or school settings and often include components of education and skill-building designed to improve individual and family functioning (such as parenting or family conflict resolutions skills). Many of these programs are being implemented by Los Angeles County providers for the first time; others have been operating for several years as early intervention programs.

Our initial task was to develop data collection tools for three programs in the service focus areas of Strengthening Family Functioning (the Making Parenting a Pleasure program and the Positive Parenting Program, or Triple P) and At-Risk Youth (American Indian Life Skills program). When RAND was first asked to assist with this project, LACDMH had not yet

finalized the suite of prevention programs that providers would be able to offer. Our conceptual framework was designed to encompass these three initially targeted programs, as well as other prevention programs that could potentially be implemented in these service focus areas and in the areas of Individuals and Families Under Stress and Vulnerable Communities. Our scope of work excluded programs in the remaining service areas (Suicide Prevention, Stigma and Discrimination Reduction, and Trauma Recovery Services).

2. Overview of Approach

This project included four interrelated tasks: development of a conceptual framework, selection of measures, design of survey instruments, and development of a data entry and reporting tool. In this chapter, we summarize our approach to each of these tasks.

Conceptual Framework

A foundational choice that influenced our approach was that, to the extent that it was conceptually appropriate, we wanted to develop a measurement approach that would be identical across similar types of programs. By *similar*, we mean programs that generally address similar risk and protective factors for similar populations. By using a similar outcome measurement approach across programs, rather than developing a specifically tailored set of measures for each program, LACDMH will be able to aggregate information across programs to gain a broad picture of how its prevention programs are performing, and it can compare across programs as desired. We therefore began our work by developing a conceptual framework that would help us consider a broad range of potential risk and protective factors targeted by prevention programs and organizing these into related concepts that we call *outcome indicators*. We refined this framework based on a set of specific prevention programs selected for current or future implementation by LACDMH staff.

Measure Selection

An important consideration in our selection of survey items to represent the risk and protective factors was to keep the burden of data collection sufficiently low that it would be feasible for programs to meet requirements to gather and report data. A second priority was to rely on established measures with known psychometric properties. Once we identified the best-available measures of constructs for relevant population groups, we worked with LACDMH staff to consider trade-offs between data collection burden and comprehensiveness in selecting final items to include in data collection instruments.

Survey Design

We produced self-report survey instruments for three population groups targeted by the set of prevention programs that were the subject of this project. Those population groups were youths ages 12 to 17, adults, and parents. A key decision in the design of these instruments was to refrain from collecting personal identifiers. Because the types of prevention programs that were the focus of this effort do not create individual client records, LACDMH staff determined that it

was not feasible at this time to collect and link identifying information across different times of survey administration. We therefore included a question about program participation that will allow comparisons of cross-sectional data from an entry (pre-participation) period to cross-sectional data after various levels of participation.

Data Entry, Scoring, and Report Tool

We developed a Microsoft Excel spreadsheet tool for data entry that can also be used to easily score and report results of entered data. The purpose of this was to support use of the data by program staff, as well as by LACDMH staff.

3. Conceptual Framework

In this chapter, we review our conceptual framework, focusing on prevention goals and outcomes, target populations, risk and protective factors, and outcome indicators.

Prevention Goals and Outcomes

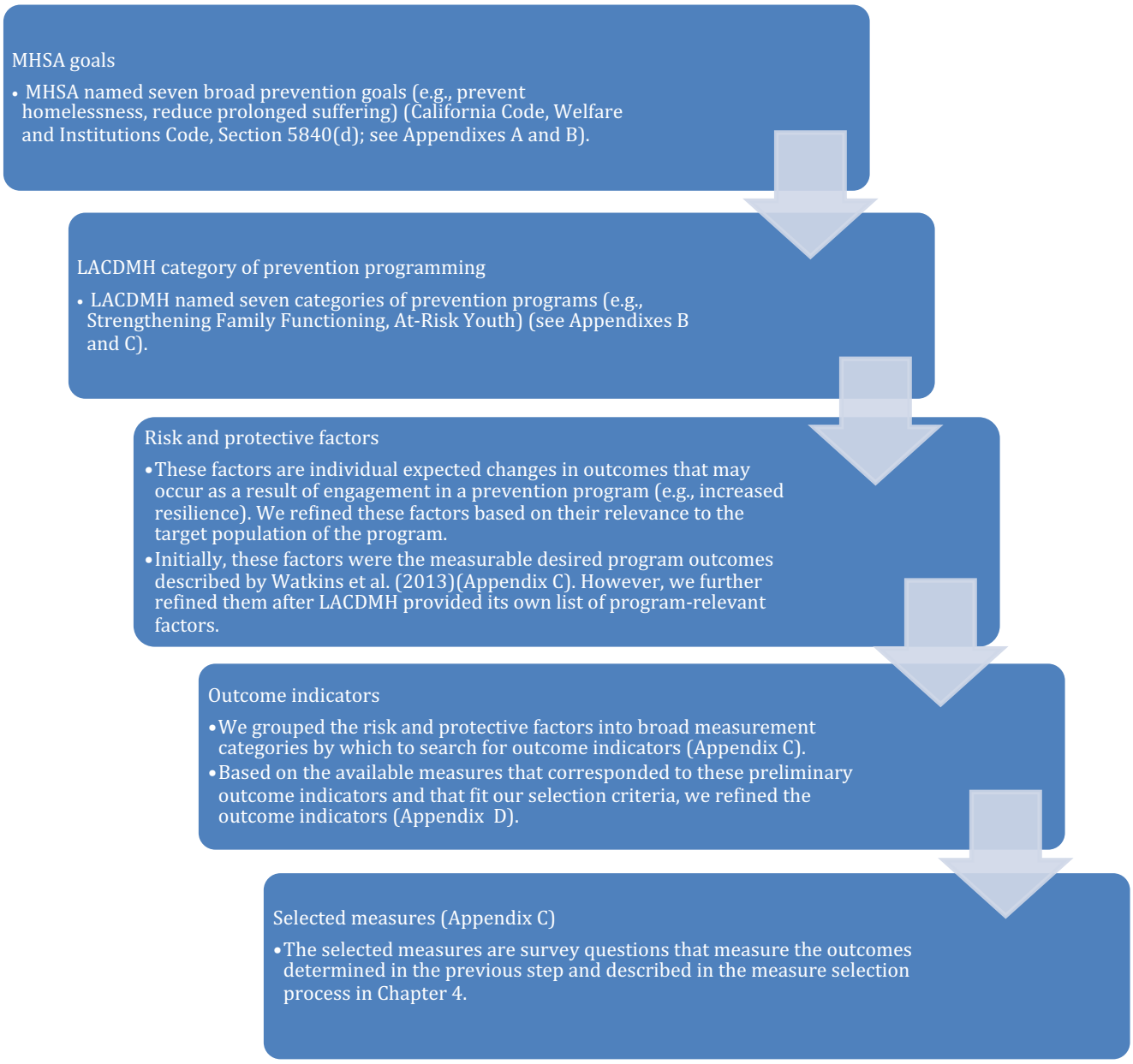
We developed a conceptual framework (see Appendix C) to determine the applicable risk and protective factors that are likely to be direct targets of prevention programs in the categories of Strengthening Family Functioning and At-Risk Youth. The process of determining applicable outcomes to measure for LACDMH prevention programs is described in this section and shown in Figure 1.

To ensure that the outcomes we selected would fulfill the mandated reporting requirements, we started by reviewing the MHSOAC regulations for MHSA-funded prevention programs. MHSOAC mandates some broad goals for these programs, such as reducing prolonged suffering, preventing the removal of children from the home, and decreasing school failure (California Code, Welfare and Institutions Code, Section 5840(d); see Appendix A). We relied on previous work by RAND colleagues (Watkins et al., 2013), who developed evaluation frameworks for the MHSA-funded prevention and early intervention programs. These frameworks identified categories of measurable desired prevention program outcomes—that is, the types of risk and protective factors that prevention programs can target in the short run—that are conceptually and empirically related to each of MHSOAC's broad prevention goals. For example, a program designed to reduce prolonged suffering might focus on increasing help-seeking and social connectedness, which are protective factors associated with reduced suffering.

To determine which outcomes that programs would need to report on, we created a matrix that grouped the preliminary list of LACDMH programs according to their stated MHSA goal(s) (e.g., prevent the removal of children from the home) and their LACDMH focus area of prevention programming (e.g., Individuals and Families Under Stress) (see Appendix C for the conceptual framework).

We then identified the outcomes from the Watkins et al. (2013) frameworks that were relevant to the LACDMH programs in the Strengthening Family Functioning and At-Risk Youth focus areas. We grouped these outcomes into categories that were common across the program types (e.g., psychological well-being, functioning, maladaptive or risk behaviors). We labeled these categories *preliminary outcome indicators* (Appendix C) and used them as a starting point for reviewing potential outcome measures in those common categories.

Figure 1. Process of Determining Applicable, Measurable Program Outcomes for LACDMH Prevention Programs



Target Populations

From reviewing program materials for the three programs in the Strengthening Family Functioning and At-Risk Youth categories and from discussions with LACDMH staff, we determined that the primary populations that these programs served were youths ages 12 to 17, adults, and parents. The programs for each of these populations differed in their activities, and it

was necessary to create different survey instruments to capture the unique outcomes for these program types.

Risk and Protective Factors

Subsequent to the development of this conceptual framework, staff at LACDMH developed a more extensive list of applicable prevention programs (Appendix B) and identified specific risk and protective factors for each program, grouped by target population. We utilized this information to refine the preliminary outcome indicators in the conceptual framework to ensure that these factors were represented. Risk factors for the identified program audiences included such items as untreated depression and poor social support. Protective factors for youths and adults included self-efficacy, and factors for parents included enhanced parental sense of competence. Appendix D includes the final categories of outcome indicators we identified, which are similar to the outcome indicators shown in the conceptual framework in Appendix C.

Outcome Indicators

As we reviewed available measures that met our selection criteria (described in Chapter 4), we further refined our preliminary outcome indicators (from Appendix C) into a list of final outcome indicators for each target population (Appendix D). These refined outcome indicators were renamed to more closely adhere to the constructs that the selected measures were capturing and to more accurately describe the associated risk and protective factors. The measure selection process is described in more detail in Chapter 4.

4. Assessing and Selecting Measures

Criteria for Measure Selection

We selected measures for each of the outcome indicators identified through the conceptual framework process. Measures were considered based on their adherence to the following criteria:

1. *Comparability across populations and programs.* Measures were selected based on their applicability to the identified target population: youths ages 12 to 17, adults (ages 18 and older), and parents. Where possible, we selected measures that could be used across all of the target populations or that had age-appropriate versions for each of the target populations.
2. *Self-reported data*. To reduce administrative burden for programs using the survey, we assessed and included self-report measures only.
3. *Established psychometric properties*. Measures were considered based on evidence of good reliability and validity with the intended populations, as established in peer-reviewed literature.
4. *Sensitivity to change*. Primarily, we looked for evidence that the measure had captured intervention effects in previous studies. Where this information was not available, we assessed measures based on whether the underlying construct was likely to be sensitive to change (i.e., whether the risk or protective factor was likely to be a modifiable state versus a fixed trait). To make this determination, we reviewed published literature on the construct under consideration.
5. *Availability of benchmark data*. We sought measures for which comparison data from statewide or national samples were available.
6. *Brevity*. Where possible, brief and streamlined measures were selected to reduce respondent burden. Short forms with established reliability and validity (e.g., the Kessler-6 short form; see later discussion) were preferred. In some cases, we reviewed individual items from scales and selected those with the strongest evidence of validity to use as shortened forms of the original scale (for example, see the section on self-efficacy later in this chapter).
7. *Readability*. Measure items were chosen for readability and, in some cases, were reworded to simplify complex language and improve readability. We refrained from rewording items with established benchmark data.
8. *Low cost*. We sought measures that were low-cost or free and publicly available.
9. *Availability of translations*. Although our surveys were created only in English, we considered whether measures had translations available in other Los Angeles County threshold languages (e.g., Spanish, Vietnamese, Korean).

The selected measures are shown in Appendix D.

Process Measures

We included five process measure questions to assess the dosage of the program that the participants received and their perceptions of the overall helpfulness and utility of the program. These items were included only on the follow-up surveys because entry surveys are completed before the participant has had any exposure to the program and, therefore, before they would be able to answer these questions.

Program attendance *(youth, adult, and parent surveys).* We created three questions to assess how many times a respondent had attended the program in the past six months, past three months, and past 30 days. These questions capture not only counts of number of times attended but also frequency within a given period.

Program helpfulness and utility *(youth, adult, and parent surveys).* Two items assess respondents' perceptions of the program's helpfulness and usefulness. Respondents rate how much the program helped them, on a scale from (1) *a lot* to (4) *not at all* (from the National Comorbidity Survey Replication; see Kessler, Berglund, et al., 2004). Respondents also rate how much they agree or disagree with the statement *I plan to use what I learned in this program.*

Outcome Indicators

We selected outcome indicators that assessed the risk and protective factors that were identified for each of the three target populations. We included measures of psychological distress, psychological functioning, self-efficacy, and social support in each survey version. The adult and parent surveys also assessed life satisfaction, family functioning, and help-seeking. In addition, the parent survey included a measure of parental sense of competence. The youth survey included measures of behavioral problems, school attendance, school behavioral engagement, and attitudes toward drug and alcohol use.

Psychological distress *(youth, adult, and parent surveys).* The psychological distress outcome indicator is measured using the six-item Kessler Psychological Distress Scale (K-6) (Kessler, Green, et al., 2010; Kessler, Barker, et al., 2003). The K-6 is a short, six-item measure that asks respondents to rate how often they have felt nervous, hopeless, worthless, and other symptoms of depression and anxiety in the past 30 days. This widely used measure is appropriate for adolescents and adults, and benchmark data are available from a variety of sources. The K-6 has also been translated into numerous languages.

Psychological functioning *(youth, adult, and parent surveys).* For youths, psychological functioning is measured using an item from RAND's Teen Depression Awareness Project that asks how many days in the past 30 days the respondent has been totally unable to carry out usual activities at school or work because of emotional problems (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009). For adults and parents, psychological functioning is measured using a similar measure from the National Comorbidity Survey Replication that asks respondents how many days in the past 30 days they have been totally unable to work or carry out usual activities

because of emotional problems (Kessler, Berglund, et al., 2004). These measures were selected, in part, because of the availability of national and local benchmark data and comparability across the youth, adult, and parent surveys.

Self-efficacy *(youth, adult, and parent surveys).* Self-efficacy is measured using the self-efficacy assessment tool available in Version 2 of the NIH Toolbox (HealthMeasures, undated; adapted from the Generalized Self-Efficacy Scale, Schwarzer and Jerusalem, 1995). We considered all versions of the measure (youths ages 8–12, youths ages 13–17, adults ages 18 or older) and selected items 3, 4, 6, 7, and 8, which, with some minor word changes, were identical across the age groups. For example, these items measure respondents' perceptions of their ability to stick to their goals, confidence in dealing with unexpected events, and ability to stay calm when facing difficulties.

Life satisfaction *(adult and parent surveys).* Life satisfaction is measured using the one-item Cantril Self-Anchoring Striving Scale (Cantril, 1965; Gallup, 2009). Respondents rate how satisfied they are with their life overall, from (0) *not at all satisfied* to (10) *completely satisfied*.

Family functioning *(adult and parent surveys*). Family functioning is measured using the six-item short form of the General Functioning subscale of the McMaster Family Assessment Device (Miller et al., 1985; Boterhoven de Haan et al., 2015). Respondents rate how well each of six positively worded statements describes their family.

Help-seeking *(adult and parent surveys).* Help-seeking is measured with one item that asks whether respondents are currently receiving treatment or counseling for help with emotional problems (Center for Behavioral Health Statistics and Quality, 2015).

Social support *(youth, adult, and parent surveys)*. For adults, social support is measured using one item from the Behavioral Risk Factors Surveillance System (Strine et al., 2008). Respondents rate from (1) *never* to (5) *always* how often they get the social and emotional support they need. Parent social support is measured using the three-item Social Support subscale of the Protective Factors Survey (Counts et al., 2010). Social support for youths was assessed with two three-item measures of peer support and family support. These items were adapted from RAND's Teen Depression Awareness Project (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009).

Behavioral problems *(youth survey).* We selected the Conduct Problems subscale of the Strengths and Difficulties Questionnaire as a measure of behavioral problems for children and youths (Goodman, 1997). Respondents rated how true each of the five statements have been for them in the past 30 days. Examples include *I get very angry and often lose my temper* and *I am often accused of lying or cheating*.

School attendance *(youth survey).* Youth enrollment in any kind of school in the past year is measured using an item established in the National Survey on Drug Use and Health. *School* is defined as elementary school, junior high or middle school, high school, college or university, or home-school (Center for Behavioral Health Statistics and Quality, 2015).

School behavioral engagement *(youth survey).* Behavioral engagement in school is measured using a scale consisting of six items, such as how often the student has come prepared to class, been late to class, or copied homework (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009). If the respondent indicates on the school attendance item that they are not enrolled in any kind of school, they are directed to skip these questions.

Attitudes toward drug and alcohol use *(youth survey).* Attitudes toward drug and alcohol use are measured with three questions that ask how the respondent feels about someone their age trying marijuana once, using marijuana once a month or more, and having one or two drinks of alcohol nearly every day. Response options are *do not disapprove, somewhat disapprove,* or *strongly disapprove.* These questions come from the Youth Experiences supplement of the National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2015).

Parental sense of competence *(parent survey).* To measure changes in parenting attitudes and perceived efficacy, we selected five items from the Parental Efficacy subscale of the Parenting Sense of Competence measure (Gibaud-Wallston and Wandersman, 1978; Johnston and Mash, 1989). We eliminated two of the original seven subscale items because they were compound questions, which potentially measure different constructs depending on how they are interpreted by the respondent.

Demographics

MHSOAC regulations (Appendix A) require that counties report on specific demographic characteristics of prevention program participants. These characteristics include age, ethnicity, race, primary language, veteran status, disability status, sexual orientation, sex assigned at birth, and current gender identity. According to amended MHSOAC regulations issued in May 2018 and effective July 1, 2018, this information must be collected from program participants 12 years or older. MHSOAC stipulates that, for youths under age 18, this information must be collected to the extent allowed by the California Education Code, the Family Educational Rights and Privacy Act, the Health Insurance Portability and Accountability Act of 1996, the California Information Practices Act, and any other applicable state and federal laws (see Appendix A). Per the MHSOAC regulations, participants are given a response option on the survey to decline to answer for each of the demographic questions described in this section. Questions about military and disability status were adapted from the U.S. Census Bureau's American Community Survey (Brault, 2009). All other demographic questions were developed to conform with the MHSOAC reporting regulations.

Age. Adult and parent surveys ask participants to select which of the MHSOAC-defined age groups they belong to: 16 to 25, 26 to 59, or 60+. Because the adult surveys are completed only by those ages 18 or older, in practice, the 16 to 25 age bracket is actually 18 to 25 for the adult surveys. On the parent surveys, respondents may be younger than 18, so the 16 to 25 age bracket

is appropriate. We opted to use the same age brackets defined by MHSOAC on both the adult and parent surveys for consistency with reporting requirements that providers are already familiar with, and for consistency across adult and parent survey types. Youth surveys ask participants to write in how old they were on their most recent birthday.

Ethnicity. Participants are given a list of 18 places of origin or ancestry and asked to select all that apply. Based on the MHSOAC reporting regulations, survey response options for Hispanic or Latino ethnicities include Caribbean, Central American, Mexican-American/Chicano, Puerto Rican, South American, and other. Non-Hispanic or non-Latino ethnicities include African, Asian Indian/South Asian, Cambodian, Chinese, Filipino, Japanese, Korean, Vietnamese, Eastern European, European, Middle Eastern, and other.

Race. As delineated in the MHSOAC regulations, participants are asked to select all of the races that apply to them from the following options: American Indian or Alaska Native, Asian, black or African-American, Native Hawaiian or other Pacific Islander, and white (Caucasian).

Language. MHSOAC regulations require counties to report on the primary languages spoken by participants. Participants are asked to select the main language they use at home from a list of Los Angeles County threshold languages provided by LACDMH. Those languages include English, Spanish, Chinese (including Cantonese and Mandarin), Arabic, Armenian, Cambodian, Farsi, Korean, Russian, Tagalog, Vietnamese, and other.

Military status. Adult and parent surveys ask whether participants have ever served on active duty in the U.S. armed forces, reserves, or National Guard (response options are yes or no).

Disability status. MHSOAC regulations require counties to report the number of participants with a disability, as defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity and is not the result of a severe mental illness (Appendix A, Section 3560.010 (b)(5)(F)). Survey participants are asked to select all of the following conditions that apply to them:

- I have a chronic medical condition, like diabetes, heart disease, or chronic pain.
- I am blind or have serious difficulty seeing, even when wearing glasses.
- I am deaf or have serious difficulty hearing, or having my speech understood.
- I have serious difficulty walking or climbing stairs.
- Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.

Respondents are also given the option to select none of the above.

Sex. Participants are asked to select which sex they were assigned at birth (male or female).

Gender. Participants are asked to select all of the gender identities they use to describe themselves from the following options:

- male
- female
- transgender

- genderqueer/do not identify as male, female, or transgender
- another identity
- questioning or unsure of gender identity.

Sexual orientation. Participants are asked to select one sexual orientation from a list that includes heterosexual or straight, gay or lesbian, bisexual, questioning or unsure, or none of the above or other.

5. Survey Design

For each of the youth, adult, and parent surveys, we formatted a program entry and a follow-up version containing the same outcome indicator questions. The program entry version of the youth survey includes eight demographic items, and the program entry version of the parent and adult surveys includes nine demographic items. In order to reduce the time needed to respond, the follow-up version does not include demographic items. Follow-up surveys include five questions that ask how many times the participant has attended the program in the past six months, past three months, and past 30 days; how much the program helped; and whether the respondent plans to use what he or she learned from the program.

The surveys are formatted for paper and pencil self-administration but could easily be converted to an online survey. They are also compatible with TeleForm scanning software. All responses are pre-coded, and each question contains simple instructions for responding. To the extent possible, the original wording from the selected measure was retained. Appendixes E–J contain the final survey questionnaires (program entry and follow-up for each target population).

6. Data Entry, Scoring, and Report Tool

We created an Excel workbook for program staff to record results from each of the youth, adult, and parent survey types. Each workbook is referred to as a Data Entry, Scoring, and Report Tool (DESRT) (see Appendix K). The DESRTs are designed so that program staff can enter survey responses into the workbook and automatically generate brief reports for each of the indicators described in the previous chapter. The DESRTs are programmed to score each measure according to guidelines established by the measure developers and generate graphs depicting program entry and follow-up data for each indicator.

Program staff use one DESRT for each survey type (adult, parent, or youth) and use separate DESRTs for each program they administer. For example, an agency may administer one program that serves both adults and youths; in this case, agency staff would need to use one adult DESRT and one youth DESRT to enter survey data. An agency that administers two different youth programs would use two youth DESRTs, one for each program.

Each of the three DESRTs (youth, adult, and parent) has three components: a Data sheet, a Reports sheet, and hidden sheets containing calculations used to generate the graphs on the Reports sheet. With the exception of the data entry cells on the Data sheet, all cells are password-protected from editing to preserve the calculations that generate the reports.

Data sheet. The Data sheet is where participant data are entered, either by manually inputting the information or by uploading a data set from TeleForm. Columns are labeled with the item number, a brief description of the item, and the possible response options. Each row is set up to contain data from one survey participant at one time. (See Figure K.1 in Appendix K for a sample screenshot of the Data sheet.)

The first section of each DESRT Data sheet contains seven columns (columns A through G) of administrative information to be entered by the data entry staff person. In columns A through C, data entry staff will record the type of survey (youth, adult, or parent; this category is labeled as *age group* in the tool), the survey language, and the survey version (i.e., program entry or follow-up). This information is found on the top right corner on the cover of each survey. Each of these columns in the DESRT has a drop-down list from which the data entry staff can select the response. Although there is a separate DESRT for each type of survey (youth, adult, or parent), the *survey type* column on the DESRT is still asked as a check for data entry staff to ensure that they are using the correct DESRT for the survey they are entering. It is important to note that, for the reports to be correctly generated, the survey version column (column C, indicating whether the survey was at program entry or follow-up) must be filled in for each survey entered. The calculations used to generate the reports rely on the distinction made in this column in order to sort a participant's responses into the entry or follow-up groups depicted in

the reports. If this information is missing, all of the participant's survey responses are treated as missing (i.e., they are not included in the reports).

The next two columns of administrative information (columns D and E) ask for the agency's Provider Identification (ID) and Program ID. These are codes assigned to the agency and the program being administered, respectively, and allow LACDMH to track program-specific outcomes. Data entry staff also record the date the survey was completed (column F) and then assign a unique five-digit ID number to each survey entered (column G).

After entering administrative information, the data entry staff person enters the survey responses regarding participant attendance, program helpfulness, and whether the respondent plans to use what they learned (columns H through L). These questions are asked only in the follow-up surveys, so data entry staff are instructed to enter an "E" in these columns if they are inputting a program entry survey.

The next columns of the DESRT contain the risk and protective factor survey questions (i.e., the measured indicators described in Chapter 4). Response options for each survey question are assigned a pre-printed numeric value, shown in small font below or near the response option on the survey. For example, a *strongly agree* response may be assigned a value of 1, and a *strongly disagree* response may be assigned a value of 4. The data entry staff record the numeric value assigned to the response that the participant selected. These numeric values are assigned and calculated (i.e., summed or averaged) for each outcome indicator according to the guidelines established by the measure developers.

Reports sheet. The total number of surveys completed is listed at the top of the Reports sheet. This number depends on the data in the Version column. The totals completed at program entry and at follow-up are listed directly below the total completed. A table of contents is provided for each Reports sheet, organized by indicator.

Each report consists of several descriptions on the left and a graphical figure on the right. (See Figure K.2 in Appendix K for a screenshot of a Sample Report sheet.) The descriptors include the indicator, associated measure, question number(s) on the survey, a description of the measure, and a description of the figure. Entry and follow-up data are labeled on the figures. Figures depict responses as either percentages of the total responses or average scores. Error bars depict 95-percent confidence intervals for each item.

The reports show simple graphs depicting percentages of respondents and scores on the process and outcome measures at program entry and at follow-up. The reports do not take into account the level of exposure that participants may have had to the program (i.e., the number of times the participant has attended in the past six months, three months, and 30 days) or any differences in outcomes by participant demographics. Program staff interested in these questions can conduct these analyses using the data available in the Data sheet.

Participants are counted as *excluded* if the data column(s) on the Data sheet for that measure are blank (i.e., the respondent did not answer the question or the data were not entered). For measures that consisted of a scale of two or more items to create a total score, participants were

excluded if data were missing for any of the scale items. All of the scales we used were relatively brief (six or fewer items), and missing one or more items would introduce additional uncertainty or error into the calculations.

Below each figure on the Reports sheet is a table with the total number of participants completing the surveys at program entry and follow-up, the number of participants excluded from the measure, and the number of participants completing the measure (i.e., the total minus the excluded).

Calculations sheets. The Scoresheet Calculations and Report Calculations sheets contain the scoring and reporting calculations for each measure. The sheets are hidden and are locked against editing to preserve the calculations needed to generate the reports. We anticipate that most program staff will not need to review these sheets, but they can be made visible by program staff if needed. We caution that these sheets must remain intact in the workbook for the DESRTs to function properly.

7. Discussion

In this document, we describe our process of creating risk and protective factor outcome indicators and reporting tools to assist LACDMH in complying with MHSOAC reporting regulations. The process included the development of a conceptual framework (Appendix C) to guide the selection of appropriate measures of program outcomes and their associated risk and protective factors; the assessment and selection of existing measures that met certain criteria; the design and formatting of questionnaires for data collection for three target populations; and development of DESRTs for use by LACDMH and its program providers.

An important contribution of the products we developed is that they allow program providers to have complete access to their own program data. Because the DESRTs are Excel workbooks, providers can easily manipulate and export data to analyze program outcomes. For programs with fewer technical capacities or resources, staff can use the Reports sheet to instantly compare program outcomes at entry and follow-up. This ease of use and ability to instantly view results may help increase buy-in from providers and interest in collecting outcome data. This was a preliminary effort, so, in this chapter, we comment on the strengths and limitations of our approach and suggest next steps.

Strengths and Limitations

The outcome indicators we created balance design strengths with some limitations. We selected indicators and measures that allow programs to profile and compare risk and protective factors and demographics across a variety of prevention programs and target populations. We also considered the availability of benchmark data, so, in many cases, staff can compare each program's outcomes with those in the general population. Although this slightly narrowed the scope of measures to choose from and limited our ability to customize survey items, use of these measures will allow program staff to establish their own benchmark data and track performance over time. We believe that these surveys will be particularly useful for quality improvement and strategic planning, as well as standardized reporting to comply with MHSOAC regulations.

While one of the strengths of the survey design is that the measures are suitable for a wide variety of programs, this also means that the measures lack specificity to individual programs. We prioritized brief measures, which limits the ability to detect all of the nuances associated with each of the risk and protective factor outcomes. Brief measures reduce burden on program participants and on providers who administer surveys and enter survey data, and that reduced administrative burden frees up more time for program activities—a further benefit to program participants. Programs also have the option to add program-specific measures to their evaluations in order to capture unique impacts that our survey tools do not address.

As noted, the DESRT outcome reports generated from follow-up survey data do not account for levels of exposure to the program. Follow-up survey results are reported in aggregate by outcome, regardless of the number of times a participant may have attended the program in the past six months, three months, or 30 days. This limitation was necessary to keep the DESRT simplified and streamlined. Because the expected level of exposure for each program can vary widely, there was no way to account for exposure in a meaningful and standardized way by outcome across all programs. Accounting for exposure to the program would also multiply the number of charts for each level of exposure analyzed, resulting in a cumbersome number of charts and file size.

Because of the inability to link program entry and follow-up data for individual participants, the absence of independent data collection and analysis, and the lack of specificity to programs, we do not recommend that these surveys stand alone as evidence of program effects. Rather, we suggest that these surveys and reports may be a useful information-gathering first step in a more rigorous evaluation process that employs experimental or quasi-experimental methods.

Meeting MHSOAC reporting regulations can be a daunting task for counties and providers alike. County behavioral health departments like LACDMH must find a way to standardize outcome indicators so that outcomes from diverse programs can be measured in comparable ways and reported in aggregate. Providers, which vary widely in programming and capacity to collect data, must collect and report program outcomes to the county at regular intervals. The regulations that require the reporting of specific demographic data are particularly onerous. In the measures we developed, these mandated questions account for approximately half of the length of the program entry surveys (e.g., for adults, nine of the 19 questions are about demographics, accounting for half of the five total pages of survey questions). The time spent completing these survey questions detracts from programming time and is potentially off-putting to program participants; for this reason, demographic questions were not included on the follow-up questionnaires. We recommended retaining some demographic questions on the follow-up surveys related to program retention, but LACDMH staff decided that doing so was not a high enough priority at this time to justify the added data collection burden. Other counties may wish to consider retaining some of the questions, and LACDMH may wish to reconsider at a later time. On the other hand, the reporting regulations move counties toward a standardized method of measuring and tracking program outcomes. The burden on counties may also be lessened if they take advantage of pre-designed, standardized instruments that can be used across a variety of prevention programs, such as the surveys and tools discussed here. Future work assessing the quality of the data collected with these tools will reveal the level of burden and may highlight areas for improving and streamlining them.

Next Steps

The next steps in measuring LACDMH risk and protective factor outcomes include creating surveys for additional age groups and languages; assessing preliminary data quality; refining existing measures and DESRTs; and improving companion material to train providers in survey implementation, data collection, and data interpretation.

At the time of this publication, additional surveys are being developed to assess risk and protective factor outcomes for children younger than 12. In addition, surveys have been translated into Los Angeles County threshold languages, including Spanish, Armenian, and Korean.

LACDMH's required reporting timeline did not allow time for pilot-testing, and providers were instructed to begin using the surveys on July 1, 2018. During the initial two months of data collection, RAND staff were available to providers to support administering surveys and using the DESRTs. Providers were instructed to send their preliminary data to LACDMH on September 1, 2018, at which time RAND survey staff planned to review the DESRTs for any issues in data quality, including any trends in missing data. Our RAND team planned to assess this initial data quality in order to inform survey implementation recommendations and refine the DESRTs; however, insufficient data were available from providers to be able to conduct analyses or make recommendations prior to the conclusion of RAND's contract with LACDMH. Going forward, providers will upload their completed DESRTs to LACDMH every three months.

We believe that the surveys could benefit from additional feedback from program providers that have used the surveys. In particular, we need feedback on participants' understanding of the questions about program attendance, which were designed to capture information about variation in the duration of program participation. Feedback is also needed to refine the functionality of the DESRT for providers.

The scope of work for this project concluded with the delivery of the youth, adult, and parent surveys and DESRTs. Providers are likely to need (1) initial training on using the surveys and DESRTs and (2) training materials that can be accessed as needed. Future work includes providing (1) implementation materials, including a companion guide for survey administration, data entry, and data interpretation, and (2) a recorded training webinar.

Finally, we intend for these tools to be made available to other California counties that are administering MHSA-funded prevention programs and charged with the same reporting requirements. The surveys and DESRTs require no special software or licensing to use beyond common word-processing and spreadsheet programs, and they are designed to be applicable to a range of prevention mental health programs serving youths, adults, and parents. Providing free access to these tools will help decrease duplication of efforts and expand the impact of MHSA funding.

Appendix A. MHSOAC Reporting Regulations

Prevention and Early Intervention Regulations Effective October 6, 2015

Article 2. Definitions

Adopt Section 3200.245 as follows:

Section 3200.245. Prevention and Early Intervention Component.

(a) " Prevention and Early Intervention Component" means the section of the Three-Year Program and Expenditure Plan intended to prevent mental illnesses from becoming severe and disabling.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code.

Adopt Section 3200.246 as follows:

Section 3200.246. Prevention and Early Intervention Fund.

(a) " Prevention and Early Intervention funds" means the Mental Health Services funds allocated for prevention and early intervention programs pursuant to Welfare and Institutions Code section 5892, subdivision (a)(3).

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5892, Welfare and Institutions Code.

Article 5. Reporting Requirements

Adopt Section 3510.010 as follows:

Section 3510.010. Prevention and Early Intervention Annual Revenue and Expenditure Report.

(a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
  (1) The total funding source dollar amounts expended during the reporting period, which is the previous fiscal year, on each Program funded with Prevention and Early Intervention funds by the following funding sources:
    (A) Prevention and Early Intervention funds
      1. The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved

Populations. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.

(B) Medi-Cal Federal Financial Participation

(C) 1991 Realignment

(D) Behavioral Health Subaccount

(E) Any other funding

(2) The amount of funding expended for Prevention and Early Intervention Component Administration by the following funding sources:

(A) Prevention and Early Intervention funds

(B) Medi-Cal Federal Financial Participation

(C) 1991 Realignment

(D) Behavioral Health Subaccount

(E) Any other funding

(3) The amount of funding expended for evaluation of the Prevention and Early Intervention Component by the following funding sources:

(A) Prevention and Early Intervention funds

(B) Medi-Cal Federal Financial Participation

(C) 1991 Realignment

(D) Behavioral Health Subaccount

(E) Any other funds

(4) The amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

(b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:

(1) Post a copy on the County's website; and

(2) Provide a copy to the County 's Mental Health Board

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845, 5847, and 5899, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Adopt Section 3560 as follows:

Section 3560. Prevention and Early Intervention Reports.

(a) The County shall submit to the Mental Health Services Oversight and Accountability Commission the following Prevention and Early Intervention reports:

(1) The Annual Prevention and Early Intervention Program and Evaluation report as specified in Section 3560.010.

(2) The Three- Year Program and Evaluation Report as specified in Section 3560.020.

Adopt Section 3560.010 as follows:

Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report.

(a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention Program and Evaluation Report.
  (1) The first Annual Prevention and Early Intervention Program and Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, 2017 as part of the Annual Update or Three-Year Program and Expenditure Plan and no later than December 30th every year thereafter except for years in which the Three-Year Program and Evaluation Report is due.
  (2) The Annual Prevention and Early Intervention Program and Evaluation Report shall report on the required data for the fiscal year prior to the due date.
  (3) The County shall exclude from the Annual Prevention and Early Intervention Program and Evaluation Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
    (A) When the County has excluded information pursuant subdivision (3) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
      1. A supplemental Annual Prevention and Early Intervention Program and Evaluation Report that contains all of the information including the information that was excluded pursuant to subdivision (3). This supplemental report shall be marked " confidential."
      2. A supplement to the Annual Prevention and Early Intervention Program and Evaluation Report that contains the information that was excluded pursuant to subdivision (3). This supplement to the report shall be marked " confidential."

(b) The County shall report the following information annually as part of the Annual Update or Three- Year Program and Expenditure Plan. The report shall include the following information for the reporting period:
  (1) For each Prevention Program and each Early Intervention Program list:
    (A) The Program name.
    (B) Unduplicated numbers of individuals served in the preceding fiscal year
      1. If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.
      2. If a Program served families the County shall report the number of individual family members served.
  (2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a Program, the County shall report:
    (A) The Program name
    (B) The number of potential responders
    (C) The setting(s) in which the potential responders were engaged

1. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.

(D) The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents)

(3) For each Access and Linkage to Treatment Strategy or Program the County shall report:

(A) The Program name

(B) Number of individuals with serious mental illness referred to treatment, and the kind of treatment to which the individual was referred.

(C) Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.

(D) Average duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A) and standard deviation.

(E) Average interval between the referral and participation in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.

(4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:

(A) The program name

(B) Identify the specific underserved populations for whom the County intended to increase timely access to services.

(C) Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset.

(D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred.

(E) Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.

(F) Description of ways the County encouraged access to services and follow-through on referrals

(5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following age groups:

1. 0-15 (children/youth)
2. 16-25 (transition age youth)
3. 26-59 (adult)
4. ages 60+ (older adults)
5. Number of respondents who declined to answer the question

(B) Race by the following categories:

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or other Pacific Islander
5. White
6. Other
7. More than one race
8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

1. Hispanic or Latino as follows
   a. Caribbean
   b. Central American
   c. Mexican/Mexican-American/Chicano
   d. Puerto Rican
   e. South American
   f. Other
   g. Number of respondents who declined to answer the question
2. Non-Hispanic or Non-Latino as follows
   a. African
   b. Asian Indian/South Asian
   c. Cambodian
   d. Chinese
   e. Eastern European
   f. European
   g. Filipino
   h. Japanese
   i. Korean
   j. Middle Eastern
   k. Vietnamese
   l. Other
   m. Number of respondents who declined to answer the question
3. More than one ethnicity
4. Number of respondents who declined to answer the question

(D) Primary language used listed by threshold languages for the individual county

(E) Sexual orientation,

1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

1. Yes, report the number that apply in each domain of disability(ies)
    a. Communication domain separately by each of the following
        (i) Difficulty seeing,
        (ii) Difficulty hearing, or having speech understood
        (iii)Other (specify)
    b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
    c. Physical/mobility domain
    d. Chronic health condition (including, but not limited to, chronic pain)
    e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth:
    a. Male
    b. Female
    c. Number of respondents who declined to answer the question
2. Current gender identity:
    a. Male
    b. Female
    c. Transgender
    d. Genderqueer
    e. Questioning or unsure of gender identity
    f. Another gender identity
    g. Number of respondents who declined to answer the question

(6) Any other data the County considers relevant, for example, data for additional demographic groups that are particularly prevalent in the County, at elevated risk of or with high rates of mental illness, unserved or underserved, and/or the focus of one or more Prevention and Early Intervention funded services.

(7) For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.

(8) For all programs and Strategies, the County may report implementation challenges, successes, lessons learned, and relevant examples.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Adopt Section 3560.020 as follows:

Section 3560.020. Three-Year Program and Evaluation Report.

(a) The County shall submit the Three-Year Program and Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of the Three-Year Program and Expenditure Plan. The Three-Year Program and Evaluation Report answers questions about the impacts of Prevention and Early Intervention Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.

(1) The first Three-Year Program and Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, 2018 as part of the Three- Year Program and Expenditure Plan for fiscal years 2017/18 through 2019/20. The Three-Year Program and Evaluation Report shall be due no later than December 30th every three years thereafter and shall report on the evaluation(s) for the three fiscal years prior to the due date.

(2) The County shall exclude from the Three-Year Program and Evaluation Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

(A) When the County has excluded information pursuant subdivision (2) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:

1. A supplemental Three-Year Program and Evaluation Report that contains all of the information including the information that was excluded pursuant to subdivision (2).

This supplemental report shall be marked " confidential."

2. A supplement to the Three-Year Program and Evaluation Report that contains the information that was excluded pursuant to subdivision (2). This supplement to the

report shall be marked " confidential."

(b) The Three-Year Program and Evaluation Report shall describe the evaluation of each Prevention and Early Intervention Component Program and two Strategies: Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations. The Report shall include the following:

(1) The name of each Program for which the county is reporting

(2) The outcomes and indicators selected for each Prevention, Early Intervention, Stigma and Discrimination Reduction, or Suicide Prevention Program

(3) The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program and the Access and Linkage to

Treatment and Improving Timely Access to Services for Underserved Populations Strategies

(4) How often the data were collected for the evaluation of each Program and for the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies

(c) The Three-Year Program and Evaluation Report shall provide results and analysis of results for all required evaluations set forth in Section 3750 for the three fiscal years prior to the due date.

(d) The County may also include in the Three-Year Program and Evaluation Report any additional evaluation data on selected outcomes and indicators, including evaluation results related to the impact of Prevention and Early Intervention Component Programs on mental health and related systems.

(e) The County shall include the same information for the previous fiscal year that otherwise would be reported in the Annual Prevention and Early Intervention Program and Evaluation Report in response to requirements specified in 3560.010(b).

(f) The County may report any other available evaluation results in the County ‘s Annual Updates.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Article 7. Prevention and Early Intervention

Adopt Section 3700 as follows:

Section 3700. Rule of General Application.

(a) The use of Prevention and Early Intervention funds shall be governed by the provisions specified in this Article and Articles 1 through 5, unless otherwise specified.

Adopt Section 3701 as follows:
Section 3701. Definitions.

(a) “Prevention and Early Intervention regulations” means sections 3200.245 and 3200.246 of Article 2, sections 3510.010, 3560, 3560.010, and 3560.020 of Article 5, and Article 7.

(b) “Program “as used in the Prevention and Early Intervention regulations means a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system.

(c) “Strategy” as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.

(d) “Mental illness” and “mental disorder” as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an

individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness.
Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.

(e) "Serious mental illness," "serious mental disorder" and "severe mental illness" as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

(f) The definition in subdivision (d) is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual's age according to expected developmental norm s .

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5600.3, 5840, Welfare and Institutions Code.

Adopt Section 3705 as follows:

Section 3705. Prevention and Early Intervention Component General Requirements.

(a) The County shall include in its Prevention and Early Intervention Component:
  (1) At least one Early Intervention Program as defined in Section 3710.
  (2) At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.
  (3) At least one Prevention Program as defined in Section 3720
    (A) Small counties may opt out of the requirement to have at least one Prevention Program if:
      1. The Small County obtains a declaration from the Board of Supervisors that the County cannot meet this requirement.
    (B) A Small County that opts out of the requirement in (a)(3) above shall include in its Three- year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and ho w the County ensured meaningful stakeholder involvement in the decision to opt out.
  (4) At least one Access and Linkage to Treatment Program as defined in Section 3726
  (5) At least one Stigma and Discrimination Reduction Program as defined in Section 3725
  (6) The Strategies defined in Section 3735.

(b) The County may include in its Prevention and Early Intervention Component:
(1) One or more Suicide Prevention Programs as defined in Section 3730.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3706 as follows:

Section 3706. General Requirements for Services.

(a) The County shall serve all ages in one or more Programs of the Prevention and Early Intervention Component.
(b) At least 51 percent of the Prevention and Early Intervention Fund shall be used to serve individuals who are 25 years old or younger.
(c) Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting the requirements in (a) and (b) above.
(d) A Small County may opt out of the requirements in (a) and/or (b) above if:
(1) The Small County obtains a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions.
(e) A Small County that opts out of the requirements in (a) and/or (b) shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County ‘s decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5847, and 5848, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Adopt Section 3710 as follows:

Section 3710. Early Intervention Program.

(a) The County shall offer at least one Early Intervention Program as defined in this section.
(b) “ Early Intervention Program” means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.
(c) Early Intervention Program services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.
(1) For purpose of this section, “serious mental illness or emotional disturbance with psychotic features” means, schizophrenia spectrum and other psychotic disorders including schizophrenia, other psychotic disorders, disorders with psychotic features, and schizotypal (personality) disorder). These disorders include abnormalities in one

or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.

(d) Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
(e) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met
(f) The County shall include all of the Strategies in each Early Intervention Program as referenced in Section 3735

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3715 as follows:

Section 3715. Outreach for Increasing Recognition of Early Signs of Mental Illness.

(a) The County shall offer at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in this section.
(b) " Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
(c) " Potential responders" include, but are not limited to , families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.
(d) Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
(e) In addition to offering the required Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the County may also offer Outreach for Increasing Recognition of Early Signs of Mental Illness as a Strategy within a Prevention Program, a Strategy within an Early Intervention Program, a Strategy within another Program funded by Prevention and Early Intervention funds, or a combination thereof.
(f) An Outreach for Increasing Recognition of Early Signs of Mental Illness Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.
(g) The County shall include all of the Strategies in each Outreach for Increasing Recognition of Early Signs of Mental Illness Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3720 as follows:

Section 3720. Prevention Program.

(a) The County shall offer at least one Prevention Program as defined in this section.

(b) " Prevention Program " means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

(c) " Risk factors for mental illness" means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.

(1) Examples of risk factors include, but are not limited to, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.

(d) Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.

(e) Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.

(f) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met.

(g) The County shall include all of the Strategies in each Prevention Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3725 as follows:

Section 3725. Stigma and Discrimination Reduction Program.

(a) The County shall offer at least one Stigma and Discrimination Reduction Program as defined in this section.

(b) " Stigma and Discrimination Reduction Program" means the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

(1) Examples of Stigma and Discrimination Reduction Programs include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct -contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness.

(2) Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

(c) The County shall include all of the Strategies in each Stigma and Discrimination Reduction Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3726 as follows:

Section 3726. Access and Linkage to Treatment Program.

(a) The County shall offer at least one Access and Linkage to Treatment Program as defined in this section.

(b) " Access and Linkage to Treatment Program" means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

(1) Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

(c) In addition to offering the required Access and Linkage to Treatment Program, the County is also required to offer Access and Linkage to Treatment as a Strategy within all Prevention and Early Intervention Programs.

(d) The County shall include all of the Strategies in each Access and Linkage to Treatment Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5600.3 and 5840, Welfare and Institutions Code.

Adopt Section 3730 as follows:

Section 3730. Suicide Prevention Programs.

(a) The County may offer one or more Suicide Prevention Programs as defined in this section.

(b) Suicide Prevention Programs means organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of Programs

does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

(1) Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention Program pursuant to Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710.

(c) Suicide Prevention Programs pursuant to this section include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

(d) The County shall include all of the Strategies in each Suicide Prevention Program as referenced in Section 3735.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3735 as follows:

Section 3735. Prevention and Early Intervention Strategies.

(a) The County shall include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7:

(1) Be designed and implemented to help create Access and Linkage to Treatment.

(A) "Access and Linkage to Treatment" means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

(2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.

(A) " Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

(B) Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

(C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.

(3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non- Discriminatory

(A) " Strategies that are Non-Stigmatizing and Non-Discriminatory" means promo ting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self- stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

(B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3740 as follows:

Section 3740. Effective Methods.

(a) For each Program and each Strategy in Article 7, the County shall use effective methods likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards:

(1) Evidence-based practice standard: Evidence-based practice means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

(2) Promising practice standard: Promising practice means Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

(3) Community and or practice-based evidence standard: Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Adopt Section 3745 as follows:

Section 3745. Changed Program.

(a) If the County determines a need to make a substantial change to a Program or Strategy described in the County's most recent Three -Year Program and Expenditure Plan or Annual Update that was adopted by the local county board of supervisors as referenced in Welfare and Institutions Code Section 5847, the County shall ensure that stakeholders contributed meaningfully to the planning process that resulted in the decision to make the change

(b) "Substantial change" as used in this section means, change(s) to the essential elements of a Program or Strategy or change(s) to the intended outcomes or target population.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5848, Welfare and Institutions Code.

Adopt Section 3750 as follows:

Section 3750. Prevention and Early Intervention Component Evaluation.

(a) For each Early Intervention Program the County shall evaluate the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.

(b) For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.

(c) For each Early Intervention and each Prevention Program that the County designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.

(d) For each Stigma and Discrimination Reduction Program referenced in Section 3725, the County shall select and use a validated method to measure one or more of the following:
  (1) Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program.
  (2) Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.

(e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in

attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.

(f) For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:

(1) Number of referrals to treatment, and kind of treatment to which person was referred.

(2) Number of persons who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(3) Duration of untreated mental illness.

(A) Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatment as follows:

1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.

(B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(4) The interval between the referral and engagement in treatment, defined as participating at least once in the treatment to which referred

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(g) For each Strategy or Program to Improve Timely Access to Services for Underserved Populations the County shall measure:

(1) Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset.

(2) Number of persons who followed through on the referral and engaged in services, defined as the number of individuals who participated at least once in the Program to which the person was referred.

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(3) Timeliness of care.

(A) Timeliness of care for individuals from underserved populations with a mental illness is measured by the interval between referral and engagement in services, defined as participating at least once in the service to which referred.

(h) The County shall design the evaluations to be culturally competent and shall include the perspective of diverse people with lived experience of mental illness, including their family members, as applicable.
(i) In addition, to the required evaluations listed in this section, the County may also, as relevant and applicable, define and measure the impact of Programs funded by Prevention and Early Intervention funds on the mental health and related systems, including, but not limited to education, physical healthcare, law enforcement and justice, social services, homeless shelters and other services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged.
(j) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, is exempt from the evaluation requirements in this section for one year from the effective date of this section.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Adopt Section 3755 as follows:

Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.

(a) The requirements set forth in this section shall apply to the Annual Update due for the fiscal year 2016-17 and each Annual Update and/or Three-Year Program and Expenditure Plan thereafter.
(b) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan or Annual Update shall include the following general information:
  (1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component.
  (2) A description of the County's plan to involve com m unity stake holders meaningfully in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
  (3) A brief description, with specific examples of how each Program and/or Strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
(c) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Early Intervention Program as defined in Section 3710 including, but not limited to:

(1) The Program name

(2) Identification of the target population for the specific Program including:

(A) Demographics relevant to the intended target population for the specific Program, including, but not limited to, age, race/ethnicity, gender or gender identity, primary language used, military status, and sexual orientation.

(B) The mental illness or illnesses for which there is early onset.

(C) Brief description of how each participant's early onset o f a potentially serious mental illness will be determined.

(3) Identification of the type(s) of problem(s) and need(s) for which the Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potentially serious mental illness.

(4) The Mental Health Services Act negative outcomes as a consequence of untreated mental illness referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including the reduction of prolonged suffering as a consequence of untreated mental illness, as defined in Section 3750, subdivision (a).

(A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a).

(B) For any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness, as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.

(C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.

(5) Specify how the Early Intervention Program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:

(A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(d) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Prevention Program including but not limited to the following information:
  (1) The Program name
  (2) Identification of the target population for the specific Program, including:
    (A) Participants' risk o f a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
    (B) How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
    (C) Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
  (3) Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with greater than average risk of potentially serious mental illness.
  (4) Specify any Mental Health Services Act negative outcomes as a consequence of untreated mental illness as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including reduction of prolonged suffering, as defined in Section 3750, subdivision (b).
    (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (b).
    (B) If the County intends the Program to reduce any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
    (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
  (5) Specify how the Prevention Program is likely to bring about reduction of relevant Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for the intended population by providing the following information:
    (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(e) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Outreach for Increasing Recognition of Early Signs of Mental Illness Program and for any Strategy within a Program, including, but not limited to:

(1) The Program name

(2) Identify the types and settings of potential responders the Program intends to reach.

(A) D escribe briefly the potential responders' setting(s), as referenced in Section 3750, subdivisions (d)(3)(A), and the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness.

(3) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.

(f) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Stigma and Discrimination Reduction Program, including, but not limited to:

(1) The Program name

(2) Identify whom the Program intends to influence.

(3) Specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, consistent with requirements in Section 3750, subdivision (e), including timeframes for measurement.

(4) Specify how the proposed method is likely to bring about the selected outcomes by providing the following information:

(A) If the County used the evidence-based standard or promising practice standard, to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

(g) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Suicide

Prevention Program including, but not limited to:

(1) The Program name

(2) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.

(3) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide consistent with requirements in Section 3750, subdivision (f) including timeframes for measurement.

(4) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:

(A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and

(a)(2), explain how the practice's effectiveness has been demonstrated and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

(h) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Access and Linkage to Treatment Program and Strategy within each Program including, but not limited to:

(1) Program name

(2) An explanation of how the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3735, subdivision (a)(1)

(3) Explain how individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.

(4) Explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment.

(5) Explain how the Program will follow up with the referral to support engagement in treatment.

(6) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (f) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.

(i) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:

(1) Program name

(2) An explanation of how the Program will be implemented to help Improve Access to Services for Underserved Populations, as required in Section 3735, subdivision

(a)(2)

(3) For each Program, the County shall indicate the intended setting(s) and why the setting enhances access for specific, designated underserved populations. If the County intends to locate the Program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.

(4) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (g) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.

(j) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:

(1) The Program name

(2) An explanation of how the Program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

(k) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs the following information for the fiscal year after the plan is submitted.

(1) Estimated number of children, adults, and seniors to be served in each Prevention Program and each Early Intervention Program.

(2) The County may also include estimates of the number of individuals who will be reached by Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Suicide Prevention Programs, and Stigma and Discrimination Reduction Programs.

(l) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each Program funded with Prevention and Early Intervention funds by fiscal year

(1) Projected expenditures by the following sources of funding:

(A) Estimated total mental health expenditures

(B) Prevention and Early Intervention funds

(C) Medi-Cal Federal Financial Participation

(D) 1991 Realignment

(E) Behavioral Subaccount

(F) Any other funding

(2) The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each Program. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.

(A) The County shall estimate the amount of Prevention and Early Intervention funds for Administration of the Prevention and Early Intervention Component.

(m) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include the previous fiscal years' unexpended Prevention and Early Intervention funds and the amount of those funds that will be used to pay for the Programs listed in the Annual Update and/or Three-year Program and Expenditure Plan.
(n) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include an estimate of the amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5847, and 5848 Welfare and Institutions Code.

Adopt Section 3755.010 as follows:

Section 3755.010. Prevention and Early Intervention Program Change Report.

(a) If the County determines a need to make a substantial change to a Program, Strategy, or target population as described in Section 3745, the County shall in the next Three-Year Program and Expenditure Plan or Annual Update, whichever is closest in time to the planned change, include the following information:
  (1) A brief summary of the Program as initially set forth in the originally adopted Three-Year Program and Expenditure Plan or Annual Update.
  (2) A description of the change including the resulting changes in the intended outcomes and the planned evaluation.
  (3) Explanation for the change including, stakeholder involvement in the decision and, if any, evaluation data supporting the change.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code.

Appendix B. LACDMH Prevention and Early Intervention Program Matrix

LACDMH's current matrix of prevention and early intervention (PEI) programs includes seven areas of service focus: Suicide Prevention, Stigma and Discrimination Reduction, Strengthening Family Functioning, Trauma Recovery Services, Individuals and Families Under Stress, At-Risk Youth, and Vulnerable Communities. In this appendix, we present the department's PEI programs, by focus area.

PEI - 01 Suicide Prevention	PEI - 02 Stigma and Discrimination Reduction	PEI - 03 Strengthening Family Functioning	PEI - 04 Trauma Recovery Services
1. More Than Sad 2. Erika's Lighthouse	1. Mental Health First Aid 2. Mental Health Promoters/ Promotores Program	1. Asian American Family Enrichment Network (AAFEN) 2. Active Parenting 3. Making Parenting a Pleasure (MPAP) 4. Project Fatherhood 5. Positive Parenting Program (Triple P) 6. Second Step	1. Psychological First Aid

PEI - 05 Individuals and Families Under Stress	PEI - 06 At-Risk Youth	PEI - 07 Vulnerable Communities
1. Arise 2. Families OverComing Stress (FOCUS) 3. Guiding Good Choices 4. Healthy Ideas 5. Mindful Schools 6. School, Community, and Law Enforcement (SCALE) 7. Senior Reach	1. Boys and Girls Club Project Learn 2. Life Skills Training 3. Early Identification and Prevention of Psychosis 4. Outreach (Portland Identification and Early Referral [PIER] Model) 5. Peacebuilders 6. Teaching Kids to Cope 7. Why Try? Program 8. American Indian Life Skills (AILS)	1. Childhelp Speak Up Be Safe 2. Love Notes 3. Shifting Boundaries

Appendix C. Conceptual Framework

We developed a conceptual framework to determine the applicable risk and protective factors that are likely to be direct targets of prevention programs for all seven of the LACDMH service focus areas (Table C.1).

Table C.1. Conceptual Framework

Prevention Goal[a]	Prevention and Early Intervention Program	LACDMH Program Focus Area	Risk and Protective Factors,[b] by Preliminary Outcome Indicator Category				
			Psychological Well-Being	Functioning	Maladaptive or Risk Behaviors	Social Support and Supportive Environments	Knowledge and Availability of Resources
Reduce prolonged suffering	Mental Health First Aid	Stigma and Discrimination Reduction (PEI-02)	Increased resilience and coping skills	Improved psychological functioning	Improved interpersonal problem-solving skills	Increased social connectedness	Increased access to other mental health resources
	Mental Health Promoters/ Promotores Program	Stigma and Discrimination Reduction (PEI-02)	Improved emotional well-being		Improved anger management skills	Supportive school environment	
	Psychological First Aid	Trauma Recovery Services (PEI-04)	Reduced psychological suffering			Improved family functioning	
	Healthy Ideas	Individuals and Families Under Stress (PEI-05)	Decreased stress			Increased neighborhood cohesion	
	Senior Reach	Individuals and Families Under Stress (PEI-05)					
	Portland Identification and Early Referral (PIER) Model	At-Risk Youth (PEI-06)					
Prevent homelessness	Guiding Good Choices	Individuals and Families Under Stress (PEI-05)					Development of housing-related supportive services
	Life Skills Training	At-Risk Youth (PEI-06)					Availability of supportive or transitional housing
							Homeless outreach teams

Prevention Goal[a]	Prevention and Early Intervention Program	LACDMH Program Focus Area	Risk and Protective Factors,[b] by Preliminary Outcome Indicator Category				
			Psychological Well-Being	Functioning	Maladaptive or Risk Behaviors	Social Support and Supportive Environments	Knowledge and Availability of Resources
Prevent incarceration	School, Community, and Law Enforcement (SCALE)	Individuals and Families Under Stress (PEI-05)	Increased resilience and coping skills	Improved psychological functioning at work and school	Reduced risk behaviors (substance use, school problems, violence)	Improved family functioning	Improved coordination between housing and homeless services and the mental health system
	Peacebuilders	At-Risk Youth (PEI-06)	Improved emotional well-being				
	Asian American Family Enrichment Network (AAFEN)	Strengthening Family Functioning (PEI-03)					
Reduce school failure	Boys and Girls Club Project Learn	At-Risk Youth (PEI-06)	Improved student emotional well-being	Improved school functioning		Decreased social isolation	Increased knowledge of early signs of mental illness
	Why Try? Program	At-Risk Youth (PEI-06)		Improved school engagement		Positive school climate	Reduced perceived barriers to services
	Teaching Kids to Cope	At-Risk Youth (PEI-06)					
	Second Step	Strengthening Family Functioning (PEI-03)				Improved school-related outcomes	
	Shifting Boundaries	Vulnerable Communities (PEI-07)					
	Mindful Schools	Individuals and Families Under Stress (PEI-05)					

Prevention Goal[a]	Prevention and Early Intervention Program	LACDMH Program Focus Area	Risk and Protective Factors,[b] by Preliminary Outcome Indicator Category				
			Psychological Well-Being	Functioning	Maladaptive or Risk Behaviors	Social Support and Supportive Environments	Knowledge and Availability of Resources
Prevent suicides	American Indian Life Skills (AILS)	At-Risk Youth (PEI-06)	Decreased psychological distress				Increased knowledge about suicide prevention, help-seeking, and available resources
	Erika's Lighthouse	Suicide Prevention (PEI-01)	Improved emotional well-being				
	More Than Sad	Suicide Prevention (PEI-01)	Decreased thoughts and plans of suicide				
			Increased resilience and coping skills				
Prevent unemployment	Arise	Individuals and Families Under Stress (PEI-05)	Improved emotional well-being	Improved psychological functioning at work and school			Increased knowledge about help-seeking and available resources

Prevention Goal[a]	Prevention and Early Intervention Program	LACDMH Program Focus Area	Risk and Protective Factors,[b] by Preliminary Outcome Indicator Category				
			Psychological Well-Being	Functioning	Maladaptive or Risk Behaviors	Social Support and Supportive Environments	Knowledge and Availability of Resources
Prevent the removal of children from the home	Positive Parenting Program (Triple P)	Strengthening Family Functioning (PEI-03)	Improved social and emotional development of at-risk children				Improved parenting skills
	Making Parenting a Pleasure (MPAP)	Strengthening Family Functioning (PEI-03)					Increased knowledge of available services
	Project Fatherhood	Strengthening Family Functioning (PEI-03)					
	Active Parenting	Strengthening Family Functioning (PEI-03)					
	Childhelp Speak Up Be Safe	Vulnerable Communities (PEI-07)					
	Love Notes	Vulnerable Communities (PEI-07)					
	Families OverComing Stress (FOCUS)	Individuals and Families Under Stress (PEI-05)					

[a] These seven prevention goals are based on Welfare and Institutions Code, Section 5840(d); see Appendix A.
[b] The risk and protective factors are based on Watkins et al., 2013.

Appendix D. Outcome Indicators, Measures, and Risk and Protective Factors

Subsequent to the development of our conceptual framework (Appendix C), staff at LACDMH developed a more extensive list of applicable prevention programs and identified specific risk and protective factors for each program, grouped by target population. We refined the preliminary outcome indicators from the conceptual framework to ensure that these factors were represented. Table D.1 provides the final outcome indicators, selected measures, and the applicable risk and protective factors for each survey type (youth, adult, and parent).

Table D.1. Final Outcome Indicators, Measures, and Risk and Protective Factors, by Survey Type

Outcome Indicators	Youth Survey		Adult and Parent Surveys	
	Measure	Risk and Protective Factors	Measure	Risk and Protective Factors
Program attendance	3 items assessing attendance in the past 6 months, 3 months, and 30 days	N/A	3 items assessing attendance in the past 6 months, 3 months, and 30 days	N/A
Program helpfulness and utility	2 items assessing how much the program helped and whether respondents plan to use what they learned	N/A	2 items assessing how much the program helped and whether respondents plan to use what they learned	N/A
Psychological distress	Kessler-6	• Untreated depression	Kessler-6	• Untreated depression
Psychological functioning	Functioning item, Teen Depression Awareness Project (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009)	• Mental health problem	Functioning item, National Comorbidity Survey Replication (Kessler, Berglund, et al., 2004)	• Mental health problem
Behavioral problems	Strengths and Difficulties Questionnaire (Conduct Problems subscale) (Goodman, 1997)	• Antisocial behavior • Early onset aggression and/or violence • Poor relationships with peers, parents, and other authority figures	N/A	N/A

Outcome Indicators	Youth Survey		Adult and Parent Surveys	
	Measure	Risk and Protective Factors	Measure	Risk and Protective Factors
Self-efficacy	NIH Toolbox Fixed Form V2 – Self Efficacy (Youths 8–12 and 13–17) (HealthMeasures, undated; Schwarzer and Jerusalem, 1995), selected items	• Self-efficacy • Increased coping skills • Increased problem-solving skills • Social competence and problem-solving skills • High and positive expectations • Conflict resolution skills	NIH Toolbox Fixed Form V2 – Self Efficacy (18+) (HealthMeasures, undated; Schwarzer and Jerusalem, 1995), selected items	• Self-efficacy • Increased coping skills • Increased problem-solving skills • Social competence and problem-solving skills • High and positive expectations • Resilient temperament • Conflict resolution skills
Parental sense of competence	N/A	N/A	Parent survey only: Parenting Sense of Competence Scale, 5 items from Parental Efficacy subscale (Gibaud-Wallston and Wandersman, 1978; Johnston and Mash, 1989)	• Inadequate parenting skills • Effective parenting • Enhanced caregiver-child relationship and parental reflective functioning • Enhanced parenting competence or parental sense of competence • Parental confidence
Life satisfaction	N/A	N/A	Cantril Self-Anchoring Striving Scale (Cantril, 1965; Gallup, 2009)	• Increased life satisfaction
Social support	Peer and family social support, adapted from RAND studies (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009)	• Poor social support • Perception of social support • Increased social support • Social supports in family, among peers, and in school and community • Presence and involvement of caring and supportive adults • Positive behavioral	Adult survey: Behavioral Risk Factors Surveillance System, Social Support item (Strine et al., 2008) Parent survey: Protective Factors Survey, three Social Support items (Counts et al., 2010)	• Perception of social support • Increased social support • Poor social support

Outcome Indicators	Youth Survey		Adult and Parent Surveys	
	Measure	Risk and Protective Factors	Measure	Risk and Protective Factors
		interactions at home, at school, and with peers • Opportunities for prosocial family involvement • Supportive parents • Strength of relationships • Peer relationships and social support • Family social support • Family functioning • Social support from adults and peers		
Attitudes toward drug and alcohol use	National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2015)	• Favorable attitudes toward drug use • Favorable attitudes toward alcohol use	N/A	N/A
School attendance	National Survey on Drug Use and Health (Center for Behavioral Health Statistics and Quality, 2015)	• Poor school attendance and performance • Truancy or frequent absences	N/A	N/A
School behavioral engagement	Classroom Behavioral Engagement (Jaycox, Burnam, et al., 2010; Jaycox, Stein, et al., 2009)	• High or low academic achievement • School suspensions or school disciplinary problems	N/A	N/A

Outcome Indicators	Youth Survey		Adult and Parent Surveys	
	Measure	Risk and Protective Factors	Measure	Risk and Protective Factors
Family functioning	N/A	N/A	McMaster Family Assessment Device, 6+ short form (Miller et al., 1985; Boterhoven de Haan et al., 2015)	• Family conflict • Family management problems • Poor family attachment • Poor family bonding • Problems in relationships and family • Social supports in family, among peers, and in school and community • Family cohesion and communications • Improved parent-child relationships
Help-seeking	N/A	N/A	National Survey on Drug Use and Health, Help-Seeking item (Center for Behavioral Health Statistics and Quality, 2015)	• Untreated psychiatric symptoms

NOTE: N/A = not applicable.

Appendix E. Youth Program Entry Survey

Unique ID#:

YOUTH SURVEY

PROGRAM ENTRY

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have not taken part in this program before. If you have been to this program before, please tell a program staff person.
2. DO NOT write your name anywhere on this survey.
3. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
4. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
5. Thank you for doing this survey!

STAFF NOTE: Questions 1 to 3 are not asked at Entry. Enter 'E'.

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

4. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
a. nervous?.	☐	☐	☐	☐	☐
b. hopeless?.	☐	☐	☐	☐	☐
c. restless or fidgety?.	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?.	☐	☐	☐	☐	☐
e. that everything was an effort?.	☐	☐	☐	☐	☐
f. worthless?.	☐	☐	☐	☐	☐

5. In the past 30 days, for how many days were you totally unable to do your usual activities or school work because of emotional problems?

NUMBER OF DAYS: _____

6. The next questions are about how true these things have been for you during the past 30 days. *For each statement, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not really certain.*

Please check one box on each row.

	Not true (0)	Somewhat true (1)	Certainly true (2)
a. I get very angry and often lose my temper.	☐	☐	☐
b. I usually do as I am told.	☐	☐	☐
c. I fight a lot. I can make other people do what I want.	☐	☐	☐
d. I am often accused of lying or cheating.	☐	☐	☐
e. I take things that are not mine from home, school or elsewhere.	☐	☐	☐

7. Please read each sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my goals and reach them.	☐	☐	☐	☐	☐
b. I am confident that I could do a good job dealing with unexpected events.	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it. . .	☐	☐	☐	☐	☐

The next three questions ask about how you feel about different things.

Please check one box on each row.

	Do not disapprove (1)	Somewhat disapprove (2)	Strongly disapprove (3)
8. **How do you feel about someone your age trying marijuana or hashish once or twice?. . . . . .**	☐	☐	☐
9. How do **you** feel about someone your **age using marijuana once a month or more?**.	☐	☐	☐
10. How do **you** feel about someone your age having **one or two drinks of an alcoholic beverage nearly every day?**	☐	☐	☐

11. The next questions ask about your friends.

Please check one box on each row.

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
a. How would you rate the amount of togetherness you have with your friends?	☐	☐	☐	☐	☐
b. How would you rate the support and understanding your friends give you?	☐	☐	☐	☐	☐
c. How would you rate the amount you talk things over with your friends?	☐	☐	☐	☐	☐

12. The next questions are about your parents, meaning parent, guardian or stepparent.

Please check one box on each row.

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
a. How would you rate the amount of togetherness you have with your parents?	☐	☐	☐	☐	☐
b. How would you rate the support and understanding your parents give you?	☐	☐	☐	☐	☐
c. How would you rate the amount you talk things over with your parents?	☐	☐	☐	☐	☐

13. Have you attended any type of school at any time during the past 12 months? By "school," we mean elementary school, junior high or middle school, high school, or a college or university. Please include home schooling as well.

☐$_0$ No (*If you answered No, skip to question 15*)

☐$_1$ Yes

14. During the last month (or if on summer break, the last month you were in school), how often have you:

(If you have not attended any kind of school in the last 12 months, you do not need to answer this question. Skip to question 15 if you have not attended any kind of school in the last 12 months)

Please check one box on each row.

	None of the time (1)	A little bit of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
a. Come prepared for class?	☐	☐	☐	☐	☐
b. Been late for class?	☐	☐	☐	☐	☐
c. Copied your homework off a friend?	☐	☐	☐	☐	☐
d. Done the homework assigned?	☐	☐	☐	☐	☐
e. Turned homework in late?	☐	☐	☐	☐	☐
f. Been absent from class without an excuse?	☐	☐	☐	☐	☐

The following questions will help us report counts of all people served by our program.

15. How old were you on your last birthday?

Age: _____ ☐1 Decline to answer

16. Here is a list of places of origin or ancestries. *Please check the boxes next to <u>all</u> that apply to you.*

☐1 Caribbean
☐2 Central American
☐3 Mexican America/Chicano
☐4 Puerto Rican
☐5 South American
☐6 Other Hispanic or Latino ethnicity
☐7 African
☐8 Asian Indian/South Asian
☐9 Cambodian
☐10 Chinese
☐11 Filipino
☐12 Japanese
☐13 Korean
☐14 Vietnamese
☐15 Eastern European
☐16 European
☐17 Middle Eastern
☐18 Other
☐0 Decline to answer

17. What is your race? *Please check the boxes next to <u>all</u> that apply to you.*

☐1 American Indian or Alaska Native,

☐1 Asian,

☐1 Black or African American,

☐1 Native Hawaiian or other Pacific Islander,

☐1 White (Caucasian)

☐1 Decline to answer

18. What is the <u>main</u> language that you use at home? *Please check <u>only</u> <u>one</u> box*

☐1 English
☐2 Spanish
☐3 Chinese (including Cantonese and Mandarin)
☐4 Arabic
☐5 Armenian
☐6 Cambodian
☐7 Farsi
☐8 Korean,
☐9 Russian
☐10 Tagalog
☐11 Vietnamese
☐12 Other
☐0 Decline to answer

19. Do any of the following describe you? *Please check <u>all</u> that apply.*

☐1 I have a chronic medical condition, like diabetes, heart disease, or chronic pain

☐1 I am blind or have serious difficulty seeing, even when wearing glasses

☐1 I am deaf or have serious difficulty hearing, or having my speech understood

☐1 I have serious difficulty walking or climbing stairs

☐1 Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions

☐1 None of the above

☐1 Decline to answer

20. What sex were you assigned at birth? *Please check <u>only one</u> box.*

☐1 Male

☐2 Female

☐0 Decline to answer

21. How do you describe yourself? *Please check <u>all</u> that apply.*

☐1 Male

☐1 Female

☐1 Transgender

☐1 Genderqueer/Do not identify as male, female or transgender

☐1 Another identity

☐1 Questioning or unsure of my gender identity

☐1 Decline to answer

22. Do you consider yourself to be… *Please check <u>only one</u> box.*

☐1 Heterosexual or straight,

☐2 Gay or Lesbian,

☐3 Bisexual,

☐4 Questioning or unsure, or

☐5 None of the above or other?

☐0 Decline to answer

Thank you for doing this survey

Appendix F. Youth Follow Up Survey

Unique ID#:

YOUTH SURVEY

FOLLOW UP

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have taken part in this program more than once. If you have never been to this program before, please tell a program staff person.
2. DO NOT write your name anywhere on this survey.
3. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
4. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
5. Thank you for doing this survey!

1. How many times (counting today) have you attended this program…
   a. … in the last **six (6) months**? _____ times attended in last 6 months

   b. … in the last **three (3) months**? _____ times attended in last 3 months
   c. … in **the past 30 days** ? _____ times attend in past 30 days

2. How much did this program help you? *Please check only one box.*

   ☐1 A lot

   ☐2 Some

   ☐3 A little

   ☐4 Not at all

3. How much do you agree or disagree with this statement: I plan to use what I learned in this program? *Please check only one box.*

   ☐1 Strongly disagree

   ☐2 Disagree

   ☐3 Neutral

   ☐4 Agree

   ☐5 Strongly agree

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

4. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
a. nervous?	☐	☐	☐	☐	☐
b. hopeless?	☐	☐	☐	☐	☐
c. restless or fidgety?	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
e. that everything was an effort?	☐	☐	☐	☐	☐
f. worthless?	☐	☐	☐	☐	☐

5. In the past 30 days, for how many days were you totally unable to do your usual activities or school work because of emotional problems?

NUMBER OF DAYS: _____

6. The next questions are about how true these things have been for you during the past 30 days. *For each statement, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not really certain.*

Please check one box on each row.

	Not true (0)	Somewhat true (1)	Certainly true (2)
a. I get very angry and often lose my temper.	☐	☐	☐
b. I usually do as I am told.	☐	☐	☐
c. I fight a lot. I can make other people do what I want.	☐	☐	☐
d. I am often accused of lying or cheating.	☐	☐	☐
e. I take things that are not mine from home, school or elsewhere.	☐	☐	☐

7. Please read each sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my goals and reach them.	☐	☐	☐	☐	☐
b. I am confident that I could do a good job dealing with unexpected events.	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it. . .	☐	☐	☐	☐	☐

The next three questions ask about how you feel about different things.

Please check one box on each row.

	Do not disapprove (1)	Somewhat disapprove (2)	Strongly disapprove (3)
8. **How do you feel about someone your age trying marijuana or hashish once or twice?. . . . . .**	☐	☐	☐
9. How do **you** feel about someone your **age using marijuana once a month or more?**.	☐	☐	☐
10. How do you feel about someone your age having **one or two drinks of an alcoholic beverage nearly every day? . . . . . .**	☐	☐	☐

11. The next questions ask about your friends.

Please check one box on each row.

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
a. How would you rate the amount of togetherness you have with your friends?	☐	☐	☐	☐	☐
b. How would you rate the support and understanding your friends give you?	☐	☐	☐	☐	☐
c. How would you rate the amount you talk things over with your friends?	☐	☐	☐	☐	☐

12. The next questions are about your parents, meaning parent, guardian or stepparent.

Please check one box on each row.

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
a. How would you rate the amount of togetherness you have with your parents?	☐	☐	☐	☐	☐
b. How would you rate the support and understanding your parents give you?	☐	☐	☐	☐	☐
c. How would you rate the amount you talk things over with your parents?	☐	☐	☐	☐	☐

13. Have you attended any type of school at any time during the past 12 months? By "school," we mean elementary school, junior high or middle school, high school, or a college or university. Please include home schooling as well.

☐$_0$ No *(If you answered no, stop here; you do not need to answer question 14)*

☐$_1$ Yes

14. During the last month (or if on summer break, the last month you were in school), how often have you:
(If you have not attended any kind of school in the last 12 months, you do not need to answer this question.)

Please check one box on each row.

	None of the time (1)	A little bit of the time (2)	Some of the time (3)	Most of the time (4)	All of the time (5)
a. Come prepared for class?	☐	☐	☐	☐	☐
b. Been late for class?	☐	☐	☐	☐	☐
c. Copied your homework off a friend?	☐	☐	☐	☐	☐
d. Done the homework assigned?	☐	☐	☐	☐	☐
e. Turned homework in late?	☐	☐	☐	☐	☐
f. Been absent from class without an excuse?	☐	☐	☐	☐	☐

Thank you for doing this survey!

Appendix G. Adult Program Entry Survey

Unique ID#:
Unique ID#:

ADULT SURVEY

PROGRAM ENTRY

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have not taken part in this program before. If you have been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

STAFF NOTE: Questions 1 to 3 are not asked at Entry. Enter 'E'.

4. Here are a few statements about families**.** Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

Strongly Agree	The statement describes your family very accurately.
Agree	The statement describes your family for the most part.
Disagree	The statement **does not describe** your family for the most part.
Strongly Disagree	The statement **does not describe** your family at all.

Please check one box next to each statement.

	Strongly Agree (1)	**Agree** (2)	**Disagree** (3)	**Strongly Disagree** (4)
a. In times of crisis we can turn to each other for support.	☐	☐	☐	☐
b. Individuals are accepted for what they are	☐	☐	☐	☐
c. We can express feelings to each other. . . .	☐	☐	☐	☐
d. We feel accepted for what we are.	☐	☐	☐	☐
e. We are able to make decisions about how to solve problems.	☐	☐	☐	☐
f. We confide in each other.	☐	☐	☐	☐

5. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

6. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	Most of the time (3)	Some of the time (2)	A little of the time (1)	None of the time (0)
a. nervous?.	☐	☐	☐	☐	☐
b. hopeless?.	☐	☐	☐	☐	☐
c. restless or fidgety?.	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?.	☐	☐	☐	☐	☐
e. that everything was an effort?.	☐	☐	☐	☐	☐
f. worthless?.	☐	☐	☐	☐	☐

7. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

8. Are you **currently** receiving treatment or counseling for help with emotional problems?

☐0 No
☐1 Yes

9. Here are some other statements. Please read the sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐	☐
b. I am confident that I could deal efficiently with unexpected events. . . .	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it.	☐	☐	☐	☐	☐

10. How often do you get the social and emotional support that you need? *Please check only one box*.

☐$_1$ Never

☐$_2$ Rarely

☐$_3$ Sometimes

☐$_4$ Usually

☐$_5$ Always

Your answers to the next questions will help us report counts of all people served by our program.

11. How old were you on your last birthday? *Please check only one box.*

☐$_1$ Between 16 and 25

☐$_2$ Between 26 and 59

☐$_3$ 60 or older

☐$_0$ Decline to answer

12. Here is a list of places of origin or ancestries. *Please check the boxes next to all that apply to you.*

☐$_1$ Caribbean

☐$_2$ Central American

☐$_3$ Mexican/Mexican-American/Chicano

☐$_4$ Puerto Rican

☐$_5$ South American

☐$_6$ Other Hispanic or Latino ethnicity

☐$_7$ African

☐$_8$ Asian Indian/South Asian

☐$_9$ Cambodian

☐$_{10}$ Chinese

☐$_{11}$ Filipino

☐$_{12}$ Japanese

☐$_{13}$ Korean

☐$_{14}$ Vietnamese

☐$_{15}$ Eastern European

☐$_{16}$ European

☐$_{17}$ Middle Eastern

☐$_{18}$ Other

☐$_0$ Decline to answer

13. What is your race? *Please check the boxes next to all that apply to you.*

☐1 American Indian or Alaska Native,

☐1 Asian,

☐1 Black or African American,

☐1 Native Hawaiian or other Pacific Islander,

☐1 White (Caucasian)

☐1 Decline to answer

14. What is the main language that you use at home? *Please check only one box*

☐1 English

☐2 Spanish

☐3 Chinese (including Cantonese and Mandarin)

☐4 Arabic

☐5 Armenian

☐6 Cambodian

☐7 Farsi

☐8 Korean

☐9 Russian

☐10 Tagalog

☐11 Vietnamese

☐12 Other

☐0 Decline to answer

15. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
Please check only one box.

☐1 No

☐2 Yes

☐0 Decline to answer

16. Do any of the following describe you? *Please check all that apply.*

☐1 I have a chronic medical condition, like diabetes, heart disease, or chronic pain

☐1 I am blind or have serious difficulty seeing, even when wearing glasses

☐1 I am deaf or have serious difficulty hearing, or having my speech understood

☐1 I have serious difficulty walking or climbing stairs

☐1 Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions

☐1 None of the above

☐1 Decline to answer

17. What sex were you assigned at birth? *Please check only one box.*

☐$_1$ Male

☐$_2$ Female

☐$_0$ Decline to answer

18. How do you describe yourself? *Please check all that apply.*

☐$_1$ Male

☐$_1$ Female

☐$_1$ Transgender

☐$_1$ Genderqueer/Do not identify as male, female or transgender

☐$_1$ Another identity

☐$_1$ Questioning or unsure of my gender identity

☐$_1$ Decline to answer

19. Do you consider yourself to be… *Please check only one box.*

☐$_1$ Heterosexual or straight,

☐$_2$ Gay or Lesbian,

☐$_3$ Bisexual,

☐$_4$ Questioning or unsure, or

☐$_5$ None of the above or other?

☐$_0$ Decline to answer

Thank you for doing this survey!

Appendix H. Adult Follow Up Survey

Unique ID#:

ADULT SURVEY

FOLLOW UP

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have taken part in this program more than once. If you have never been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

1. How many times (counting today) have you attended this program…

   a. … in the last **six (6) months**? _____ times attended in last 6 months

   b. … in the last **three (3) months**? _____ times attended in last 3 months

   c. … in **the past 30 days** ? _____ times attend in past 30 days

2. How much did this program help you? *Please check one box.*

   ☐1 A lot

   ☐2 Some

   ☐3 A little

   ☐4 Not at all

3. How much do you agree or disagree with this statement: I plan to use what I learned in this program? *Please check only one box.*

   ☐1 Strongly disagree

   ☐2 Disagree

   ☐3 Neutral

   ☐4 Agree

   ☐5 Strongly agree

4. Here are a few statements about families**.** Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

Strongly Agree	The statement describes your family very accurately.
Agree	The statement describes your family for the most part.
Disagree	The statement **does not describe** your family for the most part.
Strongly Disagree	The statement **does not describe** your family at all.

Please check one box next to each statement.

	Strongly Agree (1)	**Agree** (2)	**Disagree** (3)	**Strongly Disagree** (4)
a. In times of crisis we can turn to each other for support.	☐	☐	☐	☐
b. Individuals are accepted for what they are	☐	☐	☐	☐
c. We can express feelings to each other. . . .	☐	☐	☐	☐
d. We feel accepted for what we are.	☐	☐	☐	☐
e. We are able to make decisions about how to solve problems.	☐	☐	☐	☐
f. We confide in each other.	☐	☐	☐	☐

The next questions ask about how you are feeling:

5. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

6. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	**Most of the time** (3)	**Some of the time** (2)	**A little of the time** (1)	**None of the time** (0)
a. nervous?.	☐	☐	☐	☐	☐
b. hopeless?.	☐	☐	☐	☐	☐
c. restless or fidgety?.	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?.	☐	☐	☐	☐	☐
e. that everything was an effort?.	☐	☐	☐	☐	☐
f. worthless?.	☐	☐	☐	☐	☐

7. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

8. Are you **currently** receiving treatment or counseling for help with emotional problems?

☐$_0$ No

☐$_1$ Yes

Here are some other statements. Please read the sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐	☐
b. I am confident that I could deal efficiently with unexpected events. . . .	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it.	☐	☐	☐	☐	☐

10. How often do you get the social and emotional support that you need? *Please check only one box*.

☐1 Never

☐2 Rarely

☐3 Sometimes

☐4 Usually

☐5 Always

Thank you for doing this survey!

Appendix I. Parent Program Entry Survey

Unique ID#:

PARENT SURVEY

PROGRAM ENTRY

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have not taken part in this program before. If you have been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

STAFF NOTE: Questions 1 to 3 are not asked at Entry. Enter 'E'.

4. Please indicate how much you agree or disagree with each of the following statements:

Please check one box next to each statement.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
a. I would make a good example for a new mother/father to follow to learn what she/he would need to know in order to be a good parent.	☐	☐	☐	☐	☐	☐
b. I meet my own personal expectations for how to care for my child.	☐	☐	☐	☐	☐	☐
c. If anyone can find the answer to what is troubling my child, I am the one.	☐	☐	☐	☐	☐	☐
d. Considering how long I've been a mother/father, I feel very familiar with this role.	☐	☐	☐	☐	☐	☐
e. I honestly believe I have all the skills necessary to be a good mother/father to my child.	☐	☐	☐	☐	☐	☐

5. Here are a few statements about families**.** Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

Strongly Agree	The statement describes your family very accurately.
Agree	The statement describes your family for the most part.
Disagree	The statement **does not describe** your family for the most part.
Strongly Disagree	The statement **does not describe** your family at all.

Please check one box next to each statement.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
a. In times of crisis we can turn to each other for support.	☐	☐	☐	☐
b. Individuals are accepted for what they are	☐	☐	☐	☐
c. We can express feelings to each other. . . .	☐	☐	☐	☐
d. We feel accepted for what we are.	☐	☐	☐	☐
e. We are able to make decisions about how to solve problems.	☐	☐	☐	☐
f. We confide in each other.	☐	☐	☐	☐

The next questions ask about how you are feeling:

6. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

7. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	**Most of the time** (3)	**Some of the time** (2)	**A little of the time** (1)	**None of the time** (0)
a. nervous?.	☐	☐	☐	☐	☐
b. hopeless?.	☐	☐	☐	☐	☐
c. restless or fidgety?.	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?.	☐	☐	☐	☐	☐
e. that everything was an effort?.	☐	☐	☐	☐	☐
f. worthless?.	☐	☐	☐	☐	☐

8. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

9. Are you **currently** receiving treatment or counseling for help with emotional problems?

☐$_0$ No

☐$_1$ Yes

10. Here are some other statements. Please read the sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐	☐
b. I am confident that I could deal efficiently with unexpected events. . .	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it.	☐	☐	☐	☐	☐

11. Please *check the box* that best describes how much you agree or disagree with each of the statement below.

Please check one box on each row.

	Strongly disagree (1)	Mostly disagree (2)	Slightly disagree (3)	Neutral (4)	Slightly agree (5)	Mostly agree (6)	Strongly agree (7)
a. I have others who will listen when I need to talk about my problems.	☐	☐	☐	☐	☐	☐	☐
b. When I am lonely, there are several people I can talk to.	☐	☐	☐	☐	☐	☐	☐
c. If there is a crisis, I have others I can talk to..	☐	☐	☐	☐	☐	☐	☐

The following questions will help us report counts of all people served by our program.

12. How old were you on your last birthday? *Please check <u>only one</u> box.*

☐$_1$ Between 16 and 25

☐$_2$ Between 26 and 59

☐$_3$ 60 or older

☐$_0$ Decline to answer

13. Here is a list of places of origin or ancestries. *Please check the boxes next to all that apply to you.*

☐1 Caribbean
☐2 Central American
☐3 Mexican/Mexican-American/Chicano
☐4 Puerto Rican
☐5 South American
☐6 Other Hispanic or Latino ethnicity
☐7 African
☐8 Asian Indian/South Asian
☐9 Cambodian
☐10 Chinese
☐11 Filipino
☐12 Japanese
☐13 Korean
☐14 Vietnamese
☐15 Eastern European
☐16 European
☐17 Middle Eastern
☐18 Other
☐0 Decline to answer

14. What is your race? *Please check the boxes next to all that apply to you.*

☐1 American Indian or Alaska Native,

☐2 Asian,

☐3 Black or African American,

☐4 Native Hawaiian or other Pacific Islander,

☐5 White (Caucasian)

☐0 Decline to answer

15. What is the main language that you use at home? *Please check only one box*

☐1 English
☐2 Spanish
☐3 Chinese (including Cantonese and Mandarin),
☐4 Arabic
☐5 Armenian
☐6 Cambodian
☐7 Farsi
☐8 Korean,
☐9 Russian
☐10 Tagalog
☐11 Vietnamese
☐12 Other
☐0 Decline to answer

16. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
Please check only one box.

☐₁ No

☐₂ Yes

☐₀ Decline to answer

17. Do any of the following describe you? *Please check all that apply.*

☐₁ I have a chronic medical condition, like diabetes, heart disease, or chronic pain

☐₁ I am blind or have serious difficulty seeing, even when wearing glasses

☐₁ I am deaf or have serious difficulty hearing, or having my speech understood

☐₁ I have serious difficulty walking or climbing stairs

☐₁ Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions

☐₁ None of the above

☐₁ Decline to answer

18. What sex were you assigned at birth? *Please check only one box.*

☐₁ Male

☐₂ Female

☐₀ Decline to answer

19. How do you describe yourself? *Please check all that apply.*

☐₁ Male

☐₂ Female

☐₃ Transgender

☐₄ Genderqueer/Do not identify as male, female or transgender

☐₅ Another identity

☐₆ Questioning or unsure of my gender identity

☐₀ Decline to answer

20. Do you consider yourself to be… *Please check only one box.*

☐₁ Heterosexual or straight,

☐₂ Gay or Lesbian,

☐₃ Bisexual,

☐₄ Questioning or unsure, or

☐₅ None of the above or other?

☐₀ Decline to answer

Thank you for doing this survey!

Appendix J. Parent Follow Up Survey

PARENT SURVEY

FOLLOW UP

INFORMATION AND INSTRUCTIONS

1. This is a survey for people who have taken part in this program more than once. If you have never been to this program before, please tell a program staff person.
2. If you would like to do this survey in another language, please tell a program staff person.
3. DO NOT write your name anywhere on this survey.
4. Please read each question carefully and follow the instructions provided with each question to choose the best answer for you.
5. Your answers will not be shared with anyone. Your answers will all be combined with those of other people to create numerical summary reports.
6. Thank you for doing this survey!

1. How many times (counting today) have you attended this program…
   a. … in the last **six (6) months**? _____ times attended in last 6 months
   b. … in the last **three (3) months**? _____ times attended in last 3 months
   c. … in **the past 30 days** ? _____ times attend in past 30 days

2. How much did this program help you? *Please check one box.*

   ☐1 A lot

   ☐2 Some

   ☐3 A little

   ☐4 Not at all

3. How much do you agree or disagree with this statement: I plan to use what I learned in this program? *Please check <u>only one</u> box.*

   ☐1 Strongly disagree

   ☐2 Disagree

   ☐3 Neutral

   ☐4 Agree

   ☐5 Strongly agree

4. Please indicate how much you agree or disagree with each of the following statements:

Please check one box next to each statement.

	Strongly Disagree (1)	Disagree (2)	Somewhat Disagree (3)	Somewhat Agree (4)	Agree (5)	Strongly Agree (6)
a. I would make a good example for a new mother/father to follow to learn what she/he would need to know in order to be a good parent.	☐	☐	☐	☐	☐	☐
b. I meet my own personal expectations for how to care for my child.	☐	☐	☐	☐	☐	☐
c. If anyone can find the answer to what is troubling my child, I am the one.	☐	☐	☐	☐	☐	☐
d. Considering how long I've been a mother/father, I feel very familiar with this role.	☐	☐	☐	☐	☐	☐
e. I honestly believe I have all the skills necessary to be a good mother/father to my child.	☐	☐	☐	☐	☐	☐

5. Here are a few statements about families**.** Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.

Strongly Agree	The statement describes your family very accurately.
Agree	The statement describes your family for the most part.
Disagree	The statement **does not describe** your family for the most part.
Strongly Disagree	The statement **does not describe** your family at all.

Please check one box next to each statement.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
a. In times of crisis we can turn to each other for support.	☐	☐	☐	☐
b. Individuals are accepted for what they are	☐	☐	☐	☐
c. We can express feelings to each other. . . .	☐	☐	☐	☐
d. We feel accepted for what we are.	☐	☐	☐	☐
e. We are able to make decisions about how to solve problems.	☐	☐	☐	☐
f. We confide in each other.	☐	☐	☐	☐

The next questions ask about how you are feeling:

6. Overall, how satisfied are you with your life as a whole these days? *Please select one number only and check the box under it - 0 is Not At All Satisfied, 10 is Completely Satisfied.*

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

The following questions ask about how you have been feeling during the past 30 days. *For each question, please check the box that best describes how often you had this feeling.*

7. During the past 30 days, about how often did you feel…

Please check one box on each row.

	All of the time (4)	**Most of the time** (3)	**Some of the time** (2)	**A little of the time** (1)	**None of the time** (0)
a. nervous?.	☐	☐	☐	☐	☐
b. hopeless?.	☐	☐	☐	☐	☐
c. restless or fidgety?.	☐	☐	☐	☐	☐
d. so depressed that nothing could cheer you up?.	☐	☐	☐	☐	☐
e. that everything was an effort?.	☐	☐	☐	☐	☐
f. worthless?.	☐	☐	☐	☐	☐

8. In the past 30 days, for how many days were you totally unable to work or carry out your usual activities because of emotional problems?

NUMBER OF DAYS: _____

9. Are you **currently** receiving treatment or counseling for help with emotional problems?

☐$_0$ No

☐$_1$ Yes

10. Here are some other statements. Please read each sentence and decide how true it is of you in general.

Please check one box on each row.

	Never (1)	Almost Never (1)	Sometimes (2)	Fairly Often (3)	Very Often (4)
a. It is easy for me to stick to my aims and accomplish my goals.	☐	☐	☐	☐	☐
b. I am confident that I could deal efficiently with unexpected events. . .	☐	☐	☐	☐	☐
c. I can solve most problems if I try hard enough.	☐	☐	☐	☐	☐
d. I stay calm when facing difficulties because I can handle them.	☐	☐	☐	☐	☐
e. When I have a problem, I can find several ways to solve it.	☐	☐	☐	☐	☐

11. Please *check the box* that best describes how much you agree or disagree with each of the statement below.

Please check one box on each row.

	Strongly disagree (1)	Mostly disagree (2)	Slightly disagree (3)	Neutral (4)	Slightly agree (5)	Mostly agree (6)	Strongly agree (7)
a. I have others who will listen when I need to talk about my problems.	☐	☐	☐	☐	☐	☐	☐
b. When I am lonely, there are several people I can talk to.	☐	☐	☐	☐	☐	☐	☐
c. If there is a crisis, I have others I can talk to..	☐	☐	☐	☐	☐	☐	☐

Thank you for doing this survey!

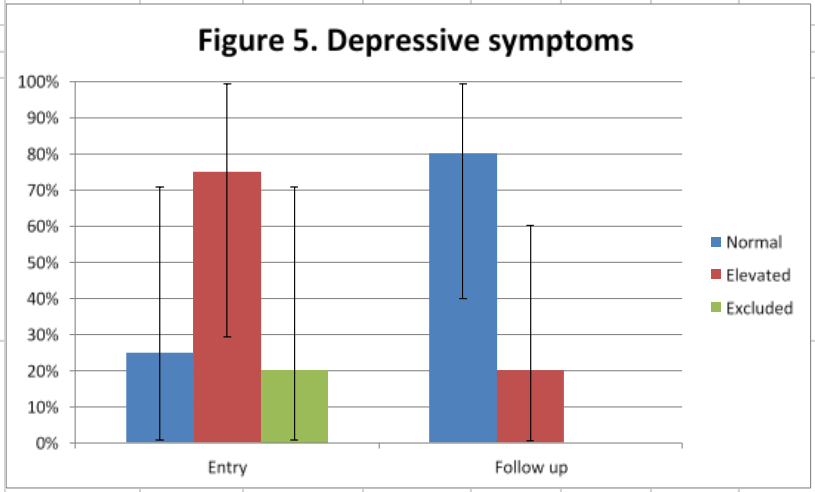
Appendix K. Illustrations from the Data Entry, Scoring, and Report Tool

Figure K.1. Screenshot of DESRT Data Sheet: Administrative Information Section and First Four Survey Questions

Administrative Information							Q1. Attendance: If Entry Survey enter letter 'E'. If Follow-up survey enter whole numbers only; do not include any text (e.g. if participant answered "four times" enter '4')			Q2. How much did this program help you? If Entry Survey enter letter 'E'. If Follow-up: 1 = A lot; 2 = Some; 3 = A little; 4 = Not at all	Q3. I plan to use what I learned in this program If Entry Survey enter letter 'E'. If Follow-up: 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree	Q4. Kessler-6: During the past 30 days how often do you feel.... 4 = All of the time; 3 = Most of the time; 2 = Some of the time; 1 = A little of the time; 0 = None of the time					
Age Group (select from the drop down menu)	Language (select from the drop down menu)	Questionnaire Version: 1 = Program Entry; 2 = Follow Up NOTE: This must be filled in for formulas to function correctly.	Provider Name/ID (4 letters)	Program Name/ ID (4 letters)	Date questionnaire completed (MMDDYY)	Unique ID (assign a unique 5 digit ID to each survey packet you enter: e.g. 00001, 00002..)	Q1a. Attended last 6 months?	Q1b. Last 3 months?	Q1c. Last month?			Q4a. ...nervous? (from 0 to 4)	Q4b. ...hopeless? (from 0 to 4)	Q4c. ...restless or fidgety? (from 0 to 4)	Q4d. ...so depressed that nothing could cheer you up? (from 0 to 4)	Q4e. ...that everything was an effort? (from 0 to 4)	Q4f. ... worthless? (from 0 to 4)

Figure K.2. Example from DESRT Report Sheet: Program Participant Depressive Symptoms at Program Entry and Follow-Up

Indicator:	**Depressive Symptoms**
Measure:	**Kessler-6**
Question number(s):	**Q4a-Q4f**
Description:	The Kessler-6 measures the extent to which a respondent experienced depressive symptoms in the last 30 days. Respondents are asked to rate how often they felt nervous, hopeless, restless or fidgety, so depressed that nothing could cheer them up, that everything was an effort, and worthless, from (0) *All of the time* , to (4) *None of the time*. Responses are summed, and a total score that is 12 or below is considered within the normal range, and a total score above 12 is an elevated level of depressive symptomatology.
Figure:	Figure 4 depicts the percentage of respondents who completed entry or follow up surveys and scored within normal or elevated ranges for depressive symptomatology. Participants who did not answer one or more of the six questions were excluded. The error bars show the range of uncertainty using a 95% confidence interval.



	Total N	Excluded	*n*
Entry	5	1	4
Follow-up	5	0	5
Total:	10	1	9

NOTE: In the DESRTs, the outcome *depressive symptoms* is measured by the Kessler Psychological Distress Scale (K-6). The selection of depressive symptoms as an outcome indicator preceded the selection of the K-6 measure, and this label was retained in the DESRTs, as shown in the example in this figure. For accuracy, in this report, we have renamed the outcome from *depressive symptoms* to *psychological distress* to more closely align with the selected measure.

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