

**EXHIBIT G.1 – PERFORMANCE MEASURES  
IBHS FOR LATINO COMMUNITY & FAMILIES**

	Program	Agency	Contact
<b>Program Purpose</b>	<b>PEI Stigma and Discrimination Reduction – CCHC Latino Outreach Program:</b> Reduce mental health stigma and hospitalizations and improve quality of life among Yolo County Latino/Hispanic residents.		
<b>Program Information</b>	This program will provide integrated behavioral health services that decrease the cost to county and providers for uninsured individuals, reduce mental health hospitalizations and length of stay for the target population, improve the quality of life and independence for target population clients, expand the target population’s input on programmatic structure, outreach and treatment activities, and reduce stigma with increased service penetration rates in the Latino community.		
<b>PM1: How much did we do?</b>			
<b>Staff</b>	Total FTEs by Classification, including breakdown of program staff who are bilingual and bicultural		
	<p><b>Program Participants:</b> Total # of participants served</p> <ul style="list-style-type: none"> <li>• Total # of unduplicated participants served</li> <li>• Total # of participants identified as male heads of household</li> <li>• Total # of participants who received services in Spanish as their preferred language</li> </ul> <p><b>Program Activities:</b></p> <ul style="list-style-type: none"> <li>• Total # of FTE Promotores actively involved in the program.</li> <li>• Total # of unduplicated participants who received a whole-person health screening. <ul style="list-style-type: none"> <li>○ % of participants screened for a history of trauma.</li> </ul> </li> <li>• Total # of outreach events (minimum weekly). <ul style="list-style-type: none"> <li>○ Average # of participants at outreach events</li> </ul> </li> <li>• Total # of group counseling “platicas” (minimum bi-weekly). <ul style="list-style-type: none"> <li>○ Average # of participants at group counseling “platicas”.</li> </ul> </li> <li>• Total # of advisory panel meetings that included representatives from the target population and community-based agencies.</li> </ul>		
<b>PM2: How well did we do it?</b>			
2.1	<b>Satisfaction</b> <sup>1</sup> : % and # of participants who reported satisfaction with services (e.g., services were provided at a convenient time and location; program staff treated me with respect, respected my cultural background / beliefs, spoke to me in a language that I understood)		
2.2	<p><b>Referral/Linkage</b><sup>2</sup></p> <p>Total # of participants referred to:</p> <ul style="list-style-type: none"> <li>• Primary Care services</li> <li>• Mental Health and / or Substance Use Disorder services</li> <li>• Other support services (e.g., health benefits enrollment, food resources, housing support)</li> </ul>		
2.3	<p>Total # of participants referred to any service.</p> <p><b>Treatment Engagement</b><sup>2</sup>: % and # of participants who completed a referral and engaged in treatment. Engagement is defined as participating at least once in the Program to which they were referred, including:</p>		
2.4	<ul style="list-style-type: none"> <li>• Primary Care services</li> <li>• Mental Health and / or Substance Use Disorder services</li> </ul>		
2.5	<ul style="list-style-type: none"> <li>• Other support services (e.g., health benefits enrollment, food resources, housing support)</li> </ul> <p><b>Timeliness</b><sup>2</sup>: Average interval (in days) between the referral and participation in treatment. Participation is defined as participating at least once in the treatment to which referred.</p>		

2.6	<p><b>Duration of Untreated Mental Illness (DUMI)</b><sup>2</sup>: Average DUMI across participants. DUMI is defined as, for persons who are referred to treatment and who have not previously received treatment, the time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment. Entry into treatment is defined as participating at least once in treatment to which the person was referred.</p> <p><b>Staff Training</b>: % of program staff trained in using evidence informed and evidence based practices<sup>3</sup></p>
<b>PM3: Is anyone better off?</b>	
3.1	<p><b>Stigma</b><sup>4</sup>:</p> <ul style="list-style-type: none"> <li>• % and # of participants with reduced stigmatizing attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services.</li> </ul>
3.2	<p><b>Hospitalizations</b>:</p> <ul style="list-style-type: none"> <li>• Reduced % and # of mental health hospitalizations and average length of stay.</li> </ul>
3.3	<p><b>Quality of Life</b>:</p> <ul style="list-style-type: none"> <li>• % and # of participants with improved functional outcomes (e.g., enrollment in entitlement benefits, employment status, housing status, health insurance coverage, food security)</li> <li>• % and # of participants with improved mental, physical, and/or emotional well-being outcomes.</li> </ul>

**EXHIBIT G.2 – PERFORMANCE MEASURES  
SACRAMENTO MULTIPLE ADVOCATES RESOURCE TEAM – YOLO (SMART-Y)**

Program	Agency	Contact
<b>Program Purpose</b>	Achieve timely linkage to social security benefits for the majority of clients served.	
<b>PM1: How much did we do?</b>		
1.1	Clients served annually.	
<b>PM2: How well did we do it?</b>		
2.1	Percentage of clients who are approved for social security benefits in less than 90 days following application submission.	
<b>PM3: Is anyone better off?</b>		
3.1	Percentage of clients who are approved for social security benefits following first application with the assistance of the SMART-Y program.	