

Ventura County Mental Health Services Act

Prevention & Early Intervention FY 2019-2020 Evaluation Report



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Healthcare Agency

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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 21 programs using PEI dollars during fiscal year (FY) 2019–2020. 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 2019–2020 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 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

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

- **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. 10

EVALUATION METHODOLOGY

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2019–2020. 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 2019–2020, 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 should be considered within the context of these limitations.

Predominant data limitations for some PEI programs in fiscal year 2019–2020 included:

- **Duplicated data:** Report data presented are not always unduplicated. As an example, for training programs in particular, 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.
- **Data not collected in alignment with PEI regulations:** For example, some programs had ethnicity categories that were different than the required PEI ethnicity categories.

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) 2019–2020 came to a close, COVID-19 had not slowed and cases continued to rise. As a result, VCBH and its contracted providers will continue to provide services virtually during FY 2020-2021 when possible and will 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 2019-2020 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=98)
- One Step a la Vez (n=33)
- Project Esperanza (n=28)
- TC GLAD (n=11)
- Proyecto Conexión Con Mis Compañeras (n=7)
- NAMI (n=1)
- Missing/cannot determine (n=11)

Survey respondents (n=189)* indicated whether they experienced increases in the following:

Due to COVID-19 participants reported increased...	% Yes	% Somewhat	% No
Anxiety	51%	31%	18%
Depression	45%	26%	29%
Difficulty focusing	23%	51%	26%
Difficulty sleeping	37%	34%	29%
Fatigue	35%	39%	26%
Lack of motivation	31%	44%	25%
Loneliness	38%	34%	28%
Uncertainty about the future	35%	52%	13%

Most respondents received services online:



Most felt these services were effective:



Most would like the option of virtual meetings after the pandemic



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.

Within each program category section, each program is presented separately, beginning with an overview and followed by the detailed summary data available. 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 PEI program population demographics by primary program categorization.

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

- Multi-Tiered System of Support (MTSS), Ventura County Office of Education (VCOE)
- Multi-Tiered System of Support (MTSS), Local Education Agency (LEA)
- One Step A La Vez
- Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), Ventura County Area Agency on Aging (VCAAA)
- Project Esperanza, Our Lady of Guadalupe Parish
- Promotoras Conexión Program, Promotoras Y Promotores Foundation
- Proyecto Conexión Con Mis Compañeras, Mixteco Indigena Community Organizing Project
- Rainbow Umbrella, Diversity Collective
- Tri-County GLAD
- Wellness Everyday, Idea Engineering, Inc.[§]

176,810 individuals received core program services[†]

22,325 individuals referred to mental health care and/or social support services

17,979 individuals reached through outreach events[†]

13,672 participants in reached through activities during COVID-19[†]

[§]Data from this program is not included in the summary numbers for Prevention programs.

[†]Number of individuals may be duplicated.

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[‡]

1,871 individuals received core program services[†]

336 individuals reached through outreach events[†]

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

[‡]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	39
Resilient Calm Learner	6
Mental Health Conference	1
Technical Assistance	149
Collaboration Meetings	13
Mental Health Taskforce	10
Other	2
TOTAL # of Activities/Events	220



1,871
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 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 21 or the VCOE MTSS Final Evaluation Report for FY 2019–2020 which can be found in **Appendix D** at the end of this report.

[†]Number of individuals may be duplicated.

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
Newsletter	3
Email Communication	2
TOTAL # of Activities/Events	5



336 people engaged through outreach activities[†]

Program Services during COVID-19

VCOE 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:

- 3** Connected Teaching While Socially Distant
- 3** Meaningful Mondays
- 6** Restorative Justice
- 4** Social-Emotional Learning
- 2** Your Voice Matters

Meaningful Mondays is a 3-part training series that includes Trauma-Informed Healing Practice (TIPS), Trauma-Informed Crisis Response, and Centering the Needs of Priority Populations.

Your Voice Matters is a training/discussion to help staff better listen to and understand the current concerns of parents, and thus adapt services to address these concerns/needs.

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 2019–2020.

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 2019–2020.

[†]Number of individuals may be duplicated.

MULTI-TIERED SYSTEM OF SUPPORT, VCOE

Program Feedback

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

"I really enjoy learning and listening to how others are implementing restorative approaches at their school sites; I like collaborating with others and getting new ideas."

"Biggest thing I want to remember is dealing with student behavior: consistently, calmly, immediately, briefly, respectfully."

"Dear Everyone - What timely training we received!!!! I am using the practices with student calling me with anxiety, panic, and fear. One little girl told me after a deep breathing practice that I was a "Magician."

I was inspired to begin my virtual classroom meetings with a mindfulness moment. In the first 5 minutes of meetings, students listen and can participate in a mindfulness exercise while we wait for others to arrive. It was heartfelt to see a couple of students close their eyes and move through the practice. It is timely considering the length of confinement we all are experiencing."

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 2019–2020 shows positive outcomes and feedback for all trainings conducted by VCOE.

An area of future improvement may include improving consistent administration of post-training surveys for all trainings conducted. Additionally, VCOE may wish to consider implementing follow-up surveys to better understand whether educators are able to incorporate learnings from trainings into practice and what kinds of barriers they may face to implementation. This information could allow the program to enhance the systems component of its efforts by quickly identifying and addressing challenges.

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[‡]

157,848 individuals received core program services[†]

21,706 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	920
Family Engagement	221
School-based Individual Services	38,805
School-based Group Services	12,338
Other	14,480
TOTAL # of Activities/Events	66,764



157,848
participants in
program activities[†]

For additional information about these activities please refer to the VCOE MTSS Final Evaluation Report for FY 2019–2020.

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 27,649 screenings of students social, educational, and mental health needs. Referral data presented below is not unduplicated.



21,344 individuals referred to mental health care*



6,749 students identified as at-risk



362 individuals referred to one or more social supports*



51 calls to the VCBH Crisis Team



955 students and families linked to services



305 safety plans developed

[†]Number of individuals may be duplicated.

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=342-347)

As a result of participating in this training ...	% Agree
I learned something new about the topics covered in the training today.	89%
I learned strategies that will help me better support youth.	90%
I learned about local resources for youth in my community.	66%
I feel confident in my ability to support youth.	83%
I feel confident I could refer youth to appropriate resources in my community.	70%

Student Training Outcomes (n=491-499)

As a result of participating in this training ...	% Agree
I learned something new.	82%
I learned about where I can get help.	88%
I understand mental health issues better.	77%
I know when I need to ask for help for my mental health.	85%
I am more willing to ask for help for my mental health.	70%
I can spot myths about mental health.	67%
If a friend had a mental illness, I would still be friends with them.	95%

MULTI-TIERED SYSTEM OF SUPPORT, LEA

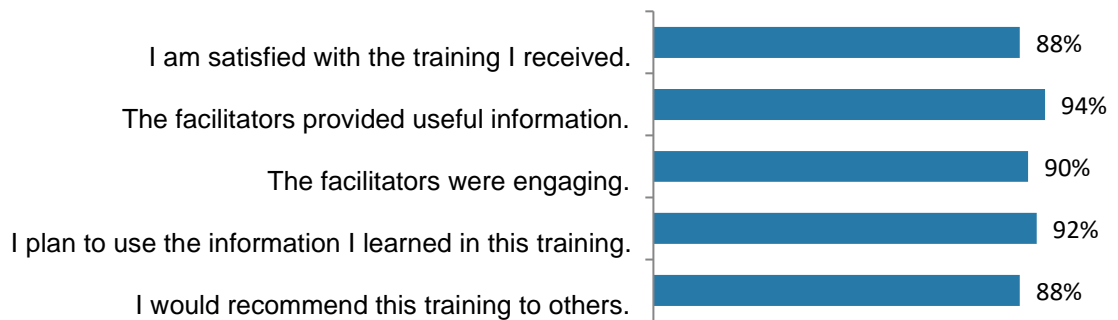
Family Engagement Activity Outcomes (n=70-73)

As a result of participating in this activity ...	% Agree
I learned something new.	74%
I know where to go to get mental health services in my community.	71%
I understand mental health issues better.	72%
I know when I need to ask for help for my child's mental health.	77%
I am more willing to ask for help if my child ever needs support with mental health.	83%
I can spot myths about mental health.	73%
If a family member had a mental illness, I would still love them.	83%

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=342-347)

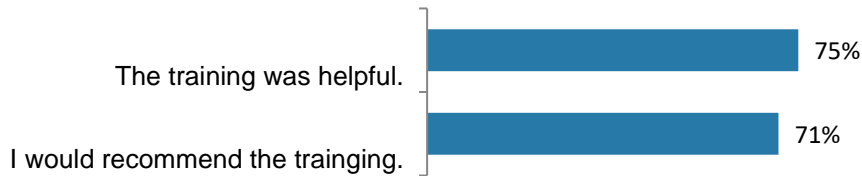


MULTI-TIERED SYSTEM OF SUPPORT, LEA

% of Student Trainees Who Agree (n=492-493)



% of Family Participants Who Agree (n=72-73)



Program Feedback

Participants and trainees 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 provided comments under each response theme is shown in parentheses.)

Staff Feedback

What was most useful or helpful about this training? (n=258)

Top 3 Responses

- Resources provided during the training (214)
- Strategies to implement in the classroom and when talking with students (46)
- Learning how to implement Community Circles (20)

MULTI-TIERED SYSTEM OF SUPPORT, LEA

Student Feedback

What was most useful or helpful about this training? (n=469)

Top 4 Responses

- Learning coping skills (60)
- Importance of asking for help with mental health (60)
- Importance of respecting others and their opinions (44)
- How to regulate emotions (36)

Family Feedback

What was most useful or helpful about this training? (n=25)

Top 3 Responses

- How to spot signs of mental illness (7)
- How to find/ask for help from others (counselors/local resources) (5)
- Knowledge about mental illness (4)

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.

Increasing survey response rates may be an area for future improvement. Not all participants completed outcome tools/follow-up surveys; this is largely because many school districts had begun implementing MTSS activities before the evaluation structure and data collection tools were developed. This issue will likely resolve itself as all LEAs/School Districts now have evaluation tools, but it will be important for program staff to consistently administer evaluation surveys following every training/educational activity in the new fiscal year.

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

234 individuals received core program services

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

237 individuals reached through outreach events[†]

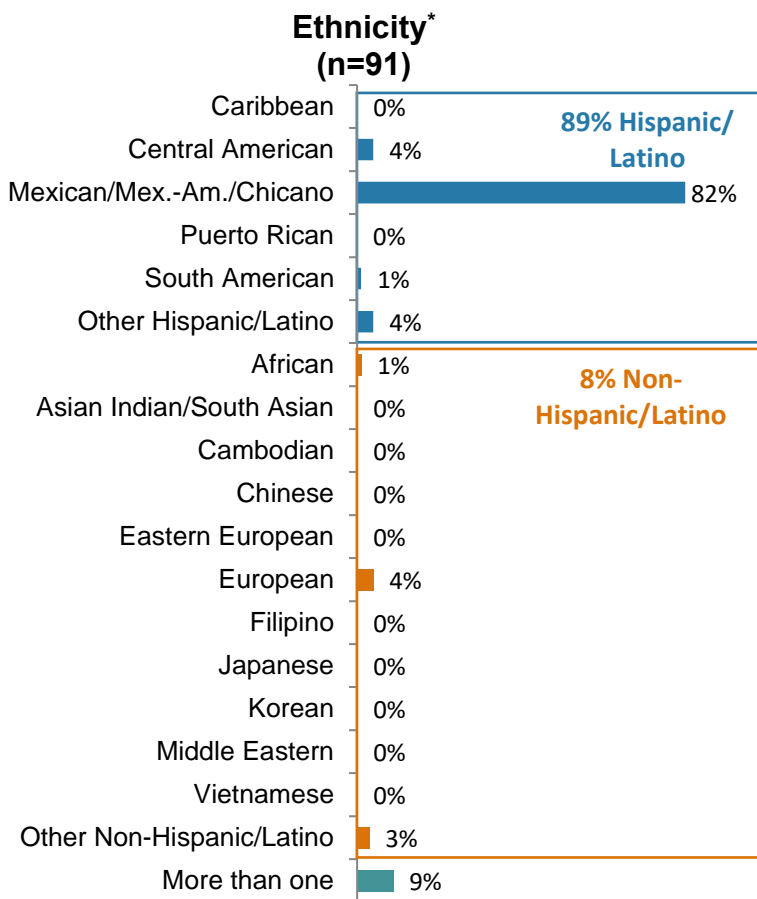
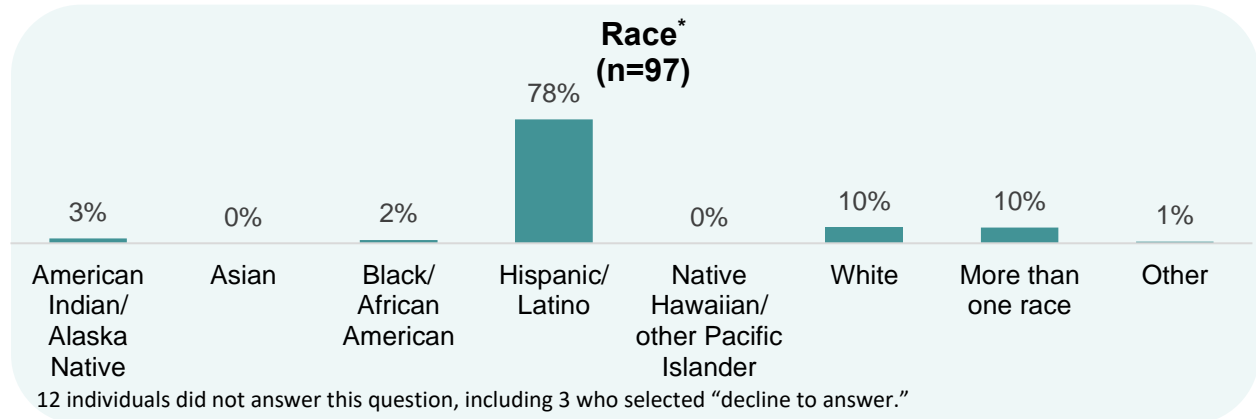
3,406 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

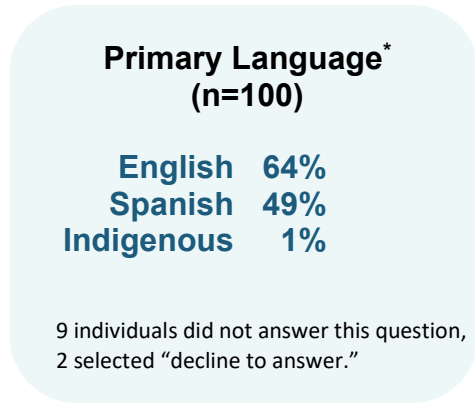
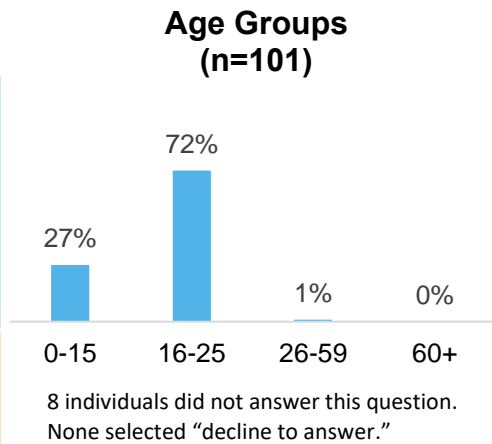
ONE STEP A LA VEZ

Demographic Data

One Step A La Vez collects unduplicated demographic data from the individuals they serve. Data in this section represents information from 109 individuals who completed a demographic form.



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



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

ONE STEP A LA VEZ

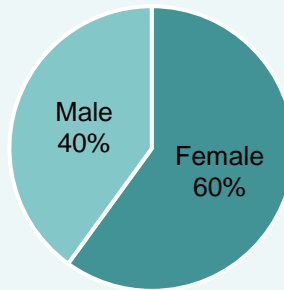
Demographic Data

Current Gender Identity (n=100)

Female	59%
Male	39%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	0%
Another Gender Identity	0%

9 individuals did not answer this question, 2 selected "decline to answer."

Sex Assigned at Birth (n=101)



8 individual did not answer this question, 1 selected "decline to answer."

Sexual Orientation (n=95)

Bi/pansexual	13%
Gay or Lesbian	4%
Heterosexual or Straight	75%
Queer	5%
Questioning or Unsure	1%
Another Sexual Orientation	2%

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

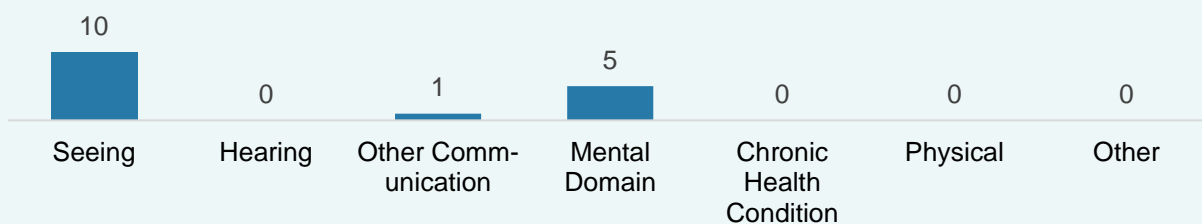
1% identify as veterans

n=100; 9 individuals did not answer this question, including 1 who selected "decline to answer."

15% of individuals reported having one or more disabilities

n=99; 10 individuals did not answer this question, 2 of which selected "decline to answer."

Disability* (n=15)



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

ONE STEP A LA VEZ

Program Activities

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

Program Activities by Type	# Activities/ Events
Class	22
Food Distribution	18
Support Group	66
Meeting	18
Field Trip	2
Other	3
TOTAL # of Activities/Events	129



30% of program activities in Spanish



585 participants in program activities[†]

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	1
Interagency Meetings (e.g., Circle of Care, Youth Equity & Success)	7
TOTAL # of Activities/Events	8



237 people reached through outreach events[†]



1 outreach event 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 2019–2020 data collection process starting in April 2020. These additional questions asked participants about their mental health as well as their experiences with virtual services during the pandemic. Survey respondents (n=32) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	53%	38%	9%
Depression	47%	28%	25%
Difficulty focusing	28%	50%	22%
Difficulty sleeping	34%	28%	38%
Fatigue	41%	41%	18%
Lack of motivation	41%	31%	28%
Loneliness	41%	28%	31%
Uncertainty about the future	38%	37%	25%

Most respondents received services online (n=32)



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



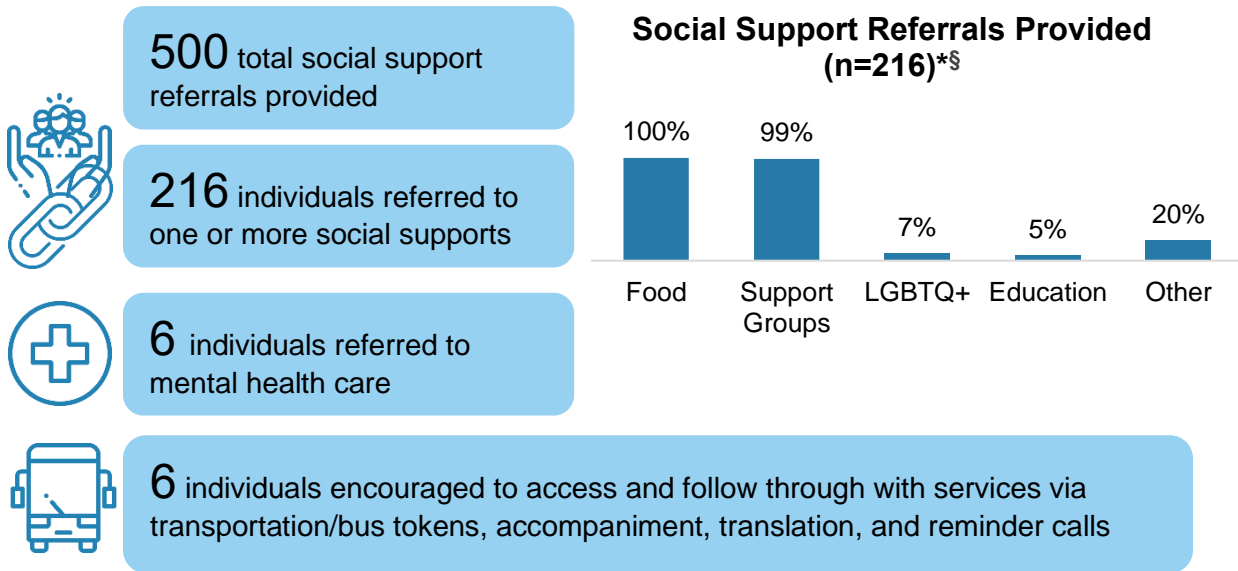
Most would like the option of virtual meetings after the pandemic (n=31)



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 215 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.

§Other includes 19 additional categories of social support referrals.

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=62-68)[§]

As a result of participating in One Step A La Vez ...	% Gotten Better	% Stayed the Same	% Gotten Worse
My school attendance has...	47%	48%	5%
My grades in school have...	62%	37%	1%
My housing situation has...	55%	42%	3%
My job situation has...	46%	51%	3%
My relationship with friends and family has...	66%	31%	3%

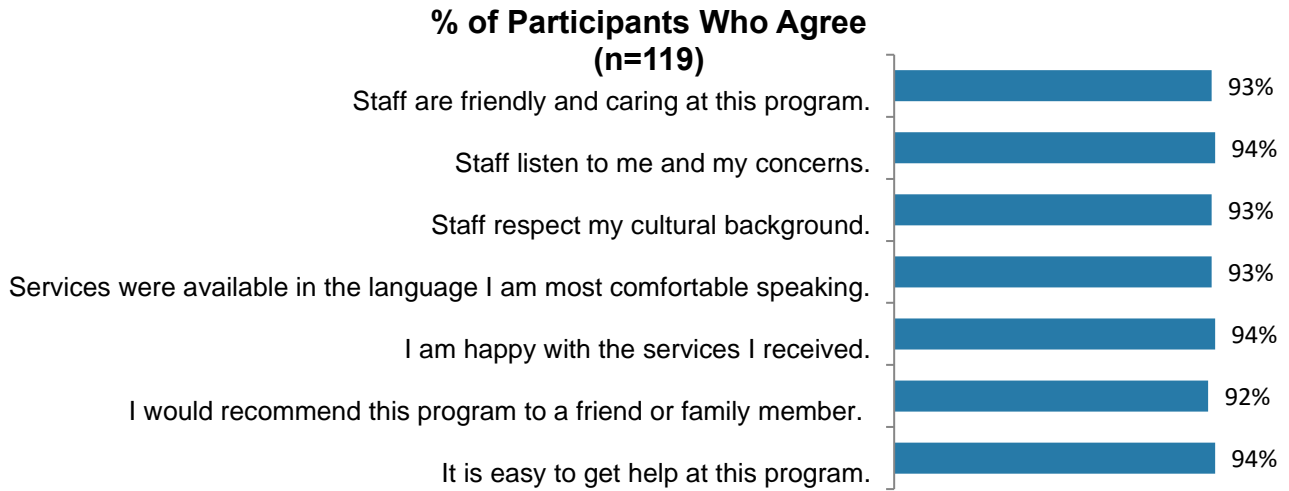
Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=119)

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.	52%	36%	7%	5%
I am more willing to seek help for a mental health problem.	50%	32%	14%	4%
I believe people with mental illness can function in their daily lives.	49%	37%	9%	5%
I would be accepting of a family member or friend if they had a mental illness.	70%	22%	4%	4%
I know where to go for mental health services in my community.	48%	34%	12%	6%

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.



[§]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 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.)

Participant Feedback

What was most useful or helpful about this program? (n=110)

Top 5 Responses

- Services and resources such as free meals and homework help (23)
- Feeling cared for and supported (21)
- Having a safe space to be myself (18)
- Making new social connections with people and staff (18)
- Information about community (8)

What are your recommendations for improvement? (n=100)

Top 5 Responses

- More activities, events, and field trips (26)
- Increase awareness, advertising, and fundraising of program (13)
- Improve facilities and amenities (7)
- Expand hours of service (4)
- More staff and tutors (4)

The most common recommendation was that no improvements are needed (n=40).

ONE STEP A LA VEZ

Program Successes

One Step A La Vez used their food pantry to disseminate resources and information about COVID-19 to the community, as well as stressing the importance of mental health to the immune system.

Telephone outreach was surprisingly more successful with teens during COVID. Text blasts became key as well. We were very lucky to have built up the text blasts system in the year prior to the pandemic.

Partnerships with other teen-serving organizations allowed youth to take advantage of several workshops for them on topics like Ancestral Healing, Managing Stress, and Botany.

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 8 in 10 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 a counseling program for seniors that teaches participants how to manage depression. PEARLS uses an in-home counseling model, which consists of counseling sessions followed by a series of follow-up phone calls. The counseling covers 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.

Program Strategies



Provides access and linkage to services for older adults by conducting outreach to local seniors and disabled housing properties.



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

Program Highlights

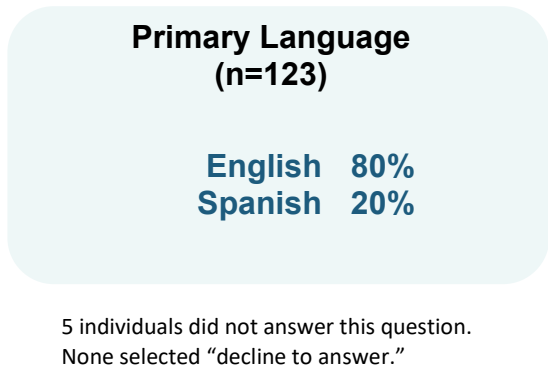
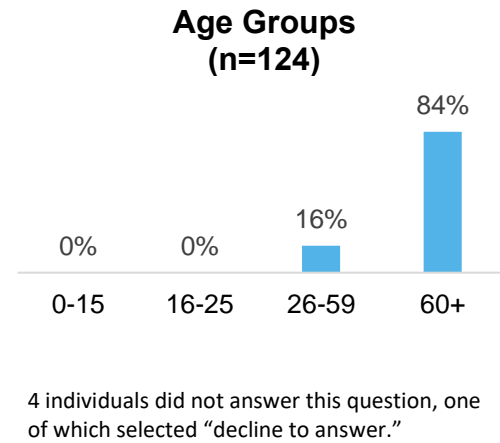
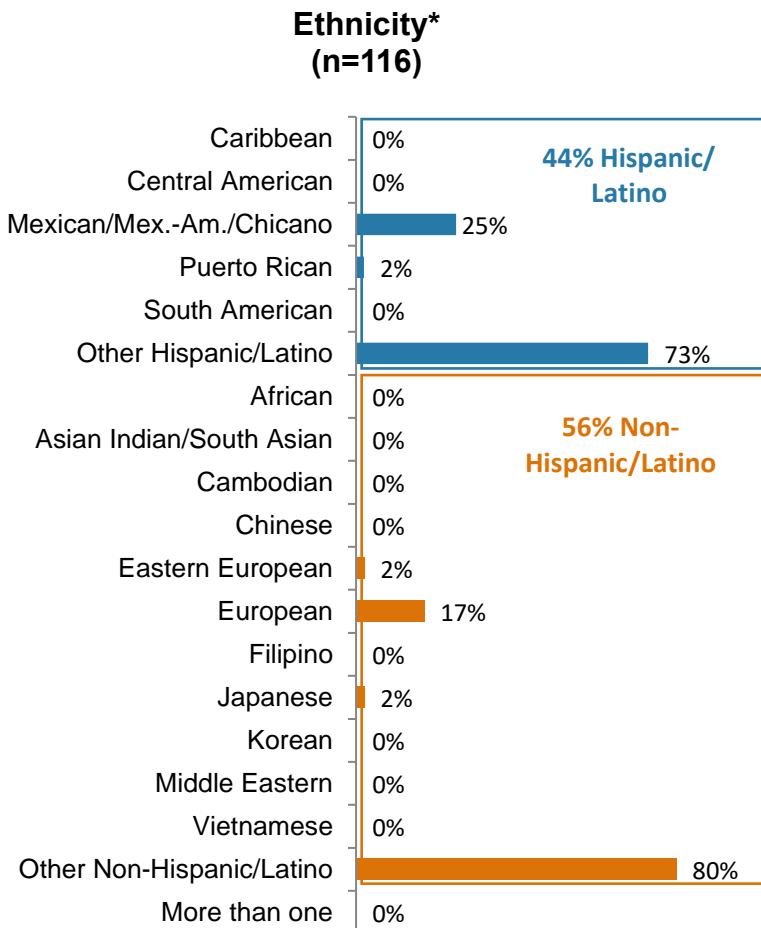
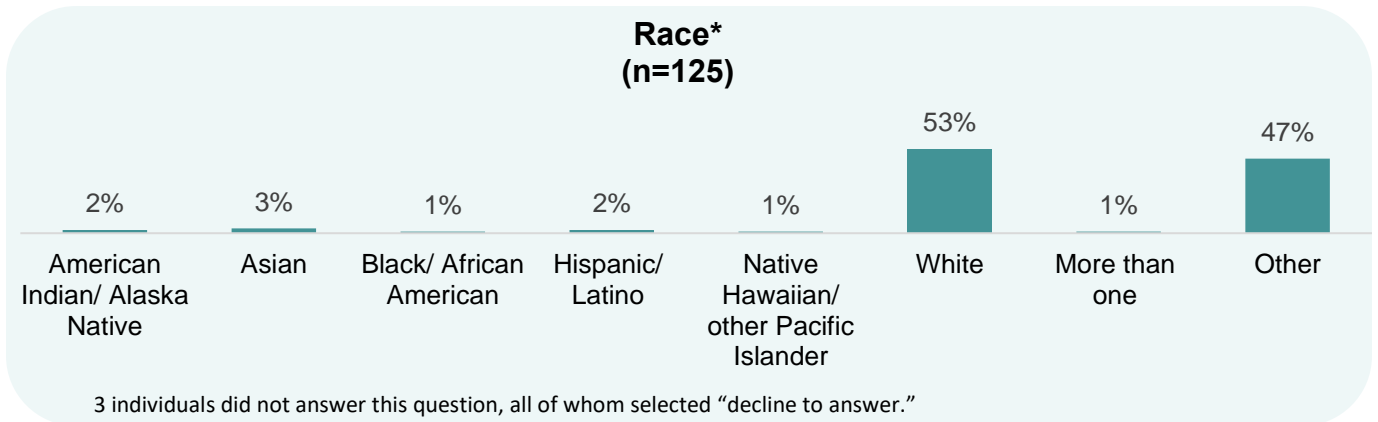
- 128** individuals received core program services
- 78** individuals referred to mental health care and/or social support services
- 500** individuals reached through outreach events[†]
- 128** individuals reached through activities during COVID-19[†]

[†]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 128 individuals they serve.



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

PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

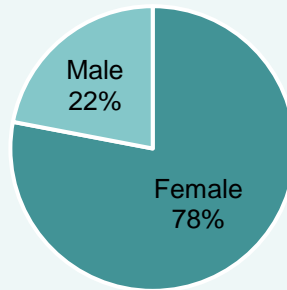
Demographic Data

Current Gender Identity (n=121)

Female	79%
Male	21%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

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

Sex Assigned at Birth (n=123)



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

Sexual Orientation (n=66)

Bisexual	3%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

62 individuals did not answer this question, 55 of whom selected "decline to answer."

9% identify as veterans

n=65; 63 individuals did not answer this question. None selected "decline to answer."

66% of individuals reported having one or more disabilities.

n=61. 67 individuals did not answer this question, one 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 2019–2020, 352 individual sessions were provided to 119 unduplicated individuals.



14% of program activities in Spanish



119 participants in program activities

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 2019–2020, program staff virtual outreach to 9 seniors/disabled housing properties.



500 people reached through outreach events[†]

Program Services during COVID-19

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 128 individuals.

[†]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 128 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.



2 individuals referred to mental health care



78 individuals referred to one or more social supports



82 total social support referrals provided



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

Conclusion and Recommendations

VCAAA is reaching the population they seek to serve, with the majority of participants identifying as older adults.

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

233 individuals received core program services

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

618 individuals reached through outreach events[†]

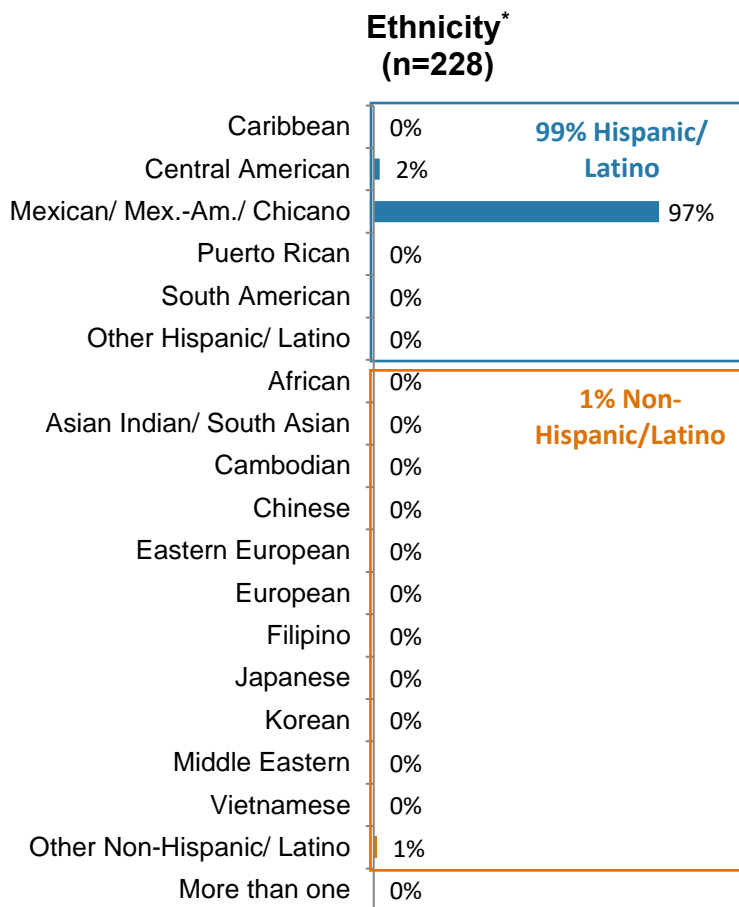
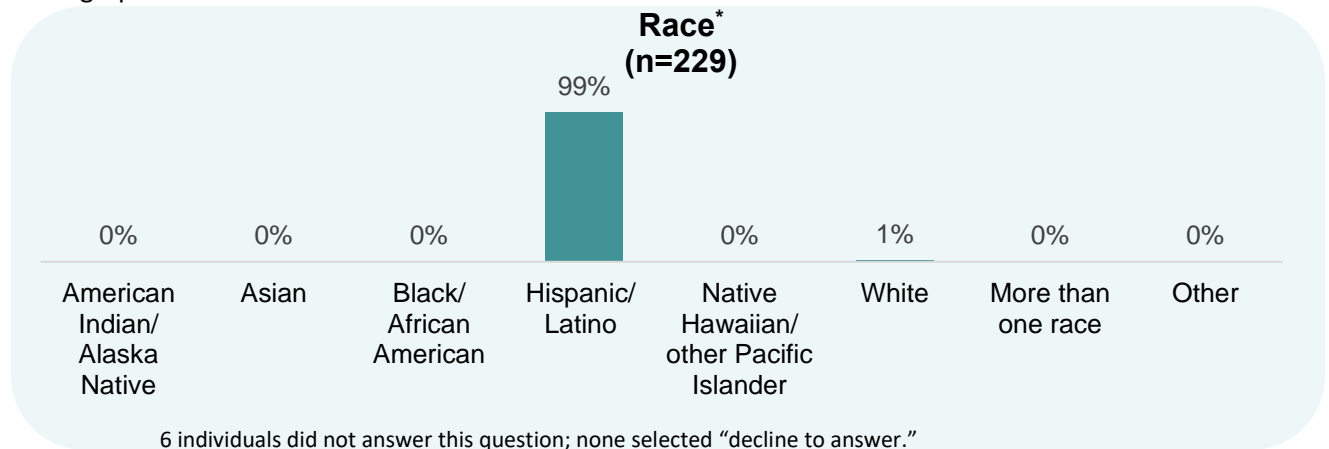
2,509 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

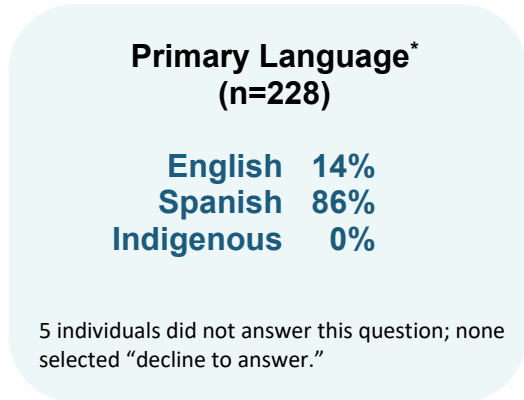
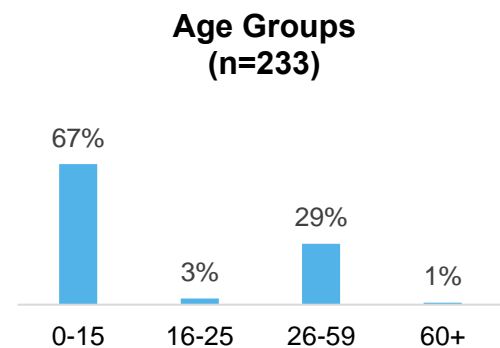
PROJECT ESPERANZA

Demographic Data

Project Esperanza collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 233 individuals who received services and completed a demographic form.



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



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

PROJECT ESPERANZA

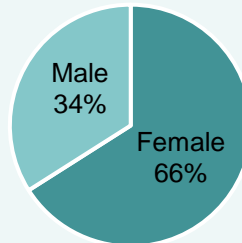
Demographic Data

Current Gender Identity (n=229)

Female	66%
Male	34%
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=229)



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

Sexual Orientation (n=79)

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

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

None identify as veterans

n=22; 211 individuals did not answer this question; none selected "decline to answer."

No individuals reported having one or more disabilities

n=34; 199 individuals did not answer this question, 4 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	170
Training/workshop	5
TOTAL # of Activities/Events	175



19% of program activities in Spanish



4,542 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	4
Outreach	3
Presentation	1
Personal/Individual	1
TOTAL # of Activities/Events	9



618 people reached through outreach events[†]



80 materials distributed



3 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:

- 22** Providing Resources
- 7** Piano Classes
- 2** Wellness Classes
- 10** Parenting Classes
- 5** Stress Release Class for Kids
- 1** Suicide Prevention Training

Questions about COVID-19 were included on participant surveys to supplement the 2019–2020 data collection process starting in April 2020, 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=26-28) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	15%	44%	41%
Depression	3%	19%	78%
Difficulty focusing	8%	19%	73%
Difficulty sleeping	8%	11%	81%
Fatigue	4%	22%	74%
Lack of motivation	4%	38%	58%
Loneliness	4%	26%	70%
Uncertainty about the future	53%	36%	11%

All respondents received services online (n=28)

28 received online services

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

15 said they were just as or more effective

3 less effective

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

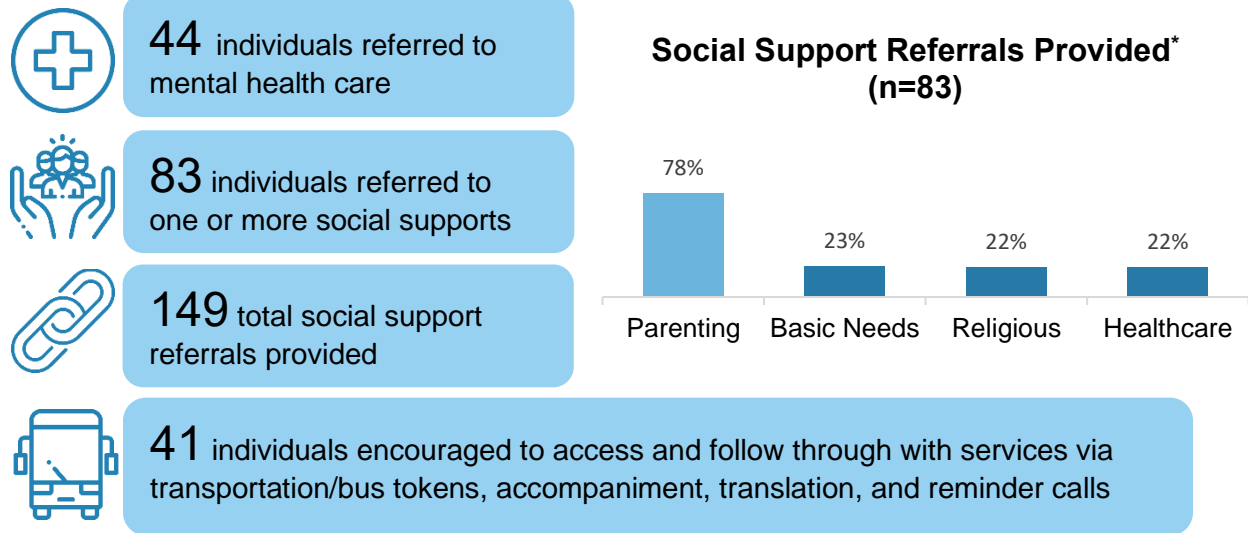
24 would like the option of virtual meetings

3 would not

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 43 unduplicated individuals. The top 4 social support referrals provided are presented in the chart below.



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=13-37)[§]

As a result of participating in Project Esperanza ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	17	4	0
My grades in school have...	23	4	0
My housing situation has...	9	8	0
My job situation has...	4	9	0
My relationship with friends and family has...	33	4	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

Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=51-52)

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.	50%	48%	2%	0%
I am more willing to seek help for a mental health problem.	48%	48%	2%	2%
I believe people with mental illness can function in their daily lives.	48%	37%	13%	2%
I would be accepting of a family member or friend if they had a mental illness.	58%	40%	0%	2%
I know where to go for mental health services in my community.	45%	53%	0%	2%

PROJECT ESPERANZA

Trainee Outcomes (n=11)

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	6	0	1
I know where the mental health services are in my community.	4	5	1	1
I am aware of my own views and feelings about mental health issues.	3	7	0	1
I recognize misconceptions about mental health and mental illness.	4	6	0	1
I believe people with mental illness can function in their daily lives.	6	4	0	1
I am more likely to assist someone with mental illness who needs help.	7	3	0	1

Program Satisfaction

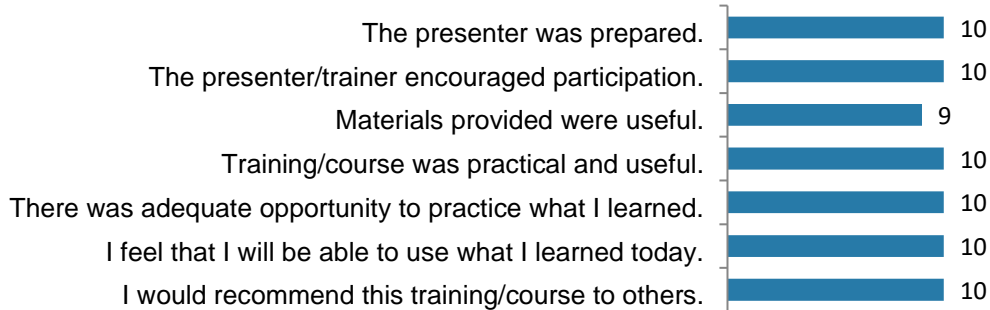
Participants and trainees who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements. The charts below show the percentage of respondents who agreed or strongly agreed with each statement.

% of Participants Who Agree (n=55)



PROJECT ESPERANZA

of Trainees Who Agree (n=10-11)



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=54)

Top 5 Responses

- Parenting advice and resources (15)
- Growing emotionally and psychologically (15)
- Developing socially (7)
- Discipline and behavior (8)
- Exercise and self-defense (5)

What are your recommendations for improvement? (n=46)

Top 3 Responses

- More class days and additional class types (10)
- More space in the classroom facility (4)
- Additional advertising and outreach (3)

Additionally, nearly half of respondents indicated that there were no improvements necessary (n=19).

PROJECT ESPERANZA

Trainee Feedback

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

Top 2 Responses

- Signs and symptoms of mental health needs in children (3)
- Conversation with the Doctor/Therapist (2)

What are your recommendations for improvement? (n=10)

Top Response

- More class days and additional class types (4)

The remaining respondents indicated that there were no improvements necessary (6)

Program Successes

September 10th was the International Day Against Suicide. The participants [in our workshop] received information related to this topic, as well as a badge that will remind them of the importance of providing support, respect, and understanding to people suffering from mental, emotional or behavioral illness.

These months have been a great challenge for our program. Changing, modifying or adjusting the way we provide our services to the community due to the Covid-19 pandemic has motivated us to use all possible resources to help reduce the consequences of isolation, loss of work, anxiety and concern for future.

A great achievement was our parenting classes and mental health workshops, offered through social media. Attendance via Zoom was constant and the average number of participants increased from that in a regular class.

PROJECT ESPERANZA

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 supports their children's social and emotional skills. Parents also reported that the program helped with their awareness of when/where to ask for help for their children and improved their attitudes toward mental illness.

An area of future improvement may include conducting more program activities in Spanish. In FY 19–20, roughly 1 in 5 program activities were provided in Spanish, while nearly 9 in 10 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

193 individuals received core program services

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

3,991 individuals reached through outreach events[†]

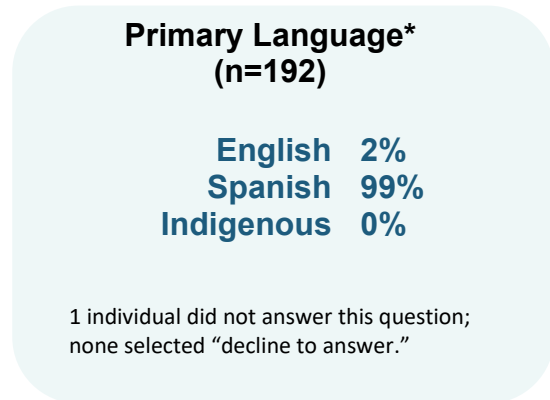
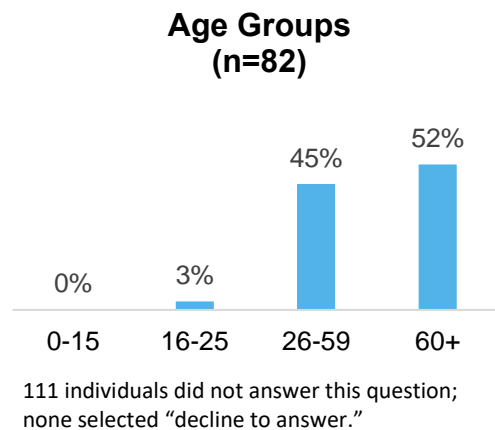
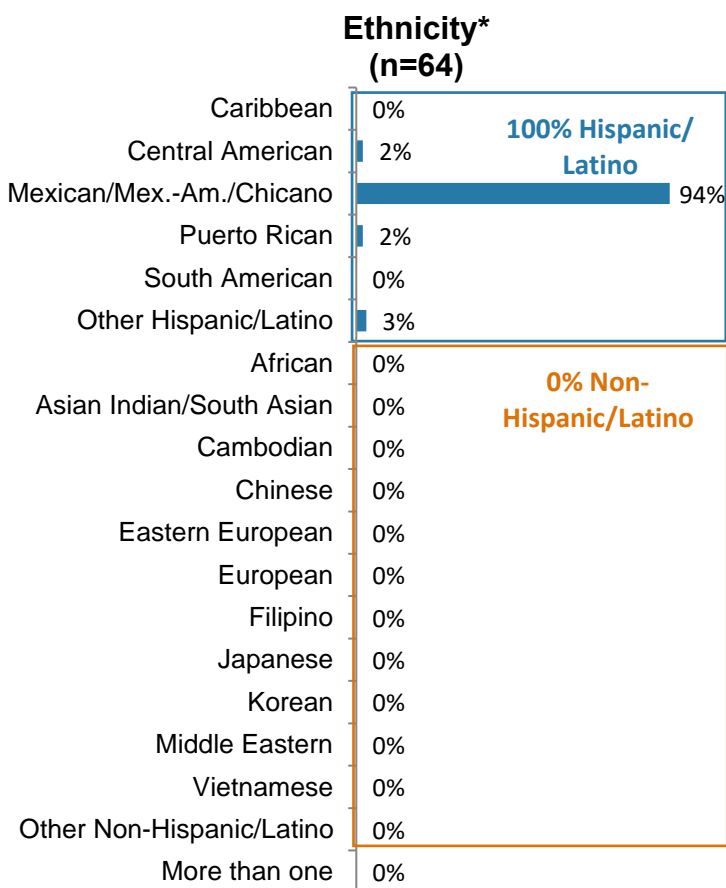
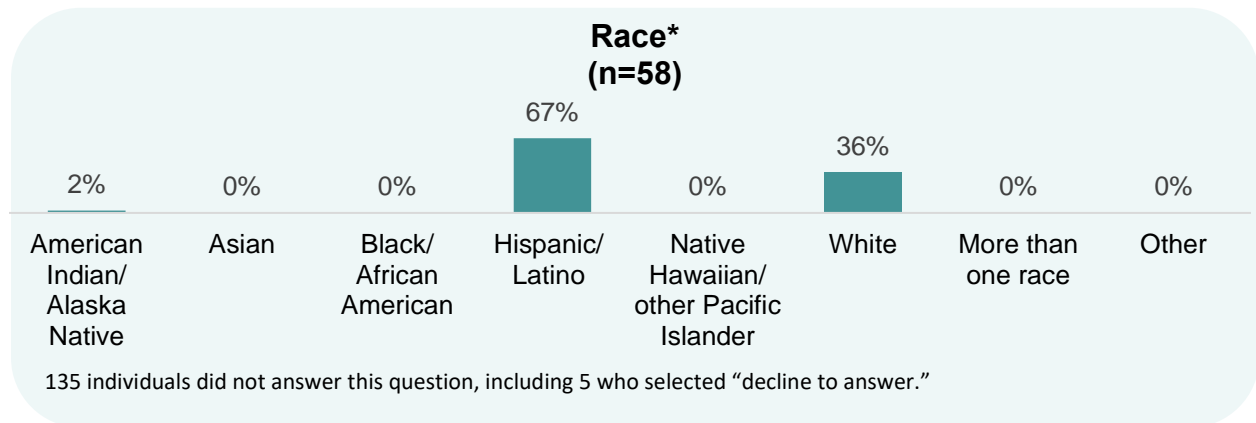
246 individuals reached through activities during COVID-19[†]

[†]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 193 individuals who received core program services, all provided some demographic information, as presented below.



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

PROMOTORAS CONEXIÓN PROGRAM

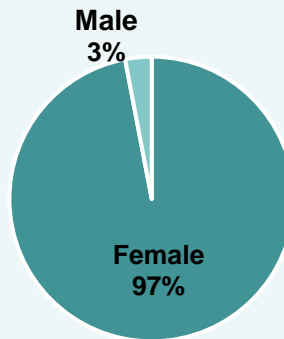
Demographic Data

Current Gender Identity (n=192)

Female	97%
Male	3%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

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

Sex Assigned at Birth (n=193)



Sexual Orientation (n=42)

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

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

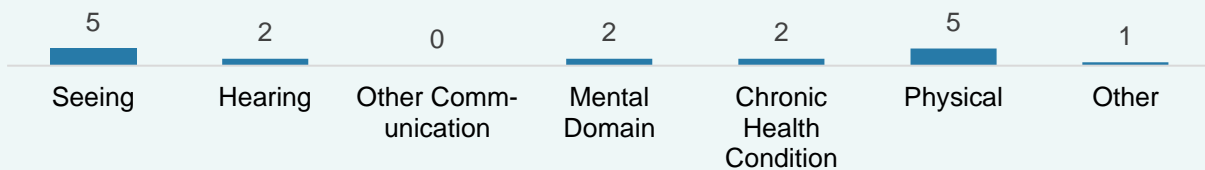
None identify as veterans

n=55; 138 individuals did not answer this question, including 3 who selected "decline to answer."

10 individuals reported having one or more disabilities

n=45; 148 individuals did not answer this question, including 8 who selected "decline to answer."

Disability* (n=10)



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

PROMOTORAS CONEXIÓN PROGRAM

Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 134 support groups in fiscal year 2019–2020.



100% of program activities in Spanish



532 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	19
Outreach	72
Community fair or event	13
TOTAL # of Activities/Events	104



3,991 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:

- 1 Food Basket Distribution
- 2 Facebook Groups
- 3 Create/Share Videos via YouTube

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

PROMOTORAS CONEXIÓN PROGRAM

Questions about COVID-19 were included on participant surveys to supplement the 2019–2020 data collection process starting in April 2020, 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=97-98) indicated whether they experienced increases in the following:

Due to COVID-19, participants reported increased...	% Yes	% Somewhat	% No
Anxiety	64%	26%	10%
Depression	64%	22%	14%
Difficulty focusing	51%	36%	13%
Difficulty sleeping	50%	40%	10%
Fatigue	43%	46%	11%
Lack of motivation	40%	49%	11%
Loneliness	51%	36%	13%
Uncertainty about the future	34%	56%	10%

Most respondents received services online (n=98)

88% received online services 12% did not

Most felt these services were just as or more effective (n=83)

48% said they were just as or more effective 52% less effective

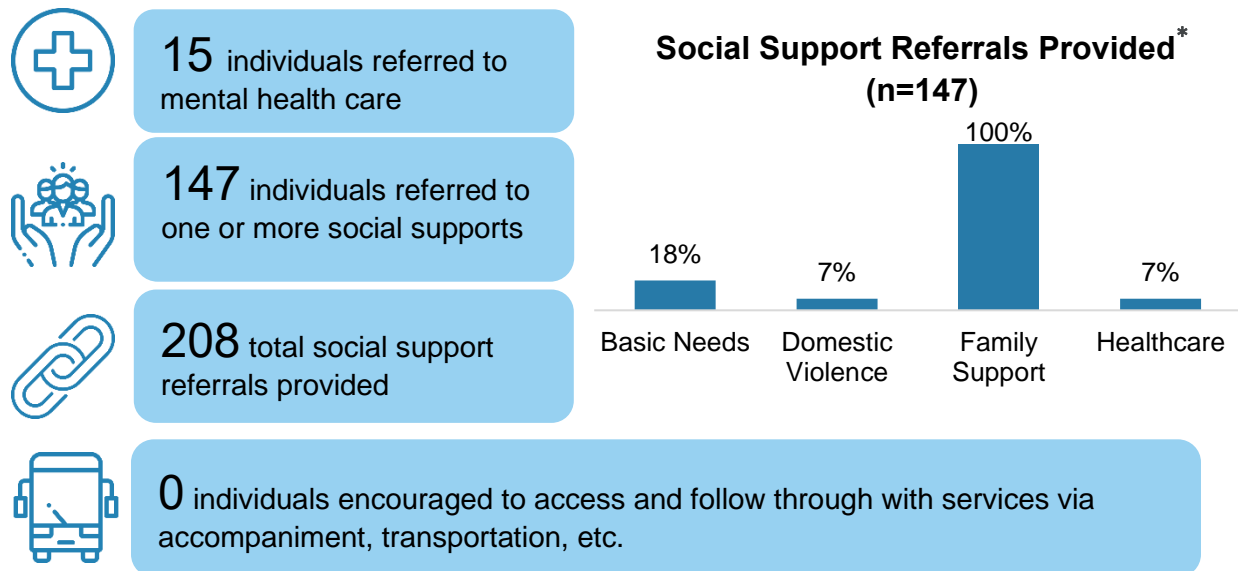
Most would like the option of virtual meetings after the pandemic (n=98)

50% would like the option of virtual meetings 50% would not

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=13-142)[§]

As a result of participating in Promotoras Conexión ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	13	0	0
My grades in school have...	11	1	0
My housing situation has...	112	0	0
My job situation has...	109	1	0
My relationship with friends and family has...	142	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

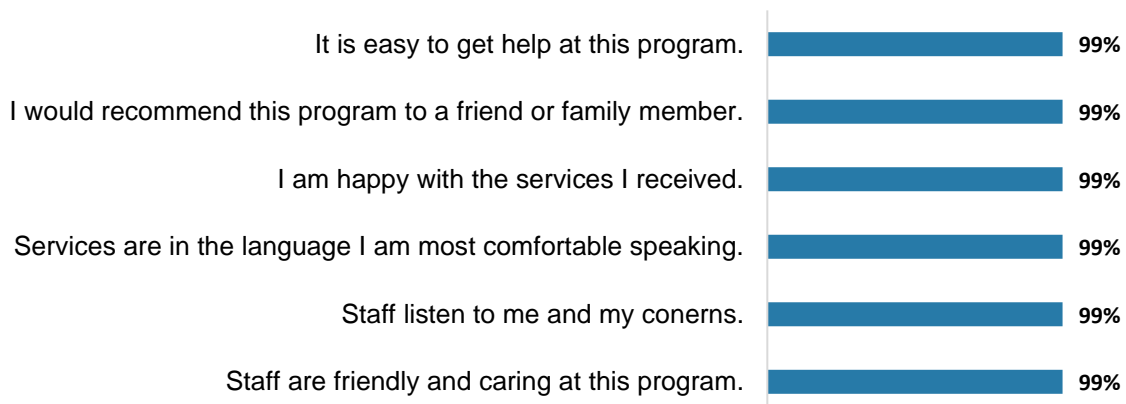
Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=163-166)

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.	94%	5%	0%	1%
I am more willing to seek help for a mental health problem.	94%	4%	1%	1%
I believe people with mental illness can function in their daily lives.	81%	9%	9%	1%
I would be accepting of a family member or friend if they had a mental illness.	86%	8%	5%	1%
I know where to go for mental health services in my community.	94%	5%	1%	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=164-167)



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=154)

Top 4 Responses

- Relaxation (33)
- Sharing with others/Feeling understood (30)
- SODA (28)
- Meditation (28)

A third of respondents (n=52) stated that everything was useful/helpful.

What are your recommendations for improvement? (n=49)

Top 2 Responses

- Longer/more frequent services (5)
- More outreach/attendees (3)

A majority of respondents (n=32) stated that no improvements are needed.

Program Successes

In December the manager of the XXX apartments spoke with Sandra and told her about two of the Seniors that were depressed because they were not financially able to pay their bills. Sandra helped both of these persons in finding organizations and churches that assisted low income families. They were happy that Sandra was there for them, especially during the holidays.

One of the Companeras was invited to ... tell her story of how her son was helped by the Conexión program...she got her son to come since he was having problems and had an addiction. Promotoras were able to assist with referring him to services within VCBH and he became better. He was under a lot of stress since he was trying to get custody of his children. He continued to attend the support group and other sessions the Promotoras referred him too. He was able to get custody of his children.

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 Latina. 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, sexual orientation and disability, from more program participants.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS MIXTECO INDIGENA 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

104 individuals received core program services

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

2,697 individuals reached through outreach events[†]

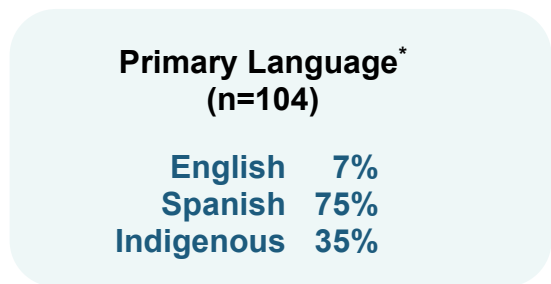
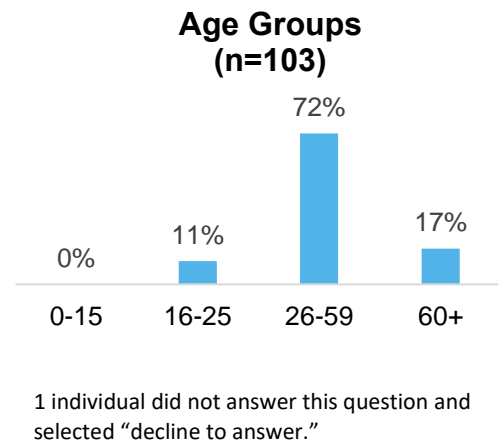
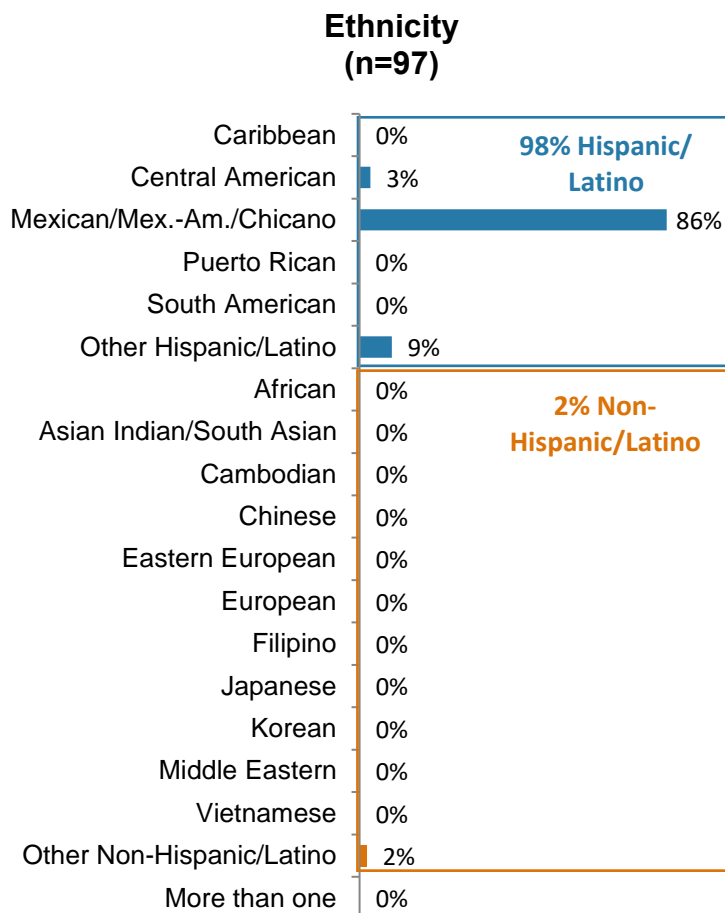
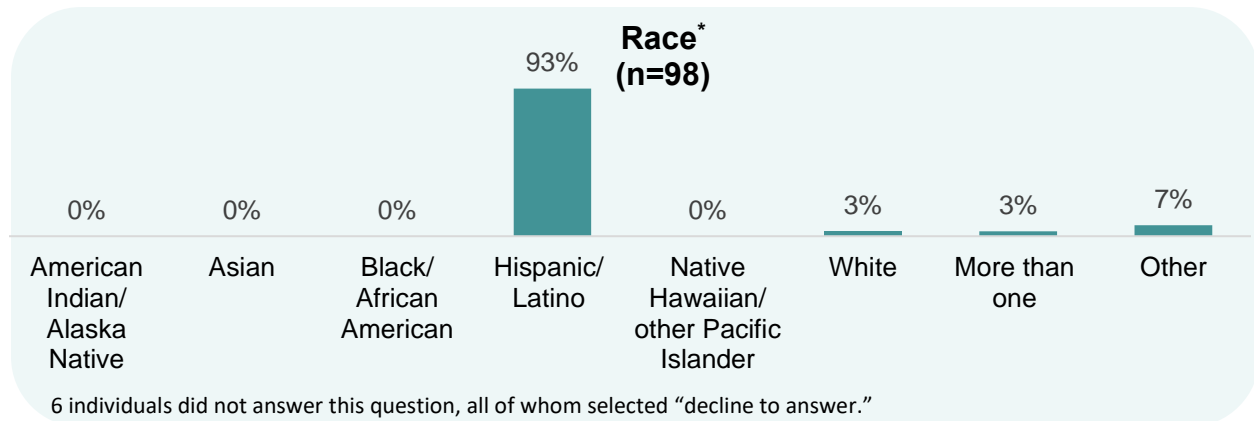
6,531 individuals reached through activities during COVID-19[†]

[†]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 104 individuals who completed a demographic form.



7 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.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

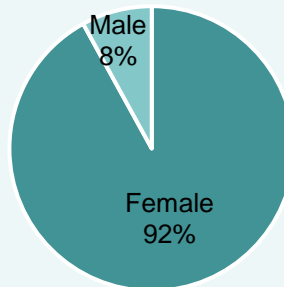
Demographic Data

Current Gender Identity (n=103)

Female	92%
Male	8%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

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

Sex Assigned at Birth (n=102)



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

Sexual Orientation (n=65)

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

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

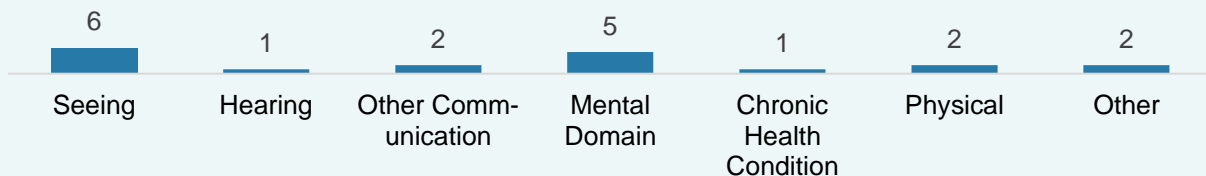
2% identify as veterans

n=103; 1 individual did not answer this question and selected "decline to answer."

18% of individuals reported having one or more disabilities

n=104.

Disability (n=19)



PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Program Activities

Program activities include trainings and workshops facilitated by MICOP program staff. In fiscal year 2019–2020, 15 trainings/workshops were provided.



93% of program activities in Spanish



104 participants in program activities

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 2019–2020, program staff conducted 45 outreach events.



98% of outreach events conducted in Spanish



2,697 people reached through outreach events[†]

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:

174 Follow-up Calls

13 Facebook Posts about Mental Health

3 Mental Health Videos

2 Mental Health Outreach Packets/Bags

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

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 58 unduplicated individuals, who could be referred to multiple services. The top 3 social support referrals that were provided to participants are presented in the chart below.



43 individuals referred to mental health care



32 individuals referred to one or more social supports

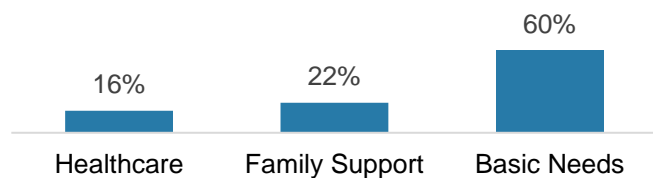


37 total social support referrals provided



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

Social Support Referrals Provided (n=32)



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=4-7)[§]

As a result of participating in Proyecto Conexión ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	4	0	0
My grades in school have...	3	0	0
My housing situation has...	4	0	0
My job situation has...	4	1	0
My relationship with friends and family has...	6	1	0

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

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.	55%	25%	5%	15%
I am more willing to seek help for a mental health problem.	50%	35%	0%	15%
I believe people with mental illness can function in their daily lives.	45%	30%	15%	10%
I would be accepting of a family member or friend if they had a mental illness.	45%	35%	0%	20%
I know where to go for mental health services in my community.	50%	25%	10%	15%

[§]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=81-91)

MICOP Survey Respondent Depression (PHQ-9)	% Respondents
No Depression (PHQ Score 0)	0%
Minimal Depression (PHQ Score 1-4)	0%
Mild Depression (PHQ Score 5-9)	16%
Moderate Depression (PHQ Score 10-14)	34%
Moderately Severe Depression (PHQ Score 15-19)	32%
Severe Depression (PHQ Score 20-27)	18%
	% 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?	4%

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Participant Attitudes Toward Mental Illness (n=83-87)

	% Probably or Definitely	% Probably Not or Never
How likely would you be to work with someone with a serious mental illness?	71%	29%
Do you think that someone with a mental illness is a danger to others?	51%	49%
Do you think that people with mental health problems experience prejudice or discrimination?	70%	30%
If someone in your family had a mental illness, would you feel ashamed if people knew about it?	17%	83%
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?	32%	68%

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

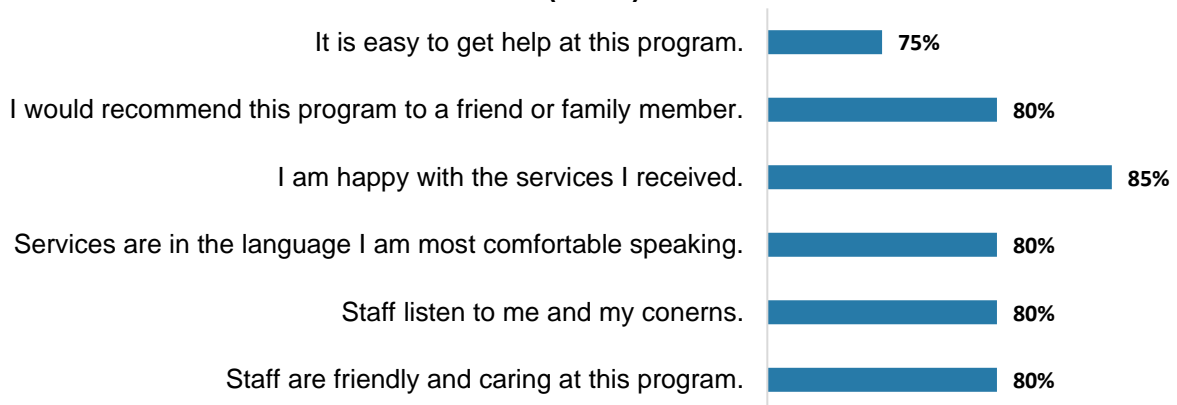
Participant Coping Behaviors (n=79-87)

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.	52%	48%
I focused on my work or other activities to distract my mind.	58%	42%
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.	57%	43%
I prayed or meditated.	61%	39%
I took action to improve the situation.	49%	51%
I tried to create a plan to figure out what to do.	47%	53%
I expressed my negative feelings.	40%	60%
I used alcohol or other drugs to help me get through.	7%	93%

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=29)



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=17)

Top 3 Responses

- Information provided (5)
- Ability to share with others (4)
- Stress management (2)

What are your recommendations for improvement? (n=17)

Top 4 Responses

- More sessions more often (3)
- Increase promotion (3)
- Increase attendance (3)
- Sessions available at different times (3)

Program Successes

During these challenging times we have been doing check-in calls with clients and a client was so happy we had given her a call that she was filled with tears of joy. She has mentioned that because of the virus she has not been able to have anyone visit her and no one has called to check-in on her. She mentioned that "during these times people forget about the elderly," so she was extremely appreciative that "we cared enough about her to check-in on her." This story exemplifies what Conexión Con Mis Compañeras is, as this program not only is to provide information about mental health but it is a program to connect with the community.

At our workshop at Elm Elementary, a woman had shared with one of the promotoras that they really appreciate our workshop because it is taught by individuals from the community and this makes her feel more comfortable to opening up. She really appreciated the cultural appropriateness of the workshop.

PROYECTO CONEXIÓN CON MIS COMPAÑERAS

Conclusion and Recommendations

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

Overall, participants indicated high satisfaction with the program: of satisfaction survey respondents, 85% 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.

RAINBOW UMBRELLA DIVERSITY COLLECTIVE

Rainbow Umbrella is an affirming and welcoming space for LGBTQ+ youth ages 13 to 23 and their allies. Rainbow Umbrella hosts a weekly support group to discuss mental health and other topics such as suicide prevention, homelessness, consent, and bullying. Rainbow Umbrella 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

54 individuals received core program services

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

7,492 individuals reached through outreach events[†]

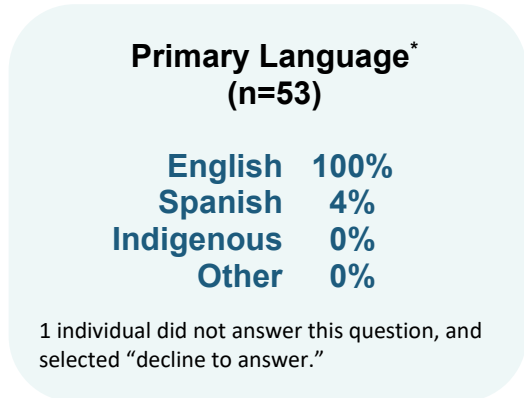
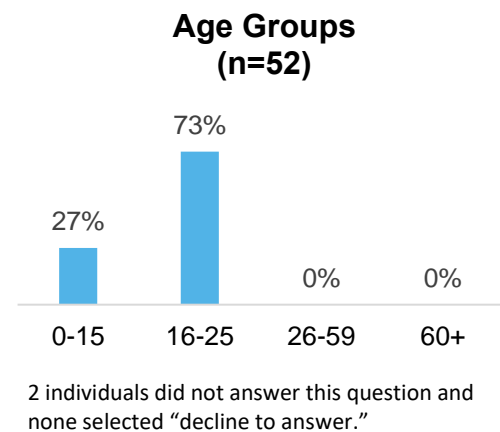
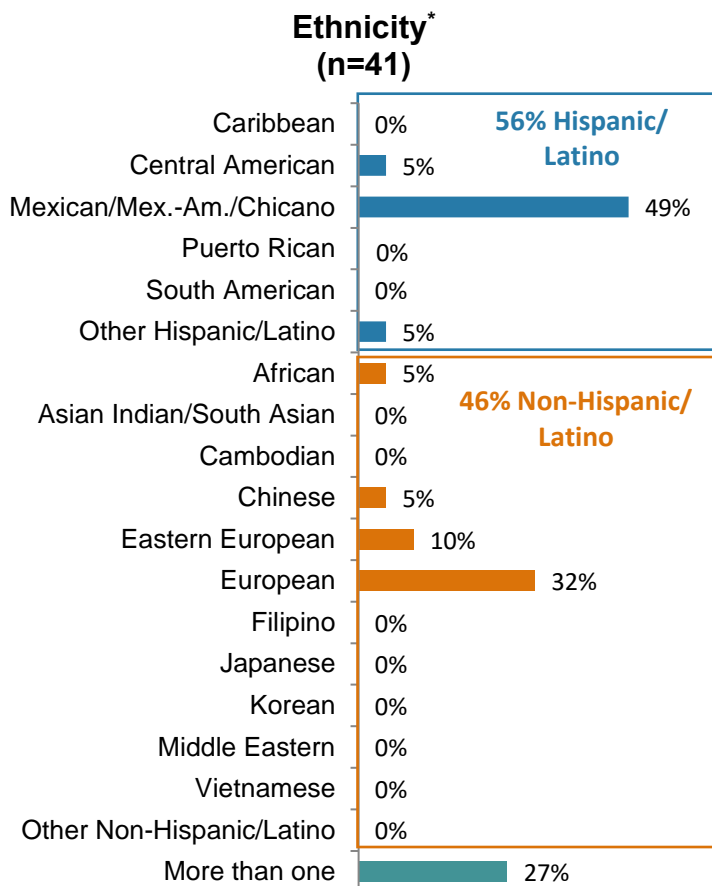
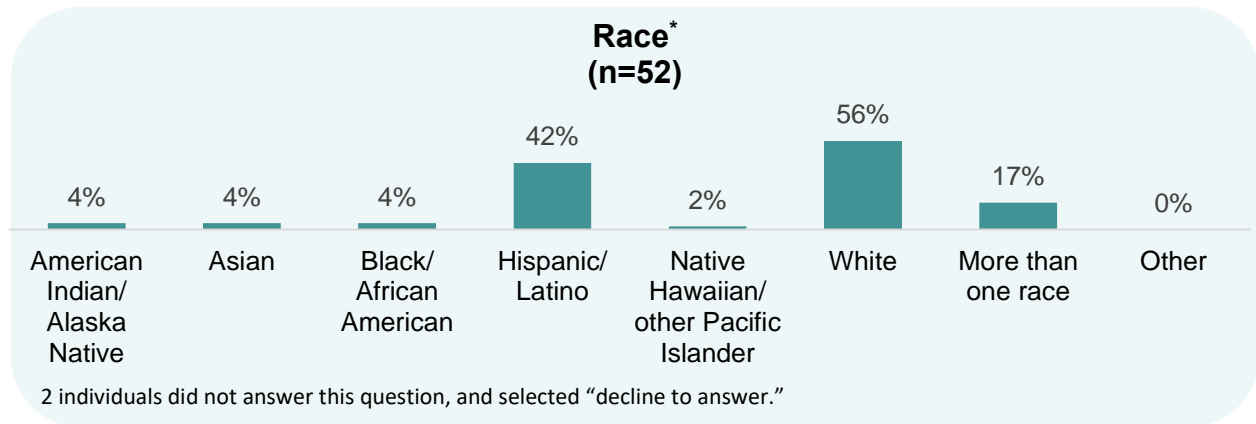
23 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

RAINBOW UMBRELLA

Demographic Data

Rainbow Umbrella collects unduplicated demographic data from the individuals they serve and trainees. Of the 54 individuals who received core program services (youth support groups and RISE LGBTQ+ trainings), all completed a demographic form; this information is presented below.



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

RAINBOW UMBRELLA

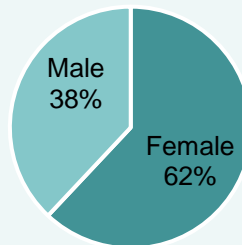
Demographic Data

Current Gender Identity* (n=47)

Female	34%
Male	45%
Transgender	17%
Genderqueer	9%
Questioning or Unsure	2%
Another Gender Identity	11%

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

Sex Assigned at Birth (n=42)



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

Sexual Orientation* (n=47)

Bi/pansexual	30%
Gay or Lesbian	30%
Heterosexual or Straight	11%
Questioning or Unsure	4%
Queer	21%
Another Sexual Orientation	17%

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

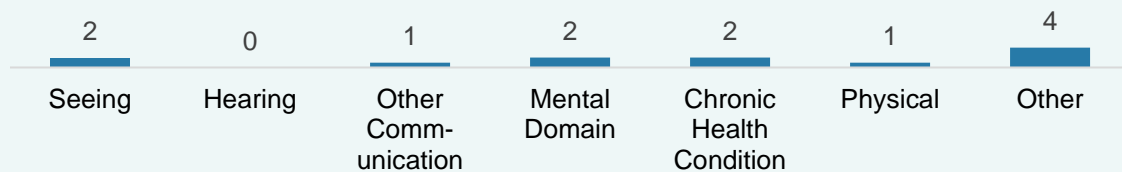
None identified as veterans

n=49; 5 individuals did not answer this question, including 3 who selected "decline to answer."

19% of individuals reported having one or more disabilities

n=43; 11 individuals did not answer this question, including 7 who selected "decline to answer."

Disability* (n=8)



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

RAINBOW UMBRELLA

Program Activities

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

Program Activities by Type	# Activities/Events
Support Groups	34
Community Presentations and Workshops	3
Field Trips	2
RISE Trainings	7
TOTAL # of Activities/Events	46



182 participants in program activities[†]



7% of activities in a language other than English

Program Outreach

Program outreach includes activities to promote Rainbow Umbrella 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	26
Presentation	6
Outreach	2
Meeting	2
Workshop	1
TOTAL # of Activities/Events	37



7,365 people reached through outreach events[†]



2,985 materials distributed



14% of outreach events in Spanish

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

RAINBOW UMBRELLA

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.



1 individual referred to mental health care



3 individuals referred to one or more social supports



5 total social support referrals provided to Family Support, Adult/Child Protective Services, Support Program/Group, and Food Assistance



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

Program Services during COVID-19

Rainbow Umbrella 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:

15	Youth Group Meetings	1	HIV Rapid Testing
1	Camp Lightbulb	1	THRIVE LA Meditation
1	DCVC RU Support Group	1	Virtual AIDS Walk Ventura County

RAINBOW UMBRELLA

Program Outcomes

Rainbow Umbrella tracks outcomes by surveying participants and trainees who participate in services offered by the organization. Participant outcomes are presented in the first 2 tables, followed by 2 tables highlighting trainee outcomes.

Participant Outcomes (n=9-16)[§]

As a result of participating in Rainbow Umbrella ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	2	9	2
My grades in school have...	3	10	1
My housing situation has...	4	10	2
My job situation has...	2	8	0
My relationship with friends and family has...	5	8	2

Participant Outcomes (n=18)

As a result of participating in Rainbow Umbrella ...	# Agree/ Strongly Agree	# Disagree/ Strongly Disagree
I know when I need to ask for help with a mental health problem.	17	1
I am more willing to seek help for a mental health problem.	16	2
I believe people with mental illness can function in their daily lives.	17	1
I would be accepting of a family member or friend if they had a mental illness.	17	1
I know where to go for mental health services in my community.	15	3

[§]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. 78

RAINBOW UMBRELLA

Data in the first trainee outcomes table is from both community member and RISE trainings (51 and 47 attendees respectively). Survey respondents completed one of two survey versions – a 2018 version and a current version – similar questions from both surveys are reported below.

Trainee Outcomes (n=77-96)

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	99%	1%
I know where the mental health services are in my community.	94%	6%
I am aware of my own views and feelings about mental health issues.	99%	1%
I recognize misconceptions about mental health and mental illness.	99%	1%
I believe people with mental illness can function in their daily lives.	98%	2%
I am more likely to assist someone with mental illness who needs help.	100%	0%

RAINBOW UMBRELLA

The second table presents outcomes data from RISE trainees who completed an additional Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. Agree and disagree response options are collapsed into smaller categories.

RISE Trainee Outcomes: MOQA SDR Survey (n=32)

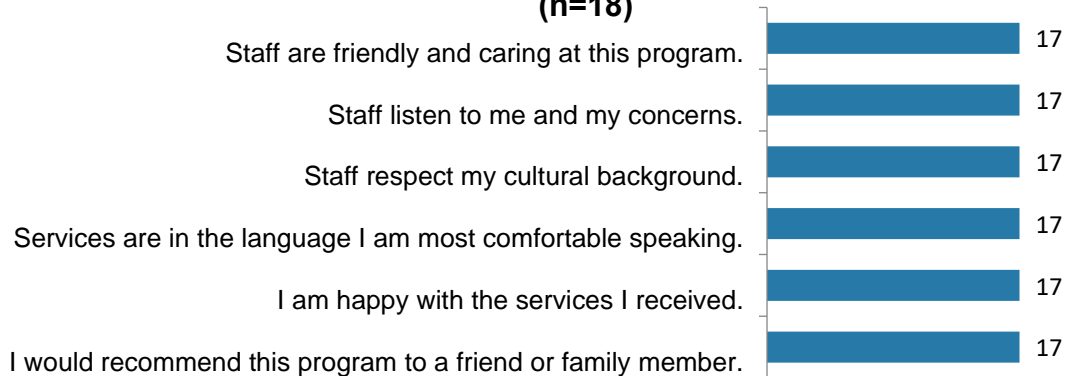
As a direct result of this training, I am MORE willing to:	% Agree	% Neutral	% Disagree
Live next door to someone with a serious mental illness.	53%	28%	19%
Socialize with someone who had a serious mental illness.	59%	28%	13%
Start working closely on a job with someone who had a serious mental illness.	55%	35%	10%
Take action to prevent discrimination against people with mental illness.	77%	16%	7%
Actively and compassionately listen to someone in distress.	85%	9%	6%
Seek support from a mental health professional if I thought I needed it.	78%	16%	6%
Talk to a friend or family member if I was experiencing emotional distress.	81%	13%	6%
As a direct result of this training, I now believe:	% Agree	% Neutral	% Disagree
People with mental illness are different compared to everyone else in the population.	13%	39%	48%
People with mental illness are to blame for their problems.	3%	13%	84%
People with mental illness can eventually recover.	50%	34%	16%
People with mental illness are never going to be able to contribute much to society.	6%	10%	84%
People with mental illness should be felt sorry for or pitied.	6%	16%	78%
People with mental illness are dangerous to others.	6%	25%	69%

RAINBOW UMBRELLA

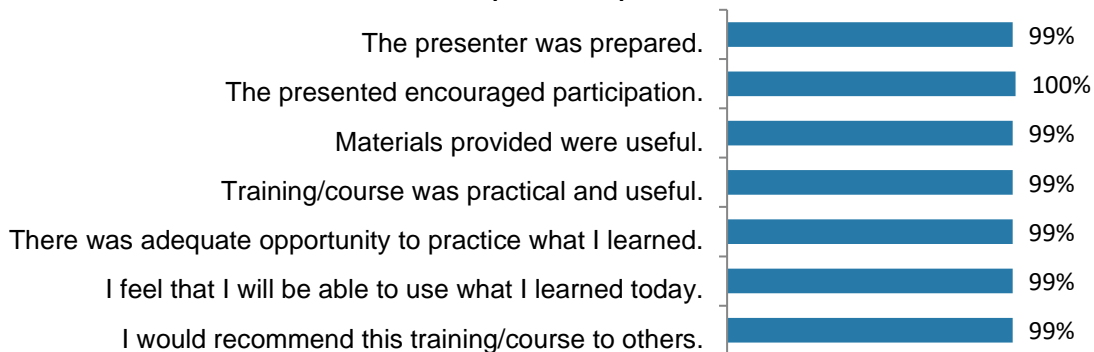
Program Satisfaction

Participants and trainees who received services from Rainbow Umbrella were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” Responses from those that attended a Rainbow Umbrella training, including RISE, are reported together. Trainees who completed a MOQA survey after a RISE training also provided responses to 3 additional satisfaction questions, which are also presented on below.

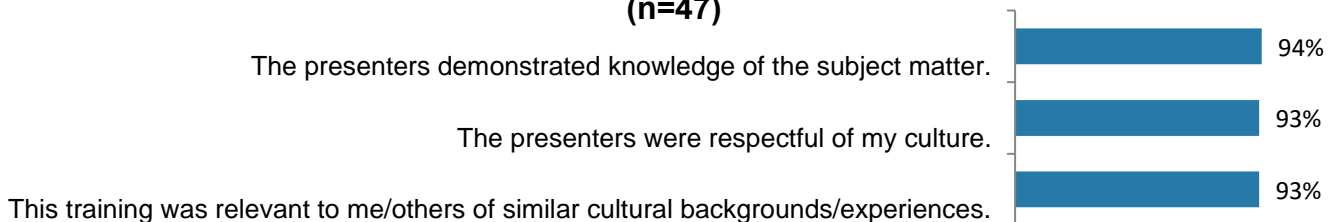
of Participants Who Agree (n=18)



% of Trainees Who Agree or Strongly Agree (n=80-98)



Additional RISE Training Satisfaction % Who Agree or Strongly Agree (n=47)



RAINBOW UMBRELLA

Program Feedback

Participants and trainees who received Rainbow Umbrella 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.)

Participant Feedback

What was most useful or helpful about this program? (n=12)

Top 3 Responses

- The sense of community (4)
- Getting support (3)
- Connecting to help and services (3)

What are your recommendations for improvement? (n=10)

Two recommendations were provided:

- More LGBT programming (1)
- Additional field trips (1)

The rest of respondents stated that there no improvements are needed (8)

Trainee Feedback

What was most useful or helpful about this program? (n=84)

Top 4 Responses

- Course materials and information (44)
- Learning about respectful and accurate ways of talking to and about LGBTQ individuals (18)
- Strategies for intervention and advocacy (12)
- Discussion with other trainees (10)

What are your recommendations for improvement? (n=117)

Top 4 Responses

- More handouts, videos, examples (7)
- More small group discussion, interaction, and activities (7)
- More time (4)
- Organizing and pacing of the presentations (3)

Additionally, 24 respondents stated that no improvements are needed

RAINBOW UMBRELLA

Program Successes

Two new youth expressed their experiences to the group about coming out as transgender and shared their life stories. They met us at an outreach event and joined this week because of that interaction.

Youth discussed "Gender Euphoria" and positive experiences of transitioning.

Staff successfully helped students and their advisor at Oxnard Middle College High feel comfortable starting their GSA on campus, giving them resources and tools to have their first meeting.

At RU HIV Awareness and Healthy Sexuality Night the youth had a great response to our discussion, asked a lot of questions, and were appreciative of the education.

Conclusion and Recommendations

Rainbow Umbrella is reaching the population they seek to serve, with the majority of participants identifying as LGBTQ+ youth. Rainbow Umbrella is working to meet their participants' emotional needs through referrals to social supports and mental health care. However, the program offered only a small fraction of the number of mental health referrals and encouragements to access services as it did last year.

Most participants agreed that Rainbow Umbrella is effective in helping them increase awareness around when and where to ask for help, as well as lower levels of stigma around mental illness. A majority of trainees also indicated increased knowledge around mental health issues, reduced stigma toward people experiencing mental illness, and increased intent to help individuals with mental illness. While trainees felt positively about the program, most youth participants reported that the program had not impacted their relationships with friends or family or their housing, employment, and academic situations.

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 fill a gap in LGBTQ+ services in the Hispanic community.

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 also outreaches to the DHH community through vlogs and social media posts, provides referrals to mental health care, and hosts a mental health task force.

Program Strategies



Increases recognition of early signs of mental illness by providing trainings to educators and other potential responders, and mental health vlogs to the DHH community.



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

Program Highlights

189 individuals received core program services

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

2,608 individuals reached through outreach events (e.g., vlog views)[†]

98 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. However, this year no demographic data were collected from the 189 individuals served.

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	10
PEI Workshop	8
Staff Training	1
TOTAL # of Activities/Events	19



193 unduplicated participants in program activities



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

Program Outreach

Program outreach activities increase awareness of mental health issues and resources, particularly through sharing mental health educational content on social media.



2,608 total visits/views/hits on Facebook and YouTube

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 2019–2020. Referrals to social supports such as food, housing, health insurance, and other support services were provided to 67 individuals.



0 individuals referred to mental health care



67 individuals referred to one or more social supports



86 total social support referrals provided, 65 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

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:

80 Word of Signs

5 Word of Mouth

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). Participant outcomes about WIC 5840 (education, housing, employment) are not presented as all but one participant indicated they did not need. Survey results are presented in the following tables.

Participant Outcomes (n=9-11)

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	1
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.	8	1

TRI-COUNTY GLAD

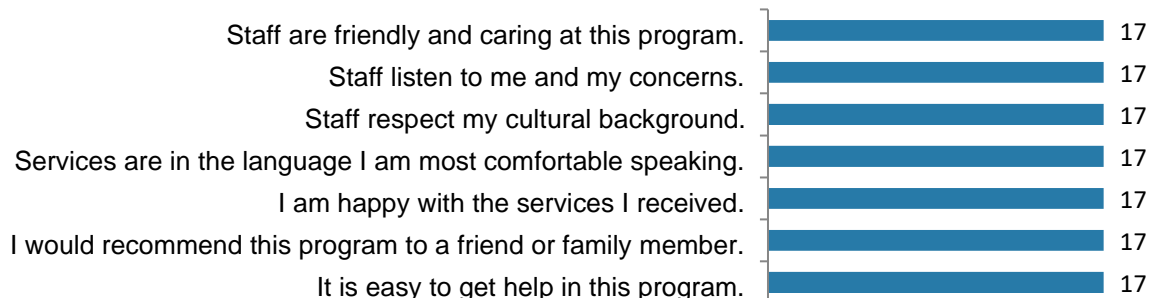
Trainee Outcomes (n=83-84)

As a result of participating in this workshop/class ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I better understand mental health issues and related crises.	68%	30%	0%	2%
I know where the mental health services are in my community.	70%	26%	1%	3%
I am aware of my own views and feelings about mental health issues.	80%	18%	0%	2%
I recognize misconceptions about mental health and mental illness.	77%	19%	0%	4%
I believe people with mental illness can function in their daily lives.	73%	23%	2%	2%
I am more likely to assist someone with mental illness who needs help.	71%	27%	0%	2%

Program Satisfaction

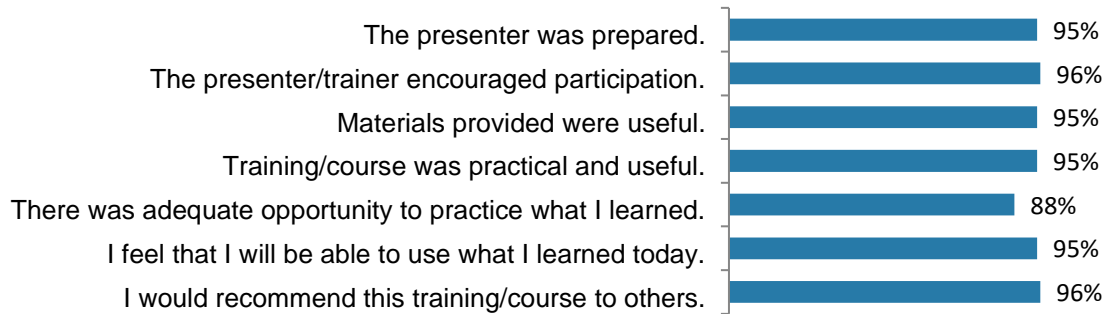
Participants and trainees in Tri-County GLAD services were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the number of participants who agreed with each statement; the chart following highlights the percentage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

of Participants Who Agree (n=18)



TRI-COUNTY GLAD

% of Trainees Who Agree (n=76-84)



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

- Psychiatrists/Counselor (3)
- Learning about mental health (2)

TRI-COUNTY GLAD

Trainee Feedback

What was most useful or helpful about this workshop/class? (n=73)

Top 4 Responses

- Learning more about the DHH community (24)
- Learning about existing resources (14)
- Understanding stigma, social isolation, and mental health challenges facing the DHH community (12)
- Increased comfort with and awareness of the DHH community (11)

What are your recommendations for improvement? (n=46)

Top 3 Responses

- More interactive content in the training (4)
- Basic sign language (4)
- Offer more time, sessions, and locations (3)

Additionally, 22 respondents stated that no improvements are needed

Program Successes

A consumer shared that his mother passed away during the pandemic, having an overwhelming mixture of feelings planning for her service, and his father being in the hospital. He was relieved that his father returned home and recovered at home. He informed the Advocate that his wife was with [him]... and he was doing well with her moral support.

A consumer was looking for resources for emergency fund assistance specifically for undocumented immigrants on her husband's behalf. The Advocate informed her that the contact information on a non-profit organization which works with undocumented immigrants would be emailed to her.

TRI-COUNTY GLAD

Conclusion and Recommendations

Tri-County GLAD reaches the DHH community through educational workshops and videos shared on social media. 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 more than double the number of unduplicated individuals this year as they did last year. However, since no demographic data were collected this year, little is known about these participants in aggregate. Only demographic data can allow the county to determine which subpopulations within the DHH community are being served by the organization. It is recommended that Tri-County GLAD increase compliance with collecting demographic information as required by the MHSOAC.

An additional area of future improvement might be to increase outreach and engagement via social media as social media engagement sharply decreased, from more than 33 thousand views last year (FY 18–19) to less than one tenth of that this year.

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[‡]

15,956 *Wellness Everyday/Salud Siempre* website users

14 social media campaigns delivered in English and Spanish

21,481 clicks on English and Spanish social media advertisements[†]

[‡]This program did not provide referral information.

[†]May include duplicate users.

WELLNESS EVERYDAY

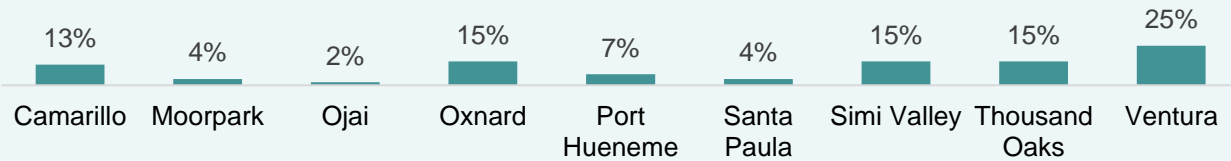
Demographic Data[†]

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 2019–2020 website sessions. Data are presented separately for the English and Spanish versions of the website.



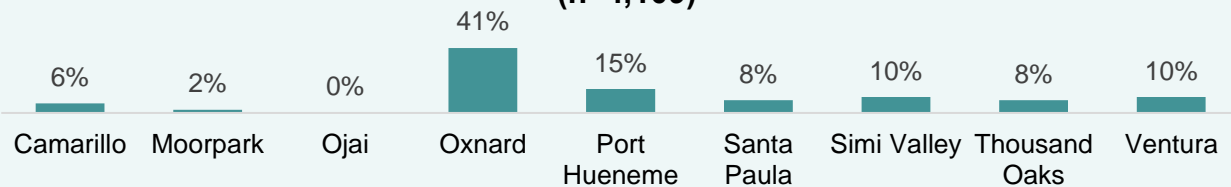
72% of all English website sessions came from communities in Ventura County

Sessions per Ventura County Community: English website (n=8,985)



62% of all Spanish website sessions came from communities in Ventura County

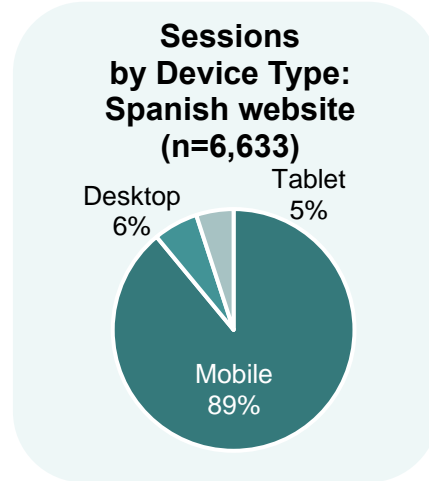
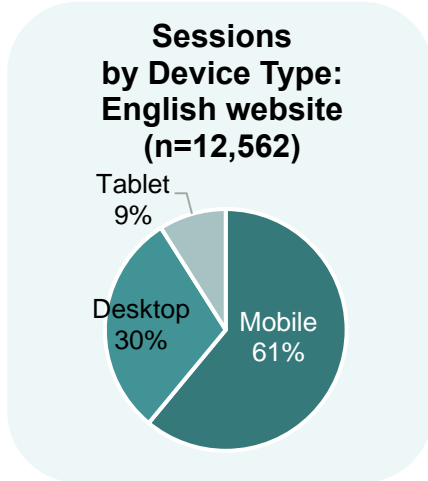
Sessions per Ventura County Community: Spanish website (n=4,109)



[†] May include duplicate users.

WELLNESS EVERYDAY

Demographic Data[†]



Wellness Everyday Website Traffic[†]

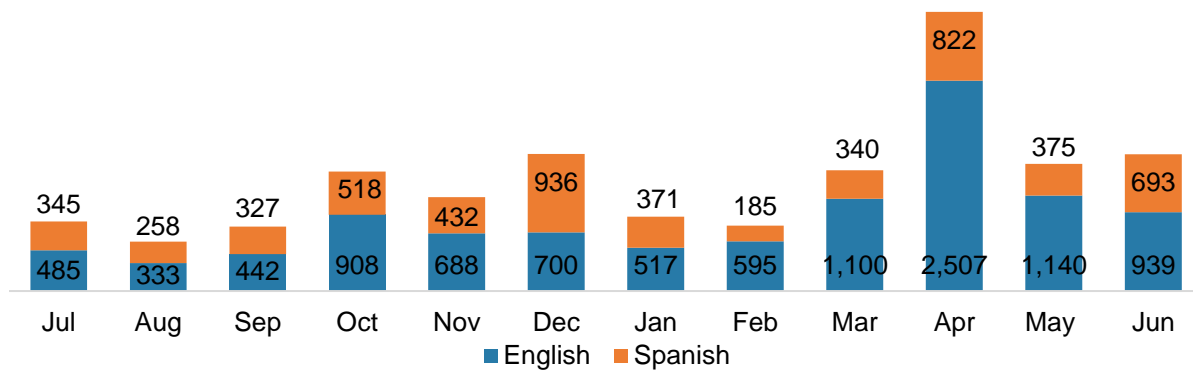


10,354 people used the English website in FY 19–20



5,602 people used the Spanish website in FY 19–20

Wellness Everyday/Salud Siempre Website Users by Month



[†] May include duplicate users.

WELLNESS EVERYDAY

Social Media Advertisements

307,026 people viewed English advertisements^{†§}



352,110 people viewed Spanish advertisements^{†§}

More than 1.5 M English advertisements were onscreen[†]



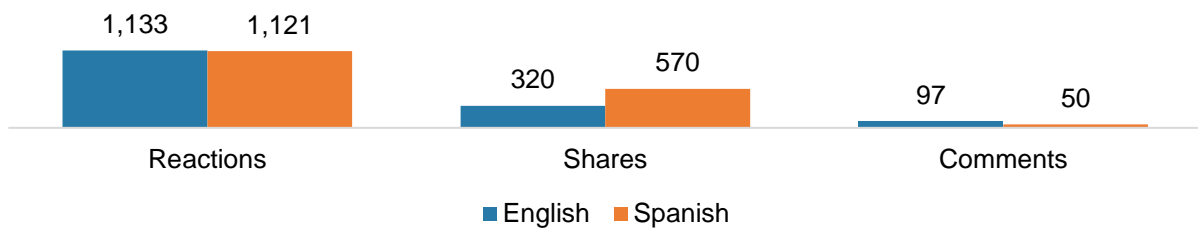
More than 2.1 M Spanish advertisements were onscreen[†]

9,650 English advertisements were clicked



11,831 Spanish advertisements were clicked

FY 19–20 User Responses to Social Media Advertisements



Program Successes

VCBH responded quickly to the COVID-19 pandemic and launched three rounds of social media campaigns focused on **Coping During COVID** during March, April and May of 2020.

[†] May include duplicate users.

[§] Does not include Suicide Prevention digital advertisements in May 2020 and June 2020.

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 users turn to *Wellness Everyday/Salud Siempre* for information about mental and behavioral health and respond positively to the campaign's social media advertisements. For example, the English language website had its highest number of users in the months of March, April and May, and the Spanish language website had a high number of users in April as well. This was during the initial few months of COVID-19 when people were likely experiencing increased anxiety, depression, and other mental health symptoms. In addition, the April *Coping with COVID* social media campaign (in both English and Spanish) had a high number of clicks suggesting that people found the information displayed in the advertisement valuable and sought out additional related information by clicking on the advertisement.

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 MHS is to intervene early in symptoms of mental illness to reduce prolonged suffering that may result from untreated mental illness. Ventura County funds 6 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, COMPASS and EDIPP, primarily provided services to individuals under age 25, which is a priority population for Prevention and Early Intervention programs.

Additionally, both youth and adult program participants in Primary Care Integration and Primary Care Program saw decreases in their depression and anxiety symptom severity scores.

Finally, participants from programs providing outreach and education (Family & Friends and Familia a Familia) indicated reductions in stigma and discrimination toward mental illness as well as increased knowledge about available mental health services.

Early Intervention Programs

- **Comprehensive Assessment and Stabilization Services (COMPASS), Seneca Family of Agencies**
- **Familia a Familia, National Alliance on Mental Illness (NAMI)**
- **Family & Friends, National Alliance on Mental Illness (NAMI)**
- **Primary Care Integration, Ventura County Behavioral Health (VCBH)**
- **Primary Care Program, Clínicas del Camino Real, Inc.**
- **Early Detection and Intervention for the Prevention of Psychosis (EDIPP), Ventura County Behavioral Health (VCBH)**

1,438 individuals received core program services

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[‡]

37 individuals received core program services

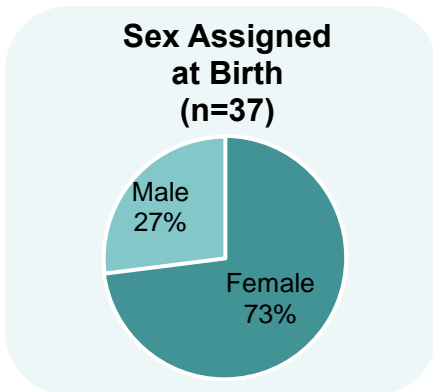
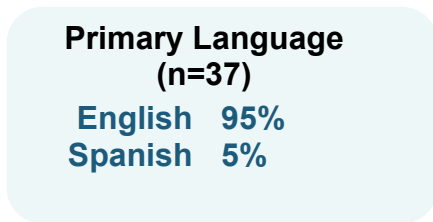
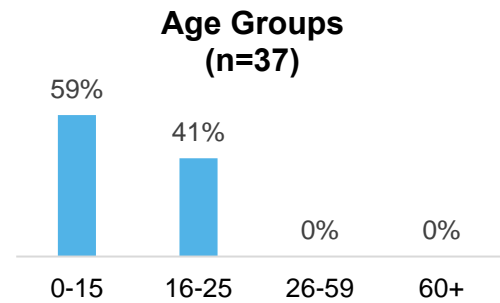
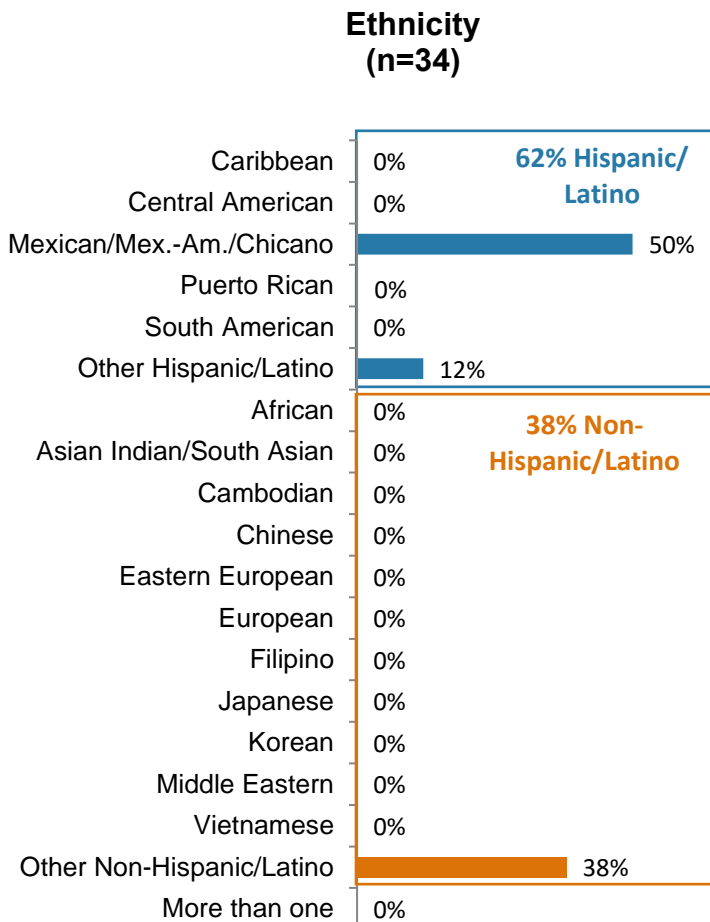
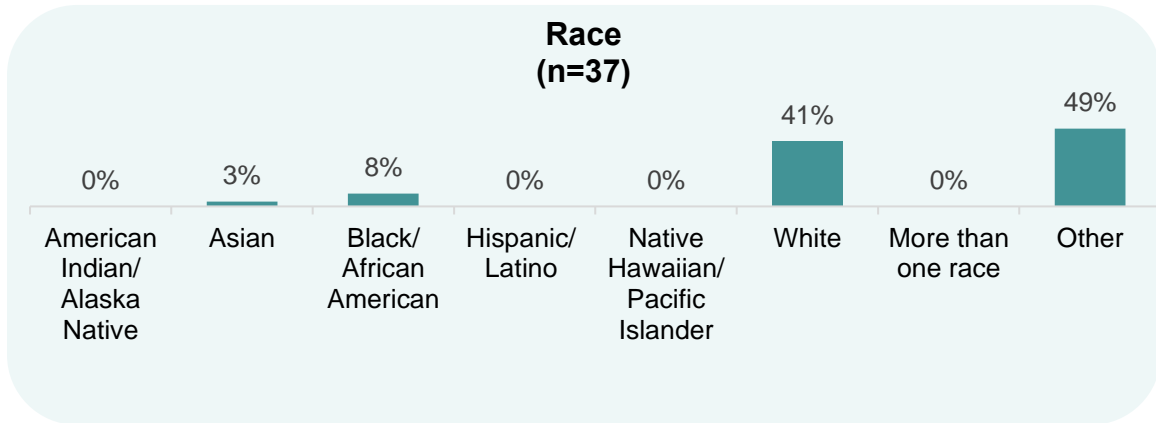
12 Days average length of stay

[‡]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 37 individuals whose information was entered into Avatar. Demographic data was not collected for sex assigned at birth, veteran status, and disabilities. Data on sexual orientation (n=3) 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	37
Case Management	71
Collateral Meetings (Intake)	100
Mental Health Evaluation and Management	48
Individual Therapy	176
Medication Management	20
Plan Development	48
Rehab	447
TOTAL # of Activities/Events	947

Conclusion and Recommendations

COMPASS is reaching the population they seek to serve, with the majority 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.

FAMILIA A FAMILIA NATIONAL ALLIANCE ON MENTAL ILLNESS

Offered through National Alliance on Mental Illness (NAMI), Familia a Familia is a free series of 12 weekly classes for people who have loved ones with a mental health condition. The seminar explains how attendees can best support their loved ones and is an opportunity to meet other people in similar situations and gain community support. It is led by trained individuals who have lived experience with supporting a family member with a mental health condition. Topics include understanding diagnoses, treatment, and recovery; effective communication strategies; the importance of self-care; crisis preparation strategies; and NAMI and community resources. The course is offered entirely in Spanish.

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[‡]

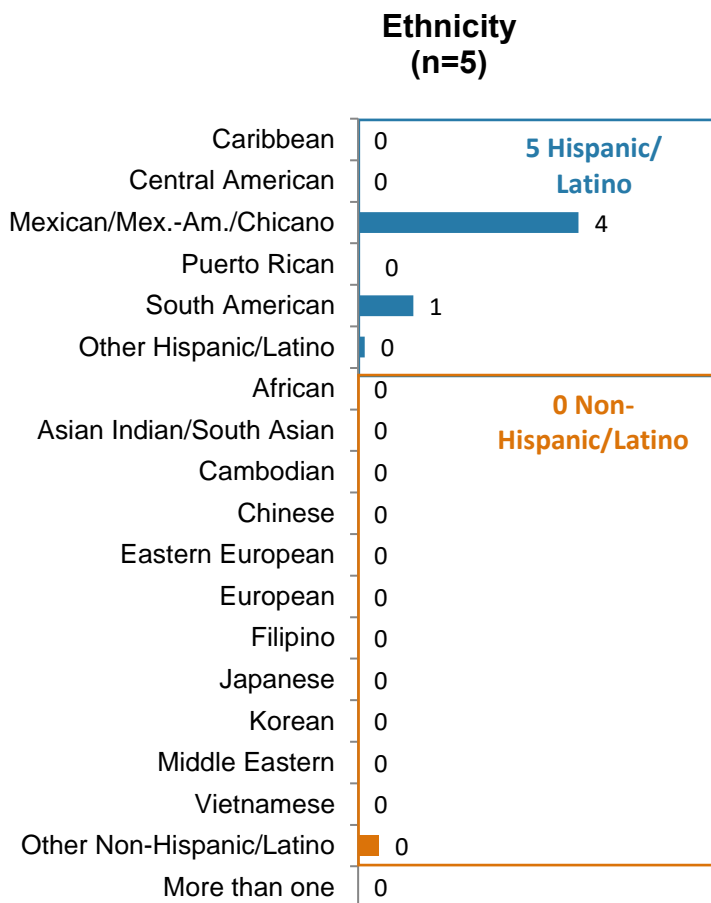
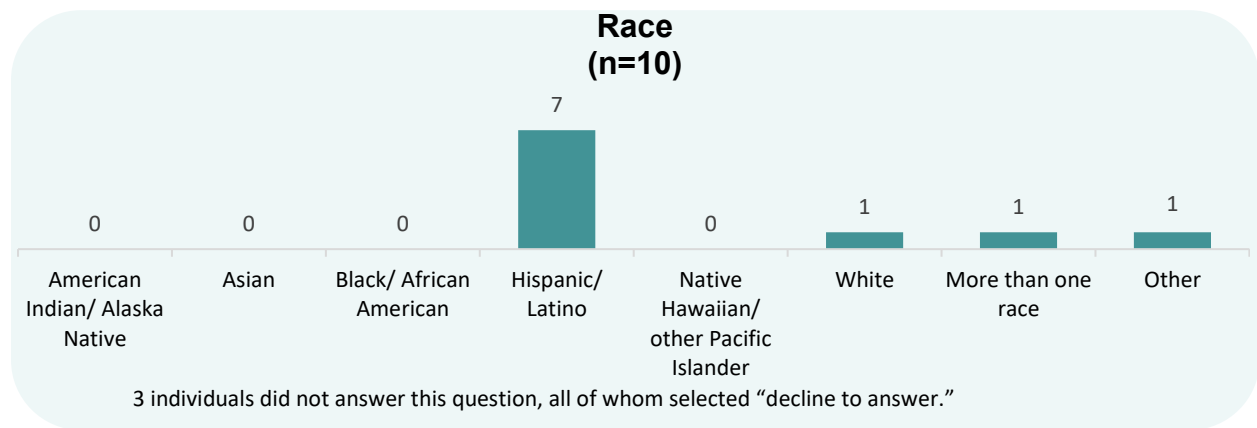
19 individuals received core program services (were trained in a Familia a Familia seminar)

[‡]This program did not provide referrals.

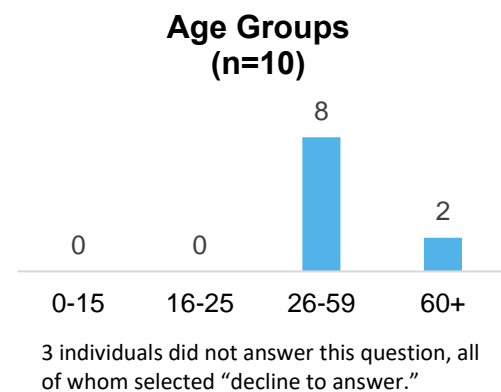
FAMILIA A FAMILIA

Demographic Data

Familia a Familia collects unduplicated demographic data from the individuals they serve. Of the 19 individuals who received core program services, 13 provided some demographic information which is presented below.



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



2 individuals selected "decline to answer" for this question.

FAMILIA A FAMILIA

Demographic Data

Current Gender Identity (n=11)

Female	7
Male	4
Transgender	0
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0

2 individuals did not answer this question; both selected “decline to answer.”

Sex Assigned at Birth (n=4)

Of the 4 respondents, all 4 indicated their sex at birth as “Female”

9 individuals did not answer this question, including 2 who selected “decline to answer.”

Sexual Orientation (n=2)

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

11 individuals did not answer this question, including 4 who selected “decline to answer.”

None identify as veterans

n=4; 9 individuals did not answer this question, including 2 who selected “decline to answer.”

0 individuals reported having one or more disabilities

n=3; 10 individuals did not answer this question, including 3 who selected “decline to answer.”

Program Activities

The primary program activity is a series of 12 weekly classes. The program completed 2 courses in fiscal year 2019–2020.



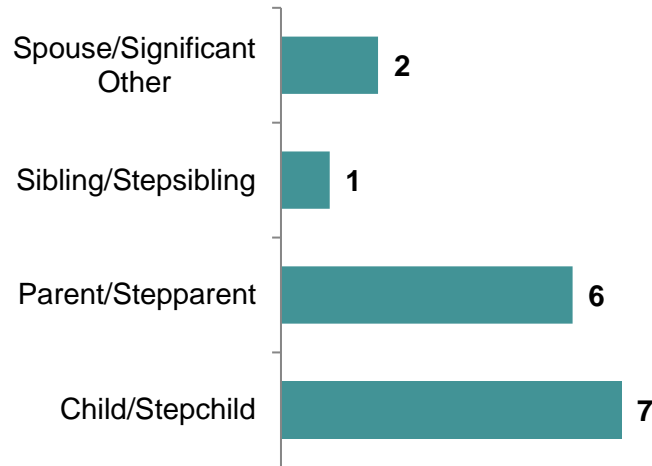
13 participants in program activities

FAMILIA A FAMILIA

Program Outcomes

Familia a Familia tracks outcomes and satisfaction with services by surveying participants who complete their courses. Below are the characteristics of respondents to the Familia a Familia workshop survey.

Relationship to Individual with a Mental Illness (n=16)



3 individuals did not answer this question.

Participant Attitudes and Feelings about Their Loved One's Mental Illness (n=17-19)

	% Agree	% Neutral	% Disagree
I am comfortable talking with others about my loved one and our family's situation.	95%	0%	5%
I can feel empathy and understanding when my loved one with mental illness experiences unusual behavior.	78%	0%	22%
I feel some responsibility for my loved one having mental illness.	74%	13%	13%

FAMILIA A FAMILIA

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

Participant Outcomes (n=16-17)

"When our family needs help regarding our loved one with mental illness, we have....":	% Agree	% Neutral	% Disagree
Someone to talk to for help when we need it.	76%	0%	24%
Some to talk to, to learn what options are available as needed.	76%	0%	24%
Someone to talk to for support and direction in a crisis situation.	76%	0%	24%
The ability to find out more about a situation when we need it.	76%	6%	18%
A place to go for suggestions about how to do something when needed.	75%	0%	25%
Someone to talk to for help to decide what to do when needed.	70%	6%	24%

Participant Hopefulness (n=17-19)

100% of participants are satisfied with their life currently.

41% of participants feel extremely energetic and healthy.

17% of participants feel quite a bit of stress or pressure in their life.

28% of participants feel very optimistic about the future.

FAMILIA A FAMILIA

Conclusion and Recommendations

Familia a Familia is reaching the population they intend to serve which is relatives of people with mental health and substance use diagnoses.

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

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[‡]

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

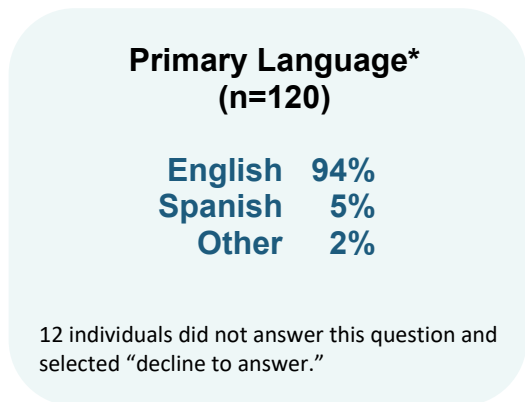
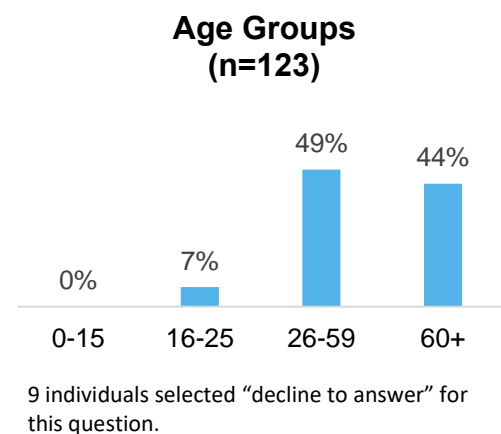
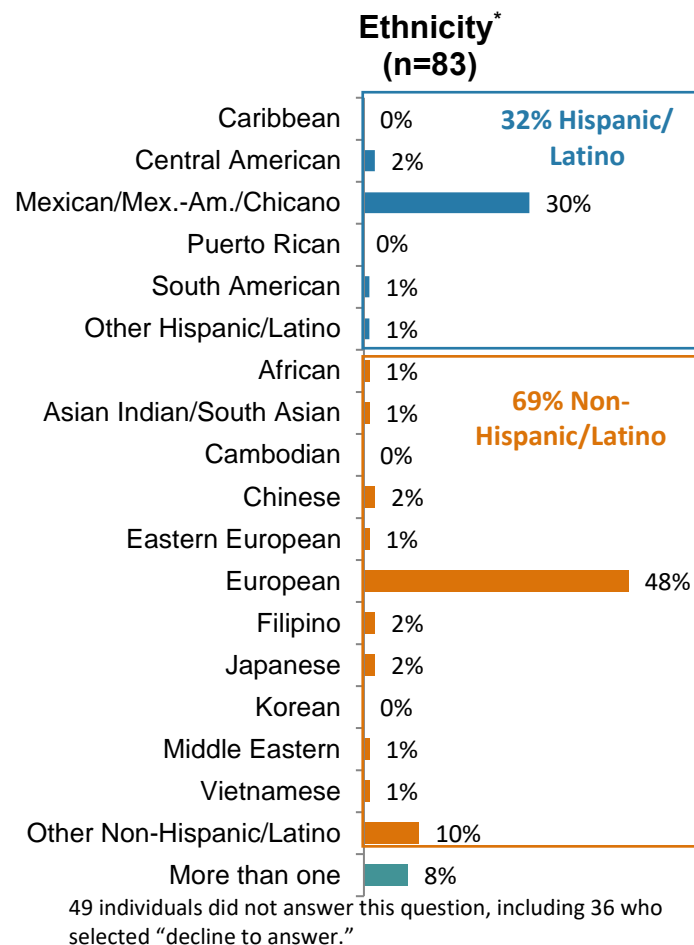
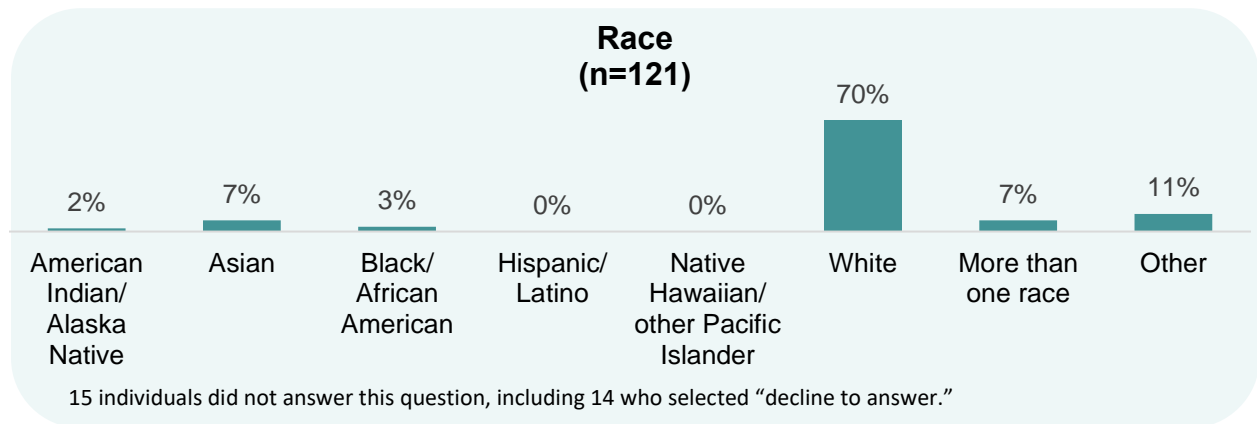
[‡]This program did not provide referrals.

[†]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 160 individuals who received core program services, 132 completed a demographic form; this information is presented below.



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

FAMILY & FRIENDS

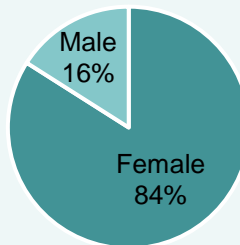
Demographic Data

Current Gender Identity* (n=121)

Female	83%
Male	16%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	1%

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

Sex Assigned at Birth (n=119)



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

Sexual Orientation* (n=107)

Bisexual	1%
Gay or Lesbian	1%
Heterosexual or Straight	95%
Queer	9%
Questioning or Unsure	2%
Another Sexual Orientation	0%

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

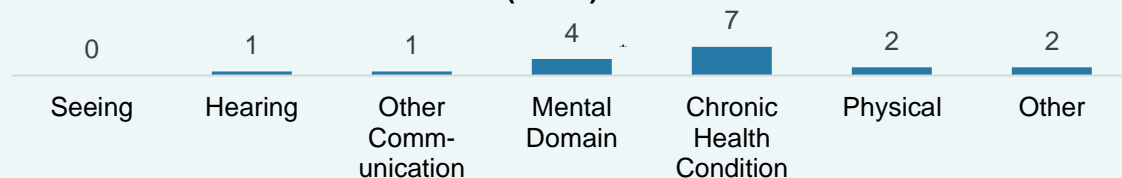
5% of individuals identify as veterans

n=121; 11 individuals did not answer this question, including 10 who selected "decline to answer."

14% of individuals reported having one or more disabilities

n=102; 30 individuals did not answer this question, including 26 who selected "decline to answer."

Disability* (n=14)



"Other" includes individuals who did not specify a disability type.

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

FAMILY & FRIENDS

Program Activities

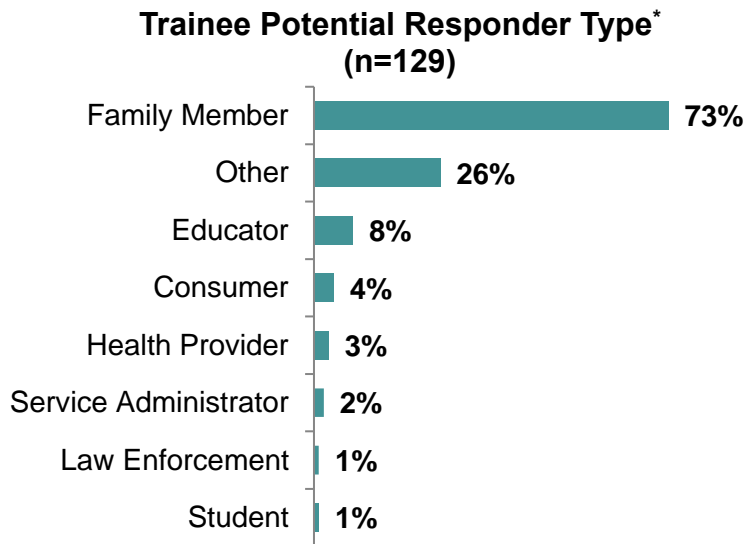
Program activities include the Family & Friends seminar facilitated by program staff. The Family & Friends program conducted 14 seminars in fiscal year 2019–2020.



160 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.



3 individuals did not answer this question.

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

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=132)

Please select which items below you agree with:	% Agree
I see recovery as a real possibility.	77%
In the past, I haven't felt encouraged regarding recovery from mental illness.	31%
A mental illness is a physical illness, like diabetes.	73%
In the past, I haven't felt that mental illness is a physical illness.	14%
I would feel comfortable working with someone who has a mental illness.	67%
In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	18%

Trainee Outcomes Highlights

29 of 41 individuals who previously did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

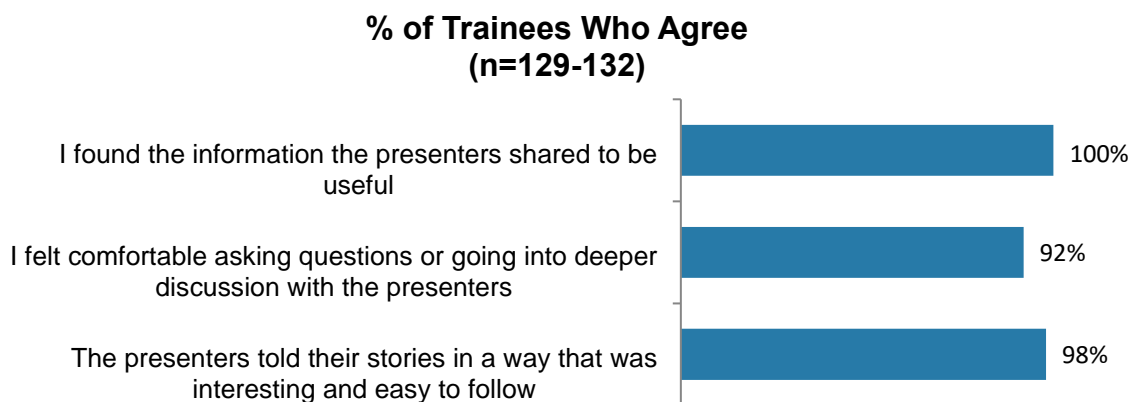
14 of 19 individuals who previously did not feel that mental illness is a physical illness now agree that a mental illness is a physical illness, like diabetes.

17 of 24 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.



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 increased the number of training participants from 104 last year to 160 this year. In addition, the program has expanded its reach to Hispanic/Latino participants from 24% in FY 18–19 to 32% in FY 19–20.

The proportion of individuals who indicated that they agreed with each of the satisfaction-related outcome items increased from last year, suggesting that the quality of programming is improving over time. Trainees reported that the presentations changed their attitudes and beliefs. For example, 29 of 41 (71%) of individuals now see mental illness recovery as a real possibility when they did not previously.

Areas of future improvement may be to collect participant feedback in open-ended survey responses, and to also record success stories that may be received by the program after an attendee implements skills learned from the training in their life and work.

PRIMARY CARE INTEGRATION (PCI) VENTURA COUNTY BEHAVIORAL HEALTH (VCBH)

Primary Care Integration provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers. This program serves individuals age 12 and older who are at risk of or experiencing depression and/or anxiety symptoms. Services are provided at 14 different health centers throughout Ventura County for individuals that do not have insurance coverage.

Program Strategies



Provides access and linkage to services through screening and mental health treatment.



Improves timely access to services for underserved populations by providing services for individuals without medical insurance coverage.

Program Highlights[‡]

678 individuals received core program services

3.16 point decrease in average youth participant symptom severity

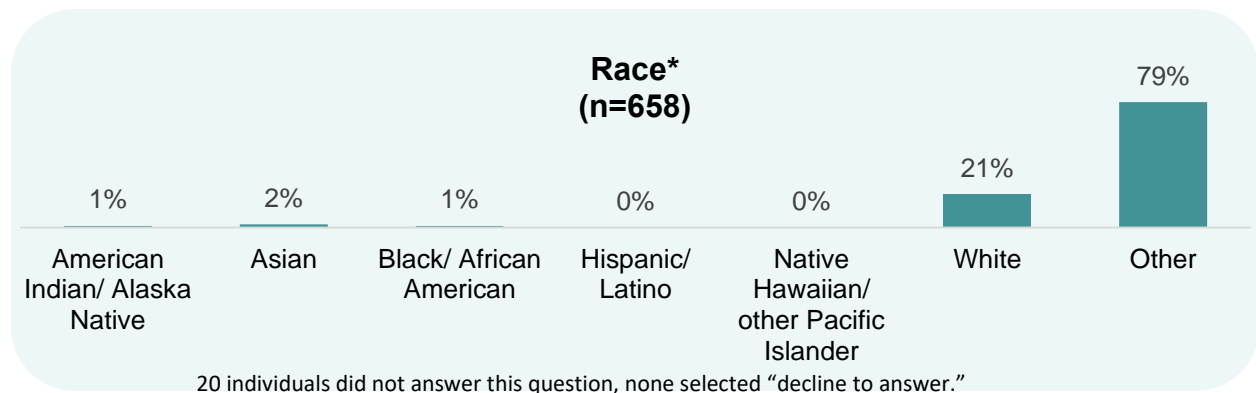
5.65 point decrease in average adult participant symptom severity

[‡]This program did not provide referrals.

PRIMARY CARE INTEGRATION

Demographic Data

Primary Care Integration collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by the 678 individuals who received services during fiscal year 2019-2020.

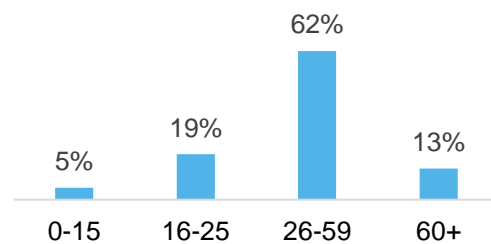


Ethnicity (n=677)

75% Hispanic/Latino
25% Non-Hispanic/Latino

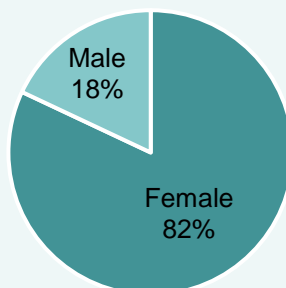
1 individual did not answer this question, none selected "decline to answer."

Age Groups (n=663)



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

Sex Assigned at Birth (n=678)



Primary Language (n=678)

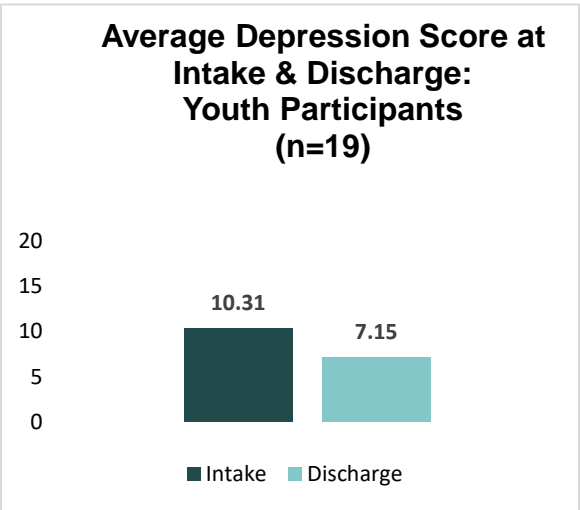
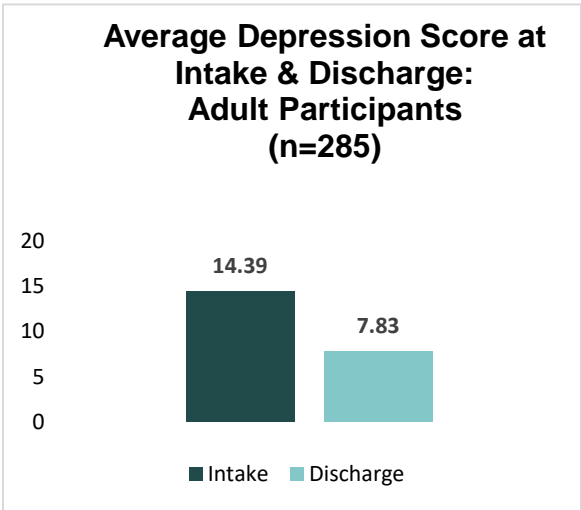
English 55%
Spanish 43%
Other 2%

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

PRIMARY CARE INTEGRATION

Program Outcomes

Primary Care Integration tracks outcomes using the Patient Health Questionnaire (PHQ-9) (as a measure of depression). Average scores across both youth and adult participants at intake and discharge are summarized in the charts below. At intake, both adult and youth participants’ average PHQ-9 scores suggest that there was a moderate level of depression (on average), but that at discharge there was a mild level of depression (on average). For youth participants, there was a 3.16-point decrease on average in symptom severity and for adult participants there was a 5.65-point decrease on average in symptom severity. Additionally, the program determines fidelity of program implementation by surveying participants who receive services offered by the organization. Results from these surveys are shown in the tables below.



Fidelity of Program Implementation: Adult Participants (n=199)

	% Agree	% Neutral	% Disagree
My therapist followed a step by step plan to help me.	99%	0%	1%
I learned and practiced new skills to deal with my problems.	98%	1%	1%
I learned how to change my thinking to change the way I feel and act.	96%	3%	1%
My therapist gave assignments or homework so I could better use what I learned in therapy.	97%	2%	1%

PRIMARY CARE INTEGRATION

Program Outcomes

Fidelity of Program Implementation: Youth Participants (n=32)

	# Agree	# Neutral	# Disagree
My therapist followed a step by step plan to help me.	32	0	0
I learned and practiced new skills to deal with my problems.	31	1	0
I learned how to change my thinking to change the way I feel and act.	30	2	0
My therapist gave assignments or homework so I could better use what I learned in therapy.	32	0	0

Conclusion and Recommendations

Most adults and youth who provided program feedback agreed that Primary Care Integration is implemented with fidelity (e.g., therapist followed program standards) and that they had opportunities to learn new skills, and ways of thinking and acting in the program. Additionally, average levels of participant depression decreased between intake and discharge from the program.

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, current gender identity, and ethnicity.

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 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 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[§]

511 individuals received core program services

11 point decrease in average participant depression severity

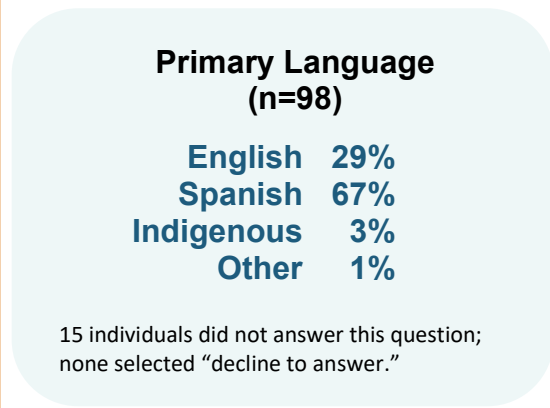
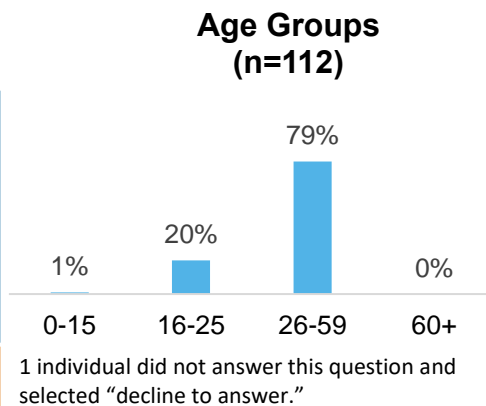
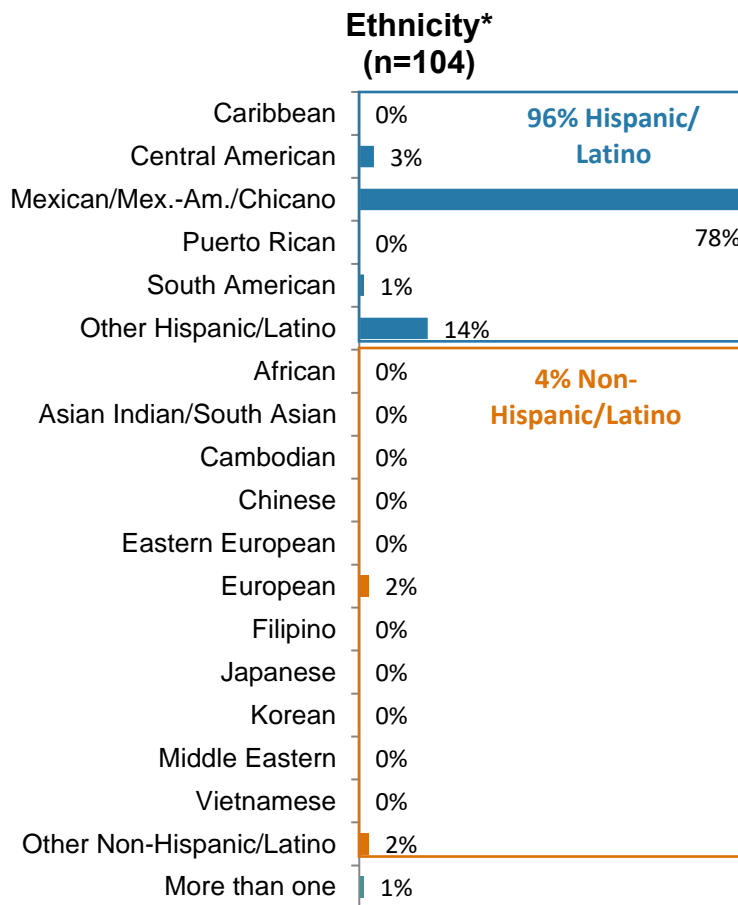
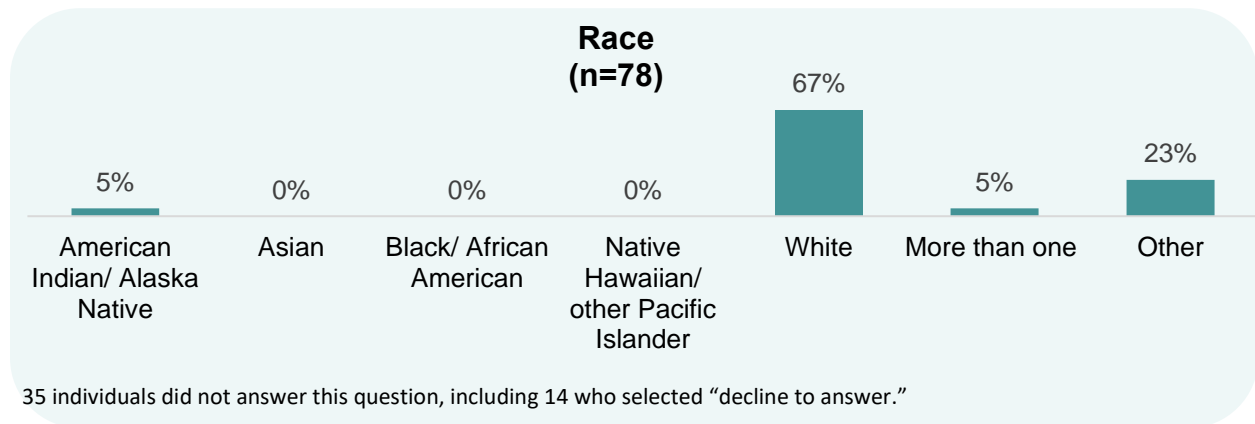
9.7 point decrease in average participant anxiety severity

[§]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 113 individuals who completed a MHS-compliant demographic form in fiscal year 2019–2020.



9 individuals did not answer this question, including 4 who selected “decline to answer.”

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

PRIMARY CARE PROGRAM

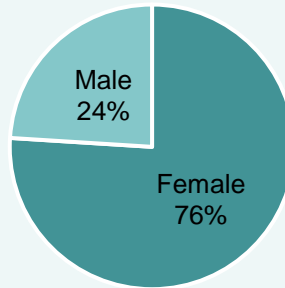
Demographic Data

Current Gender Identity (n=109)

Female	76%
Male	24%
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=109)



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

Sexual Orientation (n=69)

Bisexual	6%
Gay or Lesbian	4%
Heterosexual or Straight	88%
Queer	0%
Questioning or Unsure	2%
Another Sexual Orientation	0%

44 individuals did not answer this question; including 23 who selected "decline to answer."

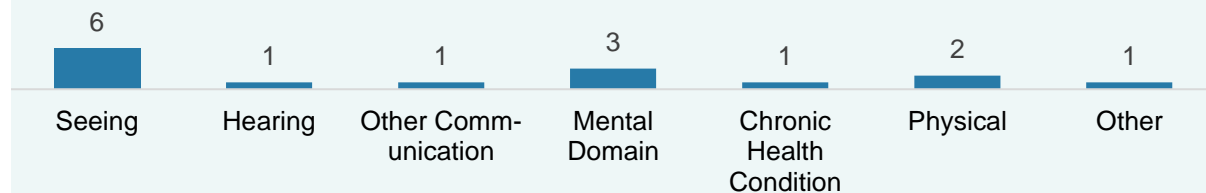
2% of individuals identify as veterans

n=109; 3 individuals did not answer this question, including 1 who selected "decline to answer."

12% of individuals reported having one or more disabilities

n=89; 24 individuals did not answer this question, including 10 who selected "decline to answer."

Disability* (n=11)



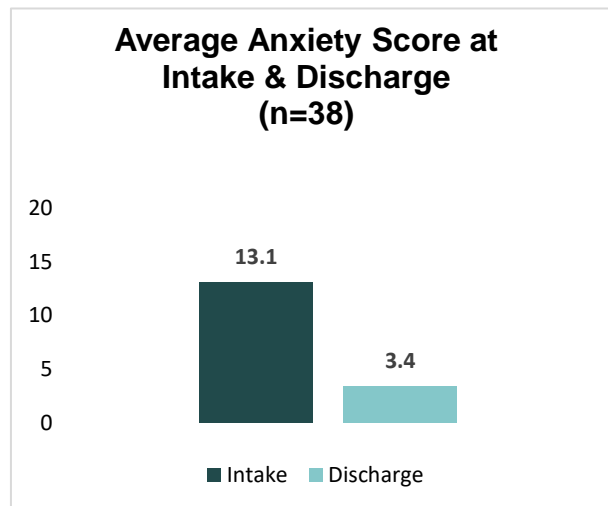
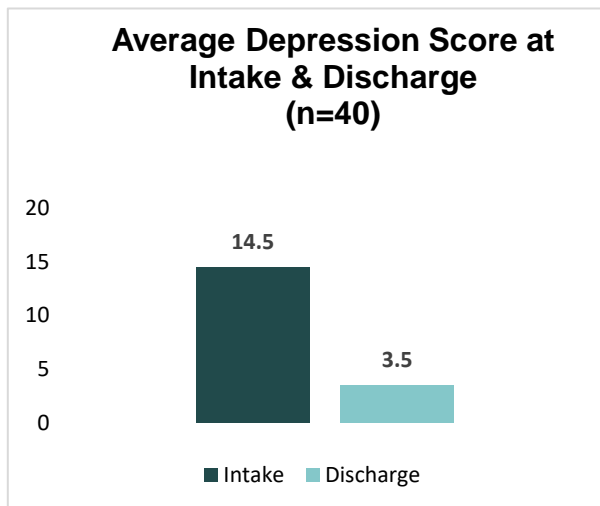
* Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

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 2019–2020.

- 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 11-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 9.7-point decrease in anxiety symptoms (on average).



PRIMARY CARE PROGRAM

Primary Care Program also tracks outcomes using surveys for program participants who receive services offered by the organization. Results from these surveys are shown in the following tables.

Participant Outcomes (n=11-27)[§]

As a result of participating in Project Esperanza ...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	12	2	0
My grades in school have...	8	3	0
My housing situation has...	16	2	0
My job situation has...	18	3	1
My relationship with friends and family has...	24	2	1

Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=38-41)

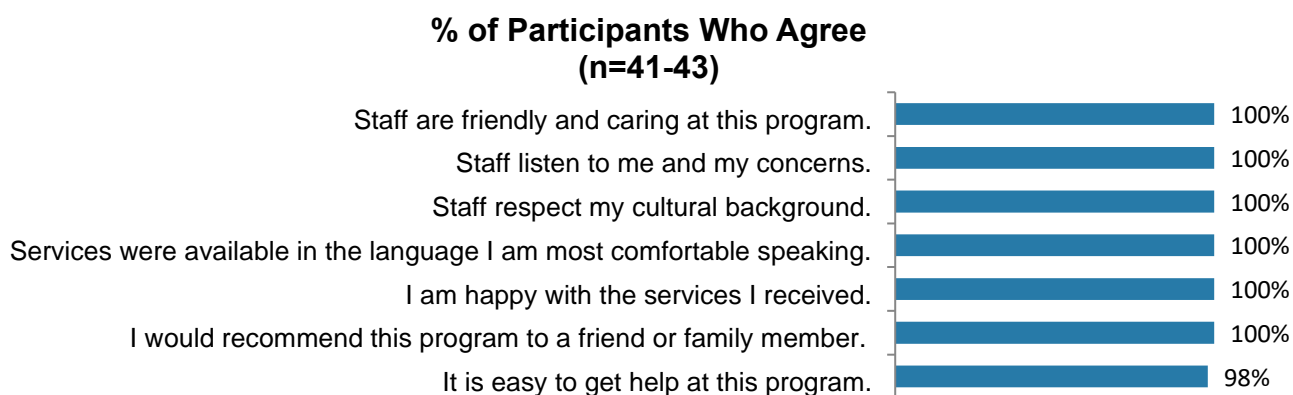
As a result of participating in Project Esperanza ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	71%	27%	2%	0%
I am more willing to seek help for a mental health problem.	80%	20%	0%	0%
I believe people with mental illness can function in their daily lives.	61%	27%	7%	5%
I would be accepting of a family member or friend if they had a mental illness.	69%	28%	0%	3%
I know where to go for mental health services in my community.	68%	32%	0%	0%

[§]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.

PRIMARY CARE PROGRAM

Program Satisfaction

Participants who received services from Primary Care Program 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.



Program Feedback

Participants in Primary Care Program 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=23)

Top X Responses

- Being listened to/being able to discuss needs/problems (6)
- Receiving resources and skills to address problems (6)
- Receiving professional help (5)

What are your recommendations for improvement? (n=16)

Top 2 Responses

- Longer sessions (4)
- Increased program promotion (1)

Additionally, 6 respondents stated that no improvements are needed

PRIMARY CARE PROGRAM

Conclusion and Recommendations

In FY 2019–2020, Primary Care Program exceeded the number of participants it was contracted to serve, providing services to 511 participants—421 more than expected. 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 the Mixteco community.

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.

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.

EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS (EDIPP) VENTURA COUNTY BEHAVIORAL HEALTH (VCBH)

Early Detection and Intervention of Psychosis (EDIPP) conducts community outreach and education to potential responders about early warning signs of psychosis and available resources; provides a two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, and education/vocational services; and supports participants and families after discharge through the Continuing Care Program.

Program Strategies



Improves timely access to mental health services for underserved populations.



Increases recognition of early signs of mental illness through outreach and trainings to potential responders including school staff, clinicians, spiritual leaders, and police.

Program Highlights[‡]

33 individuals received core program services

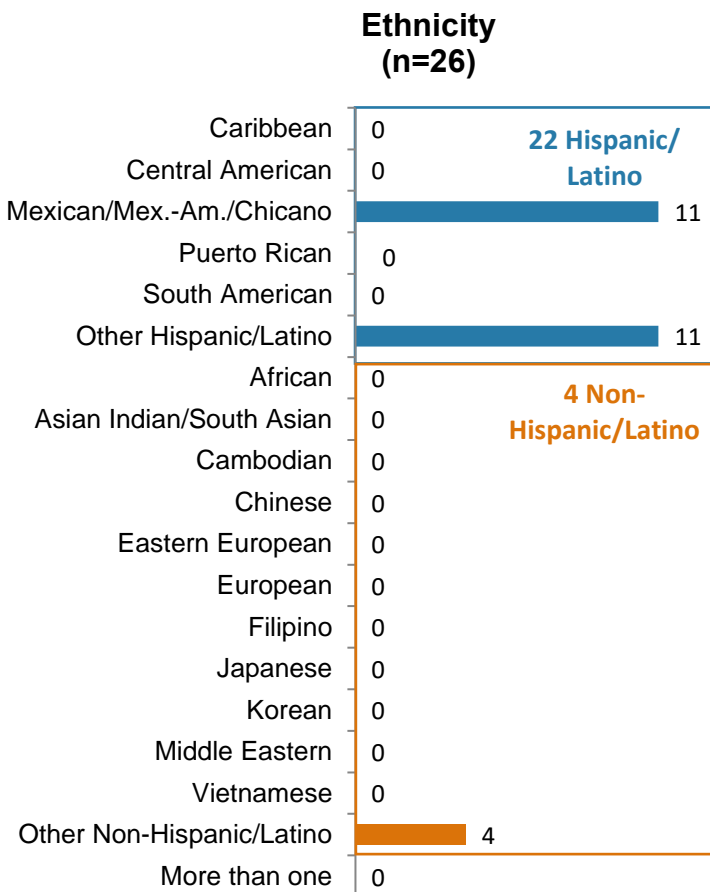
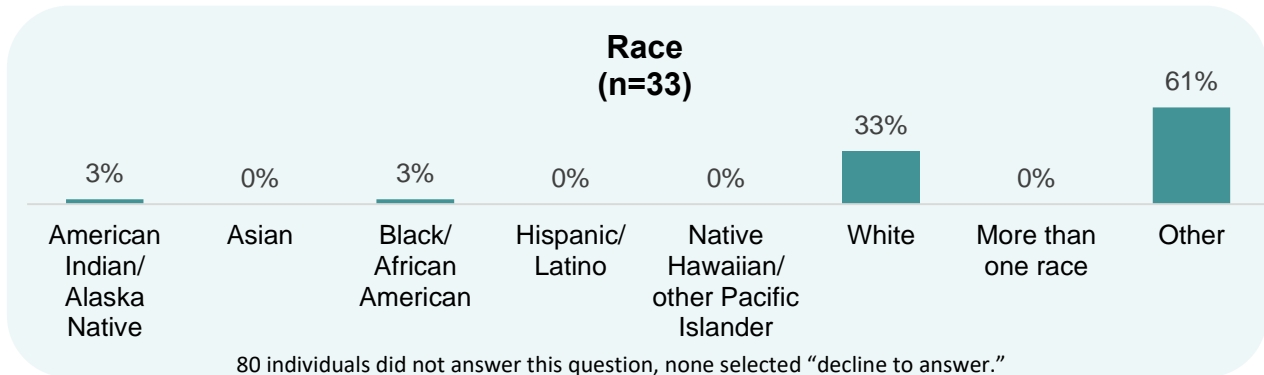
155 average length of stay
Days

[‡]This program did not provide referrals.

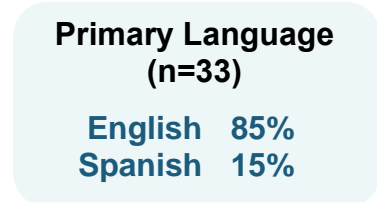
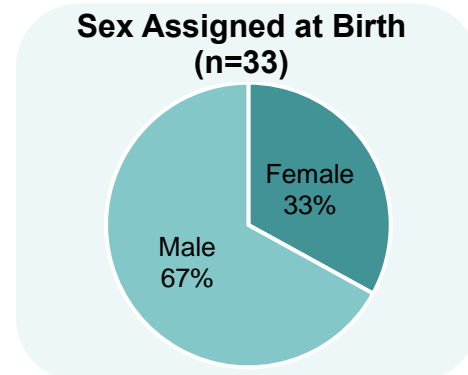
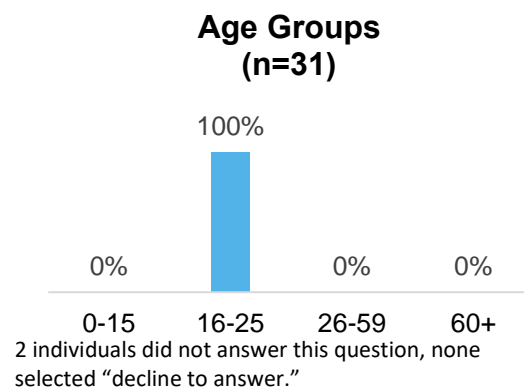
EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS (EDIPP)

Demographic Data

EDIPP collects unduplicated demographic data from the individuals they serve. The demographic data in this section represents the information provided by the 33 individuals who received program services. Demographic data was not collected for current gender identity, veteran status, and disabilities. Data on sexual orientation (n=4) is not reported in order to preserve anonymity.



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



EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS (EDIPP)

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	42
Case Management	80
Collateral Meetings (Intake)	55
Mental Health Evaluation and Management	75
Individual/Group Therapy	122
Medication Management	121
Plan Development	26
No-Show/Outreach	121
Rehab	12
Other	85
TOTAL # of Activities/Events	739

Conclusion and Recommendations

EDIPP is primarily serving transitional age youth (TAY), the majority of which are Latino males. 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.

Other PEI Programs

- **Crisis Intervention Team, Ventura County Law Enforcement**
- **In Our Own Voice, National Alliance on Mental Illness (NAMI)**
- **Logrando Bienestar, Ventura County Behavioral Health (VCBH)**
- **Provider Education, National Alliance on Mental Illness (NAMI)**
- **Rapid Integrated Support & Engagement (RISE), Ventura County Behavioral Health (VCBH)**
- **Suicide Prevention (safeTALK and suicideTALK), Ventura County Office of Education**

2,584 individuals received core program services

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[‡]

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

50 individuals reached through outreach events[†]

1,535 individuals reached through other program activities[†]

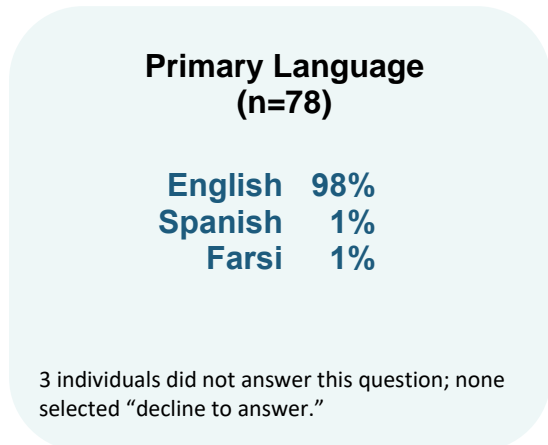
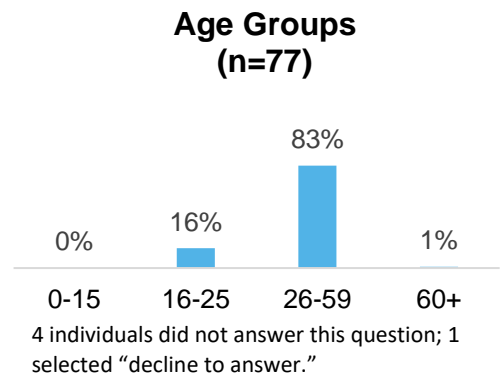
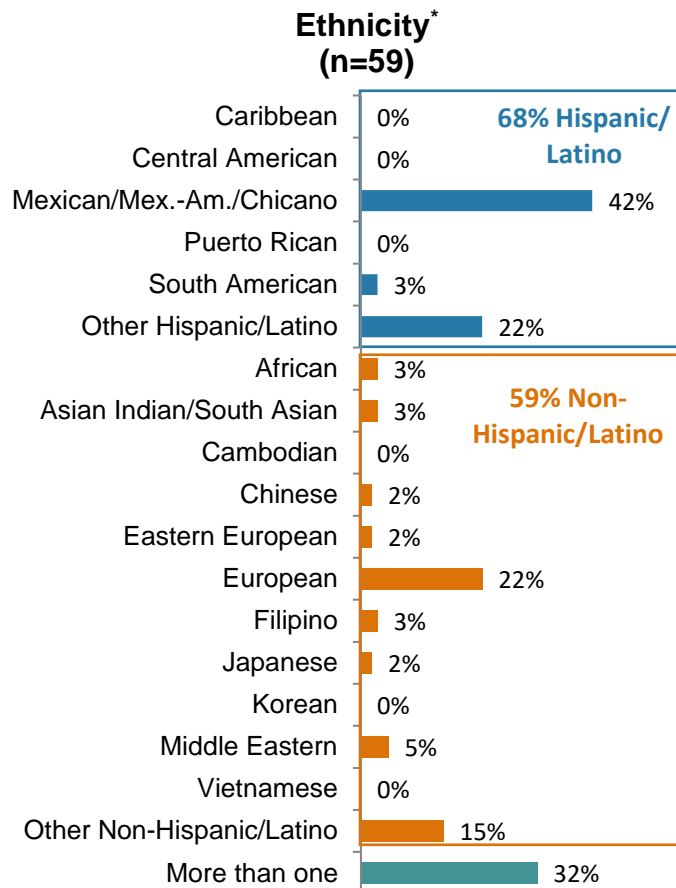
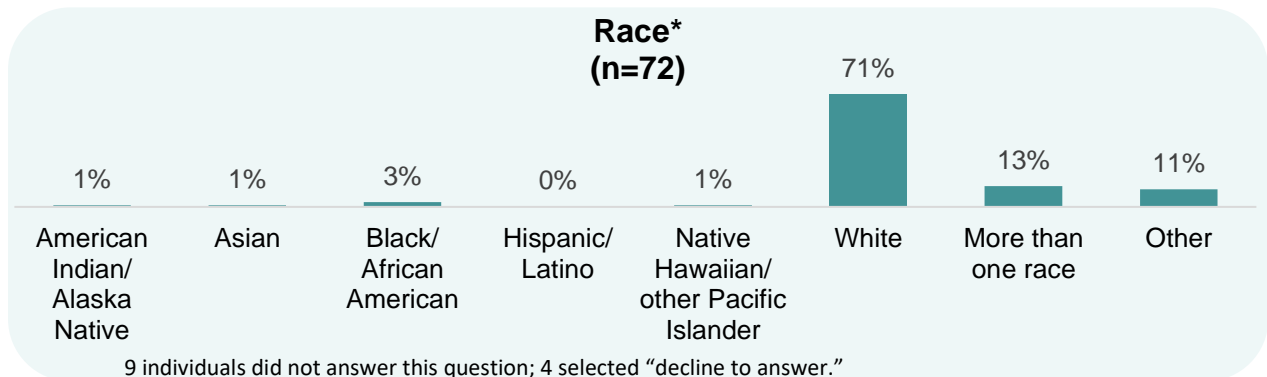
[‡]This program did not provide referrals.

[†]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 2019–2020, 82 individuals received core program services (CIT trainings), and of those, 81 provided some demographic information.



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

CRISIS INTERVENTION TEAM

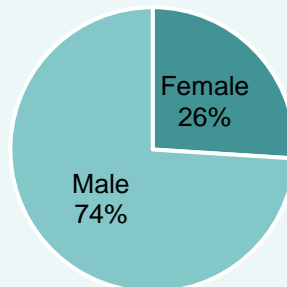
Demographic Data

Current Gender Identity (n=77)

Female	25%
Male	75%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

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

Sex Assigned at Birth (n=77)



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

Sexual Orientation (n=76)

Bisexual	1%
Gay or Lesbian	5%
Heterosexual or Straight	94%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

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

13% of trainees identify as veterans

n=76; 5 individuals did not answer this question; 2 selected "decline to answer."

2 individuals (3%) reported having a disability, including difficulty seeing.

n=66; 15 individuals did not answer this question; 1 selected "decline to answer."

CRISIS INTERVENTION TEAM

Program Activities

In addition to the 2 CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. Participants may include first responder personnel as well as community members.

Program Activities by Type	# Activities/ Events
Presentations at events, higher education classes, stakeholder meetings, etc.	8
Trainings to community members and other stakeholders	15
Trainings and presentations at PD briefings in different cities	21
Basic Academy trainings and presentations	10
TOTAL # of Activities/Events	54



1,535
participants in
program activities[†]

Program Outreach

Program outreach includes activities to promote community-building between residents and first responders.

Program Outreach by Type	# Activities/ Events
Other community events	3
TOTAL # of Activities/Events	3



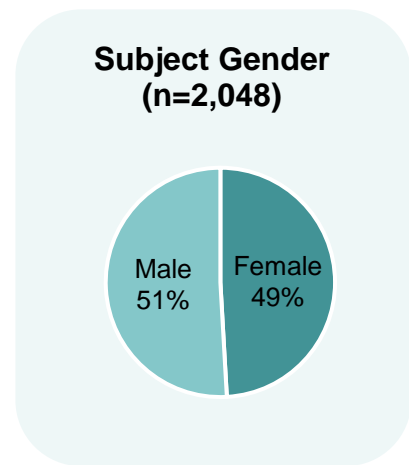
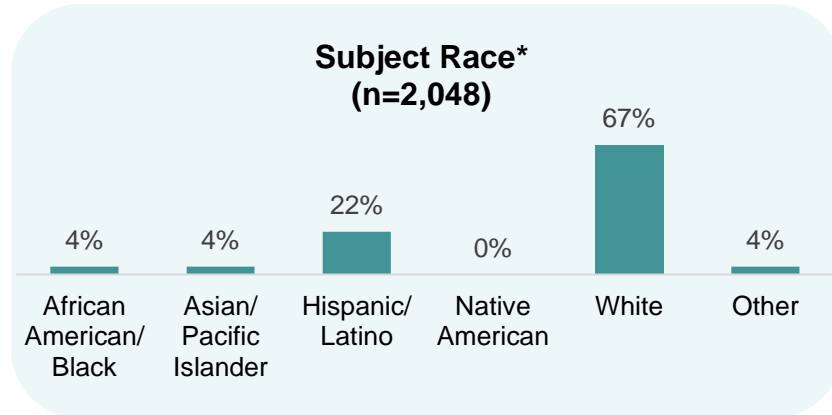
50 people reached
through outreach events[†]

[†]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 2,048 CIT cards in fiscal year 2019–2020.



9% of individuals encountered are homeless
n=2,048

2% of individuals encountered are veterans
n=2,048

Disposition or Service (n=2,048)

Disposition/Service Type	% of CIT Cards
Contact Only	60%
Hospital	28%
#5150/#5585	9%
Voluntary IPU	2%
Incarcerated	1%

City of Incident (n=2,048)

City	% of CIT Cards
Camarillo	20%
Fillmore	5%
Moorpark	8%
Ojai	6%
Oxnard	5%
Port Hueneme	2%
Santa Paula	1%
Simi Valley	19%
Thousand Oaks	31%
Ventura	3%

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

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=80-81)

	Extensive	Medium	Small	None
Prior to taking this class, my level of education about mental illness was...	10%	27%	41%	22%
My experience knowing someone close to me (family member, friend, etc.) affected by a mental illness is...	27%	54%	15%	4%
My experience working with those affected by a mental illness is...	8%	51%	35%	6%

Trainee Stigma and Discrimination Reduction (n=81)

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.	40%	47%	13%
Socialize with someone who had a serious mental illness.	69%	27%	4%
Start working closely on a job with someone who had a serious mental illness.	62%	35%	3%
Take action to prevent discrimination against people with mental illness.	91%	9%	0%
Actively and compassionately listen to someone in distress.	96%	4%	0%
Seek support from a mental health professional if I thought I needed it.	88%	11%	1%
Talk to a friend or family member if I was experiencing emotional distress.	94%	6%	0%

CRISIS INTERVENTION TEAM

Trainee Beliefs about Mental Illness (n=80)

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.	42%	48%	10%
People with mental illness are different compared to everyone else in the general population.	46%	33%	21%
People with mental illness are to blame for their problems.	1%	18%	81%
People with mental illness are never going to be able to contribute much to society.	1%	14%	85%
People with mental illness should be felt sorry for or pitied.	3%	28%	69%
People with mental illness are dangerous to others.	6%	59%	35%

Trainee Competencies (n=81)

As a result of this class,	% Agree/ Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
I am more knowledgeable about mental health issues and related crises.	94%	4%	2%
I feel more confident in responding effectively to an individual with a mental health problem or crisis.	91%	4%	5%

CRISIS INTERVENTION TEAM

Program Outcomes: Follow-up Survey

Approximately 4 to 13 months after a CIT Academy training, trainees were asked to take a follow-up survey. The survey was administered in October 2020 and completed online by individuals participating in CIT trainings held in September 2019 and June 2020. The overall response rate for the survey was 49% (40 individuals completed the follow-up survey out of 82 asked to participate).

CIT Academy Follow-up Survey Respondent Characteristics (n=40)

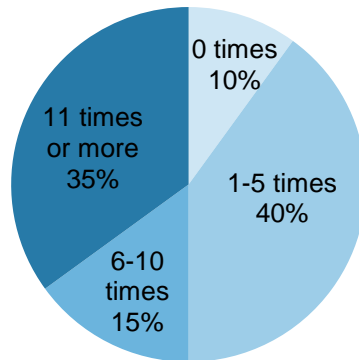
Current Employer	% of Respondents
Municipal Police Department	25%
Probation Office/Parole Agency	15%
Sheriff's Office	50%
Other (EMS, Fire Department, Navy)	10%
Rank/Classification	
Captain/Battalion Chief	5%
Dispatcher	2%
Officer/Deputy/Investigator	55%
Probation Officer/Parole Agent	13%
Sergeant	5%
Other (EMT, Sheriff's Service Technician)	20%
Current Assignment*	
Custody	35%
Dispatch	2%
Investigation	5%
Patrol	37%
Probation/Parole	15%
Traffic	5%
Other (Ambulance, Mental Health Diversion Court Officer)	7%

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

CRISIS INTERVENTION TEAM

Since attending the CIT training, the vast majority (90%) 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 half (50%) used these techniques 6 or more times since participating in CIT training.

**Frequency of De-Escalation Technique Use
(n=40)**



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=37)**

Did the de-escalation techniques help to:	% Yes
Decrease the tension in mental health crisis situations?	95%
Reduce the duration of mental health crisis situations?	86%
Return the person displaying signs of mental illness to a competent level of functioning?	70%

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=40)

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.	93%	2%	5%
I can more effectively communicate with persons displaying signs of mental illness.	88%	7%	5%
I am more comfortable interacting with persons displaying signs of mental illness.	83%	12%	5%
I am better able to defuse aggression before it becomes violence.	80%	18%	2%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	88%	10%	2%
I have more skills useful for managing any type of mental health crisis effectively.	90%	8%	2%
I believe treatment can help people with mental illness lead normal lives.	73%	22%	5%
I believe people are generally caring and sympathetic to people with mental illness.	45%	43%	12%
Please indicate your level of agreement with the following statements:	% Agree / Strongly Agree	% Neutral	% Disagree/ Strongly Disagree
CIT training increases law enforcement officer safety.	88%	10%	2%
CIT training increases mental health consumer safety.	80%	18%	2%
CIT training better prepares law enforcement officers to handle crises involving individuals with mental illness.	93%	5%	2%

Additionally, 74% of those trained have shared skills or strategies learned in the CIT training with other law enforcement officers.

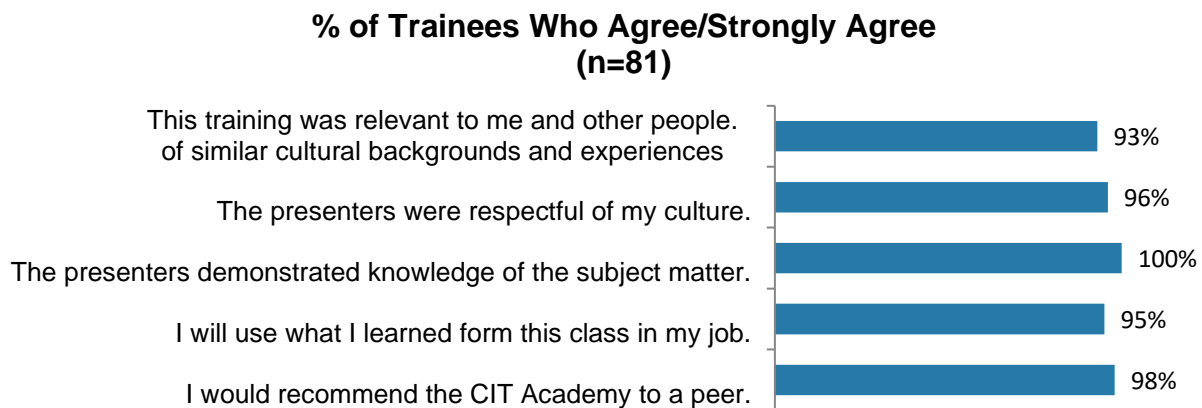
CRISIS INTERVENTION TEAM

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=31), 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) (15)
- Forgot/Do not have time to complete a Card (4)
- Information is tracked another way (e.g., in a separate database) (3)
- Has not encountered a situation that required a CIT Card (3)
- Did not have CIT Cards to fill out (2)
- Another agency responded to the situation (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, 72% of respondents said they were told to but didn't mind, 27% said they asked to attend it, and 1% said they were told to attend against their own wishes (n=78; 3 individuals did not answer this question).

CRISIS INTERVENTION TEAM

Program Satisfaction: Follow-up Survey

CIT Academy trainees who complete a Follow-up Survey approximately 4 to 13 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, 97% said that they were satisfied with the training they received (n=39).

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.)

Weaknesses of the CIT Academy (n=46)

Top 5 Responses

- Virtual learning (20)
- Little opportunity to practice/role play (7)
- Overreliance on information-heavy presentation slides (6)
- Need more information about practical application (6)
- Length of course (6)

Suggestions for Improvement (n=43)

Top 3 Responses

- In-person (9)
- Opportunity to interact with other participants and practice skills (7)
- More about applicability of information such how to de-escalate situations (6)

Additionally, 10 respondents stated that they have no recommendations for improvements.

CRISIS INTERVENTION TEAM

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/follow-up training would you be interested in? (n=18)

Top 5 Responses

- More information on mental health topics (e.g., dementia, autism, dangerous behaviors, suicide, officer PTSD, schizophrenia, juveniles and mental health, mental health in the workplace, mental health and substance use) (4)
- Periodic updates and refreshers (e.g., changes in policies or resource availability) (7)
- Integrated training with other agencies (i.e., EMS, Fire) (1)
- Not interested in/could not think of any additional training (4)
- Other (4)

CRISIS INTERVENTION TEAM

Program Successes

Encountered an autistic individual in crisis due to over stimulation from changes in weather. Call was put out as a domestic in progress. My partner and I were able to recognize the mental health crisis quickly, de-escalate the situation, and help the family with suggestions for going forward.

Responded to a call for service where a 28 y/o female with a history of mental health was disturbing in the home. She was in crisis, and I was able to establish communication and slowly gain compliance from her. Eventually we were able to talk through the situation, she acknowledged the crisis and had come back to a normal functioning level. Crisis Team responded, formulated a plan and she was able to go about her day without incident.

I responded to a residence...[where] a juvenile [was] ... stating he would harm himself and family. I introduced myself using my first name and rank and told him I was there to help him. He suffered from mental illness and was cooperative. He calmed down and began to tell me why he felt the way he did. He told me he aspired to be a football player and play in college. I told him I was a college athlete and told him how he could be successful in playing at the college level. He agreed to cooperate with law enforcement and get treatment for his mental illness.

We had a man trying to harm himself with a small pair of scissors. My partners and I were able to calm the individual down, de-escalate the situation and get him to the hospital on a hold before he could cause himself significant harm.

CRISIS INTERVENTION TEAM

Conclusion and Recommendations

The CIT program trained 82 law enforcement officers and other first responders in FY 19–20. Of those trained, 90% reported that they have used the de-escalation techniques they learned in the CIT Academy training, and 95% indicated that the 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.

This year, the proportion of participants who would recommend CIT to a peer grew from 90% in FY 18–19 to 98%. Additionally, the proportion of “contact only” responses to mental health calls grew from 53% to 60% since last year.

In fiscal year 2020–2021, it is recommended that the CIT program provide trainees with more frequent opportunities to take the Follow-up Survey to improve response rates. Additionally, it is recommended that the format of the demographic questions on the post-training evaluation survey be modified to increase clarity of the ethnicity question.

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 Categories & 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[‡]

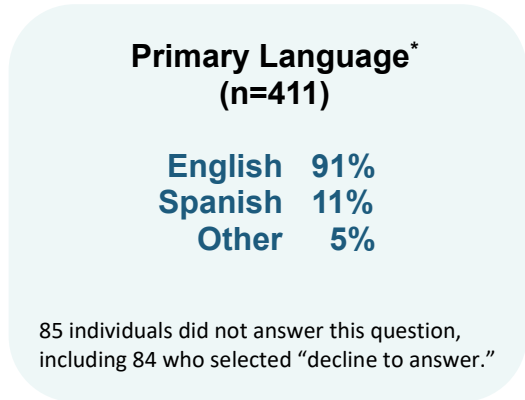
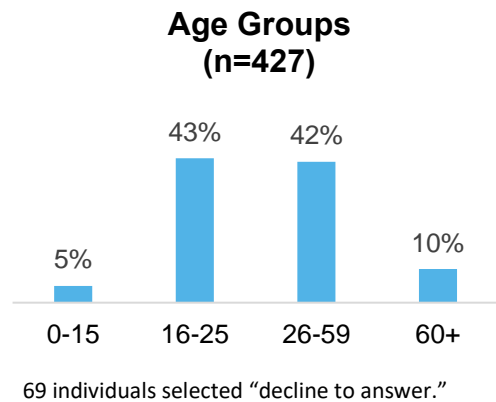
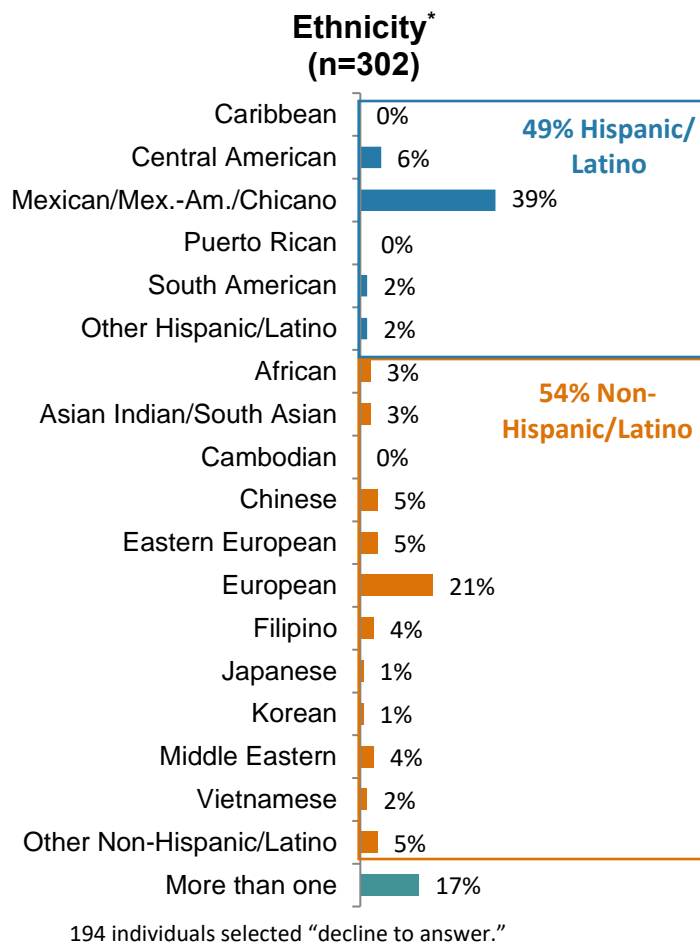
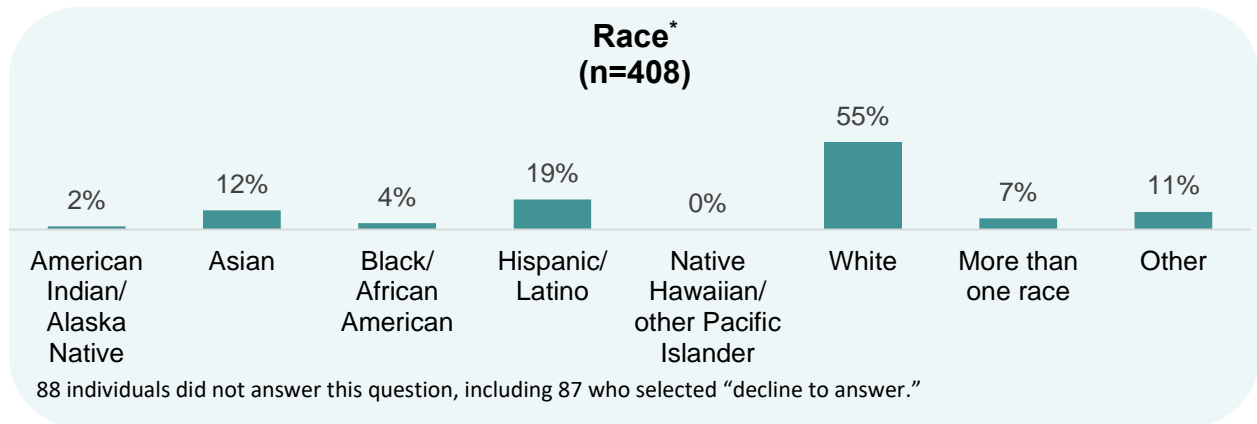
496 individuals participated in an In Our Own Voice training

[‡]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 496 individuals who received this core program service, all completed a demographic form; this information is presented below.



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

IN OUR OWN VOICE

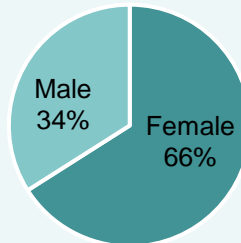
Demographic Data

Current Gender Identity (n=393)

Female	64%
Male	34%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	0%

103 individuals did not answer this question, including 102 who selected "decline to answer."

Sex Assigned at Birth (n=388)



108 individuals selected "decline to answer" for this question.

Sexual Orientation (n=374)

Bisexual	4%
Gay or Lesbian	2%
Heterosexual or Straight	91%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	1%

122 individuals selected "decline to answer" for this question.

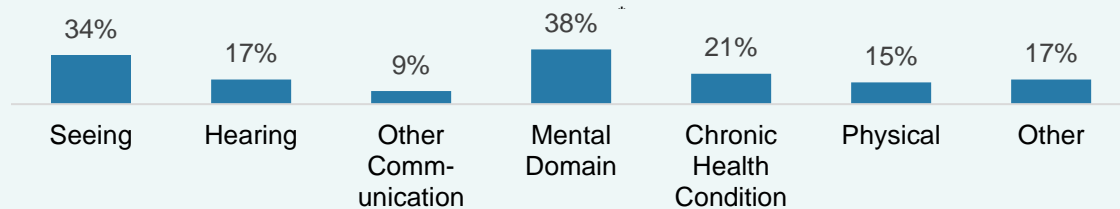
3% of individuals identified as veterans

n=385; 111 individuals selected "decline to answer."

13% of individuals reported having one or more disabilities

n=363; 133 individuals did not answer this question, including 129 who selected "decline to answer."

Disability* (n=47)



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 19 presentations in fiscal year 2019–2020.



496 participants in program activities*

Program Outcomes

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

Stigma and Discrimination Reduction Participant Outcomes (n=17-18)

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.	9	5	0	3
I am more willing to seek help for a mental health problem.	8	6	0	3
I believe people with mental illness can function in their daily lives.	9	5	0	3
I would be accepting of a family member or friend if they had a mental illness.	11	4	0	3
I know where to go for mental health services in my community.	11	4	0	3

*Number of participants may be duplicated because individuals could attend multiple trainings.

IN OUR OWN VOICE

NAMI Survey Respondent Outcomes (n=496)

	% Agree
In the past, I haven't felt encouraged regarding recovery from mental illness.	23%
In the past, I haven't felt that mental illness is a physical illness.	21%
In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	21%
As a result of seeing the In Our Own Voice presentation...	% Agree
I see recovery as a real possibility.	85%
I believe that a mental illness is a physical illness, like diabetes.	63%
I would feel comfortable working with someone who has a mental illness.	79%

NAMI Survey Respondent Outcomes Highlights

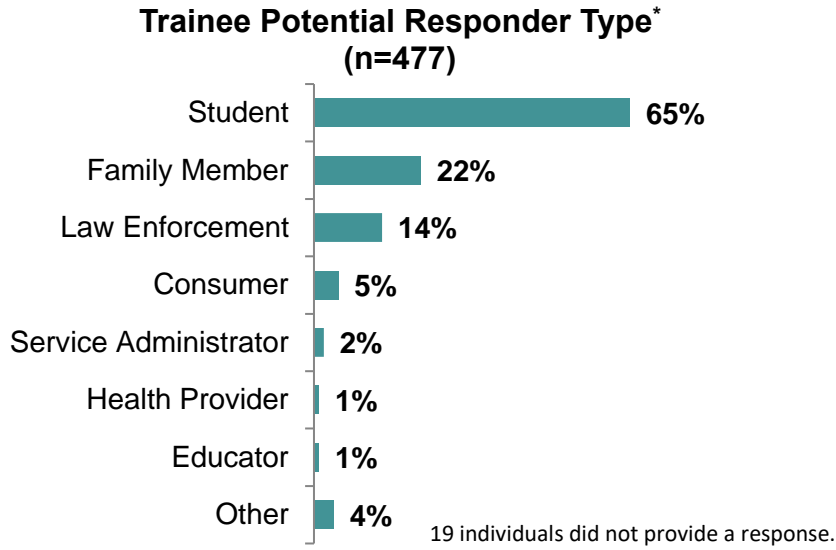
89% of individuals who previously did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility. (n=115)

74% 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=105)

78% of individuals who previously would not have been comfortable working with someone who has a mental illness would now feel comfortable. (n=102)

IN OUR OWN VOICE

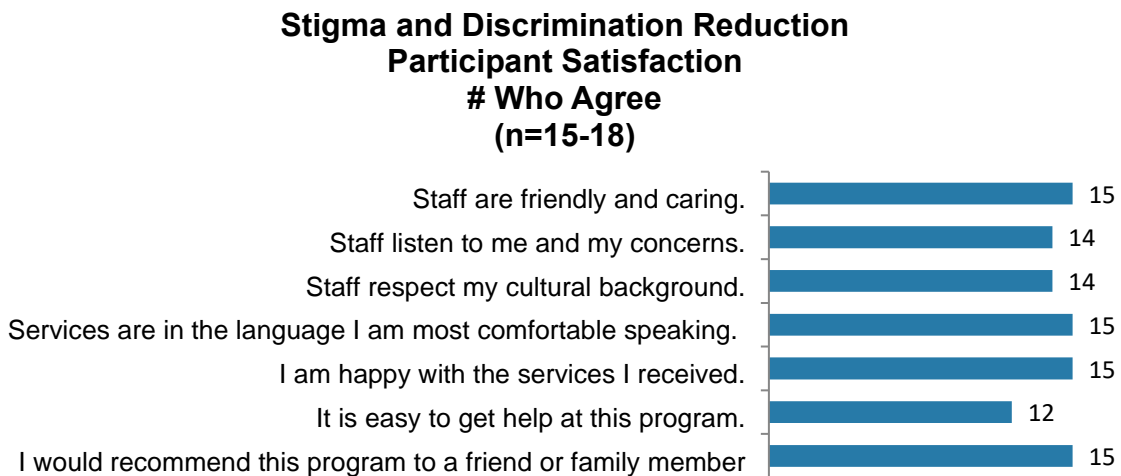
Additional characteristics of respondents to the NAMI survey is provided here about what sector the trainee would potentially be responding/providing help in.



*Individuals could select more than one response option.

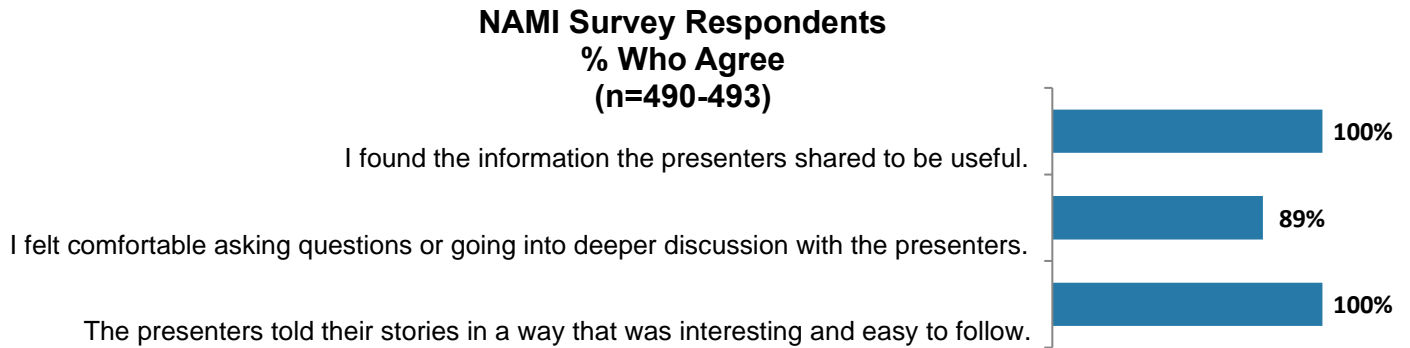
Program Satisfaction

Participants in Stigma and Discrimination Reduction trainings were asked whether they agreed or disagreed with several satisfaction-related statements. The chart below shows the number of participants who agreed with each statement.



IN OUR OWN VOICE

Those completing NAMI’s internal survey were also 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.



Program Feedback

Participants 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.)

Stigma and Discrimination Reduction Survey Participant Feedback

What was most useful or helpful about this program? (n=17)

Top 3 Responses

- Speakers’ lived experience (7)
- Information shared (4)
- Explanation of available resources/ services (2)

What are your recommendations for improvement? (n=14)

Top 3 Responses

- Increase awareness/promotion of training (2)
- Use slides/visual (2)
- More time for the presentation (1)

IN OUR OWN VOICE

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, 89% of individuals now see mental illness recovery as a real possibility when they had not previously.

An area of future improvement may be to collect participant feedback through open-ended survey responses, and to 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 in Santa Paula and areas of Oxnard.

Program Strategies



Improves timely access to services for underserved populations primarily in Santa Paula through referrals to culturally and linguistically appropriate services.



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

Program Highlights

406 individuals received core program services

242 individuals referred to mental health care

13,640 individuals reached through outreach events[†]

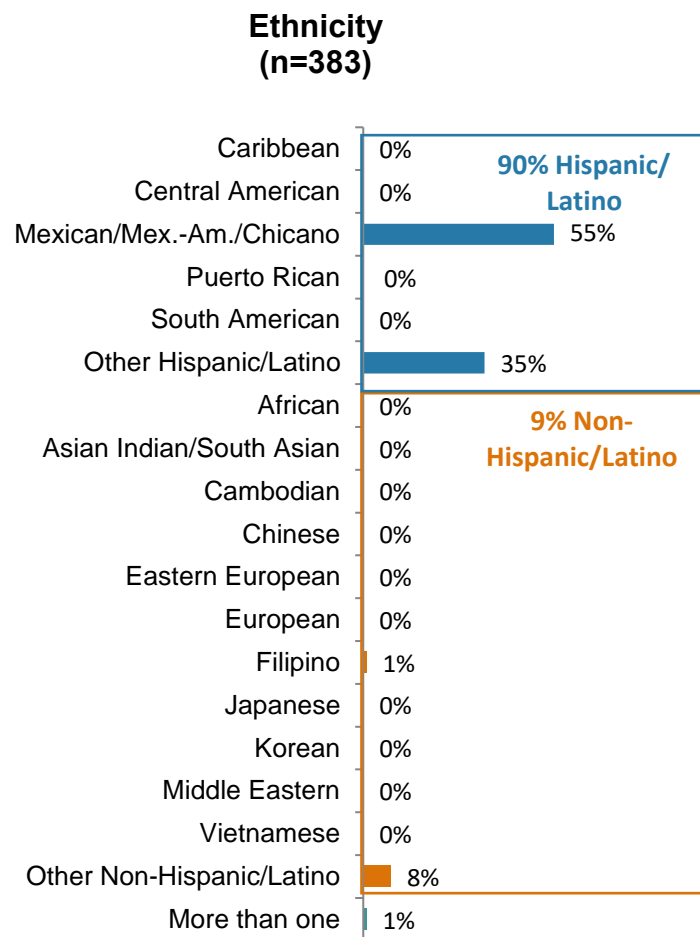
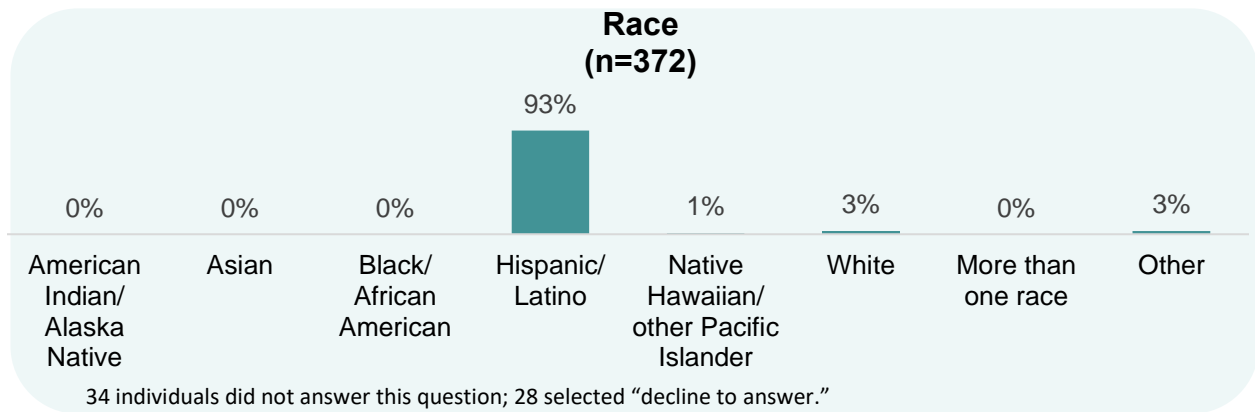
63,393 individuals reached through activities during COVID-19[†]

[†]Number of individuals may be duplicated.

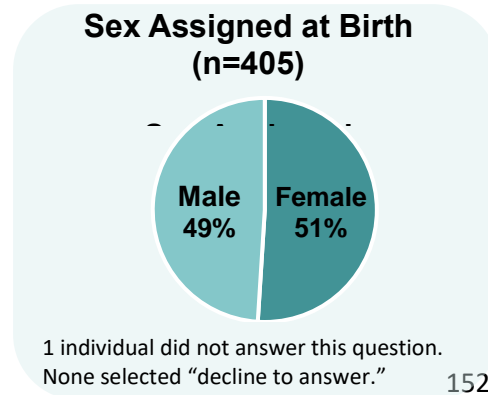
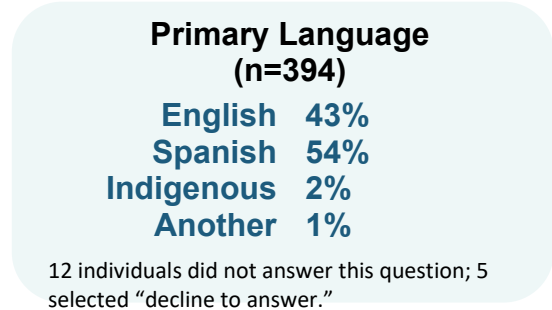
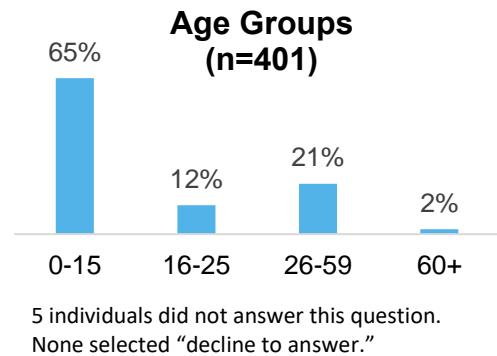
LOGRANDO BIENESTAR

Demographic Data

Logrando Bienestar collects unduplicated demographic data from the individuals they serve. Of the 406 individuals who received core program services all provided some demographic information; this information is presented below.



23 individuals did not answer this question; 13 selected "decline to answer."



LOGRANDO BIENESTAR

Program Activities

Program activities include workshops facilitated by program staff. Logrando Bienestar provided 18 workshops from December 2019–June 2020.



94% of program activities in Spanish



718 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
Presentation	2
Education	2
Other	5
TOTAL # of Activities/Events	9



13,640 people reached through outreach events[†]



88% 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:

- | | |
|----------------------------------|-------------------------------|
| 8 Wellness Checks | 6 Video/Radio Outreach |
| 4 Community Collaboration | 2 Presentations |
| 2 Program Support | 1 Program Meetings |

[†] 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 242 unduplicated individuals.



242 individuals referred to mental health care



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

Program Successes

[We] received a call from parent of client whom had been accepted into services but had not been scheduled for treatment. Parent was concerned because child had stopped eating and did not know who could help. Logrando Bienestar supervisor reached out to Clinical Administrator to inform him of the situation. He immediately had a clinician reach out to the family, they advised them on how to handle the situation and scheduled their first treatment appointment.”

Thank you for reaching out to school counselors. It's nice to know that you continue to provide services to our students in spite of this unprecedented situation where are in. Thank you for all your hard work and all the things you do for our students and families.

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[‡]

43 individuals received core program services (trainings)

[‡]This program did not provide referrals.

PROVIDER EDUCATION

Program Activities

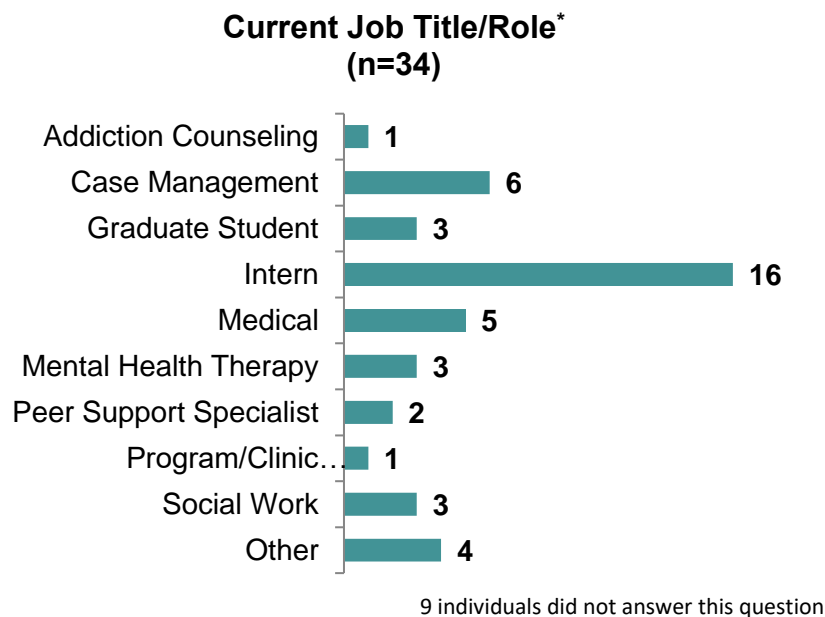
The primary program activity is a 4-hour course for paid staff or professionals who have been providing mental health services to clients for at least one year. The program provided 3 courses in fiscal year 2019–2020.



43 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.



*Individuals could select more than one Job Title/Role.

PROVIDER EDUCATION

Conclusion and Recommendations

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

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

RAPID INTEGRATED SUPPORT & ENGAGEMENT (RISE) VENTURA COUNTY BEHAVIORAL HEALTH

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[‡]

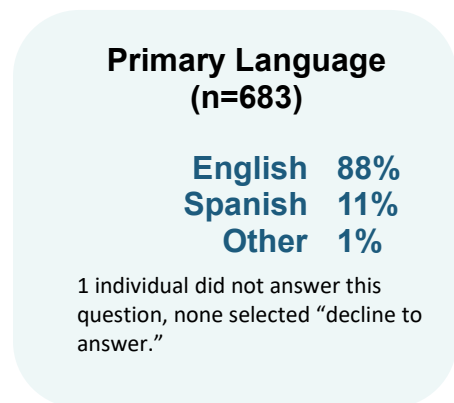
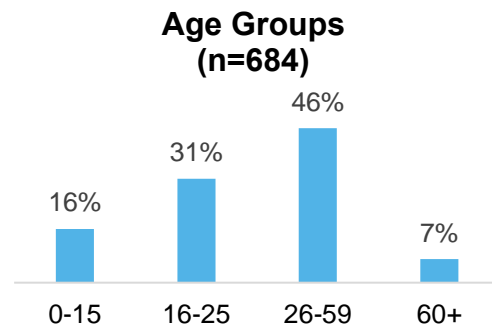
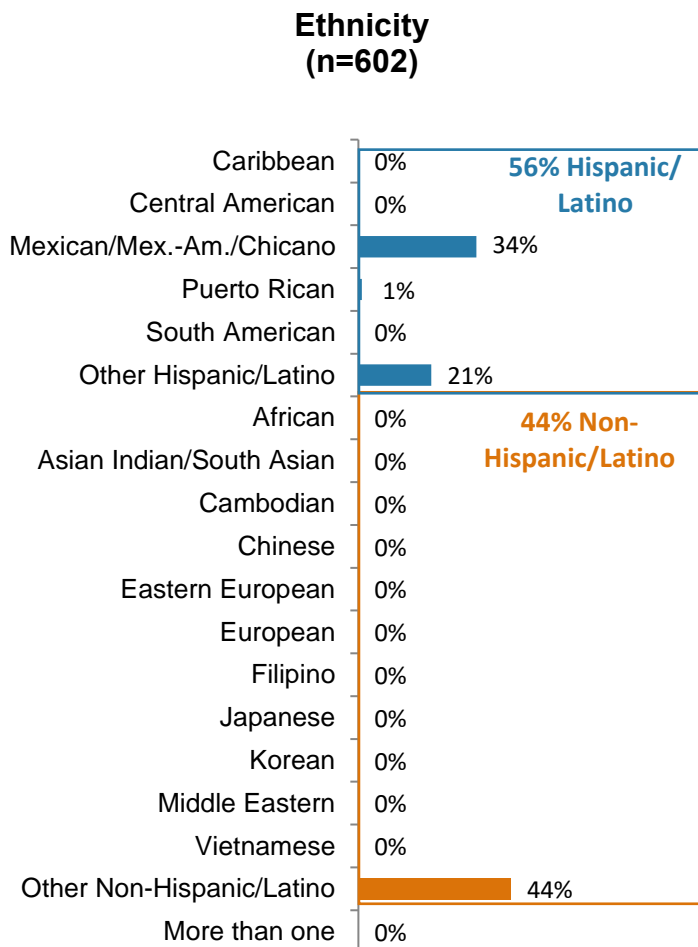
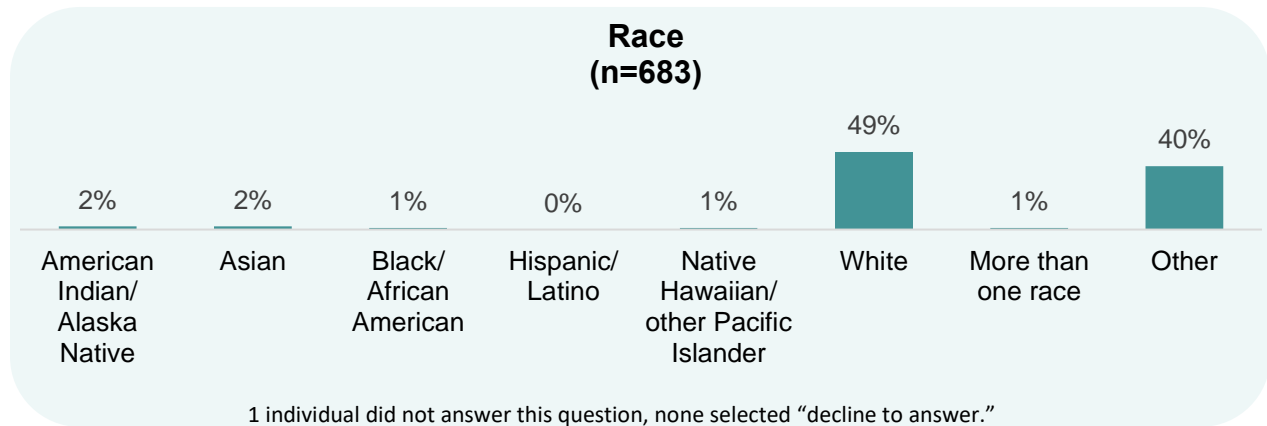
684 individuals received core program services

[‡]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 684 individuals who completed a demographic form.

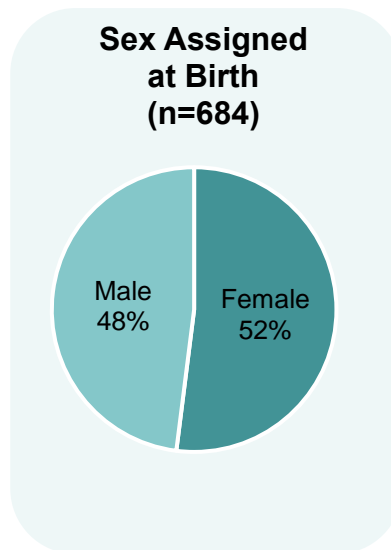


RAPID INTEGRATED SUPPORT & ENGAGEMENT

Sexual Orientation (n=144)

Bisexual	3%
Gay or Lesbian	6%
Heterosexual or Straight	89%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	1%

540 individuals did not answer this question, 67 selected “decline to answer.”



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	216
Collateral Meetings (Intake)	37
Case Management	1,408
Mental Health Evaluation and Management	16
Plan Development	35
No Show/Outreach	59
Transportation/Travel Services	22
Other	277
TOTAL # of Activities/Events	2,070

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.

SUICIDE PREVENTION (safeTALK and suicideTALK) VENTURA COUNTY OFFICE OF EDUCATION

Suicide prevention training offerings were provided to meet the needs of districts, schools, and community agencies based on their allowance of time and/or alignment with their suicide prevention policies. In FY 19–20, trainings included safeTALK and suicideTALK.

Suicide Alertness for Everyone: Talk, Ask, Listen, Keepsafe (safeTALK) is an evidence-based suicide intervention training program developed by LivingWorks, which aims to positively impact “declared” and “perceived” suicide intervention knowledge. This training also aims to overcome participants’ reluctance to intervene, promote adaptive beliefs conducive to intervention, and increase participants’ confidence and willingness to intervene. Additionally, Livingworks suicideTALK, a one-hour workshop exploring the signs of suicide as well as district-specific, customized suicide prevention workshops, were provided. All training workshops included recognition of the signs of suicide and community referral resources.

Program Strategies



Provides community members with tools to identify persons with suicidal ideations and the capacity to connect them to appropriate resources; therefore, increasing timely access and linkage to appropriate mental health services.



Trains community members on non-stigmatizing and non-discriminatory practices for suicide prevention.

Program Highlights[‡]

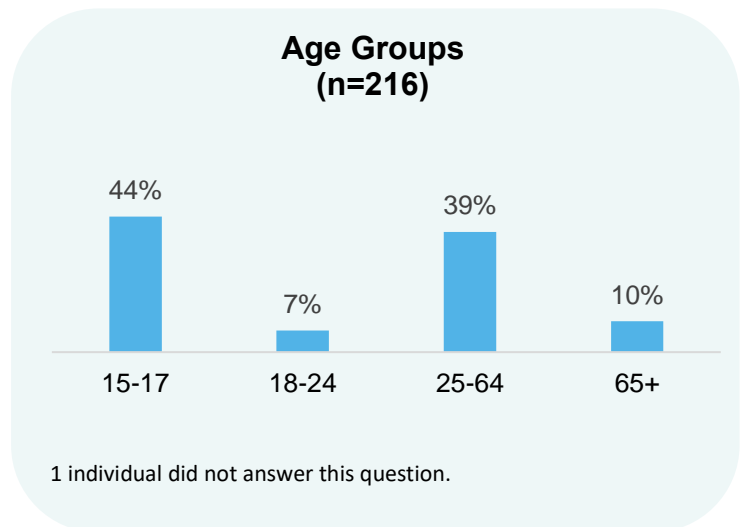
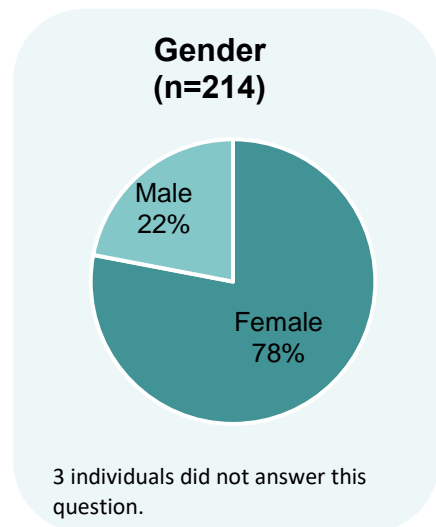
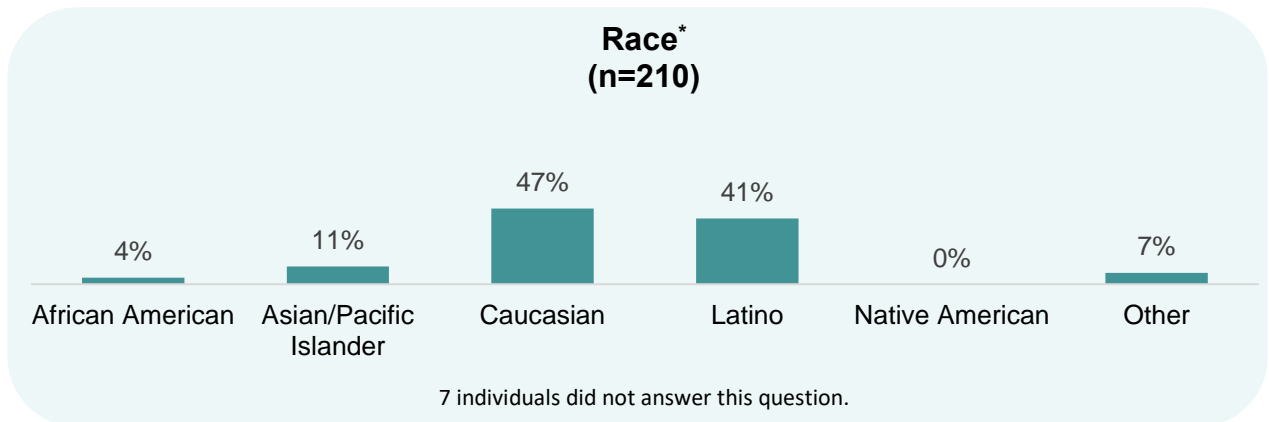
329 individuals received core program services
(trainings)

[‡]This program did not provide referral information.

SUICIDE PREVENTION

Demographic Data

safeTALK collects unduplicated demographic data from the individuals who attended trainings; demographic data was not collected for other suicide prevention trainings offered by VCOE. Of the 329 safeTALK trainees in FY 19–20, 217 completed surveys and provided some demographic information.



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

SUICIDE PREVENTION

Program Activities

Suicide Prevention provides no-cost, suicide alertness trainings to schools and community members. These efforts prepare participants ages 15 years or older to better identify persons with thoughts of suicide and connect them with suicide first-aid resources. All trainings were provided in English, with one training providing accommodations for American Sign Language interpretation.

Trained by District	# Trainees
Conejo Valley	2
Las Virgenes	1
Moorpark	29
Ojai	23
Oxnard Union High School	164
Santa Paula	3
Simi Valley	22
Ventura	3
Ventura County Office of Education	1
Other/Unknown	81
TOTAL # of Trainees	329



18 trainings provided

329 participants trained

Training Attendee Type	# Trainees
School Staff	74
Student	195
Community Member	60
TOTAL # of Trainees	329

SUICIDE PREVENTION

Program Outcomes, Feedback, and Successes

safeTALK tracks outcomes by surveying training participants. Outcomes data was not collected for other suicide prevention trainings offered by VCOE. Of the 309 safeTALK-trained individuals, 233 completed surveys. Results from these surveys are shown in the table below. Additional feedback and highlighted successes are also presented.

**safeTALK Trainee Outcomes
(n=228-233)**

Statement	% Strongly Agree	% Agree	% Partly Agree	% Disagree
My trainer was prepared and familiar with the material.	93%	7%	0%	0%
My trainer encouraged participation and respected all responses.	95%	5%	0%	0%
I intend to tell others that they will benefit from this training.	97%	3%	0%	0%

98% of trainees said they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide.

On average, participants rated the training **9.4** out of 10, with **82%** assigning a score of 9 or higher.

Trainees who received safeTALK training were asked to provide feedback through an open-ended response question asking for “comments.” Illustrative quotes are provided below.

“I had [a] student who shared with me that she tried to commit suicide. I wish I had this training before. I didn't know what to [do] and my school didn't have a clear action plan. Thank you for bringing awareness.”

“The training was excellent, and the roleplay was especially helpful. I feel like I have some work to do around my own internalized stigma around talking about mental health and suicide openly, but the training definitely helped me on this path!”

SUICIDE PREVENTION

Conclusion and Recommendations

Suicide Prevention is successfully reaching educators, students, and community members through suicide prevention and intervention trainings at multiple training sites throughout the County.

Most people who responded to safeTALK trainee surveys agreed that they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide. Additionally, on average, participants rated the training as a 9.4 out of 10.

An area of future improvement may include collecting outcomes that speak specifically to the goal of helping educators identify signs of suicidal ideation in students. Additionally, Suicide Prevention may wish to consider implementing follow-up surveys to better understand whether educators are able to implement learnings from trainings and what kinds of barriers, if any, educators face to implementing learnings.

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							
Rainbow Umbrella							
Tri-County GLAD							
Wellness Everyday							
COMPASS		■					
Family & Friends							
Familia a Familia							
Primary Care Integration							
Primary Care Program			■				
VCPOPS							
Crisis Intervention Team				■			
Provider Education							
In Our Own Voice					■		
Logrando Bienestar							
Rapid Integrated Support and Engagement						■	
Suicide Prevention							

*Optional program category according to PEI regulations.

APPENDIX B. FY 19–20 NUMBERS SERVED

FY 19-20 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	176,810
Multi-Tiered System of Supports, VCOE	1,871
Multi-Tiered System of Supports, LEA	157,848
One Step a La Vez	234
Program to Encourage Active, Rewarding Lives for Seniors	128
Project Esperanza	233
Promotoras Conexión Program	193
Proyecto Conexión Con Mis Compañeras	104
Rainbow Umbrella	54
Tri-County GLAD	189
Wellness Everyday	15,956
Early Intervention Programs	1,438
COMPASS	37
Familia a Familia	19
Family & Friends	160
Primary Care Integration	678
Primary Care Program	511
Early Detection and Intervention for the Prevention of Psychosis	33
Other PEI Programs	2,039
Crisis Intervention Team	82
In Our Own Voice	496
Logrando Bienestar	405
Provider Education	43
Rapid Integrated Support and Engagement	684
Suicide Prevention	329

Total: 180,281

FY 19-20 Number of Participants Served by City of Residence[§]

Geographic Area	Number of Participants Served	% of Total
Camarillo	190	5%
Fillmore	171	5%
Moorpark	38	1%
Newbury Park	37	1%
Oak Park	8	0%
Ojai	36	1%
Oxnard	1,191	34%
Piru	16	0%
Port Hueneme	71	2%
Santa Paula	602	17%
Simi Valley	279	8%
Thousand Oaks	229	7%
Ventura	446	13%
Other	154	4%
Total with available city of residence data:	3,468	

[§]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, TC GLAD, or Provider Education.

APPENDIX C. FY 19–20 PEI POPULATION SERVED BY PROGRAM CATEGORY

Data provided by PEI programs on participant demographics are reported below by program category, including Prevention, Early Intervention, and Other Programs. A total of 180,281 individuals were served through PEI in Fiscal Year 2019-2020.

Prevention Programs

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 176,810 participants were served by Prevention programs in Fiscal Year 2019-2020.

Prevention Programs: Demographics of Participants[§]

Ethnicity*	(n=637)	Hispanic Ethnicities[^]		(n=540)	
Hispanic	85%	Mexican	87%	South American	0%
Non-Hispanic	15%	Central American	3%	Caribbean	0%
More than one ethnicity	3%	Puerto Rican	0%	Another Hispanic	10%
<i>Declined to answer: 39</i>		Non-Hispanic Ethnicities[^]		(n=95)	
Age	(n=698)	African	3%	Asian Indian/South Asian	0%
0-15	28%	Cambodian	0%	Chinese	2%
16-25	19%	Eastern European	5%	European	29%
26-59	29%	Filipino	0%	Japanese	1%
60+	24%	Korean	0%	Middle Eastern	0%
<i>Declined to answer: 2</i>		Vietnamese	0%	Another Non-Hispanic	60%
Primary Language*	(n=800)	Race*		(n=649)	
English	33%	American Indian/Alaska Native	1%		
Spanish	67%	Asian	1%		
Indigenous	5%	Black/African American	1%		
Other	0%	Hispanic/Latino	70%		
<i>Declined to answer: 3</i>		Native Hawaiian/Pacific Islander	0%		
Sex Assigned at Birth	(n=709)	White	20%		
Female	78%	Other	4%		
Male	22%	More than one	9%		
<i>Declined to answer: 15</i>		Current Gender Identity		(n=791)	
Sexual Orientation*	(n=394)	Female	76%		
Bisexual	6%	Male	22%		
Gay or Lesbian	5%	Genderqueer	1%		
Heterosexual or Straight	83%	Questioning or Unsure	0%		
Queer	4%	Transgender	1%		
Questioning or Unsure	1%	Another gender identity	1%		
Another sexual orientation	3%	<i>Declined to answer: 7</i>			
<i>Declined to answer: 129</i>					

City of Residence			(n=809)		
Camarillo	2%	Fillmore	17%	Moorpark	0%
Newbury Park	0%	Oak Park	0%	Ojai	1%
Oxnard	22%	Piru	1%	Port Hueneme	0%
Santa Paula	46%	Simi Valley	2%	Thousand Oaks	1%
Ventura	8%	Other	0%		

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.

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 Indigena 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.

Rainbow Umbrella: 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.

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

§ Demographic data was not collected for MTSS VCOE, MTSS LEA, TC GLAD, or Wellness Everyday

^ Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table. 171

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

Prevention Program Successes and Challenges

In December the manager of the XXX apartments spoke with Sandra and told her about two of the Seniors that were depressed because they were not financially able to pay their bills. Sandra helped both of these persons in finding organizations and churches that assisted low income families. They were happy that Sandra was there for them, especially during the holidays.

During these challenging times we have been doing check-in calls with clients and a client was so happy we had given her a call that she was filled with tears of joy. She has mentioned that because of the virus she has not been able to have anyone visit her and no one has called to check-in on her. She mentioned that "during these times people forget about the elderly," so she was extremely appreciative that "we cared enough about her to check-in on her." This story exemplifies what Conexión Con Mis Compañeras is, as this program not only is to provide information about mental health but it is a program to connect with the community.

A consumer shared that his mother passed away during the pandemic, having an overwhelming mixture of feelings planning for her service, and his father being in the hospital. He was relieved that his father returned home and recovered at home. He informed the Advocate that his wife was with [him]... and he was doing well with her moral support.

Early Intervention Programs

Early Intervention Programs provide treatment, services, and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Intervention Programs may include services to family and caregivers of the person with early onset of a mental illness. A total of 1,438 individuals were served in Early Intervention programs in Fiscal Year 2019-2020.

Early Intervention Programs: Demographics of Participants

Ethnicity* (n=637)		Hispanic Ethnicities*^ (n=181)	
Hispanic	74%	Mexican	77%
Non-Hispanic	28%	Central American	3%
More than one ethnicity	3%	Puerto Rican	0%
<i>Declined to answer: 39</i>		South American	2%
		Caribbean	0%
		Another Hispanic	18%
Age (n=979)		Non-Hispanic Ethnicities^ (n=75)	
0-15	6%	African	1%
16-25	21%	Cambodian	0%
26-59	58%	Eastern European	1%
60+	14%	Filipino	3%
<i>Declined to answer: 13</i>		Korean	0%
		Vietnamese	1%
		Asian Indian/South Asian	1%
		Chinese	3%
		European	57%
		Japanese	4%
		Middle Eastern	1%
		Another Non-Hispanic	28%
Primary Language* (n=977)		Race† (n=951)	
English	59%	American Indian/Alaska Native	1%
Spanish	39%	Asian	2%
Indigenous	0%	Black/African American	2%
Other	2%	Hispanic/Latino	1%
<i>Declined to answer: 59</i>		Native Hawaiian/Pacific Islander	0%
		White	32%
		Other	63%
		More than one	1%
		<i>Declined to answer: 31</i>	
Sex Assigned at Birth (n=982)		Current Gender Identity (n=241)	
Female	80%	Female	79%
Male	20%	Male	20%
<i>Declined to answer: 14</i>		Genderqueer	0%
		Questioning or Unsure	0%
		Transgender	1%
		Another gender identity	0%
		<i>Declined to answer: 13</i>	
Sexual Orientation* (n=187)			
Bisexual	3%		
Gay or Lesbian	2%		
Heterosexual or Straight	91%		
Queer	1%		
Questioning or Unsure	2%		
Another sexual orientation	1%		
<i>Declined to answer: 53</i>			
City of Residence (n=983)			
Camarillo	3%	Fillmore	1%
Newbury Park	1%	Oak Park	0%
Oxnard	42%	Piru	0%
Santa Paula	8%	Simi Valley	11%
Ventura	15%	Other	2%
		Moorpark	1%
		Ojai	1%
		Port Hueneme	3%
		Thousand Oaks	11%

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

^ Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

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.

Familia a Familia: 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 Integration: Provides assessment, individual and group therapy, case management, and care coordination between primary health and behavioral health providers.

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

Early Detection and Intervention for the Prevention of Psychosis: Provides outreach and education about early warning signs of psychosis and available resources; provides two-year intervention with services and supports including psychiatric assessment, medication management, individual therapy, and education and vocation services; and supports participants and families after discharge.

Early Intervention Program Successes and Challenges

Program successes and challenges were not reported for Early Intervention Programs.

Other PEI Programs

A total of 2,039 individuals were served by Other PEI Programs during Fiscal Year 2019-2020. 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 Programs: Demographics of Participants[§]

Ethnicity* (n=1,346)		Hispanic Ethnicities [^] (n=863)	
Hispanic	64%	Mexican	64%
Non-Hispanic	36%	Central American	2%
More than one ethnicity	6%	Puerto Rican	1%
<i>Declined to answer: 209</i>		South American	1%
		Caribbean	0%
		Another Hispanic	32%
Age (n=1,589)		Non-Hispanic Ethnicities [^] (n=230)	
0-15	25%	African	3%
16-25	29%	Asian Indian/South Asian	6%
26-59	40%	Cambodian	1%
60+	6%	Chinese	7%
<i>Declined to answer: 70</i>		Eastern European	7%
		Filipino	8%
		Korean	2%
		Vietnamese	2%
		Another Non-Hispanic	23%
Primary Language* (n=1,566)		Race (n=1,745)	
English	78%	American Indian/Alaska Native	1%
Spanish	22%	Asian	5%
Indigenous	1%	Black/African American	4%
Other	2%	Hispanic/Latino	29%
<i>Declined to answer: 89</i>		Native Hawaiian/Pacific Islander	1%
		White	41%
		Other	3%
		More than one	20%
		<i>Declined to answer: 126</i>	
Sex Assigned at Birth (n=1,771)		Current Gender Identity (n=470)	
Female	57%	Female	58%
Male	43%	Male	41%
<i>Declined to answer: 112</i>		Genderqueer	1%
		Questioning or Unsure	0%
		Transgender	0%
		Another gender identity	0%
		<i>Declined to answer: 103</i>	
Sexual Orientation (n=594)			
Bisexual	3%		
Gay or Lesbian	3%		
Heterosexual or Straight	91%		
Queer	1%		
Questioning or Unsure	1%		
Another sexual orientation	1%		
<i>Declined to answer: 190</i>			

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

[§] Demographic data was not collected for Provider Education. Additionally, SafeTALK did not collect data on age in alignment with MHSA regulation and did not collect data on ethnicity, current gender, sexual orientation or language at all.

[^] Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

City of Residence				(n=1,676)	
Camarillo	9%	Fillmore	2%	Moorpark	1%
Newbury Park	1%	Oak Park	0%	Ojai	1%
Oxnard	36%	Piru	0%	Port Hueneme	2%
Santa Paula	9%	Simi Valley	9%	Thousand Oaks	7%
Ventura	14%	Other	7%		

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.

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

Suicide Prevention: Provides free suicide alertness trainings to schools and community members to identify persons with thoughts of suicide and connect them with suicide first aid resources.

Other PEI Program Successes and Challenges

I responded to a residence...[where] a juvenile [was] ... stating he would harm himself and family. I introduced myself using my first name and rank and told him I was there to help him. He suffered from mental illness and was cooperative. He calmed down and began to tell me why he felt the way he did. He told me he aspired to be a football player and play in college. I told him I was a college athlete and told him how he could be successful in playing at the college level. He agreed to cooperate with law enforcement and get treatment for his mental illness.

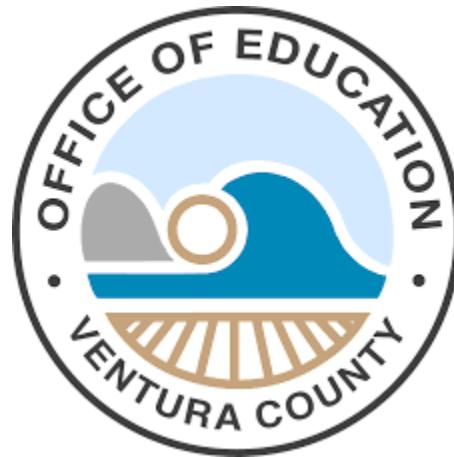
[We] received a call from parent of client whom had been accepted into services but had not been scheduled for treatment. Parent was concerned because child had stopped eating and did not know who could help. Logrando Bienestar supervisor reached out to Clinical Administrator to inform him of the situation. He immediately had a clinician reach out to the family, they advised them on how to handle the situation and scheduled their first treatment appointment.

The training was excellent, and the roleplay was especially helpful. I feel like I have some work to do around my own internalized stigma around talking about mental health and suicide openly, but the training definitely helped me on this path!

**APPENDIX D. VENTURA COUNTY OFFICE OF
EDUCATION (VCOE) MULTI-TIERED SYSTEMS OF
SUPPORT (MTSS) FINAL EVALUATION REPORT FY
2019–2020**

Ventura County Office of Education Multi-Tiered System of Support Summative Evaluation Report Academic Year 2019–2020

Prepared for



Prepared by

EVALCORP
Research & Consulting

Acknowledgments

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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. As of June 30, 2020, VCOE has established Memorandum of Agreement (MOAs) with 11 districts.

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

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.

This report summarizes data for VCOE and districts funded to implement MTSS in their schools during academic year 2019–2020. A comprehensive review of the MTSS program—for VCOE as well as individual LEA/School Districts—is provided, and includes information on the following process and outcomes measures:

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

The following report is divided into 2 primary sections: (1) Key findings, which is organized into three sub-sections, VCOE, LEA/School District overview, and by each LEA/School District.; and (2) Conclusion and Recommendations.

Each sub-section 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.

Data Collection and Analysis

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 2019–2020 academic year, VCOE and their contracted school districts used two primary types of data collection strategies.

- 1) **VCBH Template:** 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.

To analyze data collected in the VCBH template 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.

- 2) **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 a MTSS training/educational event.
- b. Student Survey: administered to students, 6th grade and above, who have participated in a 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.

Additionally, VCOE implements a number of post-training evaluation surveys for most of the trainings they provide. Two examples include post-surveys for their safeTALK and Resilient Calm Leader/Resilient Calm Learner Trainings (which are described in subsequent sections).

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. Crosstabs or contingency tables and other multivariate analyses were conducted when possible.

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 2019–2020 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. This was especially true given that some evaluation tools were implemented after many school districts and VCOE began program activities.
- **Incorrectly documented data.** Information documented in the VCBH template was not consistent across or within LEA/School Districts. For example, for some trainings information including the number of attendees, attendee type, and language of training were not provided. Additionally, some LEA/School Districts included trainings that were not funded through the MTSS grant.
- **Survey Administration.** Comments from a number of survey respondents indicated that they did not know why they were being asked to complete a survey or what

training/engagement or educational activity it was for. This could, therefore, mean that survey responses are not going to provide an accurate measure of program success.

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.

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 2019–2020. 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.
- **Individual School Districts used a variety of methods and tools to:** increase access and linkage to services; develop and deliver trainings to school staff, students, and families (through staff or community partners); and conduct/promote early intervention activities (such as treatment or intervention services) to address mental health needs.

VCOE Activities

VCOE implemented a range of MTSS activities starting in November 2019. This section presents a compilation of seven of those activities. For each activity, a brief description and findings for relevant process (number of participants, types of trainings, etc.) and outcome measures are available.

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.

Of the 57 trainings provided by VCOE, language of training was documented for only 47 of them. All 47 trainings were conducted in English and one training was also conducted in an additional language.

Table 1. School Personnel Trainings		
Topic	Number of Trainings	Number of Participants
CHAMPS	14	352
Childhood Trauma-Informed Practices and Historical Trauma	1	35
Cultural and Linguistic Competency and Equity	1	5
Mental Health Resources & Referral Processes	5	259
Mindfulness	1	14
Positive Behavioral Intervention Support (PBIS)	8	139
Restorative Justice	2	50
RISE	1	16
safeTALK	17	309
Social Emotional Learning (SEL)	3	136
SuicideTALK	1	20
Teach for Trust: Building Resiliency	2	96
Web-based Technologies	1	54
Total	57	1,485

Though trainings are targeted to school personnel they often included students and community members.

Table 2. School Personnel Trainings: Attendee Type	
Attendee Type	Number
School Staff	1,071
Student	202
Community Member	83
Other	53
Unknown	76
Total	1,485

Of the 57 trainings provided by VCOE to school personnel, surveys were collected for the following programs/trainings:

- CHAMPS
- Childhood Trauma-Informed Practices and Historical Trauma
- Mental Health Resources
- Mindfulness
- Restorative Justice
- RISE
- safeTALK
- Teach for Trust: Building Resiliency
- Web-based technologies

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

CHAMPS

Conversation, Help, Activity, Movement, Participation, and Success (CHAMPS) model is an evidence-based school and classroom behavior management approach to train and encourage desired behaviors among students through school-wide goals and guidelines.

VCOE provided 14 CHAMPS trainings to over 350 school staff/personnel. Of the 352 CHAMPS-trained individuals, 194 completed surveys. Findings from these surveys can be found in **Table 3** below.

Table 3. CHAMPS Training Satisfaction (n=193-194)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	6%	94%
Presentation was clear, engaging, and effective	0%	3%	10%	87%
Relevance and quality of materials and resources	0%	2%	14%	84%
Content knowledge will assist me to do my job more effectively.	0%	3%	13%	84%
Content will contribute to improving the practices/systems in my work.	0%	2%	13%	86%

88% of participants rated the training as Excellent.

Additionally, trainees were asked about key learnings from the training and how they will apply what they learned to their work. Of 173 surveys, more than 150 individuals provided a response. Top responses are listed below:

Key Learnings:

- About and how to implement CHAMPS (n=33)
- About STOIC (Structure, Teach, Observe, Interact, and Correct; n=25)

- Importance of structure (n=13)
- 3:1 Ratio (n=12)
- The 5 “Lys” (Correct Consistently, Calmly, Respectfully, Timely, and Privately; n=11)
- Importance of setting and communicating clear expectations (n=10)
- 2x10 method (2 minutes per day for 10 days in a row talking with an at-risk student; n=10)

“Biggest thing I want to remember is dealing with student behavior: consistently, calmly, immediately, briefly, respectfully.”

Application to Work:

- Continue/Begin implementing strategies learned (n=31)
- Set/Communicate expectations clearly (n=25)
- Develop visuals to help students learn/remember (n=24)

“I am now more confident to go ahead and start the new year with all these new tools that have been given to us. Thank you!”

Childhood Trauma-Informed Practices and Historical Trauma

This training helps educators and school staff gain a greater understanding of the physiological impacts of trauma on the brain and the impacts on student behaviors and their ability to learn in addition to helping them understand the lifelong impacts of trauma for students if left untreated and why it's important to create trauma sensitive learning environments

VCOE provided 1 trauma informed training to over 30 school staff/personnel. Of the 35 trauma informed-trained individuals, 31 completed surveys. Findings from these surveys can be found in **Tables 4 and 5** below.

Table 4. Trauma Informed Practices Training Satisfaction (n=30-31)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	0%	100%
Presentation was clear, engaging, and effective	0%	0%	3%	97%
Relevance and quality of materials and resources	0%	0%	6%	94%
Content knowledge will assist me to do my job more effectively.	0%	0%	13%	87%
Content will contribute to improving the practices/systems in my work.	0%	0%	13%	87%

94% of participants rated the training as Excellent.

Table 5. Trauma Informed Practices Training Outcome (n=30-31)					
Based on the training....	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	NA
My district has committed to implement TIPS	3%	3%	35%	23%	35%
I feel confident implementing TIPS in my school	3%	0%	52%	19%	26%
I have the administrative support needed to implement TIPS	3%	7%	43%	2%	27%
I will use TIPS when addressing discipline and behavior at school	0%	0%	35%	39%	26%
I would like to use TIPS as another tool to strengthen our school culture/community	0%	0%	27%	57%	17%

Additionally, trainees were asked about key learnings from the training and how they will apply what they learned to their work. Of 31 surveys, 29 individuals provided a response. Top responses are listed below:

Key Learnings:

- Tools/Strategies (n=13)
- Information about trauma/ACEs (n=5)
- Triggers of trauma (n=4)
- How to teach others to be more trauma informed (n=3)
- Trauma Informed Practices (n=3)
- Identifying trauma (n=2)

Application to Work:

- Train others at district/school site (n=13)
- Implement with students and families (n=4)
- Use to support other school/district staff (n=4)

“This will help me assist teachers who are coming to me for help with defiant students.”

Mental Health Resources

VCOE provided 5 trainings on mental health resources to over 250 school staff/personnel.

- The Mental Health Services Continuum for Students and Youth Event offered two separate sessions where School Psychologists and Counselors, Administrators, Clinicians, Nurses, School Resource Officers, and Community Agencies could learning about the referral process for Mental Health Services (Beacon, STAR, and RISE), resources for schools and families, the Children’s Crisis Stabilization Unit (CSU) and short-term residential facility, and the Crisis Team.
 - Additionally, the Mental Health Services Continuum provided a training on special populations. No surveys were collected for this training.
- The Counselor’s Collaborative –meets quarterly to connect professional educators who are leading, building and providing counseling services in TK-12 education with each other and to relevant resources in the community.

Mental Health Services Continuum for Students and Youth

Of the 205 individuals that received training on mental health resources during the Mental Health Services Continuum for Students and Youth event, 102 completed surveys. Findings from these surveys can be found in **Tables 6** and **7** below.

Table 6. Mental Health Services Continuum Training Satisfaction (n=102)			
	% Disagree	% Neutral	% Agree
The facilitators of this workshop/class were sensitive to my cultural background.	0%	18%	82%
Workshop/class materials provided were useful.	0%	2%	98%
Overall, this workshop class was useful.	0%	2%	98%
I would recommend this workshop/class to others.	1%	2%	97%

Table 7. Mental Health Services Continuum Training Outcomes (n=101-102)			
	% Disagree	% Neutral	% Agree
My knowledge of the continuum of mental health services available for students has increased.	1%	8%	91%
My ability to identify students with mental health concerns has increased.	2%	24%	75%
I am more comfortable and confident addressing mental health issues and linking students to services.	0%	14%	86%

Additionally, trainees were asked what was most helpful about the training and how they will apply what they learned to their work. All individuals provided a response. Top responses are listed below:

Most Helpful:

- Provider information/how to access (n=66)
- Referral process (n=24)
- Handouts/materials (n=13)
- Talking with providers directly (n=6)

Application to Work:

- Share with colleagues (admin, teachers, support staff, counselors; n=34)
- Referring/Connecting students to services (n=29)
- Distribute/Make resources accessible (with parents, online, guide; n=22)
- Implement with students/in school (n=17)
- Crisis Intervention (n=2)

"I plan to continue supporting my students by making informed referrals and sharing this information with my colleagues."

Counselor's Collaborative

Of the 29 individuals that received training on mental health resources during the Counselor's Collaborative Meetings, 13 completed surveys. Findings from these surveys can be found in **Table 8** below.

Table 8. Counselor's Collaborative Training Satisfaction (n=13)				
	% Below Average	% Average	% Above Average	% High Above Average
Presenter's knowledge and expertise level	0%	8%	84%	8%
Presentation was clear, engaging, and effective	0%	8%	77%	15%
Relevance and quality of materials and resources	0%	8%	77%	15%
Content knowledge will assist me to do my job more effectively.	0%	8%	77%	15%
Content will contribute to improving the practices/systems in my work.	0%	8%	77%	15%

84% of participants rated the training as Above or High Above Average.

Additionally, trainees were asked what was most helpful about the training and how they will apply what they learned to their work. Of 13 surveys all individuals provided a response. Top responses are listed below:

Most Helpful:

- Materials provided at the presentation (n=8)
- Testimonials/lived experience of presenters (n=3)
- Available resources (n=2)

Application to Work:

- Share the information with others (n=6)
- Use what they learned with students, families, and other staff (n=4)

Mindfulness

This training was geared towards administrators and focused on techniques to create a resilience plan and implement stress-reduction practices and relaxation strategies.

VCOE provided 1 training on mindfulness to 16 school staff/personnel. All of the individuals that received training on mindfulness completed a survey. Findings from these surveys can be found in **Table 9** below

Table 9. Mindfulness Training Satisfaction (n=16)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	0%	100%
Presentation was clear, engaging, and effective	0%	0%	6%	94%
Relevance and quality of materials and resources	0%	0%	19%	81%
Content knowledge will assist me to do my job more effectively.	0%	0%	19%	81%
Content will contribute to improving the practices/systems in my work.	0%	0%	31%	69%

94% of participants rated the training as Excellent.

Additionally, staff were asked about key learnings from the training and how they will apply what they learned to their work. Of 16 surveys, 15 individuals provided a response. Top responses are listed below:

Key Learnings:

- Stress management techniques (n=10)
- Prioritizing self-care (n=4)
- Nurturing resilience (n=3)

Application to Work:

- Use of stress management techniques/coping skills (n=8)
- Sharing of materials and resources provided during training (n=4)

Restorative Justice

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 2 restorative justice trainings to 50 school staff/personnel. Of the 50 individuals that received training on restorative justice, 8 completed surveys. Findings from these surveys can be found in **Table 10** below.

Table 10. Restorative justice Training Satisfaction (n=8)				
	Below Average	Average	Above Average	Excellent
Presenter's knowledge and expertise level	0	0	1	7
Presentation was clear, engaging, and effective	0	0	1	7
Relevance and quality of materials and resources	0	0	1	7
Content knowledge will assist me to do my job more effectively.	0	0	1	7
Content will contribute to improving the practices/systems in my work.	0	0	1	7

6 participants rated the training as Excellent.

Additionally, trainees were asked about key learnings from the training and how they will apply what they learned to their work. All individuals provided a response. Top responses are listed below:

Key Learnings:

- RJ approaches/implementation guide (n=3)
- Resilience Plan (n=2)
- How to build a behavior team (n=2)
- Data collection (n=2)
- Learning from other’s experiences (n=2)

Application to Work:

- Implement in their classroom/at their school site (n=4)
- Learn more/additional training to educate others (n=2)
- Share with other staff at school site (n=2)

“I really enjoy learning and listening how others are implementing restorative approaches at their school sites; I like collaborating with others and getting new ideas.”

RISE

RISE (Recognize, Intervene, Support, Empower) trainings are provided by Rainbow Umbrella (operated by the Diversity Collective) to Ventura County school and agency staff to spread awareness on sexual assault and address mental health needs in the LGBTQ+ community.

VCOE provided 1 RISE training to 16 school staff/personnel. Of the 16 individuals that received training on RISE, 15 completed surveys. Findings from these surveys can be found in **Tables 11 and 12** below.

Table 11. RISE Training Satisfaction (n=15)				
	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
The presenter/trainer was prepared.	0%	0%	7%	93%
The presenter/trainer encouraged participation.	0%	0%	0%	100%
Materials provided were useful.	0%	0%	0%	100%
Training/course was practical and useful.	0%	0%	0%	100%
There was adequate opportunity to practice what I learned.	0%	0%	13%	87%
I feel that I will be able to use what I learned today.	0%	0%	0%	100%
I would recommend this training/course to others.	0%	0%	0%	100%

Table 12. RISE Training Outcomes (n=15)				
	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
I better understand mental health issues and related crises.	0%	0%	0%	100%
I know where mental health services are in my community.	0%	0%	7%	93%
I am aware of my own views and feelings about mental health issues.	0%	0%	13%	87%
I recognize misconceptions about mental health and mental illness.	0%	0%	13%	87%
I believe people with mental illness can function in their daily lives.	0%	0%	0%	100%
I am more likely to assist someone with a mental illness who needs help.	0%	0%	0%	100%

On average, participants rated the training 9.6 out of 10, with 93% assigning a score of 9 or higher.

Additionally, trainees were asked what was most helpful about the training. All individuals provided a response. Top responses are listed below:

- Information provided/topics covered (n=7)
- Learning about Language Identifications (n=2)

- Training exercises (n=2)

"That has always been difficult for me, like how to go beyond 'that is disrespectful' or 'we don't use that type of language'."

safeTALK

Suicide Alertness for Everyone: Talk, Ask, Listen, Keepsafe (safeTALK) is an evidence-based suicide intervention training program developed by LivingWorks. The training teaches participants how to prevent suicide by recognizing signs, engaging individuals, and connecting them to an intervention resource for further support. Additionally, the program aims to overcome participants' reluctance to intervene, promote adaptive beliefs conducive to intervention, and increase participants' intervention self-efficacy.

Outcomes are tracked by surveying safeTALK trainees. Of the 309 safeTALK-trained individuals, 233 completed surveys. Results from these surveys are shown in **Table 13** below.

Table 13. safeTALK Trainee Outcomes (n=228-233)				
	% Disagree	% Partly Agree	% Agree	% Strongly Agree
My trainer was prepared and familiar with the material.	0%	0%	7%	93%
My trainer encouraged participation and respected all responses.	0%	0%	5%	95%
I intend to tell others that they will benefit from this training.	0%	0%	3%	97%

93% of trainees said they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide.

On average, participants rated the training 9.4 out of 10, with 82% assigning a score of 9 or higher.

Trainees who received safeTALK training were asked to provide feedback through an open-ended response question asking for "comments." Illustrative quotes are provided below.

"I had student who shared with me that she tried to commit suicide. I wish I had this training before. I didn't know what to and my school didn't have a clear action plan. Thank you for bringing awareness."

"The training was excellent, and the roleplay was especially helpful. I feel like I have some work to do around my own internalized stigma around talking about mental health and suicide openly, but the training definitely helped me on this path!"

Teach for Trust: Building Resiliency

A training for schools and school districts interested in fostering resilience and success for *all* of their students, that provides information on and guidance about Adverse Childhood Experiences (ACEs), Restorative Justice, resilience, and trauma-informed practices.

VCOE provided 2 trainings using Teach for Trust to over 90 school staff/personnel. Of the 96 individuals that received training on building resiliency, 35 completed surveys. Findings from these surveys can be found in **Table 14** below.

Table 14. Building Resiliency Training Satisfaction (n=35)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	3%	97%
Presentation was clear, engaging, and effective	0%	0%	3%	97%
Relevance and quality of materials and resources	0%	0%	6%	94%
Content knowledge will assist me to do my job more effectively.	0%	3%	3%	94%
Content will contribute to improving the practices/systems in my work.	0%	3%	6%	91%

97% of participants rated the training as Excellent.

Additionally, trainees were asked about key learnings from the training and how they will apply what they learned to their work. All individuals provided a response. Top responses are listed below:

Key Learnings:

- Self-care and its impact on work performance (n=22)
- Burnout/compassion fatigue (n=8)
- Useful strategies to implement SEL/Self-care (n=7)
- Importance of mindset (n=5)
- How to build resilience (n=5)
- Trauma and its effects (n=4)

Application to Work:

- Implement self-care strategies (n=9)
- Train/implement with staff (n=9)
- Discussion with staff about next steps/how to implement (n=7)

- Provide space/support to staff to practice/implement (n=6)

“Compassion fatigue was eye-opening and the workshop was timely in how I have been feeling. This gave me strategies on where to go from here.”

Web-based Technologies

This training demonstrated to school district staff the functionality of and opportunity to improve student performance levels aligned to the California School Dashboard using the District PULSE dashboard.

VCOE provided 1 training on web-based technologies to 54 school staff/personnel. Of the 16 individuals that received training on web-based technologies, 36 completed surveys. Findings from these surveys can be found in **Table 15** below.

Table 15. Web-based Technologies Training Outcomes (n=35-36)				
	% Disagree	% Partly Agree	% Agree	% Strongly Agree
Content will assist me in my role as a member of my district team.	0%	0%	14%	86%
Content helped me to better understand how DISTRICT PULSE might serve as a tool to identify areas of student and system needs.	0%	0%	14%	86%
Content helped me to better understand how DISTRICT PULSE might be a tool to assist with state accountability data.	0%	0%	17%	83%
Content helped me to better understand how DISTRICT PULSE might be a tool to identify chronically absent, at-risk, and/or referred for discipline students.	0%	0%	11%	89%

Additionally, trainees were asked about key learnings from the training. Of XX surveys, 33 individuals provided a response. Top responses are listed below:

- Understanding what the data means and using it to help students (n=9)
- The need for consistent roll-out, training, and use of the District PULSE tool across the county (n=6)
- Importance of reviewing data entry and cleaning to check for inaccuracies (n=5)

“There is a lot of great data that can be used immediately to intervene and help students.”

VCOE also conducted 18 virtual trainings as a result of the COVID-19 pandemic.

Topic	Number of Trainings	Number of Participants
Connected Teaching While Socially Distant	3	150
Meaningful Mondays	3	226
Restorative Justice	6	223
Social Emotional Learning	4	100
Your Voice Matters	2	160
Total	18	859

Of the 18 virtual trainings provided by VCOE to school personnel, surveys were collected for the following two programs/trainings:

- Meaningful Monday's
- Social Emotional Learning – Communities of Practice

Meaningful Mondays

Meaningful Mondays is a 3-part series training that included Trauma Informed Healing Practice (TIPS), Trauma Informed Crisis Response, and a Centering the Needs of Priority Populations.

Additional information about each training can be found below:

- Trauma Informed Healing Practice (TIPS): Participants were given tools to understand the effects of secondary trauma and stress on their personal and professional well-being and to approach effective self and collective care.
- Trauma Informed Crisis Response: Deepened participants' understanding of the individual and collective stress response in crisis situations and offered a framework for trauma informed crisis response.
- Centering the Needs of Priority Populations: Participants were taught about culturally responsive practices as a way to centers the needs of all people who have been systematically marginalized when designing and implementing programs to advance collective well-being.

VCOE provided 3 trainings on Meaningful Mondays to 226 school staff/personnel. Of the 226 individuals that received training, 29 completed surveys. Findings from these surveys can be found in **Tables 17** and **18** below.

	% Strongly Disagree	% Disagree	% Neutral	% Agree	% Strongly Agree
The training addressed social and emotional learning topics related to self-awareness and self-management.	0%	0%	0%	59%	41%
The training objectives were clearly communicated and followed.	0%	0%	3%	52%	45%

The content was well-organized.	0%	0%	0%	52%	48%
The resources and materials distributed were pertinent and useful.	0%	10%	3%	52%	34%
The trainer was knowledgeable.	0%	0%	0%	45%	55%
The information was presented in a clear and engaging manner.	0%	0%	0%	34%	66%
The trainer facilitated activities and discussion effectively.	0%	0%	0%	31%	69%
Overall, the training was helpful.	0%	3%	0%	34%	62%

Table 18. Meaningful Mondays Training Outcomes (n=28-29)					
Before the Training	% Strongly Disagree	% Disagree	% Neutral	% Agree	% Strongly Agree
I have a high level of usable knowledge about the topic.	0%	3%	21%	62%	14%
I am confident in my ability to apply the skills presented in the training.	0%	0%	14%	54%	32%
After the Training					
I have a high level of usable knowledge about the topic.	0%	0%	7%	69%	24%
I am confident in my ability to apply the skills presented in the training.	0%	0%	10%	66%	24%

Social Emotional Learning – Communities of Practice

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 4 trainings on social emotional learning to 100 school staff/personnel. Of the 100 individuals that received training on social emotional learning, 71 completed surveys. Findings from these surveys can be found in **Table 19** below.

Table 19. Social Emotional Learning Training Satisfaction (n=70-71)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	6%	94%
Presentation was clear, engaging, and effective	0%	1%	7%	92%
Relevance and quality of materials and resources	0%	1%	7%	91%

Content knowledge will assist me to do my job more effectively.	0%	3%	10%	87%
Content will contribute to improving the practices/systems in my work.	0%	1%	8%	90%

90% of participants rated the training as Excellent.

Trainees who participated in virtual Social Emotional Learning – Communities of Practice trainings were asked to provide feedback through open-ended response questions asking for key learnings as well as how they planned to apply the training to their work. Of 71 surveys, 64 individuals provided a response. Responses were grouped by theme and the top response themes are presented below. The number of people who commented under each response theme is shown in parentheses.

Key Learnings:

- Three R's (Relationship, Routine, and Resilience/Regulation; n=13)
- Ready to Learn (n=10)
- Behavior as a form of communication (n=9)

Twelve (12) respondents also indicated that they really appreciated learning about how other districts/schools have implemented Social Emotional Learning.

“Behavior is a form of communication! It takes time and will be challenging to learn a new language.”

Respondents were also asked to provide recommendations to improve trainings through an open-ended response question. Of 71 surveys, 60 individuals provided a response. Responses were grouped by theme and the top response themes are presented below. The number of people who commented under each response theme is shown in parentheses.

Application to Work

- System level professional development and implementation (n=22)
- Individual implementation in (e.g. in classrooms, in meetings, n=12)
- Share key learning with other educators/counselors (n=7)
- Provide spaces to cool-down/self-regulate (n=5)

“I will practice self-regulation strategies and create a self-regulation station in class.”

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.

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.

Activity 4. Provide teacher-specific mental health evidenced based training called Resilient Calm Learner (RCL) Interactive Training Series.

RCL is a training focused on teaching teachers skills and strategies to increase stress-coping skill and mindful presence, and integrating those skills in the classroom. This includes practicing self-calm and managing emotions/impulses with students.

Across six (6) trainings provided, between 29 and 34 teachers were trained on the Resilient Calm Learner Series. After each training, teachers were asked to evaluate the session. These evaluations are combined in **Table 20** below.

Table 20. Resilient Calm Learner Training Satisfaction (n=92)				
	% Below Average	% Average	% Above Average	% Excellent
Presenter's knowledge and expertise level	0%	0%	9%	91%
Presentation was clear, engaging, and effective	0%	2%	13%	85%
Relevance and quality of materials and resources	0%	1%	15%	84%
Content knowledge will assist me to do my job more effectively.	0%	2%	11%	87%
Content will contribute to improving the practices/systems in my work.	0%	2%	9%	89%

89% of participants rated the training as Excellent.

Additionally, trainees were asked about key learnings from the training and how they will apply what they learned to their work. Of 92 surveys, 90 individuals provided a response. Top responses are listed below:

Key Learnings:

- Breathing techniques (n=28)
- Stress reduction (n=14)
- Importance of self-care (n=13)
- Guided imagery (n=11)

“Selfcare is an important part of successful teaching. Reducing stress or having tools for coping not only helps me but influences the environment of my classroom.”

Application to Work:

- Implement with students/in the classroom (n=37)
- Implement daily (n=18)
- Implement with self/at home (n=14)

The techniques learned that trainees were most likely to implement included breathing (n=17), self-care (n=5), and mindfulness practices (n=5).

“This training is applied to my teaching weekly and has been very useful. I have seen how my classroom culture has changed and how my student’s behaviors have changed.”

Three months after the Resilient Calm Learner training was completed, a follow-up impact evaluation was administered to participating teachers.

	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree
After 3 months, I find this training useful.	4%	0%	16%	80%
As a result of taking this training I have adopted one or more of the practices presented.	4%	0%	20%	76%
Content Knowledge has assisted me to do my job more effectively.	4%	4%	28%	64%
Content has contributed to improving the practices/systems at work.	4%	4%	28%	64%
This training has made an impact on staff and/or students.	4%	0%	40%	56%

Additionally, trainees were asked about success and barriers they have encountered while trying to implement practices and or information from the training. Of 25 surveys, 22 individuals provided a response. Top responses are listed below:

Successes:

- Students, parents, and teachers have been able to implement during quarantine (n=7)
- Students want to use mindfulness skills (n=5)
- Giving youth time to check in with themselves and how they are feeling (n=4)

“Because I had taught my students breathing exercises to calm themselves, they were able to use these strategies when we went to full time distant learning. These practices helped them feel less anxious.”

“These practices and trainings were vital when we had to move to distance learning and managing students stress during the pandemic. I could not teach without these practices. Students would not be able to learn without these practices.”

Barriers:

- Distance learning (n=6)
- Student hesitation to participate (n=5)
- Finding time and space to implement (n=3)

“I am just not sure how many of our fellow teachers believe the importance. Many were ready to listen, but I still struggle with the fellow colleagues who are so focused on academics and the rigor that they forget we are also shaping the entire human to be able to socially function later on in life. My students were all on board the entire time and I could see them shine in knowing that their feelings matter...”

“At first it feels like there isn't time to implement one more thing. After making it a priority to do it 3-5 times a week, it became more natural, went quicker and was always something the children looked forward to.”

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 with the districts (4 meetings with 89 total participants)
 - Nov 20th, 2019 (27 participants)
 - Feb 18th, 2020 (19 participants)
 - April 22nd, 2020 (19 participants)
 - May 11th, 2020 (24 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.

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 its inaugural county-wide youth mental health conference. The conference is intended to increase youth’s sources of strength, awareness of their mental health and mental health resources, and resilience.

The conference had 8 breakout sessions topics and a brief description are below:

- **Mind, Body & Soul**
 - This breakout session emphasized the basics in learning how to take personal responsibility for everything that you think, feel, say and do. Participants should be inspired to make better choices that can lead to improved health and well-being, solve social emotional and life challenges, and discover their purpose, growth and awakening.
- **Social media safety**
 - This breakout session explores dangerous online behavior, and what participants can do to enjoy a healthier online experience.

- **People of Global Majority: Coping and Empowerment**
 - A youth-led panel where LGBTQ+, indigenous, undocumented, or working-class youth of color could feel safe. Youth leaders shared and reflected on their life experiences and the impact on their emotional and overall well-being. Participants learned about healthy coping tools as well as activism and advocacy to empower themselves and make positive changes in their own lives and communities.
- **Safety and Anxiety During Trying Times**
 - Participants learned what happens in the brain during stress and strategies to help understand and manage safety and anxiety during stressful times.
- **Indigenous Healing Council/EI Concilio**
 - Council is a practice of open, heartfelt expression and attentive, empathetic listening. It introduces meaningful changes in institutions, schools, families and relationships. Council has been practiced with young people and elders from many cultures and nationalities. Passing the talking piece with the intention of speaking authentically and listening attentively inspires deeper communication, intercultural understanding and the nonviolent resolution of conflict.
- **Substance Use**
 - BRITE team members shared their true stories of both heartbreak and inspiration, and facilitated a discussion about the relationship between drugs & alcohol and mental health & well-being.
- **Suicide prevention**
 - A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide. Participants learned the risk and warning signs of suicide, and how together, we can help prevent it.
- **Youth resources and support**
 - This breakout sessions provided youth information on how to access services through school, community based, and other provider networks for those seeking mental health services. The various ways support services are delivered, i.e. the different types of services youth may find beneficial, i.e., support groups, group therapy, individual therapy, counseling, faith-based counseling was also discussed.

Over 100 youth and community members attended the conference. Of the 119 conference attendees, 84 completed a survey. Findings from these surveys can be found in **Table 22** below.

Table 22. Youth Mental Health Conference Outcomes (n=84)					
	% Strongly Disagree	% Disagree	% Agree	% Strongly Agree	% Not Applicable
I learned how to access mental health services in my community.	4%	8%	36%	46%	6%
The information from today's conference can reduce stigma on mental health.	2%	4%	43%	50%	1%
I learned about suicide prevention.	4%	11%	42%	31%	13%

Sessions attended by survey respondents can be found in **Table 23** below.

Session Name	Number of Participants
Indigenous Healing Council	20
Mind, Body, Soul	23
People of the Global Majority: Coping and Empowerment	28
Safety and Anxiety During Trying Times	23
Social Media Safety	10
Substance Use	23
Suicide Prevention	27
Youth Resources and Support	14

Additionally, youth conference attendees were asked to identify an important thing they learned, what they can do to help reduce mental health stigma, and recommendations to improve the conference. Of 84 surveys, 73 individuals provided a response. Top responses are listed below:

Key Learnings:

- How to ask for and find help (n=14)
- About mental health and its importance (n=9)
- Self-care/love (n=7)
- How to listen to and support others (n=6)
- Suicide signs and prevention (n=4)
- Importance of having purpose/self-worth (n=4)
- Need to increase awareness about mental health (n=3)

“To not stay quiet. Talk to someone because there is so much help out there...”

Reducing Mental Health Stigma

- Spread awareness (n=45)
- Support others (n=8)
- Get involved in local organizations and through youth advocacy (n=7)
- Practice self-care (e.g. exercise, meditation; n=7)
- Get help from professionals when needed (n=3)
- Learn more/educate oneself (n=3)
- Educate others (n=3)

“As a student, I can promote local resources and create a welcoming environment within campus to reduce mental health stigma.”

Recommendations to Improve

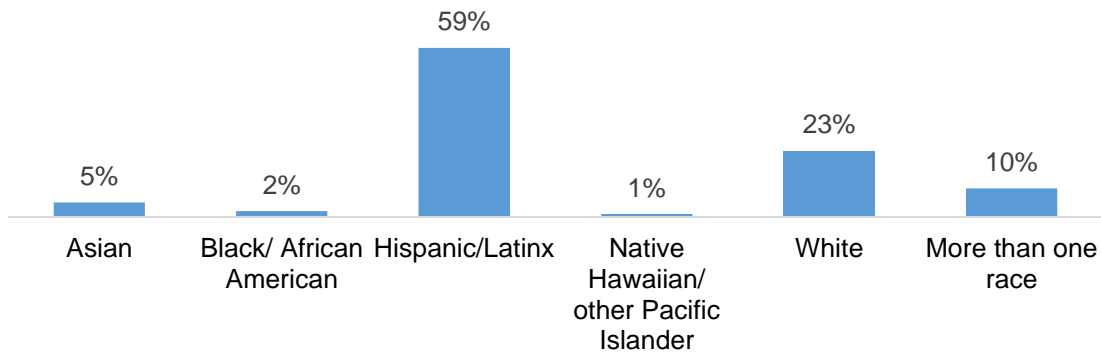
- More Interactive Activities/Sessions (n=11)
- More Sessions/Stations/Activities (n=8)
- Increase outreach/turnout (n=7)

- More tangible skills/resources (n=7)
- More time for sessions (n=5)

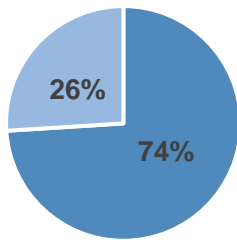
“Some youth mentioned the need for more relevant tips on what to do when you're feeling anxious for example.”

Demographic information (age, gender, race, and ethnicity) was captured for conference participants.

Race n=82



Age (n=84)

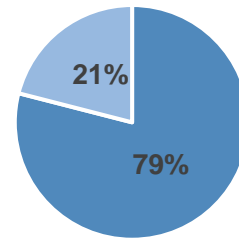


■ 18 and Under ■ Over 18

Gender (n=79)

63% Female
30% Male
7% Other

Ethnicity (n=82)



■ Hispanic/Latinx ■ Non-Hispanic/Latinx

Activity 7. VCOE will establish an MOA with each LEA/School District to define their project and scope of work. LEAs/School Districts may individually contract or create agreements with outside agencies or community-based organizations to provide part or the entirety of their project to complete their activities. Small school districts shall be invited to participate in Social Emotional Learning and other mental health trainings at no cost.

During the 2019–2020 Academic Year, VCOE established MOAs with 11 school districts as follows:

- Conejo Valley Unified School 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

VCOE will not be contracting with any additional school districts for the 2020–2021 Academic Year.

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 November of 2019 but did not have an evaluation framework established until February 2020. Therefore, not all activities may have been documented or accurately recorded.

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.

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)
- Google Forms
- Panorama Social Emotional Learning (SEL)

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 and service referrals made in each school district is presented in the following tables.

School District	Number of Screenings
Conejo Valley Unified School District	94
Hueneme Elementary School District	821
Moorpark Unified School District	428
Oak Park Unified School District	96
Ojai Unified School District	126
Oxnard Elementary School District	12,985
Oxnard Union High School District	6,799
Rio School District	47
Santa Paula Unified School District	1,723
Simi Valley Unified School District	3,877
Ventura Unified School District	653
Total	27,649

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.

School District	School-based Individual	School-based Group	Community-based Mental Health	Other*
Conejo Valley Unified School District	663	229	137	0
Hueneme Elementary School District	42	12	11	3

Moorpark Unified School District	164	147	9	0
Oak Park Unified School District	41	1	50	2
Ojai Unified School District	35	17	31	0
Oxnard Elementary School District	3,632	3,216	292	0
Oxnard Union High School District	7,232	1,978	108	80
Rio School District	33	6	55	5
Santa Paula Unified School District	853	427	335	157
Simi Valley Unified School District	102	73	5	7
Ventura Unified School District	547	694	167	108
Total	13,344	6,800	1,200	362



955 Students and Families Linked to Services



6,749 Students Identified as At-Risk



51 Calls to VCBH Crisis Team



305 Safety Plans Developed

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.

School District	Number of Trainings	Number of Participants
Conejo Valley Unified School District	46	17,345
Hueneme Elementary School District	9	635
Moorpark Unified School District	3	476
Oak Park Unified School District	66	13,337

Ojai Unified School District	8	514
Oxnard Elementary School District	413	31,649
Oxnard Union High School District	178	9,783
Rio School District	49	5,577
Santa Paula Unified School District	29	1,029
Simi Valley Unified School District	51	1,267
Ventura Unified School District	68	1,629
Total	920	83,241

Table 27. Staff and Student Trainings: Attendee Type					
School District	Attendee Type				
	Certificated	Classified	Student	Other	Unknown
Conejo Valley Unified School District	0	0	0	0	17,345
Hueneme Elementary School District	555	80	40	0	0
Moorpark Unified School District	6	1	469	0	0
Oak Park Unified School District	580	53	12,704	0	0
Ojai Unified School District	107	32	375	0	0
Oxnard Elementary School District	0	0	0	0	31,649
Oxnard Union High School District	208	21	713	76	8,765
Rio School District	629	0	4,202	15	731
Santa Paula Unified School District	44	28	860	15	82
Simi Valley Unified School District	688	310	0	0	269
Ventura Unified School District	857	295	0	0	477
Total	3,674	820	19,363	106	59,318

School districts collected 359 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 28** and **29** below.

Table 28. Staff Training Outcomes (n=342-347)	
As a result of participating in this training...	%
I learned something new about the topics covered in the training today.	89%
I learned strategies that will help me better support youth.	90%
I learned about local resources for youth in my community.	66%
I feel confident in my ability to support youth.	83%
I feel confident I could refer youth to appropriate resources in my community.	70%

Table 29. Staff Training Satisfaction (n=342-347)	
	%
I am satisfied with the training I received.	88%
The facilitators provided useful information.	94%
The facilitators were engaging.	90%
I plan to use the information I learned in this training.	92%
I would recommend this training to others at my school/agency.	88%

Additionally, staff were asked what the most helpful thing they learned in the training was. Of 359 surveys, 258 individuals provided a response. Top responses are listed below:

- Resources provided during the training (n=214)
- Strategies to implement in the classroom and when talking with students (n=46)
- Learning how to implement Community Circles (n=20)

“The most helpful thing that I have learned is all the resources that are available to use as well as, the different strategies that teachers can apply to their students.”

School districts also collected 507 surveys from students participating in their mental health awareness and stigma and discrimination reduction trainings/events. Findings from these surveys can be found in **Table 30** below.

Table 30. Student Training Outcomes (n=491-499)	
As a result of participating in this training...	%
I learned something new.	82%
I learned about where I can get help.	88%
I understand mental health issues better.	77%
I know when I need to ask for help for my mental health.	85%
I am more willing to ask for help for my mental health.	70%
I can spot myths about mental health.	67%
If a friend had a mental illness, I would still be friends with them.	95%



76% of students thought the training was helpful



79% 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 507 surveys, 469 individuals provided a response. Top responses are listed below:

- Learning coping skills (n=60)
- Importance of asking for help with mental health (n=60)

- The importance of respecting others and their opinions (n=44)
- How to regulate emotions (n=36)

“The most helpful thing I learned in this training was who I should trust and go to if I need help.”

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

School District	School-based Individual	School-based Group	Other*	Safety Plans
Conejo Valley Unified School District	9,928	0	0	0
Hueneme Elementary School District	184	41	0	0
Moorpark Unified School District	184	80	0	0
Oak Park Unified School District	1,544	1,183	0	0
Ojai Unified School District	375	27	22	0
Oxnard Elementary School District	6,657	5,791	11,670	0
Oxnard Union High School District	5,574	1,981	1,157	33
Rio School District	8,279	792	767	2
Santa Paula Unified School District	5,288	1,471	658	124
Simi Valley Unified School District	156	117	100	0
Ventura Unified School District	636	855	106	5
Total	38,805	12,338	14,480	164

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 221 training/engagement events coordinated by school districts, over 8,000 family members of district-enrolled students attended. The language that each event was conducted in was documented for all but 6 events.

School District	Number of Trainings	Number of Participants	Materials Distributed
Conejo Valley Unified School District	3	516	516
Hueneme Elementary School District	71	885	379

Moorpark Unified School District	2	41	82
Oak Park Unified School District	4	700	24
Ojai Unified School District	0	0	0
Oxnard Elementary School District	88	1,926	673
Oxnard Union High School District	25	3,440	3,014
Rio School District	16	1,046	156
Santa Paula Unified School District	4	87	13
Simi Valley Unified School District	0	0	0
Ventura Unified School District	8	343	105
Total	221	8,984	4,962

93% of family engagement/events conducted in Spanish

49% of family engagement/events conducted in English

9% of family engagement/events conducted in a language other than Spanish or English

A total of 83 surveys were collected from family members participating in mental health awareness and stigma reduction activities/trainings. **Table 33** provides additional information on the outcomes of these events.

Table 33. Family Engagement/Education Outcomes (n=70-73)	
As a result of participating in this training...	%
I learned something new.	74%
I know where to go to get mental health services in my community.	71%
I understand mental health issues better.	72%
I know when I need to ask for help for my child's mental health.	77%
I am more willing to ask for help if my child ever needs support with mental health.	83%
I can spot myths about mental health.	73%
If a family member had a mental illness, I would still love them.	83%



75% of family members thought the training was helpful



71% of family members recommend this training

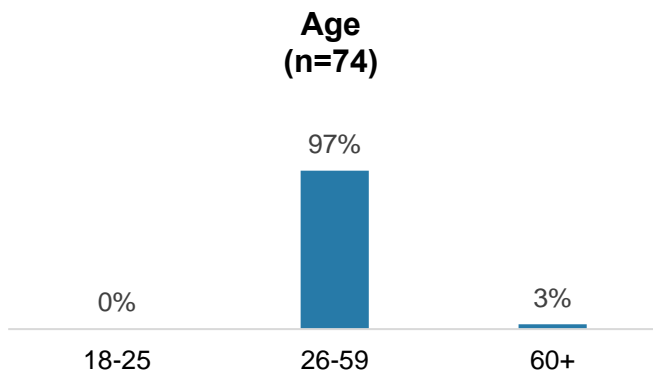
Additionally, family members were asked what the most helpful thing they learned in the training was. Of 83 surveys, 25 individuals provided a response. Top responses are listed below:

- How to spot signs of mental illness (n=7)
- How to find/ask for help from others (counselors/local resources; n=5)
- Knowledge about mental illness (n=4)

“How to ask for help for our family and to know that we are not alone, that there's help we can receive.”

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. Eighty-three family surveys were collected 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=76)

47% English
56% Spanish
1% Other

4% identified as veterans

Gender Identity (n=72)

Female	89%
Male	10%
Transgender	0%
Genderqueer	0%
Questioning	1%
Another Gender Identity	0%

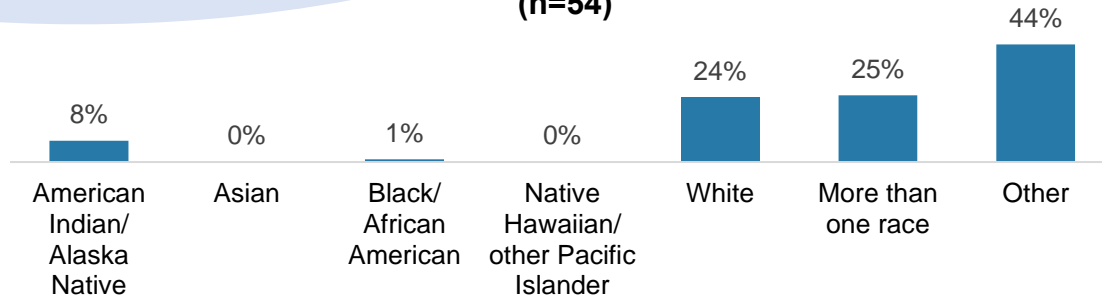
Sexual Orientation (n=50)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	94%
Queer	4%
Questioning	0%
Another Sexual Orientation	0%

Gender at Birth (n=74)

90% Female
10% Male

**Race
(n=54)**

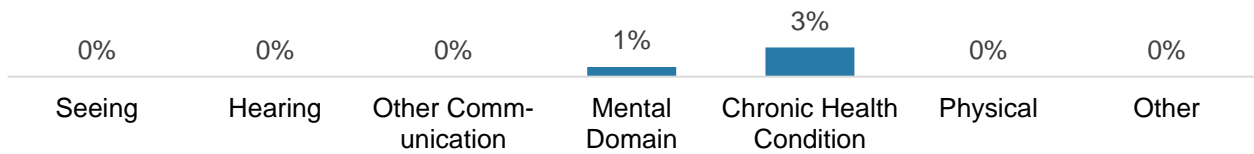


**Ethnicity
(n=67)**

Hispanic/Latino		Non-Hispanic/Latino	
Caribbean	1%	African	0%
Central American	4%	Filipino	9%
Mexican/Mexican American/Chicano	76%	Asian Indian/South Asian	0%
Puerto Rican	0%	Japanese	1%
South American	0%	Cambodian	0%
Other	0%	Korean	0%
		Chinese	0%
		Middle Eastern	0%
		Eastern European	0%
		Vietnamese	0%
		European	6%
		Other	0%

4% identify as having more than one ethnicity

6% identified as having one or more disabilities
(n=71)



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.

LEA District-Specific Activities

The following section provides information specific to each of the 11 districts that were contracted to implement MTSS activities. Each section includes information on Access and Linkage to Services, District-Provided Trainings, and Early Intervention Activities.

Information is presented by district in the following order:

- Conejo Valley Unified School 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

Conejo Valley Unified School 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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. All screenings for the Conejo Valley Unified School District were conducted by BreakThrough, a Student Assistance Program (SAP) located within the district. They conducted 94 assessments using the Brief Risk Reduction Interview and Intervention Model (BRRIM).

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other
Banyan Elementary	1	1	1	0
Break Through	554	110	28	0
Century Academy	5	6	5	0
Colina Middle	33	33	33	0
Conejo Elementary	1	1	1	0
Conejo Valley High	3	3	3	0
Cypress Elementary	2	2	2	0
EARTH'S Elementary	1	2	1	0
Los Cerritos Middle	0	1	0	0
Newbury Park High	13	13	13	0
Redwood Middle	0	3	0	0
Thousand Oaks High	19	22	19	0
Walnut Elementary	0	1	0	0
Weathersfield Elementary	1	1	1	0
Westlake Elementary	1	1	1	0
Westlake High	29	29	29	0
Total	663	229	137	0



0 Students and Families Linked to Services



109 Students Identified as At-Risk



18 Calls to VCBH Crisis Team



119 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are designed to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All trainings for school personnel and students were provided in English. Attendee type (classified, certificated, student, other) was not recorded for any of the trainings provided.

Table 35. Staff and Student Trainings		
Topic	Number of Trainings	Number of Participants
See Something Say Something (Suicide Prevention)	2	4,600
Stand Proud (Social Emotional Learning)	13	776
Stand Proud Field Trip	14	1,046
Start with Hello (Social Emotional Learning)	8	10,498
Suicide Prevention	9	425
Total	46	17,345
School Site		
Acacia Elementary	2	124
Banyan Elementary	1	75

Century Academy	1	9
Colina Middle	2	997
Conejo Elementary	3	270
Conejo Valley High	2	62
Cypress Elementary	2	93
EARTH'S Elementary	1	122
Ladera Elementary	1	107
Lang Ranch Elementary	1	40
Maple Elementary	2	108
Newbury Park High	3	4,890
Redwood Middle	2	1,033
Sequoia Middle	2	913
Sycamore Elementary	3	305
Sycamore Middle	1	859
Thousand Oaks High	3	4,479
Walnut Elementary	1	46
Weathersfield Elementary	3	114
Westlake Elementary	3	224
Westlake High	2	2,181
Westlake Hills Elementary	3	294
Total	19	17,345

Table 36. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	403
Classified	22
Students	16,920
Other	17,345
Total	

Conejo Valley Unified schools collected 83 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.

Table 37. Staff Training Outcomes (n=82-83)	
As a result of participating in this training...	%
I learned something new about the topics covered in the training today.	83%
I learned strategies that will help me better support youth.	86%
I learned about local resources for youth in my community.	81%
I feel confident in my ability to support youth.	76%
I feel confident I could refer youth to appropriate resources in my community.	84%

Table 38. Staff Training Satisfaction (n=82-83)	
	%
I learned I am satisfied with the training I received.	82%
The facilitators provided useful information.	95%

The facilitators were engaging.	88%
I plan to use the information I learned in this training.	89%
I would recommend this training to others at my school/agency.	84%

Family Engagement/Education

All multi-generational family engagement and trainings/events were offered in both English and Spanish.

Topic	Number of Events	Number of Participants
Brain and Behavior	1	51
Building Resilience in Your Child	1	115
Vaping and Cannabis	1	350
Total	3	516

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

School Site	School-based Individual	School-based Group	Other*
Acacia Elementary	36	0	0
Aspen Elementary	42	0	0
Banyan Elementary	14	0	0
Century Academy	64	0	0
Colina Middle	320	0	0
Conejo Elementary	134	0	0
Conejo Valley High	221	0	0
Cypress Elementary	279	0	0
EARTHS Elementary	44	0	0
Glenwood Elementary	52	0	0
Ladera Elementary	48	0	0
Lang Ranch Elementary	103	0	0
Los Cerritos Middle	5,951	0	0
Madrona Elementary	37	0	0
Maple Elementary	139	0	0
Newbury Park High	366	0	0
Redwood Middle	387	0	0
Sequoia Middle	399	0	0
Sycamore Canyon Middle	56	0	0
Sycamore Elementary	53	0	0
Sycamore Middle	90	0	0
Thousand Oaks High	222	0	0
Walnut Elementary	21	0	0

Westlake Elementary	23	0	0
Westlake High	581	0	0
Westlake Hills Elementary	190	0	0
Wildwood Elementary	56	0	0
Total	9,928	0	0

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Screenings for the Hueneme Elementary School District were conducted using the Power of You assessment tool, for a total of 821 screenings.

School Site	Number
EO Green Junior High	395
Blackstock Junior High	426
Total	821

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
EO Green Junior High	34	10	10	1
Blackstock Junior High	8	2	1	2
Total	42	12	11	3

*All students referred to "other" services were referred to STAR, City Impact, Good Grief Club, New Dawn, and the Coalition.



2 of Students and Families Linked to Services



0 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are designed to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All trainings provided to school personnel and students were offered in English; only two were offered in Spanish.

Table 43. Staff and Student Trainings		
Topic	Number of Trainings/Events	Number of Participants
Mental health resources/referrals	1	70
PBIS	3	220
Restorative Justice	1	100
Self-Care/ Self-Management	1	40
Social Emotional Learning	2	115
Trauma	1	90
Total	9	635
School Site		
Bard Elementary	1	90
Blackstock Junior	2	170
EO Green Junior	2	90
Haycox Junior	1	80
Virtual/Zoom	3	205
Total	9	635

Table 44. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	555
Classified	80
Students	40
Other	0
Unknown	0
Total	635

Family Engagement/Education

Of the 71 multi-generational training/events family members attended, 22 were offered in English, 67 in Spanish, and 3 were in Mixteco.

Table 45. Family Engagement/Education		
Topic	Number of Trainings/Events	Number of Participants
Parent Project/Loving Solutions	45	479
Raising Confident, Competent Children	3	41
Raising Resilient Children	3	41
Stress Management	8	89
Positive Parenting	3	33
Other*	9	181
Total	71	885
School Site		
Bard Elementary	6	97
Blackstock Junior High	13	252
EO Green Junior High	4	44
Hathaway Elementary	3	36
Haycox Elementary	3	75
Hollywood Beach Elementary	3	12
Hueneme Elementary	6	42
Larsen Elementary	10	80
Parkview Elementary	9	98
Sunkist Elementary	8	89
Williams Elementary	6	60
Total	71	885
*Other topics include, but are not limited to expressing love and affection, meditation, and suicide.		

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 46. Early Intervention Activities by School Site				
School Site	School-based Individual	School-based Group	Other	Safety Plans
Blackstock Junior High	90	4	0	0
EO Green Junior High	94	37	0	0
Total	184	41	0	0

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Screenings for the Moorpark Unified School District were conducted using the Strengths and Difficulties Questionnaire (SDQ), for a total of 428 screenings.

School Site	Number
Campus Canyon	52
Chaparral Middle	166
Mesa Verde Middle	210
Total	428

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other
Campus Canyon	19	28	2	0
Chaparral Middle	81	67	2	0
Mesa Verde Middle	64	52	5	0
Total	164	147	9	0



175 of Students and Families Linked to Services



108 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are designed to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All student trainings were conducted in English only.

Event Name/Topic	Number of Trainings/Events	Number of Participants
Power of You	3	476
School Site		
Campus Canyon	1	57
Chaparral Middle	1	190
Mesa Verde Middle	1	229
Total	3	476

Attendee Type	Number
Certificated	6
Classified	1
Student	469
Other	0
Total	476

Moorpark Unified schools collected more than 400 surveys from students participating in their mental health awareness and stigma and discrimination reduction trainings/events. Findings from these surveys can be found in **Table 51** below.

As a result of participating in this training...	%
I learned something new.	84%
I learned about where I can get help.	91%
I understand mental health issues better.	78%
I know when I need to ask for help for my mental health.	86%
I am more willing to ask for help for my mental health.	71%

I can spot myths about mental health.	69%
If a friend had a mental illness, I would still be friends with them.	96%



77% of students thought the training was helpful



80% of students thought other students would benefit from the training

Family Engagement/Education

All multi-generational trainings/educational events for family members of students served by the district were conducted in Spanish only.

Topic*	Number of Trainings/Events	Number of Participants
Mental Health Resources	1	22
Suicide Presentation & Resources	1	19
Total	2	41
School Site		
Chaparral Middle	1	22
Flory Elementary	1	19
Total	2	41
* An additional presentation on suicide resources was scheduled for March at Moorpark High but was cancelled due to COVID-19.		

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

School Site	School-based Individual	School-based Group	Other
Campus Canyon	23	21	0
Chaparral Middle	87	23	0
Mesa Verde Middle	74	36	0
Total	184	80	0

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Screenings for the Oak Park Unified School District were conducted to assess students' anxiety, suicide risk, behavioral issues, threat to themselves/others, and self-harm tendencies, for a total of 96 screenings.

School Site	Number
Brookside Elementary	19
Medea Creek Middle	37
Oak Hills Elementary	20
Oak Park High	2
Red Oak Elementary	18
Total	96

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Brookside Elementary	15	1	11	0
Medea Creek Middle	9	0	27	0
Oak Hills Elementary	8	0	1	0
Oak Park High	0	0	2	0
Red Oak Elementary	9	0	9	2
Total	41	1	50	2

*All students referred to "other" services were referred to the Department of Child and Family Services



10 of Students and Families Linked to Services



0 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are designed to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All staff and student trainings were conducted in English only.

Topic	Number of Trainings/Events	Number of Participants
Bullying Prevention	12	3,582
Mental Health Topics/Resources	7	2,152
Social Emotional Learning	17	4,538
Suicide Prevention	6	212
Vulnerable Populations	24	2,853
Total	66	13,337

Staff and student trainings delved into a number of subtopics including coping skills, stress management, emotional IQ, gender diversity, acceptance and equity, respecting diversity, zones of regulation, and suicide risk identification, among others.

Attendee Type	Number
Certificated	630
Classified	53
Student	12,704

Other	0
Total	13,337

Family Engagement/Education

Multi-generational trainings/educational events for family members of students served by the district were hosted at Oak Park High School and Medea Creek Middle School, and all were conducted in English only.

Topic	Number of Trainings/Events	Number of Participants
Gender Diversity	1	430
THRIVE – Mental Health & Wellness Day	1	85
Anti-Defamation League - Inclusivity	1	65
Don't Forget to Like – Social Emotional Learning	1	120
Total	4	700

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

School Site	School-based Individual	School-based Group	Other	Safety Plans
Brookside Elementary	229	22	0	0
Medea Creek Middle	387	92	0	0
Oak Hill Elementary	99	24	0	0
Oak Park High	651	1,040	0	0
Red Oak Elementary	178	5	0	0
Total	1,544	1,183	0	0

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, 1 high school in addition to an independent K-12 school.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. A total of 126 screenings for the Ojai Unified School District were conducted to assess mental health and suicide risk.

School Site	Number
Matilija Middle	10
Nordhoff High	116
Total	126

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other
Matilija Middle	5	6	3	0
Nordhoff High	30	11	28	0
Total	35	17	31	0



54 of Students and Families Linked to Services



65 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All trainings to staff/teachers were provided in English.

Table 62. Staff and Student Trainings		
Topic	Number of Trainings/Events	Number of Participants
Mental Health Resources & Referrals	1	15
PBIS	1	11
Restorative Justice	4	393
Suicide Prevention	2	95
Total	8	514
School Site		
Nordhoff High*	3	185
Matilija Middle	2	300
San Antonio Elementary	1	11
Ojai Unified School District	2	18
Total	8	514
* Partnered with Matilija Middle for a suicide prevention training.		

Table 63. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	107
Classified	32
Students	375
Other	0
Total	514

Family Engagement/Education

No multi-generational trainings on mental health were provided to parents/family members of youth served by the school district. Two activities had originally been planned for March and April 2020 for mental health awareness and suicide prevention, but had to be cancelled due to COVID-19.

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness. The Ojai Unified School District has provided individual school-based services 375 times and has provided group services 27 times. Additionally, Ojai Unified provided “Other” early intervention services 22 times during the 2019/2020 academic year.

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Over 12,000 screenings were conducted by the Oxnard Elementary School District using Panorama survey instruments and the Columbia Suicide Severity Scale (C-SSRS).

School Site	Number
Brekke Elementary	340
Chavez Elementary	654
Curren Elementary	203
Driffill Elementary	2,262
Elm Elementary	415
Frank Academy	669
Fremont Academy	568
Harrington Elementary	498
Haydock Academy	1,936
Juan Soria Elementary	811
Kamala Elementary	884
Lemonwood Elementary	404
Marina West Elementary	567
Marshall Elementary	415
McAuliffe Elementary	597
McKinna Elementary	234
Ramona Elementary	228
Ritchen Elementary	786
Rose Avenue Elementary	212
Sierra Linda Elementary	302
Total	12,985

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

Table 65. Referrals by School Site			
School Site	School-based Individual	School-based Group	Community-based Mental Health
Brekke Elementary	123	69	0
Chavez Elementary	90	42	19
Curren Elementary	131	57	4
Driffill Elementary	156	132	8
Elm Elementary	296	52	23
Frank Academy	166	174	7
Fremont Academy	43	244	6
Harrington Elementary	290	193	48
Haydock Academy	339	539	24
Juan Soria Elementary	527	2	18
Kamala Elementary	182	521	16
Lemonwood Elementary	118	191	7
Marina West Elementary	239	256	22
Marshall Elementary	65	241	14
McAuliffe Elementary	119	164	9
McKinna Elementary	86	35	4
Ramona Elementary	61	43	14
Ritchen Elementary	304	96	19
Rose Avenue Elementary	41	157	0
Sierra Linda Elementary	256	8	30
Total	3,632	3,216	292



47 of Students and Families Linked to Services



0 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are designed to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All staff and student trainings are detailed in **Table 66**. All 413 trainings provided by the district were provided in English.

Table 66. Staff and Student Trainings		
Topic	Number of Trainings/Events	Number of Participants
Crisis Intervention	8	650
Cultural Competency	23	3,440
Mindfulness	60	7,206
Restorative Justice	11	724
Social Emotional Learning	284	17,102
Vulnerable Populations	27	2,527
Total	413	31,649
School Site		
Brekke Elementary	4	236
Chavez Elementary	9	880
Curren Elementary	5	312
Driffill Elementary	24	2,776
Elm Elementary	10	734
Frank Academy	9	1,451
Fremont Academy	7	400
Harrington Elementary	29	1,410
Haydock Academy	56	9,300
Juan Soria Elementary	4	405
Kamala Elementary	27	1,725
Lemonwood Elementary	11	650
Marina West Elementary	12	1,016
Marshall Elementary	11	317
McAuliffe Elementary	47	1,589
McKinna Elementary	7	209
Ramona Elementary	14	735
Ritchen Elementary	95	6,650
Rose Avenue Elementary	1	24
Sierra Linda Elementary	31	830
Total	413	31,649

Oxnard Elementary schools collected 71 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 68** and **69** below.

Table 68. Staff Training Outcomes (n=62-64)	
As a result of participating in this training...	%
I learned something new about the topics covered in the training today.	91%
I learned strategies that will help me better support youth.	89%
I learned about local resources for youth in my community.	50%
I feel confident in my ability to support youth.	84%
I feel confident I could refer youth to appropriate resources in my community.	55%

Table 69. Staff Training Satisfaction (n=62-64)	
	%
I learned I am satisfied with the training I received.	87%
The facilitators provided useful information.	92%
The facilitators were engaging.	90%
I plan to use the information I learned in this training.	92%
I would recommend this training to others at my school/agency.	92%

Family Engagement/Education

All but one of the multi-generational 88 family engagement/education events conducted were provided in Spanish. Trainings/events were also conducted in English (n=33) and Mixteco (n=12).

Table 70. Family Engagement/Education		
Topic	Number of Trainings/Events	Number of Participants
Adolescent Development	7	140
Bullying Prevention	3	89
Cultural Competency	3	68
Depression	2	64
Mental Health Resources	11	396
Mother & Daughter Workshops	11	250
My Body Belongs to Me (MBBtM) – Trauma/Sexual abuse	2	50
Parenting	13	141
PBIS	2	15
Project to Inspire	20	310
School Safety	5	218
Strengthening Families	2	24
Stress and Anxiety	2	70
Substance Use Prevention	5	91
Total	88	1,926
School Site		
Brekke Elementary	4	25
Elm Elementary	5	100
Fremont Academy	2	287
Haydock Academy	9	172
Juan Soria Elementary	8	111

Kamala Elementary	5	73
Marina West Elementary	9	177
Marshall Elementary	2	43
McKinna Elementary	10	308
Ramona Elementary	2	170
Rose Avenue Elementary	3	64
Sierra Linda Elementary	29	396
Total	88	1,926

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 71. Early Intervention Activities by School Site			
School Site	School-based Individual	School-based Group	Other*
Brekke Elementary	220	109	1,355
Chavez Elementary	338	0	1,540
Curren Elementary	163	11	65
Driffill Elementary	137	1,435	184
Elm Elementary	451	426	108
Frank Academy	449	35	134
Fremont Academy	359	0	0
Harrington Elementary	1,454	468	176
Haydock Academy	430	754	0
Juan Soria Elementary	478	108	0
Kamala Elementary	453	1,239	0
Lemonwood Elementary	165	106	914
Marina West Elementary	205	117	459
Marshall Elementary	332	89	0
McAuliffe Elementary	176	165	2,615
McKinna Elementary	107	41	0
Ramona Elementary	164	261	1,219
Ritchen Elementary	248	181	2,482
Rose Avenue Elementary	226	95	4
Sierra Linda Elementary	102	151	415
Total	6,657	5,791	11,670
* Other early intervention activities include individual check-ins (n=181), classroom presentations/lessons (n=98), classroom observations (virtual and in-person) (n=21), parent conferences (n=14), in-class behavioral support (n=9), parent communication (n=4), crisis intervention (n=3), lunch bunch (n=3), Restorative circles/practices (n=2), grade level assemblies (n=2), and home visits (n=1).			

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Almost 7,000 screenings in the Oxnard Union High School District were conducted using the Brief Risk Reduction Interview and Intervention Model (BRRIM) to assess the need for emotional, social, and academic support; substance use; self-injury, suicidal ideation, and aggressive behavior tendencies; home family conflict; and life skills.

School Site	Number
Adolfo Camarillo High	376
Channel Islands High	425
Condor High	1,417
Frontier High	762
Hueneme High	505
Oxnard High	782
Pacifica High	646
Rancho Campana High	380
Rio Mesa High	1,506
Total	6,799

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Adolfo Camarillo High	528	169	0	0
Channel Islands High	463	114	42	3
Condor High	1,564	0	3	0
Frontier High	916	47	24	9
Hueneme High	695	165	0	0
Oxnard High	937	254	0	0
Pacifica High	908	247	0	0

Rancho Campana High	491	9	0	0
Rio Mesa High	730	973	39	68
Total	7,232	1,978	108	80
* Students and families referred to “other” services were referred to Interface Children & Family Services and the City Impact Street Impact Team.				



130 of Students and Families Linked to Services



5,011 Students Identified as At-Risk



10 Calls to VCBH Crisis Team



39 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

Language of staff and student trainings was documented for 176 of the trainings provided. All 176 trainings were conducted in English; two were also conducted in Spanish.

Topic	Number of Trainings/Events	Number of Participants
Alcohol, Tobacco, and Other Drug	27	2,353
Crisis Intervention	4	79
Cultural Competency	43	492
Leadership/Advocacy	33	695
Mental Health Resources/Topics	27	2,138
PBIS	2	6
Social Emotional Learning	26	3,541
Suicide Prevention	4	54
Vulnerable Populations	9	390
Web-based Technologies	1	14
Other	2	21

	Total	178	9,783
School Site			
Adolfo Camarillo High		5	625
Channel Islands High		37	1,331
Condor High		8	103
Frontier High		27	360
Hueneme High		21	359
Oxnard High		10	1,336
Pacifica High		16	3,798
Rancho Campana High		8	402
Rio Mesa High		28	1,149
District Office		6	192
Virtual		2	40
Channel Islands and Hueneme High		10	88
	Total	178	9,783

Table 75. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	208
Classified	21
Student	713
Other	76
Unknown	8,765

Oxnard Union schools collected 50 surveys from students participating in their mental health awareness and stigma and discrimination reduction trainings/events. Findings from these surveys can be found in **Table 76** below.

Table 76. Student Training Outcomes (n=43-45)	
As a result of participating in this training...	%
I learned something new.	60%
I learned about where I can get help.	70%
I understand mental health issues better.	77%
I know when I need to ask for help for my mental health.	81%
I am more willing to ask for help for my mental health.	66%
I can spot myths about mental health.	50%
If a friend had a mental illness, I would still be friends with them.	87%



68% of students thought the training was helpful



66% of students thought other students would benefit from the training

Family Engagement/Education

Of the 25 multi-generational training/events family members attended, all but 2 documented the language in which the training was provided. For 23 of the trainings, 21 were conducted in English and 20 were conducted in Spanish.

Table 77. Family Engagement/Education		
Topic	Number of Trainings/Events	Number of Participants
Alcohol, Tobacco, and Drug Education	11	338
Health/Mental Health	12	3,018
Social Emotional Learning	1	34
Suicide Prevention	1	50
Total	25	3,440
School Site		
Adolfo Camarillo High	1	3
Channel Islands High	1	570
Condor High	9	577
Hueneme High	3	181
Oxnard High	5	1,585
Rancho Campana High	2	48
Rio Mesa High	2	425
District	2	51
Total	25	3,440

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 78. Early Intervention Activities by School Site				
School Site	School-based Individual	School-based Group	Other*	Safety Plans
Adolfo Camarillo High	354	169	0	0
Channel Islands High	463	114	18	0
Condor High	1,420	0	300	0
Frontier High	22	45	9	0
Hueneme High	640	165	99	2
Oxnard High	881	265	611	0
Pacifica High	664	247	0	19
Rancho Campana High	465	9	0	0
Rio Mesa High	665	967	120	12
Total	5,574	1,981	1,157	33

* Other early intervention activities include connections/referrals to City Impact (n=15), Ventura County Behavioral Health (n=6), CalSafe (n=5), Boys & Girls Club (n=4), Interface Children and Family

services (n=3), Academic Support (n=3), Back to School Night (n=2), New Dawn (n=2), EverFi (n=2), BRITE (n=2), BEAM (n=1), NAMI (n=1), Food Bank (n=1), and the Coalition for Family Harmony (n=1).

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Screenings for the Rio School District were provided for depression, anxiety/panic attacks, behavioral issues, suicide threat, threat to others, and Critical Incident Response Team (CIRT), for a total of 47 screens conducted.

School Site	Number
Rio Del Mar Elementary	8
Rio Del Sol Elementary	12
Rio Del Valle Middle	5
Rio Lindo Elementary	1
Rio Plaza Elementary	5
Rio Real Elementary	2
Rio Rosales Elementary	3
Rio Vista Middle	11
Total	47

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Rio Del Mar Elementary	8	0	3	0
Rio Del Norte Elementary	0	0	7	0
Rio Del Sol Elementary	12	0	4	0
Rio Del Valle Middle	0	0	8	0
Rio Lindo Elementary	0	0	14	0
Rio Plaza Elementary	3	6	2	0
Rio Real Elementary	3	0	11	0

Rio Rosales Elementary	3	0	3	3
Rio Vista Middle	4	0	3	2
Total	33	6	55	5

*All students referred to “other” services were referred to Interface Children & Family Services, Clinicas, Critical Incident Response Team (CIRT), additional evaluation, other unspecified community resources.



34 of Students and Families Linked to Services



14 Students Identified as At-Risk



8 Calls to VCBH Crisis Team



18 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

Of trainings/education events offered to staff and students, only 35 had the language of each training documented. Of these, 6 were offered in Spanish and English, the rest were conducted only in English.

Topic	Number of Trainings/Events	Number of Participants
Cultural Competency	2	2
Mental Health Resources & Referrals	1	734
Mental Health Wellness	1	9
Mindfulness	5	1,081
My Body Belongs to Me (MBBtM) – Child sexual abuse/trauma	4	888
Positive School Climate	1	18
Restorative Justice	6	272
Social Emotional Learning	10	1,377
Substance Use Prevention	3	333

Suicide Prevention	1	300
Trauma	4	47
Vulnerable/Priority Populations	10	513
Web-based technologies	1	3
Total	49	5,577
School Site		
Rio Del Mar	4	439
Rio Del Norte	2	2
Rio Del Valle	1	25
Rio Lindo	5	1,362
Rio Plaza	3	136
Rio Real	9	2,568
Rio Rosales	4	259
Rio Vista	1	38
Webinar	13	72
*Other	7	676
Total	49	5,577
*Other trainings sites include but are not limited to the district office and the district police department.		

Of trainings/education events offered to staff and students, 11 did not record the type of participant that attended each training. Attendee/participant type for the 38 remaining trainings can be found in **Table 82** below.

Attendee Type	Number
Certificated	629
Classified	0
Students	4,202
Other	15
Unknown	731
Total	5,577

Rio schools collected 69 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 83** and **84** below.

As a result of participating in this training...	%
I learned something new about the topics covered in the training today.	88%
I learned strategies that will help me better support youth.	90%
I learned about local resources for youth in my community.	41%
I feel confident in my ability to support youth.	81%
I feel confident I could refer youth to appropriate resources in my community.	56%

Table 84. Staff Training Satisfaction (n=68-69)	
	%
I learned I am satisfied with the training I received.	84%
The facilitators provided useful information.	88%
The facilitators were engaging.	82%
I plan to use the information I learned in this training.	88%
I would recommend this training to others at my school/agency.	78%

Family Engagement/Education

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 17 training/events family members attended, the language each event was provided in was documented for 16 events. For these 16 events, 12 were conducted in English, 12 in Spanish, and 3 in Mixteco.

Table 85. Family Engagement/Education		
Topic	Number of Trainings/Events	Number of Participants
Community resources/ counseling information	4	601
Acts of Kindness	1	150
My Body Belongs to Me (MBBtM) – Child sexual abuse/trauma	3	23
Responding to difficult situations	2	29
Self-care	2	201
AOD Prevention	1	19
Wellbeing	2	6
Anxiety and travel	1	2
More than Sad – recognizing symptoms of depression	1	15
Total	17	1,046
School Site		
Rio Del Mar	1	200
Rio Del Valle	3	25
Rio Lindo	1	4
Rio plaza	2	151
Rio Real	7	463
Rio Rosales	1	200
Rio Vista	2	3
Total	17	1,046

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 86. Early Intervention Activities by School Site

School Site	School-based Individual	School-based Group	Community-based Mental Health	Safety Plans
Rio Del Mar Elementary	1,552	15	0	0
Rio Del Norte Elementary	311	30	0	0
Rio Del Sol Elementary	906	164	60	0
Rio Del Valle Middle	1,530	114	85	0
Rio Lindo Elementary	768	57	410	1
Rio Plaza Elementary	814	50	31	0
Rio Real Elementary	768	296	164	0
Rio Rosales Elementary	902	26	4	1
Rio Vista Middle	728	40	13	0
Total	8,279	792	767	2

Note: Additional early intervention activities include classroom presentations/lessons (n=29), emails/calls during COVID-19 (n=20), Google meets/Google Classroom (n=8), meetings with the District Behaviorist (n=5), home visits (n=3), grief support/counseling (n=3), social skills/social emotional skill building (n=3), and peer resource group trainings (n=1).

Challenges and Successes

“The biggest challenge is getting in contact with students and maintaining those counseling relationships via phone/email. Many students do not want to open up about their struggles because they stem from the home. Also getting in contact with students is difficult when students do not respond/check their emails.”

“It’s exciting to have more on hand support from VCBH and Interface. We have dealt with an extremely tough case with a Kinder this school year (class evacuations, hitting/kicking students/staff/self, extreme defiance etc... occurred weekly). From August - November, our team worked closely with parents (daily) to create a plan (protection of others and self). Part of the plan was the referral to Interface for behavior therapy. She was approved and started immediately. Mom made sure she never skipped an appointment.”

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.

Access & Linkage to Services

District staff are required to perform early identification, access, and linkage to mental health services for high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Screenings for the Santa Paula Unified School District were provided to determine needs for individual and group services, intervention, mental health counseling, and community mental health services, for a total of 1,723 screens conducted.

School Site	Number
Barbara Webster Elementary	124
Bedell Elementary	75
Blanchard Elementary	230
Glen City Elementary	292
Grace Thille Elementary	69
Isbell Middle	325
McKevett Elementary	182
Renaissance High	50
Santa Paula High	376
Total	1,723

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Barbara Webster Elementary	15	54	3	0
Bedell Elementary	66	12	9	4
Blanchard Elementary	92	6	5	3
Glen City Elementary	158	132	29	7
Grace Thille Elementary	31	8	20	5
Isbell Middle	192	16	87	30
McKevett Elementary	123	53	8	8

Renaissance High	0	0	26	24
Santa Paula High	176	146	148	76
Total	853	427	335	157
*All students referred to “other” services were referred to district mental health counseling or for risk assessments				



255 of Students and Families Linked to Services



818 Students Identified as At-Risk



27 Calls to VCBH Crisis Team



124 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All 29 trainings were provided primarily at Santa Paula High School or virtually, and all but one was conducted in English only. District staff also sent out a series of newsletters (n=10) to school staff called mental health matters news. Newsletters were provided only in English.

Event/Training Topic	Number of Events	Number of Participants
Crisis Intervention	6	49
Mindfulness	2	2
Restorative Justice	11	531
Suicide Prevention	1	2
Vulnerable Populations	2	81
Web-based technologies	4	12
Other mental health topics	3	352
Total	29	1,029

Attendee Type	Number
Certificated	44
Classified	28
Students	860
Other	15
Unknown	82
Total	1,029

Of the 29 trainings provided by SPUSD to staff and students, surveys were collected for the two following programs/trainings:

- Santa Paula High School, Freshman Challenge Day
- Youth Mental Health First Aid (YMHFA)

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

Challenge Day

Challenge Day is an event to address bullying, mental health, empathy, compassion and self-esteem through ice-breakers, community-building exercises, and student storytelling

	% Strongly Disagree	% Disagree	% Neutral	% Agree	% Strongly Agree
I believe there is a relationship between self-esteem and mental health	0%	1%	13%	50%	35%
The information from today's event can reduce stigma on mental health	1%	1%	19%	53%	26%
I know how to access counseling/mental health services at my school	1%	5%	14%	51%	29%

Additionally, participants were asked what was one important thing they liked or learned during the event. Of the 221 individuals that completed a survey, 194 provided a response. Top responses are listed below:

Important Learning:

- That they are not alone, many students go through similar challenging experiences (n=63)
- That they can ask for help and there are people who are willing and able to help them (n=29)

Liked Best:

- Sharing stories and learning more about/building relationships with other students (n=34)

- That it was a safe space to be vulnerable and open (n=18)

Youth Mental Health First Aid

Youth Mental Health First Aid (YMHFA) is designed to teach adults who regularly interact with youth (e.g. parents and teachers) how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.

Table 92. Youth Mental Health First Aid Training Outcomes (n=42)					
	% Strongly Disagree	% Disagree	% Neutral	% Agree	% Strongly Agree
Recognize the signs that a young person may be dealing with a mental health challenge or crisis.	10%	0%	0%	33%	57%
Reach out to a young person who may be dealing with a mental health challenge.	10%	0%	0%	33%	57%
Ask a young person whether s/he is considering killing her/himself.	10%	0%	0%	45%	45%
Actively and compassionately listen to a young person in distress.	10%	0%	0%	12%	79%
Offer a distressed young person basic "first aid" level information and reassurance about mental health problems.	10%	0%	0%	31%	60%
Assist a young person who may be dealing with a mental health problem or crisis to seek professional help.	10%	0%	0%	29%	62%
Assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.	10%	0%	0%	21%	69%
Be aware of my own views and feelings about mental health problems and disorders.	10%	0%	0%	24%	67%

88% of participants stated they would recommend the training to others.

Additionally, trainees were asked for their overall feedback and about the courses strengths and weaknesses. All individuals provided a response. Top responses are listed below:

Overall Feedback:

- The course was helpful and informative (n=36)
- The course better prepared them for their professional roles (n=7)

Strengths:

- ALGEE and the hands-on practice (n=15). ALGEE is MHFA’s acronym for their 5-Step Action Plan.
- The presenter’s style and engagement (n=11)

Weaknesses:

- Majority of respondents did not identify a weakness, those that did (n=10) indicated that the course was too short, and they needed more time to practice.

Family Engagement/Education

Of four (4) multi-generational family engagement events/trainings provided, three were conducted in Spanish and two in English.

Table 93. Family Engagement/Education		
Topic	Number of Events	Number of Participants
Mental health/suicide prevention/awareness	4	87
School Site		
Isbell Middle	2	75
Santa Paula High	2	12
Total	4	87

Two parent newsletters were also distributed about mental health/suicide prevention/awareness and mental health during COVID-19. Parent newsletters were provided in both English and Spanish.

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 94. Early Intervention Activities by School Site				
School Site	School-based Individual	School-based Group	Community-based Mental Health	Safety Plans
Barbara Webster Elementary	34	12	0	0
Bedell Elementary	242	43	29	0
Blanchard Elementary	302	69	9	3
Glen City Elementary	358	601	36	0
Grace Thille Elementary	597	98	16	0
Isbell Middle	2,612	106	204	94
McKevett Elementary	544	49	17	1

Renaissance High	180	120	164	1
Santa Paula High	419	373	183	25
Total	5,288	1,471	658	124
Other early intervention activities include mental health counseling (n=72), crisis intervention (n=24), and threat assessments (n=1).				

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. Over 3,870 screenings for the Simi Valley Unified School District were provided for School Attendance Review Board (SARB), Panorama Social Emotional Learning (SEL), School Counseling, School Psychologist. Some of these screenings were conducted using Google Check-in form.

School Site	Number
Arroyo Elementary	130
Atherwood Elementary	219
Berylwood Elementary	286
Big Springs Elementary	318
Crestview Elementary	136
Garden Grove Elementary	156
Hollow Hills Fundamental School	369
Katherine Elementary	163
Knolls Elementary	105
Madera Elementary	175
Mountain View Elementary	154
Park View Elementary	205
Santa Susana Elementary	158
Sycamore Elementary	162
Township Elementary	262
Vista Elementary	362
White Oak Elementary	241
Wood Ranch Elementary	276
Total	3,877

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Arroyo Elementary	12	6	0	1
Atherwood Elementary	0	14	1	3
Berylwood Elementary	7	0	1	0
Big Springs Elementary	7	4	0	0
Crestview Elementary	8	2	0	0
Garden Grove Elementary	7	8	0	1
Hollow Hills Fundamental School	4	3	0	0
Katherine Elementary	13	1	1	0
Knolls Elementary	1	4	0	0
Madera Elementary	2	14	2	0
Mountain View Elementary	3	0	0	1
Park View Elementary	2	7	0	0
Santa Susana Elementary	5	0	0	1
Sycamore Elementary	8	0	0	0
Township Elementary	6	0	0	0
Vista Elementary	4	4	0	0
White Oak Elementary	6	6	0	0
Wood Ranch Elementary	7	0	0	0
Total	102	73	5	7

*All students referred to "other" services were referred for Individualized Education Program (IEP) Counseling.



134 of Students and Families Linked to Services



0 Students Identified as At-Risk



0 Calls to VCBH Crisis Team



0 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

The language of each training was recorded for 48 of 51 trainings provided to school staff; all 48 trainings provided to school staff were conducted in English. No trainings on mental health were provided to youth served by the school district.

Table 97. Staff and Student Trainings		
Training Topic	Number of Trainings	Number of Participants
Crisis Intervention	12	454
Cultural Competency	1	1
Behavior Intervention Strategies	5	76
Mental health resources/topics	2	18
Resiliency Building	1	30
Restorative Justice	4	75
Social Emotional Learning	23	437
Web-based Technologies	3	176
Total	51	1,267
School Site		
Berylwood Elementary	2	48
Crestview Elementary	1	13
Hillside Middle	1	29
Knolls Elementary	1	10
Simi Valley High	1	30
Sinaloa Middle	1	19
Township Elementary	1	43
Wood Ranch Elementary	1	14
District Office	21	699
Virtual	20	327
Other/Ronal Reagan Library	1	35
Total	51	1,267

Table 98. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	688
Classified	310
Students	0
Other	0
Unknown	269
Total	1,267

Family Engagement/Education

No multi-generational trainings on mental health were provided to parents/family members of youth served by the school district.

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 99. Early Intervention Activities by School Site				
School Site	School-based Individual	School-based Group	Other	Safety Plans
Arroyo Elementary	12	7	16	0
Atherwood Elementary	7	37	4	0
Berylwood Elementary	21	4	4	0
Big Springs Elementary	10	2	3	0
Crestview Elementary	6	2	4	0
Garden Grove Elementary	8	2	9	0
Hollow Hills Fundamental School	4	3	1	0
Katherine Elementary	23	0	5	0
Knolls Elementary	0	2	4	0
Madera Elementary	17	38	11	0
Mountain View Elementary	4	0	3	0
Park View Elementary	6	6	6	0
Santa Susana Elementary	5	0	0	0
Sycamore Elementary	11	0	10	0
Township Elementary	3	0	1	0
Vista Elementary	6	14	8	0
White Oak Elementary	1	0	11	0
Wood Ranch Elementary	12	0	0	0
Total	156	117	100	0
Other early intervention activities include student observations (n=20), Student Study Team (SST) meetings (n=3), teacher conferences (n=1), and teacher support team meetings (n=1).				

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.

Access & Linkage to Services

Perform early identification, access, and linkage to mental health services of high-risk mental health populations.

Screenings

Mental health screenings allow staff to identify mental health conditions early and connect students to appropriate services. In the Ventura Unified School District, screenings were provided for the Student Assistance Program (SAP), Psychological First Aid (PFA), and Skills for Psychological Recovery (SPR), with over 650 screenings conducted.

Table 100. Screenings by School Site	
School Site	Number
Ancapa Middle School	60
Atlas Elementary	1
Balboa Middle School	29
Blanche Reynolds Elementary	1
Buena High School	173
Cabrillo Middle School	79
Citrus Glen Elementary	4
DATA Middle School	87
El Camino	19
Elmhurst Elementary	4
EP Foster Elementary	15
Foothill Technology	32
Juan Maria Elementary	4
Junipero Serra Elementary	1
Lincoln Elementary	3
Loma Vista Elementary	8
Middle School Opportunity	0
Mound Elementary	5
Poinsettia Elementary	28
Portola Elementary	1
Sheridan Way Elementary	2
Ventura High School	89
Will Rogers Elementary	7
SAP Center	1
Total	653

Referrals

Once students have been assessed/screened for mental health needs, school counselors can then refer them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed.

School Site	School-based Individual	School-based Group	Community-based Mental Health	Other*
Ancapa Middle School	58	122	19	3
Atlas Elementary	0	0	0	0
Balboa Middle School	66	46	14	4
Blanche Reynolds Elementary	1	1	1	1
Buena High School	76	158	21	17
Cabrillo Middle School	57	75	14	5
Citrus Glen Elementary	5	4	2	3
DATA Middle School	97	46	8	3
El Camino	12	10	11	7
Elmhurst Elementary	4	3	3	3
EP Foster Elementary	4	14	3	3
Foothill Technology	23	7	10	7
Juan Maria Elementary	3	2	2	2
Junipero Serra Elementary	1	1	1	1
Lincoln Elementary	0	3	1	0
Loma Vista Elementary	5	6	2	2
Middle School Opportunity	40	33	2	2
Mound Elementary	1	0	0	0
Poinsettia Elementary	5	19	3	1
Portola Elementary	0	0	0	0
Sheridan Way Elementary	0	0	1	0
Ventura High School	3	0	0	1
Will Reynolds Elementary	83	138	46	41
SAP Center	3	6	3	2
Total	547	694	167	108
*All students referred to "other" services were referred to BRIIM.				



114 of Students and Families Linked to Services



624 Students Identified as At-Risk



6 Calls to VCBH Crisis Team



5 Safety Plans Developed

District-Provided Trainings

District staff are required to provide trainings to school staff, students, and families. These trainings are meant to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

Staff and Students

All trainings were conducted in English; only one was conducted in Spanish as well.

Table 102. Staff and Student Trainings		
Topic	Number of Trainings/Events	Number of Participants
Crisis Intervention	8	80
Mental Health Resources & Referrals	3	39
Restorative Justice	3	152
Social Emotional Learning	7	158
Suicide Prevention	14	668
Trauma	20	395
Vulnerable Population	2	30
Other mental health topics*	11	107
Total	68	1,629
School Site		
Adult Education	1	97
Ancapa Middle School	2	50
Atlas Elementary	1	16
Balboa Middle School	2	65
Blanche Reynolds Elementary	1	13
Buena High School	2	180

Cabrillo Middle School	1	28
Citrus Glen Elementary	1	21
DATA Middle School	2	36
El Camino	1	8
Elmhurst Elementary	1	24
EP Foster Elementary	1	20
Foothill Technology	2	46
Juan Maria Elementary	2	47
Junipero Serra Elementary	1	27
Lincoln Elementary	1	7
Loma Vista Elementary	1	22
Montalvo Elementary	1	16
Mound Elementary	1	21
Poinsettia Elementary	1	21
Sheridan Way Elementary	1	12
Sunset K-8	1	4
Ventura High School	3	375
Will Reynolds Elementary	1	19
VUSD	9	181
Virtual/Zoom	24	197
Other sites**	3	76
Total	68	1,629
*Other topics include, but are not limited to web-based technologies, Brief Risk Reduction Interview and Intervention Model (BRRIM) training, Distance Model Services, etc.		
**Other sites include Break Through and the Ventura Police Department.		

Table 103. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	857
Classified	295
Students	0
Other	0
Unknown	477
Total	1,629

Ventura Unified schools collected 76 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 104** and **105** below.

Table 104. Staff Training Outcomes (n=75-76)	
As a result of participating in this training...	%
I learned something new about the topics covered in the training today.	95%
I learned strategies that will help me better support youth.	92%
I learned about local resources for youth in my community.	88%
I feel confident in my ability to support youth.	91%

I feel confident I could refer youth to appropriate resources in my community.	83%
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Table 105. Staff Training Satisfaction (n=75-76)	
	%
I learned I am satisfied with the training I received.	99%
The facilitators provided useful information.	100%
The facilitators were engaging.	99%
I plan to use the information I learned in this training.	100%
I would recommend this training to others at my school/agency.	97%

Family Engagement/Education

All multi-generational family trainings/events held were in English, seven were offered in Spanish, and one was offered in American Sign Language (ASL).

Table 106. Family Engagement/Education		
Topic	Number of Trainings	Number of Participants
Bullying Prevention	1	8
Mental Health Resource Fair	1	60
Social Emotional Learning for Parents	3	55
Thomas Fire	2	200
Vaping 101	1	20
Total	8	343
School Site		
Anacapa Middle School	1	60
Balboa Middle School	1	10
Cabrillo Middle School	1	100
Poinsettia Elementary	1	100
VUSD ESC	4	73
Total	8	343

Early Intervention Activities

Early intervention activities include treatment and other services and interventions to address mental health needs early in their emergence, including negative outcomes such as poor school performance or behavioral health issues that may result from untreated mental illness.

Table 107. Early Intervention Activities by School Site				
School Site	School-based Individual	School-based Group	Community-based Mental Health	Safety Plan Developed
Ancapa Middle School	58	122	3	0
Atlas Elementary	0	0	0	0
Balboa Middle School	66	78	4	0
Blanche Reynolds Elementary	1	1	1	0

Buena High School	76	150	12	3
Cabrillo Middle School	66	96	5	0
Citrus Glen Elementary	7	6	3	0
DATA Middle School	110	48	3	0
El Camino	12	10	6	1
Elmhurst Elementary	2	0	3	0
EP Foster Elementary	8	46	3	0
Foothill Technology	23	7	7	1
Juan Maria Elementary	4	4	2	0
Junipero Serra Elementary	1	1	1	0
Lincoln Elementary	4	6	1	0
Loma Vista Elementary	8	6	2	0
Middle School Opportunity	40	33	2	0
Mound Elementary	2	10	0	0
Poinsettia Elementary	56	91	2	0
Portola Elementary	1	1	0	0
Sheridan Way Elementary	3	2	1	0
Ventura High School	80	123	43	0
Will Reynolds Elementary	7	14	2	0
SAP Center	1	0	0	0
Total	636	855	106	5
Other early intervention services provided to students include Brief Risk Reduction Interview and Intervention Model (BRRIM; n=102) and crisis support (n=2).				

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.

Identified below are areas of improvement and next steps for the MTSS program.

Areas of Improvement

Three primary recommendations were identified for improving the data collection and documentation procedures for the MTSS program. These recommendations address currently identified data collection and documentation limitations.

- **Documenting Program Activities Accurately.** Information documented in the VCBH template was not consistent across or within LEA/School Districts. It is recommended that quarterly reviews are conducted on submitted VCBH templates to ensure information is being accurately documented. It is also recommended that additional training and technical assistance be provided to program staff completing these templates regarding required metrics and how to document them.
- **Improving Survey Administration.** Comments from a number of survey respondents indicated that they did not know why they were being asked to complete a survey or what training/engagement or educational activity it was for. To remedy this issue, it is advised that program staff consistently administer evaluation surveys immediately following every training/educational activity. Additionally, it is important that program staff clearly communicate to program participants why they are taking the survey and what training/educational activity they are completing a survey for.
- **Increasing Survey Response Rates.** Not all participants completed outcome tools/follow-up surveys; this is largely due to the fact that many school districts and VCOE had begun implementing MTSS activities before the evaluation structure and data collection tools were developed. This problem will likely resolve itself as all districts now have evaluation tools, but it will be important for program staff to remember to consistently administer evaluation surveys following every training/educational activity.
- **Expanding Family Engagement.** Many districts need to expand outreach and engagement opportunities for family members. Even with COVID-19, there should be ample opportunities (in multiple languages) provided to educate and engage parents and caregivers in a virtual setting. Additionally, districts should research/receive training on virtual survey administration best practices.

Improving survey administration will enable program staff to, in the future, determine the effectiveness of different trainings provided.

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 2020 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 2019-2020 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.