

Ventura County Mental Health Services Act

Prevention & Early Intervention FY 2020-2021 Evaluation Report



VENTURA COUNTY

BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

Developed by:

EVALCORP
Measuring What Matters™

ACKNOWLEDGMENTS

EVALCORP would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this report. To begin, we would like to thank Ventura County Behavioral Health for their partnership throughout the evaluation process. We extend thanks particularly to Mental Health Services Act (MHSA) Senior Manager, Dr. Jamie Rotnofsky; MHSA Senior Program Administrator, Hilary Carson; MHSA Program Administrator, Greg Bergan; MHSA Program Administrator Katie Stefl; MHSA Community Service Coordinator, Esperanza Mata and Management Assistant, Juan Sanchez. We greatly appreciate their collaboration and support. We would also like to thank all of the funded providers for their hard work in collecting the data presented throughout this report. Lastly, we would like to acknowledge the program participants for completing evaluation surveys and sharing their experiences, stories, and recommendations. This report would not be possible without them.

TABLE OF CONTENTS

- Acknowledgments 1**
- Table of Contents..... 2**
- Introduction 10**
 - Overview.....10*
 - PEI Regulations.....10*
- Evaluation Methodology..... 12**
 - Evaluation Approach12*
 - Data Collection and Analysis12*
 - Data Notes13*
- COVID-19 Pandemic..... 14**
 - Impact of COVID-19 Pandemic on Providers14*
 - Impacts of COVID-19 on Program Beneficiaries14*
- Report Organization 16**
- Prevention 17**
 - Prevention Program Descriptions.....17*
 - Prevention Programs: Demographics of Participants[§]19*
 - Highlighted Successes and Challenges: Prevention Programs20*
- Multi-Tiered System of Support (MTSS)..... 21**
 - Program Strategies.....21*
 - Program Highlights[‡]21*
 - Program Activities22*
 - Program Outreach.....23*
 - Staff/Student Trainings23*
 - Program Outcomes and Satisfaction.....23*
 - Program Feedback24*
 - Conclusion and Recommendations24*
- Multi-Tiered System of Support (MTSS)..... 25**
 - Program Strategies.....25*

<i>Program Highlights</i> [‡]	25
<i>Program Activities</i>	26
<i>Program Referrals</i>	26
<i>Program Outcomes</i>	27
<i>Program Satisfaction</i>	28
<i>Program Feedback</i>	29
<i>Conclusion and Recommendations</i>	30
One Step A La Vez	31
<i>Program Strategies</i>	31
<i>Program Highlights</i>	31
<i>Demographic Data</i>	32
<i>Program Outreach</i>	34
<i>Program Services during COVID-19</i>	35
<i>Program Referrals</i>	36
<i>Program Outcomes</i>	37
<i>Program Satisfaction</i>	38
<i>Program Feedback</i>	38
<i>Program Successes</i>	39
<i>Conclusion and Recommendations</i>	39
Program to Encourage Active, REWARDING LIVES for Seniors (PEARLS)	40
<i>Program Strategies</i>	40
<i>Program Highlights</i>	40
<i>Demographic Data</i>	41
<i>Program Activities</i>	43
<i>Program Outreach</i>	43
<i>Program Services during COVID-19</i>	44
<i>Program Referrals</i>	45
<i>Program Outcomes</i>	46
<i>Program Satisfaction</i>	47
<i>Program Feedback</i>	48
<i>Program Successes</i>	48
<i>Conclusion and Recommendations</i>	49
Project Esperanza	50
<i>Program Strategies</i>	50

<i>Program Highlights</i>	50
<i>Demographic Data</i>	51
<i>Program Activities</i>	53
<i>Program Outreach</i>	53
<i>Program Services during COVID-19</i>	54
<i>Program Referrals</i>	55
<i>Program Outcomes</i>	55
<i>Program Satisfaction</i>	57
<i>Program Feedback</i>	58
<i>Program Successes</i>	59
<i>Conclusion and Recommendations</i>	59
Promotoras Conexión Program	60
<i>Program Strategies</i>	60
<i>Program Highlights</i>	60
<i>Demographic Data</i>	61
<i>Program Activities</i>	63
<i>Program Outreach</i>	63
<i>Program Services during COVID-19</i>	63
<i>Program Referrals</i>	65
<i>Program Outcomes</i>	65
<i>Program Satisfaction</i>	66
<i>Program Feedback</i>	67
<i>Program Successes</i>	67
<i>Conclusion and Recommendations</i>	68
Proyecto Conexión Con Mis Compañeras	69
<i>Program Strategies</i>	69
<i>Program Highlights</i>	69
<i>Demographic Data</i>	70
<i>Program Outreach</i>	72
<i>Program Services during COVID-19</i>	73
<i>Program Referrals</i>	74
<i>Program Outcomes</i>	75
<i>Program Satisfaction</i>	78
<i>Program Feedback</i>	79

<i>Program Successes</i>	79
<i>Conclusion and Recommendations</i>	80
Diversity Collective	81
<i>Program Strategies</i>	81
<i>Program Highlights</i>	81
<i>Demographic Data</i>	82
<i>Program Activities</i>	84
<i>Program Outreach</i>	84
<i>Program Services during COVID-19</i>	85
<i>Program Referrals</i>	85
<i>Program Outcomes</i>	86
<i>Program Satisfaction</i>	86
<i>Program Feedback</i>	87
<i>Program Successes</i>	88
<i>Conclusion and Recommendations</i>	88
Tri-County GLAD	89
<i>Program Strategies</i>	89
<i>Program Highlights</i>	89
<i>Demographic Data</i>	90
<i>Program Activities</i>	92
<i>Program Referrals</i>	92
<i>Program Services during COVID-19</i>	93
<i>Program Referrals</i>	94
<i>Program Outcomes</i>	95
<i>Program Satisfaction</i>	96
<i>Program Feedback</i>	97
<i>Program Successes</i>	98
<i>Conclusion and Recommendations</i>	99
Wellness Everyday	100
<i>Program Strategies</i>	100
<i>Program Highlights</i> [‡]	100
<i>Demographic Data</i> [†]	101
<i>Wellness Everyday Website Traffic</i> [†]	102
<i>Social Media Advertisements</i>	103

<i>Conclusion and Recommendations</i>	104
Early Intervention	105
<i>Early Intervention Program Descriptions</i>	105
<i>Early Intervention Programs: Demographics of Participants</i>	106
<i>Highlighted Successes and Challenges: Early Intervention Programs</i>	107
COMPASS	108
<i>Program Strategies</i>	108
<i>Program Highlights[†]</i>	108
<i>Demographic Data</i>	109
<i>Program Activities</i>	110
<i>Conclusion and Recommendations</i>	110
Community Cares	111
<i>Program Strategies</i>	111
<i>Program Highlights[†]</i>	111
<i>Demographic Data</i>	112
<i>Program Activities</i>	114
<i>Program Outcomes</i>	114
<i>Program Satisfaction</i>	116
<i>Program Feedback</i>	117
<i>Conclusion and Recommendations</i>	117
Family & Friends	118
<i>Program Strategies</i>	118
<i>Program Highlights[†]</i>	118
<i>Demographic Data</i>	119
<i>Program Activities</i>	121
<i>Program Outcomes</i>	121
<i>Program Satisfaction</i>	123
<i>Program Feedback</i>	123
<i>Conclusion and Recommendations</i>	123
Primary Care Program	124
<i>Program Strategies</i>	124
<i>Program Highlights[§]</i>	124
<i>Demographic Data</i>	125

<i>Program Outcomes</i>	127
<i>Conclusion and Recommendations</i>	128
Ventura County Power Over Prodromal Psychosis (VCPOP)	129
<i>Program Strategies</i>	129
<i>Program Highlights</i> [‡]	129
<i>Demographic Data</i>	130
<i>Program Activities</i>	132
<i>Conclusion and Recommendations</i>	133
OTHER PEI Programs	134
<i>Other PEI Program Descriptions</i>	134
<i>Other PEI Programs: Demographics of Participants</i> [§]	136
<i>Highlighted Successes and Challenges: Other PEI Programs</i>	137
Crisis Intervention Team	138
<i>Program Strategies</i>	138
<i>Program Highlights</i> [‡]	138
<i>Demographic Data</i>	139
<i>Program Activities</i>	141
<i>CIT Card Information</i>	142
<i>Program Outcomes: Post-training Evaluation Survey</i>	143
<i>Program Outcomes: Follow-up Survey</i>	145
<i>Program Satisfaction: Post-training Evaluation Survey</i>	148
<i>Program Satisfaction: Follow-up Survey</i>	149
<i>Program Feedback: Post-training Evaluation Survey</i>	149
<i>Program Feedback: Follow-up Survey</i>	149
<i>Program Successes</i>	150
<i>Conclusion and Recommendations</i>	150
In Our Own Voice	151
<i>Program Strategies</i>	151
<i>Program Highlights</i> [‡]	151
<i>Demographic Data</i>	152
<i>Program Activities</i>	154
<i>Program Outcomes</i>	154
<i>Program Satisfaction</i>	156

<i>Program Feedback</i>	157
<i>Conclusion and Recommendations</i>	157
Logrando Bienestar	158
<i>Program Strategies</i>	158
<i>Program Highlights</i>	158
<i>Demographic Data</i>	159
<i>Program Activities</i>	161
<i>Program Outreach</i>	161
<i>Program Services during COVID-19</i>	161
<i>Program Referrals</i>	162
<i>Program Successes</i>	162
<i>Conclusion and Recommendations</i>	162
Provider Education	163
<i>Program Strategies</i>	163
<i>Program Highlights</i> [†]	163
<i>Demographic Data</i>	164
<i>Program Activities</i>	166
<i>Program Outcomes</i>	166
<i>Conclusion and Recommendations</i>	167
La Clave Education & Training	168
<i>Program Strategies</i>	168
<i>Program Highlights</i> [†]	168
<i>Demographic Data</i>	169
<i>Program Outcomes</i>	170
<i>Program Successes</i>	171
<i>Conclusion and Recommendations</i>	171
Rapid Integrated Support & Engagement (RISE)	172
<i>Program Categories & Strategies</i>	172
<i>Program Highlights</i> [†]	172
<i>Demographic Data</i>	173
<i>Program Activities</i>	175
<i>Conclusion and Recommendations</i>	175
Appendix A. Categories of VCBH PEI Programs	176

Appendix B. FY 20–21 Numbers Served 177

**Appendix C. Ventura County Office Of Education (VCOE) Multi-Tiered Systems of Support (MTSS) Final
Evaluation Report FY 2020–2021 179**

Appendix D. University of Southern California (USC) La Clave Education & Training Annual Report 263

INTRODUCTION

Overview

The Mental Health Services Act (MHSA) was approved in 2004 and enacted in 2005 through the passage of California’s Proposition 63. It placed a 1% personal tax on incomes over \$1 million to increase mental health funding in the state. The goal of MHSA is to transform “the mental health system while improving the quality of life for Californians living with a mental illness.”* MHSA utilizes several components to accomplish this goal including one devoted to supporting programs that focus on Prevention and Early Intervention (PEI).

Ventura County Behavioral Health (VCBH) funded 20 programs using PEI dollars during fiscal year (FY) 2020–2021. The programs were delivered by community-based providers. These programs served children and adults, individuals and families, and trained providers who work with the County’s diverse populations.

PEI Regulations

MHSA regulations are frequently updated by the state legislature and the Mental Health Services Oversight and Accountability Commission (MHSOAC); the most recent update was in January of 2020. The programs funded during fiscal year 2020–2021 and the data presented in this report are aligned with both the PEI regulations and any amendments, to the extent possible.

Since FY 2016-2017, PEI-funded programs have been required to align with at least one of seven categories and employ three required strategies. Program categories and strategies are detailed below.

The program categories include:

- **Prevention:** Set of related activities to reduce risk factors for developing a potentially serious mental illness and to build positive factors. Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- **Early Intervention:** 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 negative outcomes that may result from untreated mental illness. 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.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness:** The process of engaging, encouraging, educating and/or training and learning from potential responders (family, school personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness Program services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
- **Access and Linkage to Treatment:** A set of related activities to connect children, adults and seniors with severe mental illness, 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

* <http://mhsoac.ca.gov/act>. Retrieved November 20, 2018.

mental health programs (e.g., screening, assessment, referral, telephone help lines, mobile response).

- **Stigma and Discrimination Reduction:** 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 seeking mental health services, and to increase acceptance, dignity, inclusion and equity for individuals with mental illness and members of their families.
- **Suicide Prevention (optional):** Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional):** To increase the extent to which an individual or family from an underserved population 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.

The strategies include:

- **Improving Timely Access to Services for Underserved Populations:** See above definition
- **Access and Linkage to Treatment:** See above definition
- **Implementing Non-Stigmatizing and Non-Discriminatory Practices:** Promoting, 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.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness (optional):** See above definition

Regulations also reporting on specific process and outcome metrics, including:

- Unduplicated number of individuals/families served
- Participant demographics (age, race, ethnicity, primary language, sexual orientation, gender, disability status, veteran status)*
- Number and types of referrals to treatment and other services
- Timely follow-through on referrals
- Changes in attitudes, knowledge, and behaviors related to mental illness and help-seeking
- Reduced mental illness risk factors and/or increased protective factors
- Reduced symptoms of mental illness
- Improved mental, emotional, and relational functioning
- Reduced negative outcomes that may result from untreated mental illness including suicide, incarcerations, school failure or dropout, unemployment, homelessness, etc. as defined by the Welfare and Institutions Code (WIC) 5840.

*Note that for a minor younger than the age of 12, programs are not required to collect demographic data on sexual orientation, current gender identity, and veteran status. Additionally, programs serving children younger than 18 years of age are only required to collect data to the extent permissible under applicable state and federal privacy laws. 11

EVALUATION METHODOLOGY

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2020–2021. This report presents State-required metrics as available and other program-specific information collected by the PEI providers. It also provides a comprehensive review of programs, including the following process and outcomes measures.

- Participant demographics and populations served
- Program services and activities
- Service participation
- Program impacts and outcomes

Data Collection and Analysis

The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs. Although VCBH strives to standardize data collection across programs to the extent possible, variations exist in each program’s specific data collection tools and measures to reflect program uniqueness and target population; however, all were designed to assess progress toward overarching PEI goals.

VCBH PEI-funded programs used four primary types of data collection strategies.

- 1) **VCBH Template:** In response to the October 2015 PEI amendments, VCBH developed a comprehensive data collection spreadsheet to collect program implementation data and process metrics such as number of individuals served, participant demographics, service referrals, outreach and other program activities, and program successes and challenges. Since the template was launched in January 2017, VCBH has continued to refine it to tailor it to the needs of each PEI program and to increase the data’s adherence to PEI regulations.
- 2) **Program Surveys:** Multiple PEI programs employ post-program surveys to collect outcome data required by the PEI regulations and additional information of interest to VCBH. The post-program surveys typically include both closed- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors for mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Each PEI program uses different surveys to ensure that the data collected are relevant and appropriate to the individual programs. During fiscal year 2020–2021, VCBH continued to streamline survey items across programs where appropriate.
- 3) **Narrative Reports:** When available, narrative reports provided by the PEI program to VCBH that described key activities, successes, and challenges were reviewed and included in the current report.
- 4) **Electronic Health Record (EHR) Data:** Some PEI programs use the county’s EHR system, Avatar, to record client data including demographic information and treatment outcomes. This data source is more common among programs that do not use the VCBH template.
- 5) **Web Analytics:** A few PEI programs also use web analytics to measure reach and engagement on their social media pages and websites.

In preparing this report, extensive data verification, cleaning, and analysis procedures were employed to ensure accuracy and validity of data and information presented.

Data Notes

Information about data availability and quality for individual PEI programs is presented within each program's section of the report. Notes about the overarching availability and quality of the data presented are listed below and program results should be considered within the context of these limitations.

Data limitations for some PEI programs in fiscal year 2020–2021 included:

- **Duplicated data:** For some training programs, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or “declined to answer” selections:** Some questions, particularly for demographic indicators, had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low participation rates:** Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.

VCBH continues to enhance data collection tools and procedures among the programs in order to report on demographics and outcomes according to PEI regulations.

COVID-19 PANDEMIC

Impact of COVID-19 Pandemic on Providers

In March 2020, the global COVID-19 pandemic shut down in-person services across the nation when stay-at-home and social distancing mandates were implemented. Ventura County and its many PEI providers quickly adapted and began providing virtual services to their clients (i.e. outreach via phones, group sessions over Zoom, and education on YouTube and social media).

VCBH's evaluator, EVALCORP, also pivoted evaluation activities to be available 100% online. Surveys were transitioned to an online platform and survey links were distributed to all providers. Additionally, surveys were modified to capture information about the type and quality of services provided during COVID-19 and whether the pandemic was having an impact on a number of specified mental health conditions (depression, anxiety, etc.).

The VCBH template was also modified to allow providers to document program activities conducted during the pandemic.

As fiscal year (FY) 2020–2021 came to a close, COVID-19 cases slowed down. As a result, VCBH and its contracted providers will continue to provide services and conduct program activities/outreach virtually during FY 2021-2022 when possible and will continue to implement modified data collection tools to accurately document the impact of the pandemic on community members receiving PEI services.

Impacts of COVID-19 on Program Beneficiaries

Questions about COVID-19 were included on participant surveys to supplement the 2020-2021 data collection process. Surveys were administered in June 2020 and asked participants about their personal experiences during the pandemic and their satisfaction with virtual services. Beneficiaries of the following programs completed the COVID-19 questionnaire:

- Promotoras Conexión (n=118)
- Program to Encourage Active, Rewarding Lives for Seniors (n=41)
- One Step a la Vez (n=35)
- Project Esperanza (n=20)
- TC GLAD (n=10)
- Proyecto Conexión Con Mis Compañeras (n=87)
- Missing/cannot determine (n=2)

Survey respondents (n=309-313) indicated whether they experienced increases in the following:

Due to COVID-19 participants reported increased...	% Yes	% Somewhat	% No
Anxiety	45%	26%	29%
Depression	39%	24%	37%
Difficulty focusing	24%	37%	39%
Difficulty sleeping	35%	27%	38%
Fatigue	33%	34%	33%
Lack of motivation	28%	33%	39%
Loneliness	37%	25%	38%
Uncertainty about the future	45%	36%	19%

Most respondents received services online (n=313)



Most felt these services were effective (n=223)



Most would like the option of virtual meetings after the pandemic (n=228)



REPORT ORGANIZATION

This report presents the PEI data by program. The programs are organized in this report into three sections, by their primary program categorization. Each section begins with an overall summary of the program category description and data highlights.

Each program category section begins with an overview that includes program descriptions, a profile of demographic characteristics of clients served, and highlighted successes and challenges experienced by programs included in that category. Results from each individual program is then presented, beginning with an overview of the program and followed by a detailed analysis of available data. The type of data presented varies across programs but may include information about participant demographics, program activities and reach; referrals; participant outcomes; participant satisfaction; feedback and recommendations for program improvement; and success stories. Each program section also contains information about how programs adapted to COVID-19 (when available) and a conclusion and recommendations section. Process and outcome data are reported in alignment with State requirements whenever possible.

Appendix A presents PEI-funded programs and their respective alignment with PEI Categories.

Appendix B presents PEI program participation, including number of individuals served or trained by program and by region.

Appendix C presents results of the VCOE MTSS Final Evaluation Report for FY 2020–2021.

Appendix D presents results of the USC La Clave Education & Training Annual Report.

PREVENTION

The goal of the Prevention component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. In Ventura County, there are 10 programs primarily categorized under Prevention. These programs serve a number of special populations including Latinos, Transitional Age Youth (TAY), individuals who are Deaf and Hard of Hearing (DHH), and LGBTQ+. Program services vary but include support groups, workshops, trainings, education, and presentations.

Across programs participants expressed high levels of satisfaction with the services they received. Additionally, programs that served underrepresented groups all reached their intended priority population(s). Further details about each program's population(s) served, activities and outreach, as well as participant outcomes are outlined in the following pages.

Prevention Programs offer activities to reduce risk factors for and build protective factors against developing a potentially serious mental illness and may include relapse prevention for individuals in recovery from a serious mental illness. A total of 326,346 participants were served by Prevention programs in Fiscal Year 2020-2021.

Prevention Program Descriptions

Multi-Tiered System of Supports, VCOE: Provides education and training for school personnel and students and family outreach and engagement to reduce stigma and discrimination about mental illness throughout Ventura County.

Multi-Tiered System of Supports, LEA: Provides mental health screenings, referrals, and mental health services for at-risk students. Contracted districts also provide education and training for school personnel and students and family outreach and engagement to reduce stigma and discrimination about mental illness.

One Step A La Vez: Serves Latino, LGBTQ+, and TAY at risk of homelessness or in the juvenile justice system through outreach, a drop-in center, wraparound wellness, stress and wellness classes, a high school equality club, and LGBTQ+ support groups.

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS): Offers an in-home counseling program for seniors that teaches participants how to manage depression through counseling sessions supported by a series of follow-up phone calls.

Project Esperanza: Offers mental health service assistance, educational and wellness classes, and activities to Latino families in the Santa Paula community.

Promotoras Conexión Program - Promotoras y Promotores Foundation (PyPF): Facilitates mental health for immigrant Latina/Hispanic women at risk of depression through support groups and one-on-one

support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Promotoras - Proyecto Conexión Con Mis Compañeras - Mixteco Indígena Community Organizing Project (MICOP): Facilitates mental health for the Latino and Indigenous community through support groups and one-on-one support to manage stress and depression, referrals and links to culturally and linguistically competent mental health providers, and outreach to promote awareness of mental health and existing services.

Diversity Collective: Hosts weekly support groups for LGBTQ+ youth and TAY and their allies, as well as promotes cultural competency and other mental health trainings to schools and agencies to spread awareness of LGBTQ+ mental health needs.

Tri-County GLAD: Increases knowledge and awareness of mental health concerns in the Deaf and Hard of Hearing community through outreach, referrals, social media videos, presentations, and workshops with middle school students.

Wellness Everyday: Provides prevention, suicide prevention, and coping with trauma messaging via social media campaigns and their website.

326,346

individuals received core program services[†]

23,428

individuals referred to mental health care and/or social support services[†]

850,516

individuals reached through outreach events[†]

23,558

participants in reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

Prevention Programs: Demographics of Participants[§]

Ethnicity* (n=677)	
Hispanic	80%
Non-Hispanic	20%
More than one ethnicity	1%
<i>Declined to answer: 106</i>	

Age (n=895)	
0-15	20%
16-25	10%
26-59	27%
60+	43%
<i>Declined to answer: 2</i>	

Primary Language* (n=839)	
English	44%
Spanish	51%
Indigenous	6%
Other	0%
<i>Declined to answer: 64</i>	

Sex Assigned at Birth (n=956)	
Female	74%
Male	26%
<i>Declined to answer: 9</i>	

Sexual Orientation (n=743)	
Bisexual	5%
Gay or Lesbian	5%
Heterosexual or Straight	84%
Queer	4%
Questioning or Unsure	1%
Another sexual orientation	1%
<i>Declined to answer: 103</i>	

Hispanic Ethnicities^ (n=538)			
Mexican	94%	South American	1%
Central American	1%	Caribbean	0%
Puerto Rican	1%	Another Hispanic	3%

Non-Hispanic Ethnicities^ (n=133)			
African	6%	Asian Indian/South Asian	1%
Cambodian	0%	Chinese	0%
Eastern European	10%	European	46%
Filipino	5%	Japanese	2%
Korean	0%	Middle Eastern	2%
Vietnamese	0%	Another Non-Hispanic	28%

Race* (n=896)	
American Indian/Alaska Native	2%
Asian	2%
Black/African American	2%
Hispanic/Latino	53%
Native Hawaiian/Pacific Islander	0%
White	32%
Other	9%
More than one	2%
<i>Declined to answer: 27</i>	

Current Gender Identity (n=908)	
Female	70%
Male	25%
Genderqueer	1%
Questioning or Unsure	1%
Transgender	2%
Another gender identity	1%
<i>Declined to answer: 64</i>	

City of Residence (n=1073)					
Camarillo	7%	Fillmore	10%	Moorpark	1%
Newbury Park	1%	Oak Park	0%	Ojai	2%
Oxnard	25%	Piru	1%	Port Hueneme	2%
Santa Paula	30%	Simi Valley	4%	Thousand Oaks	1%
Ventura	13%	Other	3%		

* Percentages may exceed 100% because participants could choose more than one response option.

[§] Demographic data was not collected for MTSS VCOE, MTSS LEA, or Wellness Everyday

[^] Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

Highlighted Successes and Challenges: Prevention Programs

Newly enrolled participant has found that after four sessions she has improved communication with her estranged daughter. She currently enjoys utilizing her newfound problem-solving skills.

Despite limited access to the youth due to COVID-19, staff have been contacting youth via zoom, texting, phone calls, delivering food, using social media to maintain relationships with youth.

We are now offering a mental health goodie bag to each participant of our workshop as an incentive for participating in the workshop, and this seems to be working really well. We have either been dropping them off at their homes or they have been coming by the office to pick up their goodie bag, and this is really helping with building rapport and trust. Each participant has been really happy to be receiving a little gift for their time. And in fact, I do believe it was because of this that we actually did have a participant reach back out to us, a few days later from receiving her goodie bag, about finding services for domestic violence survivors.

MULTI-TIERED SYSTEM OF SUPPORT (MTSS)

Ventura County Office of Education (VCOE)

MTSS is a comprehensive framework designed to align initiatives and resources within an educational organization, such as VCOE, to identify and address student needs. It aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. VCOE has seven core activities they must implement countywide. Among these include education and training for school personnel and students, family outreach and engagement, and ongoing technical assistance and contract monitoring for their contracted Local Educational Agencies (LEAs)/School Districts.

Program Strategies



Provides access and linkage to services for those with serious mental illness and serious emotional disturbance.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

Program Highlights[‡]

2,305 individuals received core program services[†]

119 individuals reached through outreach events[†]

2,186 individuals reached through program activities[†]

[‡]This program did not provide referrals or demographic information.

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Activities

Program activities include meetings, trainings, and technical assistance facilitated by VCOE staff. Ventura County educators and other community members may participate in these activities or events.

VCOE Program Activities by Type	# Activities/ Events
Staff/Student Trainings	45
Resilient Calm Learner	3
Mental Health Conference	3
LivingWorks Suicide Prevention Trainings	1
Technical Assistance	4
Collaboration Meetings	15
Other	347
TOTAL # of Activities/Events	418



2,186 participants in program activities⁺

Additionally, VCOE established Memorandums of Understanding (MOUs) with the following 11 Local Educational Agencies (LEAs)/School Districts to implement MTSS at all of their school sites.

- Conejo Valley Unified School
- Hueneme Elementary School District
- Moorpark Unified School District
- Oak Park Unified School District
- Ojai Unified School District
- Oxnard Elementary School District
- Oxnard Union High School District
- Rio School District
- Santa Paula Unified School District
- Simi Valley Unified School District
- Ventura Unified School District

As part of these MOUs, VCOE is responsible for supporting contracted districts to provide multi-generational family engagement, outreach events, and trainings to enhance public understanding of mental health and to reduce mental health stigma and discrimination. Additionally, VCOE is required to ensure that contracted districts engage and train students on mental health awareness, services, occupations, and peer engagement strategies targeting at-risk populations. For additional information about these activities please refer to the LEA MTSS Report Section on Page 25 or the VCOE MTSS Final Evaluation Report for FY 2020–2021 which can be found in **Appendix C** at the end of this report.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Outreach

Program outreach includes activities or events to promote services provided by VCOE to parents and students in the community in order to increase awareness of and linkages to mental health resources.

VCOE Program Outreach by Type	# Activities/Events
Zoom Trainings	3
GoToWebinars	1
TOTAL # of Activities/Events	4



119 people engaged through outreach activities[†]

Staff/Student Trainings

One of the primary program activities conducted within MTSS-VCOE are the staff/student trainings. These staff/student trainings included the following topics:

- 8** Friday Flow
- 6** Restorative Justice
- 5** Social Emotional Learning
- 3** Black Mental Wellness series
- 2** Transformational Tuesday
- 21** Additional Trainings

Friday Flow is a series of webinars focused on cultivating a deeper awareness of how staff might listen and respond to their needs in nourishing and rejuvenating ways. Restorative Justice is a series of trainings about an approach to school discipline that seeks to move away from suspension and expulsion by helping students to develop healthy relationships and healthy conflict management strategies.

For additional information about program activities and trainings conducted by VCOE during COVID-19 please refer to the VCOE MTSS Final Evaluation Report for FY 2020–2021.

Program Outcomes and Satisfaction

VCOE tracks outcomes by surveying participants following each training. For information about outcomes and satisfaction for each training conducted by VCOE please refer to the VCOE MTSS Final Evaluation Report for FY 2020–2021.

[†]Number of individuals may be duplicated. Excludes Technical Assistance, Collaboration Meetings, and Other.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Feedback

The following quotes are highlights from surveys collected at VCOE’s various trainings.

“This was a great event, the information was presented in a relatable manner while still being in depth...”

“Literally everything that was presented was useful”

“I learned new terms/language and techniques that I can use to speak to youth about race. I also got a lot of useful resources.”

“The most helpful thing I learned is how to utilize community circles to support students and staff.”

Conclusion and Recommendations

VCOE is meeting its goal to implement MTSS at local educational agencies throughout Ventura County while aligning with relevant PEI strategies to provide access and linkage to services, improve timely access to services, and reduce stigma and discrimination of mental health.

The appended VCOE MTSS Final Evaluation Report for FY 2020–2021 shows positive outcomes and feedback for all trainings conducted by VCOE.

Continuing to refine and streamline the process data collection procedures may be an area for future improvement. The variety and extent of services provided under MTSS is enormous, and extensive documentation was collected about many activities (much of which was drawn on for this report). However, evaluating the necessity and intended use of collected data on an ongoing basis can reduce administrative fatigue, and improve the quality and depth of insights obtainable from the data that is collected.

MULTI-TIERED SYSTEM OF SUPPORT (MTSS) Local Educational Agency (LEA)

MTSS is a comprehensive framework designed to align initiatives and resources within an educational organization, such as school districts, to identify and address student needs. It aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change. Each contracted Local Educational Agency (LEA)/School District has five core activities they must implement countywide. Among these include mental health screenings and referrals for students, education and training for school personnel and students, and family outreach and engagement.

Program Strategies



Provides access and linkage to services for high-risk mental health populations.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underserved and underrepresented groups.

Program Highlights[‡]

306,610 individuals received core program services[†]

22,558 individuals referred to mental health care and/or social support services[†]

[‡]This program did not provide demographic information.

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Activities

LEA MTSS activities include staff and student trainings, family engagement activities, and early intervention services facilitated by district/school staff. Staff, students, and other community members (including families) may participate in these activities or events.

LEA Program Activities by Type	# Activities/Events
Staff/Student Trainings	978
Family Engagement	298
School-based Individual Services	2,224
School-based Group Services	202,392
Other	14,616
TOTAL # of Activities/Events	220,508



306,610
participants in
program activities[†]

For additional information about these activities please refer to the VCOE MTSS Final Evaluation Report for FY 2020–2021.

Program Referrals

Program referrals include those made to school-based group or individual therapy, community-based mental health services, and/or other support services as needed. Contracted school districts conducted 37,058 screenings of students social, educational, and mental health needs. Referral data presented below is not unduplicated.



17,993 individuals referred to mental health care[†]



2,862 students identified as at-risk



4,565 individuals referred to social supports[†]



29 calls to the VCBH Crisis Team



236 students and families linked to services



100 safety plans developed

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Program Outcomes

Each LEA/School District tracks outcomes by surveying participants following every training. Results from these surveys are shown in the tables below.

Staff Training Outcomes (n=2,728)

As a result of participating in this training ...	% Agree
I learned something new about the topics covered in the training today.	93%
I learned strategies that will help me better support youth.	92%
I learned about local resources for youth in my community.	71%
I feel confident in my ability to support youth.	86%
I feel confident I could refer youth to appropriate resources in my community.	72%

Student Training Outcomes (n=2,303)

As a result of participating in this training ...	% Agree
I learned something new.	84%
I learned about where I can get help.	94%
I understand mental health issues better.	80%
I know when I need to ask for help for my mental health.	87%
I am more willing to ask for help for my mental health.	72%
I can spot myths about mental health.	71%
If a friend had a mental illness, I would still be friends with them.	96%

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, LEA

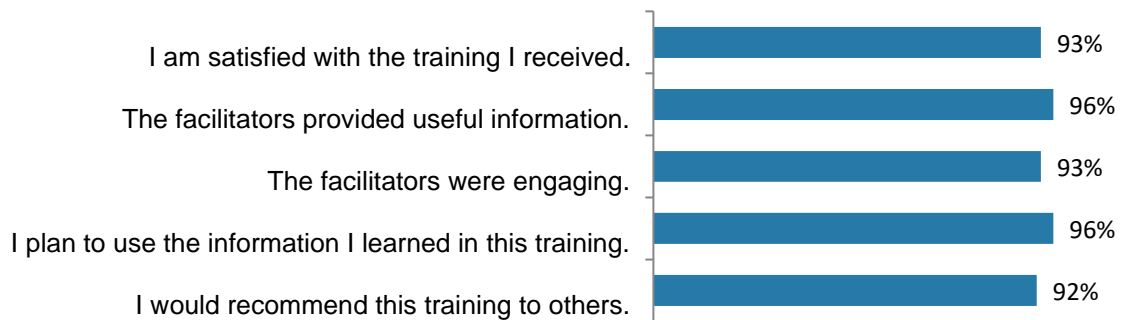
Family Engagement Activity Outcomes (n=70)

As a result of participating in this activity ...	% Agree
I learned something new.	92%
I know where to go to get mental health services in my community.	90%
I understand mental health issues better.	90%
I know when I need to ask for help for my child's mental health.	94%
I am more willing to ask for help if my child ever needs support with mental health.	94%
I can spot myths about mental health.	82%
If a family member had a mental illness, I would still love them.	97%

Program Satisfaction

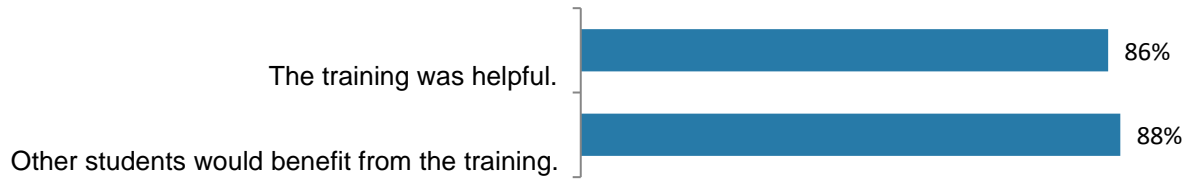
Each LEA contracted by VCOE also tracks satisfaction data for their staff/student trainings and family engagement events by surveying participants following each activity. Participants and trainees who received services from LEAs/School Districts were asked whether they agreed or disagreed with several satisfaction-related statements. The charts below present the percentage of survey respondent agreement with each statement (indicated by agreed or strongly agreed survey responses).

% of Staff Trainees Who Agree (n=2,728)

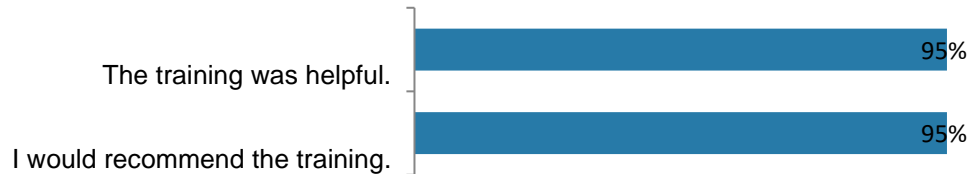


MULTI-TIERED SYSTEM OF SUPPORT, LEA

**% of Student Trainees Who Agree
(n=2,303)**



**% of Family Participants Who Agree
(n=70)**



Program Feedback

Participants and trainees were asked to provide additional feedback through an open-ended response question about what the most helpful thing they learned in the training. Illustrative quotes from this feedback are provided below.

Student Feedback

“Aprendi que la salud mental importa y debemos ayudar a las personas que no estan bien en su salud mental.”

“We’re not alone, many resources are offered in Ventura for mental health and self-care programs for those who drink and do drugs.”

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Staff Feedback

“To approach inappropriate school behaviors with the mindset that the child is trying to problem solve in a way they've adapted and that we need to foster strong connections to help guide our students to better problem solving and outcomes.”

“It was nice to have my feelings validated hearing other concerns of various teachers. We are all in the same boat and are trying our best to keep our head above the water. Overwhelmed is an understatement.”

Family Feedback

“This presentation was insightful and provided me helpful tools to support my children during this time. It was interesting to learn more about what is normal for child development and also for how kids deal with this type of a crisis. I took four pages of notes! This was incredibly helpful and I feel that my relationship with my kids, especially my middle schooler has improved. Thank you!”

“I was unaware of the Wellness Center that was on the Moorpark Unified School District site and the tools/resources for students.”

Conclusion and Recommendations

Contracted LEA's in Ventura County are meeting their goals of performing early identification through screenings and referrals, training educators and students in school districts throughout Ventura County, educating families, and providing early intervention services.

Post-training survey outcomes indicate that after participating in training sessions, most participants are more knowledgeable about mental health and hold less stigma as a result.

Similar to the recommendations for MTSS – VCOE, continuing to refine the process data collection procedures may be an area for future improvement. There was some inconsistency in the kinds of trainings and activities that were logged across districts, although this process has improved. Additional guidance on how to classify screenings, referrals, intervention activities, and trainings, could further improve data quality and assessment of trends.

ONE STEP A LA VEZ

One Step A La Vez serves multiple populations including the Latino/a community in Fillmore, Piru, and Santa Paula; youth and Transitional Age Youth (TAY) ages 13–25; LGBTQ+ youth; youth in the juvenile justice system; and youth and TAY who are homeless or at risk of homelessness. One Step A La Vez offers a drop-in center for mental health resources, wraparound supports, youth leadership activities, LGBTQ+ support groups, and classes on topics related to stress, coping, and wellness.

Program Strategies



Improves timely access and linkages to services for underserved populations by reaching youth, TAY, and Latino/as who might not otherwise get help.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and LGBTQ+-sensitive services, workshops, and presentations.

Program Highlights

143 individuals received core program services

143 individuals referred to mental health care and/or social support services

150 individuals reached through outreach events[†]

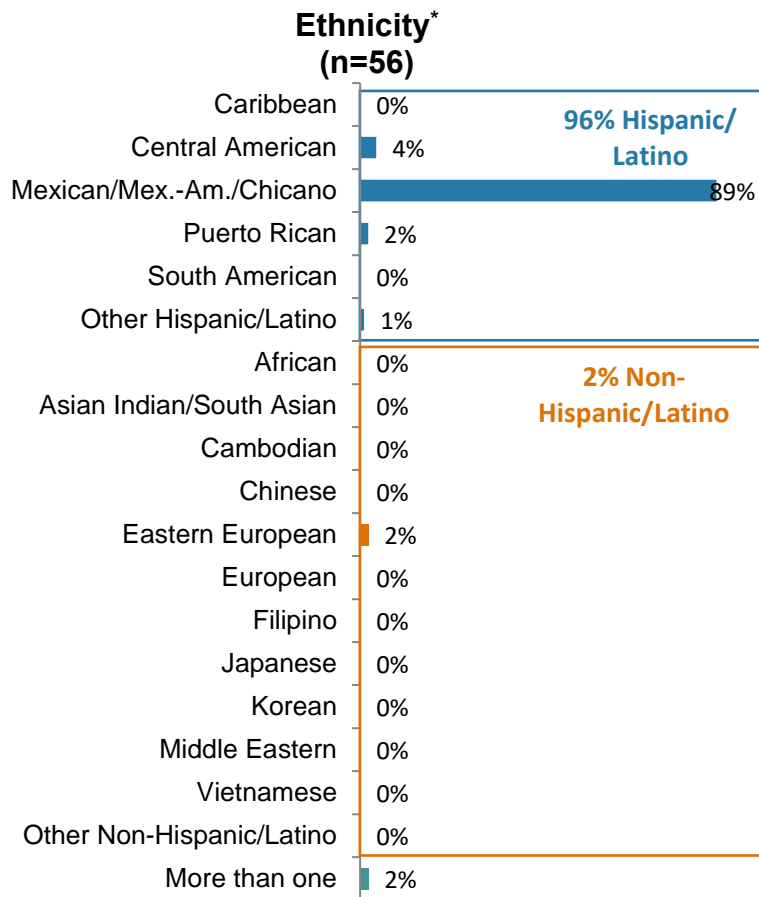
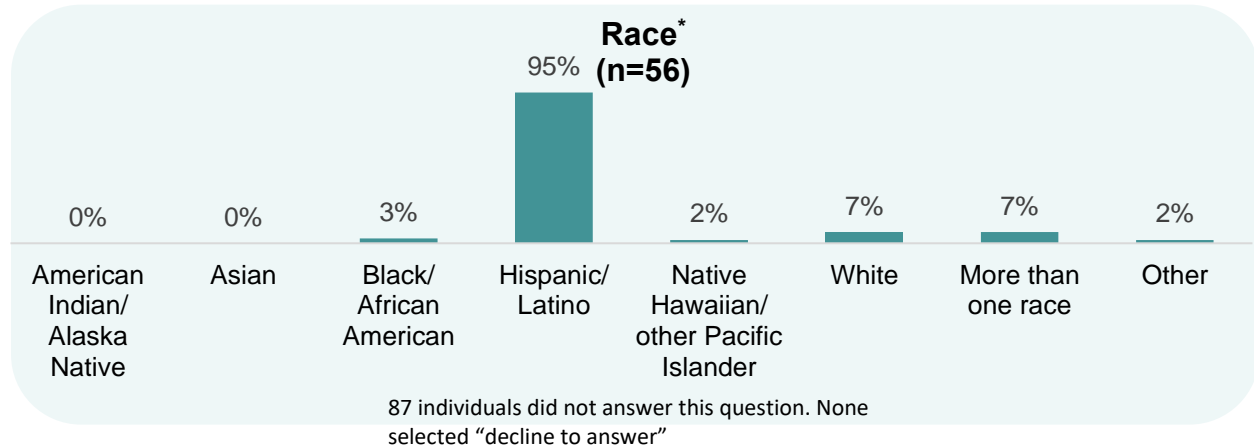
5,419 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

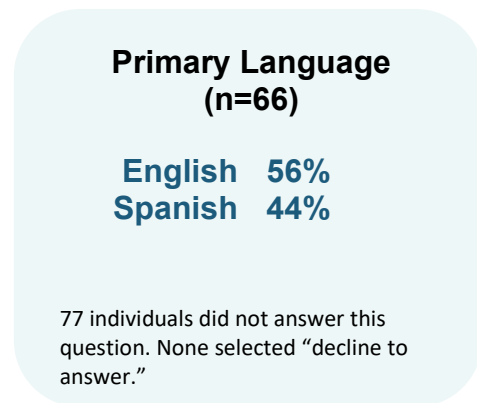
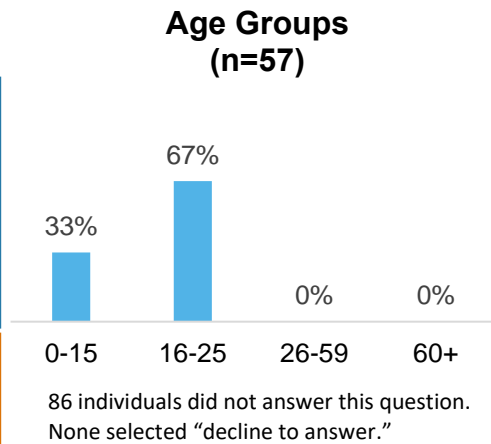
ONE STEP A LA VEZ

Demographic Data

One Step A La Vez collects unduplicated demographic data from the individuals they serve. Data in this section represents information from 143 individuals who completed a demographic form.



87 individuals did not answer this question, including 2 who selected "decline to answer."



*Percentages may exceed 100% because participants could choose more than one response option.

ONE STEP A LA VEZ

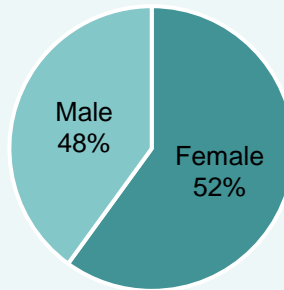
Demographic Data

Current Gender Identity (n=59)

Female	51%
Male	39%
Transgender	4%
Genderqueer	2%
Questioning or Unsure	2%
Another Gender Identity	2%

84 individuals did not answer this question. None selected "decline to answer."

Sex Assigned at Birth (n=56)



87 individuals did not answer this question, 1 selected "decline to answer."

Sexual Orientation (n=53)

Bi/pansexual	8%
Gay or Lesbian	4%
Heterosexual or Straight	75%
Queer	8%
Questioning or Unsure	4%
Another Sexual Orientation	1%

90 individuals did not answer this question, 4 selected "decline to answer."

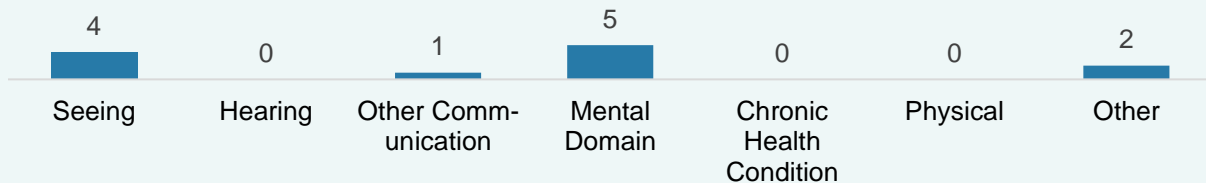
2% identify as veterans

n=57; 86 individuals did not answer this question. None selected "decline to answer."

5% of individuals reported having one or more disabilities

n=56; 87 individuals did not answer this question, 1 of which selected "decline to answer."

Disability* (n=12)



* Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

ONE STEP A LA VEZ

Program Outreach

Program outreach includes activities to promote One Step A La Vez in the community in order to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/Events
Community Fair/Event	2
TOTAL # of Activities/Events	2



150 people reached through outreach events[†]



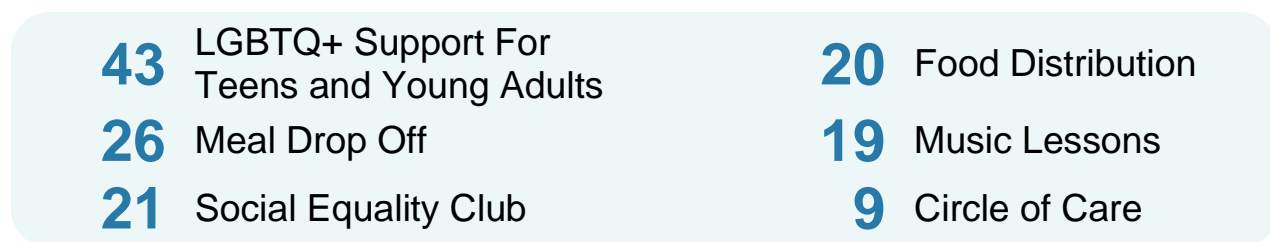
100% of outreach events offered in Spanish

[†]Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

ONE STEP A LA VEZ

Program Services during COVID-19

One Step A La Vez was among the many programs this year whose beneficiaries and services were adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:



Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process starting in April 2021. These additional questions asked participants about their mental health as well as their experiences with virtual services during the pandemic. Survey respondents (n=35) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	55%	31%	14%
Depression	40%	29%	31%
Difficulty focusing	31%	46%	23%
Difficulty sleeping	40%	23%	37%
Fatigue	46%	37%	17%
Lack of motivation	38%	31%	31%
Loneliness	43%	23%	34%
Uncertainty about the future	31%	43%	26%

Most respondents received services online (n=35)



Most felt these services were just as or more effective (n=18)



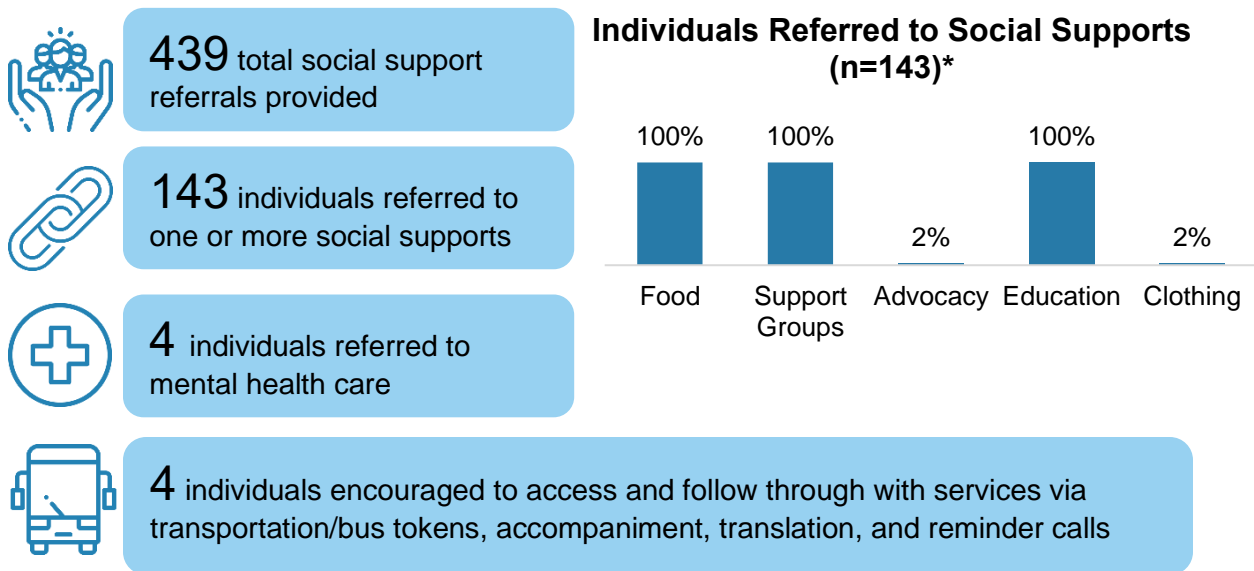
Most would like the option of virtual meetings after the pandemic (n=35)



ONE STEP A LA VEZ

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. The program also makes referrals to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 143 unduplicated individuals. The top 5 social support referrals provided are presented in the chart below.



*Percentages/counts may exceed 100% because participants could be referred to multiple services.

ONE STEP A LA VEZ

Program Outcomes

One Step A La Vez tracks outcomes for program participants (e.g., individuals who attend the drop-in center), with results from participant surveys presented in the following tables.

Participant Outcomes (n=14-21)[§]

As a result of participating in One Step A La Vez ...	% Gotten Better	% Stayed the Same	% Gotten Worse
My school attendance has...	43%	57%	0%
My grades in school have...	60%	40%	0%
My housing situation has...	50%	50%	0%
My job situation has...	47%	53%	0%
My relationship with friends and family has...	81%	19%	0%

Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=36)

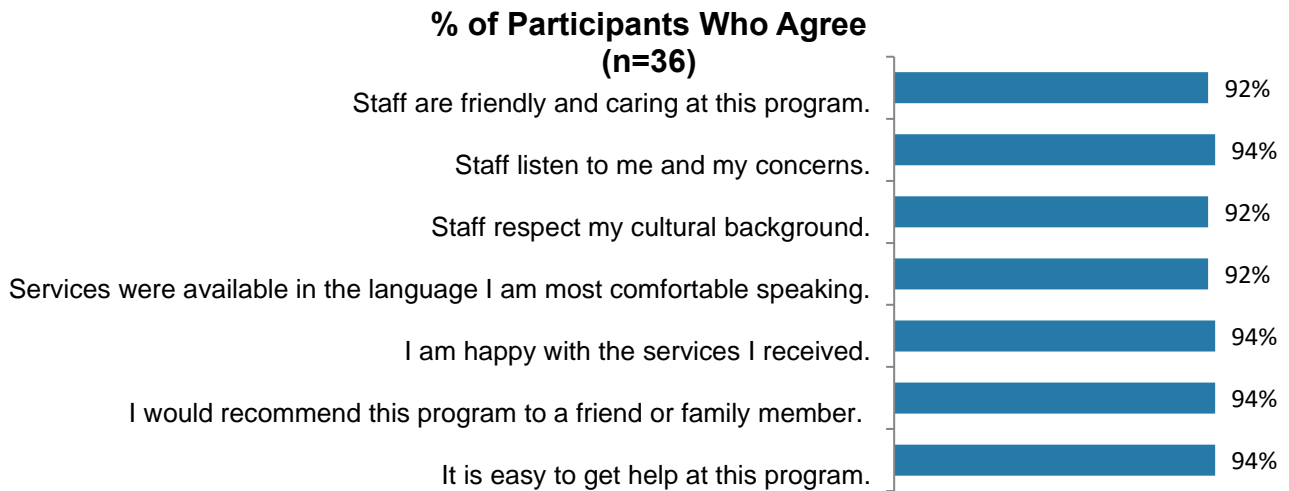
As a result of participating in One Step A La Vez ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	41%	50%	3%	6%
I am more willing to seek help for a mental health problem.	44%	36%	14%	6%
I believe people with mental illness can function in their daily lives.	47%	36%	11%	6%
I would be accepting of a family member or friend if they had a mental illness.	72%	19%	3%	6%
I know where to go for mental health services in my community.	42%	41%	11%	6%

[§]Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

One Step A La Vez

Program Satisfaction

Participants who received services from One Step A La Vez were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed or strongly agreed with each statement.



Program Feedback

Participants in One Step A La Vez services were asked to provide additional feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What was most useful or helpful about this program? (n=34)

Top 5 Responses

- Information about communities and resources (11)
- Having a safe and welcoming space to be myself (10)
- Connecting with staff and the community (10)
- Feeling supported and respected (8)
- Opportunities and services such as food distribution (7)

What are your recommendations for improvement? (n=32)

Top 5 Responses

- Increase awareness and ways to connect with others (i.e. Facebook) (9)
- More activities, events, and field trips (7)
- Improve facilities (5)
- More tutors and staff (3)
- Increase amenities provided (2)

The most common recommendation was that no improvements are needed (n=11).

ONE STEP A LA VEZ

Program Successes

In spite of limited access to the youth due to COVID-19, staff have been contacting youth via zoom, texting, phone calls, delivering food, using social media to maintain relationships with youth.

In January, staff created care packages to help youth out. Care packages were divided by type, based on hygiene, COVID-19 needs, food, and personal care package. As items were distributed via contactless measures, staff connected with youth and shared available resources.

In February, staff decided to deliver meals to youth Monday, and Tuesdays. At deliveries staff connected with youth for an instant and shared resources.

Conclusion and Recommendations

One Step A La Vez continued to reach the populations they seek to serve, with the majority of participants identifying as TAY Latino/as and 25% identifying as LGBTQ+. Additionally, every person who was referred to a social support service was linked to food services and support groups, suggesting that One Step A La Vez is working to meet clients' physical and emotional needs.

The majority of individuals who responded to participant surveys—more than 90% of respondents—agreed that, as a result of participating in One Step A La Vez, they are more aware of when and where to ask for help for a mental health problem. Survey results also suggest that participants hold non-stigmatizing beliefs about people with mental illness as a result of the program or training.

An area of future improvement may include increasing efforts to impact outcomes related to participants' school attendance and job placement, since these two program outcomes showed the lowest level of improvement.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS (PEARLS)

Ventura County Area Agency on Aging (VCAAA)

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is an evidence-based case management program for seniors that teaches participants the necessary skills to move forward and make positive changes with the goal of stabilizing the situation. PEARLS provides 8 in-home sessions over 12 weeks, covering three behavioral approaches to depression management: (1) teaches participants to recognize symptoms of depression and understand the link between unsolved problems and depression; (2) helps participants meet recommended levels of social and physical activity; and (3) helps participants identify and participate in personally pleasurable activities. In addition to the in-home counseling and follow-up phone calls, the PEARLS program assesses other factors in the participants' lives to ensure that other potential factors contributing to depression, such as chronic medical conditions, are adequately treated.

**As a result of the State of Emergency due to COVID-19, all in-home sessions are currently conducted in combination of porch visits and/or telephonically for the safety of the participants, per participant choice.*

Program Strategies



Provides access and linkage to services for older adults by conducting outreach.

Improves timely access to services for underserved populations (older adults) who might not otherwise get help.

Program Highlights

392 individuals received core program services

380 individuals referred to mental health care and/or social support services

856,163 individuals reached through outreach events[†]

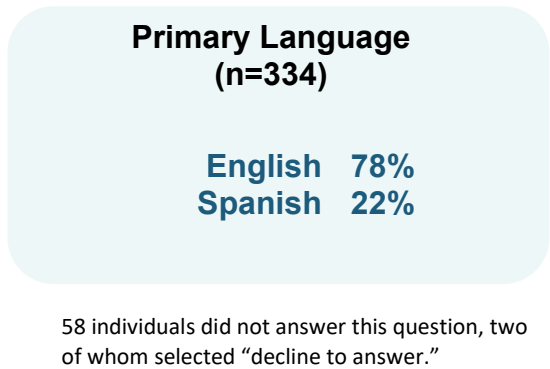
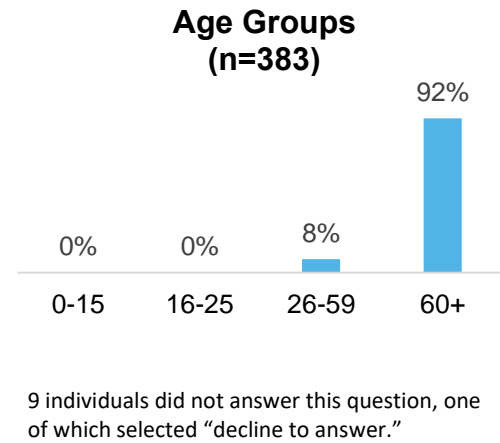
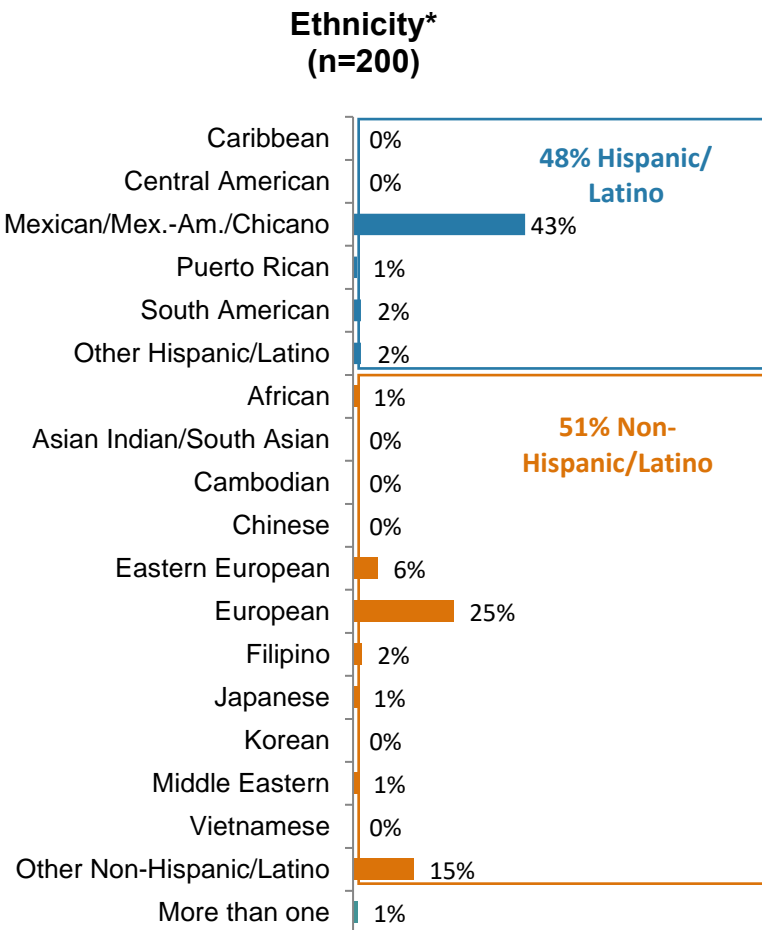
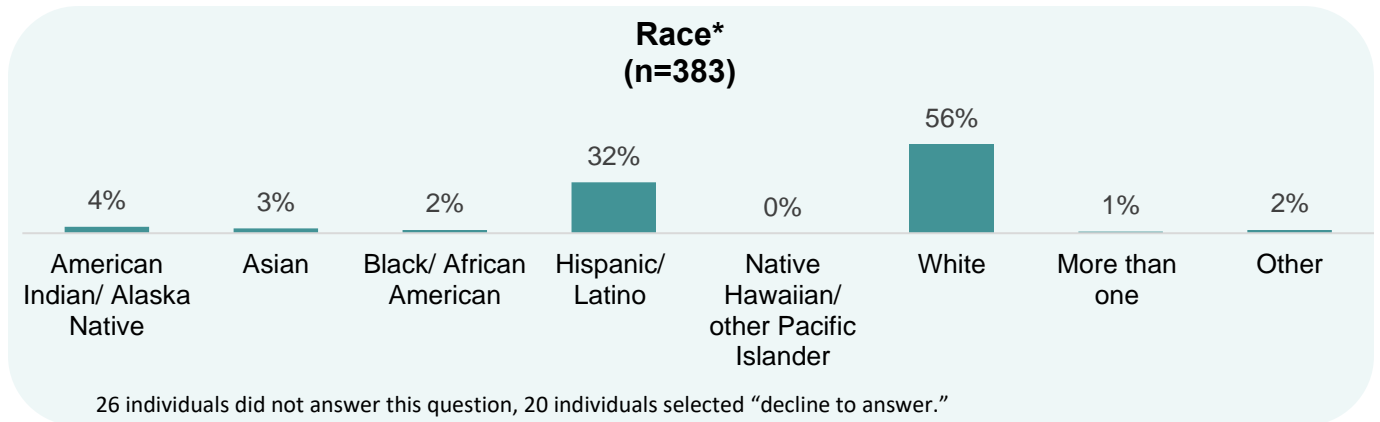
395 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Demographic Data

VCAAA collects unduplicated demographic data from the individuals they serve. Data in this section represents some demographic information provided by 392 individuals they serve.



* Percentages may exceed 100% because participants could choose more than one response option.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

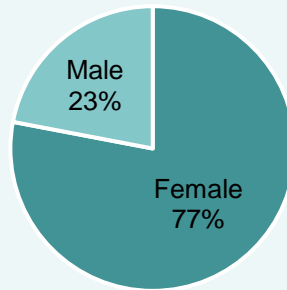
Demographic Data

Current Gender Identity (n=384)

Female	78%
Male	22%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

8 individuals did not answer this question. One selected "decline to answer."

Sex Assigned at Birth (n=331)



61 individuals did not answer this question, 4 of which selected "decline to answer."

Sexual Orientation (n=320)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	99%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

72 individuals did not answer this question, 11 of whom selected "decline to answer."

9% identify as veterans

n=328; 64 individuals did not answer this question. Three selected "decline to answer."

84% of individuals reported having one or more disabilities.

n=379. 13 individuals did not answer this question, 7 of which selected "decline to answer."

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Activities

Program activities include trainings and workshops facilitated by VCAAA program staff. In fiscal year 2020–2021, 2498 individual sessions were provided to 395 unduplicated individuals.



19% of program activities in Spanish



395 participants in program activities

Program Outreach

Program outreach includes activities to promote the program in the community, in order to increase awareness of mental health and link community members to mental health resources. In fiscal year 2020–2021, program staff virtual outreach through Ventura TV-tapings, phone, email, flyers, etc.



856,163 people reached through outreach events[†]

[†]Number of people reached may be duplicated because individuals could attend multiple events.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Services during COVID-19

PEARLS/VCAAA was among the many programs this year whose participants and services adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included screenings and PEARLS sessions for 395 individuals.

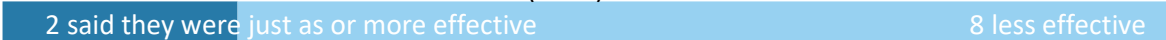
Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process. These additional questions asked participants about their mental health as well as their experiences with virtual services during the pandemic. Survey respondents (n=40-41) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	46%	37%	17%
Depression	45%	47%	8%
Difficulty focusing	33%	47%	20%
Difficulty sleeping	37%	31%	32%
Fatigue	35%	40%	25%
Lack of motivation	32%	48%	20%
Loneliness	58%	27%	15%
Uncertainty about the future	39%	39%	22%

Most respondents did not receive services online (n=41)



Most felt these services were less effective (n=10)



Most would like the option of virtual meetings after the pandemic (n=19)



† Number of people reached may be duplicated because individuals could attend multiple events.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. All referral data highlighted represents 392 unduplicated individuals, who could be referred to multiple services. The only social support referrals provided to participants were for basic needs, food and support programs.



21 individuals referred to mental health care



378 individuals referred to one or more social supports



402 total social support referrals provided



5 individuals encouraged to access and follow through with services via accompaniment and reminder calls

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Outcomes

PEARLS/VCAAA tracks outcomes by surveying participants who participate in services offered by the organization, with results from participant surveys presented in the following tables.

Participant Outcomes

(n=2-29)[§]

As a result of participating in PEARLS/VCAAA...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	0	2	0
My grades in school have...	1	2	0
My housing situation has...	9	6	1
My job situation has...	1	4	0
My relationship with friends and family has...	21	8	0

Participant Outcomes Increased Knowledge & Stigma Reduction

(n=40-42)

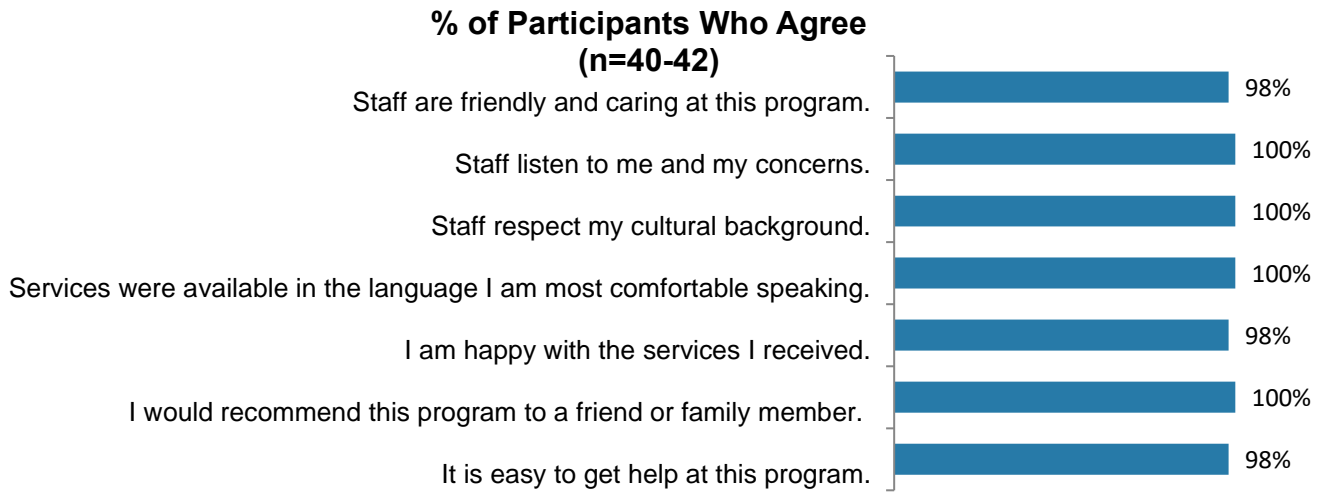
As a result of participating in PEARLS/VCAAA ...	# Agree/ Strongly Agree	# Disagree/ Strongly Disagree
I know when I need to ask for help with a mental health problem.	40	2
I am more willing to seek help for a mental health problem.	40	2
I believe people with mental illness can function in their daily lives.	35	5
I would be accepting of a family member or friend if they had a mental illness.	41	1
I know where to go for mental health services in my community.	37	5

[§]Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Satisfaction

Participants who received services from PEARLS/VCAAA were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed or strongly agreed with each statement.



PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Program Feedback

Participants in PEARLS/VCAAA services were asked to provide additional feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

Participant Feedback

What was most useful or helpful about this program? (n=41)

Top 3 Responses

- Having someone to talk to that is caring and understands (28)
- Improved overall wellbeing (10)
- Home visits and resources provided (8)

What are your recommendations for improvement? (n=40)

Top 5 Responses

- Expand hours and service (18)
- Increase time spent with counselors and opportunities to participate (6)

Additionally, nearly half of respondents indicated that were no improvements necessary (n=17).

Program Successes

Newly enrolled participant has found that after four sessions she has improved communication with her estranged daughter. She currently enjoys utilizing her newfound problem-solving skills.

Our 91-year-old client, after receiving her 7th session, called one of the supervisors to thank her for the PEARLS Program and wishing it was longer. Her mood and blood pressure has improved.

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

Conclusion and Recommendations

VCAAA is reaching the population they seek to serve, with the majority of participants identifying as older adults. VCAAA is also reaching a larger number of the population compared to fiscal year 2019-2020, referring more than four times the number of individuals to one or more social supports.

An area of future improvement could be to increase compliance with demographic data collection requirements, particularly for ethnicity, as determined by the MHSOAC.

PROJECT ESPERANZA

Our Lady of Guadalupe Parish

Project Esperanza, held at Our Lady of Guadalupe Church, is a primary community resource that provides education, sports, and cultural preservation in the Santa Paula area. Project Esperanza serves the Hispanic community and other underserved populations regardless of race, social status, immigration status, or religious or cultural beliefs. Project Esperanza offers free mental health literacy workshops in partnership with local mental health practitioners and advocates, targeting parents of children enrolled in after-school programs. Educational classes explore a variety of topics on mental health each month including mental health stigma, wellness, technology and mental health, cyberbullying and self-esteem, anxiety and depression, self-injurious behavior, suicide prevention, children's mental health, and women and men's mental health. All educational activities focus on prevention, knowledge building, and stigma reduction.

Program Strategies



Improves timely access and linkages to services for underserved populations, including the Hispanic population, who might not otherwise get help.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent services, workshops, and presentations.

Program Highlights

208 individuals received core program services

150 individuals referred to mental health care and/or social support services[†]

1,343 individuals reached through outreach events[†]

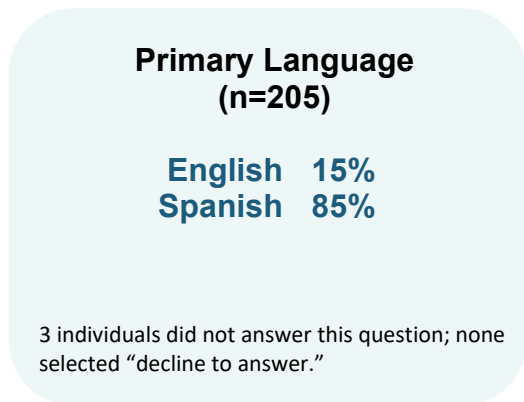
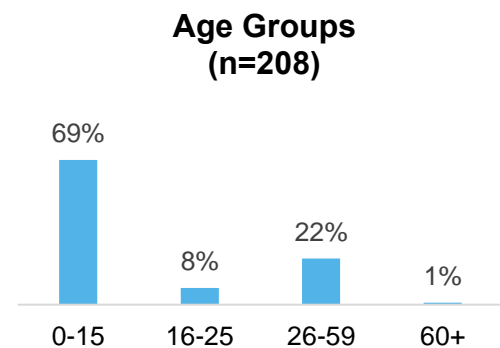
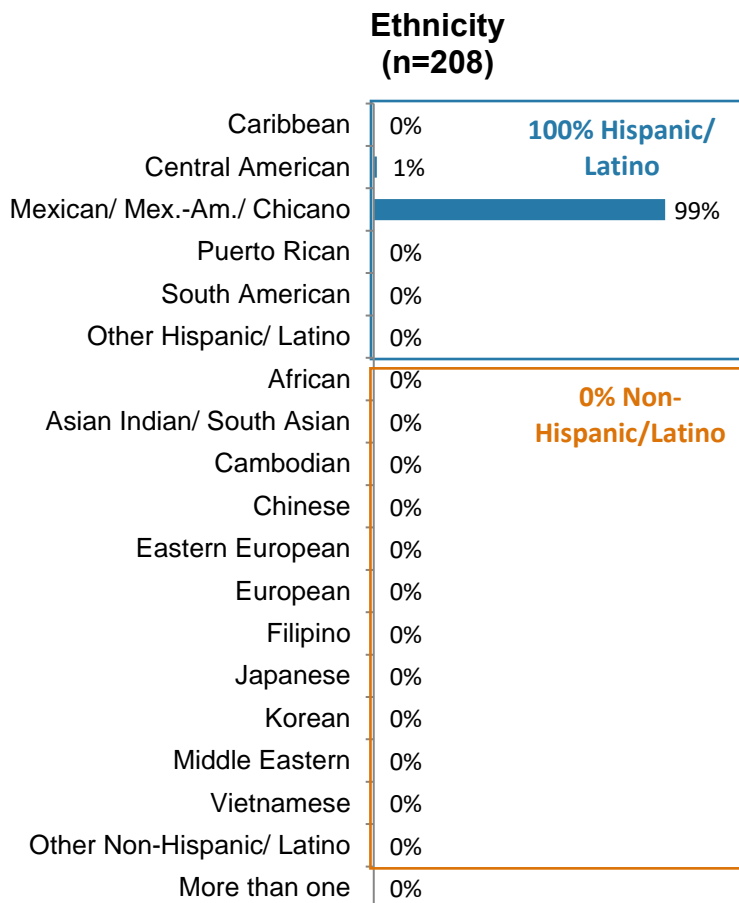
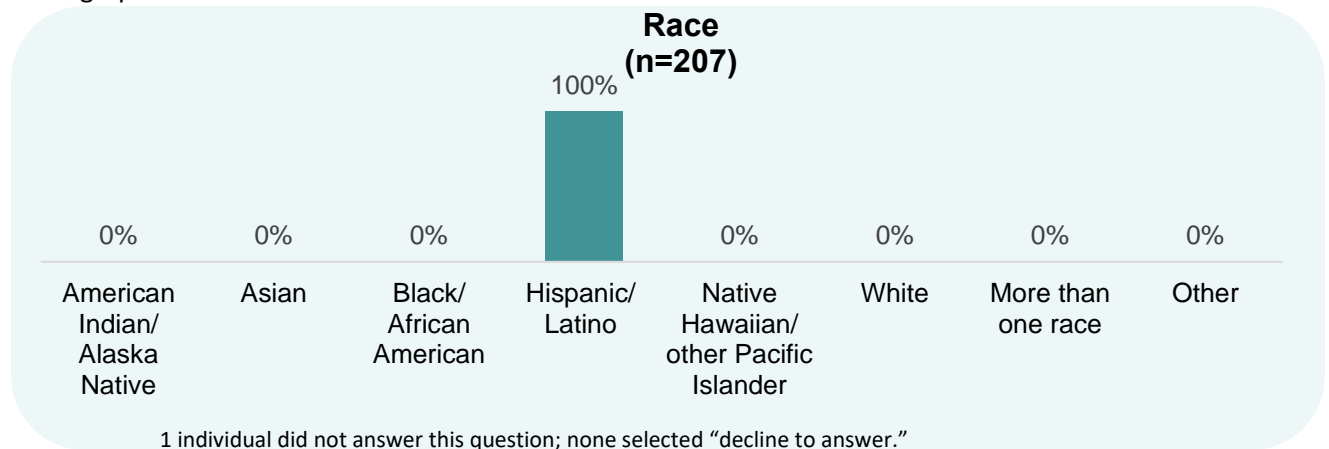
1,193 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

PROJECT ESPERANZA

Demographic Data

Project Esperanza collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 208 individuals who received services and completed a demographic form.



PROJECT ESPERANZA

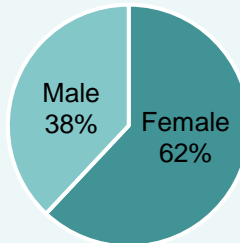
Demographic Data

Current Gender Identity (n=204)

Female	63%
Male	37%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

4 individuals did not answer this question, none selected "decline to answer."

Sex Assigned at Birth (n=205)



3 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n=134)

Bisexual	4%
Gay or Lesbian	0%
Heterosexual or Straight	96%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

74 individuals did not answer this question, including 10 who selected "decline to answer."

None identify as veterans

n=14; 194 individuals did not answer this question; 2 of whom selected "decline to answer."

2 individuals reported having one or more disabilities

n=48; 160 individuals did not answer this question, 6 of whom selected "decline to answer."

PROJECT ESPERANZA

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by Project Esperanza program staff. Program participants and other community members may participate in these activities or events.

Program Activities by Type	# Activities/ Events
Class	157
Training/workshop	20
Food Distribution	1
TOTAL # of Activities/Events	178



67% of program activities in Spanish



2,456 participants in program activities[†]

Program Outreach

Program outreach includes activities to promote Project Esperanza in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/ Events
Community Fair or Event	3
Outreach	3
Workshop	8
Other	10
TOTAL # of Activities/Events	24



1,343 people reached through outreach events[†]



6,475 materials distributed



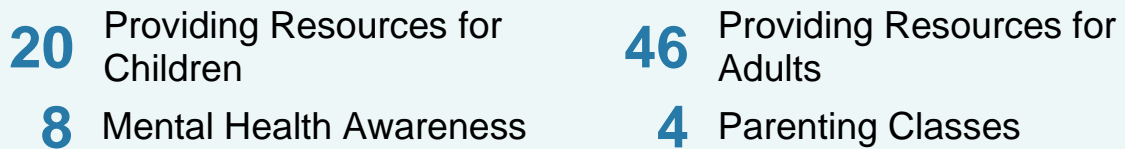
24 outreach events offered in Spanish

[†]Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROJECT ESPERANZA

Program Services during COVID-19

Project Esperanza was among the many programs this year whose beneficiaries and services were adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:



Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process, including information from providers on modified activities and surveys with participants about their personal experiences during the pandemic and with virtual services. Survey respondents (n=20) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	30%	60%	10%
Depression	15%	25%	60%
Difficulty focusing	15%	30%	55%
Difficulty sleeping	20%	10%	70%
Fatigue	20%	20%	60%
Lack of motivation	15%	40%	45%
Loneliness	25%	10%	65%
Uncertainty about the future	65%	25%	10%

Most respondents received services online (n=20)



Most felt these services were just as or more effective (n=14)



Most would like the option of virtual meetings after the pandemic (n=20)



PROJECT ESPERANZA

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals were also made to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 146 unduplicated individuals. The top 4 social support referrals provided are presented in the chart below.



28 individuals referred to mental health care



146 individuals referred to one or more social supports

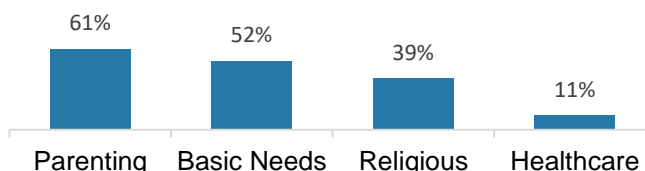


304 total social support referrals provided



26 individuals encouraged to access and follow through with services via transportation/bus tokens, accompaniment, translation, and reminder calls

Individuals Referred to Social Supports* (n=146)



Program Outcomes

Project Esperanza tracks outcomes for program participants and trainees who receive services offered by the organization. Results from these surveys are shown in the following tables.

Participant Outcomes (n=5-17)[§]

As a result of participating in Project Esperanza ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	6	0	0
My grades in school have...	5	0	0
My housing situation has...	6	1	0
My job situation has...	3	2	0
My relationship with friends and family has...	17	0	0

PROJECT ESPERANZA

Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=20)

As a result of participating in Project Esperanza ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	70%	20%	0%	10%
I am more willing to seek help for a mental health problem.	35%	60%	5%	0%
I believe people with mental illness can function in their daily lives.	35%	50%	10%	5%
I would be accepting of a family member or friend if they had a mental illness.	60%	40%	0%	0%
I know where to go for mental health services in my community.	35%	65%	0%	0%

*Percentages/counts may exceed 100% because individuals could be referred to multiple services.

§Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

PROJECT ESPERANZA

Trainee Outcomes (n=10)

As a result of participating in this workshop/class ...	Strongly Agree	Agree	Disagree	Strongly Disagree
I better understand mental health issues and related crises.	4	5	0	1
I know where the mental health services are in my community.	4	4	1	1
I am aware of my own views and feelings about mental health issues.	3	6	0	1
I recognize misconceptions about mental health and mental illness.	4	5	0	1
I believe people with mental illness can function in their daily lives.	5	4	0	1
I am more likely to assist someone with mental illness who needs help.	6	3	0	1

Program Satisfaction

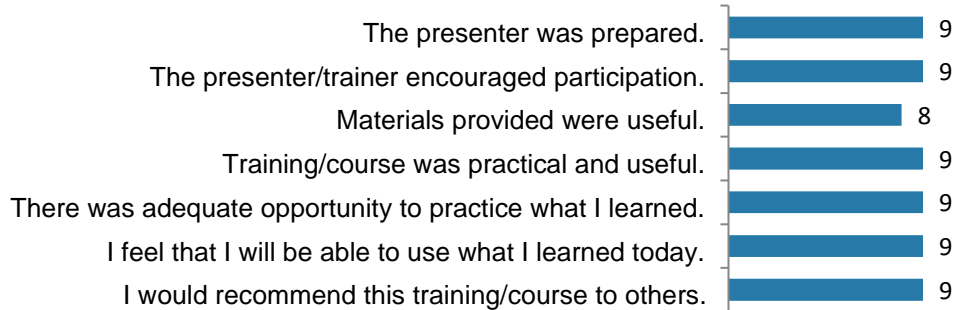
Participants and trainees who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements. The charts below show the percentage of respondents who agreed or strongly agreed with each statement.

% of Participants Who Agree (n=20)



PROJECT ESPERANZA

of Trainees Who Agree (n=10)



Program Feedback

Participants and trainees in Project Esperanza services/activities were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

Participant Feedback

What was most useful or helpful about this program for your child? (n=18)

Top 3 Responses

- Parenting advice and resources (9)
- Growing emotionally and psychologically (6)
- Talking with others (4)

What are your recommendations for improvement? (n=19)

Top 3 Responses

- More class days and additional class types (8)
- Change class time and increase class length (3)
- Additional advertising and outreach (3)

Additionally, approximately one-fourth of respondents indicated that there were no improvements necessary (n=4).

PROJECT ESPERANZA

Program Successes

Participants in our Parenting Class were coming regularly to attend the class happily and shared their experience and explained how Parenting Class helps them to deal with their problem in their own family. We still promote Parenting Class for our community and are trying to create more awareness about Mental Health in our society.

Conclusion and Recommendations

Project Esperanza is reaching the population they seek to serve, as nearly all participants identified as Hispanic/Latino. Project Esperanza is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate. Additionally, they host a large number of wellbeing classes that teach youth coping mechanisms.

Most parents reported that participation in Project Esperanza provided valuable parenting advice and resources to help their children. Parents also reported that the program supported way to improve a child's growth emotionally and psychologically.

An area of future improvement may include conducting more program activities in Spanish. In FY 20–21, roughly 67% of program activities were provided in Spanish, while nearly 85% of participants indicated that Spanish was their primary language.

PROMOTORAS CONEXIÓN PROGRAM

Promotoras y Promotores Foundation

The Promotoras Conexión Program primarily serves immigrant Latina women at risk for depression and their families living in the Santa Clara Valley. The Promotoras Conexión Program facilitates community-based mental health support groups and provides one-on-one support to empower and help participants reduce stress, manage depression, and improve their quality of life. In addition, the Promotoras Conexión Program conducts outreach and community presentations to promote program services, distribute mental health educational information, increase awareness of local mental health resources, and educate the community on how to recognize the signs of suicide risk and the effects of trauma (concept of SODA/Conexión).

Program Strategies



Improves timely access to services for underserved populations primarily in Santa Clara Valley with outreach to other areas of Ventura County through referrals to culturally and linguistically appropriate services.



Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and presentations.

Program Highlights

83 individuals received core program services

83 individuals referred to mental health care and/or social support services

1,683 individuals reached through outreach events[†]

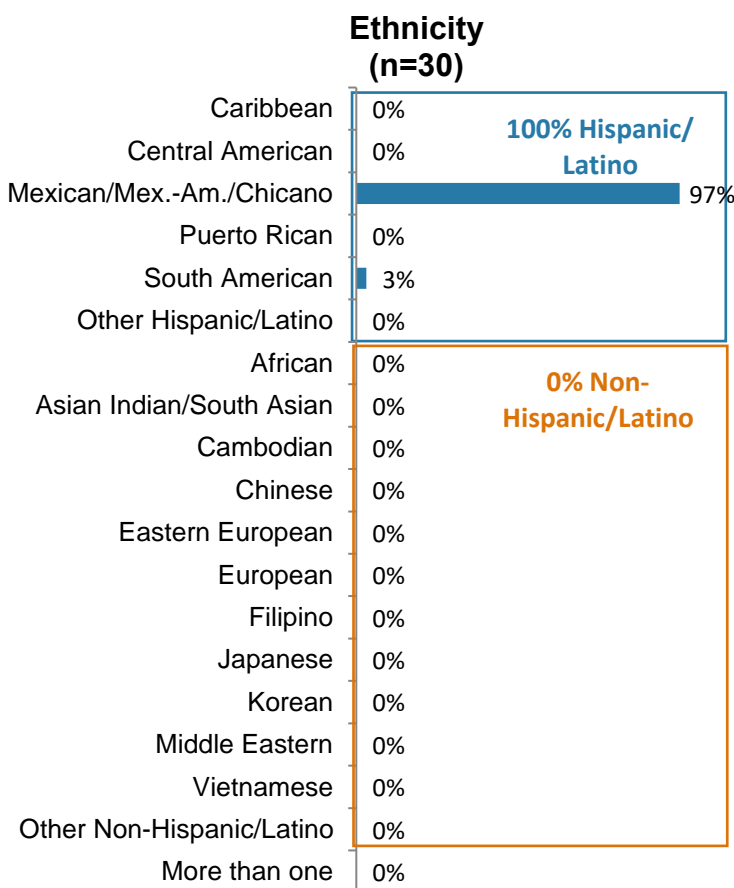
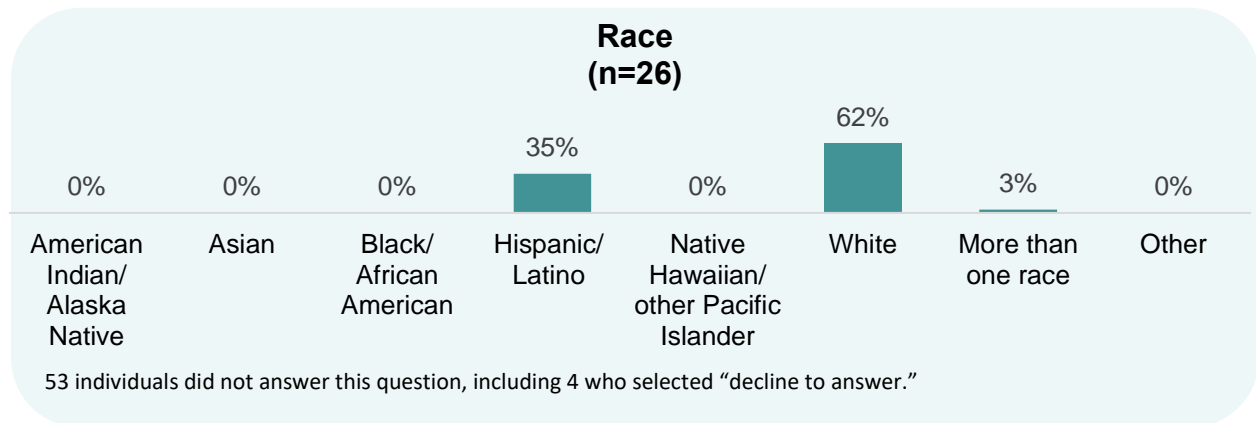
457 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

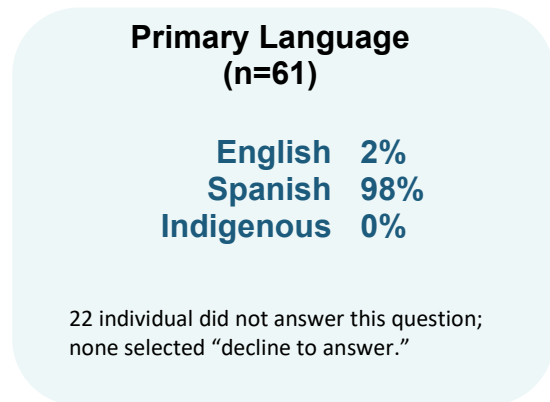
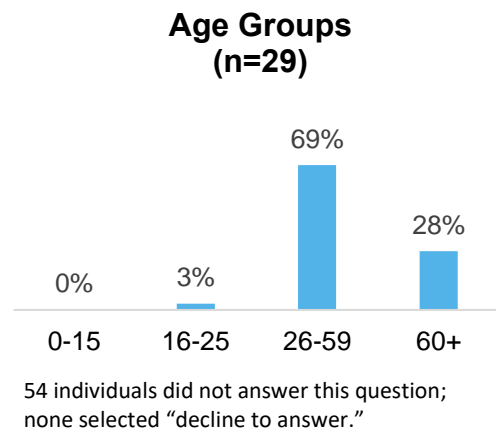
PROMOTORAS CONEXIÓN PROGRAM

Demographic Data

The Promotoras Conexión Program collects unduplicated demographic data from the individuals they serve. Of the 83 individuals who received core program services, all provided some demographic information, as presented below.



53 individuals did not answer this question; none selected "decline to answer."



PROMOTORAS CONEXIÓN PROGRAM

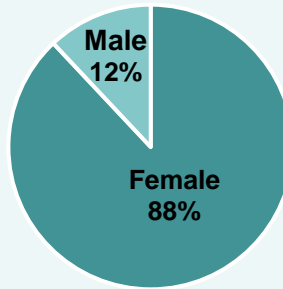
Demographic Data

Current Gender Identity (n=65)

Female	89%
Male	11%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

18 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=82)



1 individual did not answer this question; none selected "decline to answer."

Sexual Orientation (n=17)

Bisexual	0%
Gay or Lesbian	6%
Heterosexual or Straight	94%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

66 individuals did not answer this question, including 10 who selected "decline to answer."

None identify as veterans

n=26; 57 individuals did not answer this question, including 2 who selected "decline to answer."

One individual reported having one or more disabilities

n=27. 56 individuals did not answer this question; none selected "decline to answer."

PROMOTORAS CONEXIÓN PROGRAM

Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 16 support groups in fiscal year 2020–2021.



100% of program activities in Spanish



53 participants in program activities[†]

Program Outreach

Program outreach includes activities to promote the Promotoras Conexión Program in the community in order to increase awareness and linkages to mental health resources.

Program Outreach by Type	# Activities/Events
Presentation	1
Outreach	47
Community fair or event	0
TOTAL # of Activities/Events	48



1,683 people reached through outreach events[†]



100% of outreach events in Spanish

Program Services during COVID-19

Promotoras Conexión was among the many programs this year whose participants and services were adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:

2 Food Share

2 Stress Management

PROMOTORAS CONEXIÓN PROGRAM

Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process starting in April 2021, including information from providers on modified activities and surveys with participants about their personal experiences during the pandemic and with virtual services. Survey respondents (n=116-118) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	61%	23%	16%
Depression	59%	22%	19%
Difficulty focusing	29%	50%	21%
Difficulty sleeping	47%	37%	16%
Fatigue	39%	45%	16%
Lack of motivation	38%	45%	17%
Loneliness	47%	34%	19%
Uncertainty about the future	35%	49%	16%

Most respondents received services online (n=118)

90% received online services

10% did not

Most felt these services were less effective (n=98)

46% said they were just as or more effective

54% less effective

Most would not like the option of virtual meetings after the pandemic (n=117)

44% would like the option of virtual meetings

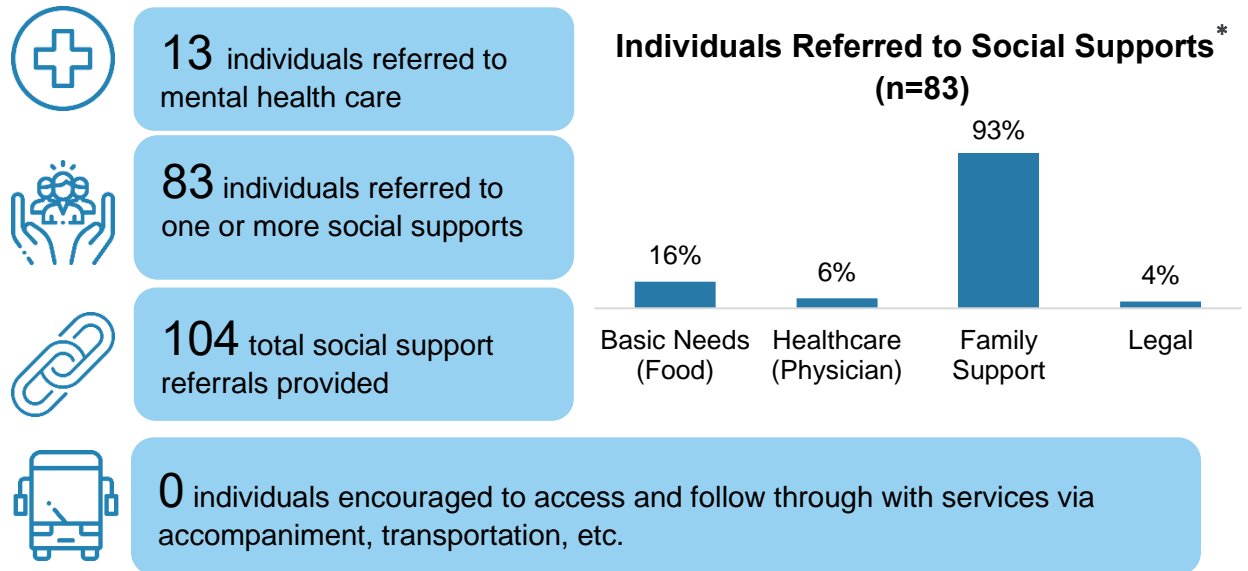
56% would not

[†] Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

PROMOTORAS CONEXIÓN PROGRAM

Program Referrals

Program referrals include referrals to VCBH or other MHSA prevention, early intervention, or treatment programs, as well as referrals to social supports such as food, housing, health insurance, and other support services. Referral data highlighted represents 147 unduplicated individuals. The top 4 social support services that referrals were provided to are presented in the chart below.



Program Outcomes

The Promotoras Conexión Program tracks outcomes by surveying participants who receive services offered by the organization, such as participating in a workshop or training.

Participant Outcomes (n=10-104)[§]

As a result of participating in Promotoras Conexión ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	11	0	0
My grades in school have...	8	2	0
My housing situation has...	90	1	0
My job situation has...	89	1	0
My relationship with friends and family has...	104	0	0

*Percentages/counts may exceed 100% because individuals could be referred to multiple services.

[§]Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

PROMOTORAS CONEXIÓN PROGRAM

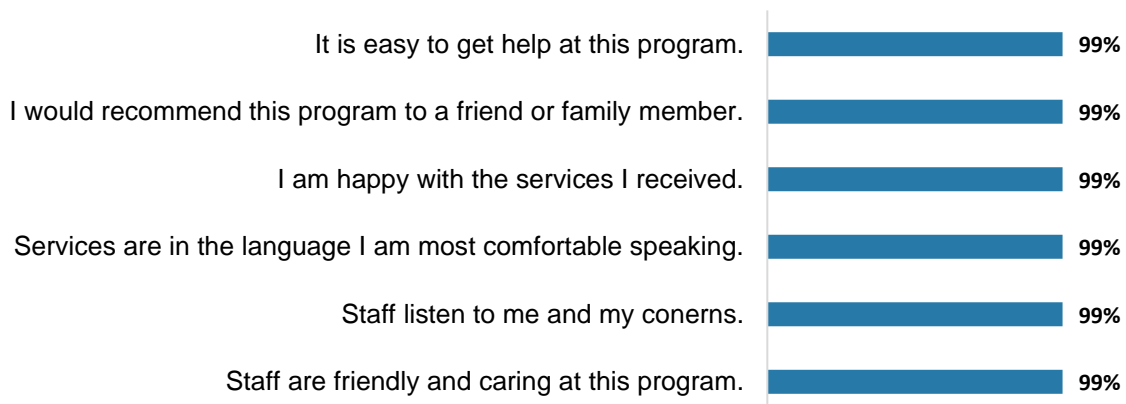
Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=117)

As a result of participating in Promotoras Conexión ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	96%	3%	0%	1%
I am more willing to seek help for a mental health problem.	97%	1%	1%	1%
I believe people with mental illness can function in their daily lives.	85%	8%	7%	0%
I would be accepting of a family member or friend if they had a mental illness.	89%	8%	3%	0%
I know where to go for mental health services in my community.	96%	2%	2%	0%

Program Satisfaction

Participants in the Promotoras Conexión Program were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of participants who agreed with each statement.

% of Participants Who Agree (n=118)



PROMOTORAS CONEXIÓN PROGRAM

Program Feedback

Participants who received Promotoras Conexión Program services were also asked to provide feedback through open-ended response questions. Relevant comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

Participant Feedback

What was most useful or helpful about this program? (n=115)

Top 4 Responses

- Sharing with others/Feeling understood (29)
- SODA (27)
- Relaxation techniques (22)
- Meditation (12)

A third of respondents (n=47) stated that everything was useful/helpful.

What are your recommendations for improvement? (n=35)

Top 2 Responses

- Longer/more frequent services (3)
- Different time/setting for sessions (3)

A majority of respondents (n=26) stated that no improvements are needed.

Program Successes

During the pandemic the Promotoras staff have been busy assisting participants to complete applications for financial assistance to help with rent and utility bills. They are open to assisting those in need and the participants know where they can go to get assistance for finding the resources they need to diminish their anxiety and stress.

A wife, husband, and son tested positive for COVID-19 in February and quarantined for 15 days. Even though the wife was not feeling well, she was still able to assist with talking to participants that were experiencing emotional situations. Some had family members or friends pass away from COVID-19 and she was able to assist and relate due to her own medical condition. This is an example of compassion for others well-being, comforting others during the pandemic.

PROMOTORAS CONEXIÓN PROGRAM

Conclusion and Recommendations

The Promotoras Conexión Program is reaching the population they seek to serve, with the majority of the participants identifying as female and Caucasian. The program is working to meet clients' physical and emotional needs through support groups, and referrals to social supports and mental health care when appropriate.

All of the individuals responding to the participant surveys agreed that Promotoras Conexión Program staff were sensitive to their cultural background, listen to them, and are friendly and caring. An area of future improvement may include increasing collection of all demographic data indicator, particularly for age, race, sexual orientation, veteran identification, and disability, from more program participants.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Mixteco Indígena Community Organizing Project

Proyecto Conexión Con Mis Compañeras (often referred to as MICOP, which is an abbreviation of the organization's name) facilitates community-based mental health workshops for the Hispanic and Indigenous communities of Oxnard, El Rio, and Port Hueneme. The program raises awareness of mental health with a focus on the topic of depression and how it impacts Hispanic and Indigenous communities. In addition, the program provides referrals and linkages to mental health providers and other services that are culturally and linguistically appropriate. MICOP also conducts outreach to the community to promote program services, distribute mental health educational information, and increase awareness of other local mental health resources.

Program Strategies



Improves timely access to services for underserved Hispanic and Indigenous communities in Oxnard, El Rio, and Port Hueneme through referrals to culturally and linguistically appropriate services.



Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and trainings on mental health topics.

Program Highlights

116 individuals received core program services

43 individuals referred to mental health care and/or social support services

2,407 individuals reached through outreach events[†]

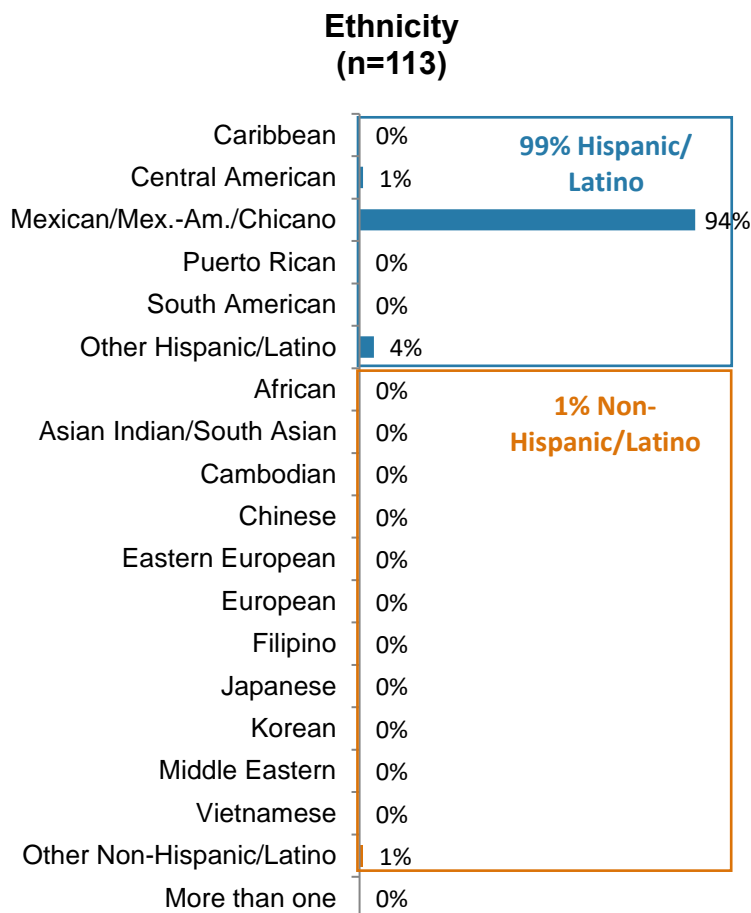
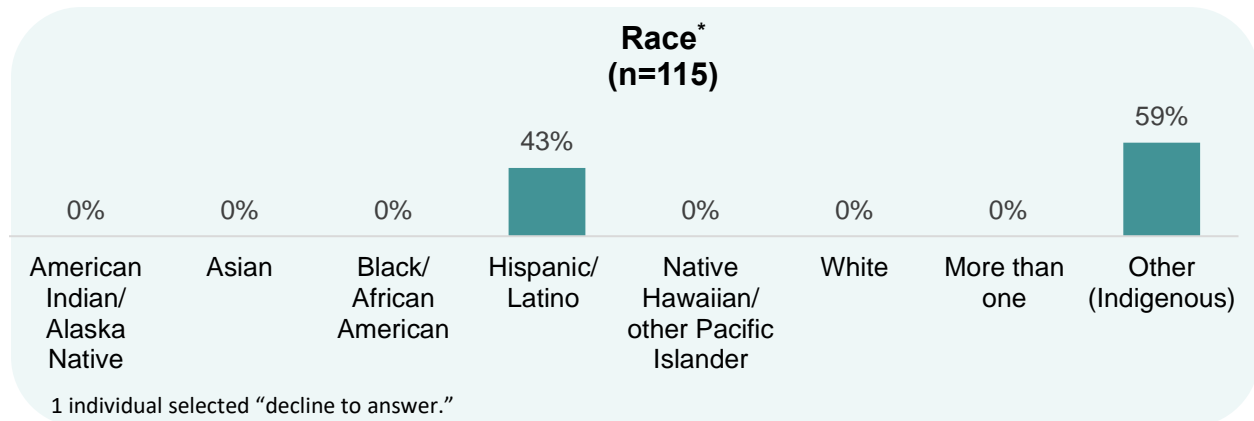
13,203 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

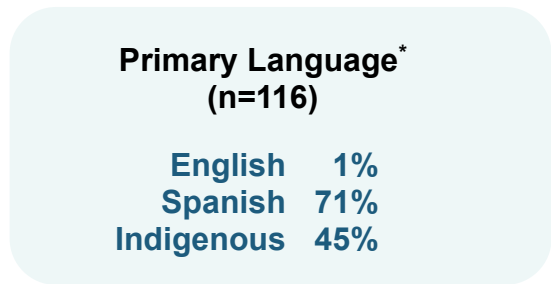
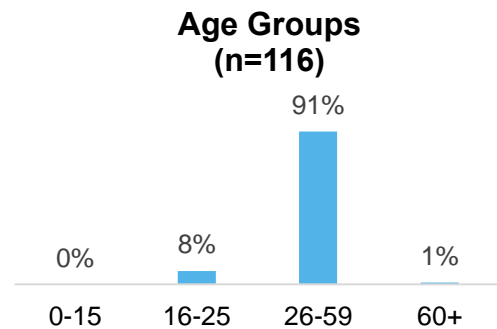
PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Demographic Data

MICOP collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 116 individuals who completed a demographic form.



3 individuals did not answer this question and selected "decline to answer."



*Percentages may exceed 100% because participants could choose more than one response option.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

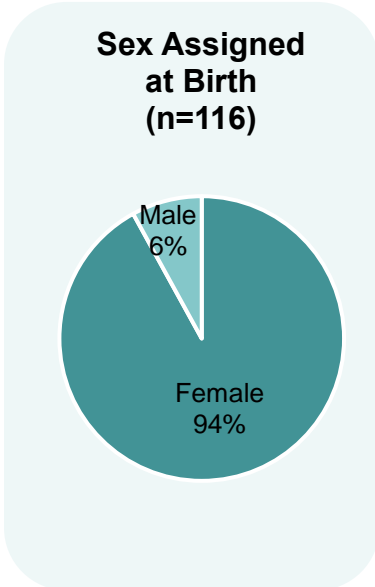
Demographic Data

Current Gender Identity (n=93)

Female	94%
Male	6%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

23 individuals did not answer this question

Sex Assigned at Birth (n=116)



Sexual Orientation (n=115)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

One individual did not answer this question and selected "decline to answer."

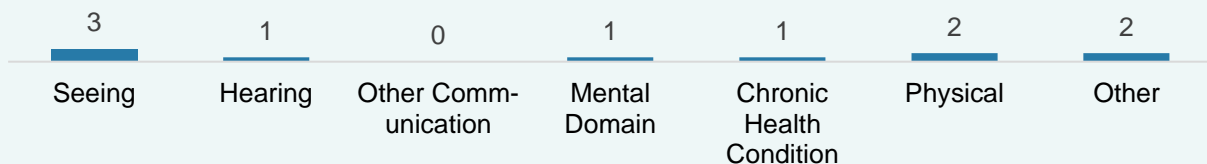
0% identify as veterans

n=116.

5% of individuals reported having one or more disabilities

n=116.

Disability* (n=6)



*One individual reported more than one disability, and another individual did not disclose type of disability.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Outreach

Program outreach includes activities to promote the program in the community, increase awareness of mental health and link community members to mental health resources. In fiscal year 2020–2021, program staff conducted 16 outreach events.

Program Outreach by Type	# Activities/Events
Community fair or event	14
Radio Show	2
TOTAL # of Activities/Events	16



2,407 people reached through outreach events*



100% of outreach events conducted in Spanish

*Number of people reached may be duplicated because individuals could attend multiple events.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Services during COVID-19

MICOP was among the many programs this year whose participants and services adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:

117 Workshops	28 Facebook Posts about Mental Health
9 Facebook Outreach	2 Radio Show

Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process. These additional questions asked participants about their mental health as well as their experiences with virtual services during the pandemic. Survey respondents (n=86-87) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	24%	14%	62%
Depression	17%	8%	75%
Difficulty focusing	14%	10%	76%
Difficulty sleeping	21%	15%	64%
Fatigue	21%	18%	61%
Lack of motivation	14%	7%	79%
Loneliness	14%	14%	72%
Uncertainty about the future	66%	10%	24%

Most respondents received services online (n=87)

83 received online services 4 did not

Most felt these services were just as or more effective (n=79)

67 said they were just as or more effective 12 less effective

Most would like the option of virtual meetings after the pandemic (n=27)

24 would like the option of virtual meetings 3 would not

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Referrals

Program referrals include referrals to social supports such as food, housing, health insurance, and other support services. All referral data highlighted represents 43 unduplicated individuals, who could be referred to multiple services. The top 4 social support referrals that were provided to participants are presented in the chart below.



31 individuals referred to mental health care



43 individuals referred to one or more social supports

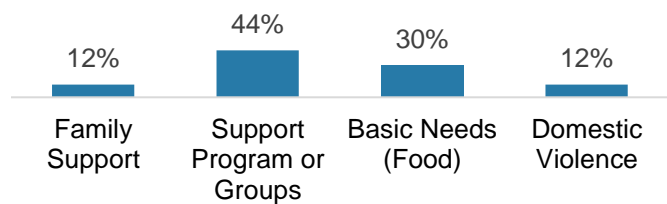


57 total social support referrals provided



0 individuals encouraged to access and follow through with services via transportation/bus tokens

Individuals Referred to Social Supports (n=43)*



*Percentages/counts may exceed 100% because participants could be referred to multiple services.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Outcomes

MICOP tracks outcomes by surveying participants who receive services offered by the organization, such as participating in a workshop or training.

Participant Outcomes

(n=2-22)[§]

As a result of participating in Proyecto Conexión ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	2	0	0
My grades in school have...	2	0	0
My housing situation has...	5	0	0
My job situation has...	5	0	0
My relationship with friends and family has...	21	1	0

Participant Outcomes

Increased Knowledge & Stigma and Discrimination Reduction

(n=87)

As a result of participating in Proyecto Conexión ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	96%	3%	0%	1%
I am more willing to seek help for a mental health problem.	93%	5%	1%	1%
I believe people with mental illness can function in their daily lives.	78%	11%	5%	6%
I would be accepting of a family member or friend if they had a mental illness.	93%	5%	0%	2%
I know where to go for mental health services in my community.	93%	5%	1%	1%

[§]Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Additionally, MICOP collects PHQ-9 surveys to measure levels of depression, attitudes toward mental illness, and coping behaviors. All surveys were completed in Spanish, with results shown in the tables below.

Participant Depression Scores (PHQ-9) (n=111 - 114)

MICOP Survey Respondent Depression (PHQ-9)	% Respondents
No Depression (PHQ Score 0)	27%
Minimal Depression (PHQ Score 1-4)	31%
Mild Depression (PHQ Score 5-9)	23%
Moderate Depression (PHQ Score 10-14)	9%
Moderately Severe Depression (PHQ Score 15-19)	4%
Severe Depression (PHQ Score 20-27)	6%
	% Very or Extremely Difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	17%

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Participant Attitudes Toward Mental Illness (n=108 - 114)

	% Probably or Definitely	% Probably Not or Never
How likely would you be to work with someone with a serious mental illness?	65%	35%
Do you think that someone with a mental illness is a danger to others?	39%	61%
Do you think that people with mental health problems experience prejudice or discrimination?	71%	29%
If someone in your family had a mental illness, would you feel ashamed if people knew about it?	4%	96%
If you had a serious emotional problem, would you seek professional help?	96%	4%
Imagine you had a problem that needed treatment from a mental health professional. Would you delay seeking treatment so that others did not know you had a mental health problem?	26%	74%

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

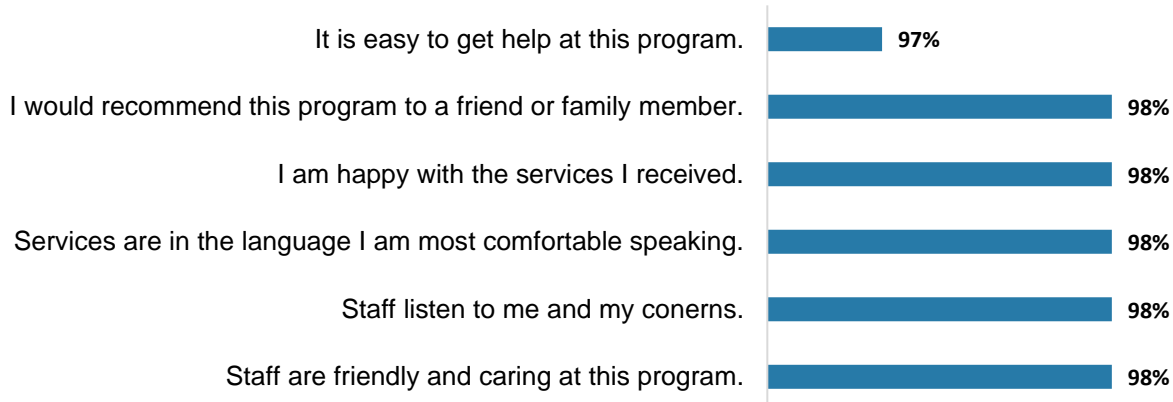
Participant Coping Behaviors (n=111 - 114)

Think about a difficult situation that you faced in the last 12 months and indicate how you faced and adapted to that situation..	% Somewhat or Very Frequently	% Sometimes or Never
I received support and understanding from someone.	57%	43%
I focused on my work or other activities to distract my mind.	41%	59%
I did something else to help myself think less about the situation, like exercising, going to a group with a friend, dancing, or going out with my family.	29%	71%
I prayed or meditated.	78%	22%
I took action to improve the situation.	43%	57%
I tried to create a plan to figure out what to do.	27%	73%
I expressed my negative feelings.	21%	79%
I used alcohol or other drugs to help me get through.	2%	98%

Program Satisfaction

Participants who received services from MICOP were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the percentage of respondents who agreed with each statement.

% of Participants Who Agree (n=86-87)



PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Feedback

Participants who received program services from MICOP were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

Participant Feedback

What was most useful or helpful about this program? (n=87)

Top 4 Responses

- Information and resources provided (55)
- Relaxation techniques (15)
- Having someone to talk to and feeling supported by staff (14)
- Accessibility of training in other languages (Mixtec) (14)

What are your recommendations for improvement? (n=84)

Top 4 Responses

- More sessions more often (18)
- Increase variety of session topics such as assistance for the elderly (14)
- Hire more staff such as therapists and counselors (13)
- Diverse languages offered (Mixtec, Zapotec, and Spanish) (7)

Program Successes

We are now offering a mental health goody bag to each participant of our workshop as an incentive for participating in the workshop, and this seems to be working really well. We have either been dropping them off at their homes or they have been coming by the office to pick up their goodie bag, and this is really helping with building rapport and trust. Each participant has been really happy to be receiving a little gift for their time. And in fact, I do believe it was because of this that we actually did have a participant reach back out to us, a few days later from receiving her goodie bag, about finding services for domestic violence survivors.

During a follow-up call, one participant said, "I really liked the video, because it helped me understand more about what is going on with me and so now I am going to be able to get more out of my therapy sessions". This testimony highlights how Conexión has further supported someone in their recovery.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Conclusion and Recommendations

MICOP is reaching the population they seek to serve, with the majority of participants identifying as Indigenous and female, and reporting either Spanish or an Indigenous language as their primary language.

Overall, participants indicated high satisfaction with the program: of satisfaction survey respondents, 98% indicated that they were happy with the services they received.

An area for future improvement could be to increase the number of individuals completing satisfaction surveys. Without adequate numbers of satisfaction surveys, it is difficult to accurately document the extent to which all participants perceive the program and its benefits.

DIVERSITY COLLECTIVE

Diversity Collective is an affirming and welcoming space for LGBTQ+ youth ages 13 to 23 and their allies. Diversity Collective hosts a weekly support group to discuss mental health and other topics such as suicide prevention, homelessness, consent, and bullying. Diversity Collective also conducts activities such as community outreach presentations, mental health guest speakers, social and advocacy events, discussions with parents of LGBTQ+ youth, and LGBTQ+ Cultural Competency trainings. They also conduct RISE (Recognize, Intervene, Support, Empower) trainings to Ventura County school and agency staff to spread awareness on sexual assaults and addressing mental health needs in the LGBTQ+ community. The RISE trainings also fulfill the PEI program category of Stigma and Discrimination Reduction.

Program Strategies



Improves timely access to services for underserved populations by providing social and emotional support and connections to mental health care to LGBTQ+ youth.



Implements non-stigmatizing and non-discriminatory practices by providing LGBTQ+ cultural competency trainings to potential responders and agency staff.

Program Highlights

112 individuals received core program services

9 individuals referred to mental health care and/or social support services

701 individuals reached through outreach events[†]

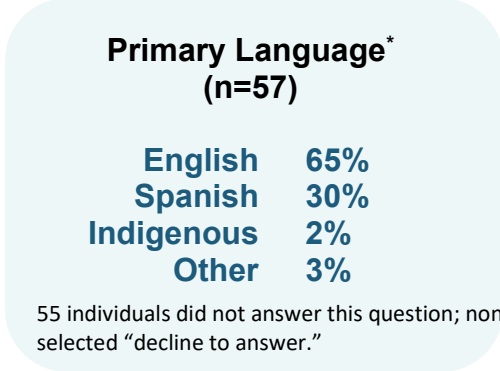
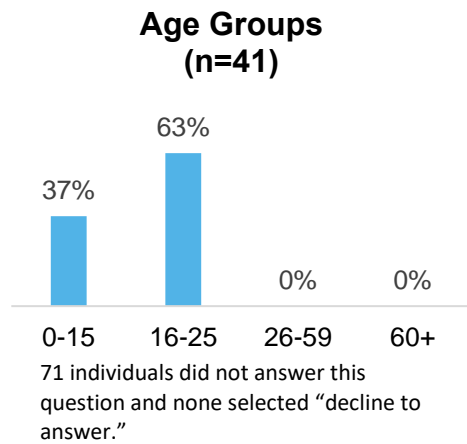
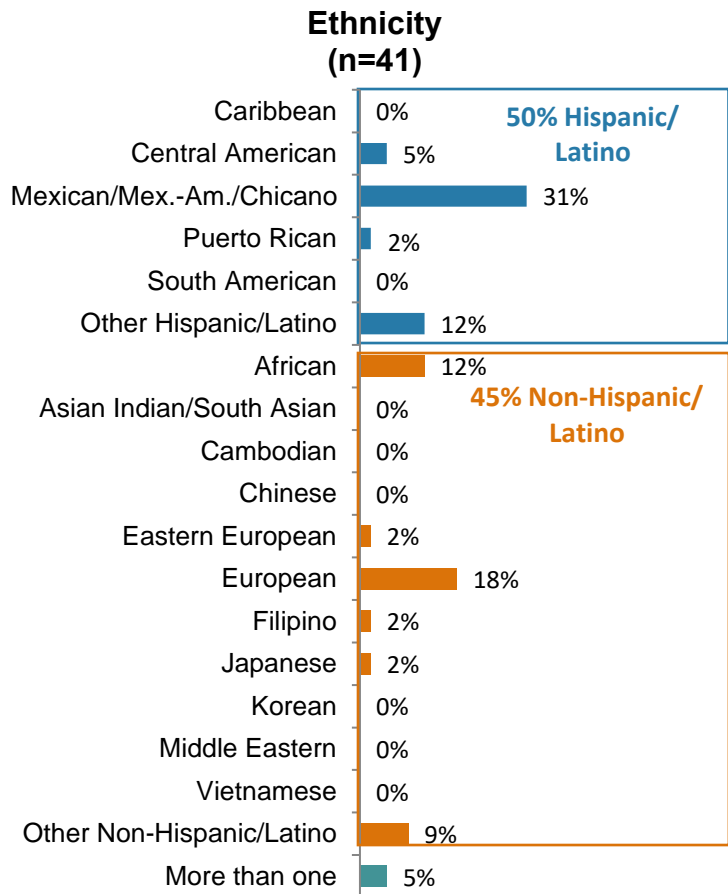
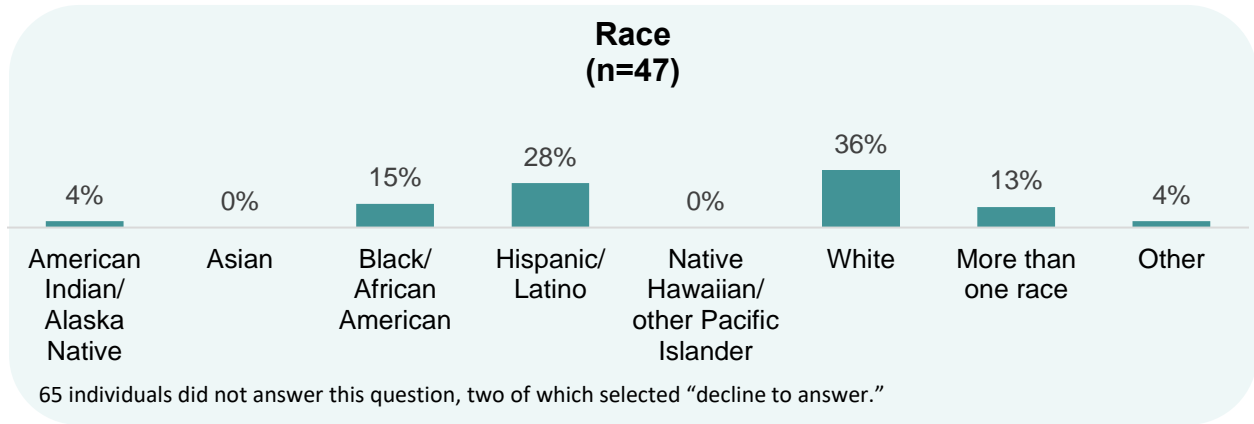
386 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

DIVERSITY COLLECTIVE

Demographic Data

Diversity Collective collects unduplicated demographic data from the individuals they serve and trainees. Of the 112 individuals who received core program services (youth support groups and RISE LGBTQ+ trainings), all completed a demographic form; this information is presented below.



DIVERSITY COLLECTIVE

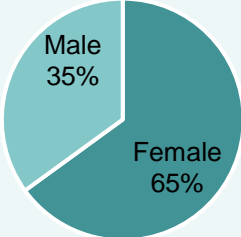
Demographic Data

Current Gender Identity* (n=103)

Female	34%
Male	27%
Transgender	14%
Genderqueer	10%
Questioning or Unsure	5%
Another Gender Identity	10%

9 individuals did not answer this question, including one who selected "decline to answer."

Sex Assigned at Birth (n=104)



8 individuals did not answer this question, including 4 who selected "decline to answer."

Sexual Orientation (n=104)

Bi/pansexual	28%
Gay or Lesbian	28%
Heterosexual or Straight	6%
Questioning or Unsure	4%
Queer	27%
Another Sexual Orientation	7%

8 individuals did not answer this question, including 5 who selected "decline to answer."

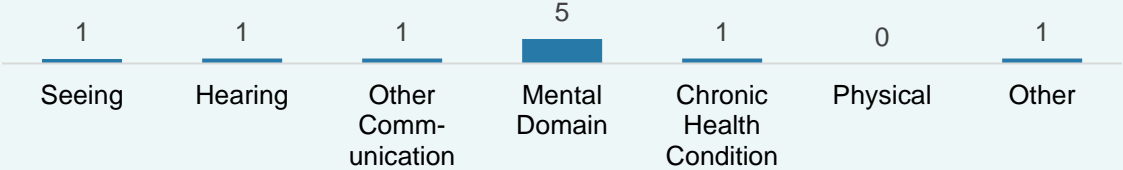
2% of individuals identified as veterans

n=42; 70 individuals did not answer this question, including 8 who selected "decline to answer."

24% of individuals reported having one or more disabilities

n=41; 71 individuals did not answer this question, including 8 who selected "decline to answer."

Disability* (n=9)



* Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

DIVERSITY COLLECTIVE

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by Diversity Collective program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/ Events
Meeting	43
Writing Workshop	1
Mentor Meeting	4
Performance	1
TOTAL # of Activities/Events	49



339 participants in program activities[†]



5% of activities in a language other than English

Program Outreach

Program outreach includes activities to promote Diversity Collective in the community in order to increase awareness of and linkages to mental health resources.

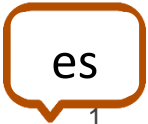
Program Outreach by Type	# Activities/ Events
Community Fair or Event	3
Presentation	3
Outreach	3
Meeting	1
Other	6
TOTAL # of Activities/Events	16



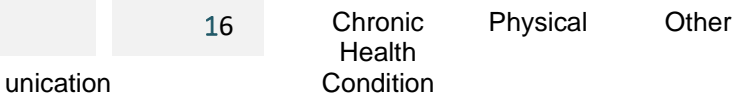
701 people reached through outreach events[†]



0 materials distributed



13% of outreach events in Spanish



[†]Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

DIVERSITY COLLECTIVE

Program Services during COVID-19

Diversity Collective was among the many programs this year whose beneficiaries and services were adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:

5	RISE Training	1	Open-Mic
1	BLM Discussion	1	Self-Care
2	Art Class/Artwalk	1	Day of Remembrance

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA PEI or treatment programs. The program also provides referrals to social supports such as food, housing, health insurance, and other support services. Referral data below represents 4 unduplicated individuals.



4 individuals referred to mental health care



6 individuals referred to one or more social supports



10 total social support referrals provided to Healthcare services, Legal Support, Support Program/Group, and Food Assistance



0 individual encouraged to access and follow through with services via transportation/bus tokens, accompaniment, translation, and reminder calls

DIVERSITY COLLECTIVE

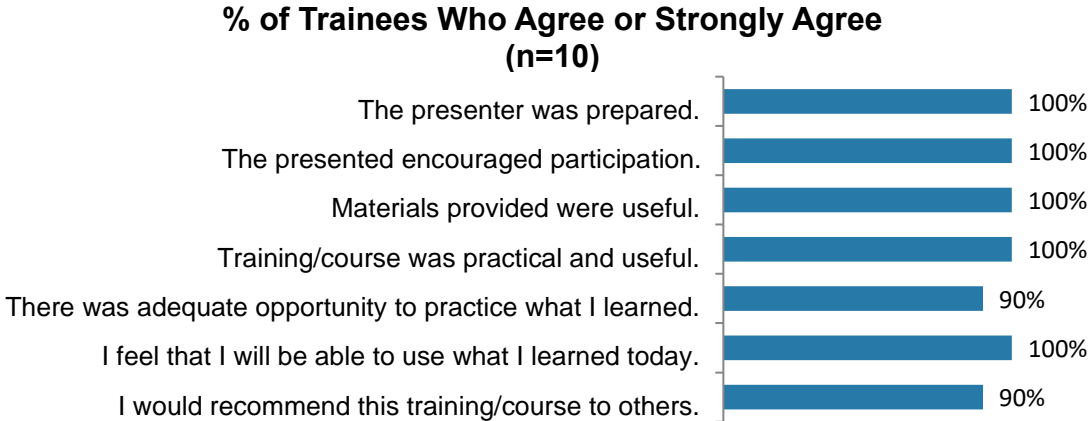
Program Outcomes

Diversity Collective tracks outcomes for trainees who receive services offered by the organization. Results from this survey is shown in the following table.

As a result of participating in this training...	% Agree or Strongly Agree	% Disagree or Strongly Disagree
I better understand mental health issues and related crises	100%	0%
I know where the mental health services are in my community.	80%	20%
I am aware of my own views and feelings about mental health issues.	100%	0%
I recognize misconceptions about mental health and mental illness.	100%	0%
I believe people with mental illness can function in their daily lives.	90%	10%
I am more likely to assist someone with mental illness who needs help.	80%	20%

Program Satisfaction

Trainees who received services from Diversity Collective were asked whether they agreed or disagreed with several satisfaction-related statements.



DIVERSITY COLLECTIVE

Program Feedback

Trainees who received Diversity Collective services were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.) Due to a low number of responses, themes regarding recommendations for program improvement are not available.

Trainee Feedback

What was most useful or helpful about this program? (n=10)

Top 3 Responses

- Higher level of understanding (7)
- Examples to support training such as videos (3)
- Gaining insight on LGBTQ+ issues (2)

DIVERSITY COLLECTIVE

Program Successes

A lot of engagement on Diversity Collective Instagram group chat and our email, asking about resources. Youth want help with challenges like school or coming out and we are following up with referrals to other clinical groups and counseling.

Amazing presentation and dialogue from our volunteer, Krishna, during the Diversity Collective meeting.

Conclusion and Recommendations

Diversity Collective is reaching the population they seek to serve, with the majority of participants identifying as LGBTQ+ youth. Diversity Collective is working to meet their participants' emotional needs through referrals to social supports and mental health care. The program offered double the amount of mental health referrals and encouragements to access services as it did last year.

A majority of trainees indicated increased knowledge around mental health issues, reduced stigma toward people experiencing mental illness, and increased awareness of personal views and feelings about mental health issues. Compared to last year, trainees indicate a 10% decrease in knowing where to find mental health services in the community and willingness to assist mental health individuals who may need help. Most trainees felt positively about the program, reporting that the training was practical and provided useful materials, and an increased feeling to be able to use what was learned in the training.

An area of future improvement would include increasing outreach to Spanish-speaking individuals in order to share information and services (e.g., RISE trainings, support groups, parent support) and increase compliance in collecting demographic data.

TRI-COUNTY GLAD

Tri-County GLAD serves Deaf and Hard of Hearing (DHH) individuals of all ages. They offer educational workshops and trainings about mental health topics and provide community organizations with information on the particular mental health needs of the DHH community. Tri-County GLAD provides referrals to mental health care, and hosts a mental health task force. Tri-County GLAD also outreaches to the DHH community through vlogs and social media posts, however for FY20-21 was unable to do so.

Program Strategies



Increases recognition of early signs of mental illness by providing trainings to educators and other potential responders.



Implements non-stigmatizing and non-discriminatory practices by dispelling myths about DHH individuals and sharing information about DHH in English and Spanish.

Program Highlights

62 individuals received core program services

62 individuals referred to mental health care and/or social support services

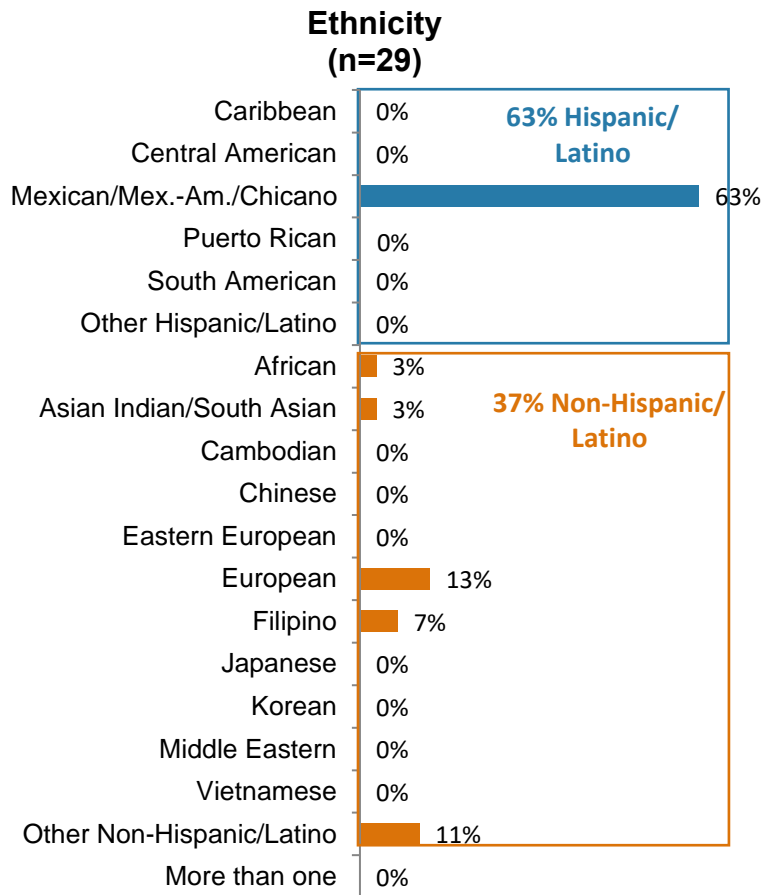
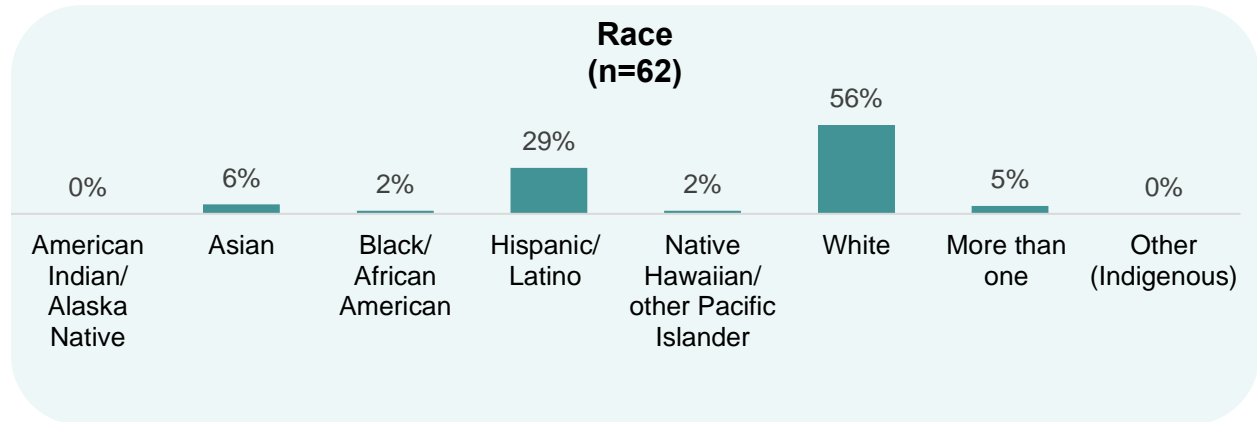
319 individuals reached through activities during COVID-19

†Number of individuals may be duplicated.

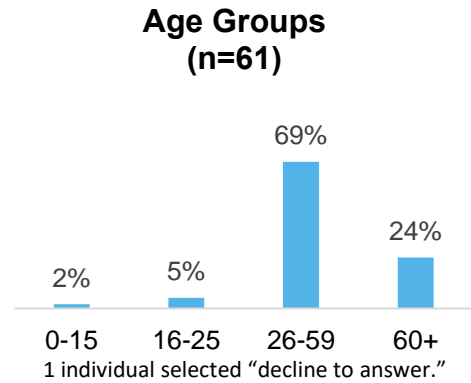
TRI-COUNTY GLAD

Demographic Data

Tri-County GLAD collects unduplicated data from the individuals they serve. Data in this section represent information from 62 individuals who completed a demographic form.



33 individuals did not answer this question; none selected "decline to answer."



Primary Language* (n=0)

100% of individuals declined to answer

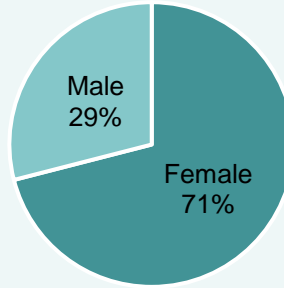
TRI-COUNTY GLAD

Demographic Data

Current Gender Identity (n=0)

100% of individuals
declined to answer

Sex Assigned at Birth (n=62)



Sexual Orientation (n=0)

100% of individuals
declined to answer

0% identify as veterans

n=0; 62 individuals did not answer this question. All selected "decline to answer."

100% of individuals reported having a hearing disability

n=59; 3 individuals did not answer this question, none selected "decline to answer."

TRI-COUNTY GLAD

Program Activities

Program activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. Program participants and other community members may participate in these activities and events.

Program Activities by Type	# Activities/Events
Community Presentation	9
PEI Workshop	9
TOTAL # of Activities/Events	18



203 unduplicated participants in program activities



100% of program activities in both English and American Sign Language

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Tri-County GLAD did not provide referrals to mental health care services during fiscal year 2020–2021. Referrals to social supports such as food, housing, health insurance, and other support services were provided to 62 individuals.



0 individuals referred to mental health care



62 individuals referred to one or more social supports



81 total social support referrals provided, 60 of which provided to advocacy services



0 individuals encouraged to access and follow through with services via transportation/bus tokens, accompaniment, translation, and reminder calls

TRI-COUNTY GLAD

Program Services during COVID-19

Tri-County GLAD was among the many programs this year whose beneficiaries and services adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included:

50 Word of Signs

Questions about COVID-19 were included on participant surveys to supplement the 2020–2021 data collection process. These additional questions asked participants about their mental health as well as their experiences with virtual services during the pandemic. Survey respondents (n=10) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	30%	40%	30%
Depression	30%	70%	0%
Difficulty focusing	20%	50%	30%
Difficulty sleeping	20%	50%	30%
Fatigue	50%	30%	20%
Lack of motivation	10%	50%	40%
Loneliness	30%	50%	20%
Uncertainty about the future	20%	80%	0%

Most respondents received services online (n=10)

9 received online services 1 did not

Most felt these services were just as or more effective (n=3)

3 said they were just as or more effective 0 less effective

Half would like the option of virtual meetings after the pandemic (n=8)

4 would like the option of virtual meetings 4 would not

TRI-COUNTY GLAD

Program Referrals

Program referrals include mental health care referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Tri-County GLAD did not provide referrals to mental health care services during fiscal year 2020–2021. Referrals to social supports such as food, housing, health insurance, and other support services were provided to 62 individuals.



0 individuals referred to mental health care



62 individuals referred to one or more social supports



81 total social support referrals provided, 60 of which provided to advocacy services



0 individuals encouraged to access and follow through with services via transportation/bus tokens, accompaniment, translation, and reminder calls

TRI-COUNTY GLAD

Program Outcomes

Tri-County GLAD tracks outcomes for program participants (i.e., those who receive services) and trainees in their cultural competency trainings (i.e., those who attend workshops, classes, trainings). Survey results are presented in the following tables.

Participant Outcomes (n=9-10)

As a result of participating in Tri-County GLAD ...	# Agree/ Strongly Agree	# Disagree/ Strongly Disagree
I know when I need to ask for help with a mental health problem.	10	0
I am more willing to seek help for a mental health problem.	10	0
I believe people with mental illness can function in their daily lives.	10	0
I would be accepting of a family member or friend if they had a mental illness.	9	0
I know where to go for mental health services in my community.	10	0

TRI-COUNTY GLAD

Trainee Outcomes (n=29)

As a result of participating in this workshop/class ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I better understand mental health issues and related crises.	52%	41%	4%	3%
I know where the mental health services are in my community.	41%	52%	4%	3%
I am aware of my own views and feelings about mental health issues.	45%	52%	0%	3%
I recognize misconceptions about mental health and mental illness.	62%	32%	3%	3%
I believe people with mental illness can function in their daily lives.	55%	42%	3%	0%
I am more likely to assist someone with mental illness who needs help.	52%	41%	3%	4%

Program Satisfaction

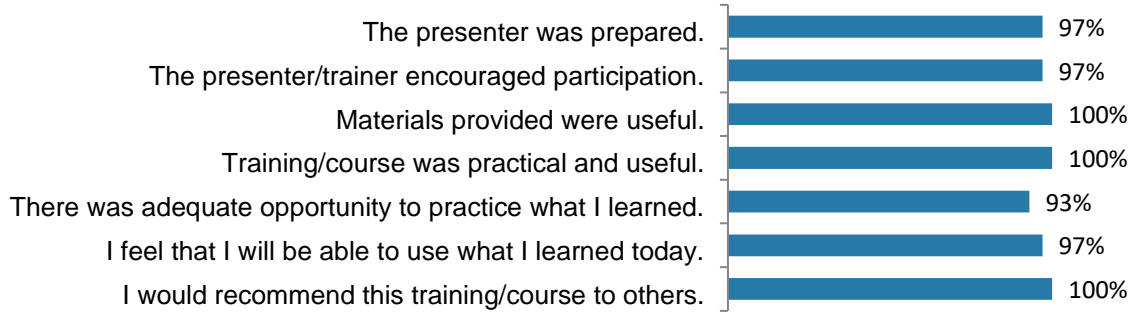
Participants and trainees in Tri-County GLAD services were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the number of participants who agreed with each statement; the chart following highlights the percentage of trainees who agreed with each statement.

of Participants Who Agree (n=10)



TRI-COUNTY GLAD

% of Trainees Who Agree (n=29)



Program Feedback

Participants and trainees were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

Participant Feedback

What was most useful or helpful about this program? (n=10)

Top 2 Responses

- Open communication (4)
- Receiving support (3)

TRI-COUNTY GLAD

Trainee Feedback

What was most useful or helpful about this workshop/class? (n=26)

Top 4 Responses

- Learning how to self-care (14)
- Learning about existing resources (10)
- Understanding stigma, social isolation, and mental health challenges facing the DHH community (9)
- Learning about existing resources (10)

What are your recommendations for improvement? (n=24)

Top 3 Responses

- More interactive content in the training (3)
- Troubleshoot Zoom issues prior to workshop (background, ensure all participants know how to use Zoom) (3)

Additionally, 13 respondents stated that no improvements are needed

Program Successes

On October 21, 2020, we hosted the first virtual Mental Health presentation via Zoom with public defenders and staff members from the Public Defenders' Office in Ventura where 34 public defenders and staff members attended the virtual presentation.

On September 12, 2020, we hosted the first virtual PEI workshop, "Self-Care, Part 1" with Tomas Garcia, Psy.D. 12 people were in the attendance via the Zoom workshop from 1-4 pm.

TRI-COUNTY GLAD

Conclusion and Recommendations

Tri-County GLAD reaches the DHH community through educational workshops. They also serve the DHH community by providing cultural competency trainings for community members and organizations. These trainings aim to increase awareness of the DHH community, dispel myths about DHH individuals, reduce stigma, and inform community members about resources available for DHH.

Tri-County Glad served less than half of the number of unduplicated individuals this year as they did last year, possibly due to COVID-19. Demographic data was collected this year, with more than half of the participants identifying as Mexican/Mexican American/Chicano and more than half of the total participants identified being between 26 – 59 years old. Demographic data allows the county to determine which subpopulations within the DHH community are being served by the organization.

An additional area of future improvement might be to increase outreach and engagement via social media as social media engagement did not occur this year as it had last year, with about 2,600 total views/visits/hits on Facebook and YouTube. Another area of future improvement is to increase compliance with collecting demographic information (sexual orientation, veteran identification, and current gender identity) as required by the MHSOAC.

WELLNESS EVERYDAY

Idea Engineering, Inc.

Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, primarily through online channels. The *Wellness Everyday/Salud Siempre* website, available in English and Spanish, delivers information about topics such as preventing suicide, parenting, depression, and healthy living with mental illness, as well as contact/referral information for local resources/supports (including some MHSA-funded programs). Numerous social media advertisement campaigns are run throughout the year that link to the *Wellness Everyday/Salud Siempre* website and complement website content.

Program Strategies



Provides mental health and wellness resources in English and Spanish through the *Wellness Everyday/Salud Siempre* website.



Distributes mental health and wellness advertisements in English and Spanish through social media platforms.

Program Highlights[‡]

16,315 *Wellness Everyday/Salud Siempre* website users

9 Social and digital media campaigns delivered in English and/or Spanish

30,663 clicks on English and Spanish social media advertisements[†]

[‡]This program did not provide referral information.

[†]May include duplicate users.

WELLNESS EVERYDAY

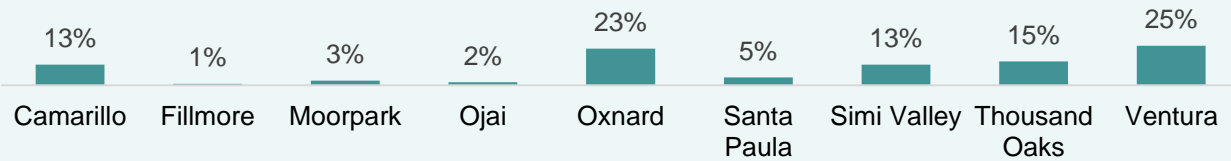
Demographic Data[†]

The *Wellness Everyday/Salud Siempre* website is not able to capture detailed demographic data about users. In lieu of standardized demographic information aligned with PEI regulations, data about geographic location (note that website traffic can come from anywhere in the world) and device type are presented for fiscal year 2020–2021 website sessions. Data are presented separately for the English and Spanish versions of the website.



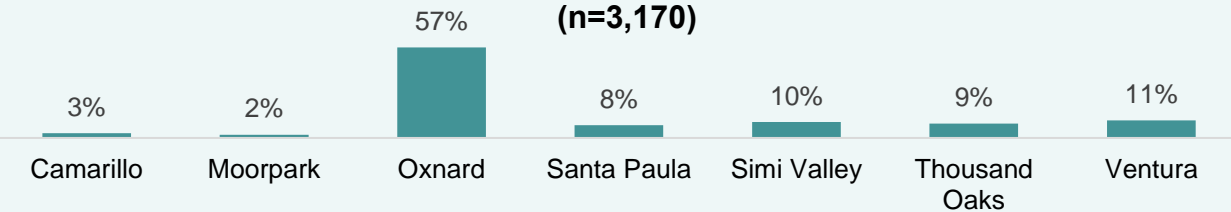
70% of all English website sessions were accessed by an individual while in Ventura County

Sessions per Ventura County Community: English website (n=10,104)



49% of all Spanish website sessions were accessed by an individual while in Ventura County

Sessions per Ventura County Community: Spanish website (n=3,170)

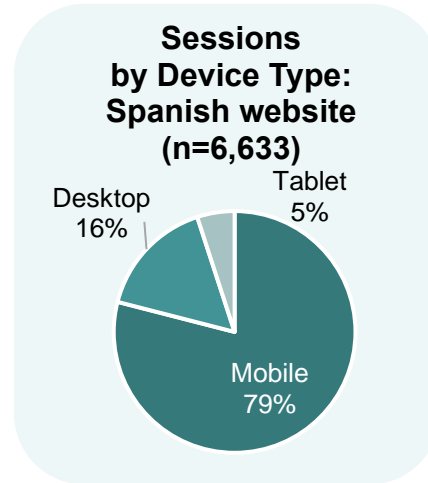
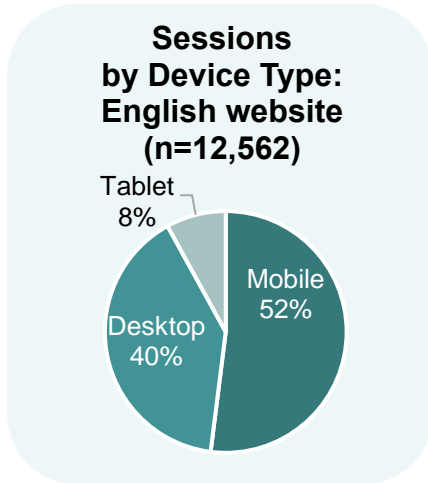


[†] May include duplicate users.

*Ventura County residents communing outside of the County may affect the tracking of location-based metrics

WELLNESS EVERYDAY

Demographic Data[†]



Wellness Everyday Website Traffic[†]

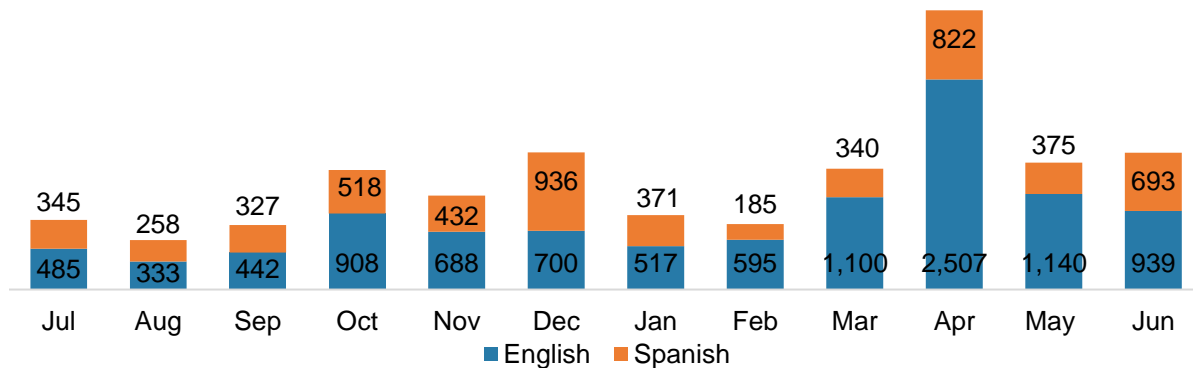


11,008 people used the English website in FY 20–21



5,307 people used the Spanish website in FY 20–21

Wellness Everyday/Salud Siempre Website Users by Month



[†] May include duplicate users.

WELLNESS EVERYDAY

Social Media Advertisements

301,424 people viewed English advertisements^{†§}



285,242 people viewed Spanish advertisements^{†§}

More than 3 M English advertisements were onscreen[†]



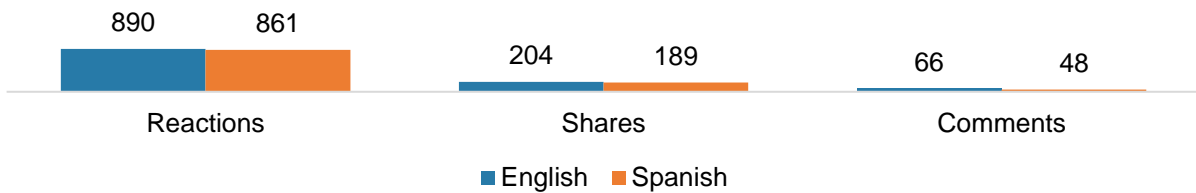
More than 2.7 M Spanish advertisements were onscreen[†]

15,822 English advertisements were clicked



14,841 Spanish advertisements were clicked

FY 20–21 User Responses to Social Media Advertisements



[†]May include duplicate users.

WELLNESS EVERYDAY

Conclusion and Recommendations

Wellness Everyday reaches Ventura County residents and the broader community through its website and social media advertisement campaigns. The website and social media campaigns provide targeted topical information such as coping with stressful events (e.g., COVID pandemic, tragic events, holidays) and suicide prevention to multiple age groups.

Outcome and satisfaction data are not collected for this program. However, available metrics suggest that Ventura County community members turn to *Wellness Everyday/Salud Siempre* for guidance on mental and behavioral health and respond positively to the campaign's social media advertisements. It is worth noting that although the number of advertisements increased significantly from fiscal years 19-20 to 20-21, the end user engagement, as seen by the number of reactions, shares, and comments, have all decreased. This reflects a subtle transition away from social media campaigns toward digital campaigns that don't offer users the opportunity to react, share, or comment.

Wellness Everyday/Salud Siempre website traffic data and the social media campaign metrics are examined on a regular basis to ensure that at-risk groups are receiving culturally and linguistically competent information. Additionally, website/advertising campaign messages are revised to make them appealing to and useful for those audiences. Continued monitoring and quality improvement efforts will ensure that Ventura County residents have online access to beneficial mental health and wellness information.

EARLY INTERVENTION

The purpose of the Early Intervention component of MHSA is to intervene early in symptoms of mental illness to reduce prolonged suffering that may result from untreated mental illness. Ventura County funds 5 Early Intervention programs that provide crisis stabilization, family support, group and individual therapy, assessment and screening, educational and vocational services, and outreach and education. These Early Intervention services promote wellness, foster health, and prevent suffering that can result from untreated mental illness. Early Intervention Programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 1,066 individuals were served in Early Intervention programs in Fiscal Year 2020-2021.

Early Intervention programs, COMPASS and VCPOP, primarily provided services to individuals ages 25 and under, which is a priority population for Prevention and Early Intervention programs. Additionally, both youth and adult program participants in Primary Care Program saw decreases in their depression and anxiety symptom severity scores. Finally, participants who participated in the Community Cares seminar, indicated reductions in stigma and discrimination toward mental illness as well as increased knowledge about available mental health services.

Early Intervention Program Descriptions

COMPASS: A short-term residential program for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. Services include individual and family therapy, case management, psychiatric care, medication support, and assessment to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community.

Community Cares: A seminar in Spanish for people who have loved ones with a mental health condition. Seminars are led by trained individuals who have lived experience with supporting a family member with a mental health condition

Family & Friends: A seminar in English and Spanish about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminars are led by individuals that have personal experience with mental health conditions.

Primary Care Program: Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

Ventura County Power Over Prodromal Psychosis (VCPPOP, formerly EDIPP): Conducts community outreach and education to community members about early warning signs of psychosis; provides a two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, education/vocational services, case management, Multi-Family Groups, and peer skill building groups.

1,066 individuals received core program services

Early Intervention Programs: Demographics of Participants

Ethnicity* (n=384)					
Hispanic	58%				
Non-Hispanic	42%				
More than one ethnicity	9%				
<i>Declined to answer: 31</i>					
Age [§] (n=452)					
0-15	4%				
16-25	45%				
26-59	41%				
60+	10%				
<i>Declined to answer: 14</i>					
Primary Language* (n=901)					
English	63%				
Spanish	42%				
Indigenous	2%				
Other	1%				
<i>Declined to answer: 5</i>					
Sex Assigned at Birth (n=898)					
Female	73%				
Male	27%				
<i>Declined to answer: 7</i>					
Sexual Orientation* (n=473)					
Bisexual	3%				
Gay or Lesbian	2%				
Heterosexual or Straight	93%				
Queer	1%				
Questioning or Unsure	2%				
Another sexual orientation	0%				
<i>Declined to answer: 39</i>					
Hispanic Ethnicities ^{^§} (n=222)					
Mexican	63%				
Central American	1%				
Puerto Rican	2%				
South American	4%				
Caribbean	1%				
Another Hispanic	29%				
Non-Hispanic Ethnicities ^{^§} (n=162)					
African	5%				
Cambodian	0%				
Eastern European	8%				
Filipino	5%				
Korean	2%				
Vietnamese	2%				
Asian Indian/South Asian	1%				
Chinese	2%				
European	21%				
Japanese	1%				
Middle Eastern	2%				
Another Non-Hispanic	51%				
Race (n=784)					
American Indian/Alaska Native	1%				
Asian	3%				
Black/African American	4%				
Hispanic/Latino	0%				
Native Hawaiian/Pacific Islander	0%				
White	71%				
Other	17%				
More than one	4%				
<i>Declined to answer: 28</i>					
Current Gender Identity [‡] (n=431)					
Female	85%				
Male	15%				
Genderqueer	0%				
Questioning or Unsure	0%				
Transgender	0%				
Another gender identity	0%				
<i>Declined to answer: 7</i>					
City of Residence (n=901)					
Camarillo	3%	Fillmore	1%	Moorpark	2%
Newbury Park	1%	Oak Park	1%	Ojai	1%
Oxnard	45%	Piru	0%	Port Hueneme	1%
Santa Paula	2%	Simi Valley	4%	Thousand Oaks	2%
Ventura	28%	Other	9%		

* Percentages may exceed 100% because participants could choose more than one response option.

[§] Age and Ethnicity data was not reported for Primary Care Program.

[‡] Current gender identity was not reported for COMPASS and VCPOP.

[^] Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

Highlighted Successes and Challenges: Early Intervention Programs

I was helping moderate the Family and Friends Webinar - but as a third party viewing the webinar, it was extremely helpful to people who were in need of support. In the beginning of the webinar, some people were hesitant to share their experiences with the group. However, by the end of the webinar, almost everyone was very open, honest, and felt that they had a safe space to communicate. I do believe it gives people a community to share their experiences, especially common experiences regarding mental health. In addition, I do feel that once the pandemic is over and in person classes can resume, the webinar should resume! It reaches out to more people who may not want to come in person.

Participating has given me a different perspective of mental health disabilities as well as reassuring me that I'm not alone in experiencing these things. It can feel very isolating when you experience a family member struggling with mental health problems and NAMI Ventura programs gave me a community and reminded me that these things occur to many more people than you might have originally thought.

COMPASS

Seneca Family of Agencies

Comprehensive Assessment and Stabilization Services (COMPASS) is a short-term residential program offered as part of the continuum of care for youth ages 12 to 17 transferring from the Crisis Stabilization Unit. This program provides comprehensive clinical services to assist youth and their caregivers in gaining the stability and skills needed to safely return to the community. Services include individual and family therapy, case management, psychiatric care, medication support, and assessment. The goals of the program are to provide safety and containment while identifying the determinants of the current crisis, assist youth and caregivers in the development of alternative skills and replacement behaviors, create comprehensive aftercare plans that include community linkages, and provide in depth evaluation that will guide treatment and/or placement decisions along with long-term treatment recommendations. A psychiatrist or tele-psychiatrist is on call 24/7.

Program Strategies



Increases access and linkage to treatment for youth with severe mental illness by stabilizing those in crisis and providing mental health care.



Improves timely access to service for underserved populations by focusing on youth in an essential window of time to prevent and intervene in mental illness

Program Highlights[‡]

20 individuals received core program services

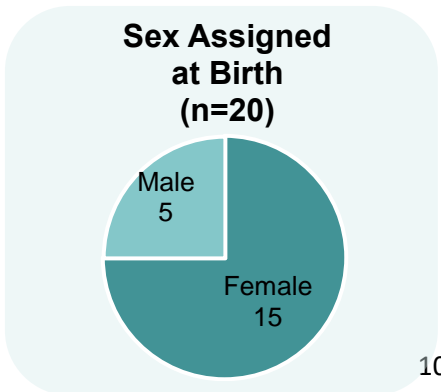
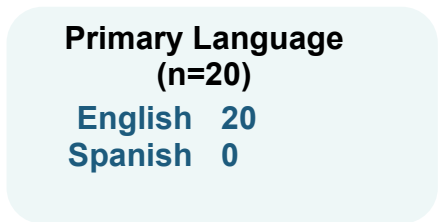
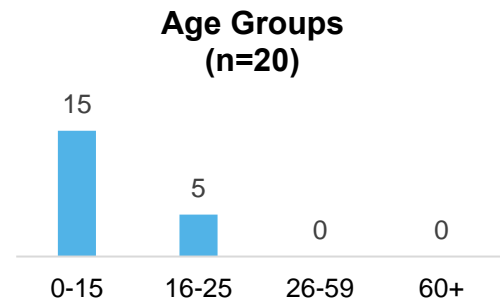
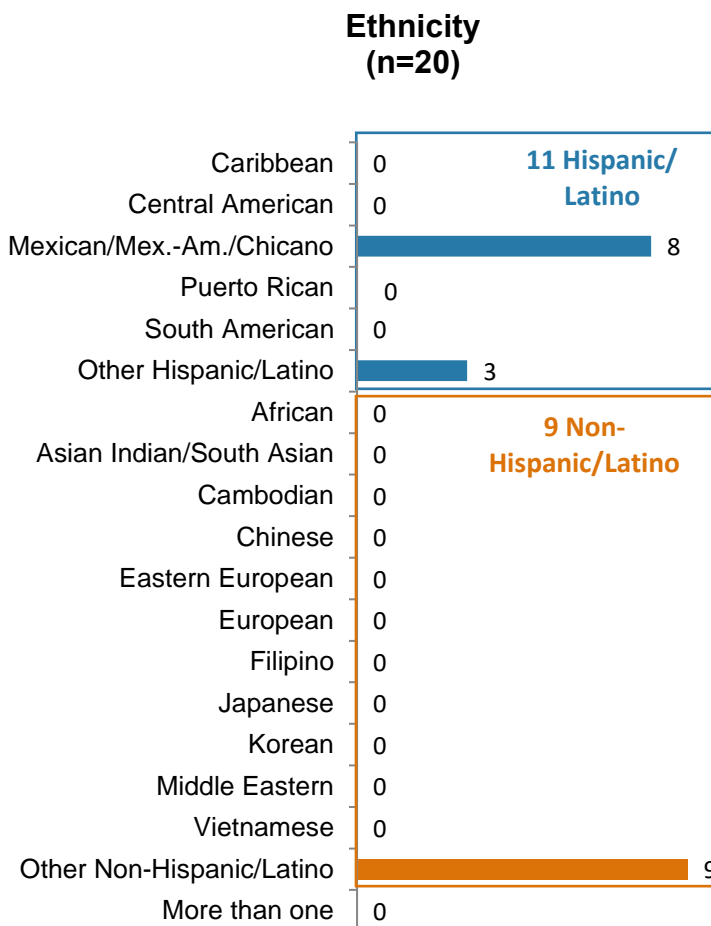
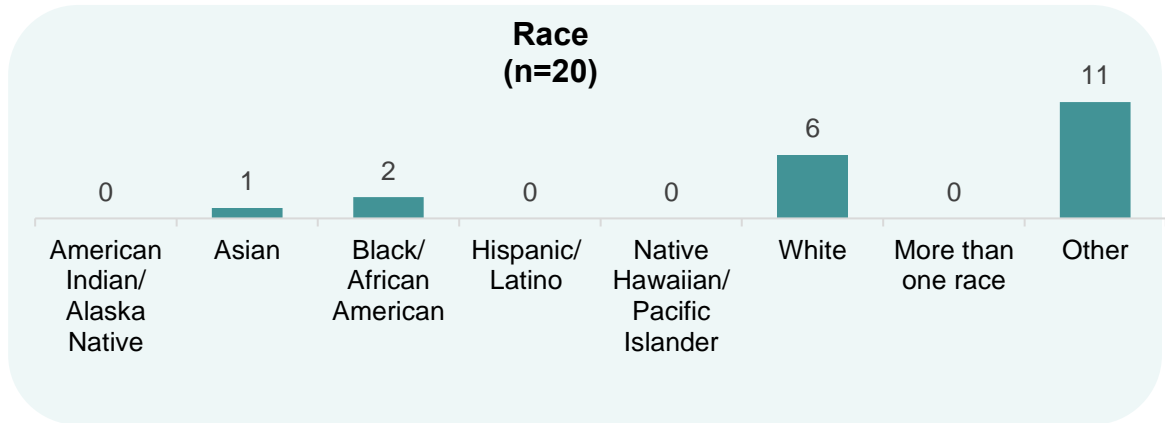
18 Days average length of stay

[‡]This program did not provide referrals.

COMPASS

Demographic Data

COMPASS collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents 20 individuals whose information was entered into Avatar. Demographic data was not collected for current gender identity, veteran status, and disabilities. Data on sexual orientation (n=2) is not reported in order to preserve anonymity.



3 individuals did not answer this question. None selected "decline to answer."

COMPASS

Program Activities

Program activities include mental and behavioral health assessments, case management, and long-term plan development.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	15
Case Management	37
Collateral Meetings	48
Individual Therapy	138
Medication Management	60
Plan Development	32
Rehab	338
TOTAL # of Activities/Events	668

Conclusion and Recommendations

Despite multiple challenges during the pandemic, the provision of services at COMPASS continued, with COMPASS reaching the population they seek to serve, with all of the participants being youth ages 12 to 17. The two beds at COMPASS are typically full at all times, demonstrating the need for this important service. The program intervenes early in a mental health crisis to provide youth a sustainable plan for treatment and support. In future fiscal years, COMPASS could improve tracking of program outcomes by surveying patients and their families at intake and discharge.

COMMUNITY CARES

National Alliance on Mental Illness

Offered through National Alliance on Mental Illness (NAMI), Community Cares is a free NAMI Ventura County-designed pilot program. The 2-hour program is built to introduce evidence and experience-based mental health education with a focus on wellness, recovery, and hope. Presenters cover the importance of mental health and wellness, common diagnoses and treatment, self-care and communication skills, and introduce NAMI's resources and programs. The workshop is presented by trained family members and peer who share their personal experiences navigating mental illness and recovery.

Program Strategies



Improves access and linkage to treatment by training potential responders, namely friends and family members, to recognize signs and symptoms of mental illness and related crises and share existing resources.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and stigma-reducing presentations to friends and family members who will be supporting loved ones with mental health challenges.

Program Highlights[‡]

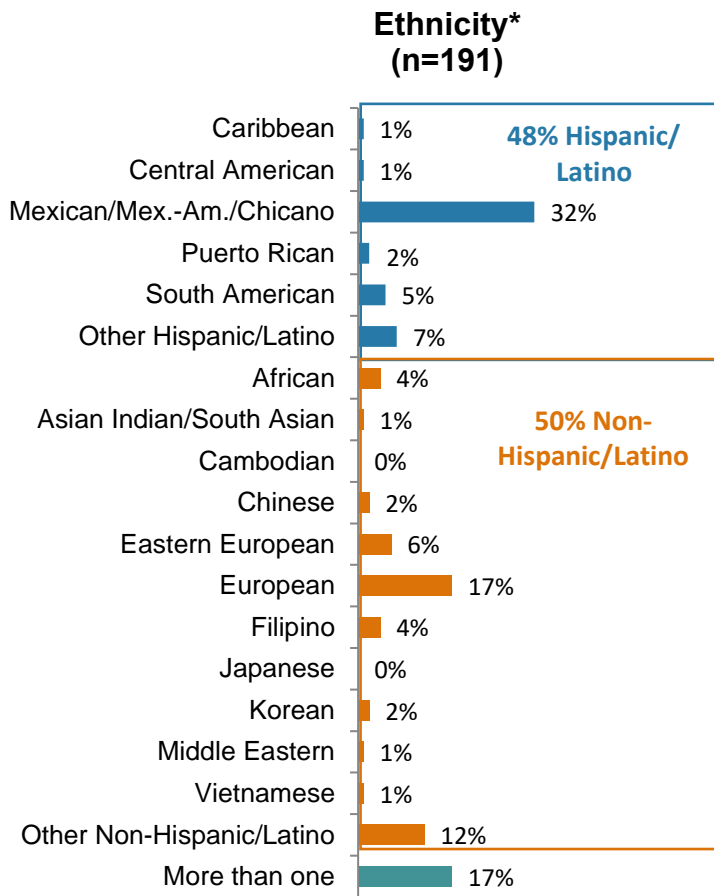
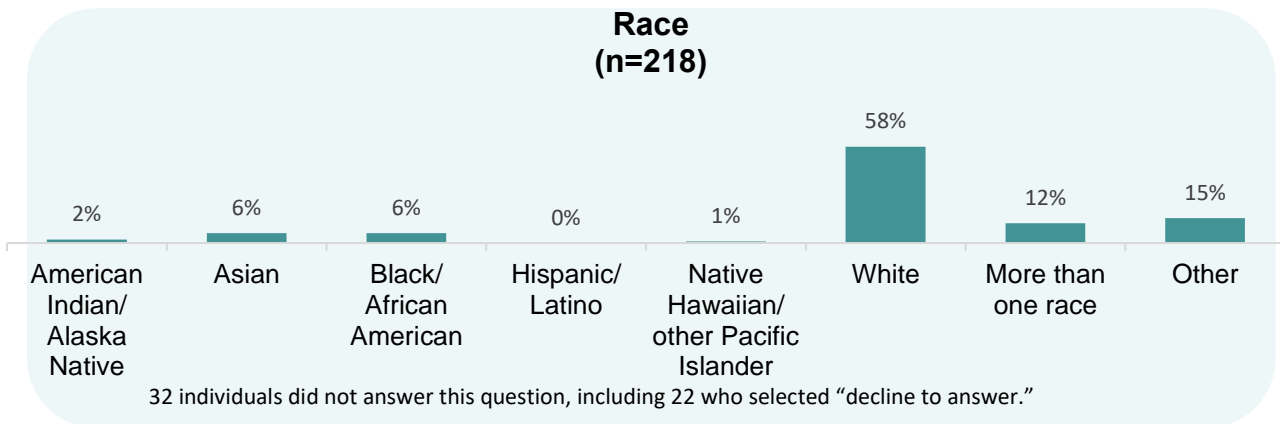
362 individuals received core program services

[‡]This program did not provide referrals.

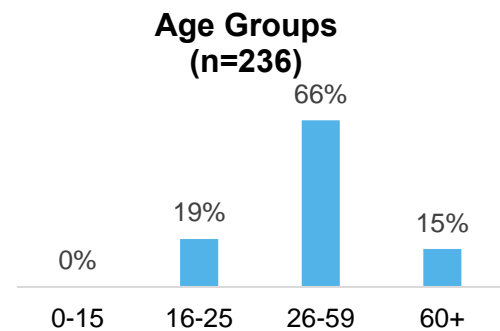
COMMUNITY CARES

Demographic Data

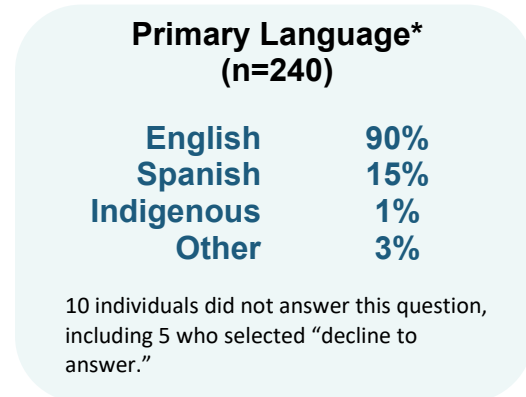
Community Cares collects unduplicated demographic data from the individuals they serve. Of the 362 individuals who received core program services, 250 provided some demographic information which is presented below.



59 individuals did not answer this question; including 27 who selected "decline to answer."



14 individuals did not answer this question, all of whom selected "decline to answer."



* Percentages may exceed 100% because participants could choose more than one response option.

COMMUNITY CARES

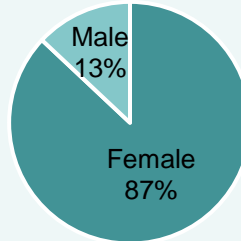
Demographic Data

Current Gender Identity (n=235)

Female	87%
Male	13%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

15 individuals did not answer this question; including 7 who selected "decline to answer."

Sex Assigned at Birth (n=236)



14 individuals did not answer this question, including 7 who selected "decline to answer."

Sexual Orientation (n=213)

Bisexual	3%
Gay or Lesbian	1%
Heterosexual or Straight	94%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	0%

37 individuals did not answer this question, including 27 who selected "decline to answer."

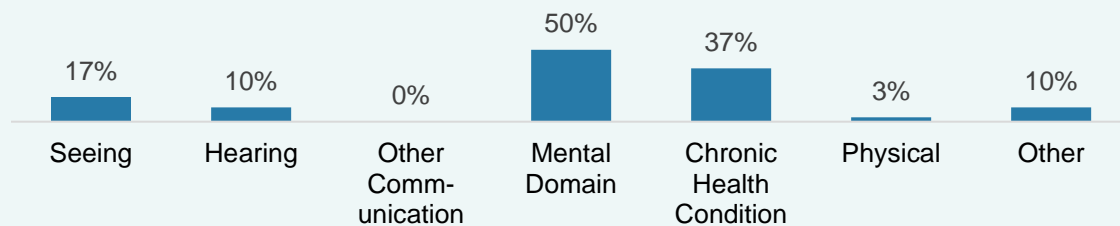
2% identify as veterans

n=233; 17 individuals did not answer this question, including 4 who selected "decline to answer."

15% reported having one or more disabilities

n=203; 47 individuals did not answer this question, including 10 who selected "decline to answer."

Disabilities* (n=30)



* Percentages may exceed 100% because participants could choose more than one response option.

COMMUNITY CARES

Program Activities

The primary program activity is a 2-hour webinar. The program completed 20 webinars in fiscal year 2020–2021.



362 participants in program activities

Program Outcomes

Community Cares tracks outcomes for individuals who attend presentations. The first component of the survey is designed for individuals participating in programs that are funded to reduce Stigma and Discrimination; the second is NAMI’s internal survey for use with their programs. Outcomes from the two survey components are shown separately in the tables below.

Stigma and Discrimination Reduction Participant Outcomes (n=92)

As a result of participating in Community Cares ...	Strongly Agree	Agree	Disagree	Strongly Disagree
I know when I need to ask for help with a mental health problem.	59%	39%	1%	1%
I am more willing to seek help for a mental health problem.	62%	34%	3%	1%
I believe people with mental illness can function in their daily lives.	65%	33%	1%	1%
I would be accepting of a family member or friend if they had a mental illness.	83%	15%	1%	1%
I know where to go for mental health services in my community.	58%	38%	3%	1%

COMMUNITY CARES

NAMI Survey Respondent Outcomes (n=221)

	% Agree
In the past, I haven't felt encouraged regarding recovery from mental illness.	18%
In the past, I haven't felt that mental illness is a physical illness.	16%
In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	28%
As a result of seeing the In Our Own Voice presentation...	% Agree
I see recovery as a real possibility.	76%
I believe that a mental illness is a physical illness, like diabetes.	71%
I would feel comfortable working with someone who has a mental illness.	86%

NAMI Survey Respondent Outcomes Highlights

88% of individuals who previously did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility. (n=40)

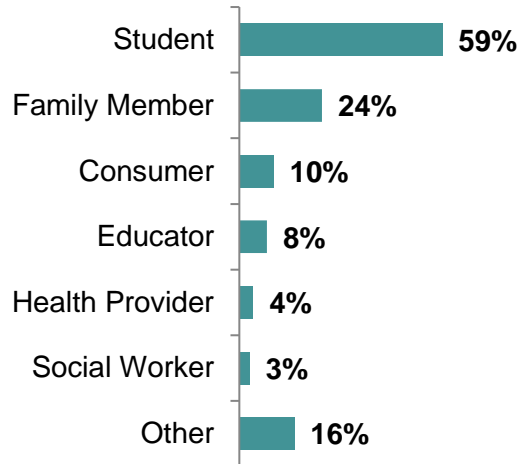
86% of individuals who did not previously feel that mental illness was a physical illness now agree that a mental illness is a physical illness, like diabetes. (n=36)

87% of individuals who previously would not have been comfortable working with someone who has a mental illness would now feel comfortable. (n=61)

COMMUNITY CARES

Additional characteristics of respondents to the NAMI survey is provided here about what sector population the trainee would potentially be responding/providing help in.

Trainee Potential Responder Type*
(n=234)

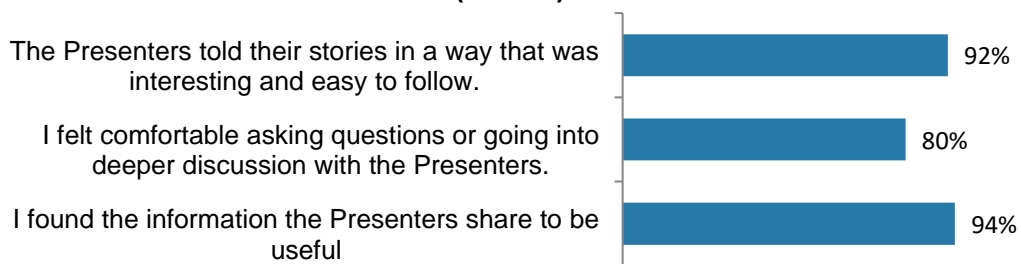


*Individuals could select more than one response option.

Program Satisfaction

Those completing NAMI’s internal survey were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the percentage of trainees who agreed with each statement.

NAMI Survey Respondents
% Who Agree
(n=233)



COMMUNITY CARES

Program Feedback

The following quotes are highlights from surveys collected at various Community Cares trainings.

“The entire program is outstanding and ought to be considered as a Public Service Program with widespread dissemination. The presenters were both excellent and honest and real. It is thoroughly educational and informative particularly when it comes to pointing out the stigmas associated with mental illness and even discussed racial bias. I thoroughly enjoyed it and absolutely learned not only things about myself and recognizing that the anxieties and depression need to be dealt with but it also provided great insight into dealing with those around me that may be suffering with mental illness whether diagnosed or not.”

“I feel that the self-care practices go hand-in-hand with our personal well being. It is important to incorporate self-care in our routines and I loved the way that was emphasized in this presentation. Our presenters provided examples of self-care along with information on how to overcome barriers that may keep us from engaging in these practices.”

Conclusion and Recommendations

Community Cares is helping participants recognize, acknowledge, and address mental health concerns as early as possible. For example, 96% of participants are more willing to seek help for a mental health problem as a result of participating in this program.

Given that the majority of participants spoke English, an area of future improvement may be to increase program promotion and outreach to mono-lingual Spanish and indigenous speaking communities in Ventura County.

FAMILY & FRIENDS

National Alliance on Mental Illness

Offered through National Alliance on Mental Illness (NAMI), Family & Friends is a free 90-minute to 4-hour seminar for people who have loved ones with a mental health condition. The seminar explains how attendees can best support their loved ones and provides an opportunity to meet other people in similar situations and gain community support. It is led by trained individuals who have lived experience. Topics include understanding diagnoses, treatment, and recovery; effective communication strategies; the importance of self-care; crisis preparation strategies; and NAMI and other community resources.

Program Strategies



Improves access and linkage to treatment by training potential responders, namely friends and family members, to recognize signs and symptoms of mental illness and related crises and share existing resources.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and stigma-reducing presentations to friends and family members who will be supporting loved ones with mental health challenges.

Program Highlights[‡]

81 individuals participated in a Family & Friends seminar[†]

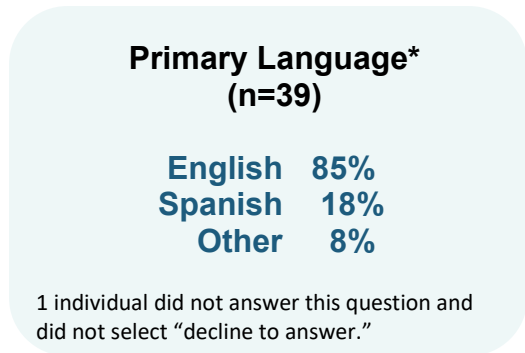
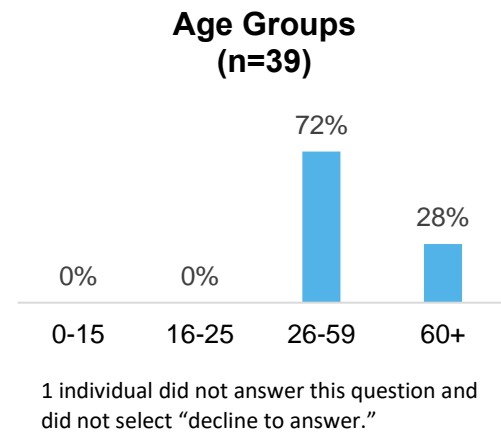
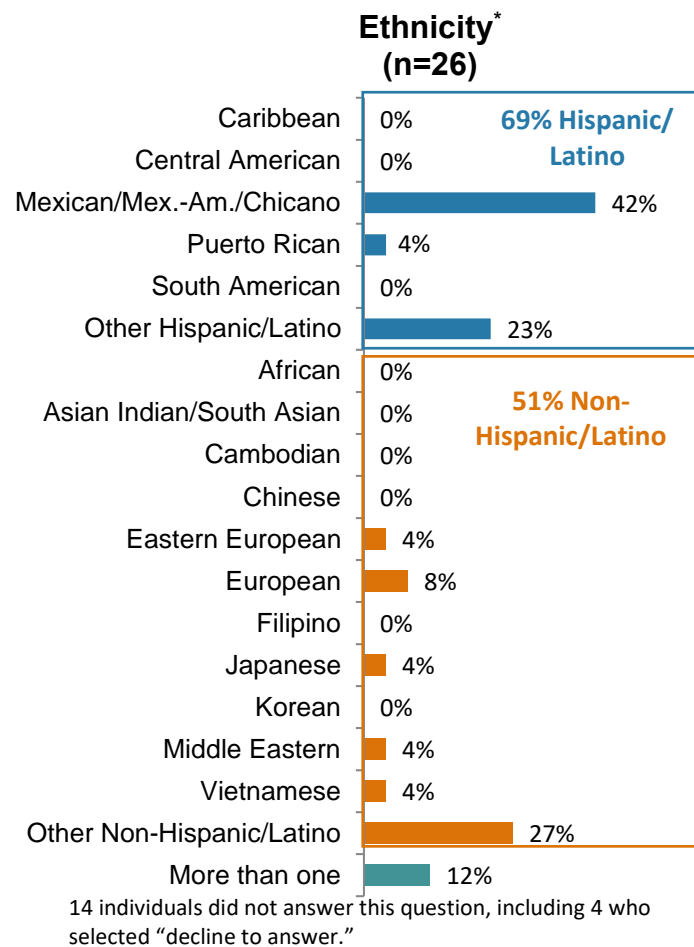
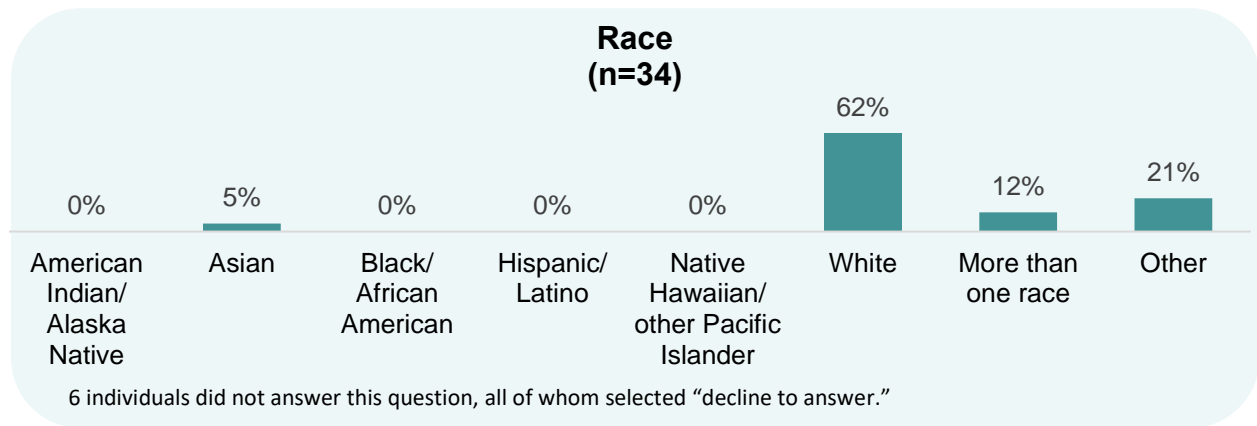
[‡]This program did not provide referrals.

[†]Number of participants/individuals may not be unduplicated.

FAMILY & FRIENDS

Demographic Data

Family & Friends collects unduplicated demographic data from the individuals they serve. Of the 81 individuals who received core program services, 40 completed a demographic form; this information is presented below.



*Percentages may exceed 100% because participants could choose more than one response option.

FAMILY & FRIENDS

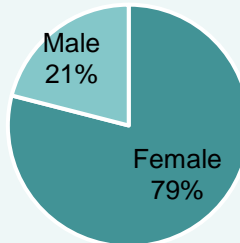
Demographic Data

Current Gender Identity (n=39)

Female	77%
Male	18%
Transgender	0%
Genderqueer	2%
Questioning or Unsure	0%
Another Gender Identity	3%

1 individual did not answer this question and did not select "decline to answer."

Sex Assigned at Birth (n=39)



1 individual did not answer this question and did not select "decline to answer."

Sexual Orientation (n=35)

Bisexual	3%
Gay or Lesbian	3%
Heterosexual or Straight	91%
Queer	3%
Questioning or Unsure	0%
Another Sexual Orientation	0%

5 individuals did not answer this question, including 4 who selected "decline to answer."

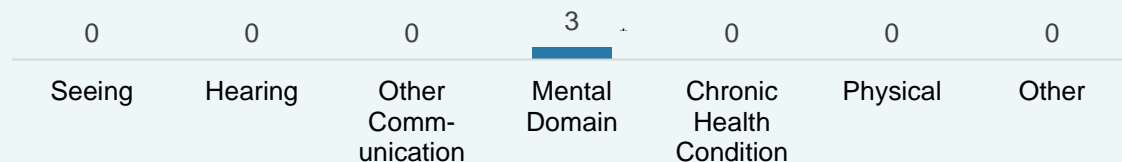
0% of individuals identify as veterans

n=40.

9% of individuals reported having one or more disabilities

n=35; 5 individuals did not answer this question, none of which selected "decline to answer."

Disability (n=3)



FAMILY & FRIENDS

Program Activities

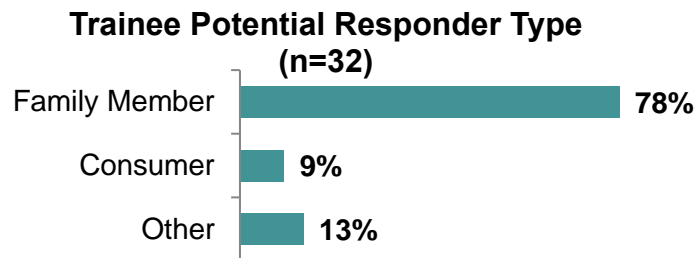
Program activities include the Family & Friends seminar facilitated by program staff. The Family & Friends program conducted 7 seminars in fiscal year 2020–2021.



81 participants in program activities

Program Outcomes

Family & Friends tracks outcomes by surveying participants in their workshops. Below are the characteristics of respondents to the Family & Friends workshop trainee survey.



FAMILY & FRIENDS

At the conclusion of the workshops, respondents were given the option to select if they agree with several statements. Results from these surveys are shown in the tables below.

Trainee Outcomes (n=26)

Please select which items below you agree with:	# Agree
I see recovery as a real possibility.	19
In the past, I haven't felt encouraged regarding recovery from mental illness.	20
A mental illness is a physical illness, like diabetes.	17
In the past, I haven't felt that mental illness is a physical illness.	12
I would feel comfortable working with someone who has a mental illness.	6
In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	8

Trainee Outcomes Highlights

8 of 12 individuals who previously did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

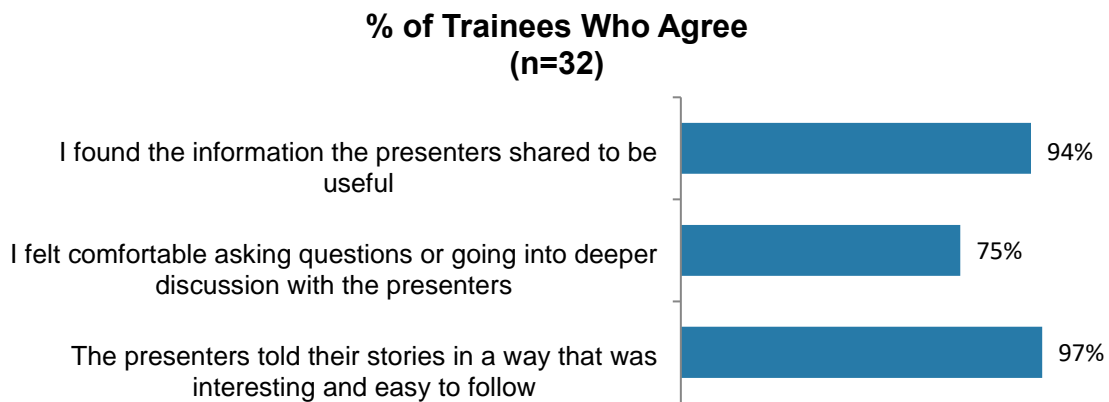
4 of 6 individuals who previously did not feel that mental illness is a physical illness now agree that a mental illness is a physical illness, like diabetes.

3 of 8 individuals who previously would not have been comfortable working with someone who has a mental illness now would feel comfortable.

FAMILY & FRIENDS

Program Satisfaction

Family & Friends trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the percentages of trainees who agreed with each statement.



Program Feedback

The following quotes are highlights from surveys collected at various Family & Friends trainings.

“It was very informative to learn about the different diagnoses and how to communicate with someone who has a mental illness.”

“As someone who suffers from mental illness and has a mother with mental illness I like to learn about a wide range of information about mental illness.”

Conclusion and Recommendations

Family & Friends is reaching the population they seek to serve, with the majority of participants identifying as a family member of an individual with a mental health issue. Family & Friends participants report that the presentations are influencing their attitudes, knowledge, and beliefs. For example, 67% of individuals now see mental illness recovery as a real possibility when they had not previously.

Areas of future improvement may be to increase the survey response rate to better capture participant feedback.

PRIMARY CARE PROGRAM

Clínicas del Camino Real, Inc.

Primary Care Program provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers. Primary Care Program works with clients age 12 and older who may be experiencing depression and/or anxiety and is able to refer them in a timely manner to appropriate mental health services. They are also able to provide immediate interventions to reduce clients' risks of developing other severe mental health conditions. Additionally, the program provides evidence based services to individuals who would otherwise not have access by delivering services at multiple locations throughout Ventura County, with the goal of increasing access to services to underserved populations including those who do not have reliable transportation.

Program Strategies



Provides access and linkage to services through screening, referrals to appropriate treatment, and care coordination.



Improves timely access to services for underserved populations by providing services at 15 different locations across the county.

Program Highlights[§]

446 individuals received core program services

9.6 point decrease in average participant depression severity

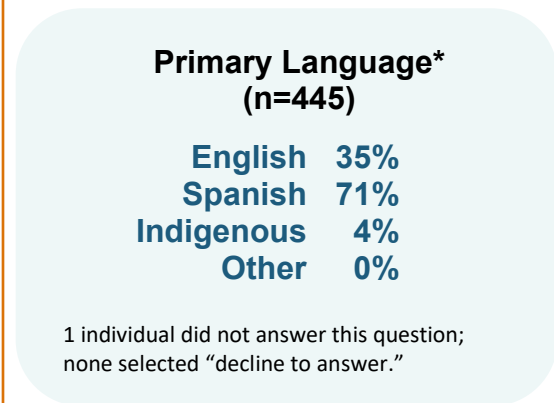
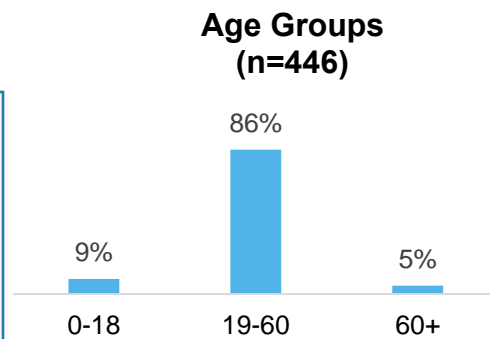
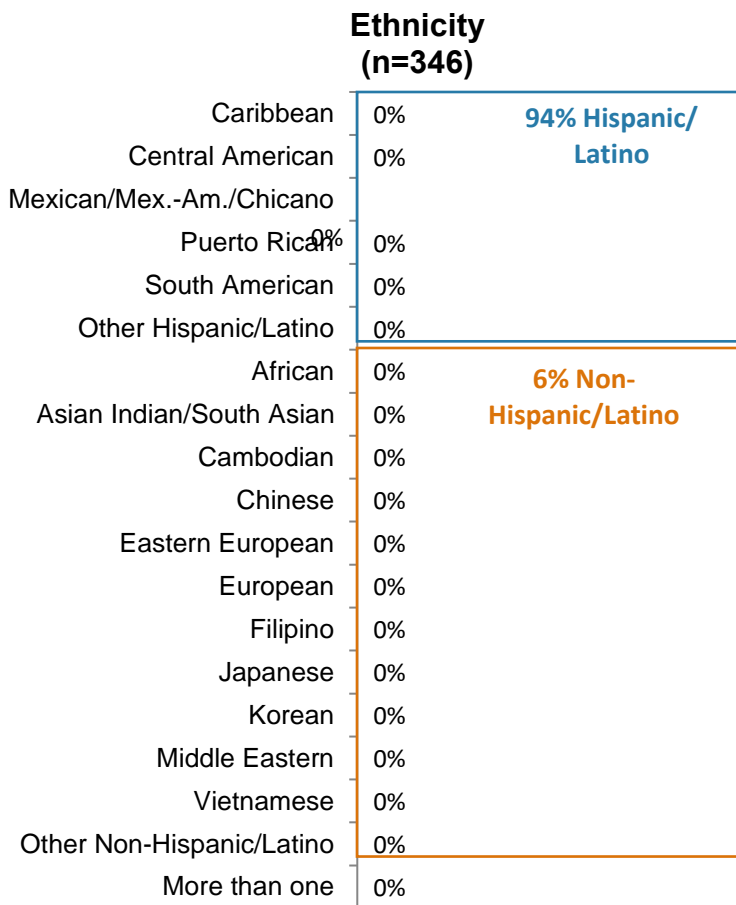
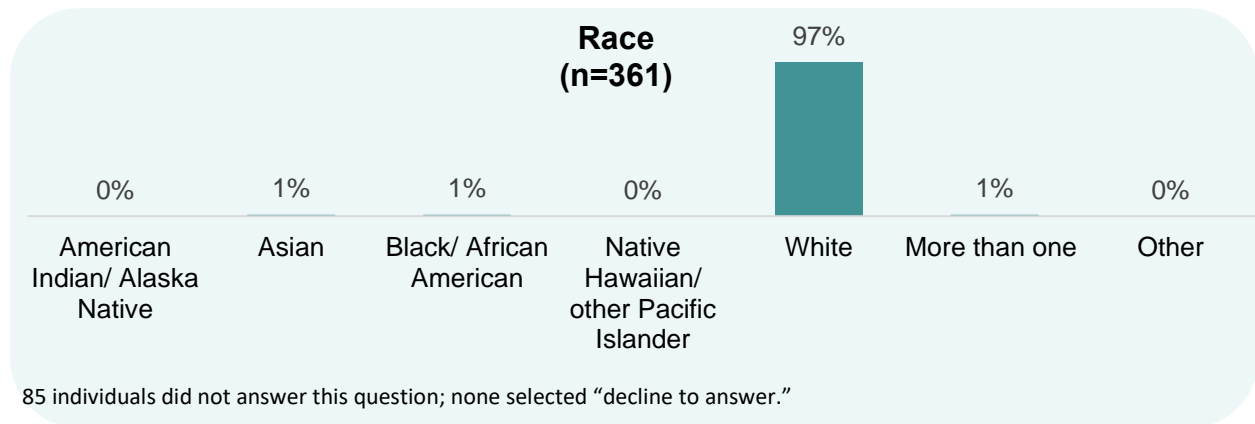
7.6 point decrease in average participant anxiety severity

[§]This program made community referrals, but those were not included in the data collection.

PRIMARY CARE PROGRAM

Demographic Data

Primary Care Program collects unduplicated demographic data from the individuals they serve. Data presented in this section represents information provided by the 446 individuals who completed a MHSa-compliant demographic form in fiscal year 2020–2021.



100 individuals did not answer this question; none selected “decline to answer.”

* Percentages may exceed 100% because participants could choose more than one response option.

PRIMARY CARE PROGRAM

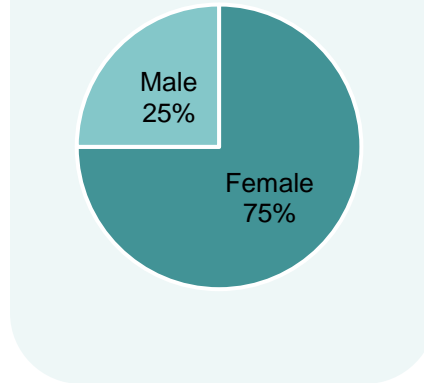
Demographic Data

Current Gender Identity (n=157)

Female	85%
Male	15%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

289 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=446)



Sexual Orientation (n=205)

Bisexual	2%
Gay or Lesbian	2%
Heterosexual or Straight	94%
Queer	0%
Questioning or Unsure	2%
Another Sexual Orientation	0%

241 individuals did not answer this question; none selected "decline to answer."

0% of individuals identify as veterans

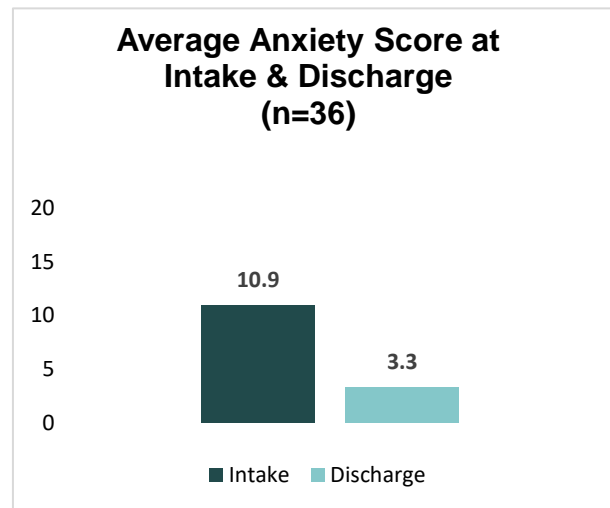
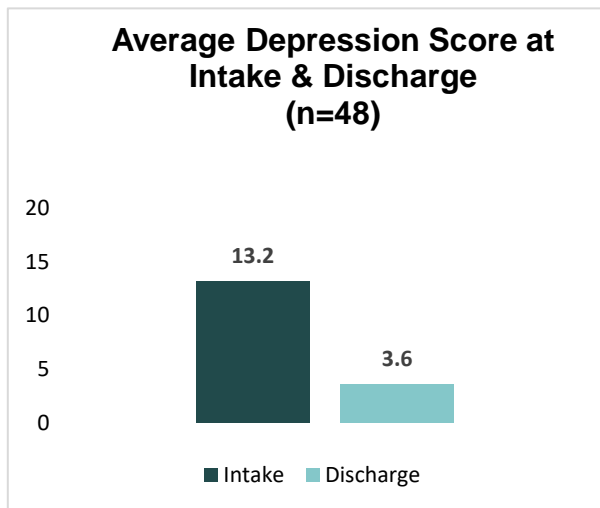
n=446; 7 individuals did not answer this question; none selected "decline to answer."

PRIMARY CARE PROGRAM

Program Outcomes

Primary Care Program tracks outcomes using the Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder scale (GAD-7) (as measures of depression and generalized anxiety, respectively). Average scores across participants at intake and discharge are summarized below for patients discharged from services in fiscal year 2020–2021.

- At intake, average PHQ-9 scores suggest that, overall, participants had moderate levels of depression (on average), but at discharge there were minimal to no levels of depression (on average). Participants experienced an 9.6-point decrease in depression symptoms (on average).
- At intake, average GAD-7 scores suggest that, overall, participants had moderate levels of anxiety (on average), but at discharge there were minimum to no levels of anxiety (on average). Participants experienced a 7.6-point decrease in anxiety symptoms (on average).



PRIMARY CARE PROGRAM

Conclusion and Recommendations

In FY 2020–2021, Primary Care Program served 446 individuals. The program serves patients across the county as far as the Ojai, Santa Clara, and Conejo communities, which have limited opportunities for such programs in comparison to other areas of the county. By offering 15 service sites, Primary Care Program reaches a large and diverse participant population. Additionally, the program provides culturally competent care through their bilingual and bicultural providers to effectively meet the needs of indigenous populations in the county.

Further, average participant scores on both PHQ-9 and GAD-7 measures decreased from intake to discharge, suggesting that depression and anxiety symptoms decreased. However, data should be interpreted with caution as intake and discharge data were not matched at the participant level and tests of statistical significance were not applied given small sample sizes. Data may also not be fully representative of the experiences of all program participants given low sample sizes overall compared to the number of fiscal year participants, as well as lower sample size at discharge. This is also due to the fact that the program makes efforts to maximize funds. Participants sometimes complete the program using another funding source.

An area of future improvement may include increasing response rates on forms collecting compliant demographic data such as race, ethnicity, age, disability, sexual orientation, and current gender. Although, the program is aware that participants have a choice to complete the demographic data questions.

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Ventura County Behavioral Health (VCBH)

Ventura County Power Over Prodromal Psychosis (VCPOP, formerly EDIPP) conducts community outreach and education to community members about early warning signs of psychosis; provides a two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, education/vocational services, case management, Multi-Family Groups, and peer skill-building groups.

Program Strategies



Provides intensive support and education to individuals and their support systems to reduce stress and manage symptoms.



Increases recognition of early signs of psychosis through outreach and trainings to community members including school staff, clinicians, spiritual leaders, and police.

Program Highlights[‡]

157 individuals received core program services

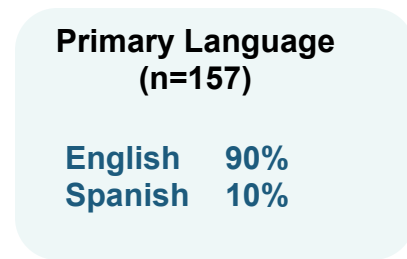
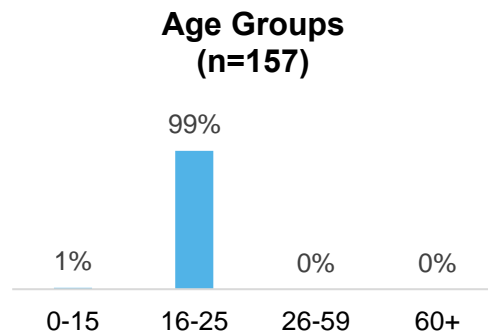
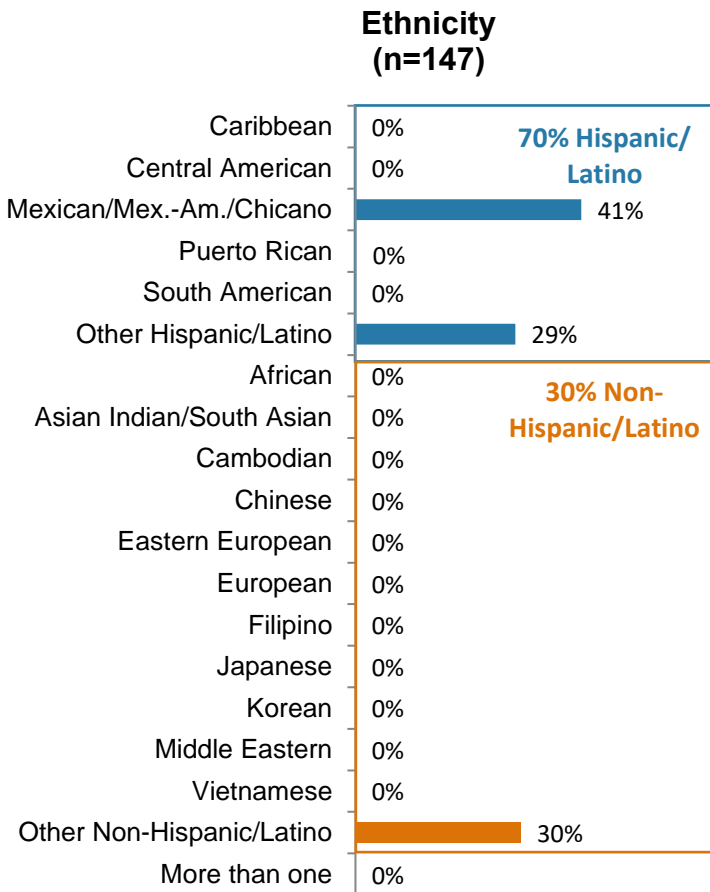
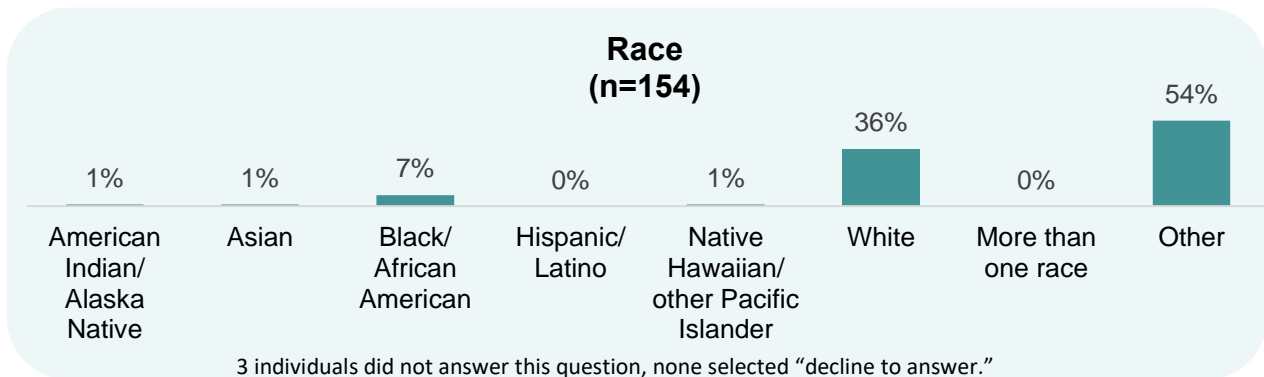
152 Days average length of stay

[‡]This program did not provide referrals.

VENTURA COUNTY POWER OVER PRODRIMAL PSYCHOSIS (VCPOP)

Demographic Data

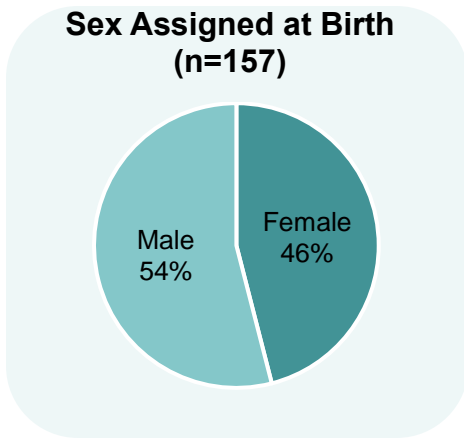
VCPOP collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents the information provided by the 157 individuals who received program services. Demographic data was not collected for current gender identity, veteran status, and disabilities.



7 individuals did not answer this question, none selected "decline to answer."

VENTURA COUNTY POWER OVER PRODRIMAL PSYCHOSIS (VCPOP)

Demographic Data



Sexual Orientation (n=20)

Bisexual	3
Gay or Lesbian	0
Heterosexual or Straight	16
Queer	0
Questioning or Unsure	1
Another Sexual Orientation	0

137 individuals did not answer this question; 8 selected "decline to answer."

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Program Activities

Program activities include mental and behavioral health assessments, case management, and long-term plan development.

Program Activities by Type	# Activities/Events
Assessments/Evaluation	71
Case Management	694
Collateral Meetings	340
Crisis Intervention	28
Mental Health Evaluation and Management	300
Individual/Group Therapy	217
Intensive Care Coordination	10
Medication Management	260
Psychotherapy	333
Plan Development	230
No-Show/Outreach	1,010
Rehab	161
Whatever It Takes Support	11
Other	12
TOTAL # of Activities/Events	3,677

VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

Conclusion and Recommendations

VCPOP is primarily serving transitional age youth (TAY). An area of future improvement may include increasing collection of demographic data in compliance with MHSA regulations and implementing outcome and satisfaction surveys to better illustrate program success and participant outcomes.

OTHER PEI PROGRAMS

The six programs under Other PEI Programs encompass the core program categories of Outreach for Increasing Recognition of Early Signs of Mental Illness, Access and Linkage to Treatment, and Stigma and Discrimination Reduction, as well as Suicide Prevention (optional) and Improving Timely Access to Services for Underserved Populations (optional) programs. All programs in this section focus primarily on training potential first responders—including educators, students, law enforcement personnel, first responders, people with lived experience, and other community members— about ways to recognize and respond effectively to early signs of mental illness. Programs also seek to combat negative perceptions about, misinformation on, and/or stigma associated with having a mental illness or seeking help for mental illness.

While each PEI program varies in its focus and scope, all programs that provided outcome data reported high ratings among trainees around the usefulness and satisfaction with the trainings they received. Similarly, these programs also tended to have illustrative qualitative data in the form of quotes from trainees as well as success stories that supported the high ratings received by trainees.

A total of 3,071 individuals were served by Other PEI Programs during Fiscal Year 2020-2021. Other PEI Programs include the following program categories:

Stigma & Discrimination Reduction programs reduce negative attitudes, beliefs, and discrimination against those with mental illness or seeking mental health services and increase dignity and equality for individuals with mental illness and their families.

Suicide Prevention programs provide organized activities to prevent suicide as a consequence of mental illness.

Outreach for Increasing Recognition of Early Signs of Mental Illness programs train potential responders to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

Access and Linkage to Treatment programs connect individuals with severe mental illness to medical care and treatment as early in the onset of these conditions as practicable. These programs focus on screening, assessment, referral, telephone lines, and mobile response.

Other PEI Program Descriptions

Crisis Intervention Team (CIT): Provides training for first responders to assess and assist people in mental health crisis in a compassionate and effective manner through de-escalation, reduction of use-of-force, and reduction in recidivism.

In Our Own Voice: A presentation given by those living with mental health conditions that reduces misconceptions and stigma about mental illness and provides an opportunity for people with mental illness to gain self-confidence, earn income, and serve as role models for their community.

Logrando Bienestar: Helps youth and young adults in the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles.

Provider Education: Provides staff development training for health care professionals who work directly with people experiencing mental illness.

La Clave Education & Training: Train potential Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based workshop that targets the Latino community in Ventura County to identify symptoms of serious mental illness and assists them in seeking services for early treatment.

Rapid Integrated Support and Engagement: Offers field-based connection to mental health assessment and treatment as well as case management.

3,071 individuals received core program services

Other PEI Programs: Demographics of Participants[§]

Ethnicity* (n=1,865)		Hispanic Ethnicities[^] (n=1,323)	
Hispanic	71%	Mexican	69%
Non-Hispanic	30%	Central American	1%
More than one ethnicity	3%	Puerto Rican	1%
<i>Declined to answer: 207</i>		South American	1%
Age[§] (n=2,250)		Caribbean	0%
0-15	31%	Another Hispanic	29%
16-25	22%	Non-Hispanic Ethnicities[^] (n=555)	
26-59	42%	African	1%
60+	5%	Asian Indian/South Asian	0%
<i>Declined to answer: 7</i>		Cambodian	0%
Primary Language* (n=2,390)		Eastern European	2%
English	73%	Filipino	2%
Spanish	26%	Korean	1%
Indigenous	1%	Vietnamese	0%
Other	2%	Race* (n=2,314)	
<i>Declined to answer: 8</i>		American Indian/Alaska Native	1%
Sex Assigned at Birth (n=2,220)		Asian	2%
Female	63%	Black/African American	2%
Male	37%	Hispanic/Latino	41%
<i>Declined to answer: 8</i>		Native Hawaiian/Pacific Islander	1%
Sexual Orientation[§] (n=534)		White	33%
Bisexual	4%	Other	19%
Gay or Lesbian	3%	More than one	2%
Heterosexual or Straight	92%	<i>Declined to answer: 132</i>	
Queer	0%	Current Gender Identity[§] (n=552)	
Questioning or Unsure	0%	Female	66%
Another sexual orientation	1%	Male	34%
<i>Declined to answer: 113</i>		Genderqueer	0%
City of Residence[‡] (n=2,154)		Questioning or Unsure	0%
Camarillo	4%	Transgender	0%
Newbury Park	2%	Another gender identity	0%
Oxnard	46%	<i>Declined to answer: 8</i>	
Santa Paula	9%	Fillmore	1%
Ventura	19%	Oak Park	0%
		Piru	0%
		Simi Valley	5%
		Other	5%
		Moorpark	1%
		Ojai	1%
		Port Hueneme	3%
		Thousand Oaks	4%

* Percentages may add to or exceed 100% because participants could choose more than one response option.

[§] Current gender identity data was not collected from RISE. Sexual orientation data was not collected from Logrando Bienestar. Age data was not reported from La Clave

[^] Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

[‡] City of residence data is not available for CIT.

Highlighted Successes and Challenges: Other PEI Programs

In spite of the challenges Logrando Bienestar experienced during the pandemic, we were successful because we never stopped seeing and screening individuals. We were able to screen individuals over the phone, in record numbers. In the month of May we received 138 referrals, and in June we had 80 referrals as demonstrated in the data. The Logrando Bienestar team received the La Clave training and was tasked with conducting the trainings. The team embraced the task and by the end of May they had approximately trained over 380 and closed the year having trained 481 individuals who can identify symptoms of severe mental illness and refer them to VCBH-Logrando Bienestar. These trainings included, Public Health, District Attorneys, Faith Based Groups and other Community Based Organizations.

The pandemic presented other opportunities for Logrando Bienestar to explore in doing outreach utilizing social media platforms, given the restrictions. Logrando Bienestar launched an online series "Preguntale al Experto". The "Ask the Expert" series has been proven successful in that we are using social media, Facebook Live, Instagram in combination with Zoom to do outreach, provide information on food distributions, vaccination clinics and providing resources to the community and local COVID information. It worked because most individuals quarantined resorted to social media thus, giving us a captive audience at most of these events. We teamed with the various organization that represent the community we serve to provide specific topics including Health and Human Services, Westminster Clinic, Ventura County Medical Center - Dr. Andrade and Dr. Serrano, and Ventura County Behavioral Health Clinic Administrators, Sal Manzo, Licensed Clinical Social Worker and Gabriela Aguila, LMFT to bring forth an array of services and information. In regards to the LB staff, the vacancies of the three CSC's will now be filled by three trilingual CSC's. Two will be onboarding end of July and hopefully the next will onboard in September. The Program Administrator will continue to make adjustment as COVID restrictions continue to be fluid.

CRISIS INTERVENTION TEAM

Ventura County Law Enforcement

The Crisis Intervention Team (CIT) is a mental health training program for first responders throughout Ventura County. It provides CIT Academy trainings for first responders to assess and assist people in mental health crisis in a compassionate and effective manner. The four primary goals of the CIT program are to reduce the intensity of a crisis using de-escalation strategies, reduce the necessity of use-of-force, promote pre-custody diversion, and collaborate with mental health consumers, their families, the community, and other stakeholders to build and support a vibrant and accessible crisis system.

Program Strategies



Increases recognition of early signs of mental illness and effective responses by providing trainings to first responders.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to first responders.

Program Highlights[‡]

109 individuals received core program services (attended CIT Academy trainings)

1,940 individuals experiencing mental health problem or crisis served[†]

1,471 individuals reached through other program activities[†]

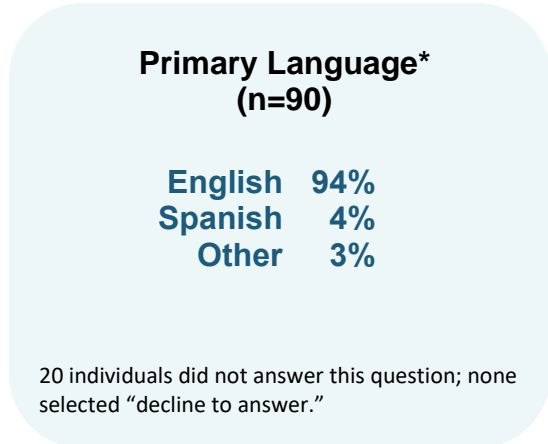
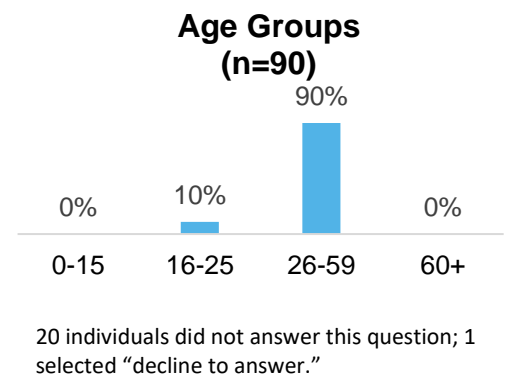
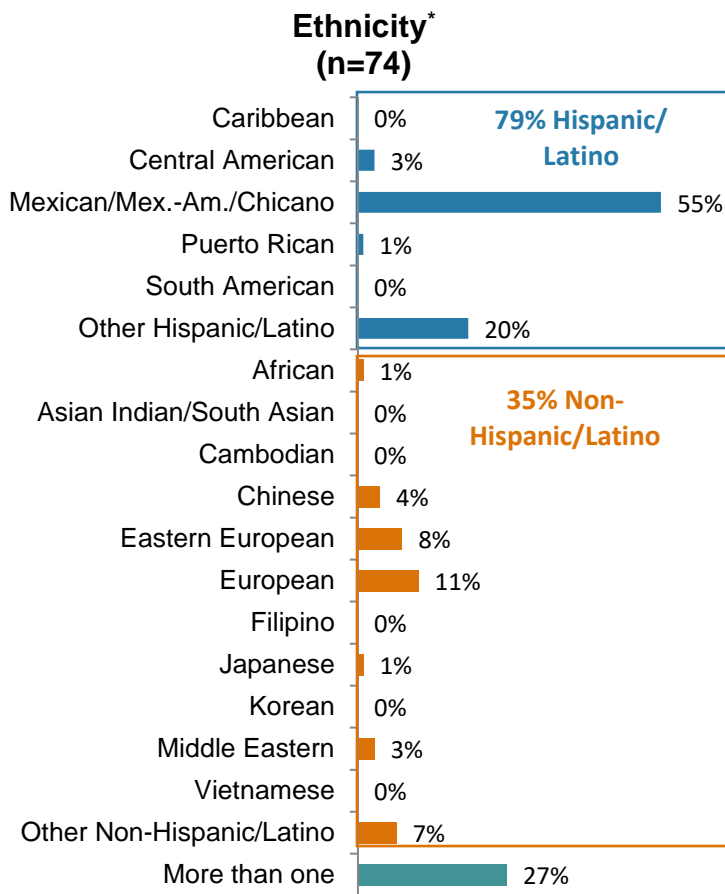
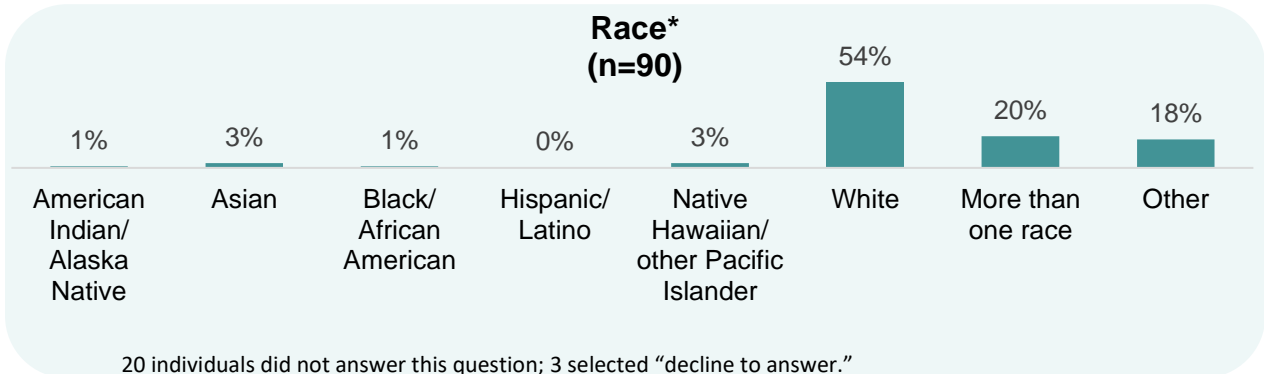
[‡]This program did not provide referrals.

[†]Number of participants/individuals reached may not be unduplicated.

CRISIS INTERVENTION TEAM

Demographic Data

CIT collects unduplicated demographic data from CIT Academy trainees. In fiscal year 2020–2021, 109 individuals received core program services (CIT trainings), all of which provided some demographic information. Additionally, one participant completed two surveys, but the duplicate could not be identified and removed from the survey sample, therefore some questions will have an “n” of 110.



*Percentages may exceed 100% because participants could choose more than one response option.

CRISIS INTERVENTION TEAM

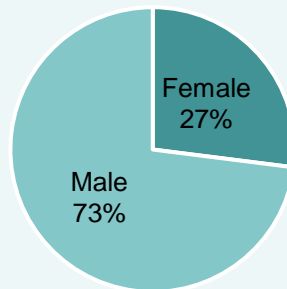
Demographic Data

Current Gender Identity (n=87)

Female	26%
Male	74%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

23 individuals did not answer this question; 1 selected "decline to answer."

Sex Assigned at Birth (n=88)



22 individuals did not answer this question; 1 selected "decline to answer."

Sexual Orientation (n=84)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	99%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

26 individuals did not answer this question; 4 selected "decline to answer."

11% of trainees identify as veterans

n=89; 21 individuals did not answer this question; 2 selected "decline to answer."

1 individual (1%) reported having a disability.

n=75; 35 individuals did not answer this question; 1 selected "decline to answer."

CRISIS INTERVENTION TEAM

Program Activities

In addition to the 3 CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. These trainings covered topics such as suicide prevention, early recognition of signs of mental illness, and stigma and discrimination reduction. Participants may include first responder personnel as well as community members.

Program Activities by Type	# Activities/Events
Presentations to community organizations.	7
Basic Academy trainings	6
Other law enforcement trainings	9
TOTAL # of Activities/Events	22



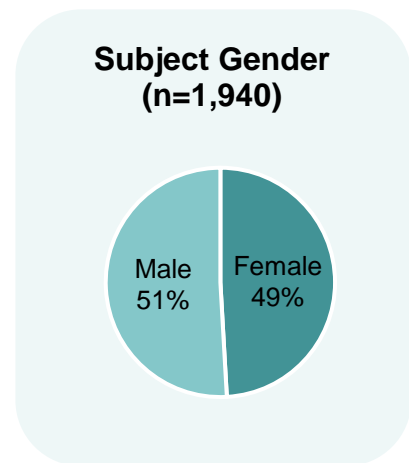
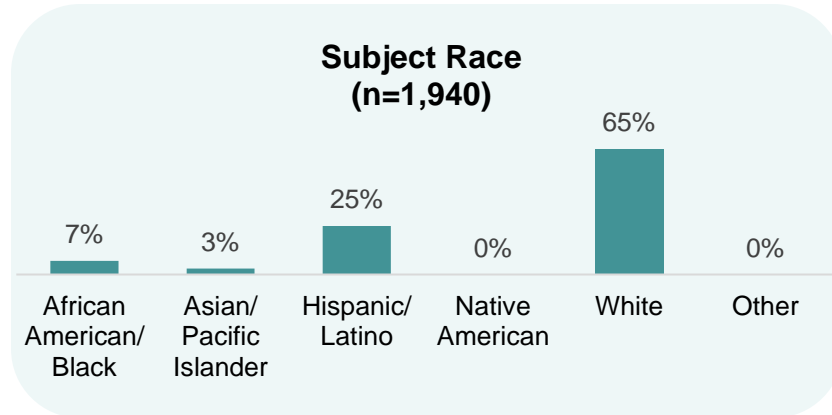
1,471 participants
in program activities[†]

[†]Number of participants/people reached may not be unduplicated.

CRISIS INTERVENTION TEAM

CIT Card Information

Ventura County first responder personnel document encounters with individuals experiencing a mental health problem or crisis through the submission of CIT Event Cards, including subject’s demographic information, as well as the city of incident and the disposition or service provided. First responder personnel completed 1,940 CIT cards in fiscal year 2020–2021.



7% of individuals encountered are homeless
n=1,940

3% of individuals encountered are veterans
n=1,940

Disposition or Service (n=1,940)

Disposition/Service Type	% of CIT Cards
Contact Only	61%
Hospital	34%
#5150/#5585	2%
Voluntary IPU	2%
Incarcerated	1%

City of Incident (n=1,940)

City	% of CIT Cards
Camarillo	27%
Fillmore	7%
Moorpark	8%
Ojai	6%
Oxnard	4%
Port Hueneme	4%
Santa Paula	2%
Simi Valley	12%
Thousand Oaks	26%
Ventura	4%

CRISIS INTERVENTION TEAM

Program Outcomes: Post-training Evaluation Survey

CIT tracks initial program outcomes through post-training evaluation surveys with CIT Academy trainees immediately after each training, using a Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. The tables below provide data from these surveys.

Prior Knowledge and Experience (n=108-109)

	Extensive	Medium	Small	None
Prior to taking this class, my level of education about mental illness was...	34%	37%	23%	6%
My experience knowing someone close to me (family member, friend, etc.) affected by a mental illness is...	9%	32%	44%	15%
My experience working with those affected by a mental illness is...	6%	56%	36%	2%

Trainee Stigma and Discrimination Reduction (n=110)

As a direct result of this training I am MORE willing to:	% Agree/ Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
Live next door to someone with a serious mental illness.	39%	46%	15%
Socialize with someone who had a serious mental illness.	70%	28%	2%
Start working closely on a job with someone who had a serious mental illness.	64%	29%	7%
Take action to prevent discrimination against people with mental illness.	95%	5%	0%
Actively and compassionately listen to someone in distress.	97%	3%	0%
Seek support from a mental health professional if I thought I needed it.	90%	9%	1%
Talk to a friend or family member if I was experiencing emotional distress.	93%	5%	2%

CRISIS INTERVENTION TEAM

Trainee Beliefs about Mental Illness (n=108-110)

As a direct result of this training I am MORE likely to believe:	% Agree/ Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
People with mental illness can eventually recover.	44%	41%	15%
People with mental illness are different compared to everyone else in the general population.	46%	34%	20%
People with mental illness are to blame for their problems.	1%	19%	80%
People with mental illness are never going to be able to contribute much to society.	3%	11%	86%
People with mental illness should be felt sorry for or pitied.	4%	34%	62%
People with mental illness are dangerous to others.	7%	59%	34%

Trainee Competencies (n=109)

As a result of this class,	% Agree/ Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
I am more knowledgeable about mental health issues and related crises.	90%	4%	6%
I feel more confident in responding effectively to an individual with a mental health problem or crisis.	89%	5%	6%

CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Approximately 8 months after a CIT Academy training, trainees were asked to take a follow-up survey. The survey was administered in May 2021 and completed online by individuals participating in CIT trainings held in October 2020. The overall response rate for the survey was 96% (47 individuals completed the follow-up survey out of 49 asked to participate).

CIT Academy Follow-up Survey Respondent Characteristics (n=46-47)

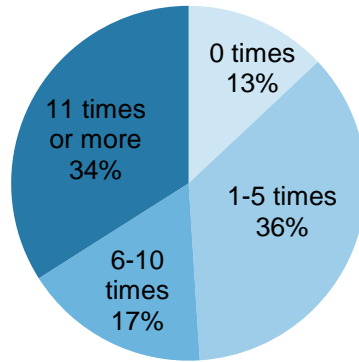
Current Employer	% of Respondents
Municipal Police Department	21%
Probation Office/Parole Agency	6%
Sheriff's Office	64%
Other (EMS, Fire Department, Navy)	9%
Rank/Classification	
Captain/Battalion Chief	0%
Dispatcher	4%
Officer/Deputy/Investigator	78%
Probation Officer/Parole Agent	2%
Sergeant	9%
Other (EMT, Sheriff's Service Technician)	7%
Current Assignment*	
Custody	15%
Dispatch	4%
Investigation	2%
Patrol	68%
Probation/Parole	4%
Traffic	0%
Other (Ambulance, Mental Health Diversion Court Officer)	9%

*Percentages may exceed 100% because participants could choose more than one response option.

CRISIS INTERVENTION TEAM

Since attending the CIT training, the majority (87%) of trainees used verbal- and non-verbal de-escalation techniques at least once when responding to an incident involving a person displaying signs of mental illness, and more than half (51%) used these techniques 6 or more times since participating in CIT training.

**Frequency of De-Escalation Technique Use
(n=47)**



Trainees who reported using de-escalation techniques at least once since training were asked to respond to the following questions about the utility of de-escalation techniques.

**Utility of De-escalation Techniques
(n=46)**

Did the de-escalation techniques help to:	% Yes
Decrease the tension in mental health crisis situations?	85%
Reduce the duration of mental health crisis situations?	67%
Return the person displaying signs of mental illness to a competent level of functioning?	67%

CRISIS INTERVENTION TEAM

Multiple Follow-up Survey items were also included to gauge the impact of CIT training on trainee knowledge and abilities to effectively assess and assist those experiencing a mental health crisis.

CIT Participant Knowledge and Skills (n=47)

As a result of CIT training...	% Agree /Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
I am better able to recognize the signs and symptoms of mental illness among individuals that I encounter in the community.	72%	24%	4%
I can more effectively communicate with persons displaying signs of mental illness.	79%	19%	2%
I am more comfortable interacting with persons displaying signs of mental illness.	66%	30%	4%
I am better able to defuse aggression before it becomes violence.	66%	30%	4%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	76%	15%	9%
I have more skills useful for managing any type of mental health crisis effectively.	75%	19%	6%
I believe treatment can help people with mental illness lead normal lives.	72%	24%	4%
I believe people are generally caring and sympathetic to people with mental illness.	60%	34%	6%
Please indicate your level of agreement with the following statements:	% Agree / Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
CIT training increases law enforcement officer safety.	62%	30%	8%
CIT training increases mental health consumer safety.	62%	32%	6%
CIT training better prepares law enforcement officers to handle crises involving individuals with mental illness.	83%	11%	6%

Additionally, 39% of those trained have shared skills or strategies learned in the CIT training with other law enforcement officers (n=46).

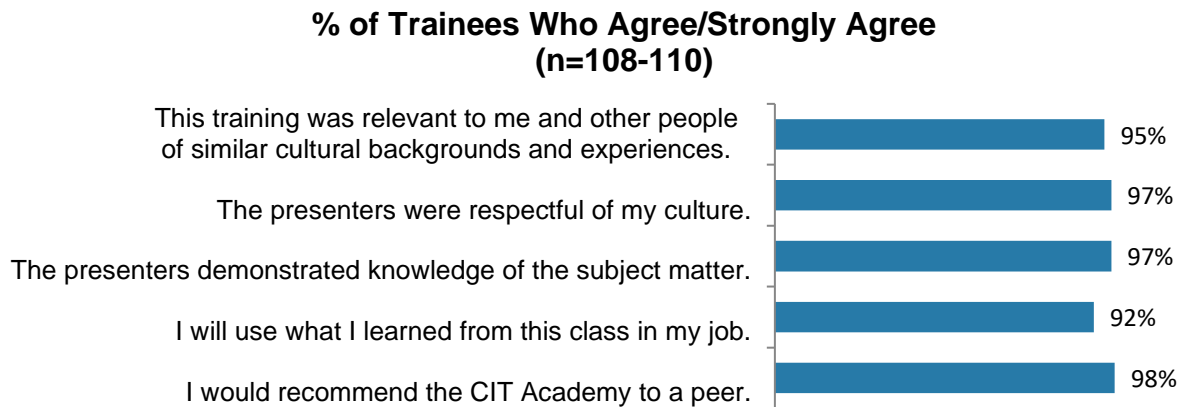
CRISIS INTERVENTION TEAM

CIT Academy Follow-up Survey respondents were further asked to indicate whether they completed a CIT Event Card after each encounter with a person displaying signs of mental illness. Of those who reported not completing a CIT Card after each encounter (n=22), key reasons provided are shown below (the frequency of each comment is included in parentheses).

- Specific department, agency, or position not required to complete or does not have access to CIT Cards (e.g., Custody, EMS, Fire, Dispatch) (6)
- Forgot to complete a Card (3)
- The person has well documented mental health needs (2)
- Has not encountered a situation that required a CIT Card (2)
- Another person completed the CIT Card (2)
- Did not have CIT Cards to fill out (1)

Program Satisfaction: Post-training Evaluation Survey

Immediately after each training, CIT Academy trainees were asked whether they strongly agreed, agreed, disagreed, or strongly disagreed with satisfaction-related statements, with the option to select “neither agree nor disagree” or “uncertain.”



When asked to indicate why they attended the training, 66% of respondents said they were told to but didn't mind, 31% said they asked to attend it, and 4% said they were told to attend against their own wishes (n=108; 2 individuals did not answer this question).

CRISIS INTERVENTION TEAM

Program Satisfaction: Follow-up Survey

CIT Academy trainees who complete a Follow-up Survey approximately 8 months after completing a training are also asked to indicate (yes or no) whether they are satisfied with the training they received. Among those who responded, 93% said that they were satisfied with the training they received (n=46).

Program Feedback: Post-training Evaluation Survey

CIT Academy trainees were asked to provide feedback through open-ended response questions on the Post-training Evaluation Survey. Their comments were grouped by theme and top responses are presented below. (The number of people who commented under each response theme is shown in parentheses.)

Recommendation to Improve the CIT Academy (n=42)

Top 4 Responses

- Online format and associated technological challenges (21)
- Not enough scenarios/role-playing (9)
- Some information was not applicable (6)
- Length (too long, too short) (6)

Additionally, 5 respondents stated that there were no weaknesses.

Program Feedback: Follow-up Survey

CIT Academy trainees were also asked to provide feedback through open-ended response questions on the Follow-up Survey. Their comments were grouped by theme and are presented below. (The number of people who commented under each response theme is shown in parentheses.)

What type of additional training would you be interested in? (n=28)

Top 4 Responses

- Periodic updates and refreshers (e.g., changes in policies or resource availability) (8)
- More information on specific mental health diagnoses and other mental health topics (5)
- Not interested in/could not think of any additional training (11)
- Other (4)

CRISIS INTERVENTION TEAM

Program Successes

CIT has given me additional tools to handle situations involving mental illness. I now know I need to slow down and think about ways to de-escalate stressing situations appropriately.

A juvenile client that I supervise was going through a hard time after he and his girlfriend's child passed away shortly after being born. Additionally, his father had recently abandoned him. He was initially resistive to speaking to counselors, but through the techniques I learned through CIT, and speaking to a representative from the Crisis team, he was eventually willing to open up and was receptive to services.

Conclusion and Recommendations

The CIT program trained 109 law enforcement officers and other first responders in FY 20-21. Of those trained, 87% reported that they have used the de-escalation techniques they learned in the CIT Academy training and that those de-escalation techniques helped decrease the tension in mental health crisis situations. These findings are illustrated in the success stories provided by CIT Academy trainees.

In fiscal year 2021–2022, it is recommended that the CIT program ensure officers have enough CIT cards and that the training be provided in a format most conducive to learning (e.g., in-person, with scenarios).

IN OUR OWN VOICE

National Alliance on Mental Illness

Offered through National Alliance on Mental Illness (NAMI), In Our Own Voice is presented by people living with mental illness to create awareness about mental illness recovery. Trainers provide personal perspectives by sharing their experiences of living with mental health conditions. The goal of the presentations is to reduce misconceptions and stereotypes and allow for deeper understanding of mental health conditions, and to provide an opportunity for people with mental illness to gain self-confidence, earn income, and serve as role models for their community.

Program Strategies



Increases recognition of early signs of mental illness by training potential responders.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and stigma-reducing presentations to potential responders.

Program Highlights[‡]

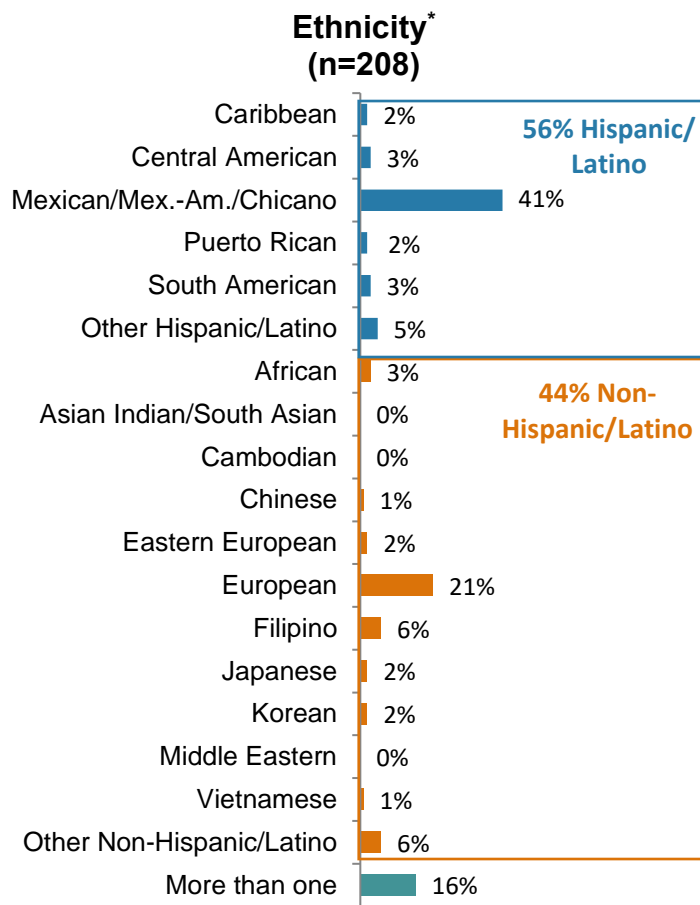
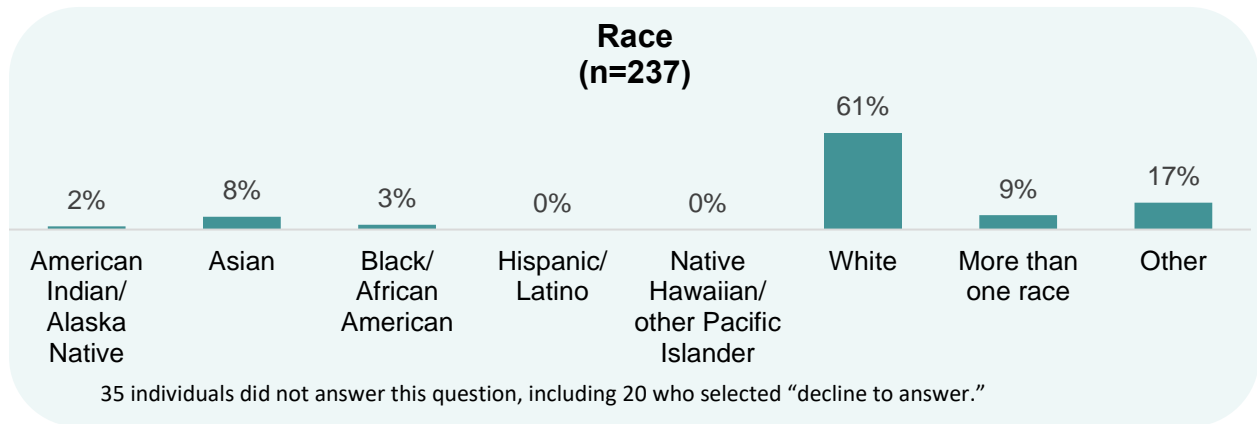
272 individuals participated in an In Our Own Voice training

[‡]This program did not provide referrals.

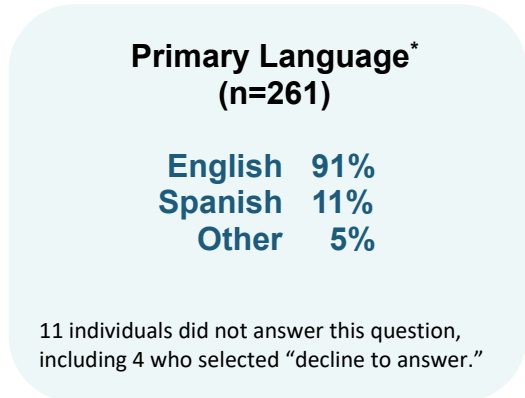
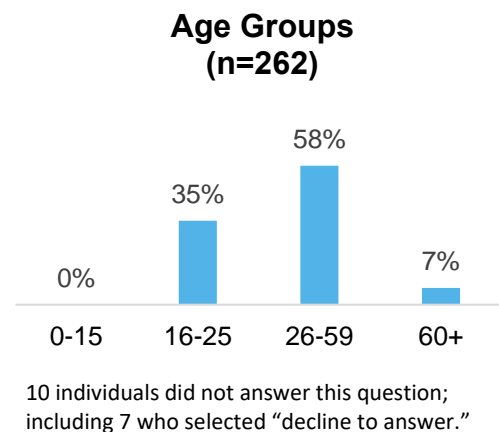
IN OUR OWN VOICE

Demographic Data

In Our Own Voice collects unduplicated demographic data from individuals who received trainings. Of the 272 individuals who received this core program service, all completed a demographic form; this information is presented below.



64 individuals did not answer this question, including 21 who selected "decline to answer."



*Percentages may exceed 100% because participants could choose more than one response option.

IN OUR OWN VOICE

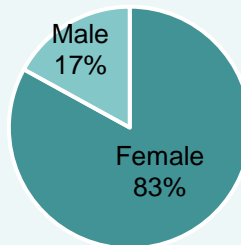
Demographic Data

Current Gender Identity (n=261)

Female	83%
Male	17%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

11 individuals did not answer this question, including 7 who selected "decline to answer."

Sex Assigned at Birth (n=260)



12 individuals did not answer this question, including 7 who selected "decline to answer."

Sexual Orientation (n=248)

Bisexual	5%
Gay or Lesbian	2%
Heterosexual or Straight	92%
Queer	1%
Questioning or Unsure	0%
Another Sexual Orientation	0%

24 individuals did not answer this question, including 17 who selected "decline to answer."

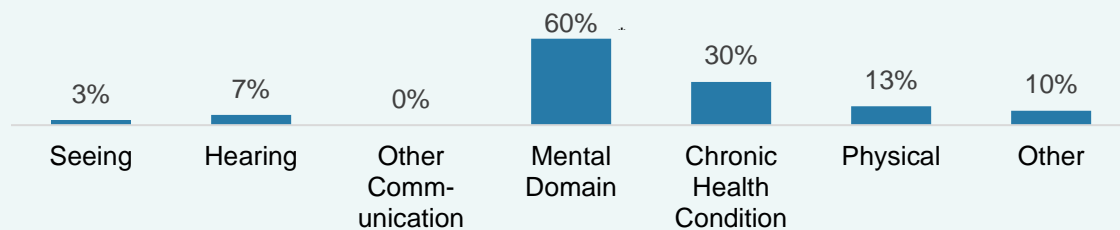
2% of individuals identified as veterans

n=253; 19 did not answer this question including 5 who selected "decline to answer."

14% of individuals reported having one or more disabilities

n=207; 65 individuals did not answer this question, including 9 who selected "decline to answer."

Disability* (n=30)



Other includes individuals who did not specify a disability type.

* Percentages/counts may exceed 100% because participants could choose more than one response option.

IN OUR OWN VOICE

Program Activities

Program activities include the In Our Own Voice presentation facilitated by program staff. The In Our Own Voice program facilitated 11 presentations in fiscal year 2020–2021.



272 participants in program activities*

Program Outcomes

In Our Own Voice tracks outcomes for individuals who attend presentations. The first component of the survey is designed for individuals participating in programs that are funded to reduce Stigma and Discrimination; the second is NAMI’s internal survey for use with their programs. Outcomes from the two survey components are shown separately in the tables below.

Stigma and Discrimination Reduction Participant Outcomes (n=117)

As a result of participating in In Our Own Voice ...	Strongly Agree	Agree	Disagree	Strongly Disagree
I know when I need to ask for help with a mental health problem.	62%	35%	3%	0%
I am more willing to seek help for a mental health problem.	68%	32%	0%	0%
I believe people with mental illness can function in their daily lives.	74%	26%	0%	0%
I would be accepting of a family member or friend if they had a mental illness.	87%	12%	0%	1%
I know where to go for mental health services in my community.	62%	33%	3%	2%

IN OUR OWN VOICE

NAMI Survey Respondent Outcomes (n=263)

	% Agree
In the past, I haven't felt encouraged regarding recovery from mental illness.	24%
In the past, I haven't felt that mental illness is a physical illness.	24%
In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	25%
As a result of seeing the In Our Own Voice presentation...	% Agree
I see recovery as a real possibility.	84%
I believe that a mental illness is a physical illness, like diabetes.	61%
I would feel comfortable working with someone who has a mental illness.	83%

NAMI Survey Respondent Outcomes Highlights

91% of individuals who previously did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility. (n=64)

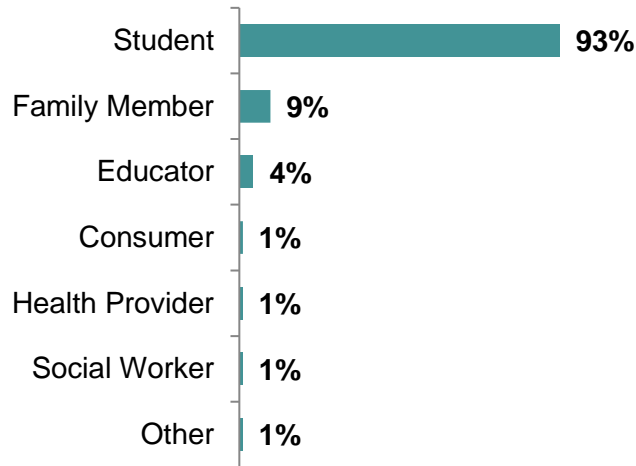
63% of individuals who did not previously feel that mental illness was a physical illness now agree that a mental illness is a physical illness, like diabetes. (n=64)

77% of individuals who previously would not have been comfortable working with someone who has a mental illness would now feel comfortable. (n=65)

IN OUR OWN VOICE

Additional characteristics of respondents to the NAMI survey is provided here about what sector population the trainee would potentially be responding/providing help in.

Trainee Potential Responder Type*
(n=270)

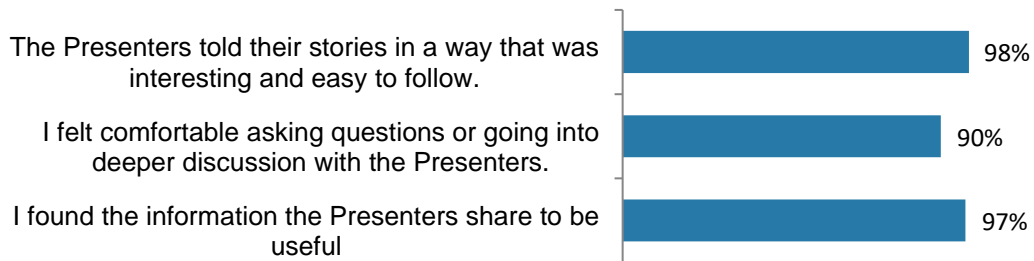


*Individuals could select more than one response option.

Program Satisfaction

Those completing NAMI’s internal survey were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the percentage of trainees who agreed with each statement.

NAMI Survey Respondents
% Who Agree
(n=269-270)



IN OUR OWN VOICE

Program Feedback

The following quotes are highlights from surveys collected at various In Our Own Voice trainings.

“Having a mental illness myself, hearing the person's story made me feel seen and heard. It made me realize that there are also so many people fighting battles like I am. The coping part was very inspiring to me because it helped me realize that everyone's coping is different, but having a mental illness is not a bad thing. Having a mental illness does not mean I can't be successful in life.”

“I liked how the presenter was able to tell her story and letting others learn from her experience whether you are going through the same thing or know someone who might be feeling the same way. This was an eye-opening experience to really understand more in detail how someone going through those struggles in life work through it and the different components that make up for it.”

Conclusion and Recommendations

In Our Own Voice is reaching potential responders to increase empathy and understanding around mental health issues. In Our Own Voice trainees report that the presentations are influencing their attitudes, knowledge, and beliefs. For example, 91% of individuals now see mental illness recovery as a real possibility when they had not previously.

An area of future improvement may be record success stories that may be received by the program after an attendee implements skills learned from the training in their life and work.

LOGRANDO BIENESTAR

Ventura County Behavioral Health

The Logrando Bienestar program is designed to help the Latino community understand the importance of mental and emotional health, with the goal of helping individuals access services for productive and healthy lifestyles. Logrando Bienestar walks participants through the process of getting well. The program serves youth and adults countywide.

Program Strategies



Improves timely access to services for underserved populations countywide through referrals to culturally and linguistically appropriate services.



Implements normative and cultural values to reduce stigmatization and increase workshop participation.

Program Highlights

959 individuals received core program services

517 individuals referred to mental health care

3,313 individuals reached through outreach events[†]

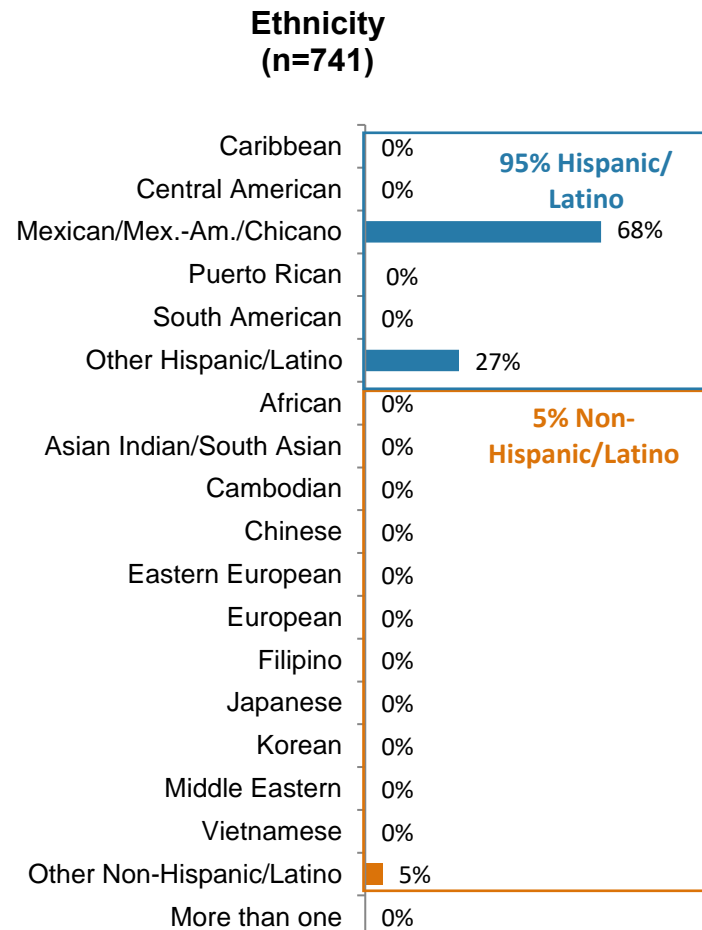
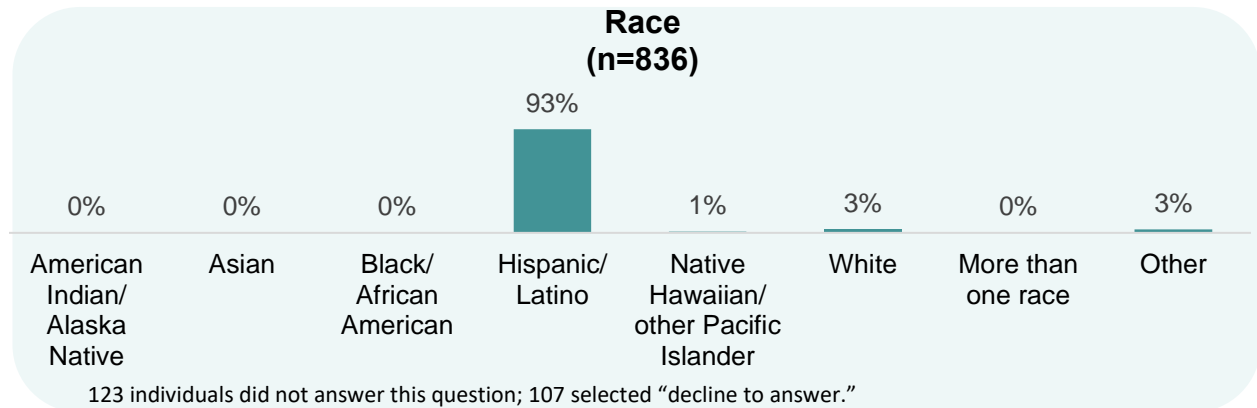
6,995 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

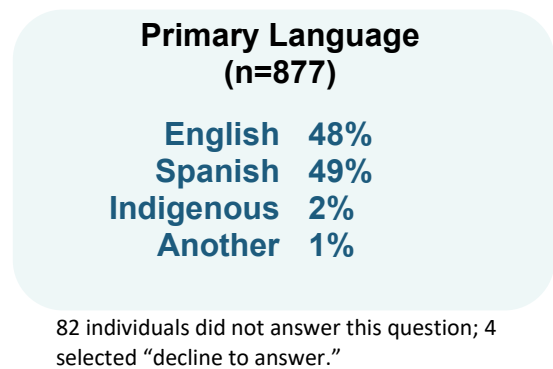
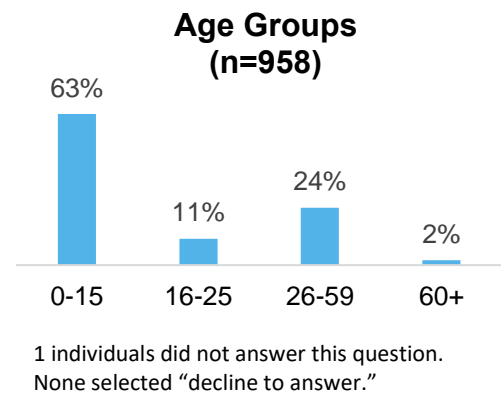
LOGRANDO BIENESTAR

Demographic Data

Logrando Bienestar collects unduplicated demographic data from the individuals they serve. Of the 959 individuals who received core program services all provided some demographic information; this information is presented below. Data on sexual orientation (n=12) is not reported in order to preserve anonymity.



218 individuals did not answer this question; 181 selected "decline to answer."



LOGRANDO BIENESTAR

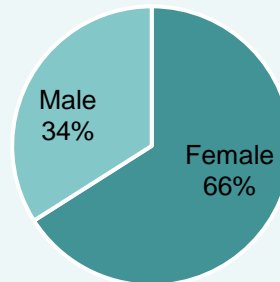
Demographic Data

Current Gender Identity (n=175)

Female	55%
Male	45%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

784 individuals did not answer this question, none selected "decline to answer."

Sex Assigned at Birth (n=711)



248 individuals did not answer this question, none selected "decline to answer."

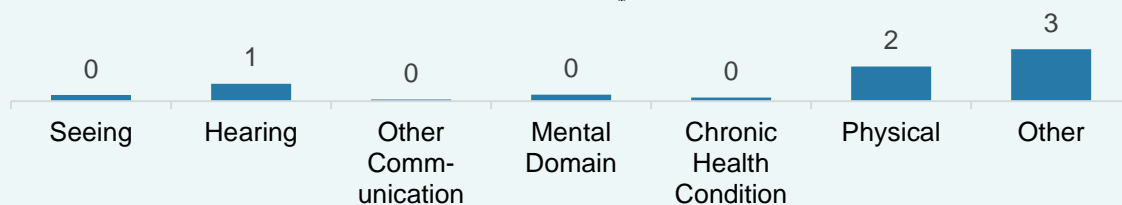
0% of individuals identified as veterans

n=9; 950 individuals did not answer this question, 148 who selected "decline to answer."

4% of individuals reported having one or more disabilities

n=139; 820 individuals did not answer this question, including 246 who selected "decline to answer."

Disability (n=6)



Other includes individuals who did not specify a disability type.

LOGRANDO BIENESTAR

Program Activities

Program activities include workshops facilitated by program staff. Logrando Bienestar provided 18 workshops from July 2020–June 2021.



81% of program activities in Spanish



467 participants in program activities[†]

Program Outreach

Program outreach includes activities to promote the Logrando Bienestar program in the community in order to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/Events
Community Fair or Event	3
Information Session	9
Presentation	31
Other	24
TOTAL # of Activities/Events	67



3,313 people reached through outreach events[†]



43% of outreach events conducted in Spanish

Program Services during COVID-19

Logrando Bienestar was among the many programs this year whose participants and services adapted as a result of the COVID-19 pandemic. Program activities that continued during the pandemic included 60 zoom and in-person meetings with community members to educate them about mental health and COVID-19.

[†] Number of participants/people reached may be duplicated.

LOGRANDO BIENESTAR

Program Referrals

Program referrals include referrals to VCBH or other MHSA prevention, early intervention, or treatment programs. Logrando Bienestar did not provide referrals to social supports such as food, housing, health insurance, and other support services. Referral data highlighted below represents 517 unduplicated individuals.



517 individuals referred to mental health care



0 individuals encouraged to access and follow through with services via accompaniment, transportation, etc.

Program Successes

The pandemic proved to be a challenge County-wide. Many programs limited and stopped services...Logrando Bienestar, quickly directed its staff and trained the CSC how to use Social Media Platforms and Virtual platforms to conduct Zoom workshops, presentations and meetings. Given that Logrando Bienestar is a program design to address challenges and barriers, the CSC also took the time to educate members of the community how to create an email account, and use Zoom to participate in the workshops and meetings.

In spite of the challenges Logrando Bienestar experience during the pandemic we were successful because we never stopped seeing and screening individuals. We were able to screen individuals over the phone, in record numbers.

Conclusion and Recommendations

Logrando Bienestar is reaching the population they seek to serve, with the majority of the participants identifying as Latinx. The program is working to meet clients' physical and emotional needs through referrals to mental health care, when appropriate.

An area of future improvement may include increasing compliance with demographic data collection for items such as veteran and disability status, sexual orientation, and current gender identity. Additionally, the program should collect participant outcome and satisfaction data to determine effectiveness of services.

PROVIDER EDUCATION

National Alliance on Mental Illness

Offered through National Alliance on Mental Illness (NAMI), Provider Education is a 4-hour staff development program for health care professionals who work directly with people experiencing mental illness. The program offers the tools health care professionals need to combine the medical and recovery models of care to better serve their clients.

Program Strategies



Increases recognition of and effective response to early signs of mental illness by providing trainings to providers working directly with individuals experiencing mental illness.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent and stigma-reducing presentations to providers so they can better understand and serve the individuals they work with.

Program Highlights[‡]

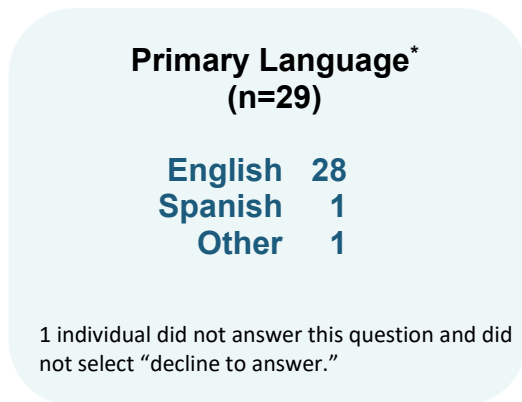
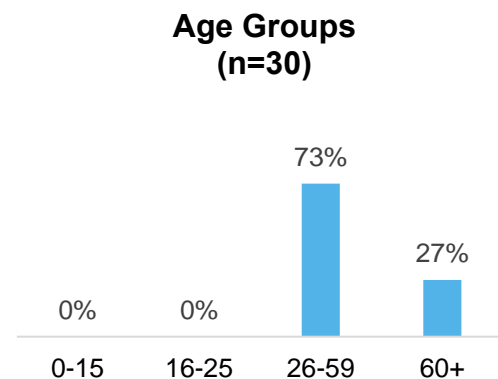
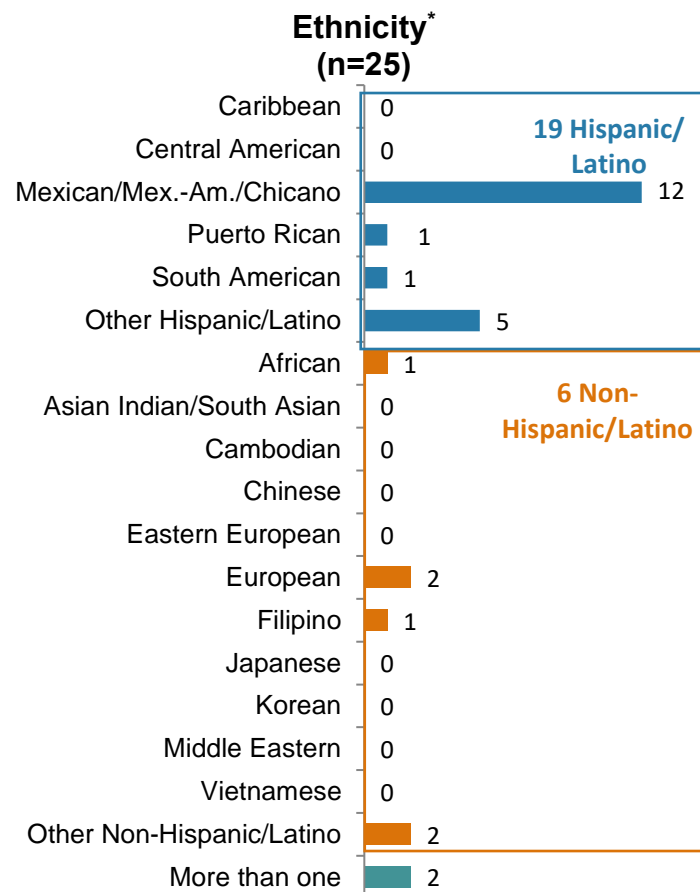
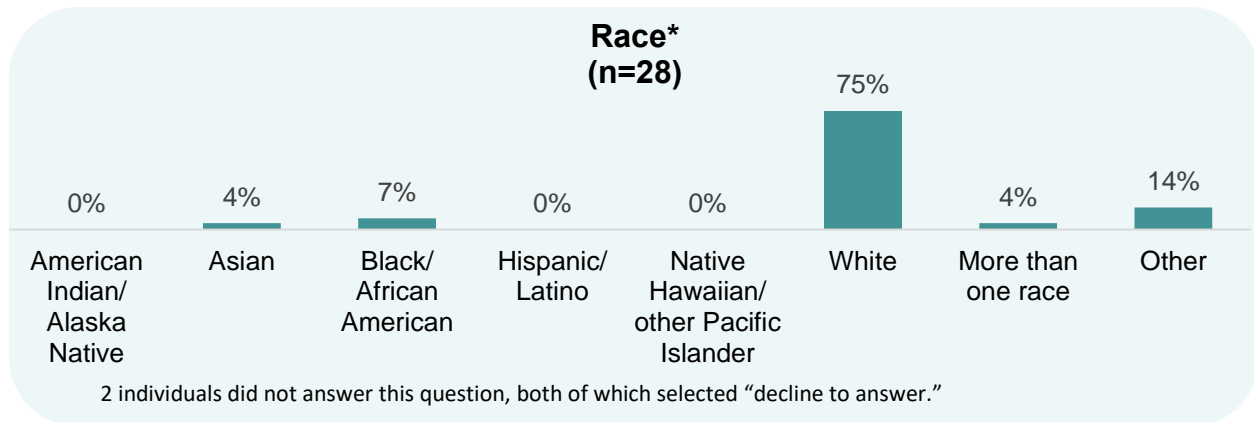
41 individuals received core program services (trainings)

[‡]This program did not provide referrals.

PROVIDER EDUCATION

Demographic Data

Provider Education collects unduplicated demographic data from individuals who received trainings. Of the 41 individuals who received this core program service, 30 completed a demographic form; this information is presented below.



5 individuals did not answer this question, including 2 who selected "decline to answer."

*Percentages may exceed 100% because participants could choose more than one response option.

PROVIDER EDUCATION

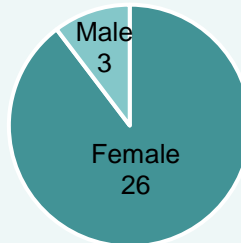
Demographic Data

Current Gender Identity (n=29)

Female	26
Male	3
Transgender	0
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0

1 individual did not answer this question but did not select "decline to answer."

Sex Assigned at Birth (n=29)



1 individual did not answer this question but did not select "decline to answer."

Sexual Orientation (n=29)

Bisexual	0
Gay or Lesbian	1
Heterosexual or Straight	28
Queer	0
Questioning or Unsure	0
Another Sexual Orientation	0

1 individual did not answer this question but did not select "decline to answer."

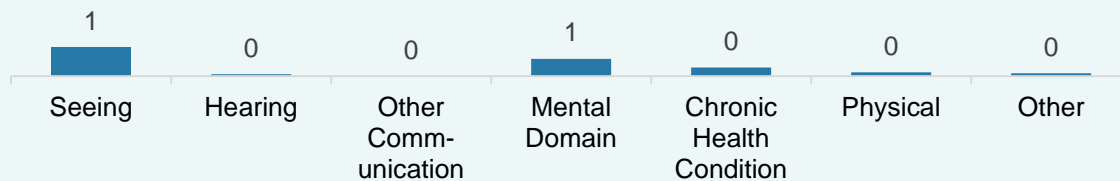
0% of individuals identified as veterans

n=30.

9% of individuals reported having one or more disabilities

n=23; 7 individuals did not answer this question, including 1 who selected "decline to answer."

Disability (n=2)



Other includes individuals who did not specify a disability type.

PROVIDER EDUCATION

Program Activities

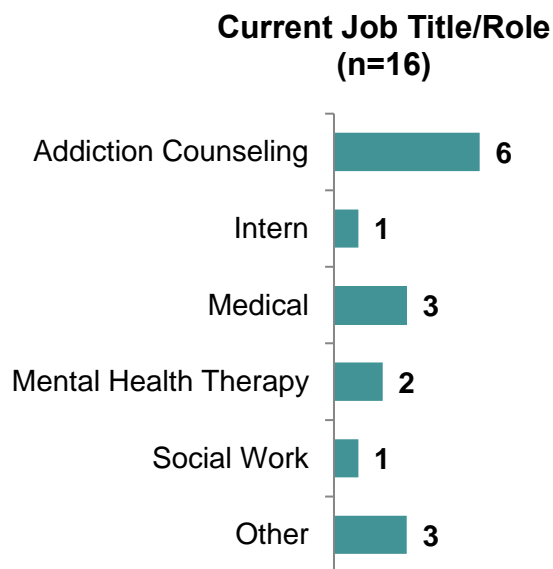
The primary program activity is a 4-hour course for paid staff or professionals who have been providing mental health services to clients for at least one year. The program provided 3 courses in fiscal year 2020–2021.



41 participants in program activities

Program Outcomes

Provider Education tracks participant information and outcomes by surveying participants who complete their courses. Characteristics of Provider Education workshop survey respondents is provided below.



PROVIDER EDUCATION

At the conclusion of the workshops, respondents were given the option to select if they agree with several statements. Results from these surveys are shown in the tables below.

Trainee Outcomes (n=7)

As a result of participating in Provider Education ...	Strongly Agree	Agree	Disagree	Strongly Disagree
I better understand mental health issues and related crises.	5	2	0	0
I know where mental health services are in my community	5	2	0	0
I am aware of my own views and feelings about mental health issues.	6	1	0	0
I recognize misconceptions about mental health and mental illness.	5	2	0	0
I believe people with mental illness can function in their daily lives.	5	2	0	0
I am more likely to assist someone with a mental illness who needs help.	4	3	0	0

Conclusion and Recommendations

Provider Education is reaching the population they intend to serve which are providers work directly with individuals with a mental illness.

Areas of future improvement may be to increase the survey response rate to better capture participant feedback.

LA CLAVE EDUCATION & TRAINING

Ventura County Behavioral Health (VCBH) and USC

Ventura County Behavioral Health had partnered with USC to provide this new program a new addition to outreach to recognize early signs of mental illness, especially within those with psychosis. The goal of the La Clave Education and Training program was to train potential Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based workshop that targets the Latino community in Ventura County to identify the symptoms of serious mental health illness and assists them in seeking services for early treatment. This training was conducted in three phases; (1) train 32-40 facilitators, (2) select 3-4 of the best facilitators to become trainers of future facilitators, and (3) evaluate the training. For additional information about these activities please refer to USC La Clave Training Report Section which can be found in **Appendix D** at the end of this report.

Program Strategies



Increases recognition of early signs of psychosis through outreach and trainings to Latino community members. Improves timely access to services for underserved populations (Latino community) who might not otherwise get help.



Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to trained facilitators.

Program Highlights[‡]

780 individuals participated in a La Clave presentation

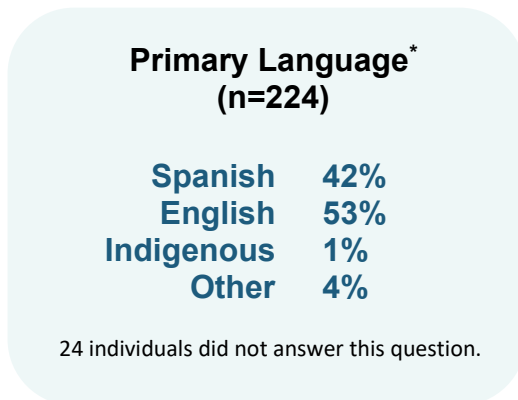
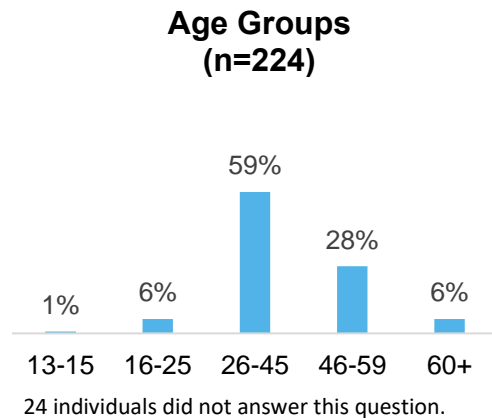
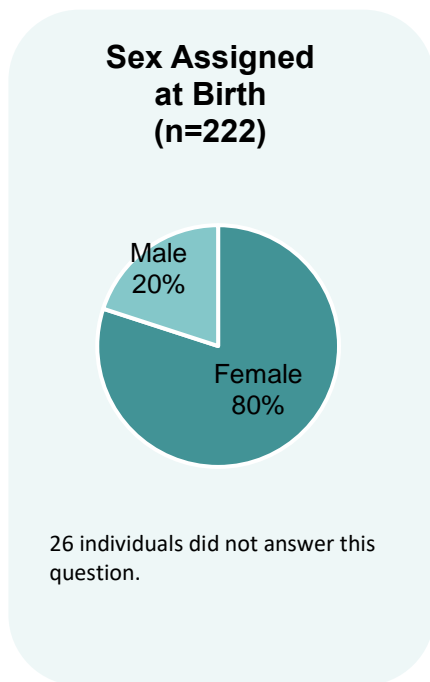
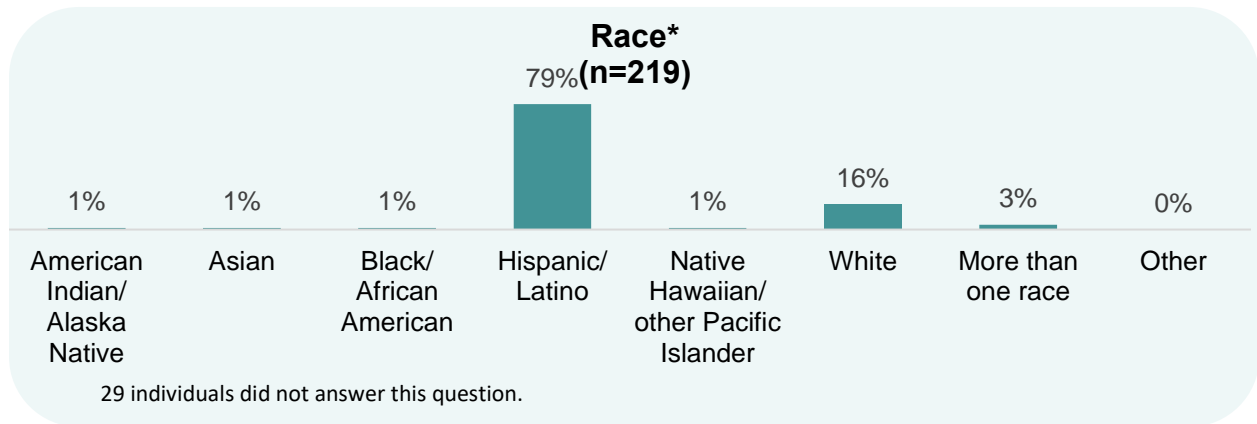
36 trained facilitators to provide La Clave presentations (13 trained from community-based organizations and 24 VCBH staff)

4 trainers trained future facilitators

LA CLAVE EDUCATION & TRAINING

Demographic Data

La Clave collects unduplicated demographic data from individuals who received trainings. Of the 780 individuals who participated in a La Clave presentation, 248 completed a demographic form; this information is presented below.



*Percentages may exceed 100% because participants could choose more than one response option.

LA CLAVE EDUCATION & TRAINING

Program Outcomes

La Clave tracked outcomes for individuals who attended presentations, with results from participant surveys presented in the following table.

**Participant Outcomes
(n=240)**

As a result of participating in the La Clave presentation ...	Agree or Strongly Agree	Disagree or Strongly Disagree
I better understand mental health issues and related crises	93%	7%
I would recommend this training/course to others	93%	7%
I feel that I will be able to use what I learned today	89%	11%
Training/course was practical and useful	94%	6%
Materials provided were useful	93%	7%
The presenter/trainer encouraged participation	96%	4%
The presenter/trainer was prepared	97%	3%

LA CLAVE EDUCATION & TRAINING

Program Successes

Participants expressed considerable satisfaction with the administration of La Clave and asked to come back for the second community presentations to invite guests that could benefit from La Clave.

Facilitators and Trainers have expressed how important it has been to get La Clave out to the community and many have shared the impact it has made in the community thus far.

Facilitators have been satisfied with the support USC and VCBH administration has been able to offer prior to community presentations.

Participants showed great interest in carrying out the message in their communities.

Conclusion and Recommendations

La Clave is reaching the population they seek to serve, with the majority of the participants identifying as Latinx and at least 89% of participants agreeing with the listed positive features of the workshop. La Clave was successful in accomplishing their goals of: (1) to train 32-40 facilitators and 4 trainers of the La Clave psychosis literacy program, and (2) to have the trained facilitators deliver the La Clave presentation to 300 community members. USC-La Clave was able to train 36 facilitators (however only 28 were certified), train four trainers of the La Clave program, and reached over twice as many community members. For additional information about these activities please refer to USC La Clave Training Report Section which can be found in **Appendix D** at the end of this report.

An area of future improvement may include increasing compliance with demographic data and evaluation assessments through distribution methods and clarification on when to administer surveys.

RAPID INTEGRATED SUPPORT & ENGAGEMENT (RISE)

Ventura County Behavioral Health (VCBH)

The Rapid Integrated Support & Engagement (RISE) program is offered by Ventura County Behavioral Health specifically to encourage and enable people in who have mental health needs to get assessment and treatment. The field-based outreach team makes contact then provides ongoing support in navigating any challenges to accessing care. The RISE team also follows up with clients as needed and may be closely involved with case management.

Program Categories & Strategies



Provides access and linkages to services through screening and referrals to appropriate treatment.



Improves timely access to services for underserved populations, particularly people without access to services, by providing services in the field.

Program Highlights[‡]

910 individuals received core program services

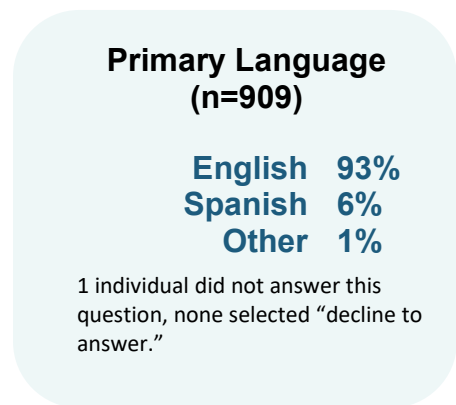
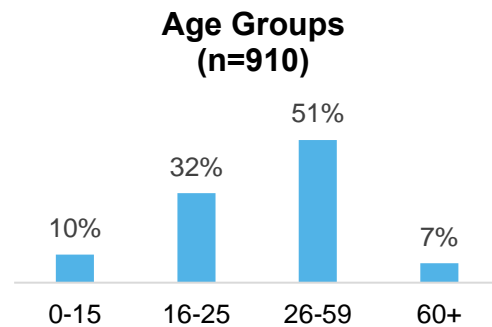
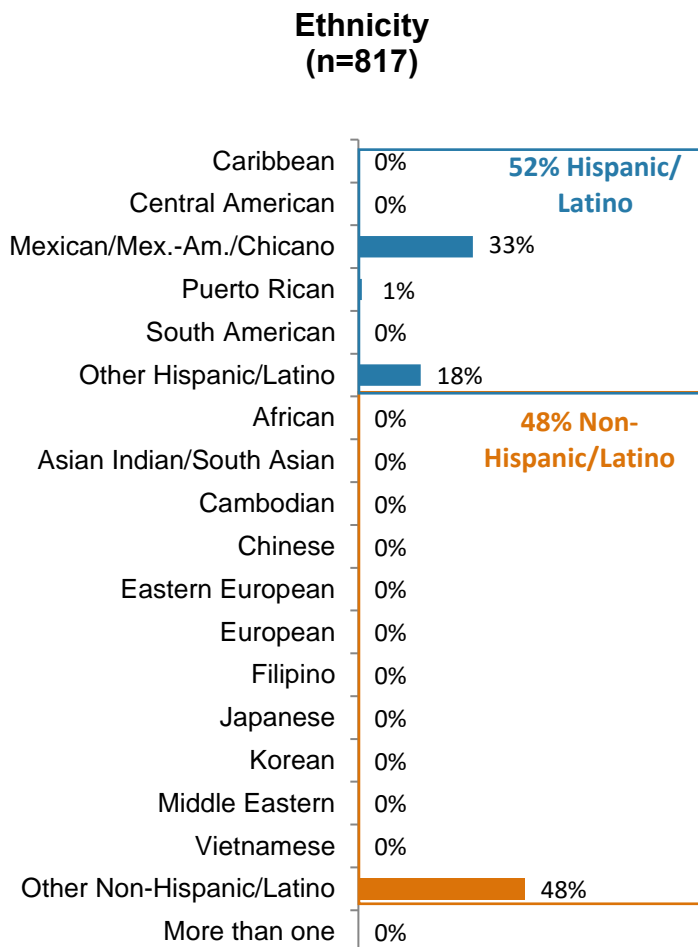
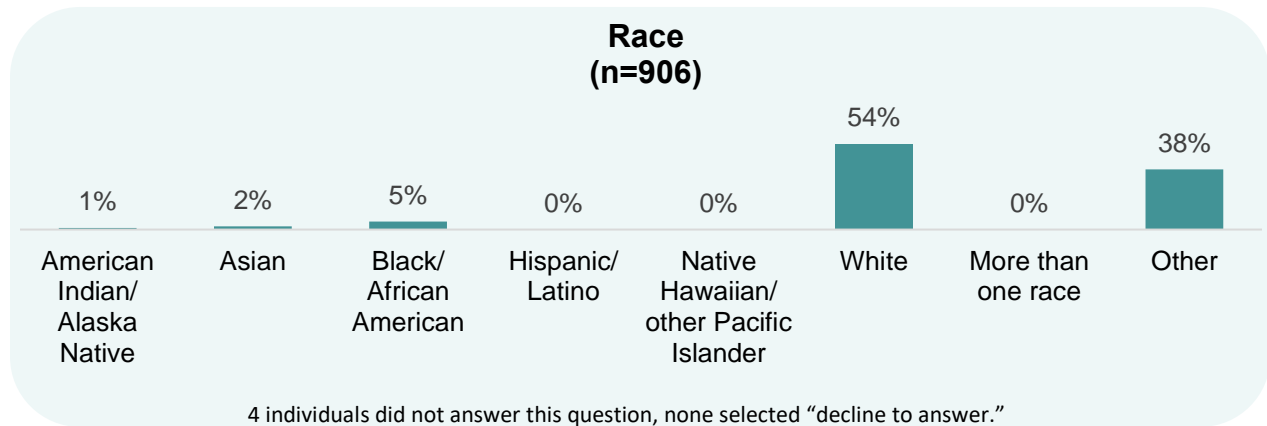
56 Days Average length of stay

[‡]Information on referrals is not available for this program.

RAPID INTEGRATED SUPPORT & ENGAGEMENT

Demographic Data

RISE collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents the information provided by the 910 individuals who completed a demographic form.



93 individuals did not answer this question, none selected "decline to answer."

RAPID INTEGRATED SUPPORT & ENGAGEMENT

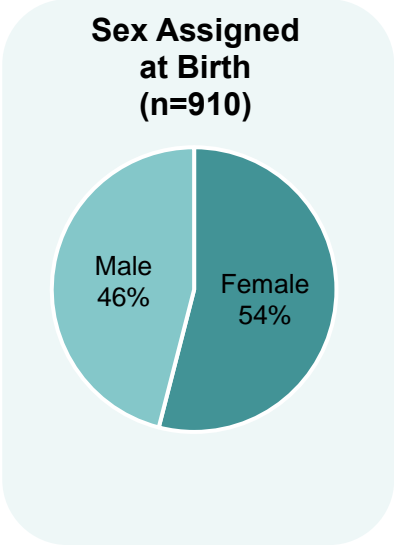
Demographic Data

Sexual Orientation (n=173)

Bisexual	4%
Gay or Lesbian	5%
Heterosexual or Straight	87%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	3%

737 individuals did not answer this question; 92 selected "decline to answer."

Sex Assigned at Birth (n=910)



RAPID INTEGRATED SUPPORT & ENGAGEMENT

Program Activities

Program activities include crisis intervention, mental and behavioral health assessments, case management, and long-term plan development.

Program Activities by Type	# Activities/Events
Assessments	695
Case Management	2,081
Collateral Meetings	42
Crisis Intervention	3
Intensive Care Coordination	2
Mental Health Evaluation and Management	151
Medication Management	125
Plan Development	60
No Show/Outreach	321
Transportation/Travel Services	18
Other	3
TOTAL # of Activities/Events	3,501

Conclusion and Recommendations

An area of future improvement may include increasing compliance with demographic data collection requirements provided by the MHSA PEI regulations for sexual orientation, disability, veteran status, and ethnicity. Additionally, implementation of the outcomes and satisfaction surveys will benefit the program. This type of data will allow the program to document its successes, better understand the outcomes experienced by its participants, and identify areas for program enhancement/improvement.

APPENDIX A. CATEGORIES OF VCBH PEI PROGRAMS

Program	PEI Program Categories						
	Prevention	Early Intervention	Outreach for Increasing Recognition of Early Signs of Mental Illness	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Suicide Prevention*	Improving Timely Access to Services for Underserved Populations*
Multi-Tiered System of Support	■						
One Step a La Vez							
Program to Encourage Active, Rewarding Lives for Seniors							
Project Esperanza							
Promotoras Conexión Program							
Proyecto Conexión Con Mis Compañeras							
Diversity Collective							
Tri-County GLAD							
Wellness Everyday							
COMPASS		■					
Community Cares							
Family & Friends							
Primary Care Program							
VCPOP			■				
Crisis Intervention Team							
Provider Education							
La Clave Education & Training				■			
In Our Own Voice							
Logrando Bienestar					■		
Rapid Integrated Support and Engagement							

*Optional program category according to PEI regulations.

APPENDIX B. FY 20–21 NUMBERS SERVED

FY 20-21 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	326,346
Multi-Tiered System of Supports, VCOE	2,305
Multi-Tiered System of Supports, LEA	306,610
One Step a La Vez	143
Program to Encourage Active, Rewarding Lives for Seniors	392
Project Esperanza	208
Promotoras Conexión Program	83
Proyecto Conexión Con Mis Compañeras	116
Diversity Collective	112
Tri-County GLAD	62
Wellness Everyday	16,315
Early Intervention Programs	1,066
COMPASS	20
Community Cares	362
Family & Friends	81
Primary Care Program	446
Ventura County Power Over Prodromal Psychosis (VCPOP)	157
Other PEI Programs	3,071
Crisis Intervention Team	109
In Our Own Voice	272
Logrando Bienestar	959
Provider Education	41
La Clave Education & Training	780
Rapid Integrated Support and Engagement	910
Total:	330,483

FY 20-21 Number of Participants Served by City of Residence[§]

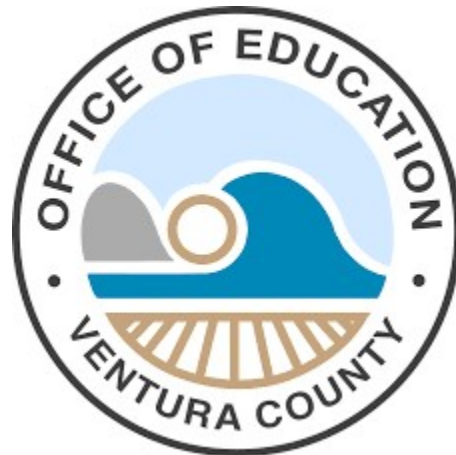
Geographic Area	Number of Participants Served	% of Total
Camarillo	188	5%
Fillmore	138	3%
Moorpark	50	1%
Newbury Park	63	2%
Oak Park	9	0%
Ojai	52	1%
Oxnard	1,665	41%
Piru	11	0%
Port Hueneme	95	2%
Santa Paula	534	13%
Simi Valley	187	5%
Thousand Oaks	115	3%
Ventura	801	19%
Other	220	5%
Total with available city of residence data:	4,128	

[§]City of residence data is not available for Wellness Everyday, Crisis Intervention Training, Multi-Tiered System of Supports VCOE, Multi-Tiered System of Supports LEA.

**APPENDIX C. VENTURA COUNTY OFFICE OF
EDUCATION (VCOE) MULTI-TIERED SYSTEMS OF
SUPPORT (MTSS) FINAL EVALUATION REPORT FY
2020–2021**

Ventura County Office of Education Multi-Tiered System of Support Summative Evaluation Report Academic Year 2020–2021

Prepared for



Prepared by

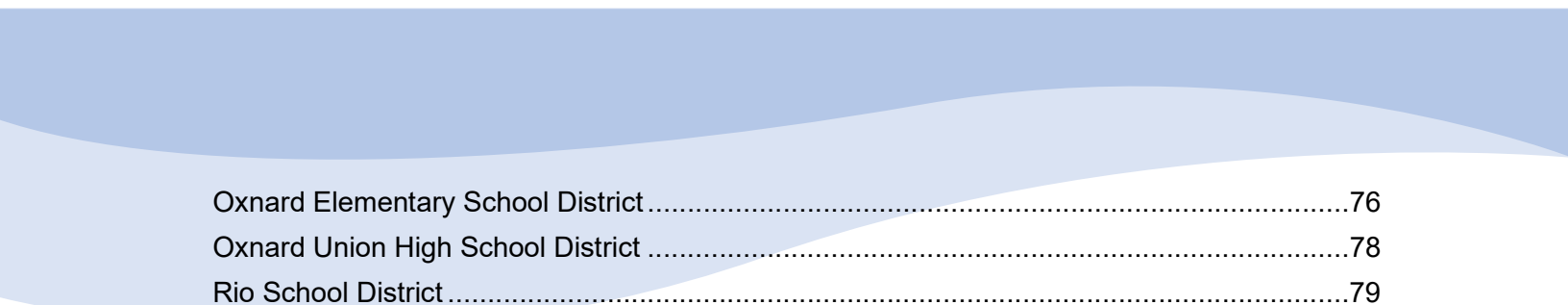
EVALCORP
Measuring What Matters™

Acknowledgments

Evalcorp would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this report. To begin, we would like to thank Ventura County Office of Education (VCOE) for their partnership throughout the evaluation process. We extend thanks particularly to Comprehensive Health & Prevention Programs Director, Chris Ridge; Comprehensive Health & Prevention Programs Coordinator, Suzanne Weist; Comprehensive Health & Prevention Programs Project Specialist, Maritza Martinez; and Comprehensive Health & Prevention Programs Administrative Assistant II, Luisa Arechiga. We greatly appreciate their collaboration and support. Evalcorp would also like to thank the various district and school staff for their hard work in collecting the data presented throughout this report. Lastly, we would like to acknowledge the staff/teachers, students, and family program participants for completing evaluation surveys and sharing their experiences, success stories, and recommendations.

Table of Contents

- Acknowledgments 2
- Table of Contents 3
- Introduction 6
 - Overview 6
 - Project Background: Multi-Tiered System of Support (MTSS) 6
- Evaluation & Report Structure 7
 - Data Collection 7
 - Data Analysis 8
 - Data Limitations 8
 - Report Structure 9
- Key Findings 10
 - VCOE Activities 11
 - Mental Health Issues in Latinx Youth 13
 - Stress Management 15
 - Introduction to Mental Health 17
 - Understanding Trauma 19
 - Helping Students Cope with Perceived Racism, Prejudice and Bias 21
 - Friday Flow: Healing Centered Practices 23
 - Restorative Justice 25
 - Social Emotional Learning – Communities of Practice 27
 - Transformational Tuesday: Cultivating Practices for Collective Care 30
 - Positive Behavior Intervention and Support (PBIS) for staff and CHAMPS 32
 - Best Practices Symposium with Ricky Robertson Keynote 34
 - Super Simple Mindfulness For You and Your Students 39
 - Celebrating Diversity 44
 - LEA/School District Activities Overview 51
- Conclusion and Recommendations 67
- Appendix – Detailed Information by District 69
 - Conejo Valley Unified District 70
 - Hueneme Elementary School District 72
 - Moorpark Unified School District 73
 - Oak Park Unified School District 74
 - Ojai Unified School District 75



Oxnard Elementary School District	76
Oxnard Union High School District	78
Rio School District	79
Santa Paula Unified School District	80
Simi Valley Unified School District	81
Ventura Unified School District	83

List of Tables

- Table 1. School Personnel Trainings..... 11
- Table 2. Mental Health Issues in Latinx Youths Training Outcomes 13
- Table 3 Mental Health Issues in Latinx Youths (10.22.2020) Training Satisfaction 13
- Table 4. Stress Management Training Outcomes 15
- Table 5. Stress Management (MHTTC) (11.20.2020) Training Satisfaction..... 15
- Table 6. Introduction to Mental Health Training Outcomes 17
- Table 7. Introduction to Mental Health Training Satisfaction 17
- Table 8. Understanding Trauma Training Outcomes 19
- Table 9. Understanding Trauma Day 2 Training Satisfaction 19
- Table 10. Helping Cope with Perceived Racism, Prejudice and Bias Outcomes 21
- Table 11. Helping Cope with Perceived Racism, Prejudice and Bias Satisfaction 21
- Table 12. Friday Flow Training Outcomes..... 23
- Table 13. Friday Flow Training Satisfaction 23
- Table 14. Restorative justice Training Outcomes..... 25
- Table 15. Restorative justice Training Satisfaction..... 25
- Table 16. Social Emotional Learning Training Outcomes..... 27
- Table 17. Social Emotional Learning Training Satisfaction 27
- Table 18. Social Emotional Learning End of Year Results..... 28
- Table 19. Transformational Tuesday Training Outcomes..... 30
- Table 20. Transformational Tuesday Training Satisfaction 30
- Table 21. PBIS Training Outcomes..... 32
- Table 22. PBIS Training Satisfaction..... 32
- Table 23. PBIS End of Year Results 33
- Table 24. Best Practices with Ricky Robertson Keynote Training Outcomes..... 34
- Table 25. Resilient Calm Learners Training Outcomes 39
- Table 26. Resilient Calm Learners Training Satisfaction..... 39
- Table 27. Resilient Calm Learners End of Year Results 40
- Table 28. Youth Mental Health Conference Sessions Outcomes..... 44
- Table 29. Youth Mental Health Conference Sessions Satisfaction 45
- Table 30. YMHS Training Outcomes..... 48
- Table 31. YMHS Training Satisfaction..... 48
- Table 32. Screenings by School District..... 52
- Table 33. Referrals by School District 53
- Table 34. Other activities..... 53
- Table 35. Staff and Student Trainings by School District 55
- Table 36. Staff and Student Trainings: Attendee Type..... 55
- Table 37. Staff Training Outcomes..... 56
- Table 38. Staff Training Satisfaction..... 56
- Table 39. Student Training Outcomes..... 58
- Table 40. Early Intervention Activities by School District..... 60
- Table 41. Family Engagement/Education by School District..... 61
- Table 42. Family Engagement/Education Outcomes 62

Introduction

Overview

The Mental Health Services Act (MHSA) was approved in 2004 and enacted in 2005 through the passage of California's Proposition 63. It placed a 1% personal tax on incomes over \$1 million to increase mental health funding in the state. The goal of MHSA is to transform "the mental health system while improving the quality of life for Californians living with a mental illness." MHSA utilizes several components to accomplish this goal including one devoted to supporting programs that focus on Prevention and Early Intervention (PEI).

In partnership with Ventura County Behavioral Health (VCBH), Ventura County Office of Education (VCOE) applied to receive additional funds through MHSA PEI funding to implement Multi-Tiered System of Support (MTSS) for Social-Emotional Learning in their school districts.

These additional funds were awarded in 2019, and VCOE and their contracted school districts began implementation in November of the 2019–2020 academic year. VCOE has established Memorandum of Agreement (MOAs) with 11 districts in Ventura County.

This report covers the second year of implementation – the 2020-2021 academic year.

Project Background: Multi-Tiered System of Support (MTSS)

MTSS is a comprehensive framework designed to align initiatives and resources within an educational organization, such as VCOE, to identify and address student needs. It aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change.

To meet PEI regulations, VCOE is required to incorporate the following strategies into their programming:

1. Provide access and linkage to services for those with serious mental illness and serious emotional disturbance.
2. Improve timely access to services for underserved populations.
3. Reduce stigma and discrimination with respect to mental illness.

Per their contract with VCBH, VCOE has seven core activities they must implement countywide. Among these include education and training for school personnel and students, family outreach and engagement, and ongoing technical assistance and contract monitoring for their contracted Local Educational Agencies (LEAs)/School Districts.

Each LEA/District also has core activities to fulfill. Similar to VCOE, each district must provide education and training for school personnel and students, as well as family engagement and outreach, but they must also provide referrals and early intervention services for students.

More information about respective activities and progress made is detailed in the VCOE and LEA/School District sections under Key Findings.

Evaluation & Report Structure

VCOE contracted with EVALCORP Research & Consulting to develop and implement an evaluation framework for their MTSS program, design data collection tools, collect and analyze data, report on outcomes, and provide ongoing technical assistance and support.

Data Collection

This evaluation employs a mixed-methods approach, utilizing quantitative and qualitative data provided to EVALCORP by VCOE and MTSS-funded districts. Although VCOE strives to standardize data collection across programs to the extent possible, variations exist in each district's specific data collection tools and measures to reflect program uniqueness and target population differences. However, systems are designed to assess progress toward the activities outlined in their MOAs.

During the 2020–2021 academic year, VCOE and their contracted school districts used four primary types of data collection strategies.

- 1) **VCBH Tracking Log:** VCBH developed a comprehensive Excel spreadsheet to collect program implementation data and process metrics such as number of screenings, referrals, trainings, participants, and other activities for VCOE and each contracted school district. VCBH has continued to refine the template to tailor it to the needs of each district and to increase data adherence to PEI regulations. When available, narrative reports are provided by district staff that describe key activities, successes, and challenges.
- 2) **District-level Program Surveys:** Post-program surveys were developed to collect outcome data for each participant type (staff, students, family members). The surveys typically include both close- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant satisfaction; and recommendations for improvements.
 - a. **Staff/Teacher Survey:** administered to all staff and teachers who have participated in an MTSS training/educational event.
 - b. **Student Survey:** administered to students, 6th grade and above, who have participated in an MTSS training/educational event.
 - c. **Family Survey:** administered to family members 18 years and older who have attended a MTSS training or event. Given privacy concerns for staff/teachers and students, the family survey is the only one that captures PEI-required participant demographic information.
- 3) **VCOE Post-Training Surveys:** VCOE implements a number of post-training evaluation surveys for most of the trainings they provide. Two examples include post-surveys for their Stress Management and Resilient Calm Leader/Resilient Calm Learner Trainings (which are described in subsequent sections).
- 4) **End-of-Year Surveys:** These surveys, which are new to the 2020-2021 academic year, were provided at the end of four of the serialized VCOE trainings to solicit feedback on a training series as a whole (rather than just individual sessions). These surveys were administered for four VCOE programs: Positive Behavioral Implementation Supports

(PBIS), Resilient Calm Learner (RCL), Restorative Justice, and Social Emotional Learning (SEL).

Data Analysis

To analyze data collected in the VCBH Tracking Log for VCOE and each school district, the respective agency/district's Excel document was first reviewed and cleaned. Frequencies were then run for each item to determine progress toward program activities such as the number and percent of students assessed for and referred to mental health services.

To analyze quantitative survey data, all collected survey responses were inventoried and underwent data entry processes. Entered data was then cleaned, removing incomplete surveys, duplicates, or outliers to prepare for data analysis. Descriptive statistics and frequencies were run to determine the number and percent of respondents selecting each response option.

In preparing this report, extensive data verification, cleaning, and analysis procedures were employed to ensure accuracy and validity of data and information presented.

Data Limitations

Information about data availability and quality for individual programs is presented within each program's section of the report. Notes about the overarching availability and quality of data are listed below: the data presented in this report should therefore be considered within the context of these limitations.

Primary data limitations for VCOE and MTSS-funded school districts in academic year 2020–2021 included:

- **Duplicated data.** Data presented in this report are not always unduplicated. As an example, for training activities in particular, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or “declined to answer” selections.** Some questions had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low response rates.** Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.
- **Incorrectly documented data.** Information documented in the VCBH Tracking Log was not consistent across or within LEA/School Districts. For example, for some trainings information including the number of attendees or attendee type were not provided. Additionally, some LEA/School Districts included trainings that were not funded through the MTSS grant. However, these inconsistencies are less pronounced than during the 2019-2020 academic year.

VCOE and EVALCORP are continuing to work collaboratively to enhance data collection tools and procedures among the school districts in order to report on program outcomes in compliance with their VCBH contracts and PEI regulations.

Report Structure

This report summarizes data for VCOE, and districts funded to implement MTSS in their schools during academic year 2020–2021. A comprehensive review of the MTSS program is provided, and includes information on the following process and outcomes measures:

- Program satisfaction
- Program outcomes
- Participant demographics and populations served
- Process measures summarizing services provided

The following report is divided into 2 primary sections: (1) Key Findings, which is organized into two sub-sections: one corresponding to VCOE activities, the other to LEA/School District activities, and (2) Conclusion and Recommendations.

Each sub-section within Key Findings is organized by activity type (Access and Linkage to Treatment, Early Intervention Activities, etc.). Additionally, the type of data available and presented varies across LEAs/School Districts.

Key Findings

The overall goal of this evaluation was to assess the extent to which VCOE, and its contracted LEA/School Districts have incorporated MTSS activities and strategies that will ultimately: a) Provide access and linkage to services for students with serious mental illness; b) Improve timely access to services for underserved populations; and c) Reduce stigma and discrimination with respect to mental illness.

This section of the report describes primary activities that were engaged in countywide as well as by individual districts to meet program objectives during academic year 2020–2021. Process and outcomes information on programs, services and activities, service participation, participant demographics and populations served, and program impacts/outcomes was reviewed.

Detailed information is presented below, and findings are summarized as follows:

- **VCOE led seven core activities centered on:** providing education and training for school personnel, students and, in some cases, community members; conducting multi-generational family outreach, engagement, and training events; incorporating culturally relevant principles in services; and establishing new MOAs with LEAs/Schools Districts.
- **LEAs/School Districts led five activity areas focused on:** early identification, access, and linkage to mental health services for high-risk populations; education and training for students and school personnel; early intervention services for students; multi-generational family engagement and outreach; and enhanced data tracking and monitoring.
 - **Additional details on Individual Schools within Districts are provided in the Appendix at the end of the document**

VCOE Activities

VCOE implemented a range of MTSS activities starting in September 2020. This section presents a compilation of seven of those activities. For each activity, a brief description, findings for relevant processes (number of participants, types of trainings, etc.), and outcome measures are available.

VCOE - Activity 1. Education and training for school personnel (teachers, counselors, specialists, administrators, and classified support staff) to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Table 1. School Personnel Trainings				
Topic	Number of Trainings	Number of Participants	Number of Post Surveys	Response Rate
Sponsored by National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)				
Mental Health Issues in Latinx Youth	1	44	12	27%
Stress Management	1	37	20	54%
Black Mental Wellness series				
Intro to Mental Health	1	72	34	47%
Understanding Trauma	1	36	19	53%
Helping Students Cope with Perceived Racism, Prejudice and Bias	1	40	22	55%
Recurring/Multi-Session Trainings				
Friday Flow	8	183	79	43%
Restorative Justice (RJ)	6	189*	29	15%
Social and Emotional Learning (SEL)	5	180*	64	36%
Transformational Tuesday	2	30	18	60%
Positive Behavior Implementation Support (PBIS) for staff and CHAMPS	2	85	45	52%
Other One-Time Sessions				
Ricky Robertson Symposium	1	49	28	57%
Not Included In Report**				
Acculturative Stress	1	33	9**	
Trauma and Trauma-Informed Strategies	1	76	6**	
RISE	1	41	1**	
Teachers Just Don't Understand	1	24	6**	
Youth Mental Health First Aid (YMHFA)	1	[unknown]	[unobtained]	
Total	33	945 (+174 not included)	370 (+22 not included)	35%

*Estimated attendance

**Response data not included in report because of small number of responses or responses not received

For each training that collected participant surveys there is a brief description of the training and satisfaction and/or outcome findings.

Mental Health Issues in Latinx Youth

National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)
VCOE - Activity 1

Latinx youths are at significant risk for mental health problem, including anxiety, depression, and suicide attempts. Latinx youths are also less likely to access culturally responsive mental health services and continue to be undiagnosed or untreated. This training assists in identifying mental health disorders, reviewing risk and protective factors associated with mental health, and discussing culture-specific risk and protective factors associated with mental health.

Of the 44 persons attending this 1.5-hour webinar that was sponsored by the National Hispanic and Latino Mental Health Technology Transfer Center (MTTC), 12 completed a post-training survey (27%).

Table 2. Mental Health Issues in Latinx Youths Training Outcomes			
(n=10-12)	Disagree or Strongly Disagree	Neutral	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	2	-	10
I learned strategies that will help me better support youth.	2	-	10
I learned about local resources for youth in my community.	7	-	4
Because of this training, I feel confident in my ability to support youth.	2	-	10
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	5	-	7
I expect this event to benefit my professional development and/or practice.	-	1	10
I will use the information gained from this event to change my current practice.	-	2	9

Table 3. Mental Health Issues in Latinx Youths Training Satisfaction (n=10-12)			
Facilitators	Dissatisfied or Very Dissatisfied	Neutral	Satisfied or Very Satisfied
The facilitators provided useful information.	-	1	10
The facilitators were engaging.	1	4	5
Overall Satisfaction	Dissatisfied or Very Dissatisfied	Neutral	Satisfied or Very Satisfied
How satisfied were you with the overall quality of this event?	1	1	10
	No		Yes
I would recommend this training to a colleague.	1		11

11 of the 12 of participants would recommend the training to others.

Additionally, participants were asked to list the most helpful thing they learned. Eight of the 12 individuals provided a response. Top responses are listed below.

Most helpful aspect:

- **Protective factors:** Learning about protective factors specific to Latinx youth (n=2)
- **Cultural factors:** The value of respecting others' cultural beliefs; Viewing mental health issues through a cultural lens (n=2)
- **Suicide:** Helping parents ask their child about suicide feelings; Rates of suicide among Latinx youth (n=2)

"This was a great event, the information was presented in a relatable manner while still being in depth..."

Conclusion: Overall, participants were very satisfied with training and found the cultural lens through which the information was provided to be helpful. However, around half of the participants felt they did not learn about resources for youth in their community.

Stress Management

National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)
VCOE - Activity 1

This webinar reviews stressors that have been intensified due to events in 2020. The webinar also identifies stress management tools that can be used for school aged children and those who provide services to them in a school-based setting. Special considerations for Hispanic and Latino youth mental health were also discussed.

Of the 37 persons attending this 1.5-hour that was sponsored by the National Hispanic and Latino Mental Health Technology Transfer Center (MTTC), 20 completed a post-training survey (54%).

Table 4. Stress Management Training Outcomes			
(n=20)	Disagree or Strongly Disagree	Neutral	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	15%	-	85%
I learned strategies that will help me better support youth.	10%	-	90%
I learned about local resources for youth in my community.	40%	-	60%
Because of this training, I feel confident in my ability to support youth.	15%	-	85%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	35%	-	65%
I expect this event to benefit my professional development and/or practice.	5%	10%	85%
I will use the information gained from this event to change my current practice.	5%	5%	90%

Table 5. Stress Management Training Satisfaction			
(n=20)	Dissatisfied or Very Dissatisfied	Neutral	Satisfied or Very Satisfied
How satisfied were you with the overall quality of this event?	5%	-	95%
	Disagree or Strongly Disagree	Neutral	Agree or Strongly Agree
The facilitators provided useful information.	5%	-	95%
The facilitators were engaging.	-	-	100%
I would recommend this training to others at my school/agency.	5%	10%	85%

85% of participants agree or strongly agree that they would recommend the training to others.

Participants were asked what was most helpful about the training, and 20 of 34 survey respondents wrote comments. Top responses are listed below.

Most helpful aspect:

- Strategies, resources, and tool such as activities to do with students, the PHQ9 tool, and helpful ways to phrase questions (n=8)
- Benefits of sleep hygiene (ways to fall asleep) (n=3)
- Discussion with peers in breakout rooms (n=2)

“The simplicity of complex topics, I will add her new perspective to future presentations to help explain mental health to parents.”

Participants also were asked what exercises or skills they would like to get more experience with; 15 participants commented.

Want more experience with:

- Guided visualization and mindfulness (n=5)
- Family and community circles (n=4)
- Flip your lid (n=2)
- Tools for distance learning (n=2)

Conclusion: Overall, participants were very satisfied with the training and found the strategies and activities to use with students particularly helpful. However, some participants reported not learning about resources for youth in their community.

Introduction to Mental Health
Black Mental Wellness series
VCOE – Activity 1

In this training, participants learned how to identify the signs and symptoms associated with mental health disorders, especially in African American and Latinx youth and their families. Outcomes of the training included: understanding the signs and symptoms associated with mental health disorders, learning effective strategies to manage stress in a healthy manner, and learning brief strategic steps to identify high risk behaviors and strategies for brief management risk.

Of the 72 persons attending this 1-hour webinar that was part of the Black Mental Wellness series, 34 completed a post-training survey (47%).

Table 6. Introduction to Mental Health Training Outcomes		
(n=34)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	6%	94%
I learned strategies that will help me better support youth.	6%	94%
I learned about local resources for youth in my community.	21%	79%
Because of this training, I feel confident in my ability to support youth.	9%	91%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	15%	85%
I plan to use the information I learned in this training.	6%	94%

Table 7. Introduction to Mental Health Training Satisfaction		
(n=34)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	6%	94%
The facilitators provided useful information.	6%	94%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	6%	94%

94% of participants agree or strongly agree that they would recommend the training to others.

Participants were asked what was most helpful about the training, and 23 of the 34 commented. Top responses are listed below.

Most helpful aspect:

- Signs and symptoms of mental illness in youth (n=8)
- Local resources for youth with mental health concerns (n=7)

- Statistics and research findings about youth with mental health issues (n=4)

“First, thank you so much for inviting Black Women to speak about such an important matter. It is extremely important to hear such valuable information from people of color considering we work with primarily Latinx students in our district. I appreciate how much time they took to explain everything. I look forward to the training series.”

Conclusion: Overall, participants were extremely satisfied with the training, and found the information about the symptoms of mental illness in youth particularly helpful. A few participants not learning about resources for youth in their community, however several others reported that that information about these resources were the most helpful part of the training.

Understanding Trauma

Black Mental Wellness series
VCOE – Activity 1

This workshop helps participants understand the impact of trauma on adolescence development and highlights the importance of self-care. During the workshop, participants learn the impact of trauma on adolescent development, behaviors, relationships, academic performance, etc.; explore the often-ignored link between physical and mental health; and recognize the indirect impact of trauma on the staff.

Of the 36 persons attending this 1.5-hour webinar that was part of the Black Mental Wellness series, 19 completed a post-training survey (53%).

Table 8. Understanding Trauma Training Outcomes		
(n=18-19)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	-	18
I learned strategies that will help me better support youth.	-	19
I learned about local resources for youth in my community.	4	15
Because of this training, I feel confident in my ability to support youth.	-	19
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	2	17
I plan to use the information I learned in this training.	-	19

Table 9. Understanding Trauma Day 2 Training Satisfaction		
(n=19)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	-	19
The facilitators provided useful information.	-	19
The facilitators were engaging.	-	19
I would recommend this training to others at my school/agency.	-	19

19 participants agree or strongly agree that they would recommend this training to others.

Participants were asked what was most helpful about the training, and 16 of the 19 commented. Top responses are listed below.

Most helpful aspect:

- Tools and techniques to respond to students' trauma (n=7)
- Signs of trauma in the classroom and other trauma-related information (n=5)
- The effects of adults' trauma on youth (n=2)

Participants also were asked what exercises or skills they would like to get more experience with; 7 participants commented.

Want more experience with:

- Restorative justice community circles (n=4)
- Mindfulness and guided visualization (n=2)

“How the different aspects of trauma fit together - brain, behavior, triggers...”

Conclusion: Every responding participant was satisfied or very satisfied with this training. Only a few participants reported not learning about resources for youth in their community. However, participants found the information about signs of trauma in the classroom and the techniques for responding to students to be particularly helpful.

Helping Students Cope with Perceived Racism, Prejudice and Bias

Black Mental Wellness series

VCOE – Activity 1

In this training, participants learned how to help students navigate the culturally complex world. Participants also learned strategies on how to talk to and support their students on racism, prejudice, and bias.

Of the 40 persons attending this 1.5-hour webinar that is part of the Black Mental Wellness series, 22 completed a post-training survey (55%).

Table 10. Helping Students Cope with Perceived Racism, Prejudice and Bias Training Outcomes		
(n=22)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	-	100%
I learned strategies that will help me better support youth.	-	100%
I learned about local resources for youth in my community.	-	100%
Because of this training, I feel confident in my ability to support youth.	-	100%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	-	100%
I plan to use the information I learned in this training.	-	100%

Table 11. Helping Students Cope with Perceived Racism, Prejudice and Bias Training Satisfaction		
(n=22)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	-	100%
The facilitators provided useful information.	-	100%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	-	100%

100% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Participants were asked what was most helpful about the training, and 19 of the 22 commented. Top responses are listed below.

Most helpful aspect:

- Tips to help staff have conversations about racism with students (n=9)
- Information to help staff recognize their biases (n=8)
- Information and links to local resources (n=7)

Participants also were asked what exercises or skills they would like to get more experience with; 13 participants commented.

Want more experience with:

- Connection circles with students (n=4)
- Restorative justice (n=3)
- Guided visualization (n=2)

"I learned new terms/language and techniques that I can use to speak to youth about race. I also got a lot of useful resources."

"A reminder about continued trainings and our own responsibility to educate ourselves when we are outside our on scope of practice and become aware of our own implicit bias, also the importance of having positive history and representation of people of color in our education system."

Conclusion: Every responding participant was satisfied or very satisfied with this training. In addition, every responding participant reported agreeing with every associated learning outcome. This was the most highly rated training session of all of the sessions reported here. In particular, the tips to help staff talk about racism with students, and to recognize their own biases were reported as the most helpful.

Friday Flow: Healing Centered Practices
 Recurring/Multi-Session Trainings
 VCOE – Activity 1

This series of webinars focused on cultivating a deeper awareness of how we might listen and respond to our needs in nourishing and rejuvenating ways. Each training builds on each other, but the overall series focuses on trauma informed mind and body practices, cultivating internal and external resources for resilience, and developing and sustaining responsive and accessible practices of self-care.

VCOE provided 8 (serialized) trainings of Friday Flow, with each training having an average of 23 staff/personnel in attendance (range: 16 to 32). Of these individuals that received training, 79 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 12 and 13 below.

Table 12. Friday Flow Training Outcomes		
(n=79)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	-	100%
I learned strategies that will help me better support youth.	4%	96%
I learned something new about the topics covered in the training today.	1%	99%
I learned about local resources for youth in my community.	33%	67%
Because of this training, I feel confident in my ability to support youth.	6%	94%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	27%	73%

Table 13. Friday Flow Training Satisfaction		
(n=79)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	-	100%
The facilitators provided useful information.	-	100%
I would recommend this training to others at my school/agency.	1%	99%
I am satisfied with the training I received.	1%	99%

99% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect:

- The importance of slowing down (n=14)
- Guided meditation/mindfulness activity (n=9)
- Improved understanding of embodiment and/or trauma (n=7)
- The time for reflection/self-reflection (n=5)
- The needs mandala/wheel (n=5)

Want more experience with:

- Guided visualization (n=15)
- Restorative justice (n=9)
- Circles (n=9)
- Mindfulness (n=6)

"I really appreciated the reminder to slow down."

"I learned about what embodiment means and was able to explore what it means in my profession."

Conclusion: Overall, participants were extremely satisfied with these trainings. In particular, the importance of remembering to slow down, the guided mindfulness activity, and the improved understanding of trauma were considered the most helpful. However, some participants reported not learning about resources for youth in their community, and many respondents wanted additional experience with guided visualizations and restorative justice.

Restorative Justice
 Recurring/Multi-Session Trainings
 VCOE – Activity 1

Restorative Justice (RJ) is an approach to school discipline that seeks to move away from suspension and expulsion by helping students to develop healthy relationships and healthy conflict management strategies. It allows for students to develop self-discipline and self-awareness and promote positive behavior in a caring, supportive environment. The program provides leadership, professional development, coaching, consultation, and technical assistance to Ventura County schools and districts to build capacity to implement and sustain RJ.

VCOE provided 6 (serialized) restorative justice trainings, with each training having an average of 36 staff/personnel in attendance (range: 19 to 83). Of these individuals that received training on restorative justice, 29 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 14 and 15 below.

Table 14. Restorative justice Training Outcomes		
(n=29)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	11%	89%
I learned something new about the topics covered in the training today.	17%	83%
I learned strategies that will help me better support youth.	24%	76%
Because of this training, I feel confident in my ability to support youth.	28%	72%
I learned about local resources for youth in my community.	41%	59%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	41%	59%

Table 15. Restorative justice Training Satisfaction		
(n=29)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators provided useful information.	14%	86%
The facilitators were engaging.	14%	86%
I am satisfied with the training I received.	15%	85%
I would recommend this training to others at my school/agency.	21%	79%

79% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of responses in that category reported in parentheses.

Most helpful aspect (n=21):

- Community circles (n=7)
- Hearing from others (n=3)
- Learning language about privilege (n=2)
- Book references (n=2)

Want more experience with (n=8):

- Implementing community circles (n=3)
- Guided visualization (n=2)
- Examples of school-wide implementation (n=2)

“The most helpful thing I learned is how to utilize community circles to support students and staff.”

End of Year Training Survey: Finally, an end-of-year training survey was conducted to obtain feedback on the Restorative Justice series of trainings as a whole. However, only 3 survey responses were obtained, so only a brief summary is included here:

All three respondents reported already implementing the strategies taught at this training, but they all also reported that the training will help them be more effective at their jobs. In addition, one respondent reported sometimes using zero tolerance strategies before the training, but “didn’t know” if they would continue to do so after the training. The other two respondents reported not using zero tolerance strategies before, and that they do not intend to in the future.

Conclusion: The information provided in this training was reported as being novel and useful, especially related to the community circles. There was a reported need for additional experience implementing the approaches presented and in how to refer and support youth.

Social Emotional Learning – Communities of Practice

Recurring/Multi-Session Trainings

VCOE – Activity 1

These sessions showcase the work school staff (i.e., principals, teachers, counselors, etc.) have accomplished in creating a safe and emotionally responsive learning environment for students. These trainings give curriculum instruction in processing, integrating, and applying social emotional skills. This ultimately helps students with self-awareness, self-management, social awareness, relationship skills, and responsible decision making.

VCOE provided 5 (serialized) trainings on social emotional learning, with each training having an average of 35 staff/personnel in attendance (range: 19 to 53). Of these individuals that received training on social emotional learning, 64 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 16 and 17 below.

Table 16. Social Emotional Learning Training Outcomes		
(n=64)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	6%	94%
I learned strategies that will help me better support youth.	6%	94%
I learned something new about the topics covered in the training today.	6%	94%
I learned about local resources for youth in my community.	13%	87%
Because of this training, I feel confident in my ability to support youth.	16%	84%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	16%	84%

Table 17. Social Emotional Learning Training Satisfaction		
(n=64)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	2%	98%
The facilitators provided useful information.	5%	95%
I would recommend this training to others at my school/agency.	10%	90%
I am satisfied with the training I received.	10%	90%

90% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect (n=55):

- Learning about the available resources available (n=14)
- Hearing from others/peers (n=9)
- Integration of arts into SEL program (n=7)
- Emphasis on, or strategies for, selfcare (n=6)
- Optimistic and positive attitude (n=5)
- Strategies to support students (n=5)

Want more experience with (n=22):

- Strategies for implementation (n=7)
- Guided visualization techniques (n=5)

“I loved all the resources on the Canvas site.”

End of Year Training Survey: Finally, an end-of-year training survey was conducted to obtain feedback on the Social Emotional Learning series of trainings as a whole. The responses are summarized in Table 18 below.

Table 18. Social Emotional Learning End of Year Results (n=19)			
Before attending the SEL training series...	No	Don't Know	Yes
I have supported the SEL of students and/or adults that I work with.	-	-	19
I knew how important it is to help students or adults regulate their emotions while learning.	1	-	18
I knew about the different social and emotional competencies that are important for me to do my job effectively.	3	1	15
I had already used the SEL strategies taught in this training.	6	2	11
I thought this training would help me do my job more effectively.	-	-	19
After attending the SEL training series...			
I will support the SEL of the students and/or adults that I work with.	-	-	19
I know how important it is to help students or adults regulate their emotions while learning.	-	-	19
I know about the social and emotional competencies important for me to do my job effectively.	-	-	19
I will implement at least one new SEL strategy that I learned from this training.	-	1	18
I believe this training will help me be more effective in my job.	-	1	18

Conclusion: Overall, this training was very well-received by attendees, with the information provided being rated highly useful and novel. In particular, the online Canvas resources were frequently mentioned as the most helpful aspect. The strategies provided were also reported as helpful, but several attendees reported wanting additional experience implementing these strategies in their particular school or classroom.

Transformational Tuesday: Cultivating Practices for Collective Care
 Recurring/Multi-Session Trainings
 VCOE – Activity 1

In these webinars, participants were provided space and time to cultivate awareness, connection, and practice of care that can sustain them in their work with students, families, and communities.

VCOE provided 4 (serialized) trainings of Transformational Tuesday, with each training having an average of 17 staff/personnel in attendance (range: 8 to 31). Of these individuals that received training, 18 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 19 and 20 below.

Table 19. Transformational Tuesday Training Outcomes		
(n=18)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	11%	89%
I learned strategies that will help me better support youth.	6%	94%
I learned something new about the topics covered in the training today.	6%	94%
I learned about local resources for youth in my community.	47%	53%
Because of this training, I feel confident in my ability to support youth.	11%	89%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	47%	53%

Table 20. Transformational Tuesday Training Satisfaction		
(n=18)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	-	100%
The facilitators provided useful information.	-	100%
I would recommend this training to others at my school/agency.	6%	94%
I am satisfied with the training I received.	-	100%

94% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect:

- The activities, i.e., Jamboard (n=4)

- That it is okay to slow down (n=4)
- Having a calm, supportive place to talk, listen (n=3)
- Power with systems ideas (n=2)

Want more experience with:

- Restorative Justice (n=4)
- Circles, fire circles (n=3)
- Everything (n=2)

"[I] loved the Jamboard activities. Will be great to use with students and staff!"

"This was just a beginning step for me; I'm excited to learn more about trauma-informed care and 'power-with' systems"

Conclusion: Overall, participants were extremely satisfied with these trainings. In particular, the activities (including the Jamboard), and having a calm place to talk and listen were considered the most helpful. However, roughly half of the responding participants reported not learning about local resources for youth in their communities.

Positive Behavior Intervention and Support (PBIS) for staff and CHAMPS
 Recurring/Multi-Session Trainings
 VCOE – Activity 1

These sessions used a CHAMPS (Conversation, Help, Activity, Movement, Participation, Success) behavior management approach to help attendees establish and maintain positive teacher-student relationships, increase student engagement during and in between direct instruction, and improve student motivation to succeed in all settings.

Forty-five persons completed a post-training survey for at least one of two two-hour workshops presented by Susan Isaacs of Safe and Civil Schools.

Table 21. PBIS Training Outcomes		
(n=45)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	2%	98%
I learned strategies that will help me better support youth.	-	100%
I learned about local resources for youth in my community.	11%	89%
Because of this training, I feel confident in my ability to support youth.	2%	98%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	11%	89%
I plan to use the information I learned in this training.	-	100%

Dashes indicate no respondents selected this category

Table 22. PBIS Training Satisfaction		
(n=44-45)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	2%	98%
The facilitators provided useful information.	2%	98%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	2%	98%

98% of participants agree or strongly agree that they would recommend the training to others.

Participants were asked what was most helpful about the training, and 38 of the 44 wrote responses. Top responses are listed below.

Most helpful aspect:

- Supporting teachers and staff during distance learning (n=9)
- Using CHAMPS to manage the classroom (n=8)
- Using the STOIC System for classroom management (n=6)

- Using Notice and Narrate to give students praise (n=6)

“I learned new methods on how to apply CHAMPS and PBIS in the classroom, especially with the given difficulties of the digital learning era.”

End of Year Training Survey: Finally, an end-of-year training survey was conducted to obtain feedback on the Positive Behavior Intervention and Support series of trainings as a whole. The responses are summarized in Table 23 below.

Table 23. PBIS End of Year Results (n=10-11)			
Before attending the PBIS training series...	No	Don't Know	Yes
I was supporting positive relationships when addressing behaviors with all students.	1	-	10
I was already implementing the PBIS strategies taught at this training.	3	-	8
I have a high positive to negative interaction ratio with all students.	-	1	10
I have been implementing PBIS strategies effectively with all students.	4	-	7
I thought this training would help me do my job more effectively.	-	-	10
After attending the PBIS training series...			
I will be supporting positive relationships when addressing with all students.	-	-	11
I will implement at least one new PBIS strategy that I learned from the training.	1	-	10
I will have a high positive to negative interaction ratio with all students.	-	1	10
I think I will be able to implement PBIS strategies effectively with all students.	-	1	9
I believe this training will help me be more effective in my job.	1	2	8

For additional context in the end of year training results, the respondent who responded “no” to the two “after attending” questions also reported not remembering what the most helpful thing they learned was because of how long ago the presentations were.

Conclusion: Overall, participants were extremely satisfied with this training. In particular, the support for teachers and staff during distance learning, learning how to use CHAMPS to manage the classroom were reported as particularly helpful. However, a few respondents reported not learning about local resources for youth in their community.

Best Practices Symposium with Ricky Robertson Keynote

Other One-Time Sessions

VCOE – Activity 1

This presentation, titled “Building Resilience for Educators and Students,” covered information and topics related to resilience in students impacted by adverse childhood experiences (ACE) and behavior as a form of communication.

Of the 49 persons attending this 2.75-hour symposium with a 1.5-hour keynote presentation by Ricky Robertson, 28 completed a post-training survey (57%).

(n=28)	Disagree or Strongly Disagree		Agree or Strongly Agree	
I have adapted one or more of the practices taught during the training.	4%		96%	
The knowledge and skills I gained have helped me be more effective in my job/role.	4%		96%	
I have been able to use the content taught to improve systems/practices at my district/site.	4%		96%	
Because of this training, I have made a positive impact on staff and/or students.	4%		96%	
(n=28)	Never	Some of the time	Regularly	All of the time
How frequently do you use the information taught during this training?	4%	7%	50%	39%

96% of participants agree or strongly agree that they have made a positive impact on staff and/or students because of this training.

Participants were asked to describe any success they have experienced in implementing practices/information presented during the training and 25 of the 28 commented. Seven indicated that they had not yet used the information but looked forward to doing so. Other top responses included:

- Engaging students in Social-Emotional Learning (SEL) (n=3)
- Building relationships with students and family (n=3)
- Stressing the importance of educator self-care (n=3)
- Building a Professional Learning Community (PLC) (n=2)
- Understanding that behavior is a form of communication, especially for students with autism (n=2)

Participants also were asked to describe any barriers they encountered when trying to implement the practices/information from the training; 24 participants commented. Five indicated they experienced no barriers. Other top responses included:

- Their colleagues’ ‘compassion fatigue’ or resistance to these practices (n=8)
- Stressors of distance teaching and learning (n=4)

- Limited time to implement the practices (n=2)

“Many of the ideas Ricky discussed have been used at our school. Ricky laid it out in a more concise way. I look forward to sharing with my staff. Biggest takeaway which I always believed is that behavior is a form of communication. We need to understand what the students are telling us through their behavior.”

Conclusion: The vast majority of responding participants reported the skills and knowledge in this training to be useful and helpful, many of whom had already implemented at least some of the techniques. However, several participants reported challenges with compassion fatigue or other resistance to these practices from colleagues.

VCOE - Activity 2. Establish multi-generational family engagement, outreach events, and trainings with LEAs/School Districts to enhance public understanding of mental health and reduce mental health stigma and discrimination.

Engagement and training are integrated services performed by VCOE, LEAs/School Districts, and community-based partners. A minimum of 30 family engagement and/or outreach events between all LEAs/Districts must be hosted during each academic year. Events provide information on access and linkage to mental health services and how to recognize the early signs of potentially severe and disabling mental illness.

VCOE works with each district to ensure that events are culturally and linguistically competent by providing translation and interpretation services as needed.

Events include, but are not limited to:

- Family engagement/parent education series at school sites on mental illness and suicide prevention
- Family outreach events that provide information, community resources, and linkage to services
- Peer-parent liaison outreach specialist training
- Training/education on leveraging the healing value of traditional cultural connections and the recognition of historical trauma
- Use of technology and/or web-based technologies for messaging as approved by VCBH

For additional information on progress made toward this Activity, refer to LEA Activity 4 in the LEA/School District Activities Overview Section of the report.

VCOE - Activity 3. Ensure the LEAs engage and train students on mental health awareness, services, occupations, and peer engagement strategies targeting at-risk populations.

This may include, but is not limited to:

- Outreach and training on mental health for secondary students (targeting at-risk groups)
- Events or educational sessions/classes that provide information about mental health and mental health occupations
- Youth outreach for expanded learning/afterschool programs

For more information on District progress on this activity, please reference the LEA/School District Activities section of the report.

VCOE - Activity 4. Provide teacher-specific mental health evidenced based training - the Resilient Calm Learner (RCL) Interactive Training Series.

RCL is a training focused on teaching educators skills and strategies to increase stress-coping and mindful presence, and integrating those skills on campus. This includes practicing self-calm and managing emotions/impulses with students.

Super Simple Mindfulness For You and Your Students

Resilient Calm Learners (RCL)

VCOE – Activity 4

These trainings, conducted by an instructional coach and certified yoga therapist, assisted staff with learning how to build awareness, emotional regulation, and healthy relationships; better understand what mindfulness is and how science supports it; incorporate self-care into their lives and the lives of their students; use simple breathing techniques and simple movements; and use practical tips on how to incorporate this with students in meaningful, simple, non-time-consuming ways.

VCOE provided 3 (serialized) trainings on Resilient Calm Learners, with each training having an average of 43 staff/personnel in attendance (range: 36 to 56). Of these individuals that received training, 38 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 25 and 26 below.

Table 25. Resilient Calm Learners Training Outcomes		
(n=38)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	3%	97%
I learned strategies that will help me better support youth.	3%	97%
I learned something new about the topics covered in the training today.	3%	97%
I learned about local resources for youth in my community.	21%	79%
Because of this training, I feel confident in my ability to support youth.	7%	93%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	18%	82%

Table 26. Resilient Calm Learners Training Satisfaction		
(n = 38)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	3%	97%
The facilitators provided useful information.	3%	97%
I would recommend this training to others at my school/agency.	3%	97%
I am satisfied with the training I received.	3%	97%

97% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, attendees were asked to name the most helpful thing they learned at the conference. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most Helpful Thing:

- Breathing exercises/techniques/activities (n=9)
- Resources for teaching mindfulness (n=7)
- Knowledge/understanding of brain, mindfulness, trauma (n=3)
- Everything (n=2)

“Literally everything that was presented was useful. I especially liked the Pretty Ugly poem and all the different breathing techniques.”

End of Year Training Survey: Finally, an end-of-year training survey was conducted to obtain feedback on the Resilient Calm Learners series of trainings as a whole. The responses are summarized in Table 27 below.

Table 27. Resilient Calm Learners (RCL) End of Year Results (n=8*)			
Before attending the RCL training series...	No	Don't Know	Yes
I knew about the impact stress has on student academic performance.	1	-	7
I have implemented practices that engage students in stress management and self-regulation strategies in my current role.	3	-	5
I knew about the impact stress has on my job performance.	1	-	7
I have implemented stress management and self-regulation strategies for myself at work.	1	1	6
I had implemented all the RCL strategies taught in this training in my current role.	4	1	3
I thought this training would help me do my job more effectively.	-	1	7
After attending the RCL training series...			
I know about the impact stress has on student academic performance.	-	-	8
I will implement practices that engage students in stress management and self-regulation strategies in my current role.	-	-	8
I know about the impact stress has on my job performance.	-	-	8
I will implement stress management and self-regulation strategies for myself at work.	-	-	8
I will implement at least one new RCL strategy that I learned in this training.	-	-	8
I believe this training will help me be more effective in my job.	-	-	8

* Two additional respondents reported “Don’t Know” or didn’t respond to all items, reported they did not remember attending these trainings, and that they weren’t sure why they received the survey. These respondents are excluded from the table above.

Conclusion: Overall, participants were extremely satisfied with this training. In particular, the breathing exercises and resources for teaching mindfulness were considered the most helpful. However, some participants reported not learning about local resources for youth in their community.

VCOE - Activity 5. Provide ongoing technical assistance (TA) for project development and data collection for participating LEAs/School Districts.

VCOE provided ongoing TA for contracted LEAs/School Districts by:

- Meeting with all Ventura County LEAs/School Districts to provide an overview of MOA requirements.
- Held group meetings over Zoom with the districts (4 meetings with 166 total participants)
 - September 9, 2020 (48 participants)
 - January 7, 2021 (62 participants)
 - March 19, 2021 (34 participants)
 - May 20, 2021 (22 participants)
- Additionally, project staff met with each LEA individually to discuss and establish an MOA.
- Leading Multi-Tiered SEL/MHSA Partnership meetings for all contracted LEAs.
- Provision of evaluation and data collection tools within 3 months of execution of the contract.
- Data collection and program monitoring on a quarterly basis.
 - Project staff provide daily TA for districts regarding data collection and completion of the VCBH tracking log.

VCOE - Activity 6. Host a county-wide mental health-focused youth event during the school year for grades K–12 to reduce stigma around mental illness and suicide.

VCOE hosted three virtual county-wide youth mental health conferences – one for high school students, one for middle school students, and one for elementary school students. The conferences are intended to increase youth’s sources of strength, awareness of their mental health and mental health resources, and resilience.

Celebrating Diversity
Youth Mental Health Conferences
VCOE – Activity 6

These conferences were primarily directed towards student attendees and offered presentations on a variety of topics related to mental health and diversity.

The conference for high school students (grades 9-12) lasted 5.5 hours. Topics covered included a Keynote Speech by Dee Hankins about resilience, a session on Justice in the Classroom, and two breakout sessions. Students could choose to attend any 2 of 11 possible breakout sessions. The breakout sessions were titled: People of the Global Majority, Keeping it 100, Exploring Mental Health with PhotoVoice, suicideTALK, Suicide Prevention, Youth Resources and Support, Social Media Safety, “Am I Ok? Staying Emotionally WELL in Difficult Times,” Resilience, and Communicating Boundaries and Practicing Self-Care.

The conference for middle school students (grades 6-8) lasted 3 hours. Topics covered included a Keynote Speech by Dee Hankins about resilience, a session on mindfulness, and two breakout sessions titled “People of the Global Majority” and “Keeping it 100.”

The conference for elementary school students (grades 4-5) lasted 1 hour. Topics covered included a Keynote Speech by Tia Graham about happiness, communicating emotions, and a session on mindfulness.

Data from the middle school conference and high school conference are summarized first, with data from the elementary school conference provided further below. There were 341 students and adults (combined) in attendance at the Middle School conference, from which 151 student responses were obtained. At the High School conference, there were 209 students and adults (combined) in attendance, from which 65 student responses were obtained. Findings from these surveys can be found in Tables 28 and 29 below.

Table 28. Youth Mental Health Conference Sessions Outcomes				
	Middle School Students (n=147-151)		High School Students (n=63-65)	
<i>Because of today's conference...</i>	Disagree or Strongly Disagree	Agree or Strongly Agree	Disagree or Strongly Disagree	Agree or Strongly Agree
If a friend had a mental illness, I would still be friends with them.	5%	95%	3%	97%
I learned about where I can get help.	4%	96%	8%	92%
I understand mental health issues better.	11%	89%	8%	92%
I learned about stigma/common myths around mental illness.	8%	92%	9%	91%
I learned about the importance of suicide prevention.	9%	91%	14%	86%
I learned about mental health services being available for some communities, but not others.	14%	86%	9%	91%

I am more willing to ask for help for my own mental health	15%	85%	20%	80%
--	-----	-----	-----	-----

Table 29. Youth Mental Health Conference Sessions Satisfaction				
	Middle School Students (n=147-151)		High School Students (n=63-65)	
<i>Across both sessions...</i>	Disagree or Strongly Disagree	Agree or Strongly Agree	Disagree or Strongly Disagree	Agree or Strongly Agree
The presenter was an expert on this subject.	6%	94%	5%	95%
This information can really help address mental health in the community.	6%	94%	8%	92%
Overall, this workshop was incredibly valuable.	9%	91%	8%	92%
The workshop was interesting and kept my attention.	12%	88%	19%	81%

91% of Middle Schoolers and 92% of High Schoolers agree or strongly agree that the workshop was valuable.

Additionally, attendees were asked to list one important thing they learned at the conference, and what can be done to improve the conference for the future. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most important thing learned:

- High school (n=59)
 - Centrality/importance of mental health and self-care (n=9)
 - Speak up/reach out (n=8)
 - Impact of stigma (n=7)

- Middle school (n=142)
 - Mental health is important (n=22)
 - Take care of yourself, “I matter”, be yourself (n=18)
 - Reach out, talk about feelings (n=15)

What can be done to improve the conference:

- High school (n=53)
 - Tech/Zoom issues; better in-person (n=21)
 - Engage audience more; chance to speak with others (n=12)
 - Nothing (n=10)

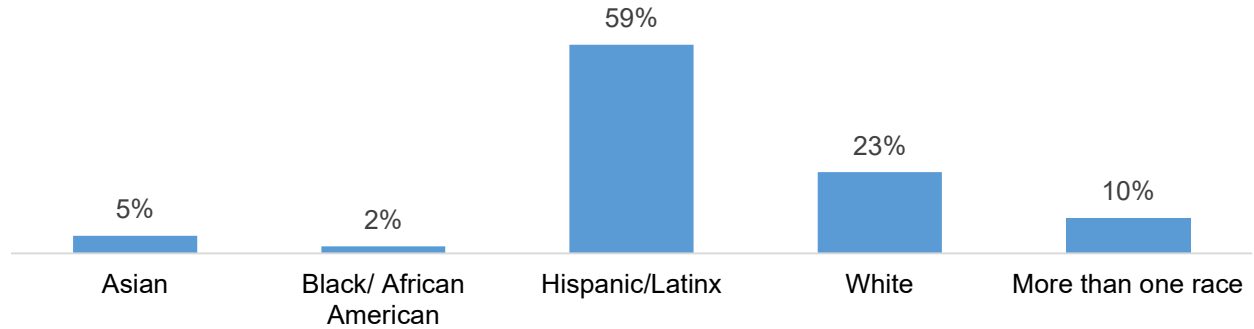
- Middle school (n=136)
 - Nothing (n=48)
 - Tech/lag issues; too many people (n=12)
 - More engagement/games/activities, chance to talk to others (n=11)

"I learned that we are not alone and we can get the help that we need. We have all the resources to use them, we just have to not be afraid."

Conclusion: Overall, the conferences were very well received among both high school and middle school students. In particular, the information about how or where to get help, the importance of self-care related to mental health, and the stigma-related information was highly rated. Aside from technical issues, the most common suggestion was to increase audience engagement by, for example, adding interactive activities. In addition, although not among the top responses, a handful of individuals in both sessions explicitly mentioned how much they appreciated the Keynote speaker (Dee Hankins) who talked about his personal experience as part of the conference. Finally, there were a relatively small number of male high school students among survey respondents, and possibly also among conference attendance (see demographics below).

Demographics for YMHC **Middle School Student respondents** are depicted below.

Race (n=147)



Gender (n=144)

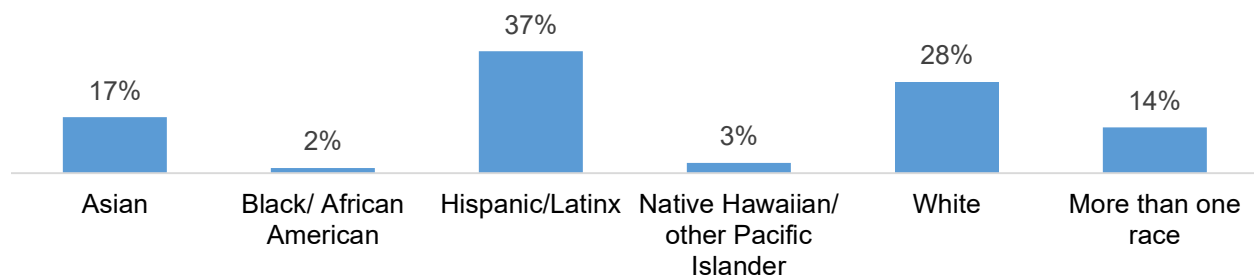
57% Female
42% Male
1% Other

Grade (n=151)

42% 6th Grade
26% 7th Grade
32% 8th Grade

Demographics for YMHC **High School Student respondents** are depicted below.

Race (n=65)



Gender (n=65)

74% Female
22% Male
5% Other

Grade (n=59)

7% 9th Grade
17% 10th Grade
31% 11th Grade
46% 12th Grade

VCOE provided an additional virtual, county-wide mental health conference directed towards elementary school students (grades 4-5). This event had 366 individuals in attendance (staff/personnel and youth). Of these individuals 110 unique youth survey responses were collected. Findings from these surveys can be found in Tables 30 and 31 below.

Table 30. Youth Mental Health Conference Sessions Outcomes		
<i>Because of today's conference...</i> (n=110)	Disagree or Strongly Disagree	Agree or Strongly Agree
If a friend had a mental illness, I would still be friends with them.	8%	92%
I learned about common myths about mental illness.	19%	81%
I learned about where I can get help.	14%	86%
I am more willing to ask for help for my own mental health.	19%	81%

Table 31. Youth Mental Health Conference Sessions Satisfaction		
(n=110)	Disagree or Strongly Disagree	Agree or Strongly Agree
I think this presentation was really important.	5%	95%
She was an expert on this subject.	4%	96%
This information could really help address mental health in the community.	9%	91%
This presentation was interesting and kept my attention.	15%	85%

95% of youth participants agree or strongly agree that the presentation is really important.

Additionally, attendees were asked to list one important thing they learned at the conference, and what can be done to improve the conference for the future. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most important thing learned:

- The importance of mental health; to be healthy (n=25)
- To accept your emotions (n=13)
- A strategy [not specified] to make yourself feel better or stay calm (n=12)
- Am not alone, can reach out to others (n=11)

What can be done to improve the conference:

- Nothing (n=15)
- Reduce chat, distractions (n=9)
- More time, more often (n=2)

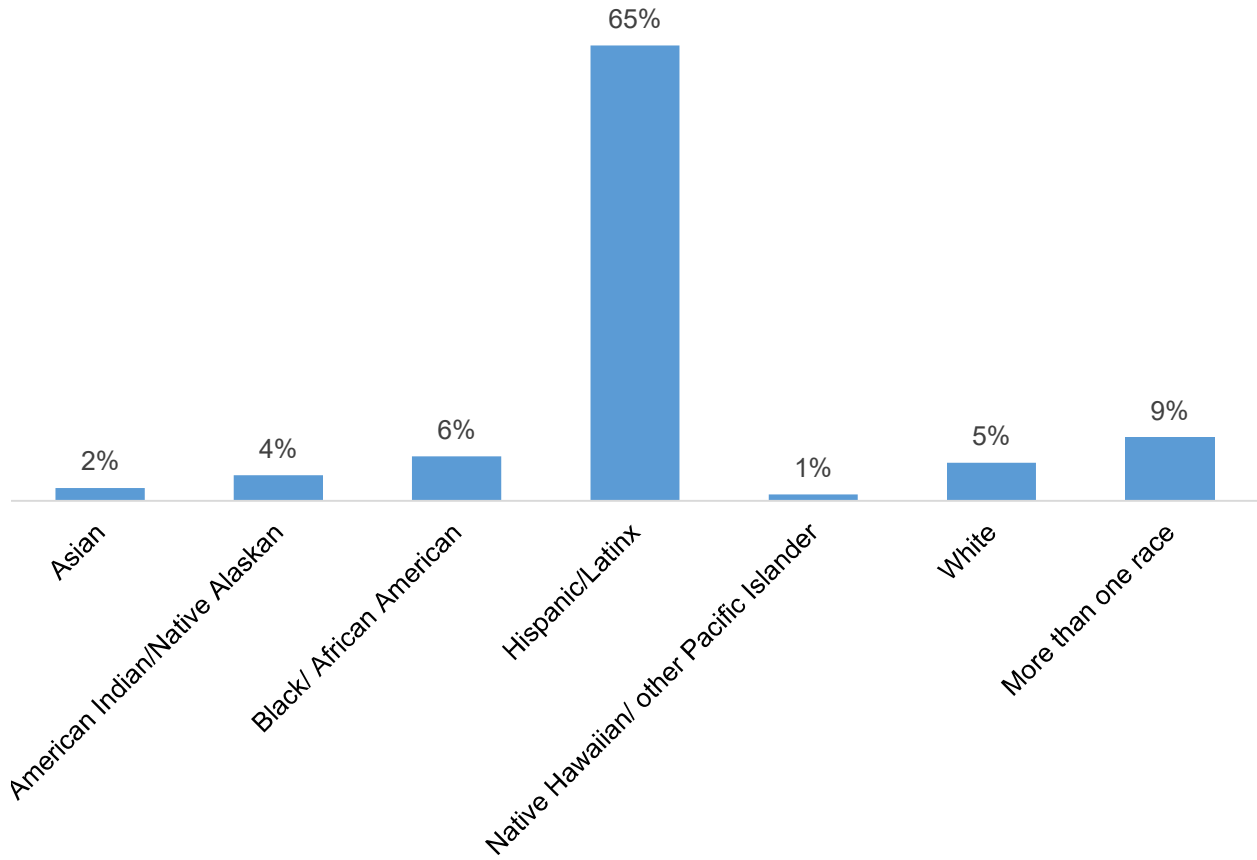
"I learned that it is okay to have bad emotions and how to feel better."

"[I learned that] if you are mad [or] sad you could calm yourself down and talk to yourself."

Conclusion: Overall, the 4th and 5th grade student participants were very satisfied with the conference. Although many participants reported a general idea like "the importance of mental health" as the most important thing learned, several reported learning particular strategies for staying calm or making sense of emotions. In addition, there appeared to be some misinterpretation in the "What can be done to improve the conference?" question, because 23 individuals responded by naming a strategy that they learned at the conference.

Demographics for YMHC Elementary School Student respondents are depicted below.

Race (n=110)



Gender
(n=110)

53%	Female
48%	Male
2%	Other

Grade
(n=110)

22%	4 th Grade
78%	5 th Grade

LEA/School District Activities Overview

This section presents a compilation of activities conducted across all LEAs/school districts. Districts implemented a range of MTSS activities starting in August of 2020 through June 2021.

For each of the following five activities, a brief description, and findings for relevant process (number of participants, types of trainings, etc.) and outcome measures are provided, as well as demographic and cultural information of family participants as appropriate.

LEA Activity 1. Perform early identification, access, and linkage to mental health services of high-risk mental health populations. This may include but is not limited to developmental screenings, use of web-based technologies for screenings, and providing and tracking mental health referrals.

Districts are asked to perform early identification, access, and linkage to mental health services for vulnerable and high-risk mental health student populations in grades K–12, including transitional kindergarten. Vulnerable and high-risk populations are identified by each district and can include Latino, homeless, foster youth, LGBTQ+, Transitional Aged Youth (TAY), low-socioeconomic status, and chronically absent and expelled youth groups.

Early identification activities are conducted once a referral is received by Student Assistance Program (SAP) counselors from school site personnel. SAP counselors meet with students and have them complete relevant assessments/screenings to evaluate student need for mental health and other support services. Once student needs are determined, they are then linked to an appropriate service.

Access and linkage to services is done through the dissemination of referral resources and direct one-to-one calls to coordinate mental health services. Follow-up on referrals are completed by the referring staff to confirm linkage to services. Note that during the 2020-2021 school year, most screenings and services were conducted remotely because of the COVID-19 pandemic but were otherwise comparable to previous services.

Mental health screenings allow staff to identify mental health conditions early and connect students to relevant services. This evaluation found that district staff used a variety of screening tools to determine needs for varying mental health concerns.

Screening tools/assessments included:

- Brief Risk Reduction Interview and Intervention Model (BRRIM)
- Power of You
- Strengths and Difficulties Questionnaire (SDQ)
- Panorama Social Emotional Learning (SEL)
- Covitality Universal Screener
- Risk Assessment
- Teacher or counsellor referral
- Other/unspecified suicide or mental health screenings

Screenings were conducted to assess:

- Behavioral issues/aggression
- Suicide risk/threat
- Substance use

- Self-injury/harm
- Home/family conflicts
- Life skills
- Depression
- Anxiety/panic attacks
- Threat posed to others

Screenings were conducted to determine need for:

- Emotional, social, and academic support
- Critical Incident Response Team (CIRT)
- Individual and group services
- Intervention
- Mental health counseling
- Community mental health services
- School Attendance Review Board (SARB)
- School Counseling
- School Psychologist
- Student Assistance Program (SAP)
- Psychological First Aid (PFA)
- Skills for Psychological Recovery (SPR)

Information on the number of screenings conducted is presented in Table 32 below.

School District	Number of Screenings	Screenings Reported
Conejo Valley Unified	48	<i>BRRIM</i>
Hueneme Elementary	1,204	<i>Power of You</i>
Moorpark Unified	1,821	<i>Journals, teacher/counselor referral, SDQ</i>
Oak Park Unified	73	<i>Suicide/Mental Health</i>
Ojai Unified	51	<i>PickTime, Parent/Staff/Student referral</i>
Oxnard Elementary	13,637	<i>Panorama SEL, Suicide risk assessment, emotional/VCBH</i>
Oxnard Union High	17,730	<i>Covitality Universal Screener, MH screenings, counselor request form, student self-referral, MH screening for VCBH STAR</i>
Rio School District	92	<i>Mental Health, Grief/Grieving from loss, Early Crisis/Intervention</i>
Santa Paula Unified	1,935	<i>Mental Health/Social Emotional counseling</i>
Simi Valley Unified	239	<i>School Counselling referral, Risk Assessment</i>
Ventura Unified	228	<i>SAP referral, BRRIM</i>
Total	37,058	

Once students were assessed/screened for mental health needs, school counselors then referred them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed. The “Other”

column in Table 33 below refers to referrals to services that are not necessarily mental health based.

Table 33. Referrals by School District					
School District	School-based Individual	School-based Group	Community-based Mental Health	Other (count)	Other Referrals
Conejo Valley Unified	0	0	39	27	Support Line
Hueneme Elementary	52	59	15	0	
Moorpark Unified	87	175	10	0	
Oak Park Unified	3	0	26	0	
Ojai Unified	109	8	9	0	
Oxnard Elementary	3,326	4,040	249	2,024	Threat assessment, Asynchronous SEL lessons/activities, Classroom SEL lesson
Oxnard Union High	4,017	2,214	65	2,493	classroom presentations, City Impact Street team, SST mtg, Friday SEL Lunch & Learn, Project Spanish
Rio School District	61	13	58	11	Livingston Memorial, Hospice, Transitional Housing, Logrando Bienestar
Santa Paula Unified	1,593	86	107	10	Logrando Bienestar, CPS, SRO Safety Check
Simi Valley Unified	194	5	15	0	
Ventura Unified	538	693	127	43	BRRIM, Follow ups, Logrando Bienestar, Beacon Health Services
Total	9,980	7,293	720	4,565	

In addition to the screenings and referrals listed above, some additional information about confirmed linkages and other screening or referral-based activities are summarized in Table 34 below.

Table 34. Other Activities				
School District	Confirmed Linkage of Student/Family to Referral	Students Identified as At-Risk	Calls to VCBH Crisis Team	Safety Plans Developed
Conejo Valley Unified	0	46	7	0
Hueneme Elementary	12	4	4	0
Moorpark Unified	5	75	0	0
Oak Park Unified	6	0	0	0
Ojai Unified	5	0	0	2

Oxnard Elementary	53	0	1	5
Oxnard Union High	44	2,568	6	30
Rio School District	48	14	5	4
Santa Paula Unified	53	103	4	52
Simi Valley Unified	8	52	2	7
Ventura Unified	2	0	0	0
Total	236	2,862	29	100

LEA Activity 2. Provide education and training for students and school personnel to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

District staff are required to provide trainings to school staff, students, and families. As summarized, staff and student trainings were conducted across districts to increase awareness of, and reduce stigma about, mental health concerns.

A summary of the number of trainings and participants is provided in Tables 35 and 36 below.

Table 35. Staff and Student Trainings by School District			
School District	Number of Trainings	Number of Participants	Training Topics
Conejo Valley Unified	27	5,759	Mental Health Topics, Suicide Prevention, Vulnerable Populations
Hueneme Elementary	12	1,700	Trauma, Social Emotional Learning, Mental Health Resources & Referrals, Mindfulness
Moorpark Unified	21	845	Social Emotional Learning, Mental Health Resources & Referrals, Suicide Prevention
Oak Park Unified	91	38,308	Mental Health Topics, Social Emotional Learning, Vulnerable Populations, Cultural Competency, Mental Health Topics, Referrals, Suicide Prevention
Ojai Unified	19	350	SEL, Mental Health Topics, Restorative Justice, Referrals
Oxnard Elementary	35	1,253	Crisis Protocol, Stress Management, PBIS, Restorative Justice, Cultural Competency, Managing Worry, Meet the School Counselor, VCOE YMHC, Nicotine & Vaping Presentation, Panorama Survey Results, Mindfulness, SEL, COVID-19 and Mental Health, MH Awareness Week, Shifting Boundaries by Interface for 8 th Grade Students
Oxnard Union High	225	3,761	Mental Health Topics, Vulnerable Populations, Web-based Technologies, Cultural Competency, Social Emotional Learning, Mindfulness, Other
Rio School District	308	20,051	Social Emotional Learning, Mindfulness, Mental Health Topics, Trauma, Referrals, Restorative Justice, Crisis Intervention, Suicide Prevention, Vulnerable Populations, Cultural Competency
Santa Paula Unified	38*	676	Vulnerable Populations, Mental Health Topics, Suicide Prevention, Restorative Justice, Mindfulness, Other
Simi Valley Unified	197	4,065	Social Emotional Learning, Cultural Competency, Mindfulness, Web-based Technologies, Restorative Justice, Vulnerable Populations, Mental Health Topics
Ventura Unified	5**	3,630	Trauma, Suicide Prevention, Mental Health Topics
Total	978	80,294	

*Includes 5 newsletters

**Three of these trainings provided a date range, indicating they may have consisted of multiple sessions

Additional details about the types of participants at these trainings is provided in Table 36 below. Note that Certificated and Classified are two different categories of school staff.

Table 36. Staff and Student Trainings: Attendee Type				
School District	Attendee Type			
	Certificated (Staff)	Classified (Staff)	Student	Other/ Unknown
Conejo Valley Unified	1,639	35	4,084	1

Hueneme Elementary	1,700	0	0	0
Moorpark Unified	189	20	636	0
Oak Park Unified	639	25	37,527	117
Ojai Unified	136	31	183	0
Oxnard Elementary	219	24	1,010	0
Oxnard Union High	60	0	3,701	0
Rio School District	1,276	36	10,853	7,886
Santa Paula Unified	161	60	453	2
Simi Valley Unified	992	0	3073	0
Ventura Unified	2,206	40	1,384	0
Total	9,217	271	62,904	8,006

School districts collected 2,728 surveys from staff participating in their mental health awareness and stigma and discrimination reduction trainings/events. Findings from these surveys can be found in Tables 37 and 38 below.

2,728 total staff survey responses (across all schools, estimated response rate of 25.9%)
 2,354 total student survey responses (across all schools, estimated response rate of 3.4%)

Table 37. Staff Training Outcomes		
As a result of participating in this training...	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	7%	93%
I learned strategies that will help me better support youth.	8%	92%
I learned about local resources for youth in my community.	29%	71%
I feel confident in my ability to support youth.	14%	86%
I feel confident I could refer youth to appropriate resources in my community.	28%	72%

Table 38. Staff Training Satisfaction		
	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	7%	93%
The facilitators provided useful information.	4%	96%
The facilitators were engaging.	7%	93%
I plan to use the information I learned in this training.	4%	96%
I would recommend this training to others at my school/agency.	8%	92%

Additionally, staff were asked what the most helpful thing they learned in the training was. Of 2,698 surveys, 2,262 individuals provided a response. Key Quotations include:

"How to allow students to interact with digital learning in a personal and effective way so they can truly connect with the curriculum and with the class and teacher."

"It was nice to have my feelings validated hearing other concerns of various teachers. We are all in the same boat and are trying our best to keep our head above the water. Overwhelmed is an understatement."

"I learned that I am not alone in feeling overwhelmed with some parts of distance learning. All of the tips were very helpful."

"To approach inappropriate school behaviors with the mindset that the child is trying to problem solve in a way they've adapted and that we need to foster strong connections to help guide our students to better problem solving and outcomes."

School districts also collected 2,341 surveys from students participating in their mental health awareness and stigma and discrimination reduction trainings/events. Students were asked to identify which school they attend (Figure 1) along with questions to evaluate the effectiveness of the trainings. Findings from these surveys can be found in Table 39.

Figure 1



As a result of participating in this training...	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new.	16%	84%
I learned about where I can get help.	6%	94%
I understand mental health issues better.	20%	80%
I know when I need to ask for help for my mental health.	13%	87%
I am more willing to ask for help for my mental health.	28%	72%
I can spot myths about mental health.	29%	71%
If a friend had a mental illness, I would still be friends with them.	4%	96%



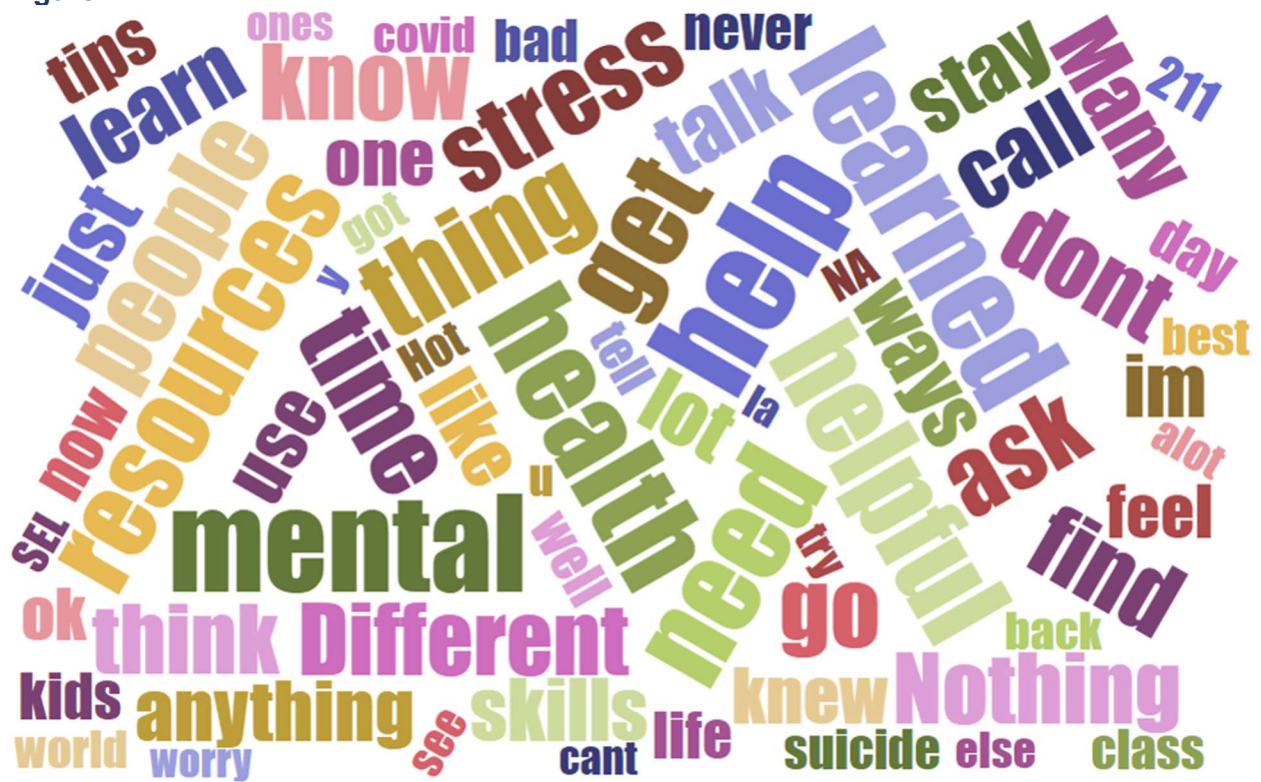
86% of students thought the training was helpful.



88% of students thought other students would benefit from the training.

Additionally, students were asked what the most helpful thing they learned in the training was. Of 2,341 surveys, 2,150 individuals provided a response. Responses reflect learning about mental health, stress, resources available, and how to get help:

Figure 2



“Aprendi que la salud mental importa y debemos ayudar a las personas que no estan bien en su salud mental.”

“We’re not alone many resources are offered in Ventura for mental health and self-care programs for those who drink and do drugs.”

LEA Activity 3. Provide early intervention services through direct service or timely access to linkage of services. This may include but is not limited to:

- Direct referral linkage and access to mental health services
- Group counseling (<18mo)
- Individual counseling (<18mo)
- Social-Emotional support services staff and/or programs
- Community agency collaboration/contracts for intervention and referral assistance
- Social-Emotional Learning (SEL) curriculum
- Mindfulness, restorative practices, Response-to-Intervention, community or youth leadership and development activities

Table 40. Early Intervention Activities by School District				
School District	School-based Individual	School-based Group	Other (example activities)	Safety Plans
Conejo Valley Unified	8,387	186,632	0	0
Hueneme Elementary	332	102	0	0
Moorpark Unified	116	96	0	0
Oak Park Unified	1,114	44	0	0
Ojai Unified	1,164	340	0	8
Oxnard Elementary	2,787	13,011	10,076 (asynchronous activities, basic check ins, home visits, etc.)	13
Oxnard Union High	3,740	1,527	2,237 (SEL classroom presentations, parent consult, Lunch & Learn, CalSafe referrals, SST meetings 504's, etc.)	29
Rio School District	1,825	70	0	1
Santa Paula Unified	2,882	203	2,161 (SEL groups, Wellness Drop-Ins, RJ groups)	55
Simi Valley Unified	521	10	48 (Family Resource Services, SST/TST, classroom observations, home visit, 504)	8
Ventura Unified	1,592	357	94 (BRRIM, Suicide Risk Assessment, community referrals)	0
Total	2,224	202,392	14,616	114

LEA Activity 4. Provide multi-generational family engagement and trainings that focus on mental health awareness and reducing stigma and discrimination for those with mental illness or seeking mental health services.

Of the 298 training/engagement events coordinated by school districts, over 7,000 family members of district-enrolled students attended. Table 41 below summarizes the number of training/engagement events by school district, along with other details about these events. Note that many trainings were held in both English and Spanish, so the language counts are higher than the number of trainings.

Table 41. Family Engagement/Education by School District				
School District	Number of Trainings (Spanish/English/Other)	Number of Participants	# of surveys collected	Training Topics
Conejo Valley Unified	16 (16/15/0)	2,858	***	Universal Social Emotional Strategies, Parenting during a Pandemic, Student Mental Health & Wellness, Mental Health Needs LGBTQ, Developmental Impacts of Technology, Marijuana: What You Need to Know, Communicating with Your LGBTQ child
Hueneme Elementary	45 (29/17/0)	1,164	14	SEL Strategies for Student Success, GradNation – Parents Better Together Supporting Our Children In Unprecedented Times, Stress and Resilience, Explore Ways to Support Your Child With Technology, Raising Resilient Children, Emotions and Depression, Bullying and Intimidation, The Use of Substances, La Clave, ...
Moorpark Unified	7 (3/5/0)	289	43	Impact of COVID-19 on Mental Health & Resources for Support, Suicide Prevention & Mental Health Resources, How to Access Mental Health Support & Resources
Oak Park Unified	11 (0/11/0)	291	0	Emotional Regulation During Times of Crisis, Access to Mental Health, Coffee with the Counselors, Parenting In A Pandemic: From Chaos to Calm, Collective Equity for Parents, Parenting the Gifted During the Pandemic, Trauma and Resilience, All Taxed Out, Elementary Coping in COVID
Ojai Unified	54 (13/40/0)	35	0	Stress Management, Linkage to Resources, Parent Support, Letting Go: Assisting Parents of Senior Students Prepare for College
Oxnard Elementary	87 (84/52/1)	1,770	0	Back to School Night, Admin and Counselor Q&A, ELAC meeting, What's that App?, Setting Routines at Home, Importance of Mini Habits, Supporting Our Students Emotionally, Raising

				Independent Children, SEL activities, Supporting Students During Distance Learning
Oxnard Union High	15* (14/15/0)	407	0	Community College Info Night and Enrollment Assistance, FAFSA Application Assistance, Back to School Night, School Site Council and ELAC meeting
Rio School District	45 (34/30/4)	>439**	0	Counseling Referral Process and Outside Agencies, Self-Care, Mindfulness, Career Pathways, Community Resources, Dealing with Stress due to Distance Learning, Vaping: What Parents Need to Know, COVID-19 and Your Mental Health, ...
Santa Paula Unified	8 (8/8/0)	158	0	SEL Topics, Creating Limits with Positive Discipline, MH Funding Objectives
Simi Valley Unified	3 (3/3/0)	39	0	Mental Health Strategies for Supporting Students at Home, Grief Support, Managing Stress and Anxiety: Helping You Support Your Children
Ventura Unified	7 (7/7/0)	73	4	Logrando Bienestar Parent Workshop, ELAC
Total	298 (211/203/5)	>7,084	157	

*may not have explicitly covered mental health topics

**some trainings, webinars missing number of participants

***238 surveys distributed, unknown how many responses



More than 564 materials distributed to families

A total of 157 surveys with at least partial information were collected from family members (estimated response rate of 2.2%) participating in mental health awareness and stigma reduction activities/trainings. Table 42 provides additional information on the outcomes of these events.

As a result of participating in this training...	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new.	8%	92%
I know where to go to get mental health services in my community.	10%	90%
I understand mental health issues better.	10%	90%
I know when I need to ask for help for my child's mental health.	6%	94%
I am more willing to ask for help if my child ever needs support with mental health.	6%	94%

I can spot myths about mental health.	18%	82%
If a family member had a mental illness, I would still love them.	3%	97%



95% of family members thought the training was helpful.



95% of family members recommend this training.

Additionally, family members were asked what the most helpful thing they learned in the training was. Of 152 surveys, 116 individuals provided a response. Important concepts that emerged from the responses include:

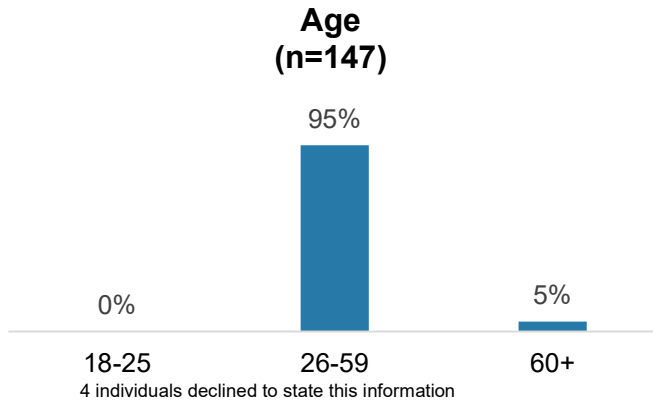
- Gaining a greater understanding of their own or their child's feelings, mental health, and needs (n=55)
- Learning about new and helpful resources/tools & community support (n=43)
- Increased understanding of mental health issues & self-care (n=28)
- Learning how to communicate with their child and how to discuss feelings & experiences (n=21)

"This presentation was insightful and provided me helpful tools to support my children during this time. It was interesting to learn more about what is normal for child development and also for how kids deal with this type of a crisis. I took four pages of notes! This was incredibly helpful and I feel that my relationship with my kids, especially my middle schooler has improved. Thank you!"

"I was unaware of the Wellness Center that was on the Moorpark Unified School District site and the tools/resources for students."

Family Participants: Demographic Data

Districts also collect demographic data from the adult family members (18 years and older) who attend their trainings. The data in this section represents the information provided by individuals who received services and completed a Family Survey which includes questions about their demographics. Family surveys were collected from 158 individuals and used for analysis during the evaluation period. For questions about primary language, race, and ethnicity, percentages may exceed 100% as respondents could select more than one response.



Language Preference (n=141)

80% English
28% Spanish
3% Other

3 individuals declined to state this information
Other responses include Mandarin Chinese, Bulgarian, and Russian

3% of respondents identified as veterans

5 individuals declined to state this information

Gender Identity (n=145)

Female	89%
Male	11%
Transgender	0%
Genderqueer	0%
Questioning	0%
Another Gender Identity	0%

4 individuals declined to state this information

Sexual Orientation (n=119)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	1%
Questioning	0%
Another Sexual Orientation	0%

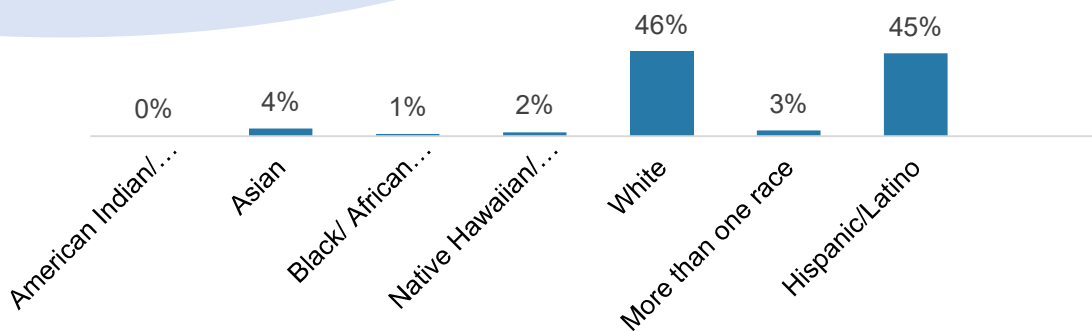
22 individuals declined to state this information

Gender at Birth (n=149)

89% Female
11% Male

3 individuals declined to state this information

Race (n=149)



6 individuals declined to state this information

Ethnicity (n=141)

Hispanic/Latino

Caribbean	0%
Central American	4%
Mexican/Mexican American/Chicano	41%
Puerto Rican	0%
South American	1%
Other	0%

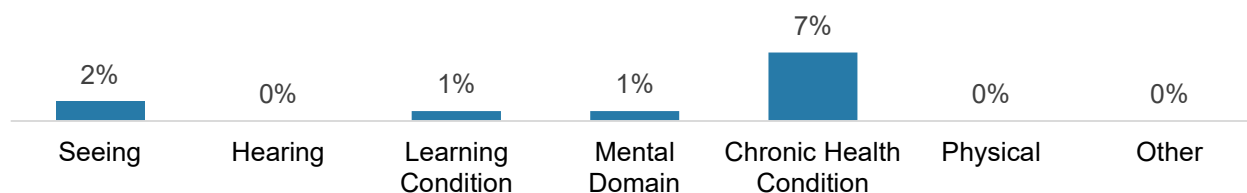
Non-Hispanic/Latino

African	2%	Filipino	2%
Asian Indian/South Asian	1%	Japanese	0%
Cambodian	0%	Korean	0%
Chinese	1%	Middle Eastern	0%
Eastern European	6%	Vietnamese	1%
European	23%	Other	9%

6% identify as having more than one ethnicity
11 individuals declined to state this information

9% identified as having one or more disabilities (n=148)

5 individuals declined to state this information



LEA Activity 5. Evaluate project(s) through data tracking and progress monitoring.

All contracted districts participated in requisite data collection procedures including documenting all MTSS project activities in the VCBH tracking log and administering surveys, once available, after each training/educational session. Additionally, all districts submitted their data to VCOE and its contracted evaluator, EVALCORP, by the designated submission period for data cleaning and analysis.

Conclusion and Recommendations

The MTSS program makes a difference in the lives of youth in Ventura County by connecting students and their families to much needed mental health services in their schools and communities and by educating staff, students, and their families about mental health to increase awareness and reduce stigma.

Through analysis of survey data and comments in the district tracking logs, the following areas of improvement and next steps emerged for the MTSS program.

Areas of Improvement – Evaluation Methodology

Increasing the level of customization of the evaluation methodology across various program activities will enable program staff to more meaningfully determine the effectiveness of the different trainings provided, while minimizing the data collection burden on program participants. Some more specific suggestions are described below.

- Continue to Refine Program Outcome and Satisfaction Surveys.
 - Remove items not relevant to particular training outcomes. For example, several programs' lowest rated outcome was "Learned about resources for youth in my community," which may or may not have been an objective for that particular training.
 - Standardize Response options across sessions when possible. Although most surveys used an Agree/Disagree scale, some included a "Neutral" option, one included a "Satisfied/Dissatisfied" scale, and one included a "Never/Sometimes/Regularly/Always" scale.
- Continue to Refine Process Data Collection.
 - Streamline data entry into Tracking Log.
 - Remove unnecessary columns (when applicable)
 - Provide additional clarification on how to classify screenings, referrals, intervention activities, and trainings, including guidance on which, if any, should not be included
- Minimize Survey Fatigue.
 - Remove Pre-Tests for Training Sessions. Consider incorporating retrospective pre/post items or direct measures of change items instead.
- Continue Improving Survey Administration
 - Some districts reported challenges implementing surveys after remote sessions, including teachers reporting not having received the links, or being unsure whether to include the training in the tracking log. Consider refining administration process and guidelines for administrative staff.

Areas of Improvement – Program Implementation

Improving the program implementation will allow for even greater impact and reach of the services provided. Some more specific suggestions are described below.

- Review or Establish Follow Up Procedures for No-Shows and Non-Responsive Students/Families

- Several districts reported low student attendance and engagement in virtual sessions, including no-shows for counseling appointments, non-responsiveness to follow up emails or phone calls, or incorrect contact information
- Improve Awareness of Available Services and Trainings
 - One district reported awareness of available trainings among staff as a challenge
 - One district reported a disconnect between leadership and SAPs understanding of service implementation
 - Several districts reported difficulty engaging and following up with families for remote services

VCOE and Evalcorp will continue to work collaboratively to enhance data collection tools and procedures among the school districts in order to report on program outcomes in compliance with their VCBH contracts and PEI regulations and to make informed decisions about the effectiveness of these program activities.

Next Steps

VCOE and Evalcorp will also be hosting Learning Summit in the Fall of 2021 for LEA/School District program staff. The purpose of the Learning Summit will be to share information about 1) the implementation of the MTSS program during the 2020-2021 Academic Year and 2) survey findings/program outcomes. The Learning Summit will also serve as a training for program staff on new program activities and data collection tools and as a refresher on existing data collection tools and procedures.

Appendix – Detailed Information by District

The following section provides additional, more detailed information at the individual school level, organized by school district. The districts are presented in the following order:

- Conejo Valley Unified District
- Hueneme Elementary School District
- Moorpark Unified School District
- Oak Park Unified School District
- Ojai Unified School District
- Oxnard Elementary School District
- Oxnard Union High School District
- Rio School District
- Santa Paula Unified School District
- Simi Valley Unified School District
- Ventura Unified School District

For each district, there are four sections:

- Brief description of the school district
- Table summarizing screenings, referrals, and early interventions by individual schools within that district (Activities 1 and 3)
- Table summarizing student, staff, and family engagement trainings by individual schools within that district (Activities 2 and 4)
- Selected excerpts from at least one success story from that district

Finally, please note the following in the tables below:

- “School-based Mental Health Referrals” refers to both individual and group-based referrals
- “School-based Early Intervention Activities” refers to both individual and group-based activities
- “Staff Attendance” refers to both certificated and classified staff
- Cells shaded grey can be interpreted as “0” or “n/a”

Conejo Valley Unified District

The Conejo Valley Unified School District serves over 18,700 students in the cities of Newbury Park, Thousand Oaks, and Westlake Village. The district has 1 preschool, 16 elementary schools, 4 middle schools, 4 high schools, and 2 alternative schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Acacia Magnet School				4,287
Aspen Elementary			3	3,725
Banyan Elementary				4,700
Century Academy	1			
Century High School	1		2	2,834
Colina Middle School	2		1	9,317
Conejo Elementary				3,439
Conejo Valley High School	1		4	1,516
Cypress Elementary			2	3,157
EARTHS Magnet School				5,590
Glenwood Elementary				3,158
Ladera STARS Academy			2	3,377
Lang Ranch Elementary	2		4	7,519
Los Cerritos Middle School				9,151
Madroña Elementary				3,701
Maple Elementary	2			2,989
Newbury Park High School	16		7	26,099
Redwood Middle School	1			8,283
Sycamore Canyon School	1		1	11,502
Sequoia Middle School	7		2	10,616
Thousand Oaks High School	10		5	23,544
Walnut Elementary				3,728
Weathersfield Elementary	1		1	3,654
Westlake Hills Elementary				4,773
Westlake High School	2		2	24,839
Westlake Elementary			3	5,196
Wildwood Elementary	1			4,325
Total	48	0	39	195,019

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Century Academy	1		9		
Conejo Valley High School	1		10		

Colina Middle School	1		37		
Los Cerritos Middle School	1		40		
Newbury Park High School	1		90		
Redwood Middle School	1		36		
Sequoia Middle School	1		43		
Sycamore Middle School	1		9		
Thousand Oaks High School	1		79		
Westlake High School	1		81		
<i>District Office – Zoom/Webinar</i>	17	4,084	1,280		
<i>Unspecified – Zoom</i>				10	1,578
<i>Unspecified - YouTube</i>				6	1,280
Total	27	4,084	1,674	16	2,858

Success Stories

“In the context of this school year many CVUSD students demonstrated incredible resilience. One thing PEI money supported CVUSD in doing was intentionally reaching out to students who were struggling and providing them with mental health support. The challenges associated with this school year high light the importance of connection.”

Hueneme Elementary School District

The Hueneme Elementary School District serves over 7,800 students in the cities of Port Hueneme and Oxnard. The district has 9 elementary schools and 2 junior high schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
EO Green Junior High	448	73	10	230
Blackstock Junior High	756	38	5	204
Total	1,204	111	15	434

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
EO Green Junior High				3	140
Blackstock Junior High				8	117
<i>Multiple Junior High</i>				6	224
Ansgar Larsen Elementary				3	28
Julien Hathaway Elementary				2	80
Parkview Elementary				1	10
Sunkist Elementary				3	38
<i>Multiple Elementary</i>				19	527
<i>District wide</i>	12		1,700		
Total	12	0	1,700	45	2,328

Success Stories

“Elementary schools partnered together to present more parent presentations. All parent presentations were delivered via Zoom which appears to have increased attendance.”

“Every one of our schools have at least one full time counselor. This was very important so that as our world experienced a life changing pandemic, those that expressed need for assistance, or were referred to counseling, were able to receive it quickly.”

Moorpark Unified School District

The Moorpark Unified School District serves over 6,100 students in the city of Moorpark. The district has 6 elementary schools, 1 TK-8th, 2 middle schools, and 2 high schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Campus Canyon	257	61	6	43
Chaparral Middle School	900	136	4	114
Mesa Verde Middle School	664	65	0	55
Total	1,821	262	10	212

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Campus Canyon	10	399	37		
Chaparral Middle School	1	68	2		
Mesa Verde Middle School	1	56	2		
Moorpark High School	1		11		
<i>Multiple Schools</i>	3	113	4		
<i>District wide</i>	5		153	7	289
Total	21	636	209	7	289

Success Stories

“Weekly Journals were done with all 6th grade students and then our Power of You counselors were able to read all 300+ journals and respond to students needs, such as a student leaving the following: ‘I do have a concern this time. What should I do if someone said lies about you and your friends that are most definitely not true like, “Your such a fake friend” “Why did you say that about her”?’ The counselor connected with the student and was able to meet with the pair and resolve the conflict OR ‘how do you get rid of a hurt in your life like something that happened in the past but it still hurts a bit’ the counselor also met with this student individually and weekly school-based counseling started.”

Oak Park Unified School District

The Oak Park Unified School District serves over 4,400 students in the city of Oak Park. The district has 1 preschool, 3 elementary schools, 1 middle school, 2 high schools, 1 Independent K-12 school and 1 alternative school.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Brookside Elementary School	3		3	66
Oak Hills Elementary School	2	2	1	94
Red Oak Elementary School	1		1	91
Medea Creek Middle School	58	1	15	518
Oak Park High School	9		6	389
Total	73	3	26	1,158

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Brookside Elementary School	4	613	23		
Oak Hills Elementary School	3	262	10	1	10
Red Oak Elementary School	5	708	11		
<i>Multiple Elementary</i>	23	7,411	222	3	76
Medea Creek Middle School	5	3,180	118	1	*
Oak Park High School	41	12,585	143	1	50
Oak Park Independent School	2		35		
<i>All sites/District-wide</i>	4	12,768	42	5	155
<i>Unspecified - Online</i>	4		40		
Total	91	37,527	664	11	>291

*Attendance unknown

Success Stories

“Name-change protocols for transgender students were developed and adopted as Board Policy to address situations for students identifying a name change that would be comprehensive in the district; covering not only teacher rolls, but student email, Google Classroom and Meets. A comprehensive Safety Plan was developed to support transitioning students.”

Ojai Unified School District

The Ojai Unified School District serves over 2,400 students in the cities of Ojai. The district has 1 preschool, 4 elementary schools, 1 middle school, 2 high schools in addition to an independent K-12 school.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Mira Monte Elementary	2	3	1	
Meiners Oaks Elementary	1	1		
Matilija Middle School	10	20	1	398
Nordhoff High School	38	93	7	678
Chaparral High School				428
Total	51	117	9	1,504

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Matilija Middle School				13	3
Nordhoff High School				15	24
<i>Unspecified – Spanish</i>				13	4
<i>Unspecified – Special Education</i>				13	4
<i>Unspecified - Zoom</i>	7		146		
<i>Unspecified – In person</i>	11	183	15		
<i>Other/Unknown</i>	1		6		
Total	19	183	167	54	35

Success Stories

“PickTime was created to allow students/parents/staff opportunities to schedule an appointment to speak to a mental health clinician and I am pleased that more and more students and parents are accessing to reach out for support.”

“We have learned a lot about ways to make on-line support services available and easily accessible to provide trainings and supports.”

Oxnard Elementary School District

The Oxnard Elementary School District serves over 16,600 students in the city of Oxnard. The district has 1 preschool, 17 elementary schools, and 3 middle schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Brekke Elementary	544	92	4	1,763
Chavez	978	180	7	437
Curren	697	271	0	322
Driffill	615	77	1	814
Elm Elementary	494	598	34	1,433
Frank Academy	1,434	1,509	7	470
Fremont Academy	673	60	6	138
Harrington Elementary	798	109	5	619
Juan Lagunas Soria	960	675	11	1,145
Kamala	988	555	54	1,622
Lemonwood	654	111	12	631
Lopez Academy	1,447	207	35	841
Marina West Elementary	372	1,004	16	424
Marshall Elementary	415	120	3	450
McAuliffe Elementary	399	844	10	491
McKinna Elementary	530	182	9	41
Ramona Elementary	532	326	11	1,307
Ritchen Elementary	472	352	9	2,539
Rose Ave Elementary	436	49	14	68
Sierra Linda Elementary	199	45	1	243
Total	13,637	7,366	249	15,798

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Brekke Elementary	1	*	*	4	83
Chavez	3	80			
Curren				12	756
Frank Academy				4	91
Juan Lagunas Soria	8	143	24	12	126
Kamala	15	487		4	77
Lemonwood				2	125
Lopez Academy	2		106	12	206
Marina West				6	30
McKinna Elementary	2	300		4	60
Ramona Elementary				8	121
Ritchen Elementary				7	37

Rose Ave Elementary	2		53	9	58
Sierra Linda Elementary	2		60		
Total	36	1,010	243	84	1,770

* Attendance unknown

Success Stories

“A group of counselors pulled together SEL lessons through Panorama for teachers to use upon return to in-person learning. Teachers have been using the lessons to reduce student anxiety and welcome them back to school.”

“Distance learning provided some hurdles to connecting students to outside resources. Counselors continued to work with families and followed up in order to get students and families the support needed.”

Oxnard Union High School District

The Oxnard Union High School District serves over 17,658 students in the cities of Camarillo, El Rio, Oxnard, Port Hueneme, and Somis. The district has K–12, 9 high schools in addition to an alternative high school.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Adolfo Camarillo High	1,673	360		360
Condor High	780	2,624		1655
Channel Islands High	2,665	159	17	159
Frontier High	261	588	1	588
Hueneme High	2,184	621	6	621
Oxnard High	2,151	343	3	331
Pacifica High	3,430	1,050	7	1050
Rancho Campana High	1,041	139	5	139
Rio Mesa High	3,545	347	26	364
Total	17,730	6,231	65	5,267

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Adolfo Camarillo High	10	*	*		
Condor High	9	*	60	15**	407
Channel Islands High	16	*	*		
Frontier High	124	*	*		
Hueneme High	36	*	*		
Pacifica High	10	*	*		
Rancho Campana High	11	*	*		
Rio Mesa High	8	*	*		
<i>Multiple Schools</i>	1	*	*		
Total	225	3701	60	15	

* Attendance unknown

** May not have only covered mental health topics

Success Stories

“Despite the challenges of distance learning and not being in person with students and families, all students who needed to be connected to an outside agency were connected.”

Rio School District

The Rio School District serves over 5,300 students in the city of Oxnard and in the unincorporated community of El Rio. The district has 5 elementary schools, 2 TK-8th grade schools and 2 middle schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Rio del Mar	5	6	3	190
Rio del Norte	20	22	6	193
Rio del Sol	7	4	5	79
Rio del Valle	2	1	4	866
Rio Lindo	21	7	17	124
Rio Plaza	7	11	5	144
Rio Real	8	12	8	32
Rio Rosales	9	7	6	161
Rio Vista Middle School	13	4	4	106
Total	92	74	58	1,895

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Rio del Mar	9	1,617	35		
Rio del Norte	28*	1,058	148	1	**
Rio del Sol	20	1,699	212	2	10
Rio del Valle	1*	**	**	1	30
Rio Lindo	97	1,820	222	1	**
Rio Plaza	15	2,447	74	8	75
Rio Real	61	1,802	558	11	143
Rio Rosales	22	531	28	7	82
Rio Vista Middle School	18	603	18	2	37
<i>District-wide</i>	37*	50	192	10	62
Total	308	10,853	1,312	43	439

* May include some VCOE activities or trainings by external organizations

** Attendance unknown

Success Stories

“Through the home visits we are able to directly connect with families and build relationships. If parents are in need of hotspots, tech support, school materials or other type of supports we assist them.”

Santa Paula Unified School District

The Santa Paula Unified School District serves over 5,100 students in the city of Santa Paula. The district has 6 elementary schools, 1 middle school, and 2 high schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Barbara Webster Elementary	102	58	12	126
Bedell Elementary	59	62	13	286
Blanchard Elementary	101	27	3	209
Glen City Elementary	225	171	3	227
Grace Thille Elementary	31	91	7	284
Isbell Middle School	964	967	38	876
McKevett Elementary	73	57	1	272
Renaissance High School	37	23	7	228
Santa Paula High School	343	223	23	577
Total	1,935	1,679	107	3,085

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Bedell Elementary	2		7	3	78
Blanchard Elementary	2		14		
McKevett Elementary	2		25		
<i>Multiple elementary</i>	4		73		
Santa Paula High School	3		32		
<i>Multiple high schools</i>	5		65		
<i>Unspecified – Virtual</i>	20*	453	5		
<i>District-wide</i>				5	80
Total	39	453	442	8	158

*Includes 10 electronic newsletters

Success Stories

“Home visits have yielded positive results with students.”

“Staff reported workshops were helpful to their mental health during Distance Learning.”

Simi Valley Unified School District

The Simi Valley Unified School District serves over 17,000 students in the city of Simi Valley. The district has 18 elementary schools, 3 middle schools and 4 high schools.

Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Arroyo Elementary	8	9		12
Atherwood Elementary	17	13	1	41
Berylwood Elementary	24	16		46
Big Springs Elementary	14	14	1	50
Crestview Elementary	15	11	1	41
Garden Grove Elementary	6	4		22
Hollow Hills Elementary	19	21	1	53
Katherine Elementary	14	13	2	42
Knolls Elementary	20	19	2	28
Madera Elementary	13	9		17
Mountain View Elementary	12	8	1	27
Park View Elementary	23	14	1	31
Santa Susana Elementary	4	4		5
Sinaloa Middle School	1	1	1	
Sycamore Elementary	10	8	1	26
Township Elementary	5	5		14
Vista Elementary	6	5		11
White Oak Elementary	18	16	1	42
Wood Ranch Elementary	10	9	2	24
Total	239	199	15	532

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Arroyo Elementary	2	42	1		
Atherwood Elementary	7	142	4		
Berylwood Elementary	5	92	1		
Big Springs Elementary	14	192	14		
Crestview Elementary	3	73			
Garden Grove Elementary	3	71			
Hollow Hills Elementary	26	669	18		
Knolls Elementary	11	88	11		

Madera Elementary	5	98			
Mountain View Elementary	6	120		1	24
Park View Elementary	18	372			
Panorama Summit	1		10		
Santa Susana Elementary	8	84	8		
Sycamore Elementary	6	144	2		
Township Elementary	12	327	3		
Vista Elementary	16	378	12		
White Oak Elementary	1	18	1		
Wood Ranch Elementary	10	163	10		
<i>Unspecified - Zoom</i>	7		72		
<i>District-wide</i>	36		825	2	15
Total	197	3,073	992	3	39

Success Stories

“Counselors offered morning meeting lesson plans to each school site and provided teachers with a link to sign up for the counselor to visit their virtual classroom. The morning meeting lesson plan included a counselor introduction video, SEL check-in and feelings wheel activity for whole class discussion. The morning meetings were well received by teachers and students. Teachers have reached out for more class lessons.”

Ventura Unified School District

The Ventura Unified School District serves over 16,000 students in the cities of Ventura and Oak View. The district has 18 elementary schools, 6 middle schools, 5 high schools, and adult education.

Screenings, Referrals, and Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities (# Individuals Served)
Anacapa Middle School	18	30	4	3
ATLAS Elementary	3	1		3
Balboa Middle School	12	7	2	2
Buena High School	28	615	81	934
Cabrillo Middle School	39	37	8	3
Citrus Glen Elementary	3		1	2
DATA Middle School	12	363	12	431
E.P. Foster Elementary	1	2		1
El Camino High School	4	28	2	43
Elmhurst Elementary	5	1		5
Foothill High School	18	41	7	69
Junipero Serra Elementary	2		2	3
Loma Vista Elementary	1			
Mound Elementary	2			
Pacific High School	2	21	1	
Poinsettia Elementary	2		1	7
Sheridan Way	1		4	
Ventura High School	74	85	6	85
Will Rogers	1			
Total	228	1,231	127	1,592*

* Only includes individual services; unknown number served by group-based services

Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Anacapa Middle School				1	20
<i>Unspecified - Virtual</i>	5*	1,384	2,246	6	53
Total	>5	1,384	2,246	7	73

* Some sessions report date ranges, actual count likely higher

Success Stories

“We finished an SAP group and had great attendance. Students expressed feeling more comfortable participating in the ZOOM group rather than the in-person SAP group.”

**APPENDIX D. UNIVERSITY OF SOUTHERN
CALIFORNIA (USC) LA CLAVE EDUCATION &
TRAINING ANNUAL REPORT**

ANNUAL REPORT: July 1, 2020 to October 31, 2021
USC La CLAVE Training

Introduction

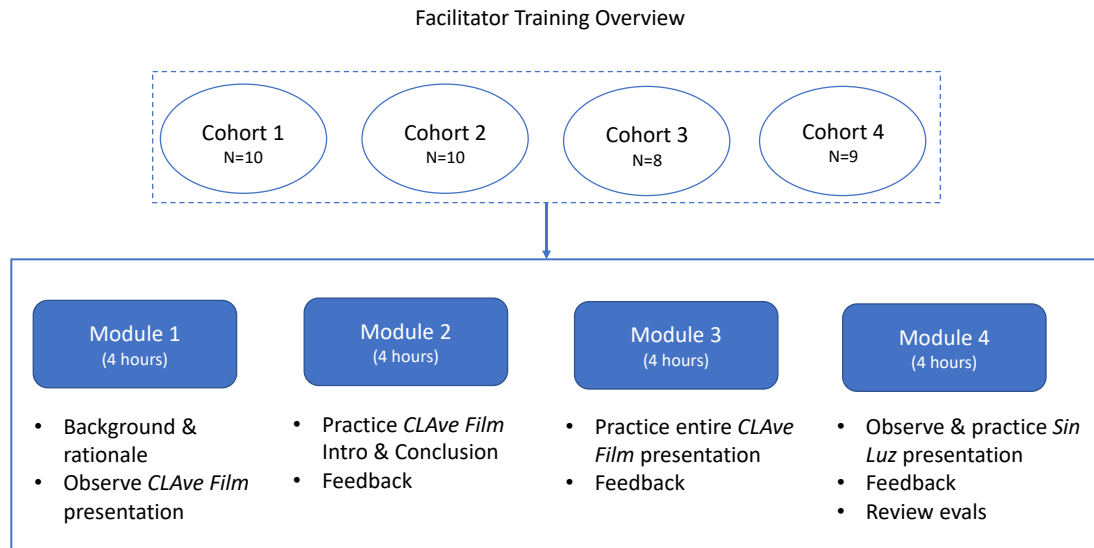
The overall objective of the La CLAVE Training program is to train Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based message to help Latinos residing in Ventura County to recognize the key symptoms of psychosis in others and to encourage them to seek services as early as possible. To accomplish this objective the following three phases were proposed: (a) train a cadre of 32-40 facilitators; (b) select 3-4 of the best facilitators and prepare them to train future facilitators; and (c) evaluate the training. We describe what was accomplished over the term of contract in each of these phases.

Phase I: Training Facilitators

Dr. Steven Lopez and his team (Vanessa Calderon, an advanced doctoral student in clinical psychology, and Mirian Vasquez, a BA level project assistant) oversaw the facilitator trainings. When the project was proposed in 2019, training sessions were designed to be in-person. However, due to the surge of COVID-19 and work-from-home orders, the research team adjusted their initial training plan to be administered remotely, via Zoom.

The training consisted of 4 modules that took place over the course of 3 days. Each of the modules lasted 4 hours. During Module 1, the training team provided the rationale and evidence-base of the CLAVE program. They also modeled the implementation of the CLAVE-film presentation, one of three media-based platforms. The film presentation contains our 15-minute narrative film as the core to the training team's presentation. During Module 2, facilitator trainees practiced the introduction and discussion portions of the CLAVE film presentation. They practiced in two groups of 4-5 trainees and they offered feedback to one another. For Module 3, facilitator trainees practiced delivering the entire CLAVE-film presentation and received peer/trainer feedback. Finally, during Module 4 the trainers modeled the delivery of La CLAVE Sin Luz, the second media-based platform based on a flip chart, and each of the trainees practiced delivering it. Trainers also discussed evaluations (i.e., fidelity) at this time.

A total of 40 individuals signed up for the training of which 37 attended the training. One person did not finish the training resulting in 36 who completed the training. The following figure summarizes the organization of the training and its distribution across the four cohorts that we trained.



Phase II: Training Trainers of Facilitators

From the first 20 facilitators trained, Dr. Lopez and his team identified four of the top trainees. The La CLAVE team selected the trainees who were most engaged, who learned the material quickly, and who presented well in Spanish. Dr. Lopez and his team then trained them to serve as facilitator trainers, that is, individuals who will be in a position to train other facilitators to deliver the La CLAVE message. The training consisted of a two-hour overview and then the observation of their delivering each of the 4 modules immediately followed by feedback sessions from the La CLAVE team. The four new trainers formed two pairs and each pair separately delivered the facilitator training to cohorts 3 and 4 that consisted of 8 and 9 individuals respectively.

Phase III: Evaluation of Training

Assessment methods

The training was evaluated in multiple ways. First, we assessed the **acceptability of the training to the facilitators** based on a self-report questionnaire with items rated on a Likert-scale (i.e., Overall, the educational messages of the training module were clear). Open-ended questions (i.e., What did you enjoy most about the training module?) were also included in the assessment of acceptability. Facilitators completed the acceptability questionnaire after completing the 4 modules of phase I. Facilitator demographic data were collected as part of these evaluations as well.

After having received their training, the newly minted facilitators were instructed to deliver the La CLAVE message to their community on at least two occasions. Three measures were taken based on their presentations. The first was an assessment of the **program's reach**.

Facilitators documented the number of attendees within each of their presentations. The second measure concerned the **fidelity** or the degree to which presenters delivered the La CLAVE message as they were trained to do. A La CLAVE team member assessed one of their presentations and a peer facilitator assessed a second presentation. Their assessments focused on the content and quality of their presentations. The content assessment concerned whether the facilitator covered 16 specific areas (e.g., “Did they [yes or no] define creencias falsas [false beliefs/delusions]?” and “Did they [yes or no] ask the audience for their own example of creencias falsas?”). The total possible score for the content assessment was 16. The quality assessment included four items such as “How much did they read directly from the guide?” and “Were they clear and audible?”. Evaluators rated the quality items on a 3 point scale-- “not at all”, “somewhat”, and “very much so” (0-2 points). The total possible score for the quality assessment was eight. When combined with the content assessment a total fidelity score could reach 24. The third measure concerned the **acceptability of the presentation** by those members of the community who received the message. Those respondents were instructed to complete a brief set of questions indicating, for example, how much they enjoyed the presentation on a scale from 1-10. They were also asked to rate several items about the presentation (i.e., “The presenter was prepared.”) on a 4-point scale (ranging from ‘strongly disagree’ to ‘strongly agree’). In addition, participants were asked open-ended questions (i.e., “What was most helpful about this training?”). Demographic data were also collected from the participants for these evaluations.

Trained facilitators were **certified** to deliver the La CLAVE program if they met the following criteria: (a) their fidelity was assessed on at least two occasions, (b) at least one of the assessments was carried out by the La CLAVE team, (c) they carried out at least half of the La CLAVE presentation (the trainees oftentimes shared delivering their presentations); and (d) they received a fidelity score of having met at least 80% of the potential total fidelity score of 24 or 29, that is, a minimum score of 20 or 24 depending on the La CLAVE version that was presented (Film or Sin Luz).

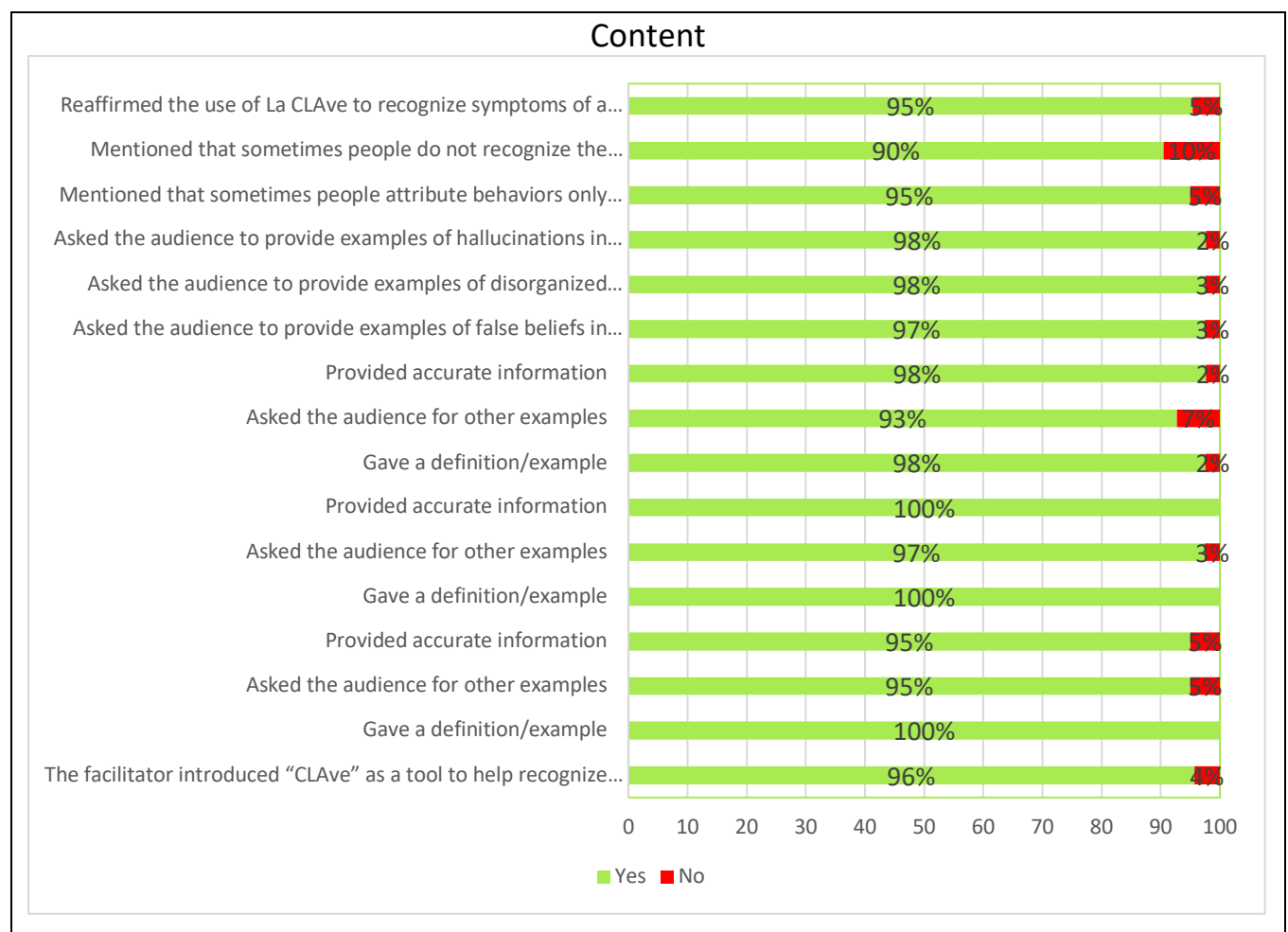
Please note that all but five of the presentations were administered via zoom. To collect data, we placed the measures on Survey Monkey, a data management platform. Unfortunately, only a portion of those who received the La CLAVE program completed the online measures. This is due to a number of factors including (a) many participants had difficulty managing the online measures; (b) they did not have sufficient time after the presentation; (c) they were not instructed to complete the measures, or (d) they simply chose not to participate in the evaluation. For those presentations that were carried out in person, the participants were administered paper copies of the workshop evaluation. That data was later entered by the La CLAVE team. The data reported in this report was carried out through October 13, 2021.

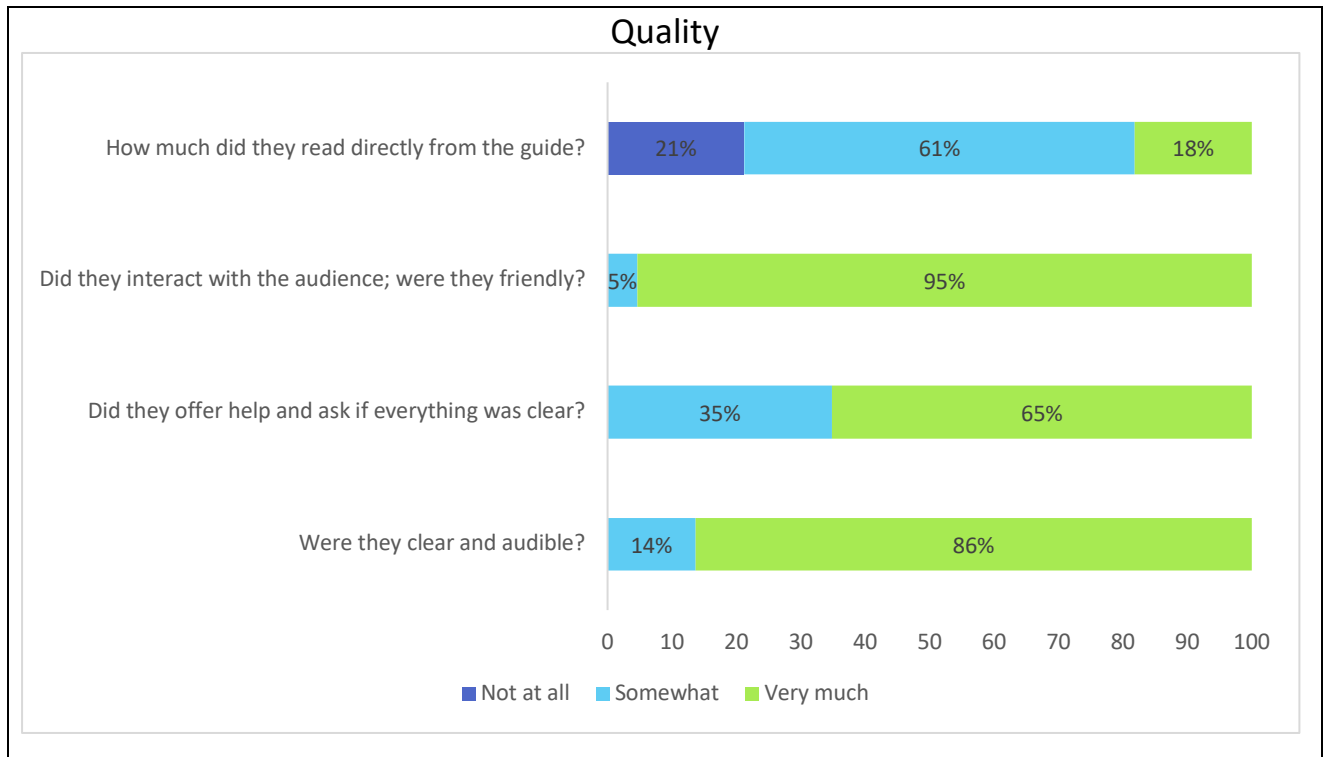
Results

Reach. Of the 36 trained facilitators, 34 facilitators presented 50 La CLAVE presentations in the community. Some facilitators delivered the presentations multiple times. The facilitators reported that 780 participants were in attendance. This may be an undercount as we were

unable to verify attendance for at least 3 of the presentations and relied on the evaluations that were completed for the headcount. Of the 780 participants only 240 or 31% completed evaluations of the presentations. With regards to the noted participants, they identified their ethnicity as primarily Latinx (79%) with some who identified as white (16%) or as another group (5%). There was a larger number of women in attendance (79%) than men (21%). English was the primary language for most participants (51%) with Spanish being the primary language for 44% of the participants. The remaining 5% of the participants reported Indigenous (i.e., Mixtec) and other languages as their primary language.

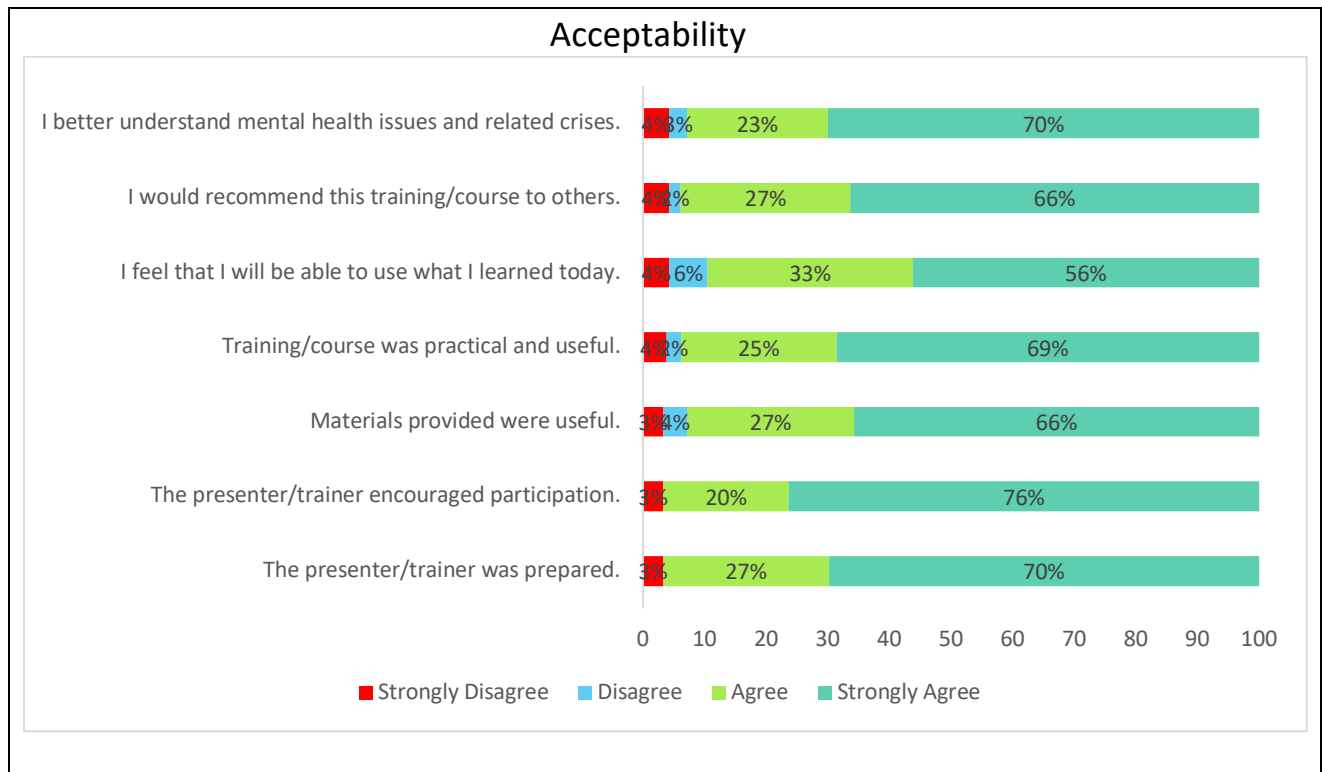
Fidelity. Thirty-three of 34 trained facilitators were assessed for fidelity by the USC team or peer facilitators. Some facilitators were assessed only once, most were assessed twice, and a few were evaluated three or four times. The multiple evaluations were based on multiple administrations of La CLAVE in the community. We report on the 66 fidelity evaluations that were carried out. The first graph contains the evaluator ratings for the 16 items assessing the content of the facilitators’ presentations. As a group, the facilitators covered the key content areas very well, from 90% to 100% of the time. The second graph contains the quality ratings and indicate that overall the facilitators were judged in very positive terms (e.g., 95% of the evaluations indicated that the facilitators were very friendly in their interactions with the audience).





Certification. Of the 33 facilitators who were evaluated for fidelity, 5 failed to meet the 80% minimum criteria. This resulted in 28 certified facilitators or 85% of the 33 facilitators who were evaluated for fidelity.

Acceptability. We collected acceptability data from 240 (31%) of those attending the La CLaVe presentations conducted by the facilitators. The following figure contains representative items from the acceptability measure and the participants’ ratings of the presentations. It is clear that 89% or more participants agreed with the listed positive features of the workshop (e.g., the training/course was practical and useful). At most, only 10% of the participants indicated disagreement for a given positive characteristic of the training. However, in analyzing the open-ended responses and supporting questions (i.e. how would you rate this evaluation?), we noticed that at least 5 of the participants that disagreed with the positive features noted in our figure, might have marked the strongly disagree/disagree option incorrectly since their ratings were high and their open-ended responses indicated that they enjoyed the presentation and/or wouldn’t change a thing.



Sustainability. The USC La CLAVE team trained four trainers drawn from the original 36 facilitators. One of those four trainers is no longer employed by VCBH. As a result, there are three trainers left within VCBH to further sustain La CLAVE and offer greater support to the other facilitators. Of the 28 certified facilitators two left VCBH, leaving 26 available certified facilitators.

Challenges

The USC La CLAVE team encountered a number of challenges in conducting the contracted services. The most important challenge was carrying out the training remotely. With considerable support from Angela Riddle, Sara Sanchez, Cynthia Salas, Esperanza Ortega, and others, the La CLAVE team was able to conduct the training and its assessment. One consequence of carrying out the activities remotely is that the response rate for the assessments was low, particularly from the community. Conducting evaluations online is particularly challenging.

Those who were trained from community based organizations were harder to schedule for fidelity assessments. Many are volunteer community workers and are not receiving a salary based on their outreach. They have other salaried employment and family commitments making it difficult for them to participate in all aspects of the training and evaluation.

To promote excellence in both facilitators delivering the La CLAVE message and trainers carrying out their training, the La CLAVE team was proactive in offering ongoing support from

the beginning of the project until the end. The La CLAVE team scheduled meetings both before and after each facilitator and trainer carried out their activities to ensure that they understood their assignment and what was being asked of them. These meetings also allowed the La CLAVE team to give feedback to each one of them so they could improve in their administration of future presentations and trainings. In return, the La CLAVE team obtained feedback on what they could do on their end to improve the training and they were able to integrate some of those recommended changes. For example, the administration of the various assessments that each facilitator and trainer had to administer was unclear. As a result, the La CLAVE team revised the facilitator manual to not only present the assessments in a manner that would make more sense, but they also added further explanation for each of the assessments. The La CLAVE team also reviewed each assessment in the meetings that they held with each facilitator. Other changes included, adding technology tips to guide the facilitators in presenting remotely. As the needs of the facilitators and trainers changed and as the La CLAVE team aimed to clarify different aspects, the La CLAVE team updated documents and promptly uploaded to the OneDrive the revised documents.

Conclusion

The project's main goals were (a) to train 32-40 facilitators and 4 trainers of the La CLAVE psychosis literacy program and (b) to have the trained facilitators deliver the program to 300 community members. The La CLAVE team met all of the proposed goals. Although 40 individuals signed up for the training, 36 completed the training and only 28 were certified. The second goal of training 4 trainers of the La CLAVE program, was also reached although one trainer has since left VCBH and will not be available in the future. The La CLAVE team exceeded the third goal by having reached over twice as many community members as stipulated in the amended contract. In addition, the evaluation indicates that the program was well received by the community.

The USC La CLAVE team is most grateful to VCBH for providing this wonderful opportunity. The La CLAVE team very much enjoyed working with VCBH and their community partners in beginning to deliver the La CLAVE program to the community. These initial efforts offer hope that the delay in seeking mental health services for those with serious mental illness can be reduced, particularly for Latinx immigrants.

Submitted by the USC-La CLAVE team
Steven Lopez
Vanessa Calderon
Mirian Vasquez

Date: November 8, 2021
Revised: December 16, 2021