

MHSA Annual Update

2016/2017

Colusa County Department of Behavioral Health



MHSA Annual Update 2016/2017

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Colusa County Department of Behavioral Health Vision Statement

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The Colusa County Department of Behavioral Health will provide high quality consumer centered and family friendly, prevention, education and clinical services to residents of Colusa County. We will promote recovery/wellness through independence, hope, personal empowerment and resilience. We will make access to services easier, services will be more effective, produce better outcomes and out-of-home and institutional care will be reduced.

All of our Behavioral Health services will be designed to enhance the wellbeing of the individuals and families who it is our privilege to serve.

Stakeholders and Key Contributors:

Safe Haven Peer Drop-in Center
 Colusa County office of Education
 Colusa County Probation
 Colusa County Public Health
 Colusa county Behavioral Health Staff Members
 Colusa County Sheriff's Office.
 Colusa County Veteran's Services
 Colusa County Health and Human Services
 Colusa Police Department
 Williams Police Department
 Colusa Indian Community Council
 Colusa Indian Health Clinic
 Frist 5 Colusa County
 CAPC
 Impact
 Hand In Hand
 Colusa Regional Medical Center
 Peer Advocate Council (PAC)
 English Language Advisory Committee (ELAC)
 Colusa One-Stop
 Hand Up

Stakeholder Process

Colusa County Department of Behavioral Health will be holding quarterly meetings through a newly developed Advisory Committee called, MHSA/Cultural Competency Advisory Committee in order to increase collaborative efforts with the identified Stakeholders of the community. The initial start of these meetings occurred on March 13th, 2017 and will continue quarterly throughout the year. The table provides information regarding upcoming scheduled meetings:

Quarterly meetings	
<i>MHSA/Cultural Competency Advisory Committee</i>	
	Monday, December 18 th , 2017 at 1pm
	Monday, March 12 th , 2018 at 1pm
	Monday, June 11 th , 2018 at 1pm
	Monday, September 10 th , 2018 at 1pm
	Monday, December 10 th , 2018 at 1pm

30-Day Public Review (Start on December 15, 2017 to January 15, 2018)

Annual Update-Introduction

History

MHSA or Prop 63 was passed in 2004 in order to address the unique mental health needs of communities. The Act enables a 1% tax with those of an income exceeding 1 million dollars. These funds go towards preventative services and direct services for children, Transitional Age Youth (TAY), adult, and older adults who identify as being severely emotionally disturbed or severely mentally ill. MHSA promotes community collaboration, cultural competence, client and family driven services MHSA Annual Update 2016/2017 focused on wellness, recovery, and resilience through an integrated approach. The Act also seeks to raise awareness and reduce stigma and discrimination around mental health.

The annual update for fiscal year 2016-2017 indicates continued program efforts and revisions. The removal of one program and additional programs to consider at this time include:

1. Native American Collaboration was exhibiting a decline in collaboration and has been removed.
2. The ASOC-Outreach and Engagement program was unable to provide long term sustainability due to low attendance and had to be removed.
3. An innovative approach to outreach the undeserved and underrepresented Hispanic population will be improved through the development of Promotores through the Culura es Vida program.
4. An additional outreach effort for Prevention and Early Intervention has been done through proposing the MHSA Infant to 5 Program.
5. Social Determinants of Rural Mental Health is another innovative program to identify support and stabilize life domains to improve the quality of life for people who are suffering of a mental health issue.

Colusa County will continue to provide a thorough assessment and evaluation of MHSA programs and continue with an intensive stakeholder planning process for further development of a three-year integrated plan.

MHSA PROGRAMS

Colusa County is identified as a rural community with a population of approximately 21,500 according to the United States Census. According to the United States Census, it make up of a total of 10 communities with a total of 1,150.73 square miles. The ten communities include, Arbuckle, College City, Colusa, Grand Island/Grimes, Leesville, Maxwell, Princeton, Sites, Stonyford, and Williams. More than half of the population identifies as Hispanic or Latino with Spanish being the primary language. The Hispanic/Latino population often fluctuates according to the crop season, as Colusa County's economy is supported by the production of crops. Colusa County also has a small percentage of American Indian and Alaska Native alone, at approximately 2.7%. The median household income according to the United States Census is approximately \$52,000. Being a small, rural community also means that stigma and discrimination around mental health are strongly prevalent, causing a barrier to those who are interested in seeking help or learning more about the issue. MHSA has allowed for the opportunity for the community to become better educated on mental health through collaboration, integration of services, and developing more culturally competent services county wide.

Program Name: WRAP Around

Component: Community Services and Support - Full Service Partnership

Program Description: WRAP provides intensive wrap around services to children and youth who could benefit from a more integrated approach to services. WRAP is client and family driven focused on wellness, recovery, and resilience. Staff works with the client to build natural supports within the community through collaboration with other departments in the community and the client's family.

Program Name: Adult System of Care - Full Service Partnership**Component:** Adult System Of Care (ASOC) - Full Service Partnership (FSP)

Program Description: A “whatever it takes” method of services is provided to consumers of all ages (children, transition age youth, adults, and older adults) who meet specific requirements. Specific requirements include: being at risk for homelessness, psychiatric hospitalization, and incarceration as a result of mental illness. Consumers are provided with intensive services in collaboration with natural supports and services other than mental health. Supports can include housing, transportation, education, vocational training, food, and clothing.

Challenges: one the biggest challenge that this program face is for those who are at risk for homelessness. There is limited restricted income housing in the community and it is difficult to support our clients in area. MSHA has assigned a housing coordinator/case manager to focus on implementing opportunities to seek funding to assist restricted income opportunities.

Program Name: Native American Collaboration**Component:** Community Service and Support-Outreach of Engagement Social Deterrents

Program Description: Funding is provided for a therapist to address the unmet needs of the Native American Community. The therapist is located near the reservation of the Cachil Dehe Wintun Tribe. Services provided are based on the individual needs of the client/family through community collaboration through a unique integrated experience. Some services the therapist provides, include: organizing a variety of community events, groups for youth, TAY, adults, and older adults, crisis intervention, and linkage to community resources. The therapist and staff collaborate with behavioral health to provide culturally competent services that are wellness, recovery, and resilience focused.

Program Name: Children System of Care - Outreach and Engagement

Component: Community Service and Support-Outreach of Engagement Social Deterrents

Program Description: Child System of Care - Outreach and Engagement allows for community collaboration and outreach through Multi-Disciplinary Teams (MDT), the use of a therapist, and outreach through community events. The MDT meets monthly and includes representatives from the various county service departments, in which they discuss children's cases in order to be more culturally competent; focusing on wellness, recovery, and resilience. The use of a therapist provides an integrative experience allowing the family and the client to lead the services through a direct schools approach, collaborating directly with the schools and providing in home support services when needed. The Department of Behavioral Health organizes community events and also provides support at events hosted by other organizations in the community as a way to reduce stigma and raise awareness around mental health.

Program Name: Workforce Education and Training/Action Volunteer Program

Component: Workforce Education and Training

Program Description: WET Action Volunteer program focuses on wellness, recovery, and resilience by giving consumers an opportunity to build vocational skills that can be used in the workforce. The program provides opportunities to adults and older adults of the community. Volunteers are offered job-related trainings, participate in community outreach events, and can be connected with job employment opportunities. An incentive is also provided to the Peer Advocate Council who assists in the day-to-day operation of the Safe Haven Drop-in Center. PAC allows for growth in leadership skills and peer advocacy.

Program Name: 2nd Step

Component: Prevention and Early Intervention

Program Description: This program works in collaboration with the Colusa County Office of Education 2nd Step services in various schools of the community. 2nd Step works with students in kindergarten to third grad, focusing on socially appropriate behaviors between the teacher and the student, peer to peer, and classroom behaviors. Students are taught in a classroom setting of small group setting lead by a facilitator, who engages them in a variety of activities involving music, dancing, and storytelling. Through this program students are able to develop appropriate coping and social skills that are reiterated as they progress through elementary school.

Program Name: CSOC-Friday Night Live (FNL)/Club Live (CL)

Component: Prevention and Early Intervention

Program Description: Friday Night Live/Club Live (FNL/CL) programs are youth led action groups that meet weekly on high school or middle school campuses throughout Colusa County. The programs build leadership skills, broaden young people social networks, and implement youth led projects to improve school climate and reduce youth access to alcohol and other drugs. Through the positive youth development model, individual's focus on their strengths and their potential to contribute positively to their own lives and to their communities.

Program Name: Adult System of Care-Safe Haven/Leadership Advocacy Committee

Component: Community Services and Support – Outreach and Engagement Social Deterrents

Program Description: Safe Haven is a peer supported drop-in center that serves adults and older adults who are in recovery from substance abuse, dealing with mental health issues, and or avoiding isolation. The center provides a number of recovery and resiliency focused groups run by peers and Behavioral Health staff. A peer support specialist is funded to provide support in linking members to other services in the community through collaboration and outreach events, which allow for increased awareness around mental health and reduce stigma and discrimination in the community. Members can also participate in the Leadership Advocacy Committee, to aid and in the day-to-day operation of the center. This allows for growth in leadership skills and peer advocacy.

Program Name: Forensic Program

Component: Innovation

Program Description: This program, in collaboration with juvenile probation, allows for the use of a therapist who provides support services for mentally ill juvenile offenders while incarcerated and in the community. Services are client driven that focus on arrange inpatient treatment to those minors who require hospitalization. Such as, when a medical clearance is given by the Emergency Department to a juvenile the Colusa County Behavioral Health clinician will arrange for hospitalization. This includes transportation to inpatient psychiatric facility for minors on a 5150. Services by CCBH clinician also includes to provide discharge planning, medication management referrals, individual counseling, groups, crisis intervention, and works in collaboration with probation, juvenile hall, Tri-County Juvenile Rehabilitation Facility, and other services in the community. All efforts to transfer juveniles to an inpatient treatment facility shall be documented, and these records or logs shall be maintained by Colusa County Behavioral Health (CCBH). Colusa County Behavioral Health clinician provides monthly reports on probationers in custody receiving services and on probation referrals that are released from

custody and participating in treatment as a condition of their probation. The program seeks to reduce recidivism rates, crisis, and increase mental health access for the target population. This program is also in collaboration with Colusa County Probation Adult Detention, Sheriffs Colusa County, and the Day Reporting Center (DRC) designed cooperatively to determine and provide appropriate levels of care and treatment of all people who experience a mental health issue and are incarcerated in Colusa County Jail. Services are client driven that focus on wellness and recovery by having a Colusa County Behavioral Health (CCBH) therapist who assists with crisis intervention, discharge planning, art group therapy both women and men, substance use education, services in the community, and works in collaboration with CCBH psychiatrist who provides voluntary medication. The program seeks to reduce recidivism rate, reduce crisis in jail, and increase mental health services. Funds are utilized for therapist partial salary

Program Name: Adult System of Care - Training/Internship/Student Loan Repayment

Component: Workforce and educational Training

Program Description: This program provides incentive to the Department of Behavioral Health staff to not only continue with their education, but to continue with providing services to the Colusa County community. Supervision for registered interns and scholarships funds to assist in the repayment or full repayment of student loans are available to staff pursuing a Bachelor's in the Mental Health field, Master's degree in Social Work, or Marriage and Family Therapy.

Program Name: Cultura Es Vida

Component: INN

Program Description: The purpose of Cultura Es Vida is to better serve the Hispanic/Latino population in Colusa County. The goal of this program is to address social deterrents that prevent access to mental health services. Deterrents such as language, stigma and cultural differences are significant factors that create challenges for this population in accessing mental health services. Cultura Es Vida has focused its efforts in reducing the effects of the aforementioned deterrents.

Outreach efforts promoting services offered by Colusa County Behavioral Health as well as presentations on various mental health topics including the stigma associated with seeking mental health services are the focus of this project. An important component of Cultura Es Vida is the development of a bilingual/bicultural committee that meets quarterly to address and develop strategies for outreach events and services to the Hispanic/Latino community. Outreach

efforts through Colusa County Behavioral Health has played a role in the increase Hispanic/Latinos accessing local mental health services since 2011 by 46%.

Another factor that has contributed to the increase of Hispanic/Latinos accessing mental health services has been the hiring of bilingual/bicultural staff. Currently, Colusa County Behavioral health has 13 staff members who are bilingual/bicultural. This number includes support staff, case managers and mental health clinicians. The ability to provide therapy in the client's native language increases the probability of positive clinical outcomes and continued use of services.

A key question by Cultura Es Vida for the Hispanic/Latino community is "how do you wish to be served?" The implementation of "Promotores" program is one way to address this question. The concept of the "Promotores" program is to hire members in the Hispanic/Latino community who know the community and would conduct outreach and engagement efforts that promote awareness and access to mental health services. Currently, the two MHSA Co-Coordiators have attended a week long "Promotores" training focusing on training the trainer. The priority this year is to hire individuals to become Promotores and to train and prepare them to go into the Hispanic/Latino community and do outreach.

MHSA Infant to 5 Program

Component: Prevention and Early Intervention

Program Description: Mental Health Service Act (MHSA) Infant to 5 program is designed to provide access, engagement and prevention behavioral health services in collaboration with other community programs to youth and their families for Colusa County Office of Education's infant to preschool programs. These services include: 1) Biannual observations in each infant, toddler and preschool setting to assess behavioral concerns; 2) Coaching staff related to children behavioral concerns in the classroom, and ideas/skills to address with parents; 3) When appropriate, suggest referrals to Colusa County Behavioral Health.

MHSA Infant to 5 will provide a four to six week parenting classes at school sites to educate and coach basic emotional support skills to parents of Infant to 5 youth. These services will include cultural sensitivity to Hispanic youth and parents in efforts to build community and strengthen parenting skills.

Program Name: Social Determinants of Rural Mental Health

Component: INN

Program Description: The Social Determinants of Rural Mental Health Project (SDRMHP) is a program designed to examine and address some basic life factors that contribute to mental health for people in a rural communities. Social determinants of mental health are currently being studied by the World Health Organization (WHO) and are part of the U.S. Department of Human Services Healthy People 2020 initiative. Attention is being paid to the social determinants of mental health in a public health approach to improve the lives of persons with mental illness. Understanding these basic determinants has the potential to improve mental health outcomes when applied appropriately as part of mental health interventions. The intent is to identify, support and stabilize life domains to improve the quality of life for persons with mental health issues. The basic social determinants to be studied will be:

1. Safe and secure housing
2. Access to healthy, nutritious food choices
3. Transportation access
4. Adverse Childhood Experiences

The project will study the presence of adverse childhood experiences by administering the ACE to participants. Individualized assessments will be made to determine the needs or deficits in the areas of transportation, nutrition and housing. Treatment interventions focus on these areas of study will track the services provided and the outcomes achieved. A meta-analysis will be conducted to measure the impact of these interventions on overall treatment outcomes.

Another component of this program will be to engage the FSP process to organize services and provide specific supports in the above areas of need. By engaging persons identified as having these social determinants as part of their mental health condition will allow for pragmatic solutions and specific interventions that are likely to improve treatment outcomes. Adult services teams will work directly with participants in this program.

A final aspect of this program will have to do with the allocation of limited resources. If social determinants of rural mental health can help define need and direct the best use of resources we are more likely to improve treatment outcomes. As a small rural county with limited resources it is important for us to do what we can to make the best determination of the allocation of resources that get the best results.

Friday Night Live/Club Live Demographics and Outcomes 2016/2017

Gender

n=28

missing= 1

Female: 54%

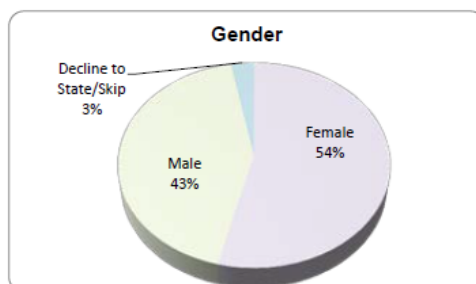
Male: 43%

Other: 0%

Female to Male Transgender: 0%

Male to Female Transgender: 0%

Decline to State/Skip: 3%

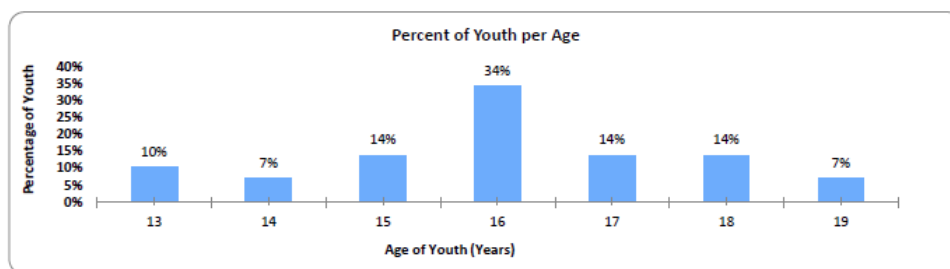
**Age**

n=29

missing=0

The FNL participants ranged in age from 13 to 19 years.

The average age of participants = 16.03 years old. The following table presents the proportion of youth for each age.



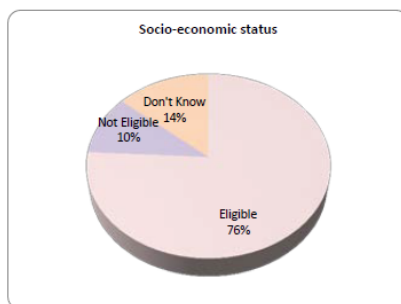
Socioeconomic Status

n=29

missing=0

To assess socio-economic status, youth were asked to report if they qualified for free- or reduced lunch at school. According to the U.S. Department of Agriculture, Food and Nutrition Service's income eligibility guidelines for 2016-2017¹, a family of four who earns \$44,955 or less annually qualifies for free or reduced meals.

¹ For the full list of income eligibility guidelines, go to : <http://www.nj.gov/agriculture/divisions/fn/pdf/form127.pdf>

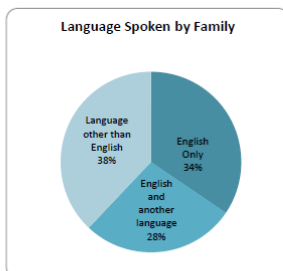


Language

n=29

missing=0

Survey respondents reported which language is spoken by their families:



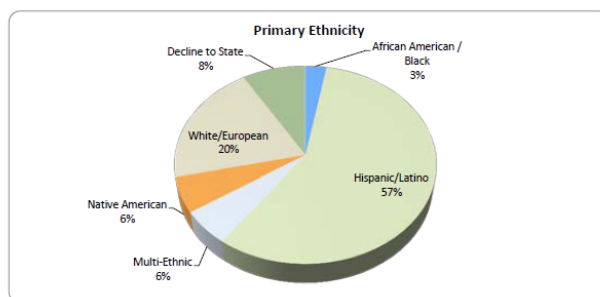
Languages other than English (in order of frequency):
Spanish

Primary Ethnicity

n=35

missing=0

Youth who took the survey were asked to check the category that best describes their ethnicity or cultural background. The following is the distribution of responses:



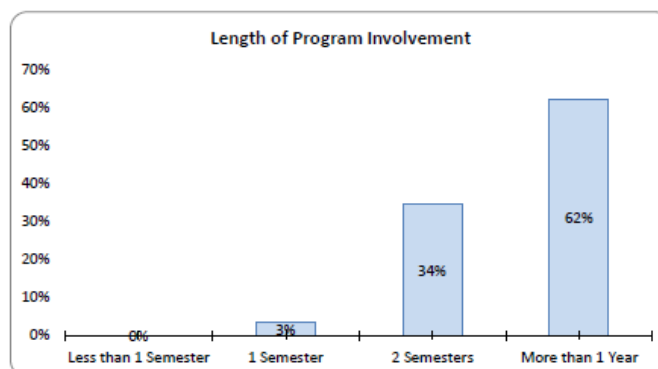
Other Ethnicities:
Mexican

Length of Program Involvement

n=29

missing=0

Youth who took the survey were asked how long they have been involved with your program:

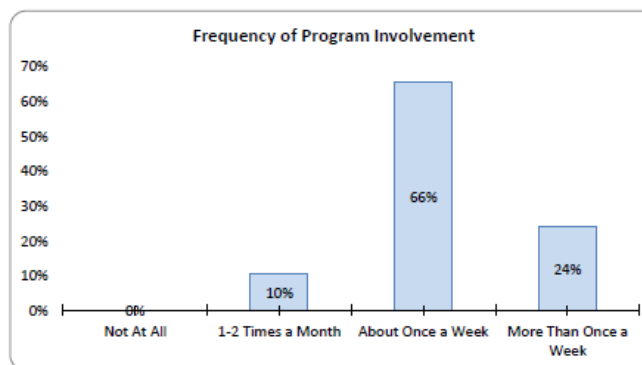


Frequency of Program Involvement

n=29

missing=0

Youth were asked to report how frequently they participated in FNL activities in the past month:

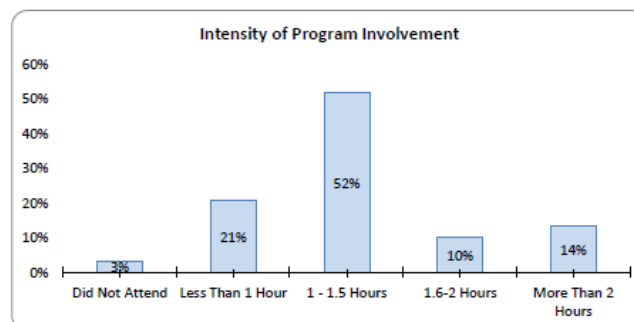


Intensity of Program Involvement

n=29

missing=0

Youth who took the survey were asked how long they typically stay at program meetings, events and activities:

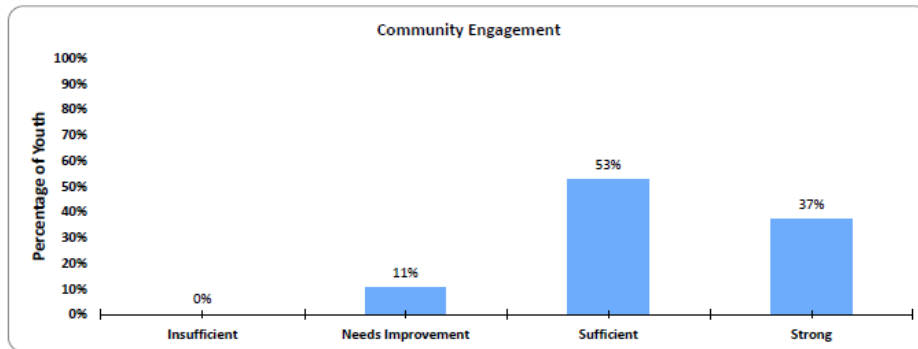


Community and School Engagement

A. Community Engagement

mean = 5.06
standard deviation = 0.63

Are young people forming relationships with adults and their peers in your program?



Survey Questions that Measured Community Engagement:

	N	Mean	SD
FNL participates in events that take place in the larger community.	29	4.79	1.01
Through FNL, I have learned a lot about youth groups and activities in my community.	29	5.17	0.81
In FNL, youth have opportunities to take action in our community to create positive change.	29	5.17	1.04
I work with FNL to make things better in my community.	29	5.1	0.72
Because of FNL, I have a better understanding of the strengths and challenges of my community.	29	5.03	0.78
Because of FNL, I feel more engaged in my community.	29	5.07	0.88

Leadership and Advocacy

mean=5.06

standard deviation=0.73

Do young people have the opportunity to build their leadership skills in your program?



Survey Questions that Measured Leadership and Advocacy:

	N	Mean	SD
Youth and adults work together to make decisions in FNL.	29	5.28	0.75
In FNL, adult staff provide youth with leadership roles (e.g. planning activities, facilitating meetings, making presentations, etc.).	28	4.96	1
FNL prepared me to take action in my community.	29	4.97	1.05
Because of FNL, I want to take action in my community.	29	4.83	1.14
FNL helps me believe I can try new things and take on new challenges.	29	4.24	0.83

2nd Step Program Demographics/Outcomes 2016/2017

TABLE 1
GENDER OF PARTICIPANTS

School Name	n	Gender					
		Male		Female		MD	
		#	%	#	%	#	
Arbuckle Elementary	87	46	53	41	47	2	
Grand Island Elementary	19	10	53	9	47	0	
Hand In Hand	24	13	54	11	46	0	
Maxwell Elementary	94	48	51	46	49	3	
Project Total/Average	224	117	52	107	48	5	
<i>PIP Students</i>	25	13	52	12	48	1	
Statewide Tot/Avg	--	--	60	--	40	--	

n=Number of participants (see definition on page 5) with complete information.

MD=Missing Data, or number of participants with incomplete or missing PDI information.

TABLE 2
GRADE LEVEL OF PARTICIPANTS

School Name	n	Grade Level												MD
		K		1st		2nd		3rd		Other				
		#	%	#	%	#	%	#	%	#	%			
Arbuckle Elementary	89	4	4	74	83	5	6	6	7	0	0		0	
Grand Island Elementary	19	6	32	9	47	3	16	0	0	1	5		0	
Hand In Hand	24	4	17	0	0	0	0	1	4	19	79		0	
Maxwell Elementary	93	21	23	22	24	14	15	35	38	1	1		4	
Project Tot/Avg	225	35	16	105	47	22	10	42	19	21	9		4	
PIP Students	25	5	20	5	20	8	32	5	20	2	8		1	
Statewide Tot/Avg	--	--	20	--	30	--	26	--	24	--	0		--	

TABLE 3
ETHNICITY OF PARTICIPANTS

School Name	n	Ethnicity																MD
		African-American		American Indian/Alaskan		Asian		Filipino		Hispanic		Pacific Islander		White		Other		
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#
Arbuckle Elementary	85	1	1	0	--	0	--	1	1	66	78	0	--	17	20	0	--	4
Grand Island Elementary	19	0	--	0	--	0	--	0	--	18	95	0	--	0	--	1	5	0
Hand In Hand	24	0	--	1	4	0	--	0	--	3	13	0	--	17	71	3	13	0
Maxwell Elementary	96	2	2	3	3	0	--	0	--	47	49	0	--	42	44	2	2	1
Project Tot/Avg	224	3	1	4	2	0	--	1	0	134	60	0	--	76	34	6	3	5
PIP Students	26	2	8	0	--	0	--	0	--	12	46	0	--	11	42	1	4	0
Statewide Tot/Avg	--	--	8	--	1	--	10	--	3	--	47	--	1	--	27	--	3	--

n=Number of participants (see definition on page 5) with complete information.

MD=Missing Data, or number of participants with incomplete or missing PDI information.

TABLE 4
FREQUENCY AND DURATION OF CONTACTS

School Name	n	Type of Services											
		Individual Sessions			Group Sessions			Classroom Sessions			Family/ Parent Sessions		
		n	Avg #	Avg Time	n	Avg #	Avg Time	n	Avg #	Avg Time	n	Avg #	Avg Time
Arbuckle Elementary	89	7	11.2	30	83	13.7	29	89	13.9	29	0	--	--
Grand Island Elementary	19	5	15.8	27	18	14.0	30	19	14.1	29	0	--	--
Hand In Hand	24	0	--	--	24	21.0	26	24	21.0	24	0	--	--
Maxwell Elementary	95	14	15.9	30	0	--	--	95	10.8	30	0	--	--
Project Tot/Avg	227	26	14.7	29	125	15.2	29	227	13.4	29	0	--	--
PIP Students	26	26	14.7	29	5	14.0	30	26	12.3	29	0	--	--
Statewide Tot/Avg	--	--	12	30	--	12	37	--	13	32	--	10	130

n=Number of participants (see definition on page 5).

Avg #=Average number of sessions.

Avg Time=Average duration of each session (in minutes).

TABLE 5
CHANGES IN SOCIAL COMPETENCE AND SCHOOL ADJUSTMENT (TOTAL SCALE)
RATINGS FOR PARTICIPANTS

School Name	n	Average Scores for Total WAS Scale									
		Before Participation		After Participation		Net Change and Significance Testing					
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value		
Arbuckle Elementary	89	67.3	34	77.6	61	10.3	27	.66	<.001		
Grand Island Elementary	19	69.9	40	63.7	29	-6.2	-11	.52	.018		
Hand In Hand	24	71.2	43	66.3	32	-4.9	-11	.47	.018		
Maxwell Elementary	97	74.8	52	86.1	77	11.3	25	.82	<.001		
Project Tot/Avg	229	71.1	43	78.9	63	7.8	20	.55	<.001		
PIP Students	26	58.1	16	71.3	43	13.2	27	.75	<.001		
Statewide Tot/Avg	--	--	15	--	28	--	13	.61	<.001		

Effect Size: As generally agreed among researchers, effect sizes lower than .30 are considered "small,"

those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

P-Values: Values less than .05 are considered statistically significant, although this test is less

sensitive with smaller sample sizes (*n*'s).

Also see page 8 for expanded definitions of column headings.

TABLE 6
CHANGES IN TEACHER-PREFERRED SOCIAL BEHAVIOR
(SUBSCALE 1) RATINGS FOR PARTICIPANTS

School Name	n	Average Scores for WAS Subscale 1							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Arbuckle Elementary	89	17.7	42	20.4	67	2.7	25	.60	<.001
Grand Island Elementary	19	17.8	42	16.7	37	-1.1	-5	.27	.253
Hand In Hand	24	16.7	37	15.6	32	-1.0	-5	.33	.109
Maxwell Elementary	97	18.6	48	21.9	76	3.4	28	.77	<.001
Project Tot/Avg	229	18.0	42	20.2	67	2.3	25	.53	<.001
PIP Students	26	14.0	18	18.4	40	4.3	24	.71	<.001
Statewide Tot/Avg	--	--	16	--	28	--	12	.55	<.001

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

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

Also see page 8 for expanded definitions of column headings.

TABLE 7
CHANGES IN PEER-PREFERRED SOCIAL BEHAVIOR
(SUBSCALE 2) RATINGS FOR PARTICIPANTS

School Name	n	Average Scores for WAS Subscale 2							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Arbuckle Elementary	89	25.8	33	29.3	57	3.4	24	.63	<.001
Grand Island Elementary	19	27.0	39	24.4	25	-2.6	-14	.52	.018
Hand In Hand	24	28.7	57	26.8	39	-1.9	-18	.40	.045
Maxwell Elementary	97	29.3	57	33.1	74	3.8	17	.70	<.001
Project Tot/Avg	229	27.7	52	30.2	61	2.5	9	.47	<.001
PIP Students	26	23.5	25	28.5	57	5.0	32	.67	<.001
Statewide Tot/Avg	--	--	18	--	31	--	13	.60	<.001

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

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

Also see page 8 for expanded definitions of column headings.

TABLE 8
CHANGES IN CLASSROOM ADJUSTMENT BEHAVIOR
(SUBSCALE 3) RATINGS FOR PARTICIPANTS

School Name	n	Average Scores for WAS Subscale 3							
		Before Participation		After Participation		Net Change and Significance Testing			
		Raw Score	%ile Score	Raw Score	%ile Score	Net Raw Change	Net %ile Change	Effect Size	P-Value
Arbuckle Elementary	89	23.7	36	27.9	58	4.2	22	.63	<.001
Grand Island Elementary	19	25.1	40	22.6	33	-2.5	-7	.56	.010
Hand In Hand	24	25.8	44	23.9	36	-1.9	-8	.42	.035
Maxwell Elementary	97	26.9	49	31.1	69	4.2	20	.74	<.001
Project Tot/Avg	229	25.4	40	28.4	58	3.0	18	.51	<.001
PIP Students	26	20.6	36	24.5	58	3.9	22	.64	<.001
Statewide Tot/Avg	--	--	18	--	29	--	11	.60	<.001

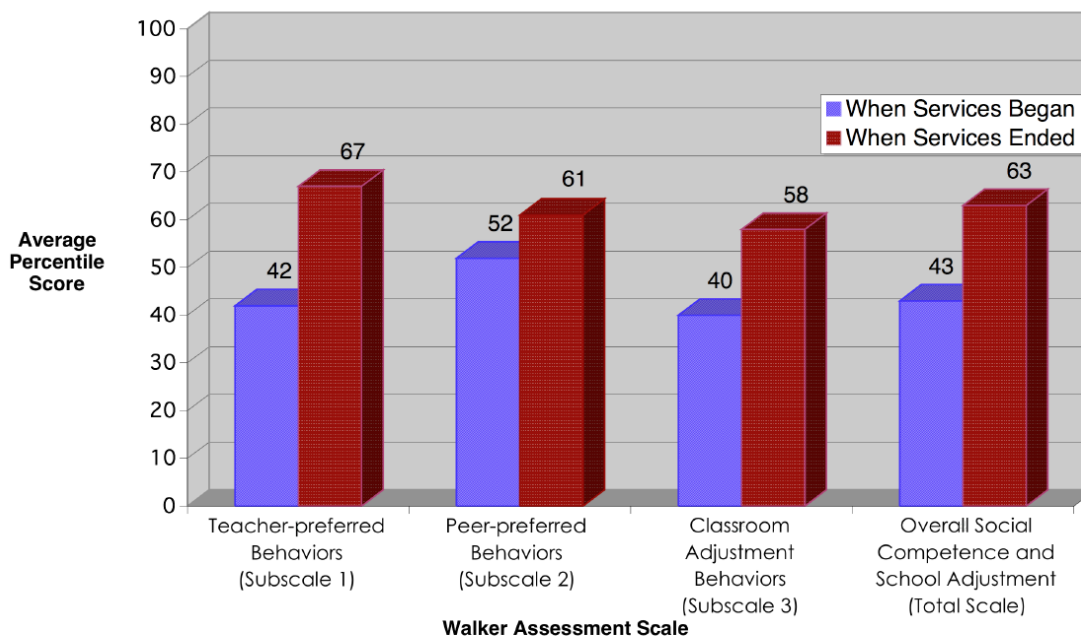
Effect Size: As generally agreed among researchers, effect sizes lower than .30 are considered "small," those in the range of .30 to .70 are considered "moderate," with effect sizes above .70 considered as "large."

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

Also see page 8 for expanded definitions of column headings.

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CHART 4
PRE-POST SCHOOL ADJUSTMENT RATINGS
FOR LOCAL PARTICIPANTS



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CHART 5
LOCAL VERSUS STATEWIDE COMPARISON OF AVERAGE NET CHANGES IN
PRE-POST SCHOOL ADJUSTMENT RATINGS

