

# VENTURA COUNTY MENTAL HEALTH SERVICES ACT

## THREE-YEAR EVALUATION REPORT

2022



VENTURA COUNTY  
**BEHAVIORAL HEALTH**  
A Department of Ventura County Health Care Agency

DEVELOPED BY:

**EVALCORP**  
Measuring What Matters®



# ACKNOWLEDGMENTS

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

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# INTRODUCTION

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## 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) funds community-based providers to deliver programs to Ventura County residents using PEI dollars. These programs served children and adults, individuals and families, and trained providers who work with the County’s diverse populations. This report serves as the required Three-Year Prevention and Early Intervention Report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) as part of the FY 20-21 Annual Update.

## PEI Regulations

MHSA regulations are frequently updated by the state legislature and the (MHSOAC); the most recent update was in January of 2020. The programs funded during fiscal years 2018-2019, 2019-2020, and 2020–2021 and the data presented in this report are aligned with both the PEI regulations and any amendments, to the extent possible.

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

### The program categories include:

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

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

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 families.
- **Suicide Prevention (optional):** Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional):** To increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

**The strategies include:**

- **Improving Timely Access to Services for Underserved Populations:** See above definition
- **Access and Linkage to Treatment:** See above definition
- **Implementing Non-Stigmatizing and Non-Discriminatory Practices:** Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness (optional):** See above definition

Regulations also require 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. 4

# EVALUATION METHODOLOGY

## Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal years 2018-2019, 2019-2020, and 2020–2021. This report presents State-required metrics as available and other program-specific information collected by the PEI providers. It also provides a comprehensive review of programs, including the following process and outcome 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. Included in the VCBH Template are sections for funded programs to document all referrals to a higher level of care or to a prevention or early intervention program for underserved populations at the time of the referral.
- 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 and are designed 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. Post surveys are administered at the end of each fiscal year or upon a client’s exit of services.
- 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:** One or more PEI programs use web analytics to measure reach and engagement on their social media pages and websites.

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

## Data Notes

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

Data limitations for some PEI programs for each fiscal year include:

- **Duplicated data:** For some training programs, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or "declined to answer" selections:** Some questions, particularly for demographic indicators, had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low participation rates:** Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.
- **Data not collected in alignment with PEI regulations:** For example, some programs had ethnicity categories that were collected through Avatar 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) 2020–2021 came to a close, COVID-19 cases slowed down. As a result, VCBH and its contracted providers will continue to provide services and conduct program activities/outreach virtually during FY 2021-2022 when possible and will continue to implement modified data collection tools to accurately document the impact of the pandemic on community members receiving PEI services.

## Impacts of COVID-19 on Program Beneficiaries

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

	FY 2019-2020 Responses	FY 2020-2021 Responses
<b>Promotoras Conexión</b>	98	118
<b>Program to Encourage Active, Rewarding Lives for Seniors</b>	0	41
<b>Proyecto Conexión Con Mis Compañeras</b>	7	87
<b>One Step a la Vez</b>	33	35
<b>Project Esperanza</b>	28	20
<b>TC GLAD</b>	11	10
<b>NAMI</b>	1	0
<b>Missing/cannot determine</b>	11	2



Survey respondents (n=189, 309-313) indicated whether they experienced increases in various health indicators due to COVID-19. Responses reflect a negative impact for 70% or more of respondents for each indicator in FY 19/20. Responses from FY 20/21 show a reduction in the percentage of individuals experiencing each negative health indicators as a result of COVID-19, though the percentage of respondents feeling each negative indicator remains above 60%.

Due to COVID-19 participants reported increased...	FY 19/20 % Somewhat or Yes	FY 20/21 % Somewhat or Yes
Anxiety	82%	71%
Depression	71%	63%
Difficulty focusing	74%	61%
Difficulty sleeping	71%	62%
Fatigue	74%	67%
Lack of motivation	75%	61%
Loneliness	72%	62%
Uncertainty about the future	87%	81%

**Most respondents received services online (n=188,313)**

FY 19/20	82% received online services	18% did not
FY 20/21	82% received online services	18% did not

**More than half felt these services were effective (n=128,223)**

FY 19/20	59% said they were just as or more effective	41% less effective
FY 20/21	64% said they were just as or more effective	36% less effective

**More than half would like the option of virtual meetings after the pandemic (n=184,228)**

FY 19/20	58% would like the option of virtual meetings	42% would not
FY 20/21	58% would like the option of virtual meetings	42% would not

# REPORT ORGANIZATION

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The following sections of the Three-Year Prevention and Early Intervention Evaluation Report are comprised of the three Annual Prevention and Early Intervention Reports from fiscal years 2018-2019, 2019-2020, and 2020–2021. Each Annual Report contains results for the outcomes and indicators collected by each funded program. Within each Annual Report, program results are organized by their primary program categorization into three sections. Each section begins with an overall summary of the program category description and data highlights.

Each program section begins with an overview that includes program descriptions, a profile of demographic characteristics of clients served, and highlighted successes and challenges experienced by programs included in that category. Results from each individual program is then presented, beginning with an overview of the program, and followed by a detailed analysis of available data. The type of data presented varies across programs but may include information about participant demographics, program activities and outreach; 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.

**Section A** Fiscal Year 2018-2019 Annual Report

**Section B** Fiscal Year 2019-2020 Annual Report

**Section C** Fiscal Year 2020-2021 Annual Report



# Ventura County MHS Prevention and Early Intervention FY 2018-2019 Report



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# ACKNOWLEDGMENTS

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# INTRODUCTION

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## Overview

The Mental Health Services Act (MHSA) was approved in 2004 through the passage of California's Proposition 63 and was enacted in 2005, placing a 1% personal tax on incomes over \$1 million. 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 a component 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 2018-2019. 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

In October 2015, the PEI regulations were amended, and two overarching modifications were made. First, revised program categories and strategies were specified, and beginning in FY16-17, PEI funded program were required to align with at least one category and employ three required strategies.

### 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 may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
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- **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 to seeking mental health services and to increase acceptance, dignity, inclusion and equity for individuals with mental illness, and members of their families.

\* <http://mhsoac.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. Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings.

**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

Second, the amended regulations required 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

Following the release of the amended PEI regulations, Counties provided feedback to the Mental Health Services Oversight and Accountability Commission (MHSOAC). MHSOAC considered this feedback and adopted a further revised version of the PEI regulations, which took effect on July 1, 2018. The programs funded during fiscal year 2018-2019 and the data reported in this report are aligned with the October 2015 regulations and any amendments from July 1, 2018, to the extent possible.

\* Note that for a minor younger than 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.

# EVALUATION METHODOLOGY

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## Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2018-2019. This report presents State-required metrics as available and other program-specific information collected by the PEI providers.

This report provides a comprehensive review of programs, including the following process and outcomes measures:

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

## Data Collection and Analysis

This evaluation employs 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, variation exists 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, referrals, outreach and other program activities, and program successes and challenges. After the January 2017 launch of the template, VCBH has continued to refine it to tailor to the needs of each PEI program and to increase the data's adherence to the PEI regulations.
- 2) **Program tracking logs and sign-in sheets:** Some PEI programs use tracking logs and sign-in sheets to document outreach, referrals, and other activities. This data source is more common among programs that do not use the VCBH template.
- 3) **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 close- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors to 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 2018-2019, VCBH continued to streamline survey items across programs where appropriate.

- 4) **Narrative reports:** When available, narrative reports provided by the program to VCBH that described key activities, successes, and challenges were reviewed and included in the current report.

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

## MOQA Pilot Project

In the first half of 2019, Ventura County participated in a pilot program that was run by the California Institute for Behavioral Health Solutions (CIBHS). Ventura County provided select Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR) program data to CIBHS as part of the pilot project Measurements, Outcomes, and Quality Assessment (MOQA) pilot project.

MOQA is a county-driven effort, supported by the Department of Health Care Services (DHCS) to improve statewide reporting on outcomes resulting from programs supported through MHSA funds.

CIBHS supports DHCS and California counties in designing measures, creating tools, collecting data, and building reports in a consistent fashion across the state. Currently, MOQA is focused on data collection for Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR) programs, and the pilot took place during the time periods of January 1, 2019 through June 20, 2019.

At the end of the pilot, CIBHS will be providing MOQA pilot reports based on the information and data collected. Also, CIBHS will continue to collect data beyond the pilot phase and Ventura County will continue to participate.

## Data Notes

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 the data presented in this report are listed below. The data presented in this report should be considered within the context of these limitations.

Overarching data limitations for some PEI programs in fiscal year 2018-2019 include:

- **Duplicated data:** Data presented in this report are not always unduplicated. For 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 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.
- **Some data not collected in alignment with PEI regulations:** For example, some programs had age categories that were different than the PEI age 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.

## 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 made; participant outcomes; participant satisfaction; feedback and recommendations for program improvement; and success stories. Each program section also contains a conclusion and recommendations. 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), those that are Deaf and Hard of Hearing (DHH), LGBTQIA+, and those at risk of homelessness or incarceration. Program services vary but include support groups, workshops, trainings, education, presentations, and even having an online presence.

Across programs participants expressed high levels of satisfaction, particularly in regards to cultural competency, with the services they or their children had received. Additionally, for the programs that serve underrepresented groups they all reached their intended priority population(s). Further details about each program's population served, activities and outreach, and participant outcomes can be found on the following pages.

## Prevention Programs

- Adult Wellness Center, Turning Point Foundation
- Growing Works, Turning Point Foundation
- One Step A La Vez
- Project Esperanza, Our Lady of Guadalupe Parish
- Promotoras Program, Promotoras Y Promotores Foundation
- Proyecto Conexión Con Mis Compañeras, Mixteco Indigena Community Organizing Project
- Rainbow Umbrella, Diversity Collective
- TAY Wellness Center, Pacific Clinics
- Tri-County GLAD
- Wellness Everyday, Idea Engineering, Inc.\*

**2,684** individuals received core program services

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

**27,018** participants in program activities<sup>†</sup>

**16,208** individuals reached through outreach events<sup>†</sup>

\* Data from this program is not included in the summary numbers for Prevention programs.

† Number of individuals/participants may be duplicated.

# ADULT WELLNESS AND RECOVERY CENTER TURNING POINT FOUNDATION

The Adult Wellness and Recovery Center serves adults recovering from mental illness and/or substance abuse who are at risk of homelessness, incarceration, or increasing severity of mental health issues throughout Ventura County. The program increases access to recovery services by offering support without the pressure of enrolling in traditional mental health services. The Center reaches out to underserved individuals throughout the county, offering an array of on-site support and referrals to those who historically have not accessed services through the traditional behavioral health clinic system. The program also provides support for individuals as they transition out of other mental health programs. The program was designed and is run by peers who support members designing their own unique recovery plans and creating meaningful goals.

## Program Strategies



Provides access and linkages to services through referrals to appropriate treatment for individuals with serious mental illness.



Improved timely access to services for underserved individuals through mental health support and referrals to appropriate mental health care treatment.

## Program Highlights

**985** individuals received core program services

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

**125** individuals reached through outreach events\*

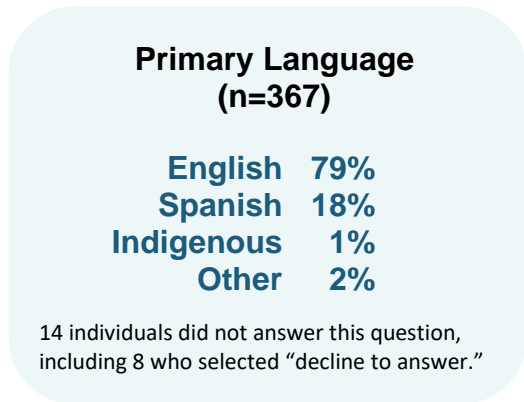
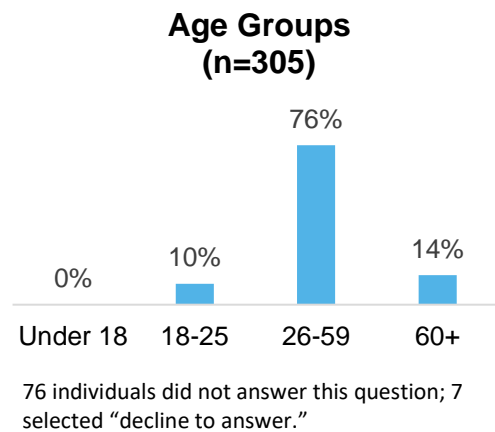
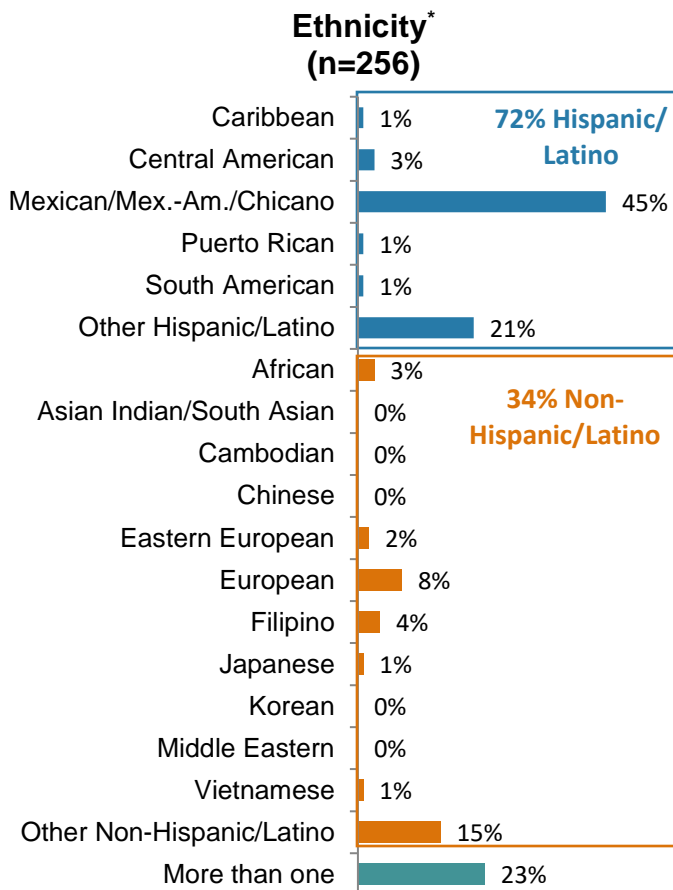
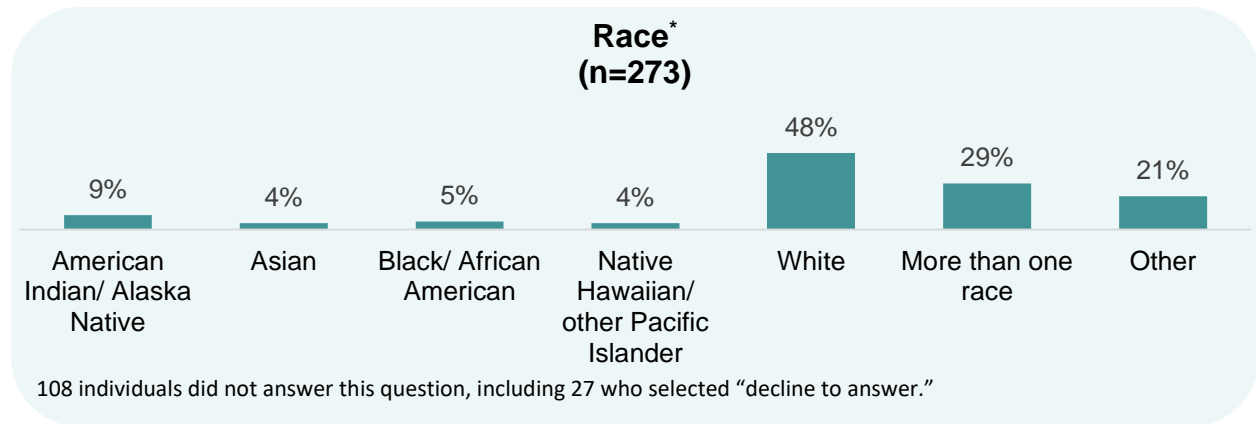
\* Number of individuals may be duplicated.



# ADULT WELLNESS AND RECOVERY CENTER

## Demographic Data

Adult Wellness and Recovery Center served 985 individuals this fiscal year including members and guests. Demographic data in this section represents unduplicated demographic data provided by 381 members who were active in the program.



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

# ADULT WELLNESS AND RECOVERY CENTER

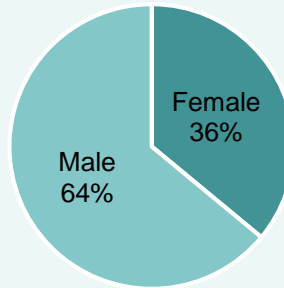
## Demographic Data

### Current Gender Identity (n=297)

Female	35%
Male	65%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

84 individuals did not answer this question; none selected "declined to answer."

### Sex Assigned at Birth (n=302)



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

### Sexual Orientation (n=257)

Bisexual	4%
Gay or Lesbian	3%
Heterosexual or Straight	89%
Queer	2%
Questioning or Unsure	0%
Another Sexual Orientation	2%

124 individuals did not answer this question, including 48 who selected "decline to answer."

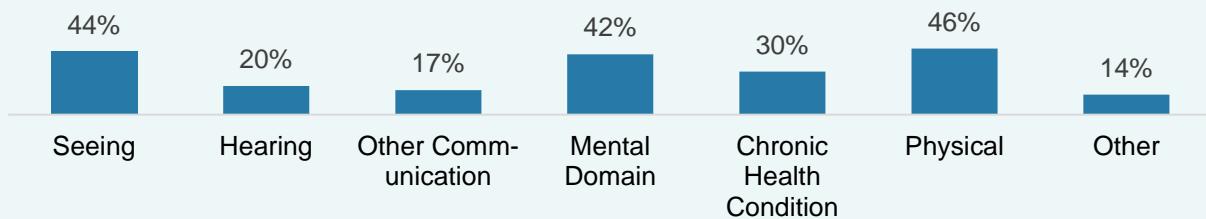
**5% of individuals are veterans**

n=282; 99 individuals did not answer this question, including 17 who selected "decline to answer."

**65% of individuals reported having one or more disabilities**

n=276; 105 individuals did not answer this question, including 31 who selected "decline to answer."

### Disability\* (n=179)



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

# ADULT WELLNESS AND RECOVERY CENTER

## Program Activities

Program activities include groups, developing Wellness and Recovery Action Plans (WRAP), and outings facilitated by program staff.

Program Activities by Type	# Activities/Events
Wellness Recovery Action Plan (WRAP)	149
Non-WRAP Activities	1,303
Lunch	367
Expresso	12
Outings	22
<b>TOTAL # of Activities/Events</b>	<b>1,853</b>



81% of program activities in Spanish



15,052 participants in program activities\*

## Program Outreach

Program outreach activities promote Adult Wellness and Recovery Center in the community and increase awareness and linkages to mental health resources. The Adult Wellness and Recovery Center performed five outreach activities during fiscal year 2018-2019.



125 people reached through outreach events\*



150 materials distributed



80% of outreach events conducted in Spanish

\* Number of participants/people reached may be duplicated because members could participate in multiple activities/events.

# ADULT WELLNESS AND RECOVERY CENTER

## Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals are also made for social supports such as food, housing, health insurance, and other support services. Referral data below represents 216 unduplicated individuals; individuals could receive more than one referral.



**73** individuals referred to mental health care



**162** individuals referred to all available social supports



**3,564** total social support referrals were provided



**162** individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

## Program Outcomes

Adult Wellness and Recovery Center tracks outcomes by surveying participants who receive services. In fiscal year 2018-2019, two versions of the survey were distributed. One version had an option to select neutral and the other version did not. Disagree and neutral response options are grouped together in the table below.

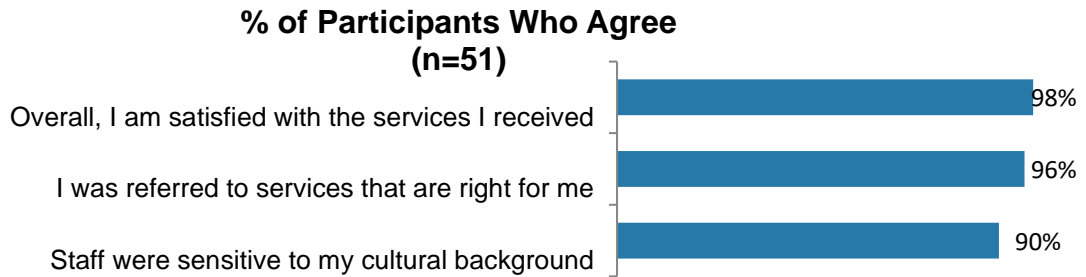
### Participant Outcomes (n=50-51)

As a result of participating in Adult Wellness and Recovery Center ...	% Agree	% Disagree/Neutral
I am more aware of when I need to ask for help with a personal or emotional problem.	92%	8%
I am able to deal with problems better.	90%	10%

# ADULT WELLNESS AND RECOVERY CENTER

## Program Satisfaction

Participants who received services from Adult Wellness and Recovery Center 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.



## Program Feedback

Participants who received Adult Wellness and Recovery Center 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.

### What was most useful or helpful about this program? (n=49)

#### Top 4 Responses

- Staff/peer support (27)
- Activities (10)
- Access to food (6)
- Housing/employment assistance (3)

### What are your recommendations for improvement? (n=15)

#### Top 4 Responses

- More activities/outings (3)
- Music/art resources (3)
- Extended hours (2)
- More physical activities (2)

# ADULT WELLNESS AND RECOVERY CENTER

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## Program Successes

*“A member was approached yesterday by someone who offered him drugs and he finally had the courage to say no. Member was also thankful that the TWC [The Wellness Center] staff helped him get a full-time job at Walmart.”*

*“A member shared when people ask him for drugs, he takes the chance to talk to them about his sobriety and maybe he can be an example of living without drugs.”*

## Conclusion and Recommendations

Adult Wellness and Recovery Center is working to meet clients' physical and emotional needs through referrals to social supports and to mental health care.

Most people who provided feedback about the program through surveys were satisfied with the services that they received. Additionally, they felt that the program had helped them become more aware of when they need to ask for help with a personal or emotional problem and how to better cope with their problems.

Increasing the number of program participants who complete the outcomes and satisfaction surveys will benefit the program. Having additional data from more participants will provide a more complete picture of the program benefits and areas for programmatic improvements.

# GROWING WORKS TURNING POINT FOUNDATION

Growing Works is a non-profit wholesale plant nursery that houses a vocational training program run by Turning Point Foundation. The program assists people with mental health challenges on a path to wellness with horticultural therapy, employment at the nursery, and job placement outside the nursery. Growing Works employees are referred to the program by the VCBH and work in a supervised setting that rewards responsibility and initiative and strengthens social skills.

## Program Strategies



Provides access and linkages to services for individuals with serious mental illness through referrals to appropriate mental health treatment.



Implements non-stigmatizing and non-discriminatory practices by providing vocational and social support for individuals with mental health challenges.

## Program Highlights

**85** individuals received core program services

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

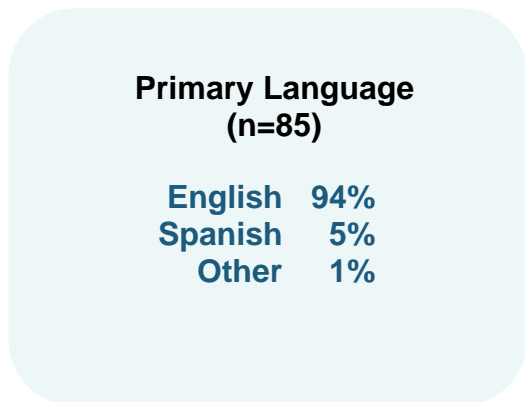
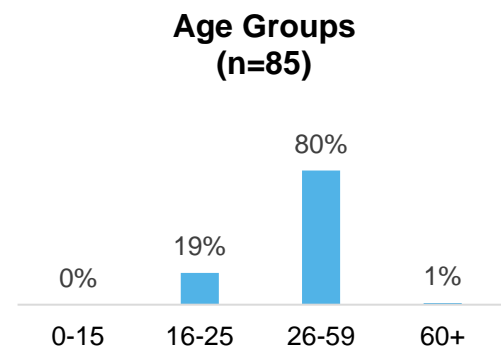
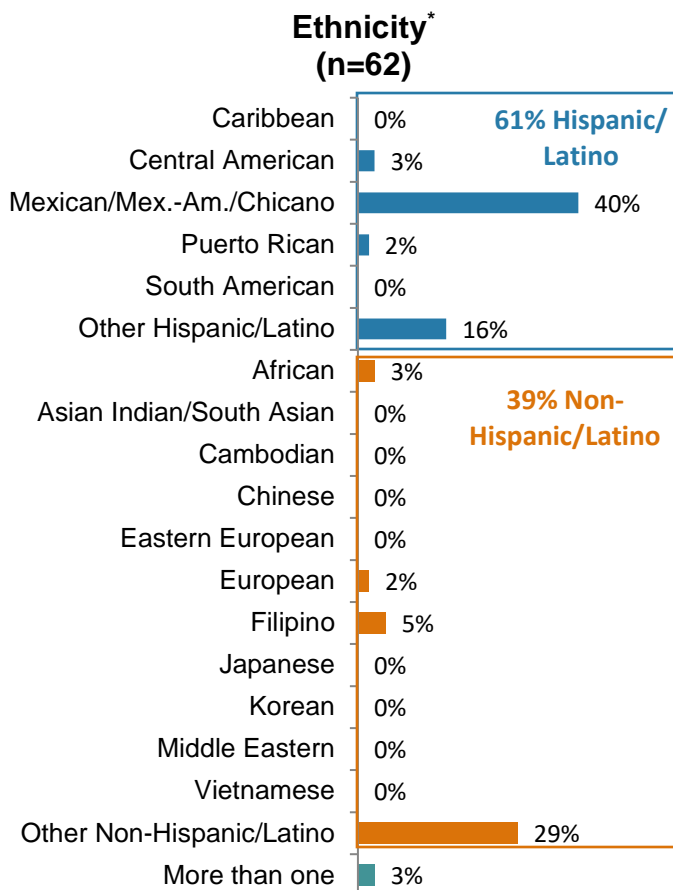
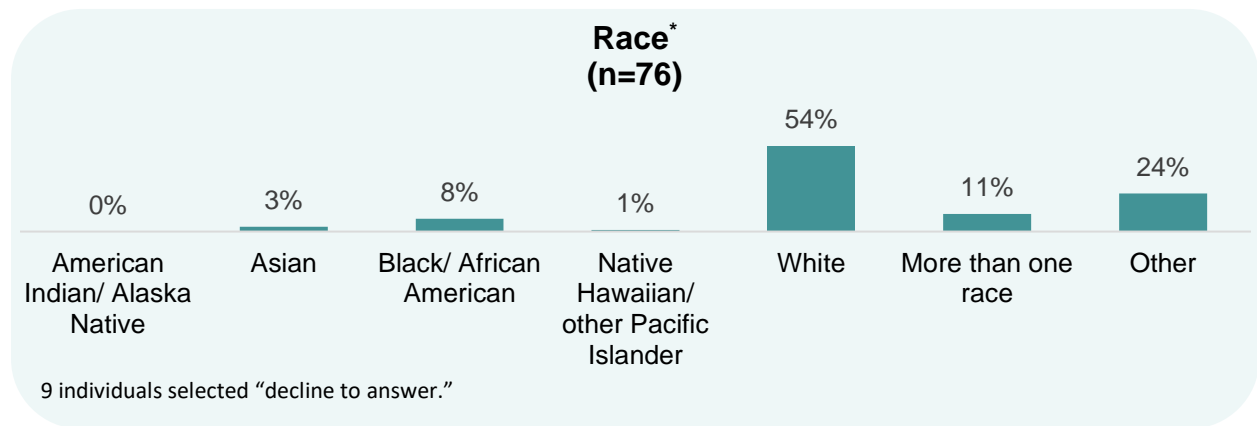
**240** individuals reached through outreach events\*

\* Number of individuals may be duplicated.

# GROWING WORKS

## Demographic Data

Growing Works collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by 85 individuals who completed a demographic form.



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

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



# GROWING WORKS

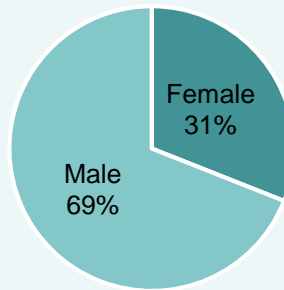
## Demographic Data

### Current Gender Identity (n=84)

Female	31%
Male	69%
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=85)



### Sexual Orientation (n=77)

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

8 individuals did not answer this question, including 1 who selected "decline to answer."

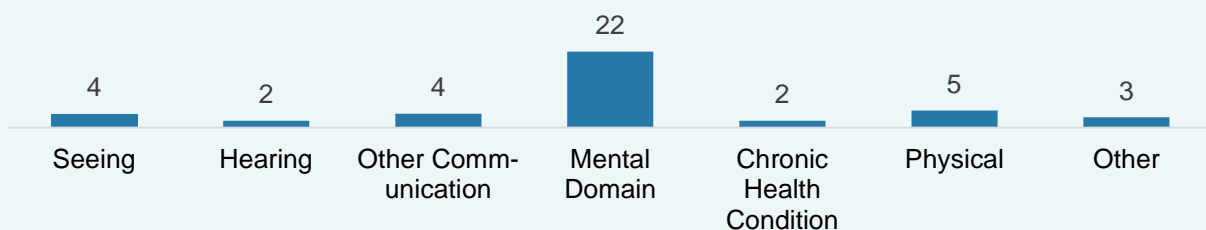
**4% of individuals are veterans**

n=85.

**25 individuals reported having one or more disabilities**

n=25; 60 individuals did not answer this question; none selected "decline to answer."

### Disability\* (n=25)

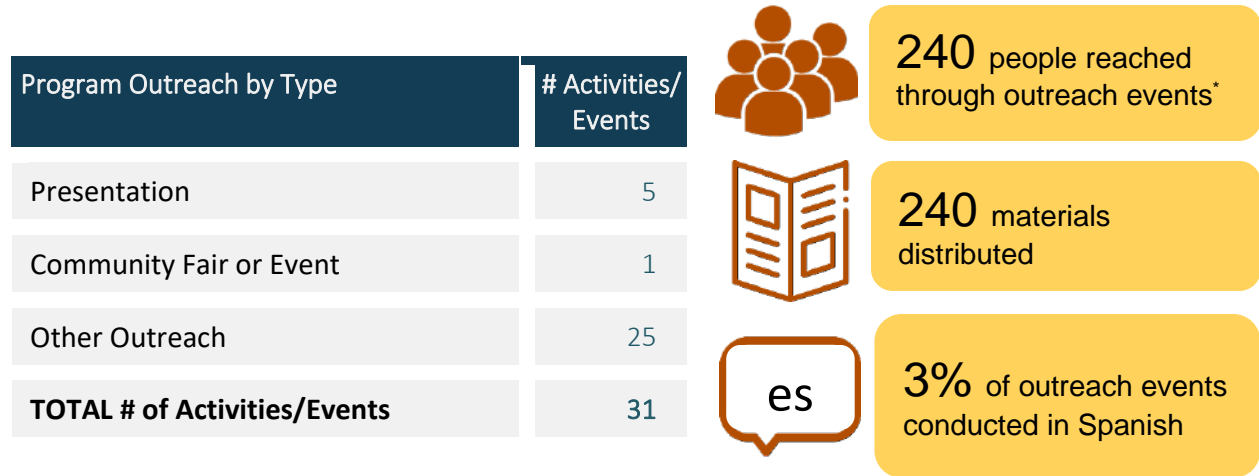


\* Counts may exceed the number of individuals because multiple disabilities could be selected.

# GROWING WORKS

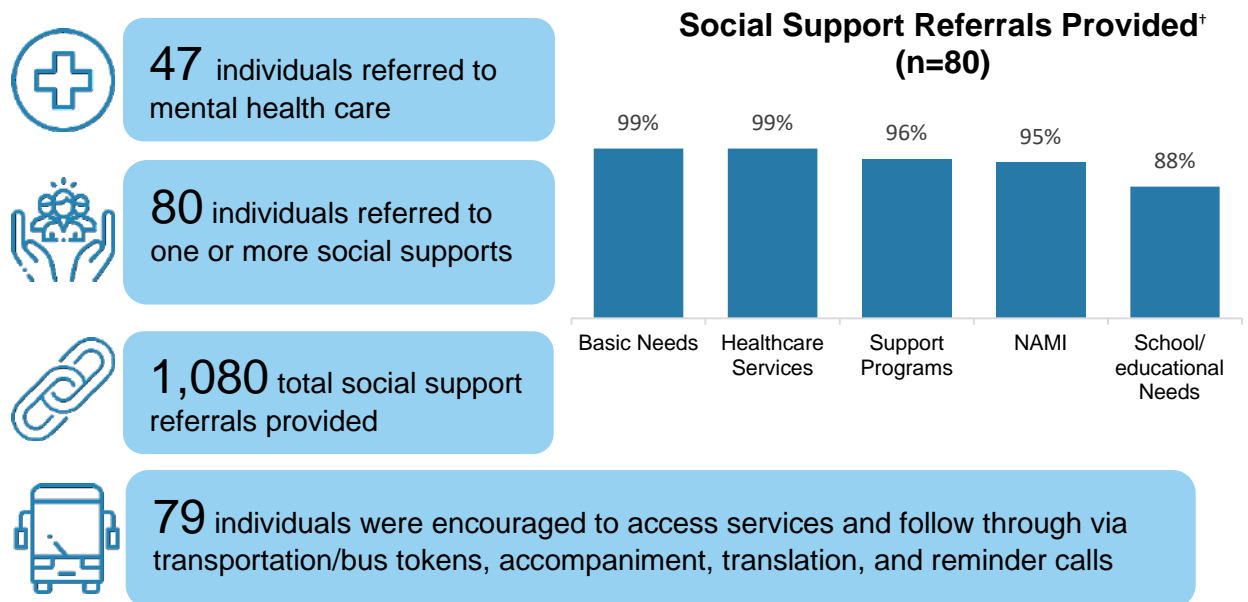
## Program Outreach

Program outreach activities promote Growing Works in the community to increase awareness of and linkages to mental health resources.



## Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSa prevention, early intervention, or treatment programs. Growing Works also provides referrals to social supports such as food, housing, health insurance, and other support services. Referral data below represents 88 unduplicated individuals. The top 4 social support referrals are provided in the chart below.



\* Number of people reached may be duplicated.

† Percentages may exceed 100% because participants could be referred to multiple services.

# GROWING WORKS

## Program Outcomes

Growing Works tracks outcomes by surveying participants who receive services. Participants are given two surveys. The first is a satisfaction/outcomes survey. Two outcomes measured on this survey can be found in the table below. A second, twelve-item survey is completed by participants at four time points (i.e., Intake, Phase 1, Phase 2, Phase 3) to evaluate initial needs and improved competency as they continue through the program. Data from Phase 3 is not presented as only one program participant has completed all prior phases at this time. Additionally, program staff complete an evaluation of each participant upon intake and as they reach a new phase of the program. Survey items on the participant and staff surveys are comparable. Results from these surveys are shown in the tables below.

### Participant Outcomes (n=36-37)

As a result of participating in Growing Works ...	% Agree	% Neutral	% Disagree
I am able to deal with problems better.	83%	14%	3%
I am more aware of when I need to ask for help with a personal or emotional problem.	78%	22%	0%

# GROWING WORKS

## Program Outcomes

### Participant Evaluations

	% Agree		
	Intake (n=80)	Phase 1 (n=32)	Phase 2 (n=12)
I am comfortable working with people.	66%	84%	92%
I can problem-solve with other people.	65%	84%	83%
I remember and understand instructions.	62%	78%	75%
I am comfortable learning new tasks.	68%	81%	92%
I am willing to ask for clarification if I do not understand something.	71%	91%	92%
I listen to other people's viewpoints.	73%	88%	75%
I ask for advice when needed.	68%	88%	92%
I manage work challenges effectively.		81%	92%
I am comfortable attending employment trainings.		81%	92%
I am comfortable completing tasks.		81%	100%
I am comfortable seeking future employment.		88%	83%
I have learned skills that I can use in other jobs/employment.		91%	83%

# GROWING WORKS

## Program Outcomes

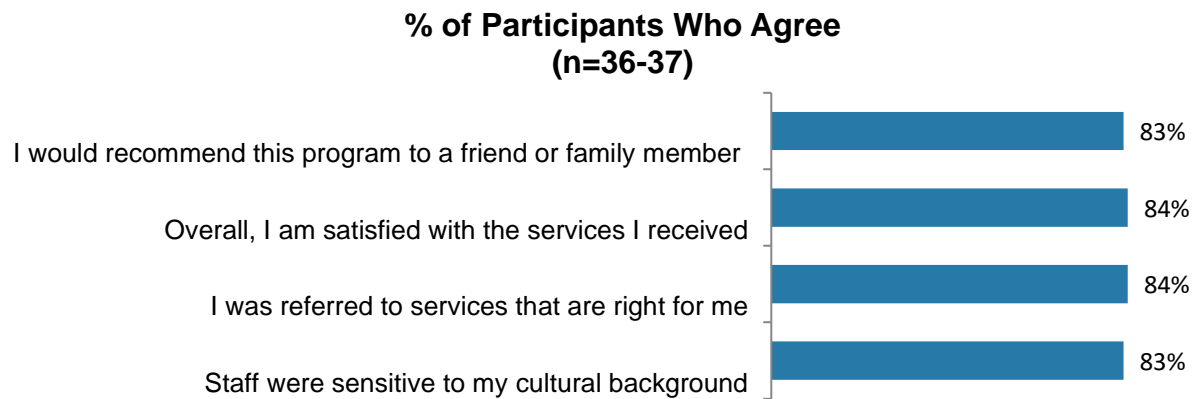
### Staff Evaluations

	% Agree		
	Intake (n=85)	Phase 1 (n=30)	Phase 2 (n=14)
Is comfortable working with people.	20%	90%	100%
Can problem-solve with other people.	16%	67%	71%
Can remember and understand instructions.	19%	70%	79%
Is comfortable learning new tasks.	20%	87%	79%
Is willing to ask for clarification if they do not understand something.	19%	87%	100%
Can listen to other people's viewpoints.	20%	87%	93%
Can ask for advice when needed.	20%	87%	93%
Can manage work challenges effectively.		80%	71%
Is comfortable attending employment trainings.		80%	86%
Is comfortable completing tasks.		87%	86%
Is comfortable seeking future employment.		83%	86%
Has learned skills that I can use in other jobs/employment.		80%	93%

# GROWING WORKS

## Program Satisfaction

Participants who received services from Growing Works 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.



## Program Feedback

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

### What was most useful or helpful about this program? (n=27)

#### Top 3 Responses

- Staff support (7)
- Group activities (5)
- Gardening/working with plants (3)

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

#### Top 3 Responses

- Provide refreshments (3)
- More employment opportunities (2)
- Extend hours/days of operation (2)

# GROWING WORKS

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## Program Successes

*“A member shared that he is feeling so much better thanks to all the support he gets from peers in the Growing Works program. He stated that everyone is a big help to him. He enjoys all the support he gets from everyone here.”*

*“A member shared that this is the first time in a while that he has shown and demonstrated commitment to his parents. His family has been so impressed with him that they gave him back his keys to his truck and is now able to use his own vehicle.”*

## Conclusion and Recommendations

Growing Works is reaching people with mental illness and enhancing their wellness and self-sufficiency with mental health and vocational supports. Most program participants report that they are better able to deal with problems and are more aware of when they need to ask for help with a personal or emotional problem. In addition, the longitudinal survey given to participants and staff suggests that participants are more able to problem solve and work with others after participating in Growing Works. Additionally, most participants were satisfied with services received at Growing Works.

Given the program is in its first fiscal year of operation, data collection should be considered a success and as participants continue to move through the program there will be additional evaluation available for analysis. Nonetheless, an area of future improvement may include increasing the number of participants taking satisfaction surveys so that program success and participant outcomes such as employment status and school performance can be appropriately determined.

# ONE STEP A LA VEZ

One Step A La Vez serves multiple populations including the Latino community in Fillmore, Piru, and Santa Paula; youth and 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 Latinos 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

**162** individuals received core program services

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

**1,651** individuals reached through outreach events\*

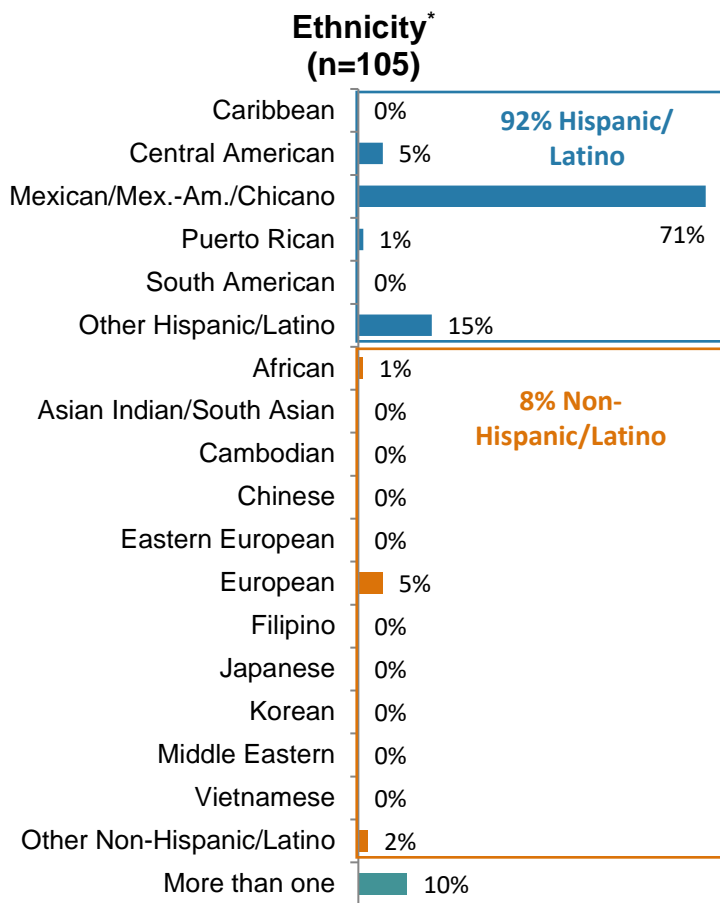
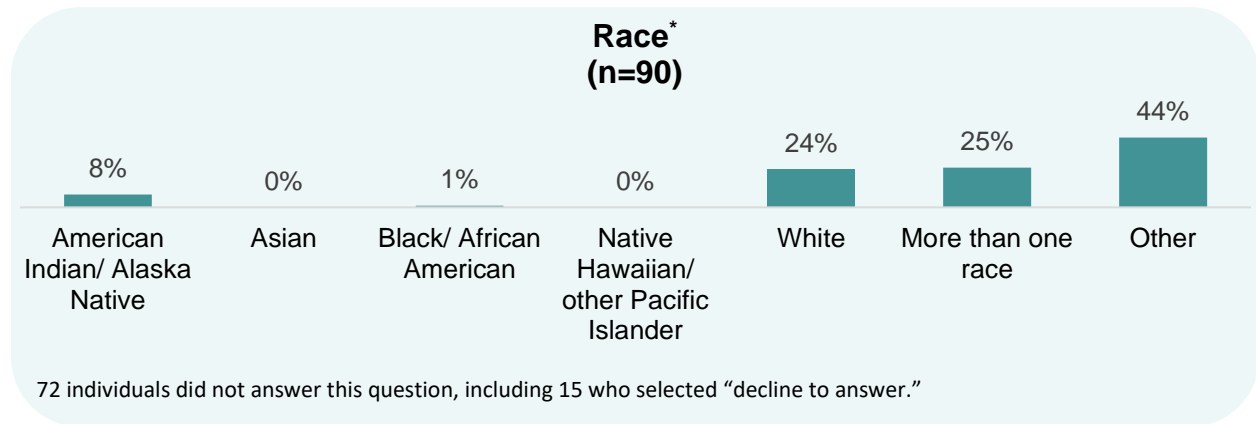
\* Number of individuals may be duplicated.



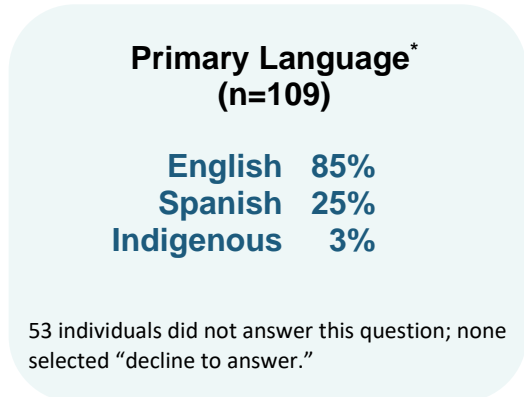
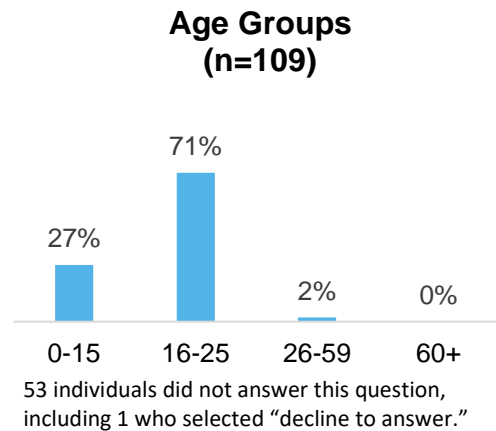
# ONE STEP A LA VEZ

## Demographic Data

One Step A La Vez collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information from 162 individuals who completed a demographic form.



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



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

# ONE STEP A LA VEZ

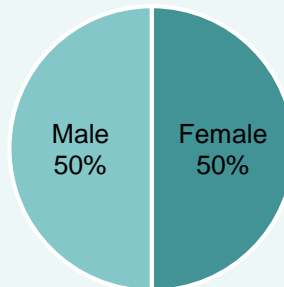
## Demographic Data

### Current Gender Identity\* (n=110)

Female	47%
Male	50%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	1%

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

### Sex Assigned at Birth (n=112)



50 individuals did not answer this question, including 1 who selected "decline to answer."

### Sexual Orientation\* (n=98)

Bisexual	11%
Gay or Lesbian	11%
Heterosexual or Straight	72%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	4%

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

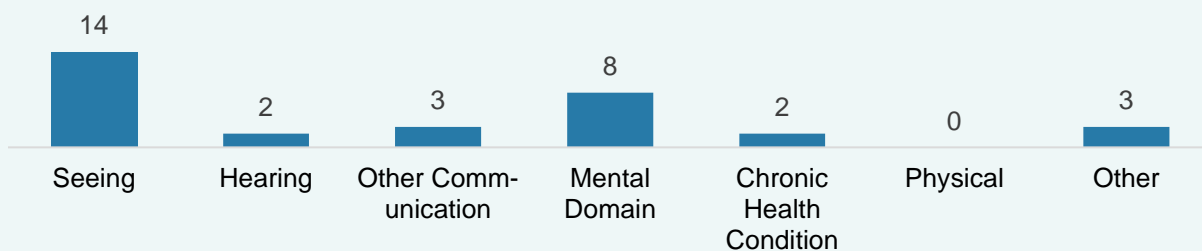
**None identify as veterans**

n=102; 60 individuals did not answer this question, including 2 who selected "decline to answer."

**24% of individuals reported having one or more disabilities**

n=102; 60 individuals did not answer this question, including 1 who selected "decline to answer."

### Disability\* (n=24)



\* 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 program staff. Program participants and other community members may attend these activities.

Program Activities by Type	# Activities/Events
Project Pride Support Group	74
Domestic Violence Support Group	39
Social Equity Club Meeting	29
Estres y Bienestar Class	26
Making Proud Choices Class (Sex Education)	11
Poetry – VC Art Council Class	5
Youth Leadership Collective Meeting	1
<b>TOTAL # of Activities/Events</b>	<b>185</b>



34% of program activities in Spanish



1,056 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 Events (e.g. One Billion Rising Health Fair; Pride Prom)	3
Interagency Meetings (e.g. Circle of Care; Youth Equity & Success)	16
Food Pantry/Distribution	21
<b>TOTAL # of Activities/Events</b>	<b>40</b>



1,651 people reached through outreach events\*



515 materials distributed



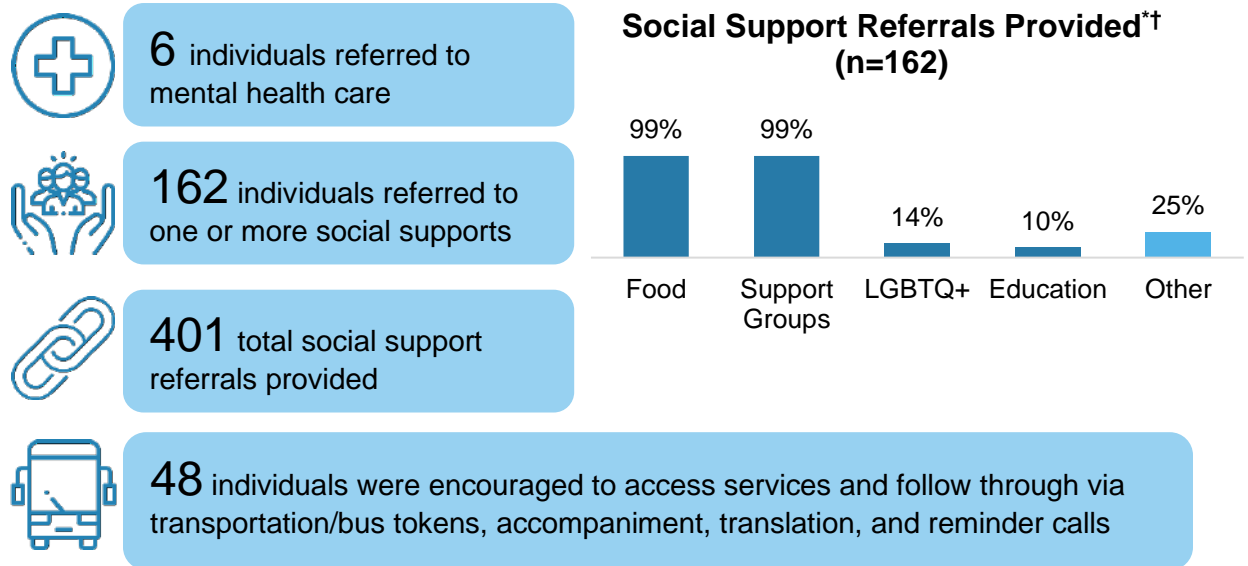
58% of outreach events in Spanish

\* Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

# 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 presented below represents 162 unduplicated individuals. The top 5 social support referrals provided are represented in the chart below.



## Program Outcomes

One Step A La Vez tracks outcomes for two groups: Program participants (e.g., individuals who attend the drop-in center) and trainees (e.g., individuals who attend workshops). Results from participant and trainee surveys are shown separately in the tables below.

### Participant Outcomes (n=53-55)<sup>‡</sup>

As a result of participating in One Step A La Vez ...	% Gotten Better	% Stayed the Same	% Gotten Worse
My school attendance has...	51%	49%	0%
My grades in school have...	53%	45%	2%

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

<sup>†</sup>Other includes 19 additional categories of social support referrals.

<sup>‡</sup>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 Outcomes

### Participant Outcomes (n=99-102)

As a result of participating in One Step A La Vez ...	% Agree	% Neutral	% Disagree
I feel more connected to others.	69%	30%	1%
I know where to go for mental health services in my community.	79%	18%	3%
I am more aware of when I need to ask for help with a personal or emotional problem.	81%	16%	3%
I am able to deal with problems better.	66%	31%	3%
I feel less stress or pressure in my life.	62%	33%	5%
I feel better about myself.	74%	23%	3%
I feel optimistic about the future.	72%	27%	1%
I believe treatment can help people with mental illness lead normal lives.	78%	18%	4%
I believe people are generally caring and sympathetic to people with mental illness.	71%	24%	5%

### Trainee Outcomes (n=7)

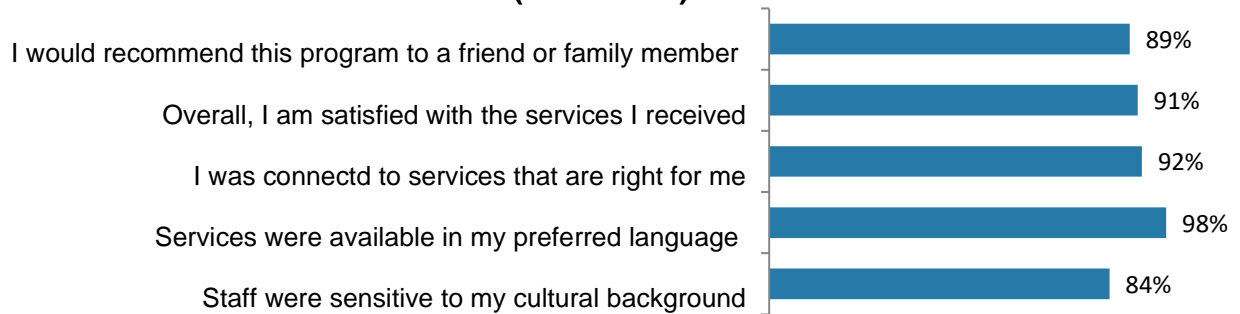
As a result of participating in this workshop/class...	# Agree	# Neutral	# Disagree
I know more about the topics presented.	5	2	0
I know where people can go for mental health services in their community.	5	2	0
I believe treatment can help people with mental illness lead normal lives.	4	2	1
I believe people are generally caring and sympathetic to people with mental illness.	6	0	1

# ONE STEP A LA VEZ

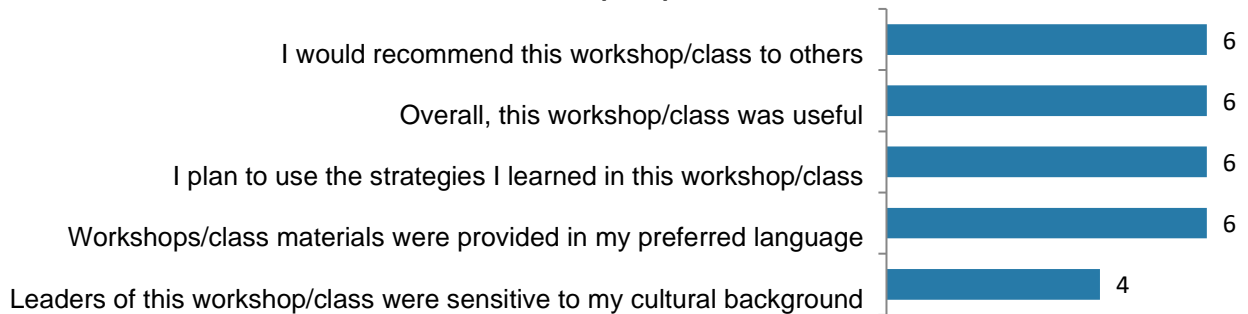
## Program Satisfaction

Participants and trainees who received services from One Step A La Vez were asked whether they agreed or disagreed with several satisfaction-related statements with the option to select “neutral.” The charts below show the percentage or number of participants and trainees who agreed with each statement.

**% of Participants Who Agree  
(n=100-102)**



**# of Trainees Who Agree  
(n=7)**



# ONE STEP A LA VEZ

## Program Feedback

Participants and trainees who received One Step A La Vez 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=85)

##### Top 5 Responses

- Making new connections with people and staff (19)
- Feeling cared for and supported (19)
- Having a safe space to be myself (19)
- Getting help from staff (15)
- Learning about available resources (11)

#### What are your recommendations for improvement? (n=77)

##### Top 5 Responses

- Increase awareness, advertising, and fundraising of program (9)
- Improve facilities and amenities (8)
- More activities, events, and field trips (8)
- Expand hours of service (4)
- More LGBTQ+ events (3)

### Trainee Feedback

#### What was most useful or helpful about this workshop/class? (n=7)

##### Top 2 Responses

- Learning more about the topic (3)
- Learning about available resources (2)

#### What are your recommendations for improvement? (n=7)

##### Top Response

- More and/or different speakers and topics (3)

# ONE STEP A LA VEZ

## Program Successes

An additional Project Pride LGBTQ+ support group was established in Santa Paula.

In partnership with the Coalition for Family Harmony, the One Step Center now has an on-site crisis counselor every Monday. Ten free counseling sessions are offered to any youth with a history of sexual assault or intimate partner violence or who identify as LGBTQ+ and their support people.

One Step A La Vez launched a Youth Leadership Collaborative that has gathered over 33 youth from across the county to share resources, network, training, and more.

*"They gave us resources in case we ever needed them."*

## Conclusion and Recommendations

One Step A La Vez is reaching the populations they seek to serve, with the majority of the participants identifying as Latino and under the age of 26 and with 28% identifying as LGBTQ+. Additionally, nearly every person who was given social support referrals was linked to food and support groups, suggesting that One Step A La Vez is working to meet clients' physical and emotional needs.

A majority of respondents to participant and trainee surveys 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 and trainees 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 sensitivity to different cultural backgrounds in programming and trainings, as this was the lowest rated item on both the trainee and participant surveys. However, in the open-ended comments, participants reported that One Step A La Vez is particularly skilled at providing a safe place for clients to make connections with other people and staff and making clients feel cared for and supported.



# PROJECT ESPERANZA OUR LADY OF GUADALUPE PARISH

Project Esperanza serves the Hispanic community and other underserved populations in the Santa Paula area and offers educational classes and activities to promote mental health prevention and early intervention for all people, regardless of race, social status, immigration status, or religious or cultural beliefs.

## 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

**330** individuals received core program services

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

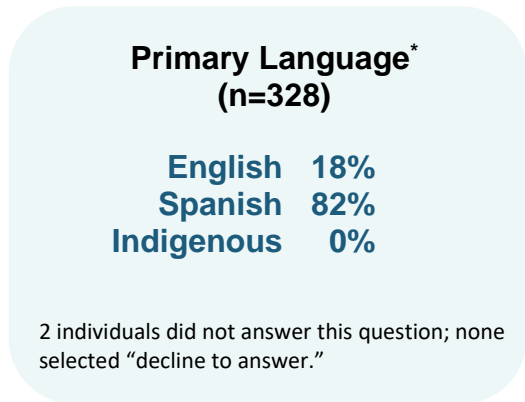
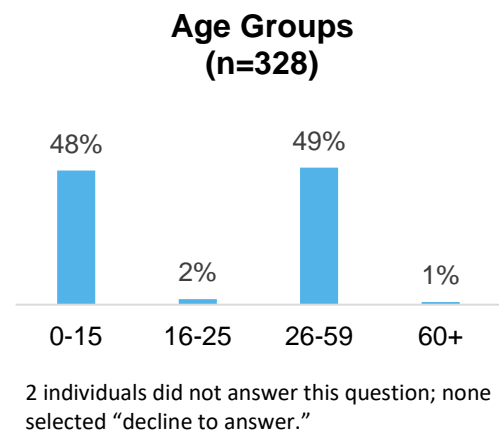
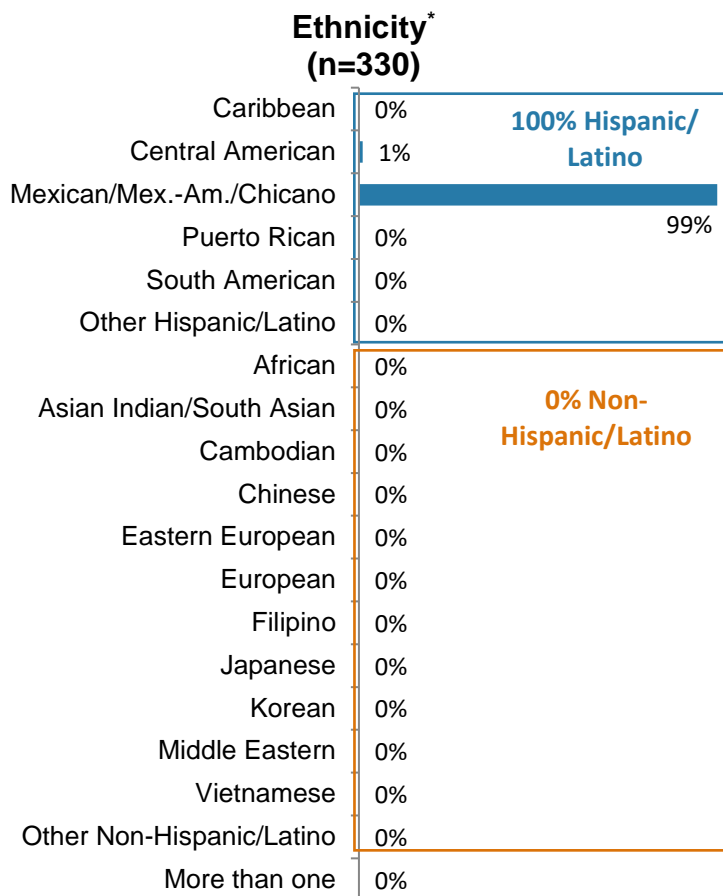
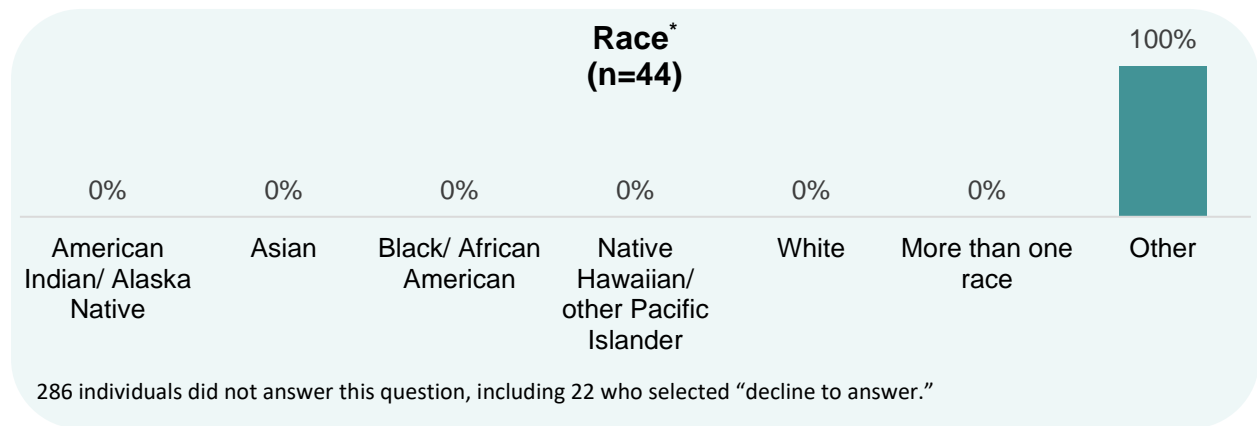
**1,196** individuals reached through outreach events\*

\* Number of individuals may be duplicated.

# PROJECT ESPERANZA

## Demographic Data

Project Esperanza collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by 330 individuals who received services and completed a demographic form.



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

# PROJECT ESPERANZA

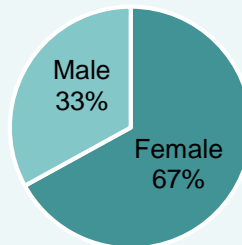
## Demographic Data

### Current Gender Identity\* (n=306)

Female	67%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

24 individuals did not answer this question, including 1 who selected "decline to answer."

### Sex Assigned at Birth (n=329)



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

### Sexual Orientation\* (n=177)

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

153 individuals did not answer this question, including 86 who selected "decline to answer."

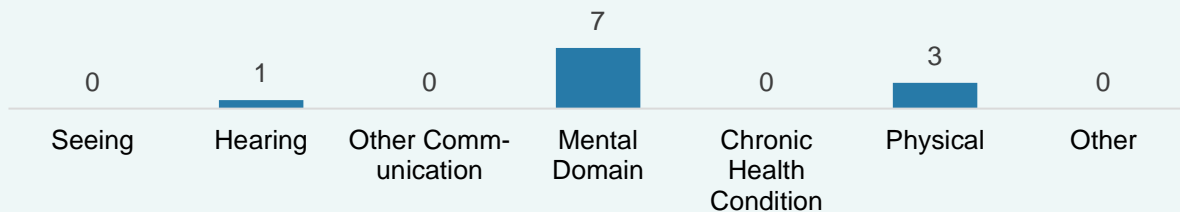
### None identify as veterans

n=85; 245 individuals did not answer this question; none selected "decline to answer."

### 9 individuals reported having one or more disabilities

315 individuals did not answer this question, including 46 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

### Disability\* (n=9)



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

# PROJECT ESPERANZA

## Program Activities

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

Program Activities by Type	# Activities/ Events
Stress Release Class for Kids	147
Connecting with Feelings Through Music	97
Education, Engagement, Access, and Linkage Training	20
Wellbeing Class	1
Cyberbullying & Self-Esteem Workshop	1
Stand Against Stigma Workshop	1
Technology and Mental Health Workshop	1
Anxiety and Depression Workshop	1
Cutting and Self Harm, Not All Wounds Are Visible	1
Suicide Prevention, Break the Silence	1
<b>TOTAL # of Activities/Events</b>	<b>269</b>



**31%** of program activities in Spanish



**8,834** 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
Back to School Nights at high schools	6
Community Festivals/Celebrations	3
Health Fairs	2
Presentations/workshops at schools	3
<b>TOTAL # of Activities/Events</b>	<b>14</b>



**1,196** people reached through outreach events\*



**1,061** materials distributed



**100%** of outreach events in Spanish and English

\* Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

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



28 individuals referred to mental health care



26 individuals referred to one or more social supports

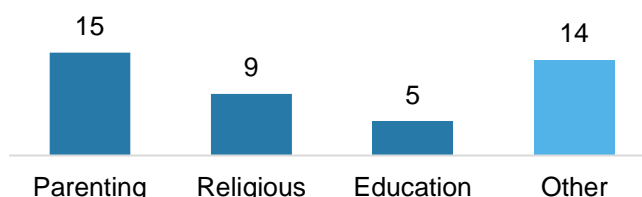


43 total social support referrals provided



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

**Social Support Referrals Provided\*†  
(n=26)**



## Program Outcomes

Project Esperanza tracks outcomes by surveying participants and parents of participants who receive services offered by the organization. Results from parent surveys are shown in the table below. Data from the participant survey is not presented (n=3) to protect the respondents' confidentiality.

**Parent Survey Outcomes  
(n=80)**

As a result of participating in Project Esperanza, my child...	% Agree	% Neutral	% Disagree
Gets along better with friends and other people.	89%	11%	0%
Is better able to do things he or she wants to do.	86%	14%	0%
Gets along better with family members.	82%	18%	0%
Is doing better in school.	82%	18%	0%
Is better able to cope when things go wrong.	81%	19%	0%

\* Counts exceed the number of individuals because individuals could be referred to multiple services.

† Other includes 9 additional categories of social support referrals.

# PROJECT ESPERANZA

## Program Outcomes

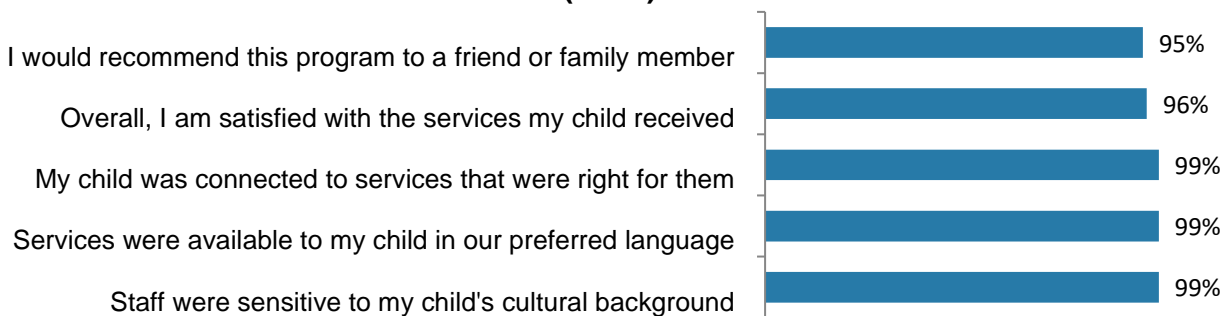
### Parent Survey Outcomes (n=80)

As a result of participating in Project Esperanza...	% Agree	% Neutral	% Disagree
I am aware of when I need to ask for help for my child.	97%	3%	0%
I know where to find help when my child is having a problem.	92%	8%	0%
I believe treatment can help people with mental illness lead normal lives.	84%	16%	0%
I believe people are generally caring and sympathetic to people with mental illness.	70%	22%	8%

## Program Satisfaction

Participants and parents of participants who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the percentage of parents who agreed with each statement. Participant satisfaction data is not presented (n=3) to protect participants’ confidentiality.

### % of Parents Who Agree (n=80)



# PROJECT ESPERANZA

## Program Feedback

Participants and parents of participants who received Project Esperanza 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 data is not presented (n=3) to protect confidentiality.

### What was most useful or helpful about this program for your child? (n=68)

#### Top 5 Responses

- Developing socially (24)
- Growing emotionally (18)
- He/she is more disciplined (17)
- Improving in behavior and respect (8)
- Learning new skills (6)

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

#### Top 4 Responses

- More class days and additional class types (12)
- More space in the classroom facility (7)
- Additional funding to continue and expand the program (6)
- Nothing can be improved (19)

## Conclusion and Recommendations

Project Esperanza is reaching the population they seek to serve, as 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. They host a large number of wellbeing and coping classes for kids, which targets the prevention of mental illness at a vital age.

Most parents reported that Project Esperanza participation supports their children's social and emotional skills. Parents also reported that the program helped with their advocacy skills (i.e., awareness of when/where to ask for help for child) and improved their attitudes about mental illness.

An area of future improvement may include more consistent recording of successes and challenges of the programming.

# PROMOTORAS CONEXIÓN PROGRAM

## PROMOTORAS Y PROMOTORES FOUNDATION

The Promotoras Conexión Program primarily serves immigrant Latina women at risk of 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

**185** individuals received core program services

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

**4,959** individuals reached through outreach events\*

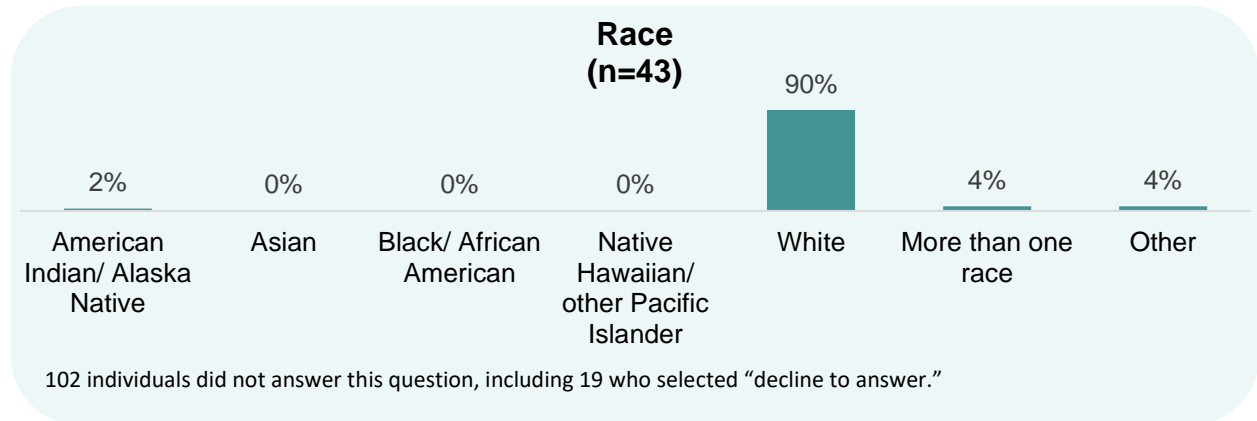
\* Number of individuals may be duplicated.



# PROMOTORAS PROGRAM

## Demographic Data

The Promotoras Conexión Program collects unduplicated demographic data from the individuals they serve. Of the 185 individuals who received core program services, 145 individuals provided some demographic information; this information is presented below.

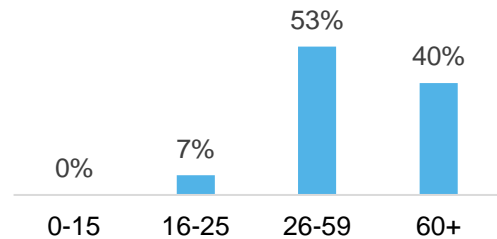


**Ethnicity (n=66)**

**100% Hispanic/Latino**  
**0% Non-Hispanic/Latino**

79 individuals did not answer this question; 1 selected “decline to answer.”

**Age Groups (n=81)**



82 individuals did not answer this question; 1 selected “decline to answer.”

**Primary Language\* (n=85)**

**English 11%**  
**Spanish 93%**  
**Indigenous 1%**

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

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

# PROMOTORAS PROGRAM

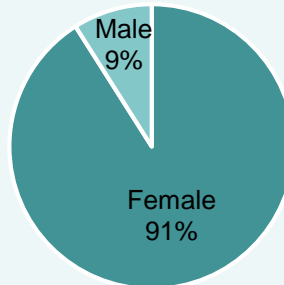
## Demographic Data

### Current Gender Identity\* (n=115)

Female	93%
Male	7%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	1%

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

### Sex Assigned at Birth (n=91)



54 individuals did not answer this question, including 3 who selected "decline to answer."

### Sexual Orientation (n=32)

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

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

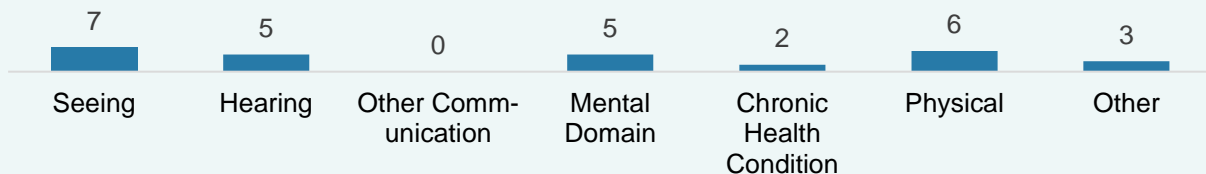
### None identify as veterans

n=55; 90 individuals did not answer this question, including 4 who selected "decline to answer."

### 13 individuals reported having one or more disabilities

n=38; 107 individuals did not answer this question, including 25 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

### Disability\* (n=13)



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

# PROMOTORAS PROGRAM

## Program Activities

Program activities include support groups facilitated by program staff. The Promotoras Conexión Program provided 236 support groups in fiscal year 2018-2019. Additionally, the program welcomed 54 new participants to their program activities.



100% of program activities in Spanish



895 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	25
Education	6
Outreach	73
Community fair or event	11
Other outreach	3
<b>TOTAL # of Activities/Events</b>	<b>118</b>



4,959 people reached through outreach events\*



99% of outreach events conducted in Spanish

\* Number of participants/people reached may be duplicated.

# PROMOTORAS 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 presented below represents 55 unduplicated individuals. Additionally, the table below represent the top 5 social support services that referrals were provided to.



**20** individuals referred to mental health care



**48** individuals referred to one or more social supports

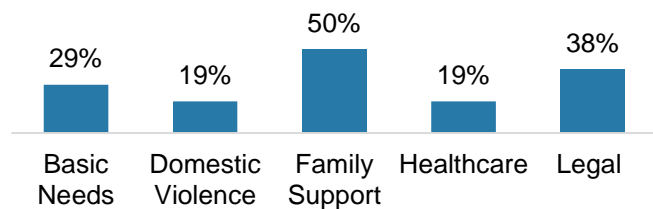


**82** total social support referrals provided



**1** individual was encouraged to access services and follow through via accompaniment

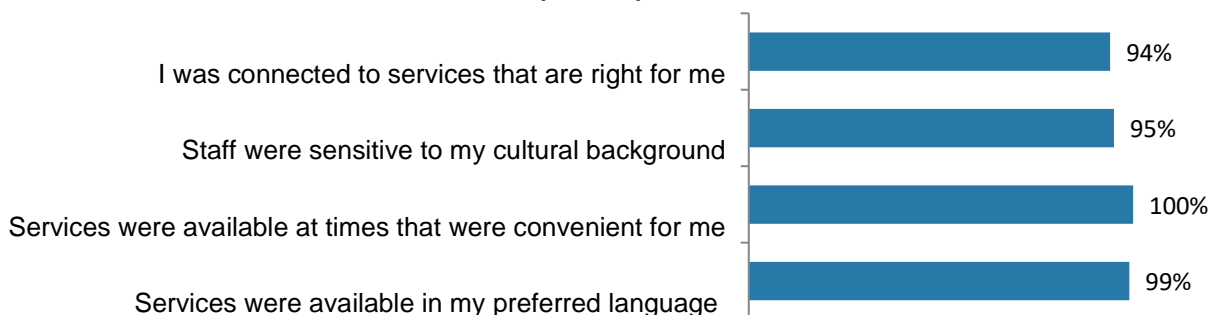
### Social Support Referrals Provided\* (n=48)



## 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 number of participants who agreed with each statement.

### % of Participants Who Agree (n=112)



# PROMOTORAS 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=105)

##### Top 5 Responses

- Exercises (relaxation, breathing, physical) (54)
- SODA/Conexión (17)
- Sharing with others (12)
- Culturally/linguistically competent staff (8)
- Peer connection (5)

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

##### Top 5 Responses

- More exercises (6)
- Longer/more frequent services (6)
- Ensure program sustainability (6)
- More outreach (2)
- More crafts (2)

## Program Successes

*“One of the ‘Compañeras’ that was helped by staff a few years ago to get her daughter into necessary services knocked on her door and brought a new person because her daughter had been bullied and physically accosted. Staff took the time and accompanied the mother and met with the principal because the child was afraid to attend school. The principal said he would take action and [our staff] also helped get the child into therapy services.”*

*“Client is successfully assisting Compañeras in Oxnard. As a cancer survivor she is helping other cancer patients manage their stress with the techniques she has learned these past years from becoming a Promotora.”*

# PROMOTORAS PROGRAM

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## 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.

Most people who responded to participant surveys agreed that the Promotoras Conexión Program provides services in their preferred language and that staff were sensitive to their cultural background. Participants also reported that services were available during convenient times and that they were connected to services that were right for them.

An area of future improvement may include increasing program compliance with demographic data collection requirements, specifically collecting ethnicity data as required by MHSA PEI regulations. Additionally, implementing outcome surveys would 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.

# 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 & 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 & 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

**238** individuals received core program services

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

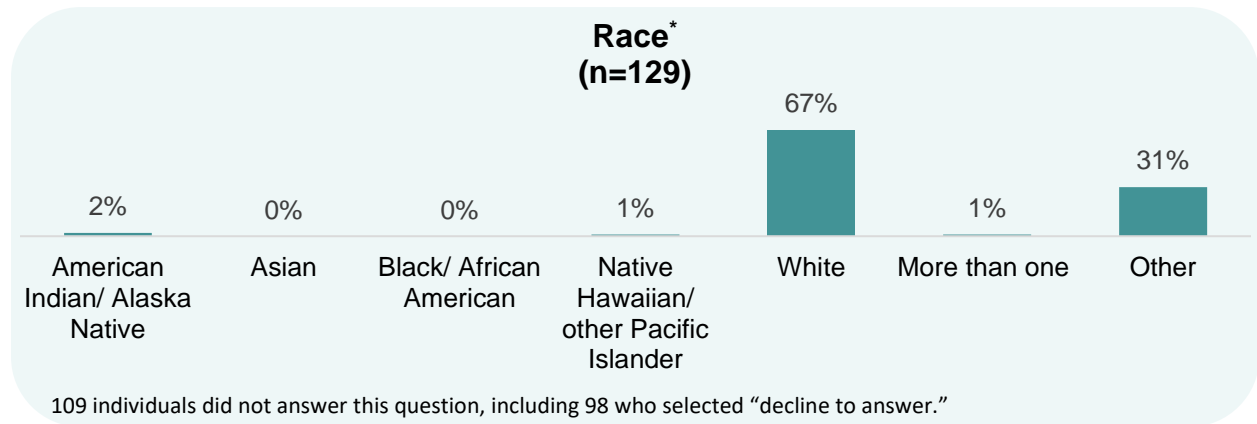
**4,528** individuals reached through outreach events \*

\* Number of individuals may be duplicated.

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Demographic Data

MICOP collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by 238 individuals who completed a demographic form.

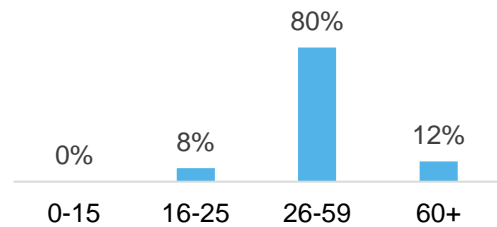


**Ethnicity (n=195)**

**100% Hispanic/Latino**  
**0% Non-Hispanic/Latino**

43 individuals did not answer this question, including 32 who selected “decline to answer.”

**Age Groups (n=190)**



48 individuals did not answer this question; 36 selected “decline to answer.”

**Primary Language\* (n=192)**

**English 4%**  
**Spanish 77%**  
**Indigenous 27%**  
**Other 1%**

46 individuals did not answer this question, including 32 who selected “decline to answer.”

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



# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

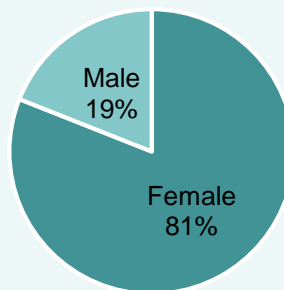
## Demographic Data

### Current Gender Identity (n=175)

Female	82%
Male	18%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

63 individuals did not answer this question, including 52 who selected "decline to answer."

### Sex Assigned at Birth (n=178)



60 individuals did not answer this question, including 47 who selected "decline to answer."

### Sexual Orientation (n=124)

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

114 individuals did not answer this question, including 97 who selected "decline to answer."

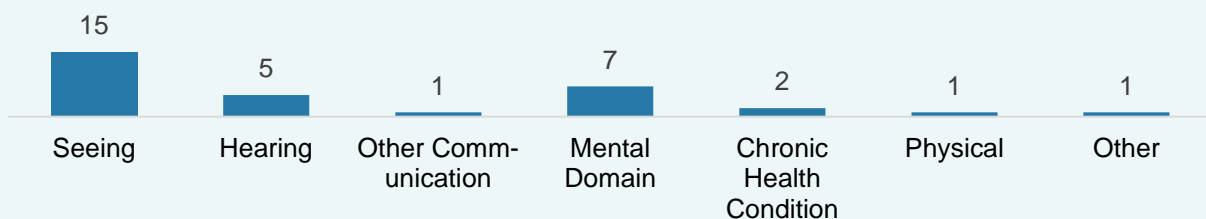
**None identify as veterans**

n=181; 57 individuals did not answer this question, including 46 who selected "decline to answer."

**12% of individuals reported having one or more disabilities**

n=179; 59 individuals did not answer this question, including 54 who selected "decline to answer."

### Disability\* (n=21)



\* Counts may exceed the number of individuals because multiple options could be selected.

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Activities

Program activities include trainings and workshops facilitated by program staff. In fiscal year 2018-2019, 20 trainings/workshops were provided.



100% of program activities were in Spanish



250 participants in program activities

## Program Outreach

Program outreach includes activities to promote the program in the community, increase awareness and link community members to mental health resources.

Program Outreach by Type	# Activities/Events
Outreach	52
Community Fair or Event	1
<b>TOTAL # of Activities/Events</b>	<b>53</b>



4,528 people reached through outreach events\*



4,528 materials distributed



100% of outreach events were conducted in Spanish

\* Number of people reached may be duplicated.

# 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 presented below represents 97 unduplicated individuals. Individuals could be referred to multiple services; the chart below shows the top 4 social support referrals that were provided to participants.



Did not provide referrals to mental healthcare services



97 individuals referred to one or more social supports

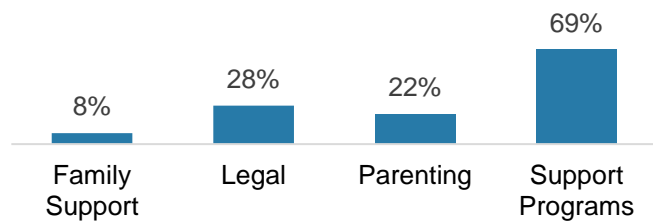


136 total social support referrals provided



1 individual was encouraged to access services and follow through via transportation/bus tokens

**Social Support Referrals Provided\*  
(n=97)**



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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Outcomes

MICOP tracks outcomes by surveying participants who receive services offered by the organization, such as participating in a workshop or training. Surveys include questions about depression, attitudes toward mental illness, and coping behaviors. However, in fiscal year 2018-2019, surveys were completed at initial contact only, and not at follow-up, meaning only baseline data is presented below. All surveys were completed in Spanish. Results from these surveys are shown separately in the tables below.

### Participant Depression Scores (PHQ-9) (n=108-113)

MICOP Survey Respondent Depression (PHQ-9)	% Respondents
No Depression (PHQ Score 0)	9%
Minimal Depression (PHQ Score 1-4)	41%
Mild Depression (PHQ Score 5-9)	28%
Moderate Depression (PHQ Score 10-14)	12%
Moderately Severe Depression (PHQ Score 15-19)	7%
Severe Depression (PHQ Score 20-27)	2%
	% 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?	7%

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Outcomes

### Participant Attitudes Toward Mental Illness (n=113)

	% Probably or Definitely	% Probably Not or Never
How likely would you be to work with someone with a serious mental illness?	74%	26%
Do you think that someone with a mental illness is a danger to others? *	45%	55%
Do you think that people with mental health problems experience prejudice or discrimination?	81%	19%
If someone in your family had a mental illness, would you feel ashamed if people knew about it? *	2%	98%
If you had a serious emotional problem, would you seek professional help?	99%	1%
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? *	19%	81%

\* The ideal response for these items is Probably Not/Never.

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Outcomes

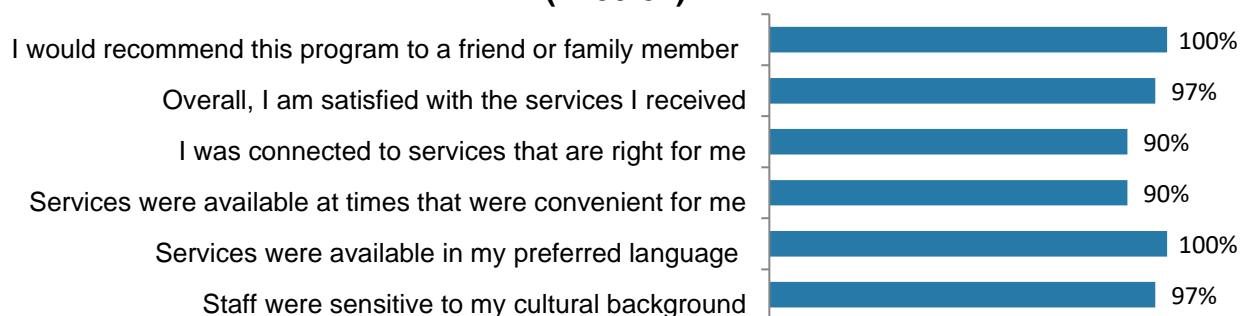
### Participant Coping Behaviors (n=113)

	% Somewhat or Very Frequently	% Sometimes or Never
I received support and understanding from someone.	46%	54%
I focused on my work or other activities to distract my mind.	70%	30%
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.	58%	42%
I prayed or meditated.	57%	43%
I took action to improve the situation.	46%	54%
I tried to create a plan to figure out what to do.	48%	52%
I expressed my negative feelings.	27%	73%
I used alcohol or other drugs to help me get through. *	1%	99%

## 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 participants who agreed with each statement.

### % of Participants Who Agree (n=30-31)



\* The ideal response for this item is Sometimes/Never.

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Feedback

Participants who received program 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.

### What was most useful or helpful about this program? (n=20)

#### Top 4 Responses

- Information provided (12)
- Shared experiences of participants (4)
- Coping skills (3)
- Linguistically competent services/materials (2)

### What are your recommendations for improvement? (n=7)

#### Top 2 Responses

- More classes/service availability (5)
- Longer class sessions (2)

## Program Successes

*"We met with the participant from the month before in person and opened up a space for her to just talk. We went over her questionnaire and decided she would follow up with the Living With Love program here at MICOP. She has been to 3 of our workshops now, participating in these workshops seems to be a motivator for her to resolve her conflicts."*

*"Most of our referrals are to support groups or other community. We find the community enjoys talking about their stories among people that they don't know, in hopes they learn from each other."*

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

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## Conclusion and Recommendations

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

Participants indicated high satisfaction with the program. Of the survey respondents, all indicated that they would recommend the program to others and that services were available in their preferred language. In fact, all program satisfaction metrics had at least 90% agreement.

An area for improvement is data collection. Increasing compliance with demographic data collection requirements provided by the MHS state regulations regarding race and ethnicity is an important goal. Additionally, comparatively low numbers of individuals completed satisfaction surveys and outcome surveys were only completed at intake, not at follow-up. Without adequate numbers of satisfaction surveys and without follow-up data, it is difficult to accurately represent participant outcomes and identify program successes.





# 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, discussion with parents of LGBTQ+ youth, 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 assault and address 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

**342** individuals received core program services

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

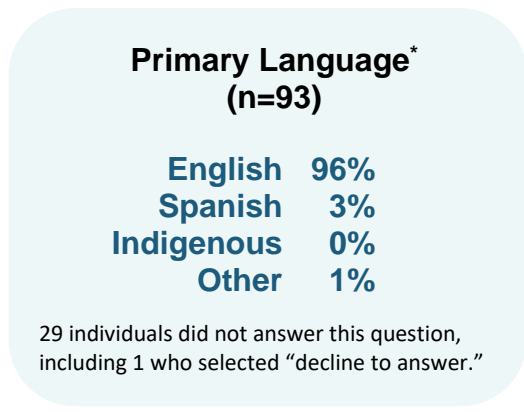
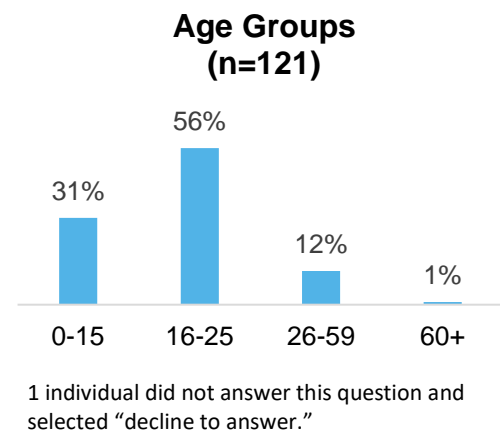
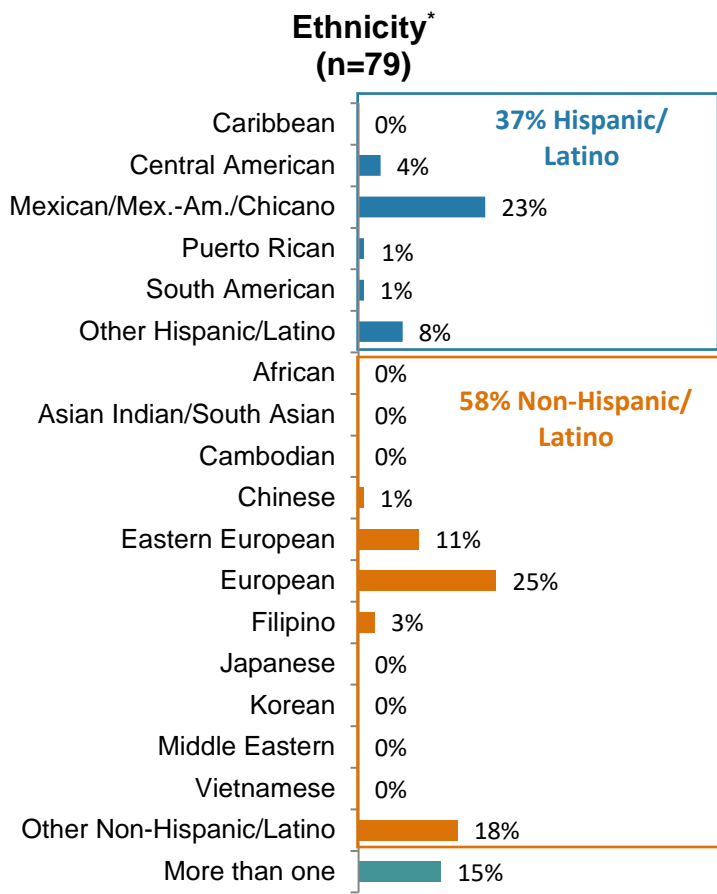
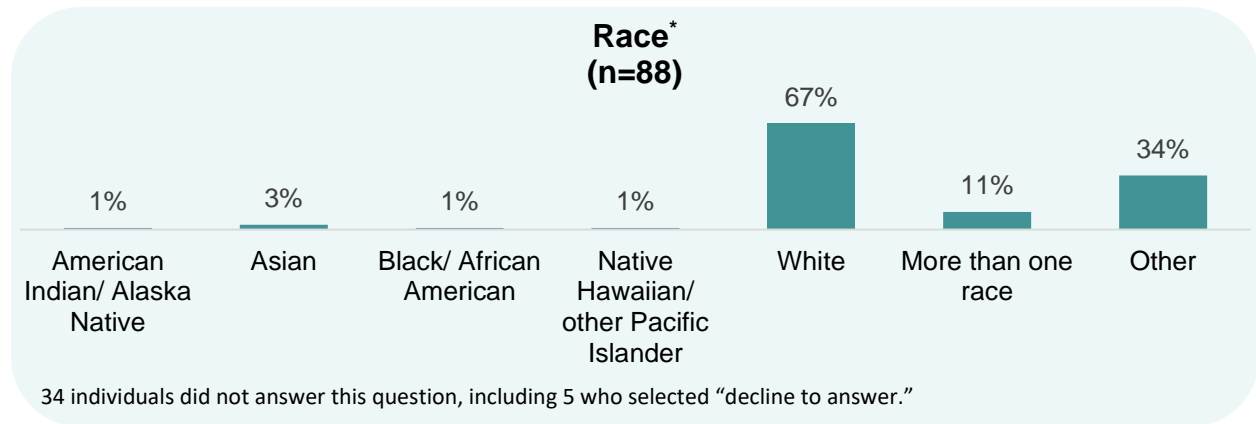
**2,194** individuals reached through outreach events\*

\* 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 342 individuals who received core program services (youth support groups and RISE LGBTQ+ trainings), 122 individuals completed a demographic form; this information is presented below.



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

# RAINBOW UMBRELLA

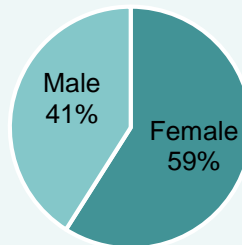
## Demographic Data

### Current Gender Identity\* (n=83)

Female	45%
Male	37%
Transgender	13%
Genderqueer	6%
Questioning or Unsure	1%
Another Gender Identity	2%

39 individuals did not answer this question, including 1 who selected "decline to answer."

### Sex Assigned at Birth (n=79)



43 individuals did not answer this question, including 6 who selected "decline to answer."

### Sexual Orientation\* (n=82)

Bisexual	22%
Gay or Lesbian	23%
Heterosexual or Straight	22%
Questioning or Unsure	4%
Queer	22%
Another Sexual Orientation	10%

40 individuals did not answer this question, including 1 who selected "decline to answer."

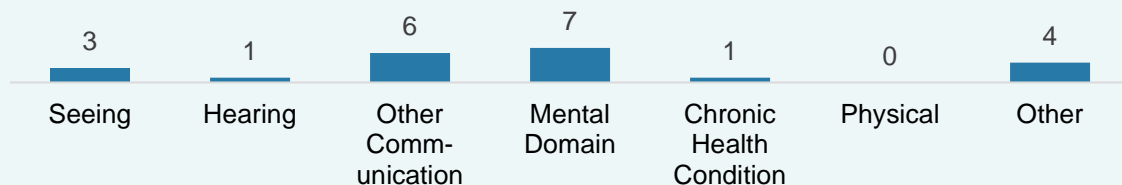
### 4% of individuals are veterans

n=82; 40 individuals did not answer this question, including 1 who selected "decline to answer."

### 21 individuals reported having one or more disabilities

n=42; 80 individuals did not answer this question, including 4 who selected "decline to answer." A count is included instead of a percentage because most individuals skipped this question.

### Disability\* (n=21)



\* Percentages/counts may exceed 100%/number of individuals served 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 program staff. Program participants and other community members may attend these events.

Program Activities by Type	# Activities/Events
Rainbow Umbrella Weekly Youth Group	47
RISE Trainings	15
Committee and Task Force Meetings	6
Community Presentations and Workshops	7
Gay-Straight Alliance establishment meetings at a middle school	2
Rainbow Umbrella Special Field Trip	2
Pride Prom	1
<b>TOTAL # of Activities/Events</b>	<b>80</b>



3% of program activities in Spanish



1,032 participants in program activities\*

## Program Outreach

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

Program Outreach by Type	# Activities/Events
Community Festivals/Celebrations	17
Presentations at schools	5
Presentations at groups, clubs, etc.	5
Community Forums	4
<b>TOTAL # of Activities/Events</b>	<b>31</b>



2,194 people reached through outreach events\*



1,793 materials distributed



19% 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 33 unduplicated individuals. The top 5 social support referrals provided are shown in the chart below.



**16** individuals referred to mental health care



**28** individuals referred to one or more social supports

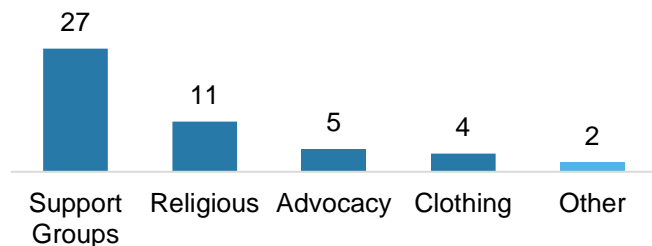


**49** total social support referrals provided



**77** individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

**Social Support Referrals Provided\*†  
(n=28)**



## 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 initial 2 tables, followed by trainee outcomes. The first trainee outcome table presents data from 160 RISE trainees who completed surveys. The second trainee table presents data from 24 RISE trainees who completed an additional Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. Parents of participants were also offered the opportunity to complete outcome surveys. However, the data from the parent survey is not presented (n=1) to protect the respondent's confidentiality.

**Participant Outcomes  
(n=10)‡**

As a result of participating in Rainbow Umbrella...	# Gotten Better	# Stayed the Same	# Gotten Worse
My school attendance has...	2	8	0
My grades in school have...	3	7	0

\* Counts exceed the number of individuals because individuals could be referred to multiple services.

† Other includes 2 additional categories of family support and education.

‡ 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.

# RAINBOW UMBRELLA

## Program Outcomes

### Participant Outcomes (n=25)

As a result of participating in Rainbow Umbrella...	# Agree	# Neutral	# Disagree
I feel more connected to others.	18	7	0
I know where to go for mental health services in my community.	20	4	1
I am more aware of when I need to ask for help with a personal or emotional problem.	20	5	0
I am able to deal with problems better.	15	9	1
I feel less stress or pressure in my life.	14	9	2
I feel better about myself.	15	8	2
I feel optimistic about the future.	15	8	2
I believe treatment can help people with mental illness lead normal lives.	20	5	0
I believe people are generally caring and sympathetic to people with mental illness.	18	7	0

### RISE Trainee Outcomes (n=151-160)

As a result of participating in this training...	% Agree	% Neutral	% Disagree
I know more about the topics presented.	96%	4%	0%
I know where people can go for mental health services in my community.	80%	18%	2%
I believe treatment can help people with mental illness lead normal lives.	91%	8%	1%
I believe people are generally caring and sympathetic to people with mental illness.	60%	31%	9%

# RAINBOW UMBRELLA

## Program Outcomes

### RISE Trainee Outcomes: MOQA SDR Survey (n=23-24)

As a direct result of this training I am MORE willing to:	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
Live next door to someone with a serious mental illness.	18	6	0
Socialize with someone who had a serious mental illness.	15	9	0
Start working closely on a job with someone who had a serious mental illness.	16	8	0
Take action to prevent discrimination against people with mental illness.	22	2	0
Actively and compassionately listen to someone in distress.	24	0	0
Seek support from a mental health professional if I thought I needed it.	20	4	0
Talk to a friend or family member if I was experiencing emotional distress.	20	4	0
As a direct result of this training I am MORE likely to believe:			
People with mental illness can eventually recover.	11	9	3
People with mental illness are different compared to everyone else in the general population. *	0	13	11
People with mental illness are to blame for their problems. *	2	4	18
People with mental illness are never going to be able to contribute much to society. *	2	4	18
People with mental illness should be felt sorry for or pitied. *	0	9	15
People with mental illness are dangerous to others. *	1	8	15

\* The ideal response for these items is Disagree/Strongly Disagree.

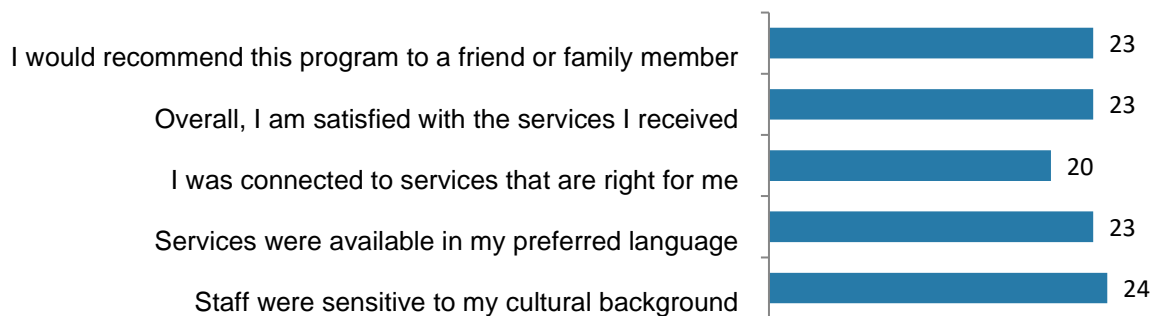


# RAINBOW UMBRELLA

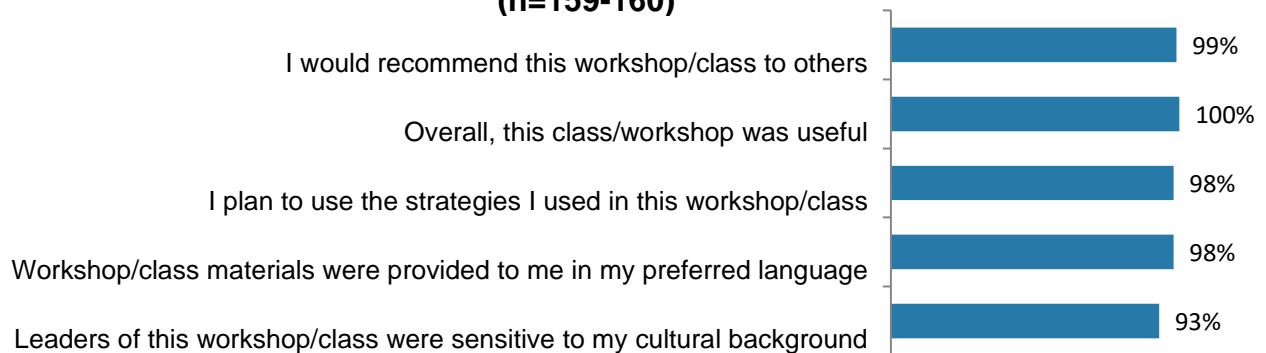
## Program Satisfaction

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.” Trainees who completed a MOQA survey after a RISE training responded to 3 additional satisfaction questions, which are also reported below. Parents of participants were also offered the opportunity to respond to satisfaction questions. However, the data from the parent survey is not presented (n=1) to protect the respondent’s confidentiality.

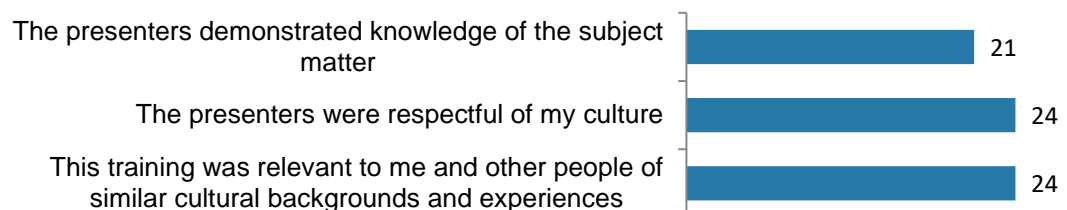
### # of Participants Who Agree (n=25)



### % of RISE Trainees Who Agree (n=159-160)



### # of RISE Trainees Who Agree or Strongly Agree: MOQA SDR Survey (n=24)



# RAINBOW UMBRELLA

## Program Feedback

Participants and trainees who received Rainbow Umbrella services were also asked to provide feedback through open-ended response questions. Parents of participants were also offered the opportunity to provide feedback. However, the data from the parent survey is not presented (n=1) to protect the respondent's confidentiality. 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=19)

##### Top 4 Responses

- The sense of community (8)
- Having a safe space to be myself (8)
- The discussions (3)
- Getting support (3)

#### What are your recommendations for improvement? (n=18)

##### Top 2 Responses

- Increase advocacy activities (2)
- Nothing can be improved (12)

### Trainee Feedback

#### What was most useful or helpful about this program? (n=147)

##### Top 5 Responses

- Gaining knowledge about LGBTQ+ experiences and how to treat them respectfully (92)
- Discussion with other trainees (22)
- Informative and poignant course materials and activities (24)
- The tools and resources given (16)
- The instructor's passion and engagement (11)

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

##### Top 6 Responses

- More time and more presentations (13)
- Expand population of focus to include elementary and middle school and other cultures (9)
- More discussion, roleplay, and activities (12)
- Share the course materials (7)
- Bring LGBTQ+ youth to share their experiences (3)
- Nothing can be improved (41)

# RAINBOW UMBRELLA

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## Program Successes

*"Keep supporting us and never stop."*

*"[Being] Aware of the pronouns and sensitive to my language so I can ensure every student feels safe."*

Youth Group Leaders planned and executed Pride Prom with 370 peer attendees and recruited 6 new participants.

*"I gained a great deal of information and I feel empowered to be an even better ally for by LGBTQIA students."*

## Conclusion and Recommendations

Rainbow Umbrella is reaching the population they seek to serve, with the majority of the participants identifying as LGBTQ+. Rainbow Umbrella is working to meet their participants' emotional needs through referrals to social supports and mental health care. They also make reminder calls to support participants in acquiring the referred services.

Most participants agreed that Rainbow Umbrella is effective in helping them increase in awareness around when and where to ask for help, as well as lower levels of stigma around mental illness. A majority of RISE 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. Notably, the RISE training instructor was mentioned several times as an excellent speaker.

An area of future improvement may include increasing outreach to Spanish-speaking individuals in order to share information and services (e.g., RISE trainings, support groups, and parent support) and fill a gap in LGBTQ+ services in the Hispanic community. Rainbow Umbrella does provide services in Spanish and may be able to expand this aspect of their program.

# TAY WELLNESS CENTER PACIFIC CLINICS

TAY Wellness Center serves transitional-aged youth (TAY) ages 18-25 recovering from mental illness and/or substance abuse. The Center empowers individuals to take an active role in creating positive lifestyle changes within a supportive, safe and understanding environment. Bilingual staff with lived experience engage TAY in designing achievement plans, Wellness and Recovery Action Plans (WRAP), and provides linkages to community resources.

## Program Strategies



Provides access and linkage to services by providing a warm handoff to community services and formal mental health treatment for individuals with serious mental illness.



Implements non-stigmatizing and non-discriminatory practices by encouraging the TAY receiving services to engage in formal mental health treatment as needed.

## Program Highlights

**276** individuals received core program services

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

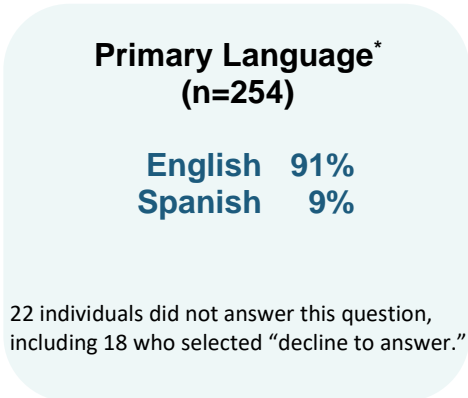
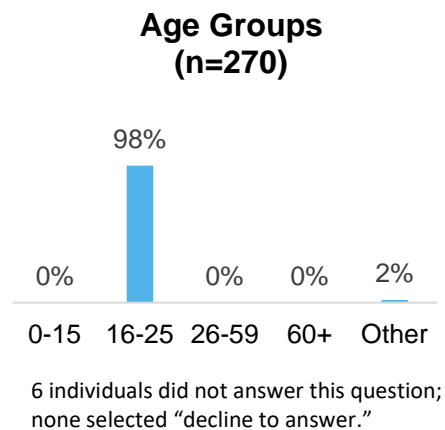
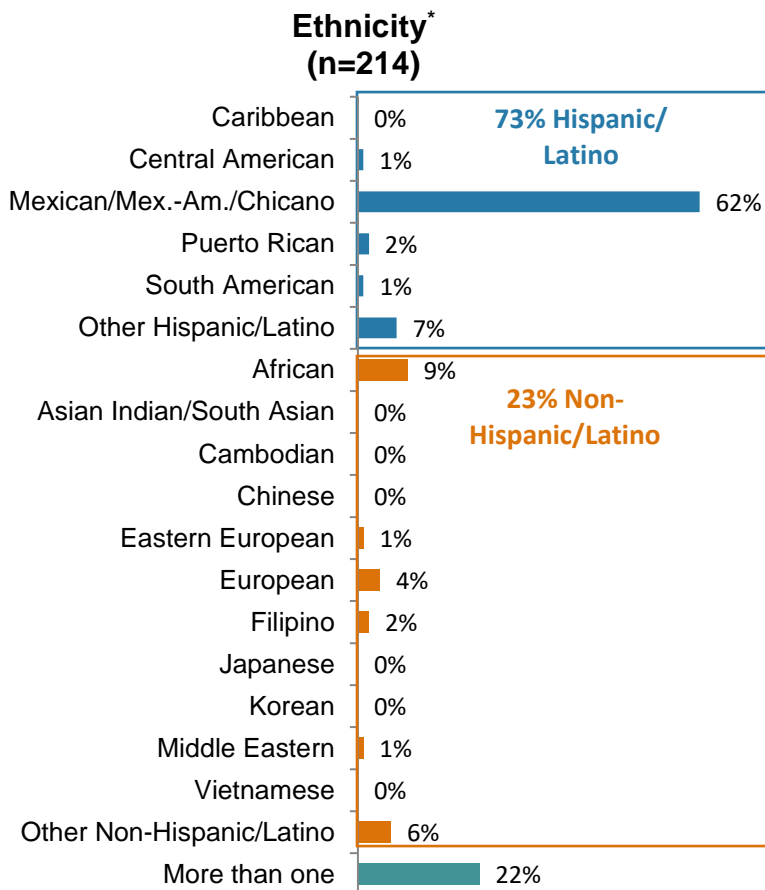
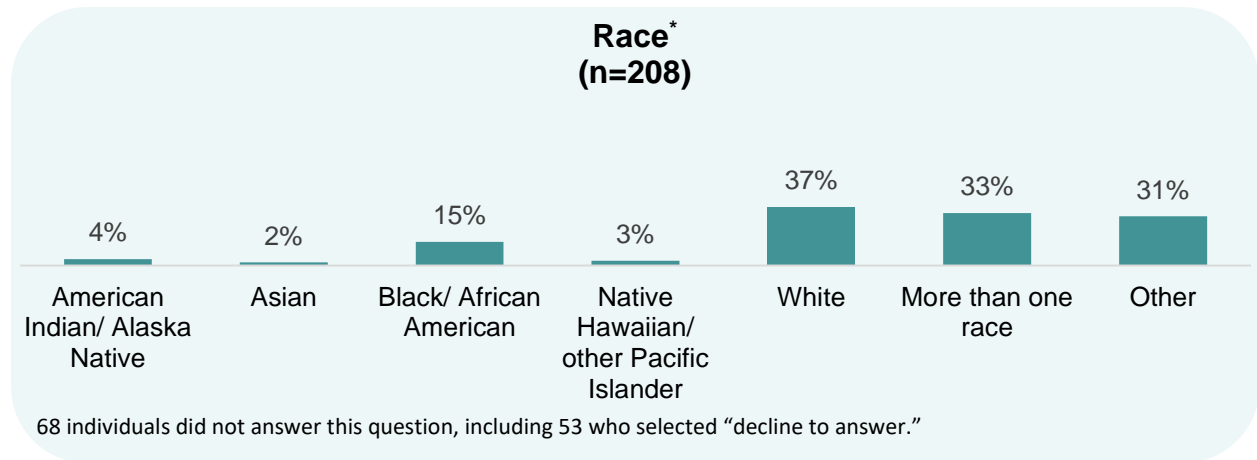
**1,315** individuals reached through outreach events\*

\* Number of individuals may be duplicated.

# TAY WELLNESS CENTER

## Demographic Data

TAY Wellness Center collects unduplicated demographic data from the individuals they serve. Data in this section represents information provided by 276 individuals.



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

# TAY WELLNESS CENTER

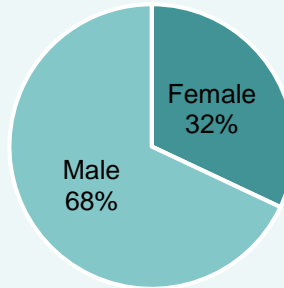
## Demographic Data

### Current Gender Identity (n=243)

Female	30%
Male	65%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	1%
Another Gender Identity	2%

33 individuals did not answer this question, including 23 who selected "decline to answer."

### Sex Assigned at Birth (n=239)



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

### Sexual Orientation (n=210)

Bisexual	9%
Gay or Lesbian	6%
Heterosexual or Straight	79%
Queer	2%
Questioning or Unsure	1%
Another Sexual Orientation	3%

66 individuals did not answer this question, including 49 who selected "decline to answer."

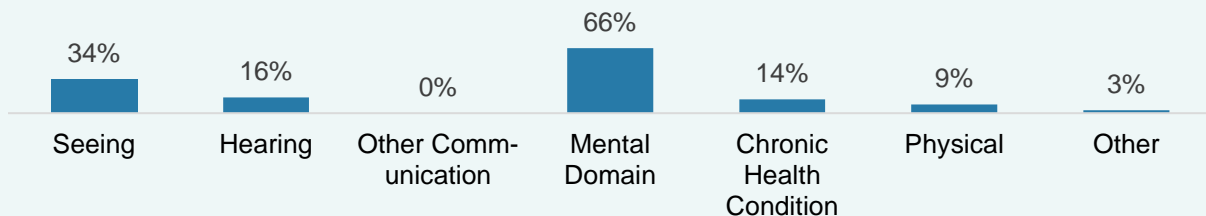
**1% of individuals are veterans**

n=230; 46 individuals did not answer this question, including 35 who selected "decline to answer."

**38% of individuals reported having one or more disabilities**

n=227; 49 individuals did not answer this question, including 46 who selected "decline to answer."

### Disability\* (n=86)



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

# TAY WELLNESS CENTER

## Program Activities

All program participants engage in daily experiences to develop the necessary skills to be able to live independently. Beyond that, program activities include education activities facilitated by program staff and community Partners.

Program Activities by Type	# Activities/Events
Member Presentation	2
Member Socialization	2
Education	1
Other Center Activities <sup>†</sup>	4
<b>TOTAL # of Activities/Events</b>	<b>9</b>



0% of program activities were in Spanish



68 participants in program activities\*

## Program Outreach

Program outreach includes activities to promote the TAY Wellness Center in the community to increase awareness of and linkages to mental health resources.

Program Outreach by Type	# Activities/Events
Presentation	9
Training/Workshop	1
Outreach	3
Community Fair or Event	16
Other Outreach <sup>†</sup>	20
<b>TOTAL # of Activities/Events</b>	<b>49</b>



1,315 people reached through outreach events\*



1,562 materials distributed



34% of outreach events were conducted in Spanish

\* Number of participants/people reached may be duplicated.

† Other is not specified

# TAY WELLNESS CENTER

## Program Referrals

Program referrals include referrals to mental health care through VCBH or other MHSA prevention, early intervention, or treatment programs. Referrals are also provided to social supports such as food, housing, and health insurance. Referral data below represents 214 unduplicated individuals. The top 4 social support referrals provided are shown in the chart below.



**28** individuals referred to mental health care



**214** individuals referred to one or more social supports

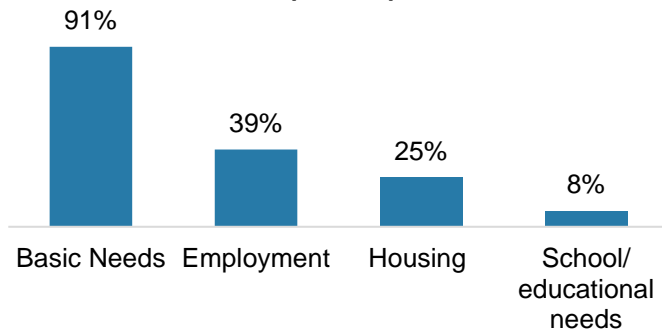


**424** total social support referrals provided



**56** individuals were encouraged to access services and follow through via transportation/bus tokens, accompaniment, translation, and reminder calls

**Social Support Referrals Received\* (n=214)**



## Program Outcomes

TAY Wellness Center tracks outcomes by surveying participants who receive services. In fiscal year 2018-2019, two versions of the survey were distributed. One version had an option to select neutral and the other version did not. Disagree and neutral response options are grouped together in the table below.

**Participant Outcomes (n=34)**

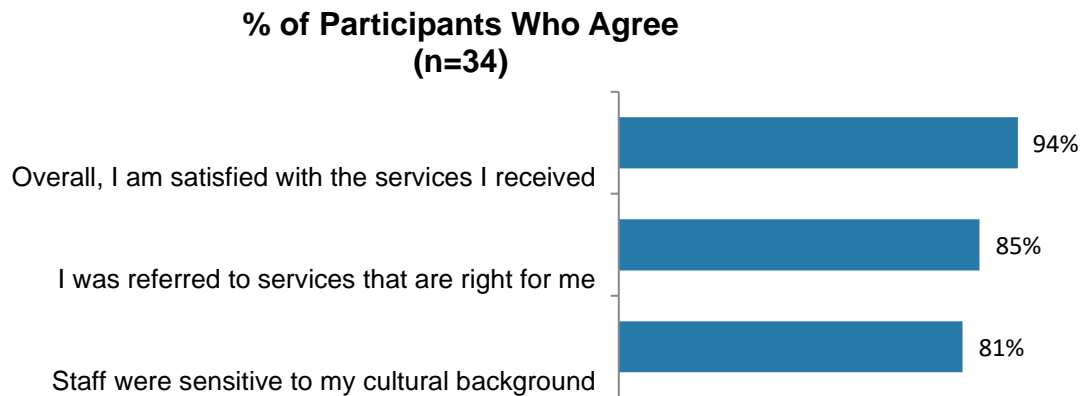
As a result of participating in TAY Wellness Center...	% Agree	% Disagree
I am able to deal with my problems better.	76%	24%
I am more aware of when I need to ask for help with a personal or emotional problem.	91%	9%



# TAY WELLNESS CENTER

## Program Satisfaction

Participants who received services from TAY Wellness Center 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.



## Program Feedback

Participants who received TAY Wellness Center 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.

### What was most useful or helpful about this program? (n=29)

#### Top 3 Responses

- Staff/peer support (18)
- Access to necessities (5)
- Classes/groups (3)

### What are your recommendations for improvement? (n=18)

#### Top 3 Responses

- More activities (5)
- Improved housing services (3)
- More promotion of the center (3)

# TAY WELLNESS CENTER

## Program Successes

*“Client came to our center over a year ago, homeless and experiencing difficulties due to not having an income. After months of dropping by and attending various classes, he applied and was accepted for a position. Since then, he’s been an active participant in center activities and has also found stable housing.”*

*“Client signed up for college and got into an assistance program also he has been going to his appointments and he has successfully signed up for FASFA (Financial Aid) started his first college class for spring semester.”*

## Conclusion and Recommendations

TAY Wellness Center is reaching the population they seek to serve, with the majority of the participants identifying as TAY. TAY Wellness Center is working to meet clients' physical and emotional needs through referrals to social supports and mental health care when appropriate.

Most people who responded to participant surveys were satisfied with the services and the referrals that they received. Additionally, they felt that the program had helped them become more aware of when they need to ask for help with a personal or emotional problem. Notably, a sizable minority (24%) did not feel that the program had helped them deal with their problems better.

Though the Center, upon request, can provide any class in Spanish and provides tours and all documents in Spanish, an area of future improvement may include increasing the promotion of these language services. The program reported no activities conducted in Spanish for fiscal year 2018-2019, but Spanish is the primary language of 9% of program participants (among individuals who provided information about primary language). In addition, 19% of participants disagreed with the statement “Staff were sensitive to my cultural background.” This suggests that promoting all activities as available in Spanish will benefit those being served by the program. In addition, the program should aim to have higher participation rates for the outcomes and satisfaction surveys. Additional data from more participants will provide the program with a more complete picture of the program benefits and areas for programmatic improvements.

# 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 to community organizations about 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

**81** individuals participated in program activities

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

**33,556** mental health vlog views\*

\* Number of individuals may be duplicated.

# TRI-COUNTY GLAD

## Demographic Data

Tri-County GLAD collects unduplicated demographic data from the individuals they serve. However, in order to preserve the anonymity of individuals who provided demographic information (n=4), this data is not reported.

## Program Activities

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

Program Activities by Type	# Activities/ Events
“Communication Barriers,” “Bullying,” and “Hygiene” Mental Health Workshops for DHH high school and middle school students	4
Cultural Competency Training with Community Organizations	3
<b>TOTAL # of Activities/Events</b>	<b>7</b>



**81** unduplicated participants in program activities



**100%** of program activities in 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.

Social Media Education and Outreach	# Posts
Mental Wellness Vlog	12
Communication Workshop Video	10
Community Education Video	8



**33,556** 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. Referrals to social supports such as food, housing, health insurance, and other support services are also provided. Tri-County GLAD provided referrals to 4 individuals in fiscal year 2018-2019. Additional information about number and type of referrals is not reported to protect participant privacy.

## 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, and trainings). Participant outcomes are not presented to protect their privacy (n=6). Results from trainee surveys are presented below.

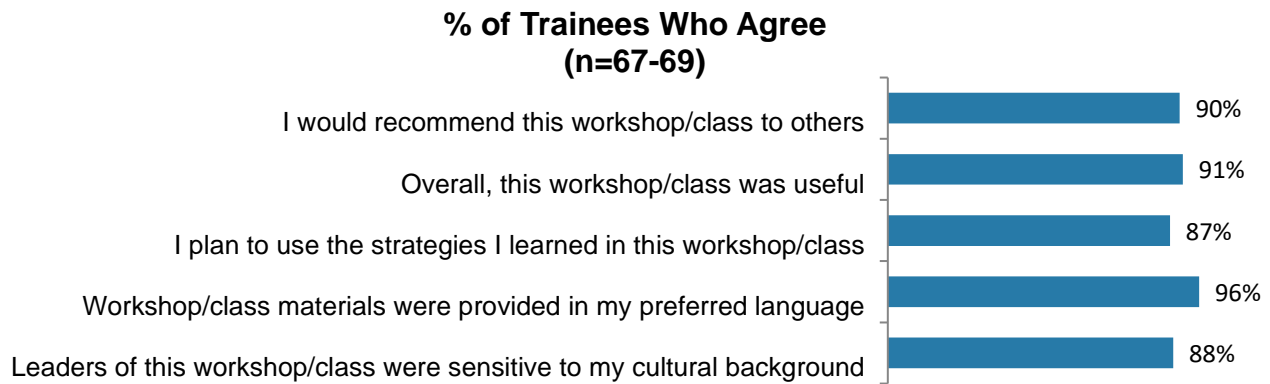
### Trainee Outcomes (n=66-68)

As a result of participating in this workshop/class...	% Agree	% Neutral	% Disagree
I know more about the topics presented.	96%	3%	1%
I know where people can go for mental health services in their community.	93%	6%	1%
I believe treatment can help people with mental illness lead normal lives.	97%	3%	0%
I believe people are generally caring and sympathetic to people with mental illness.	68%	21%	11%

# TRI-COUNTY GLAD

## Program Satisfaction

Trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” Participant outcomes are not presented to protect their privacy (n=6). The chart below shows the number of participants who agreed with each statement.



## Program Feedback

Participants in the trainings were also asked to provide feedback through open-ended response questions. Participant outcomes are not presented to protect their privacy (n=6). Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

### What was most useful or helpful about this workshop/class? (n=53)

#### Top 4 Responses

- Learning more about the DHH community and myths about and stigma toward the population (29)
- Learning about existing resources (14)
- Learning how to better serve the DHH community in my role (10)
- The presenter was clear and engaging (3)

### What are your recommendations for improvement? (n=45)

#### Top 5 Responses

- Teach more information, including about different cultures, referral locations, and basic sign language (9)
- Offer more time, sessions, and locations (9)
- Add more videos to the training (3)
- Include materials or translators for Spanish speakers (2)

# TRI-COUNTY GLAD

## Program Successes

*"[The most helpful part was] the referrals given and the review of the myths about the deaf culture."*

*"[The most helpful part was] learning where to get an interpreter for clients that are deaf/hard of hearing."*

*"Our Mental Health Education video blogs generated over 30,000 hits over Facebook and YouTube."*

*"We provided a cultural competency presentation 'De-escalating at Work' with Dr. Tomas Garcia, a clinical psychology intern, to 65 staff members at Greater Los Angeles Agency on Deafness in Los Angeles."*

## Conclusion and Recommendations

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

Most of Tri-County GLAD's trainees reported increased knowledge of presentation topics and community resources. Most also endorsed statements indicated reduced stigma toward individuals with mental illness.

Through trainees' open-ended comments on the surveys, it was clear that Tri-County GLAD is particularly skilled at reducing stigma around the DHH community and improving conditions for DHH as they access mental health services in Ventura County. Although mentioned by just two individuals in survey feedback, an area of future improvement may be to include Spanish-language interpreters and materials for trainings as some trainees speak primarily Spanish. Tri-County GLAD does provide vlogs in Spanish and this can potentially be a resource utilized in future trainings. Additionally, in order to increase linkages to treatment and prevention programs for DHH individuals, Tri-County GLAD may attempt to increase the number of unduplicated DHH individuals they serve with referrals.

# WELLNESS EVERYDAY IDEA ENGINEERING, INC.

Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, primarily through online channels. A *Wellness Everyday* 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* website and complement website content.

## Program Strategies



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



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

## Program Highlights\*

**21,193** *Wellness Everyday* website users<sup>†</sup>

**14** social media campaigns delivered in English and Spanish

**26,657** clicks on English and Spanish social media advertisements<sup>‡</sup>

\* This program did not provide referral information.

<sup>†</sup> Estimate based on Google Analytics.

<sup>‡</sup> May include duplicate users.



# WELLNESS EVERYDAY

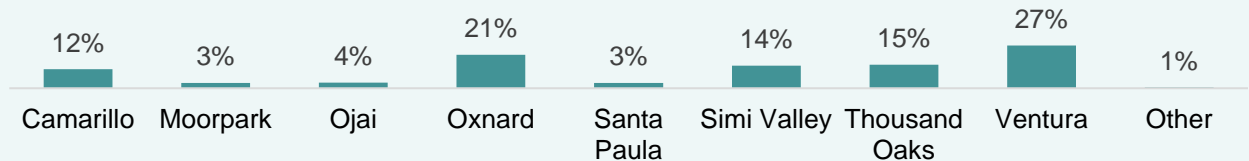
## Demographic Data

The *Wellness Everyday* website cannot collect accurate demographic data about users due to the anonymous nature of the internet. 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 2018-2019 website sessions. Data are presented separately for the English and Spanish versions of the website.



**58%** of all English website sessions came from communities in Ventura County

**Sessions per Ventura County Community: English website\* (n=8,241)**

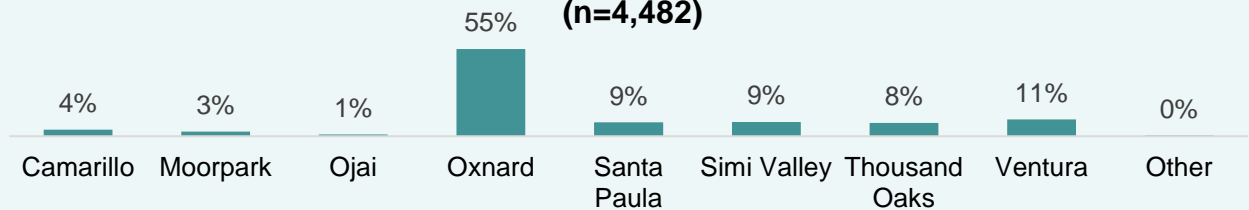


\*Cities/communities in the "Other" category include Fillmore, Oak Park, Oak View, Port Hueneme, and Somis.



**37%** of all Spanish website sessions came from communities in Ventura County

**Sessions per Ventura County Community: Spanish website\* (n=4,482)**



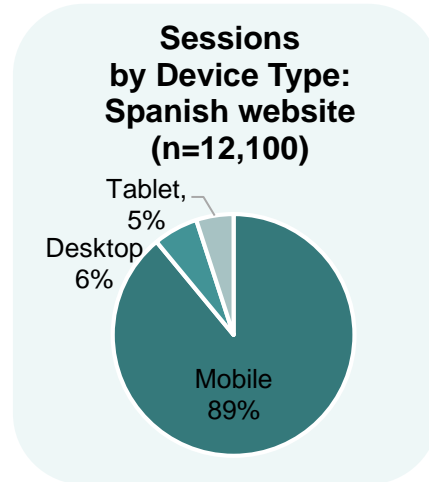
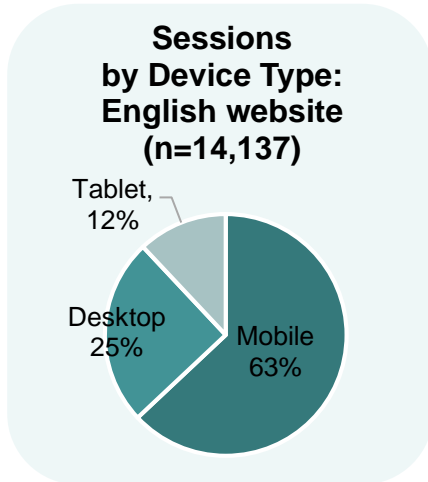
\*Cities/communities in the "Other" category include Fillmore, Port Hueneme, and Somis.

\* Estimate based on Google Analytics.

† May include duplicate users.

# WELLNESS EVERYDAY

## Demographic Data



## Wellness Everyday Website Traffic

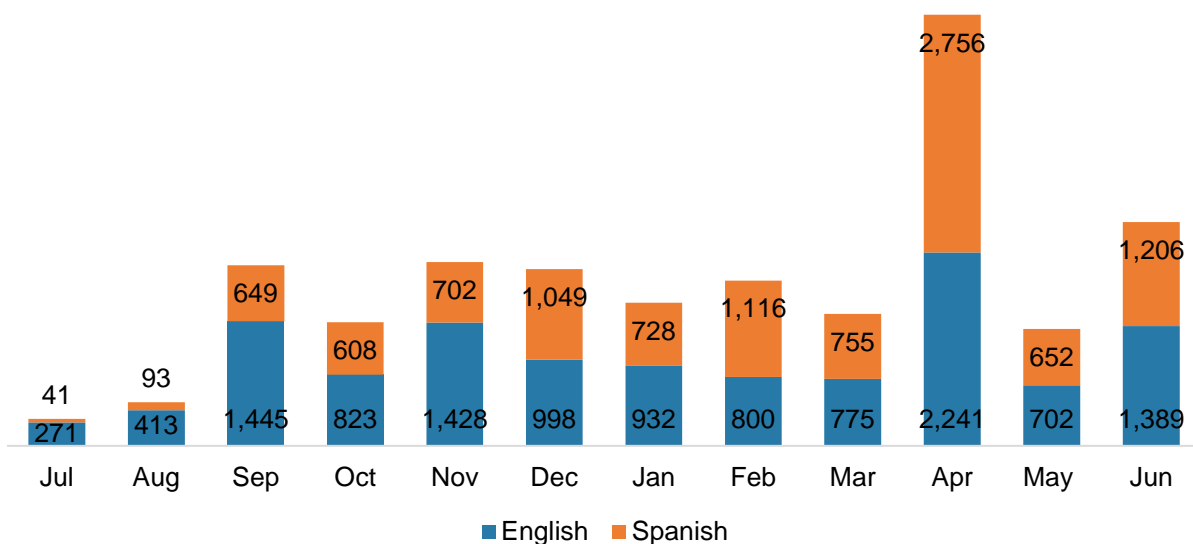


**11,514** people used the English website in FY 18-19



**9,679** people used the Spanish website in FY 18-19

### Wellness Everyday Website Users by Month\*



\* Users may be duplicated across months.

# WELLNESS EVERYDAY

## Social Media Advertisements

368,509 people viewed English advertisements\*



430,626 people viewed Spanish advertisements\*

More than 1.1M English advertisements were onscreen\*



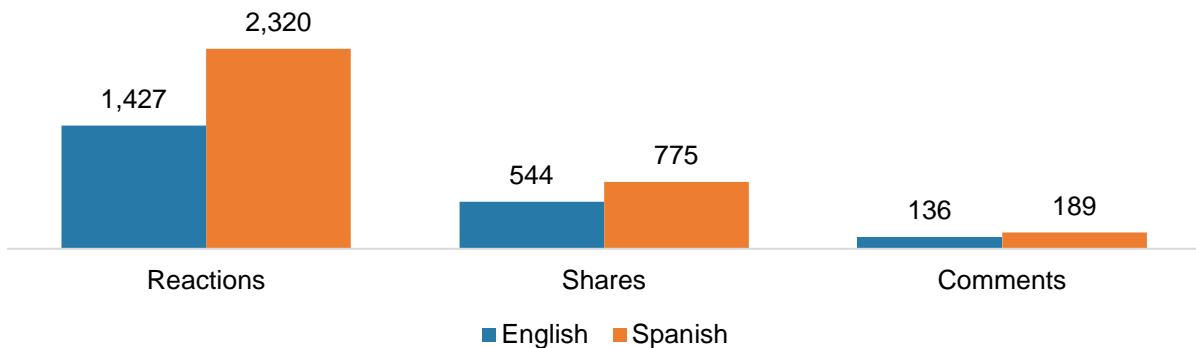
More than 1.8M Spanish advertisements were onscreen\*

10,589 English advertisements were clicked



16,068 Spanish advertisements were clicked

### FY 18-19 User Responses to Social Media Advertisements



## Program Outcomes and Satisfaction

Wellness Everyday (website and social media campaigns) primarily tracks frequency data (e.g., number of website users, number of comments on social media advertisements). This does not allow for examination of how Wellness Everyday impacts the users of the website or those viewing social media advertisements or users' satisfaction with the mental health information provided.

\*May include duplicate users.

# WELLNESS EVERYDAY

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## Program Successes

*Multiple social media campaigns were launched to support viewers during challenging events. These included a campaign on coping with tragic events and two campaigns about coping with the winter holidays.*

*Social media campaigns focused on multiple age groups. Age-specific campaigns included Teens and Depression, Teens and Social Media and Caregiver and Older Adult. The Caregiver and Older Adult campaign was especially popular, prompting a high number of reactions, shares, and comments for both the English and Spanish advertisements.*

## Conclusion and Recommendations

Wellness Everyday reaches Ventura County residents and the broader community through its website and social media advertisement campaigns. Its efforts provide valuable information on a variety of mental health and wellness topics and community resources for residents seeking support.

Although outcome and satisfaction data are not collected for this program, social media engagement data suggests that viewers find the information valuable. All engagement metrics (i.e., reactions, shares and comments) were higher in FY18-19 than the prior year for English and Spanish advertisements. In addition, the English-language campaign *Coping with Tragic Events*, which was launched approximately a month after a mass shooting in Thousand Oaks, CA, had a high number of reactions and shares. This suggests that users found the information salient and useful.

Wellness Everyday examines its website traffic data and numerous metrics for its social media campaigns to target at risk groups and revise its messages to make them useful for its audience. Continued monitoring and quality improvement efforts will ensure that Ventura County residents have online access to useful 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 five 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.

Four of the five Early Intervention programs served over 60% Latino/Hispanic participants. Additionally, VIPS and COMPASS served a majority of patients under age 25, which is a priority population for Prevention and Early Intervention programs. Primary Care Integration and Primary Care Program demonstrated decreases in depression and anxiety symptom severity scores among adult and youth participants. Participants in programs providing outreach and education (Family & Friends and VIPS) rated the programs as useful and informative.

## Early Intervention Programs

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

**1,569** 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\*

**33** individuals received core program services

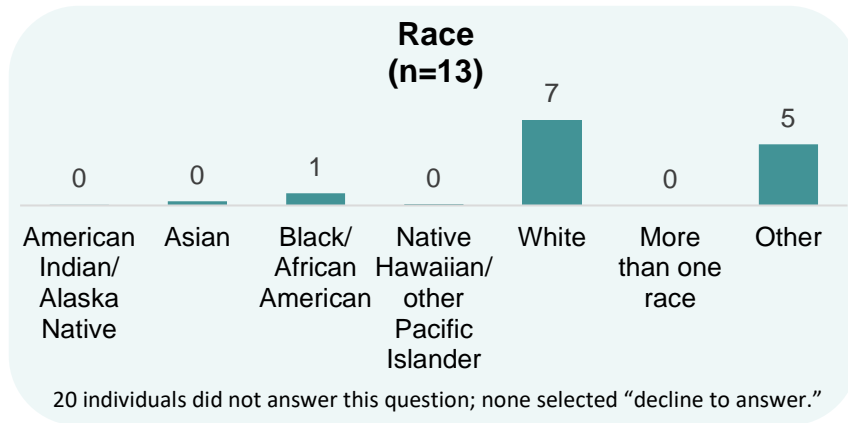
**17 Days** average length of stay

\*This program did not provide referrals.

# COMPASS

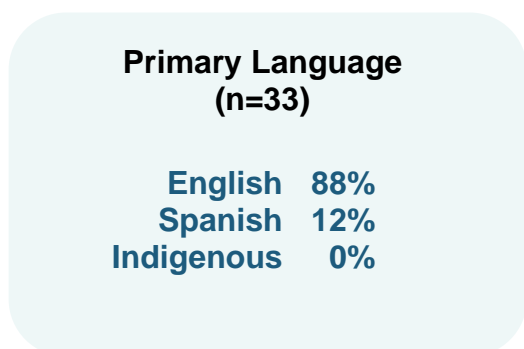
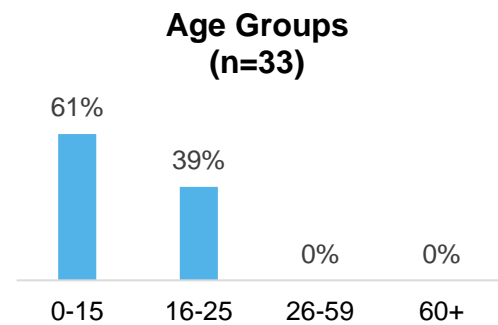
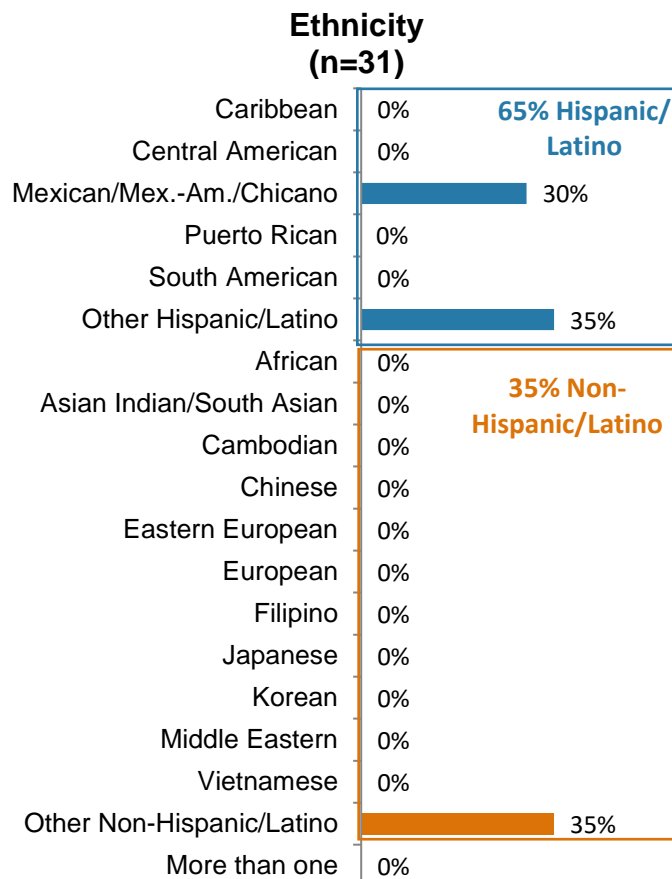
## Demographic Data

COMPASS collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents 33 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=1) is not reported in order to preserve anonymity.



### Current Gender Identity (n=33)

Female	67%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%



# COMPASS

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## 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.



# 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 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.

### 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 sharing 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\*

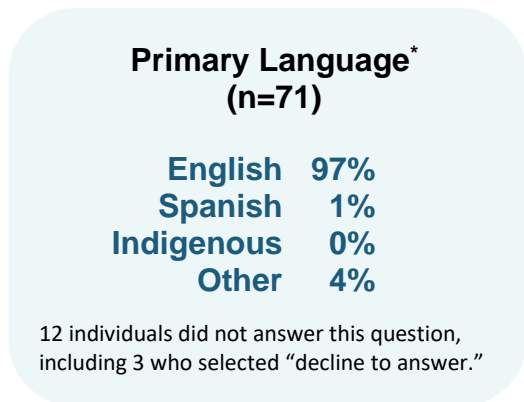
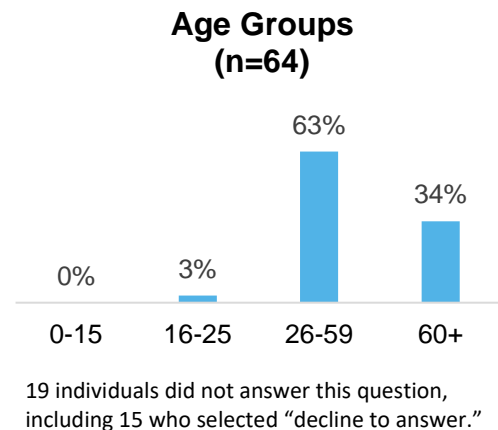
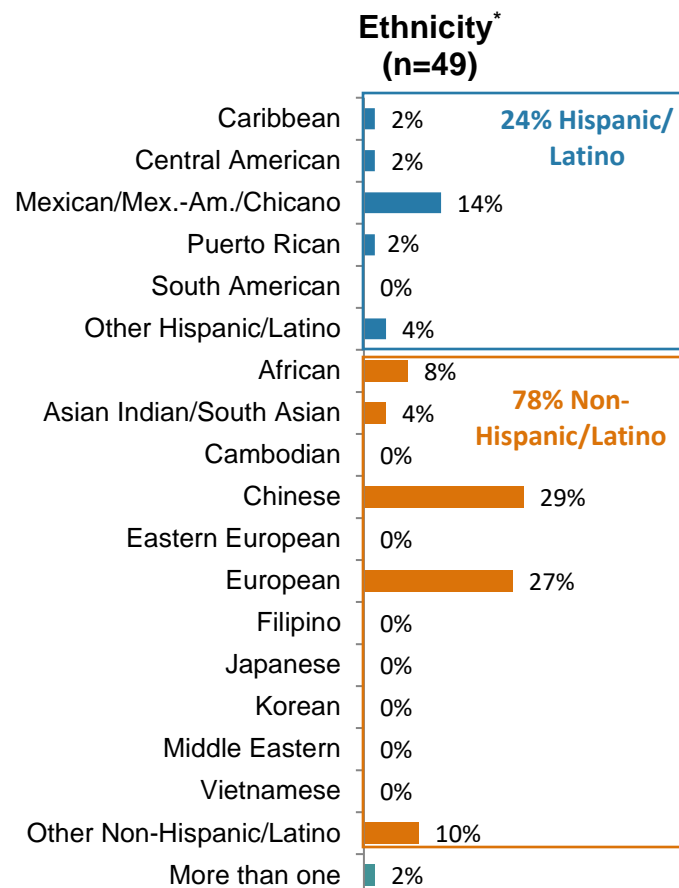
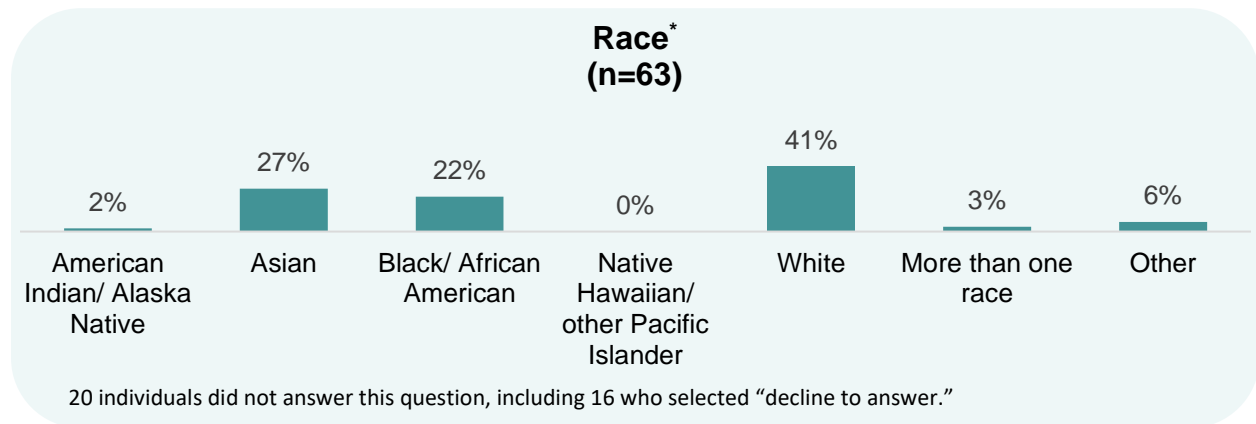
**104** individuals received core program services (were trained in a Family & Friends Seminar)

\*This program did not provide referrals.

# FAMILY & FRIENDS

## Demographic Data

Family & Friends collects unduplicated demographic data from the individuals they serve. Of the 104 individuals who received core program services, 83 individuals completed a demographic form; this information is presented below.



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

# FAMILY & FRIENDS

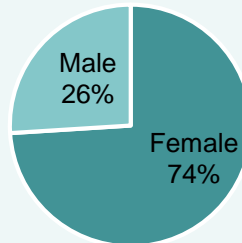
## Demographic Data

### Current Gender Identity\* (n=54)

Female	72%
Male	28%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

29 individuals did not answer this question, including 26 who selected "decline to answer."

### Sex Assigned at Birth (n=54)



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

### Sexual Orientation\* (n=50)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

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

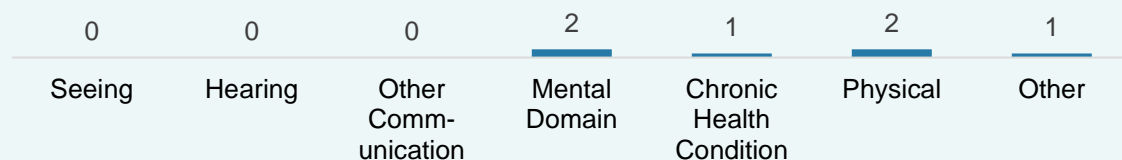
**2% of individuals are veterans**

n=64; 19 individuals did not answer this question, including 15 who selected "decline to answer."

**9% of individuals reported having one or more disabilities**

n=53; 30 individuals did not answer this question, including 25 who selected "decline to answer."

### Disability\* (n=5)



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

The primary program activity is the Family & Friends seminar. The program conducted a total of 3 seminars in fiscal year 2018-2019.

## Program Outcomes

Family & Friends tracks outcomes by surveying participants in their workshops. 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=67)

Please select which items below you agree with:	% Agree
1a. I see recovery as a real possibility.	72%
1b. In the past, I haven't felt encouraged regarding recovery from mental illness.	22%
2a. A mental illness is a physical illness, like diabetes.	67%
2b. In the past, I haven't felt that mental illness is a physical illness.	16%
3a. I would feel comfortable working with someone who has a mental illness.	51%
3b. In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	16%

### Trainee Outcomes Highlights

**9 of 15** individuals who in the past did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

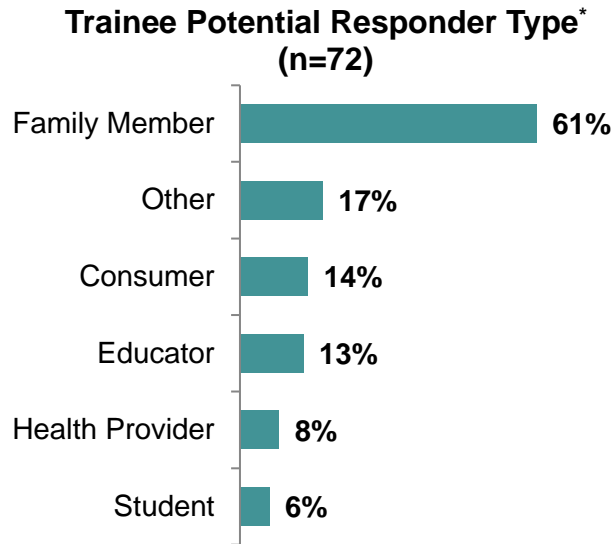
**9 of 11** who did not feel that mental illness is a physical illness now agree that a mental illness is a physical illness, like diabetes.

**7 of 11** who in the past would not have been comfortable working with someone who has a mental illness now would feel comfortable.

# FAMILY & FRIENDS

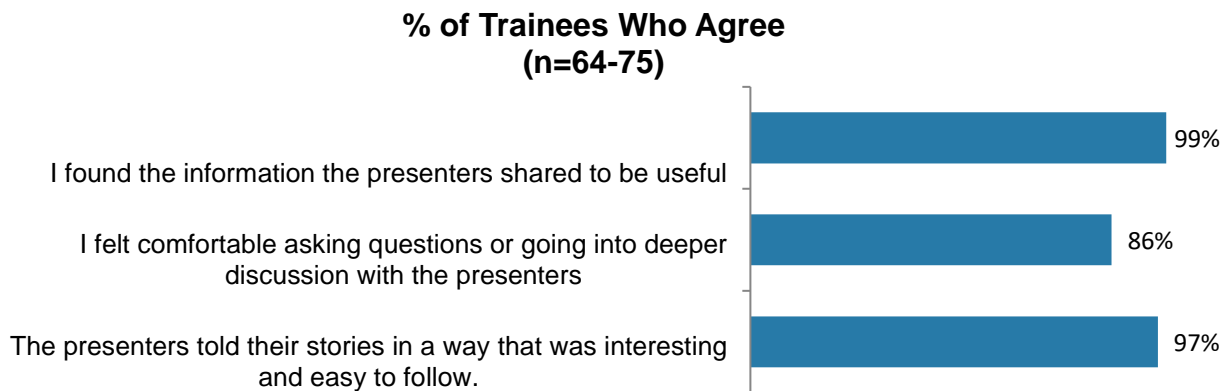
## Program Outcomes

Below are the characteristics of respondents to the Family & Friends workshop trainee survey.



## 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 number of trainees who agreed with each statement.



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

# FAMILY & FRIENDS

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## Conclusion and Recommendations

Family & Friends is reaching the population they seek to serve, with the majority of the participants identifying as a family member of an individual with a mental health issue.

Almost all trainees found the information shared in the trainings to be useful (99%) and the presenters interesting and easy to follow (97%). Trainees also reported that the presentations changed their attitudes and beliefs. For example, 9 of 11 of individuals now see mental illness recovery as a real possibility when they did not previously.

An area of future improvement may be to expand the program's reach to Hispanic/Latino participants as only 24% of trainee respondents identified as Hispanic/Latino. Additionally, the program may wish to collect trainee feedback in open-ended survey responses and conduct follow-up data collection to determine if trainees implemented skills learned during the training. These pieces of data could provide useful information and ideas about further program enhancements and ways to better target training materials to different audiences.

# PRIMARY CARE INTEGRATION VENTURA COUNTY BEHAVIORAL HEALTH

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\*

**905** individuals received core program services

**4.53** point decrease in average youth participant symptom severity

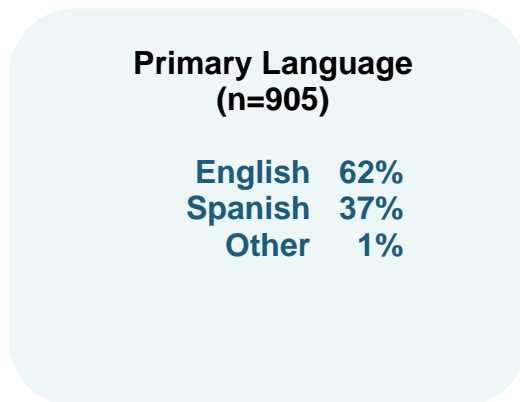
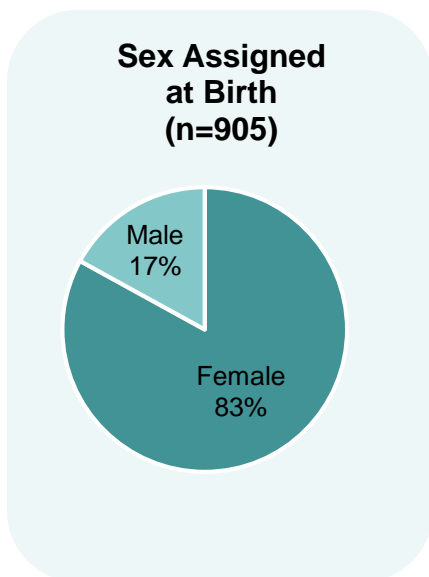
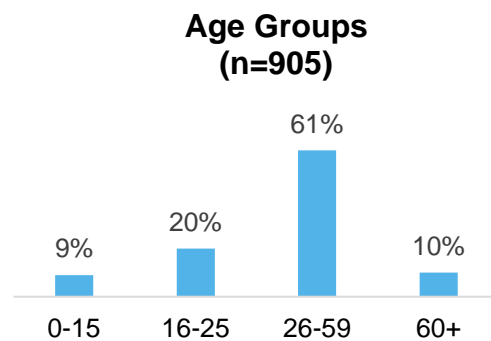
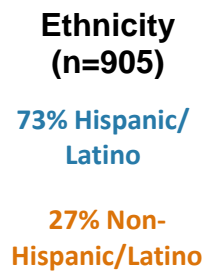
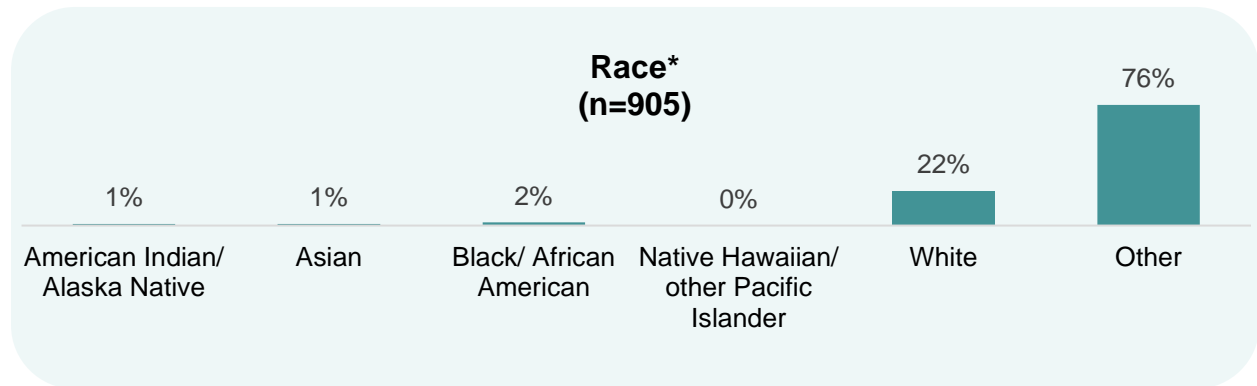
**5.66** point decrease in average adult participant symptom severity

\* 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 905 individuals who received services during fiscal year 2018-2019.



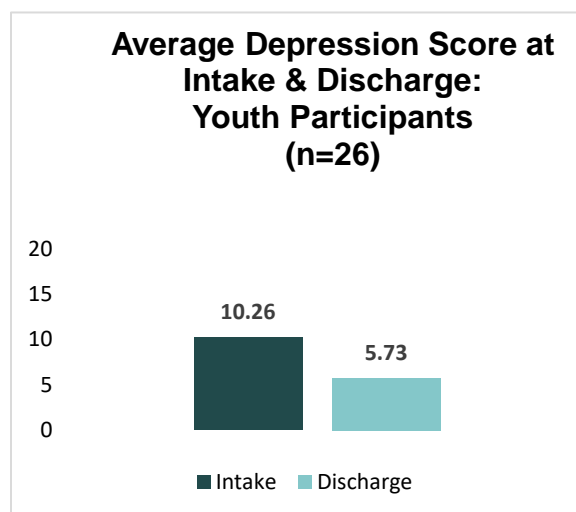
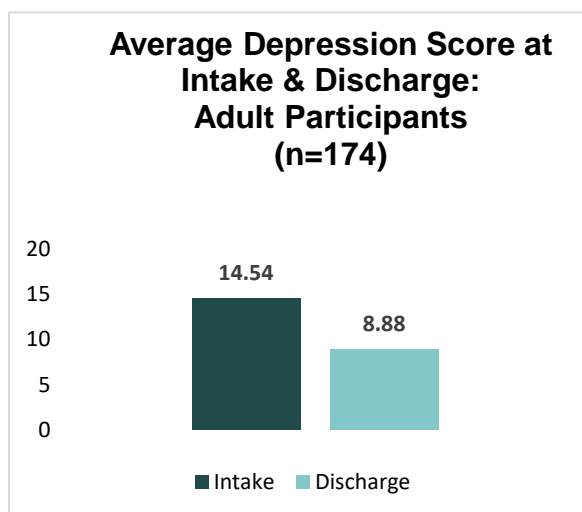
\*Percentages may exceed 100% because participants could choose more than one response option.



# 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 4.53-point decrease on average in symptom severity and for adult participants there was a 5.66-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=174)

	% 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.	97%	3%	0%
My therapist gave assignments or homework so I could better use what I learned in therapy.	98%	2%	0%

# PRIMARY CARE INTEGRATION

## Program Outcomes

### Fidelity of Program Implementation: Youth Participants (n=26)

	# Agree	# Neutral	# Disagree
My therapist followed a step by step plan to help me.	26	0	0
I learned and practiced new skills to deal with my problems.	25	1	0
I learned how to change my thinking to change the way I feel and act.	24	2	0
My therapist gave assignments or homework so I could better use what I learned in therapy.	26	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 MHS 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 risk 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\*

**482** individuals received core program services

**8.7** point decrease in average participant depression severity

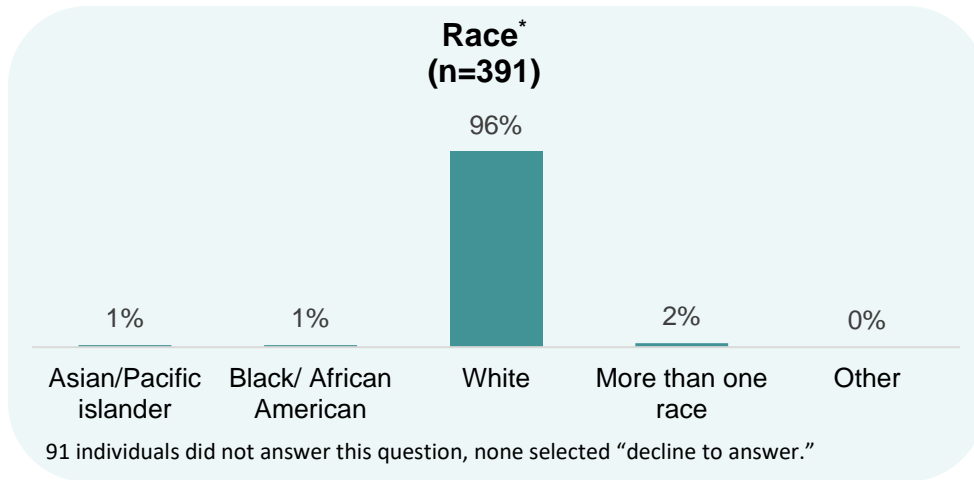
**6.4** point decrease in average participant anxiety severity

\* This program made community referrals but were not included in the data collection

# PRIMARY CARE PROGRAM

## Demographic Data

Primary Care Program collects unduplicated demographic data from the individuals they serve. Demographic data in this section represents information provided by the 482 individuals who participated in services in fiscal year 2018-2019.

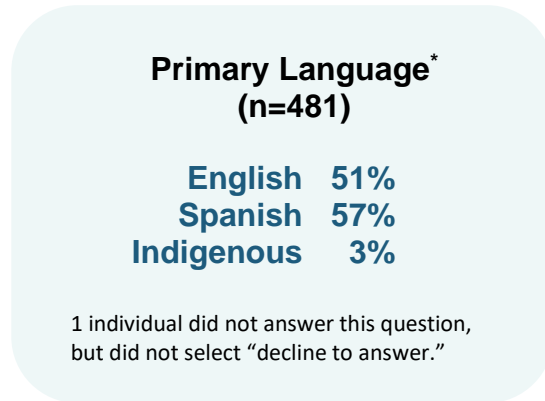
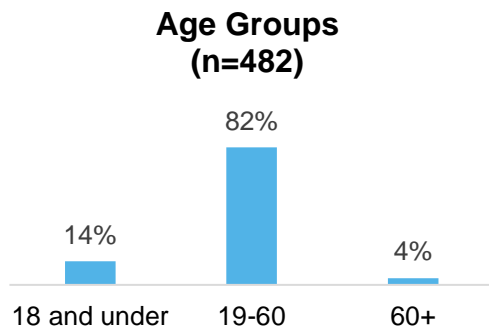


**Ethnicity (n=393)**

89% Hispanic/Latino

11% Non-Hispanic/Latino

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



**1% of individuals are veterans**

n=473; 9 individuals did not answer this question, none selected "decline to answer."

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

# PRIMARY CARE PROGRAM

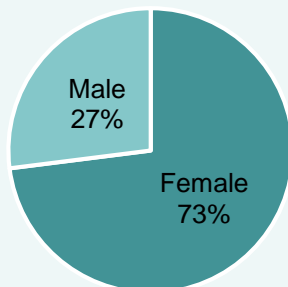
## Demographic Data

### Current Gender Identity (n=217)

Female	81%
Male	19%
Transgender	0%

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

### Sex Assigned at Birth (n=482)



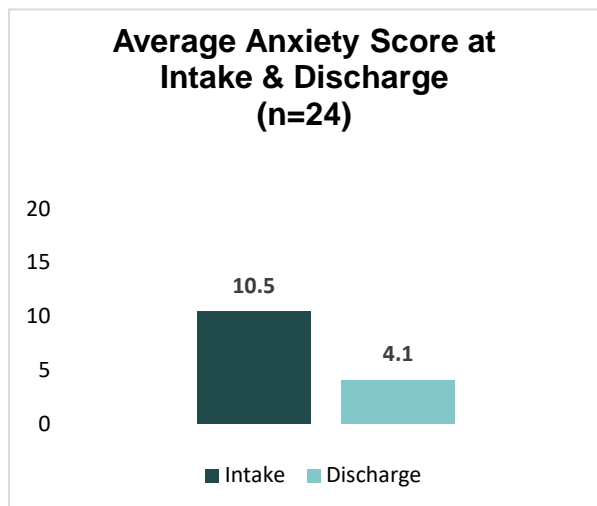
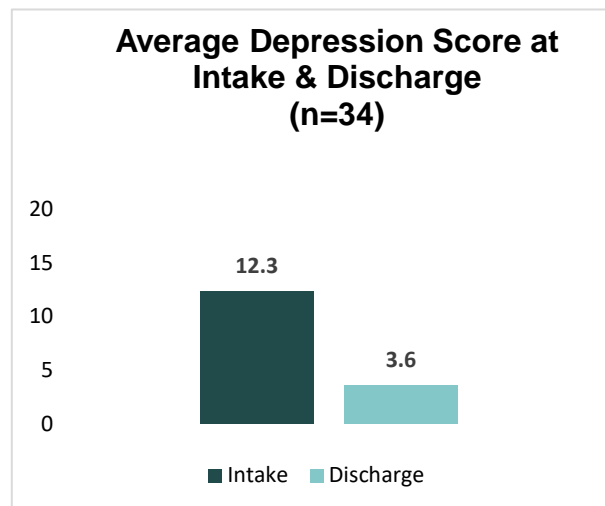
### Sexual Orientation (n=288)

Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	95%
Another Sexual Orientation or Don't Know	2%

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

## 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 2018-2019. At intake, participants' average PHQ-9 scores suggest that there was a moderate level of depression (on average), but that at discharge there was a minimal level of depression to none (on average). Participants experienced an 8.7-point decrease in depression symptoms (on average). At intake, participants' average GAD-7 scores suggest that there was a moderate level of anxiety (on average), but that at discharge there was a mild level of anxiety (on average). Participants experienced an 6.4-point decrease in anxiety symptoms (on average).



# PRIMARY CARE PROGRAM

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## Conclusion and Recommendations

In fiscal year 2018-2019, average participant scores on both measures decreased from intake to discharge, suggesting that anxiety and depression 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 participants as well as lower sample size at discharge.

An area of future improvement may include increasing compliance with demographic data collection requirements as data for race, ethnicity, age, disability, sexual orientation, and current gender identity were not collected in accordance with state MHSR regulations.

# VENTURA INTERVENTION AND PREVENTION SERVICES TELECARE, INC.

Ventura Intervention and Prevention Services (VIPS) 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 including Latinos, males, and Spanish-language speakers.



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\*

**45** individuals received core program services

**27** referrals were received from other programs for mental health care at VIPS

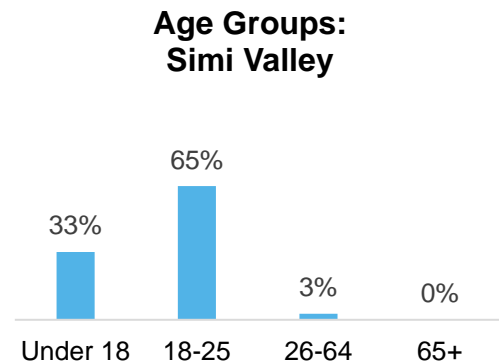
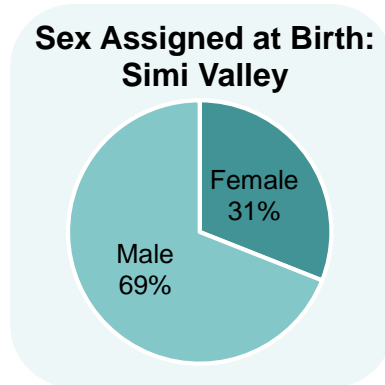
\*This program did not provide referrals.

# VENTURA INTERVENTION AND PREVENTION SERVICES

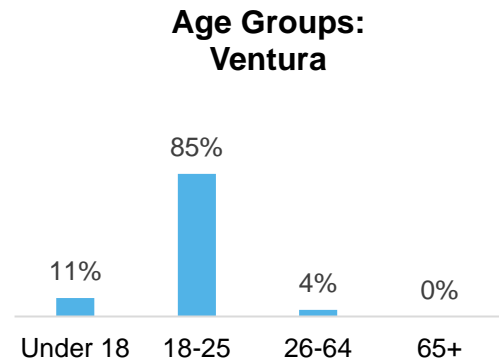
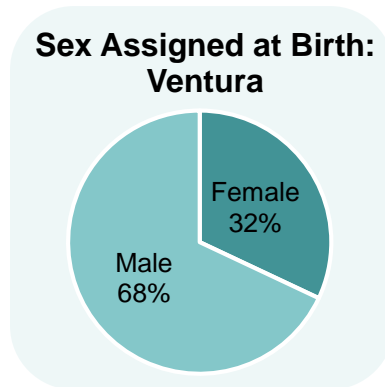
## Demographic Data

VIPS collects some demographic data from the individuals they serve. Demographic data in this section represents the two program sites at which services are provided (Simi Valley and Ventura). Simi Valley served 20 unduplicated individuals and Ventura served 25. The data represented may be duplicated and the number of respondents was not provided for each of the figures below.

**Ethnicity:  
Simi Valley**  
  
62% Hispanic/  
Latino  
  
38% Non-  
Hispanic/Latino



**Ethnicity:  
Ventura**  
  
70% Hispanic/  
Latino  
  
30% Non-  
Hispanic/Latino



## Program Activities

Program activities include multi-family groups facilitated by program staff. Program activities data was only available for Quarter 1 of fiscal year 2018-2019. A total of 24 multi-family groups were held; half of which were conducted in Spanish.



# VENTURA INTERVENTION AND PREVENTION SERVICES

## Program Outreach

Program outreach includes activities to promote VIPS services in the community, and to increase awareness of and linkages to mental health resources. Program outreach data was only available for Quarter 1 and part of Quarter 3 of fiscal year 2018-2019; a total of 11 outreach events were conducted where a total of 270 materials were distributed.

## Program Outcomes

VIPS tracks outcomes by surveying participants who receive services offered by the organization.

**93%** of participants agree that they were connected to services that were right for them (n=42)

**64%** of participants were helped “A Great Deal” by the care they received (n=42)

## Conclusion and Recommendations

VIPS is primarily serving youth, the majority of which are Latino. An area of future improvement may include increasing collection of demographic data and implementing outcome and satisfaction surveys to better illustrate program success and participant outcomes. Additionally, of the outcome data that was provided, the percent of participants that had been helped a great deal was only 64%, pointing to a potential area of focus moving forward.

# OTHER PEI PROGRAMS

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

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

## Other Programs

- Crisis Intervention Team, Ventura County Law Enforcement
- In Our Own Voice, National Alliance on Mental Illness
- Positive Behavioral Interventions & Supports, Ventura County Office of Education
- Restorative Justice, Ventura County Office of Education
- RISE (Rapid Integrated Support & Engagement)
- Suicide Prevention, Ventura County Office of Education

**5,309** individuals received core program services (trainings)

# CRISIS INTERVENTION TEAM VENTURA COUNTY LAW ENFORCEMENT

The Crisis Intervention Team (CIT) is a mental health training program for first responder personnel throughout Ventura County. It provides CIT Academy trainings for officers to assess and assist people in mental health crisis in a compassionate and effective manner. The five primary goals of the CIT program are to de-escalate crisis situations, reduce the necessity of use-of-force, reduce the use of jail, decrease recidivism, and facilitate the empowerment of individuals with mental illness by increasing their lawful self-reliance and health-enhancing behaviors. First responder personnel in Ventura County also document encounters with individuals experiencing a mental health issue or crisis through the submission of CIT Event Cards.

## Program Categories & Strategies



**Outreach for Increasing Recognition of Early Signs of Mental Illness:**  
Increases recognition of early signs of mental illness and effective response by providing trainings to first responders.



**Stigma and Discrimination Reduction:**  
Implements non-stigmatizing and non-discriminatory practices by providing culturally competent trainings to first responders.

## Program Highlights\*

**107** individuals received core program services  
(attended CIT Academy trainings)

**2,719** participants in program activities<sup>†</sup>

**1,352** individuals reached through outreach events<sup>†</sup>

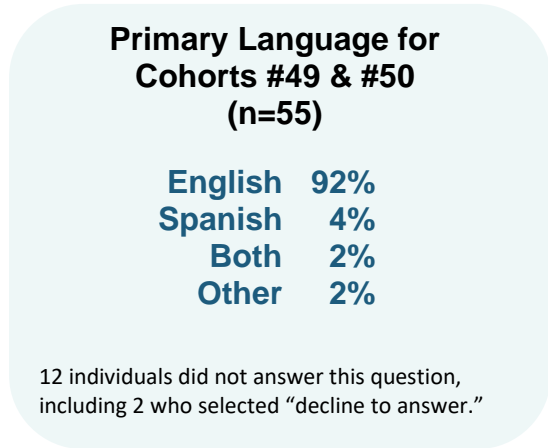
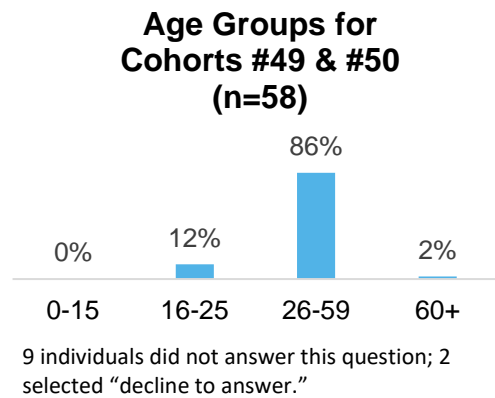
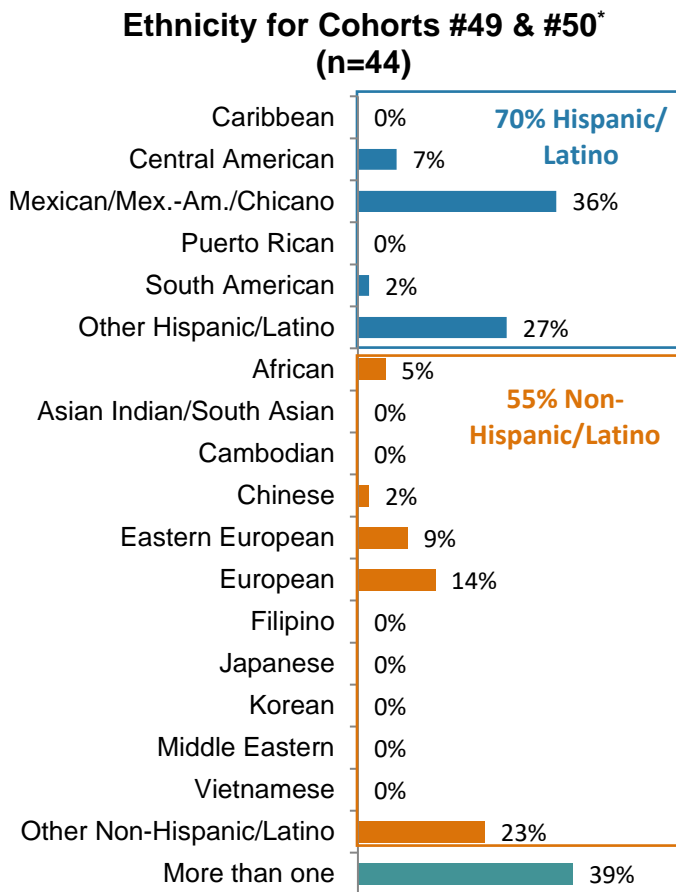
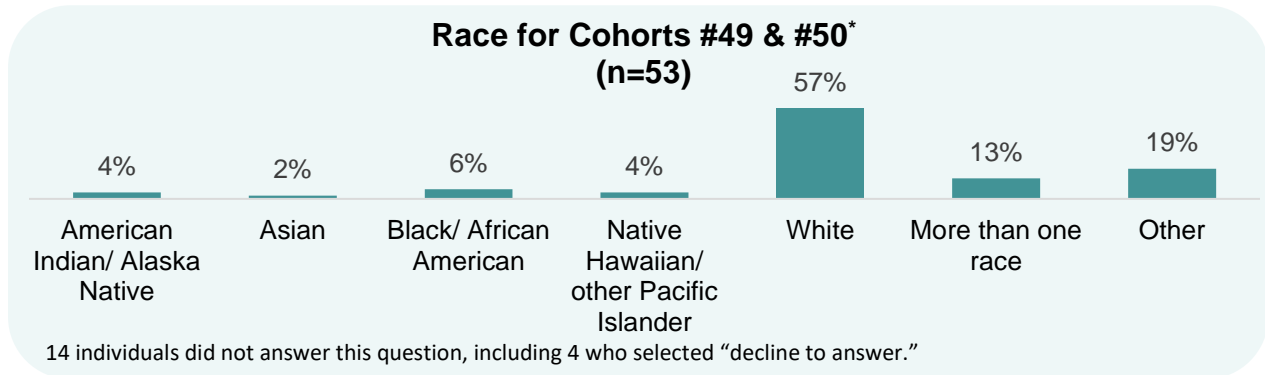
\* This program did not provide referrals.

<sup>†</sup> Number of individuals may be duplicated.

# CRISIS INTERVENTION TEAM

## Demographic Data

CIT collects unduplicated demographic data from CIT Academy trainees. In fiscal year 2018-2019, 107 individuals received core program services (CIT trainings) across 3 cohorts: Cohort #48 in September 2018 (n=40), Cohort #49 in February 2019 (n=38), and Cohort #50 in May 2019 (n=29). All individuals provided demographic information. However, individuals in Cohort #48 only provided data on sex and age and the questions were asked differently, so data is shown separately for that cohort.



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

# CRISIS INTERVENTION TEAM

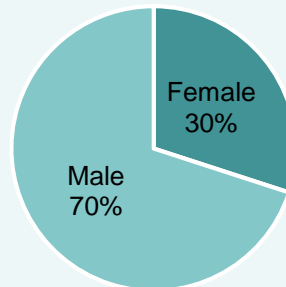
## Demographic Data

**Current Gender Identity for Cohorts #49 & #50 (n=56)**

Female	29%
Male	67%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	2%
Another Gender Identity	2%

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

**Sex Assigned at Birth for Cohorts #49 & #50 (n=56)**



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

**Sexual Orientation for Cohorts #49 & #50 (n=56)**

Bisexual	4%
Gay or Lesbian	2%
Heterosexual or Straight	92%
Queer	0%
Questioning or Unsure	2%
Another Sexual Orientation	0%

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

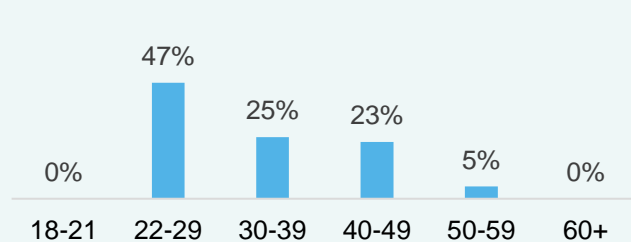
**24% of individuals in Cohorts #49 & #50 are veterans**

n=54; 13 individuals did not answer this question, including 3 who selected "decline to answer."

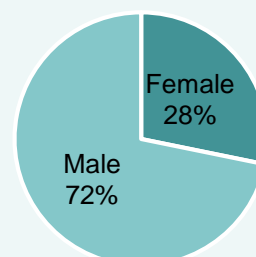
**2 individuals (4%) in Cohorts #49 & #50 reported having a disability, including a mental domain disability and a chronic health condition**

n=45; 22 individuals did not answer this question, including 3 who selected "decline to answer."

**Age Groups for Cohort #48 (n=40)**



**Gender for Cohort #48 (n=39)**



1 individual did not answer this question.

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

# CRISIS INTERVENTION TEAM

## Program Activities

In addition to the 3 CIT Academy cohorts, program activities include other types of trainings and presentations facilitated by program staff. 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.	35
Training and presenting at PD Briefings in different cities	29
Basic Academy Trainings and Presentations	8
<b>TOTAL # of Activities/Events</b>	<b>72</b>



**2,719**  
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
Post De-escalation Video Project	7
Triage Grant Expansion	4
Charity Walks	3
Other community events, such as conferences and agency openings	9
<b>TOTAL # of Activities/Events</b>	<b>23</b>



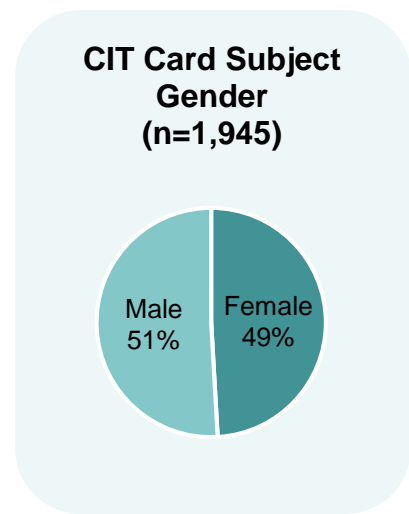
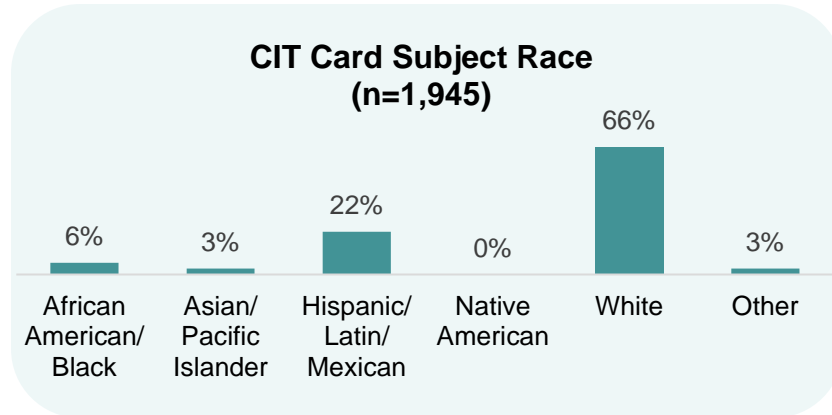
**1,352** people reached  
through outreach events\*

\* 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 documentation of subject gender, race, homelessness and veteran status, as well as the city of incident and the disposition or service provided. First responder personnel completed 1,945 CIT cards in fiscal year 2018-2019.



**9% of CIT Card subjects are homeless**

n=1,945

**3% of CIT Card subjects are veterans**

n=1,945

**CIT Card Disposition or Service (n=1,945)**

Disposition/Service Type	% of CIT Cards
Contact Only	53%
Hospital	34%
#5150/#5585	9%
Voluntary IPU	3%
Incarcerated	1%

**CIT Card Incident City (n=1,945)**

City	% of CIT Cards
Camarillo	18%
Fillmore	5%
Moorpark	6%
Ojai	7%
Oxnard	5%
Port Hueneme	3%
Santa Paula	1%
Simi Valley	23%
Thousand Oaks	28%
Ventura	4%

# CRISIS INTERVENTION TEAM

## Program Outcomes: Post-training Evaluation Survey

CIT tracks trainee outcomes by surveying CIT Academy trainees immediately after the conclusion of the training. Cohorts #49 and #50 received a Measurements, Outcomes, and Quality Assessment (MOQA) Stigma and Discrimination Reduction (SDR) survey. However, Cohort #48 received different survey questions from a CIT Academy Evaluation Survey, so those results are shown separately. Cohort #48 also answered some background information questions.

### Trainee Background for Cohort #48: Evaluation Survey (n=40)

Statement	% None	% Small	% Medium	% Extensive
My experience <u>knowing</u> someone close to me (family member, friend, etc.) affected by mental illness is:	18%	34%	25%	23%
My experience working with those affected by mental illness is:	3%	23%	27%	47%
Prior to this class, my level of education about mental illness was:	5%	40%	47%	8%

### Trainee Outcomes for Cohort #48: Evaluation Survey (n=40)

Statement	% Agree or Strongly Agree	% Uncertain	% Disagree or Strongly Disagree
As a result of this class, I am more knowledgeable about mental health issues and related crises.	92%	5%	3%
As a result of this class, I feel more confident in responding effectively with a mental health problem or crisis.	97%	0%	3%



# CRISIS INTERVENTION TEAM

## Program Outcomes: Post-training Evaluation Survey

### Trainee Outcomes for Cohorts #49 & #50: MOQA SDR Survey (n=64-67)

As a direct result of this training I am MORE willing to:	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
Live next door to someone with a serious mental illness.	35%	44%	21%
Socialize with someone who had a serious mental illness.	78%	19%	3%
Start working closely on a job with someone who had a serious mental illness.	60%	29%	11%
Take action to prevent discrimination against people with mental illness.	85%	15%	0%
Actively and compassionately listen to someone in distress.	91%	9%	0%
Seek support from a mental health professional if I thought I needed it.	74%	24%	2%
Talk to a friend or family member if I was experiencing emotional distress.	80%	20%	0%
As a direct result of this training I am MORE likely to believe:			
People with mental illness can eventually recover.	35%	56%	9%
People with mental illness are different compared to everyone else in the general population. *	43%	35%	22%
People with mental illness are to blame for their problems. *	0%	28%	72%
People with mental illness are never going to be able to contribute much to society. *	0%	20%	80%
People with mental illness should be felt sorry for or pitied. *	3%	36%	61%
People with mental illness are dangerous to others. *	3%	61%	36%

\*The ideal response for these items is Disagree/Strongly Disagree.

# CRISIS INTERVENTION TEAM

## Program Outcomes: Follow-up Survey

Approximately 6 to 18 months after a CIT training, trainees were asked to take a Follow-up Survey. The survey was administered in late October to early November 2019 and completed online by individuals participating in CIT trainings held in May 2018 through May 2019. This includes responses from individuals trained in fiscal year 2018-2019: Cohort #48 (n=40), Cohort #49 (n=38), and Cohort #50 (n=29); as well as one cohort from fiscal year 2017-2018: Cohort #47 (n=47). The overall response rate for the survey was 50% (76 individuals completed the survey out of 151 asked to participate).\*

### CIT Academy Participant Characteristics (n=76)

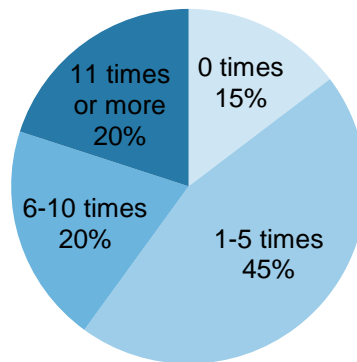
Current Employer	% of Respondents
Federal Police Agency	4%
Municipal Police Department	26%
Probation Office/Parole Agency	8%
Sheriff's Office	42%
State Police Agency	9%
Other (Special District, Casitas Municipal Water District, Oxnard PD, County Sherriff)	11%
Rank/Classification	
Corporal/Sr. Officer/Sr. Deputy	5%
Dispatcher	5%
Officer/Deputy	61%
Probation Officer/Parole Agent	7%
Sergeant	14%
Other (Park Ranger, Deputy Sherriff, Petty Officer Second Class, Detective)	8%
Current Assignment*	
Administration	7%
Community Resources	1%
Courts	1%
Custody	5%
Dispatch	5%
Investigation	11%
Patrol	62%
Probation/Parole	5%
School Officer/School Deputy	1%
Traffic	5%
Other (SWAT, Maintenance, Adult Field Services, Mental Evaluation Team)	9%

# CRISIS INTERVENTION TEAM

## Program Outcomes: Follow-up Survey

Most (85%) trainees used the verbal- and non-verbal de-escalation techniques learned in the training at least once since attending CIT training (when responding to an incident involving a person displaying signs of mental illness), and 40% used these techniques 6 or more times since being trained.

**Frequency of De-Escalation Technique Use  
(n=75)**



Trainees who reported using the 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=63)**

Did the de-escalation techniques help to:	% Yes
Decrease the tension in mental health crisis situations?	94%
Reduce the duration of mental health crisis situations?	78%
Return the person displaying signs of mental illness to a competent level of functioning?	73%

\* 3 individuals were not asked to participate because they are no longer employed as first responder personnel in Ventura County.

# CRISIS INTERVENTION TEAM

## Program Outcomes: Follow-up Survey

Multiple Follow-up Survey items were asked to assess the impact of CIT training on trainee ability to effectively assess and assist those experiencing a mental health crisis.

### CIT Participant Knowledge and Skills (n=72-73)

As a result of CIT training...	# Agree or Strongly Agree	# Neutral	# Disagree or Strongly Disagree
I am better able to recognize the signs and symptoms of mental illness among individuals that I encounter in the community.	71%	18%	11%
I can more effectively communicate with persons displaying signs of mental illness.	78%	12%	10%
I am more comfortable interacting with persons displaying signs of mental illness.	72%	18%	10%
I am better able to defuse aggression before it becomes violence.	69%	21%	10%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	69%	21%	10%
I have more skills useful for managing any type of mental health crisis effectively.	75%	17%	8%
I believe treatment can help people with mental illness lead normal lives.	67%	26%	7%
I believe people are generally caring and sympathetic to people with mental illness.	49%	29%	22%
<b>Please indicate your level of agreement with the following statements:</b>			
CIT training increases law enforcement officer safety.	63%	27%	10%
CIT training increases mental health consumer safety.	72%	23%	5%
CIT training better prepares law enforcement officers to handle crises involving individuals with mental illness.	78%	14%	8%

# CRISIS INTERVENTION TEAM

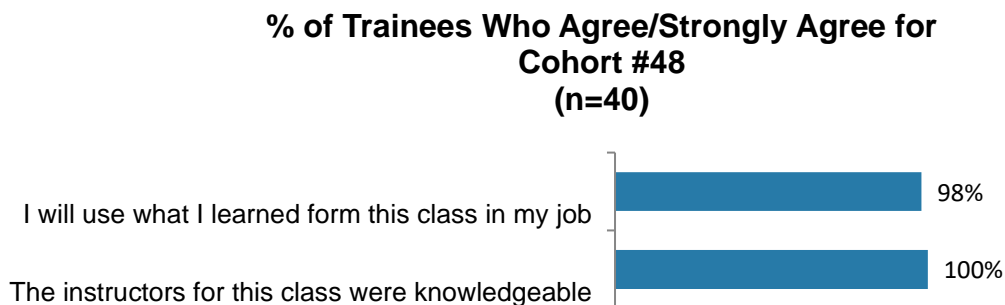
## Program Outcomes: Follow-up Survey

CIT Academy Follow-up Survey respondents were 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=35), key reasons provided are shown below (the frequency of each comment is included in parentheses).

- Specific department, agency, or position not required to complete CIT Cards (e.g., Custody, Supervisor, Dispatch) (10)
- Has not encountered a situation that required a card (3)
- Did not have cards to fill out (3)
- Encounters the same subjects multiple times so does not fill out a card each time (3)
- Time-consuming due to frequent encounters (3)
- Forgot to complete a Card (2)
- Information is tracked another way (e.g., in a separate database) (2)

## 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.” The chart below shows the percentage of trainees who strongly agreed or agreed with each statement from Cohorts #48, #49, and #50. Cohort #48 answered different questions, so their responses are shown separately.

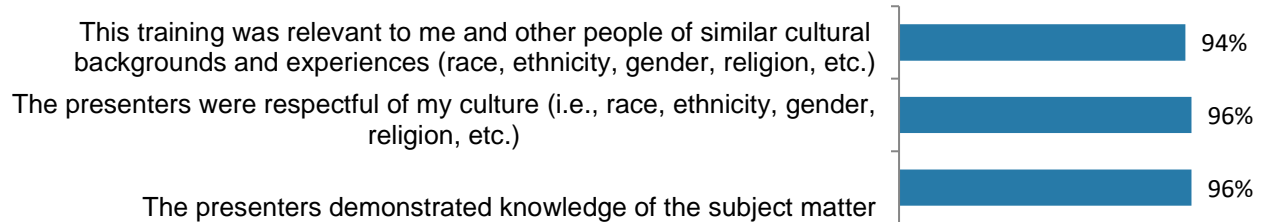


When asked to indicated why they attended the class, 70% of trainees in Cohort #48 said they were told to but didn't mind, 18% said they asked to take it, and 13% said they were told to against their own wishes. Additionally, 90% of trainees in Cohort #48 said they would recommend the CIT Academy to a peer (n=39).

# CRISIS INTERVENTION TEAM

## Program Satisfaction: Post-training Evaluation Survey

**% of Trainees Who Agree/Strongly Agree for  
Cohorts #49 & #50  
(n=67)**



## Program Satisfaction: Follow-up Survey

CIT Academy trainees who complete a Follow-up Survey approximately 6 to 18 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, 90% said that they are satisfied with the training they received (n=69). This includes responses from Cohorts #47-#50.

## Program Feedback: Follow-up Survey

CIT Academy trainees from Cohorts #47-#50 were also asked to provide feedback through open-ended response questions on the Follow-up Survey. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

**What type of additional/follow-up training would you be interested in?  
(n=38)**

### 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) (11)
- Periodic updates and refreshers (e.g., changes in policies or resource availability) (5)
- More information on laws and procedures around specific issues (e.g., 5150/5585, mental health evaluations for hospital admissions, and legal responsibilities on dealing with suicide) (3)
- More real-life scenarios and videos (3)
- Not interested in any additional follow-up training (7)

# CRISIS INTERVENTION TEAM

## Program Successes

*"After going to a call of a 15-year-old boy in mental distress, I was able to talk to him and calm him down by asking simple questions that took his mind off the situation as well as getting information I needed."*

*"We had a female transient enter the park multiple times during the last few weeks of summer. She had a history of prior contacts with law enforcement...We received multiple calls of her disturbing customers at their campsites and at the park store. She was at first aggressive and confrontational towards us. My partner and I (also CIT certified) were able to talk her down and get her to relax and cooperate."*

*"A male individual was on the pier and was drinking, and several of the employees asked him to leave and he was being difficult. The initial responding officer almost went hands on with the individual who was self-medicating with alcohol and showing signs of bi-polar/schizophrenia. The individual was able to walk off the pier with me and stated he was just hungry and was having a hard time. I gave him my lunch and was able to get him to think about his situation..."*

*"I have encountered speaking to someone in a crisis. I used techniques learned in the CIT academy such as meeting them at their level, finding common ground and being patient to de-escalate the situation and have them get mental health help voluntary instead of writing an application. I was also able recognize a crisis faster due to the training I received."*

*"I have interacted with multiple individuals that were determined to be 5150 and I would not have seen the signs if it were not for my training."*

*"Responded to a family dispute involving a daughter not taking her meds. The daughter suffers from a mental disability. When I arrived, the daughter was locked inside her bedroom and refused to come out. After speaking to her through the closed door, we were able to talk to her and calm her down. Eventually she came out and took her voluntarily took her meds."*

# CRISIS INTERVENTION TEAM

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## Conclusion and Recommendations

The CIT program is reaching the population they seek to serve, with 85% of trainees reporting that they have used the de-escalation techniques they learned in the CIT Academy training and 94% indicating that the de-escalation techniques help to decrease the tension in mental health crisis situations. These findings are illustrated in the success stories provided by CIT Academy trainees.

In fiscal year 2019-2020, the CIT program is exploring the possibility of providing more frequent opportunities to take the Follow-up Survey at regular intervals to improve response rates.



# IN OUR OWN VOICE NATIONAL ALLIANCE ON MENTAL ILLNESS

In Our Own Voice is a presentation by people living with mental illness to create awareness about mental illness recovery. Trainers provide personal perspectives by sharing their experiences living with mental health conditions. The goal of the presentations is to reduce misconceptions and stereotypes about 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



### **Outreach for Increasing Recognition of Early Signs of Mental Illness:**

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



### **Stigma and Discrimination Reduction:**

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

## Program Highlights\*

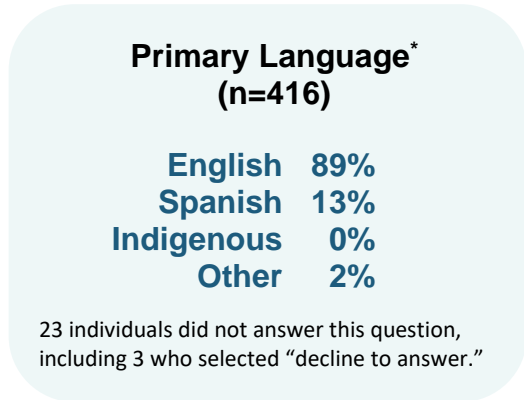
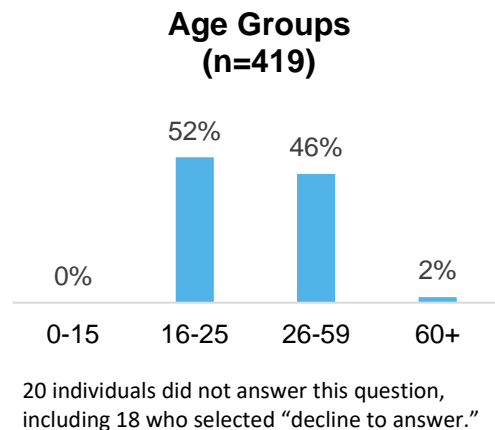
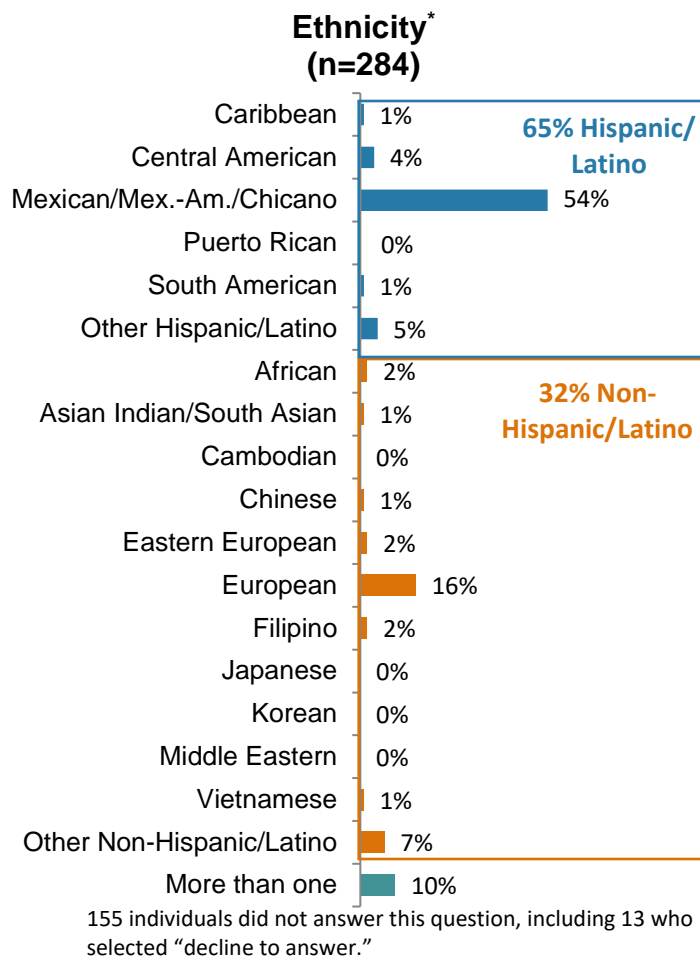
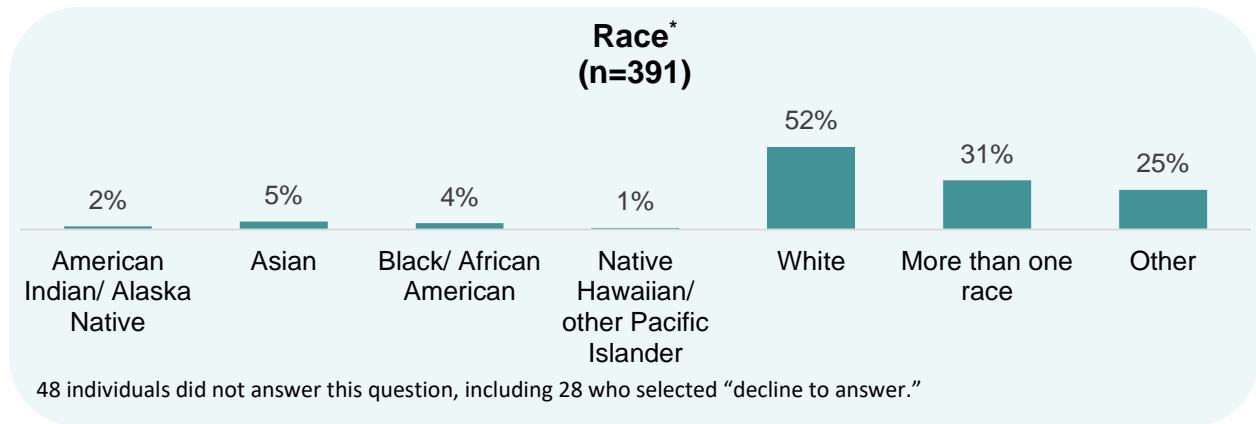
**519** individuals received core program service  
(participated in an In Our Own Voice training)

\* 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. 104 individuals who received core program services, 439 individuals 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

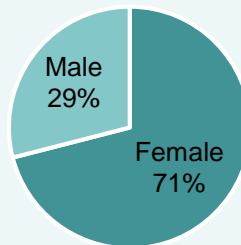
## Demographic Data

### Current Gender Identity\* (n=404)

Female	70%
Male	29%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	1%
Another Gender Identity	0%

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

### Sex Assigned at Birth (n=398)



41 individuals did not answer this question, including 26 who selected "decline to answer."

### Sexual Orientation\* (n=383)

Bisexual	3%
Gay or Lesbian	1%
Heterosexual or Straight	92%
Queer	2%
Questioning or Unsure	1%
Another Sexual Orientation	1%

56 individuals did not answer this question, including 35 who selected "decline to answer."

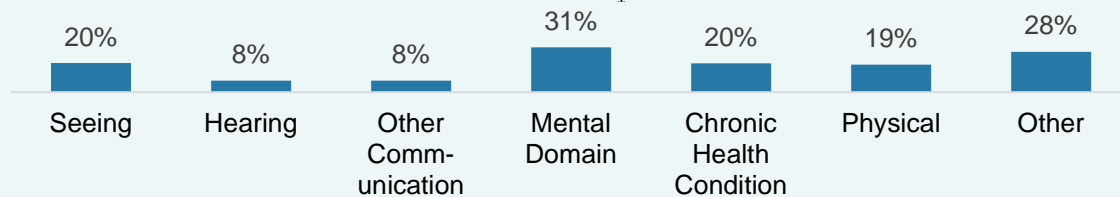
**4% of individuals are veterans**

n=402; 37 individuals did not answer this question, including 23 who selected "decline to answer."

**18% of individuals reported having one or more disabilities**

n=348; 91 individuals did not answer this question, including 53 who selected "decline to answer."

### Disability\* (n=64)



Other includes individuals who did not specify a disability type.

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

# IN OUR OWN VOICE

## Program Activities

The primary program activity is the In Our Own Voice presentation. The program conducted a total of 20 presentations in fiscal year 2018-2019.

## Program Outcomes

In Our Own Voice tracks outcomes by surveying trainees who receive trainings offered by the organization. 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=498)

As a result of seeing the In Our Own Voice presentation...	% Agree
1a. I see recovery as a real possibility.	84%
1b. In the past, I haven't felt encouraged regarding recovery from mental illness.	26%
2a. A mental illness is a physical illness, like diabetes.	58%
2b. In the past, I haven't felt that mental illness is a physical illness.	21%
3a. I would feel comfortable working with someone who has a mental illness.	86%
3b. In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness.	19%

### Trainee Outcomes Highlights

**91%** of individuals who in the past did not feel encouraged regarding recovery from mental illness now see recovery as a real possibility.

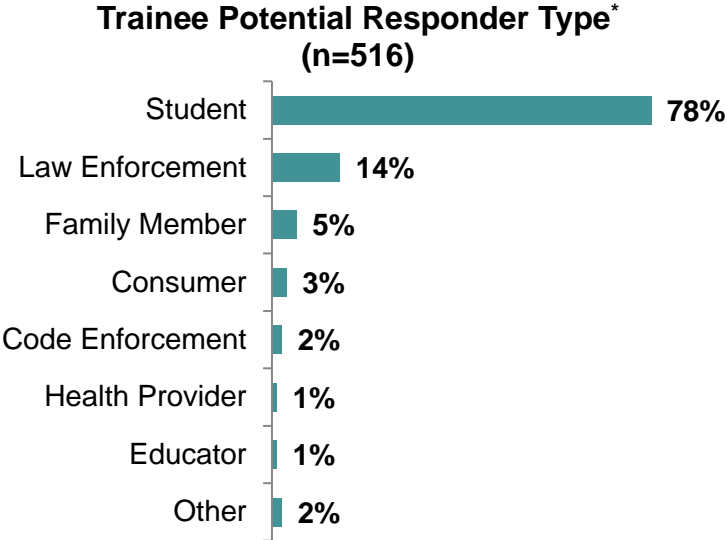
**60%** of those who did not feel that mental illness is a physical illness now do agree that a mental illness is a physical illness, like diabetes.

**76%** of those who in the past would not have been comfortable working with someone who has a mental illness now would feel comfortable.

# IN OUR OWN VOICE

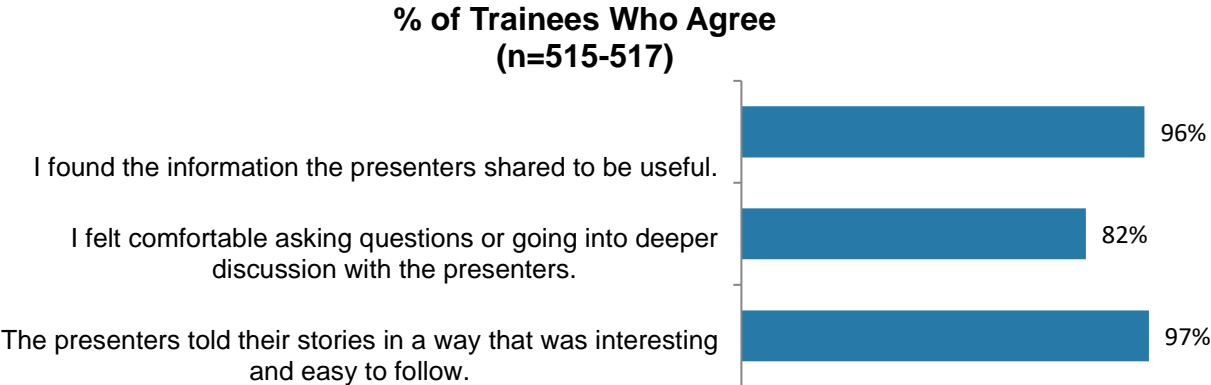
## Program Outcomes

Below are the characteristics of respondents to the In Our Own Voice workshop trainee survey.



## Program Satisfaction

In Our Own Voice trainees were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the percentage of trainees who agreed with each statement.



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

# IN OUR OWN VOICE

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## Conclusion and Recommendations

In Our Own Voice is reaching potential responders to increase empathy and understanding around mental health issues. A majority of trainees were Hispanic/Latino, reflecting the demographics of the county.

A total of 96% of trainees found the information shared to be useful. Additionally, In Our Own Voice trainees report that the presentations are influencing their attitudes, knowledge, and beliefs. For example, an a 91% of individuals now see mental illness recovery as a real possibility when they did not previously.

An area of future improvement may be to collect audience feedback in 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.

# POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS VENTURA COUNTY OFFICE OF EDUCATION

Positive Behavior Interventions & Supports (PBIS) supports schools, school districts, and states to build educators’ capacity for implementing a multi-tiered approach to social, emotional, and behavioral support for school-age children and youth. The broad purpose of PBIS is to improve the effectiveness, efficiency, and equity of schools and other agencies. PBIS aims to improve social, emotional, and academic outcomes for all students, including students with disabilities and students from underrepresented groups. The program utilizes the evidence-based Conversation, Help, Activity, Movement, Participation, and Success (CHAMPS) model as the school and classroom behavior management approach to train and encourage desired behaviors among students through school-wide goals and guidelines.

## Program Categories & Strategies



**Outreach for Increasing Recognition of Early Signs of Mental Illness & Prevention:** Increases recognition of and effective response to early signs of mental illness by providing trainings to educators.



**Stigma & Discrimination Reduction:** Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students from underrepresented groups.

## Program Highlights\*

**1,651** educators received core program services (PBIS trainings)

\*This program did not provide referrals or demographic information.

# POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS

## Program Activities

Program activities include meetings, presentations, trainings, and coaching sessions facilitated by program staff (n=71). PBIS provided 54 trainings for 1,651 educators in classroom management competencies and techniques. Trainings provided included PBIS, CHAMPS, CHAMPS for Certificated Staff, CHAMPS for the Library, CHAMPS for Classified Staff, CHAMPS Leadership, and Bilingual CHAMPS. Trainings were provided for educators from the following school districts:

- Briggs
- Conejo Valley
- Hueneme
- Las Virgenes
- Mesa Union
- Moorpark
- Mupu
- Ocean View
- Ojai
- Oxnard Elementary
- Oxnard Union High
- Pleasant Valley
- Rio
- Santa Paula
- Simi Valley Somis
- Union
- Sulfur
- Pines
- Ventura

## Program Outcomes, Satisfaction, and Feedback

PBIS tracks outcomes by surveying participants in trainings. The survey results shown in the table below are the average across 19 PBIS Cohort training provided to educators/teachers from 18 different school districts and the Ventura County Office of Education. Surveys were collected from all 558 people in attendance. Survey responses were on a scale from 1 to 4 (1=Below Average and 4=High Above Average).

**PBIS Cohort Trainee Outcomes  
(n=558)**

Please check your rating of the following:	Average Score
Presenter’s knowledge and expertise level	3.8
Presentation was clear, engaging, and effective	3.8
Relevance and quality of materials and resources	3.7
Content knowledge will assist me to do my job more effectively	3.7
Content will contribute to improving the practices/systems in my work	3.7
Overall rating of workshop	3.7



# POSITIVE BEHAVIOR INTERVENTIONS & SUPPORTS

The quotes below are highlights from the trainee surveys collected at the PBIS trainings.

*"Today was such a great learning experience for me, being new to...CHAMPS. Thank you for the opportunity to reflect with colleagues around the county to share awesome ideas and strategies."*

*"Love the "Consulting Protocol" model. Provides a positive environment to solve complex problems."*

*"One important learning I got from this training is correcting student behavior consistently, calmly, immediately, briefly, and respectfully."*

## Conclusion and Recommendations

PBIS is meeting its goal to train educators in school districts throughout Ventura County in evidence-based models for student behavior improvement.

The PBIS Cohort training survey outcomes are outstanding, with all survey respondents consistently rating trainings as above average in all categories, indicating that educators felt the training was valuable and will help them to increase their effectiveness.

An area of future improvement may include collecting outcomes that speak specifically to the goal of helping educators identify signs of mental illness in students. Additionally, PBIS 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. Then the program could enhance the systems component of its efforts by identifying and addressing systemic challenges.

# RESTORATIVE JUSTICE VENTURA COUNTY OFFICE OF EDUCATION

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.

## Program Categories & Strategies



**Outreach for Increasing Recognition of Early Signs of Mental Illness & Prevention:** Increases recognition of and effective response to early signs of mental illness by providing trainings to educators.



**Stigma and Discrimination Reduction:** Implements non-stigmatizing and non-discriminatory practices by providing culturally competent, evidence-based trainings to educators to support students who are at-risk for school failure or dropout.

## Program Highlights\*

**465** educators received core program services (RJ trainings)

\*This program did not provide referrals or demographic information.

# RESTORATIVE JUSTICE

## Program Activities

Program activities include meetings, presentations, trainings, and coaching sessions facilitated by program staff. All program activities were provided in English. Among the 465 educators trained, 65 trainees were from the Ventura County Office of Education and 125 were not specified. The table below shows the number of trainees from each school district.

### Number of Participants by School District

School District	# Participants
Conejo	10
Las Virgenes	34
Ojai	35
Oxnard	89
Simi Valley	7
Ventura	100
<b>TOTAL # of Participants</b>	<b>238</b>



**55** meetings, presentations, trainings, and coaching sessions provided

# RESTORATIVE JUSTICE

## Program Outcomes, Satisfaction, & Feedback

RJ tracks outcomes by surveying participants in trainings. The survey results shown in the table below are from one RJ training provided to educators/teachers from 6 different school districts. Surveys were collected from all 43 trainees in attendance.

**RJ Facilitator Trainee Outcomes  
(n=42-43)**

Please check your rating of the following:	# Excellent	# Above Average	# Average	# Below Average
Presenter’s knowledge and expertise level	98%	2%	0%	0%
Presentation was clear, engaging, and effective	72%	26%	2%	0%
Relevance and quality of materials and resources	74%	21%	5%	0%
Content knowledge will assist me to do my job more effectively	70%	23%	7%	0%
Content will contribute to improving the practices/systems in my work	76%	21%	5%	0%
Overall rating of workshop	81%	19%	0%	0%

# RESTORATIVE JUSTICE

The survey results shown in the table below are from one RJ Coaching Session provided to educators/teachers from Ventura school districts on RJ Approaches. Surveys were collected from all 14 trainees in attendance.

**RJ Approaches Coaching Session Outcomes  
(n=13-14)**

Please check your rating of the following:	# Excellent	# Above Average	# Average	# Below Average
Presenter’s knowledge and expertise level	9	4	0	0
Presentation was clear, engaging, and effective	9	4	0	0
Relevance and quality of materials and resources	12	2	0	0
Content knowledge will assist me to do my job more effectively	11	2	0	0
Content will contribute to improving the practices/systems in my work	10	3	0	0
Overall rating of workshop	10	4	0	0

The quotes below are highlights from the trainee surveys collected at the RJ trainings.

*“I would like to take community circles back to the classroom. Finding humanity and building relationships with students will help reduce negative situations.”*

*“I feel ready to use community building circles/other strategies in class. I feel that this will have a direct effect on my classroom management.”*

*“Trying something new is sometimes intimidating at a certain level, but it is a necessary step to help the community alleviate trauma and miscommunication.”*

# RESTORATIVE JUSTICE

RJ also tracks outcomes by monitoring changes in school suspension rates. The reduction in suspension results are shown in the table below are from four different school sites currently implementing RJ.

**Suspension Reductions by School Site**

Student Group	Chavez		Frank		Haydock		Ramona	
	PRE	POST	PRE	POST	PRE	POST	PRE	POST
All Students	5.4%	3.8%	7%	5.4%	9.1%	8.1%	.9%	.2%
English Language Learners			8.1%	6.7%				
SED	5.4%	4%	8%	6.2%	9.1%	8.1%	.9%	.2%
SWD			11.8%	9.7%			2.3%	1.7%
Homeless	9.8%	9.3%						
Hispanic	5.5%	3.9%			9.3%	8.1%	.9%	.2%

Additionally, two of the school sites, Chavez and Haydock, saw a reduction in chronic absenteeism while Frank had no change, and Ramona saw an increase.

## Conclusion and Recommendations

The RJ program is supporting educators in Ventura County in the implementation of a restorative justice approach.

The RJ training survey outcomes are impressive, with all survey respondents consistently rating trainings as above average in all categories, indicating that educators felt the training was valuable and will help them to increase their effectiveness. Additionally, reductions in school suspensions demonstrate program effectiveness.

An area of future improvement may include providing surveys and other metrics for outcomes analysis and collecting outcomes that speak specifically to the goal of helping educators identify unhealthy behaviors and reduce school failure or dropout.

# RAPID INTEGRATED SUPPORT & ENGAGEMENT 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



**Access and Linkage to Services for People with Severe Mental Illness:** Provides access and linkages to services through screening and referrals to appropriate treatment.



**Improve Timely Access to Service for Underserved Populations:** Improves timely access to services for underserved populations, particularly people without access to services, by providing services in the field.

## Program Highlights\*

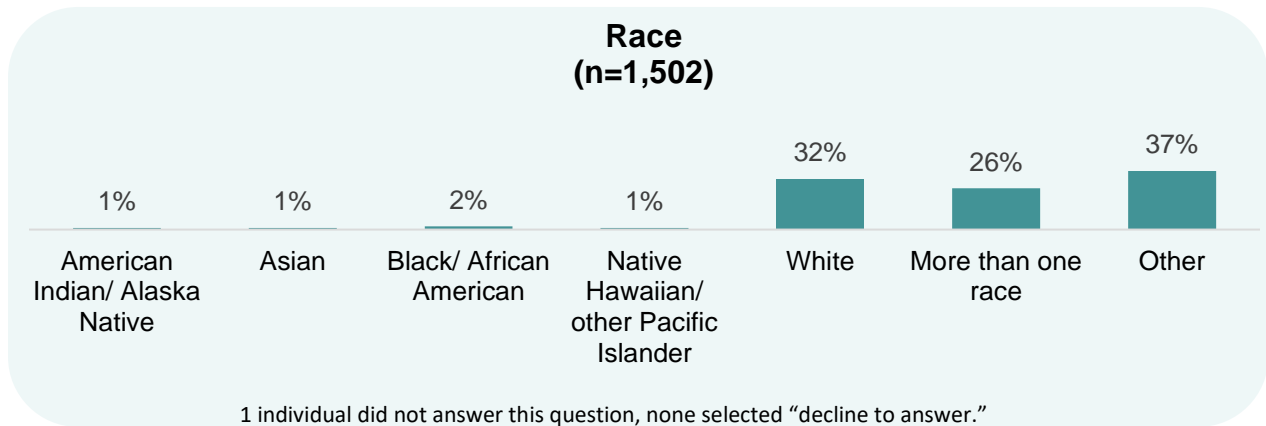
**1,503** individuals received core program services

\* 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 1,503 individuals who completed a demographic form.

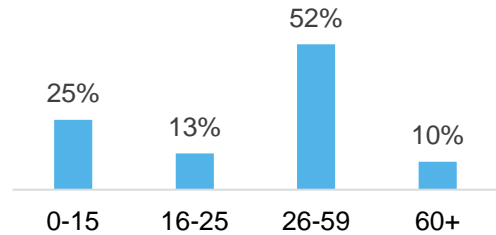


**Ethnicity (n=1,503)**

**44% Hispanic/Latino**  
**56% Non-Hispanic/Latino**

Of respondents identifying as Hispanic/Latino, 66% are Mexican/Mexican American/Chicano(a).

**Age Groups (n=1,045)**



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

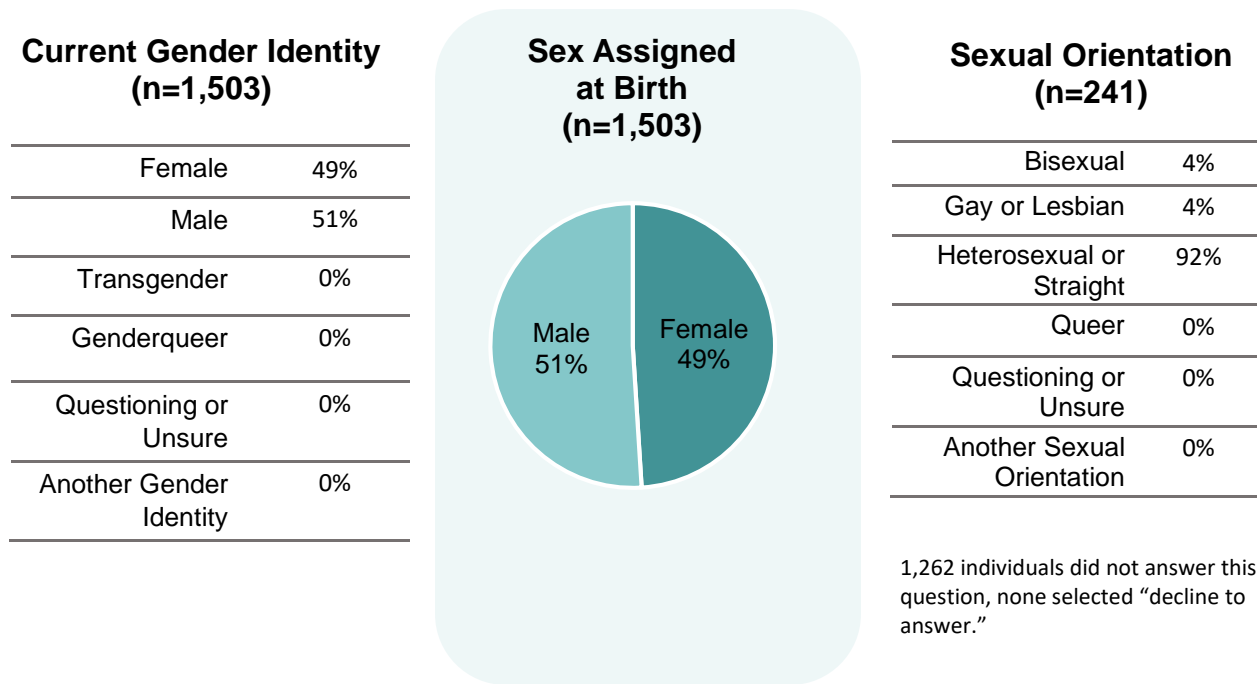
**Primary Language (n=1,503)**

**English 88%**  
**Spanish 11%**  
**Other 1%**



# RAPID INTEGRATED SUPPORT & ENGAGEMENT

## Demographic Data



## Program Activities

Program activities include crisis intervention, mental and behavioral health assessments, case management, and long-term plan development. The number of program participants and percent of activities offered in other languages was not provided.

Program Activities by Type	# Activities/Events
Assessments	411
Case Management	7,002
Plan Development	161
Crisis Interventions	11
<b>TOTAL # of Activities/Events</b>	<b>7,585</b>

# RAPID INTEGRATED SUPPORT & ENGAGEMENT

## Program Outreach

Program Outreach includes activities to promote RISE in the community in order to increase awareness and linkages to mental health resources. The number of people reached and materials distributed at outreach events, as well as how many outreach activities were conducted in other languages is unknown.

Program Outreach by Type	# Activities/Events
Presentations at Community Colleges	6
Presentations at Community Groups	13
Health Fairs	2
<b>TOTAL # of Activities/Events</b>	<b>21</b>

## 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, suicideTALK, Suicide Prevention/Policy) 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. Trainings included safeTALK, suicideTALK, and Suicide Prevention Policy.

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. Additionally, this training aims to overcome participants’ reluctance to intervene, promote adaptive beliefs conducive to intervention, and increase participants’ intervention self-efficacy. Additionally, Livingworks, suicideTALK, a one-hour workshop exploring the signs of suicide and district-specific customized suicide prevention workshops were also provided. All workshops included the signs of suicide and referral resources.

## Program Categories & Strategies



**Suicide Prevention & Outreach for Increasing Recognition of Early Signs of Mental Illness:** Provides community members with tools to identify persons with suicidal ideations and to connect them to appropriate resources therefore increasing timely access and providing access and linkage to mental health



**Stigma and Discrimination Reduction:** Trains community members on non-stigmatizing and non-discriminatory practices for suicide prevention.

## Program Highlights\*

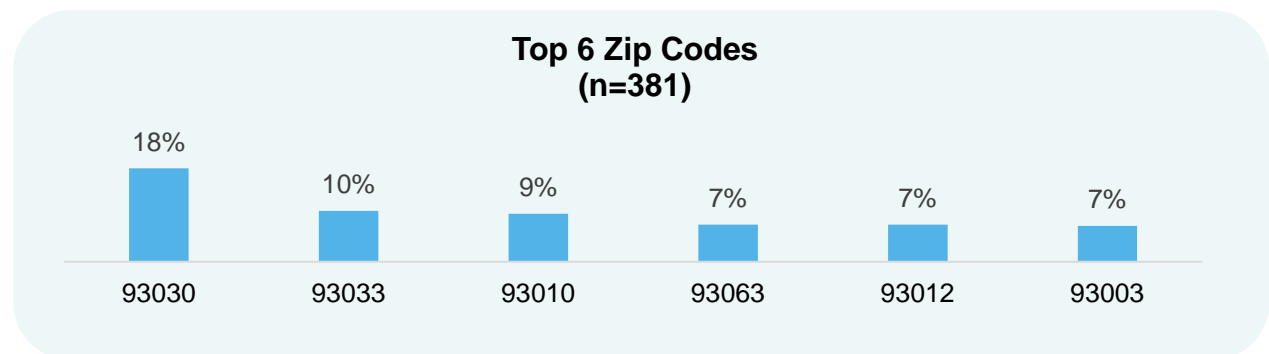
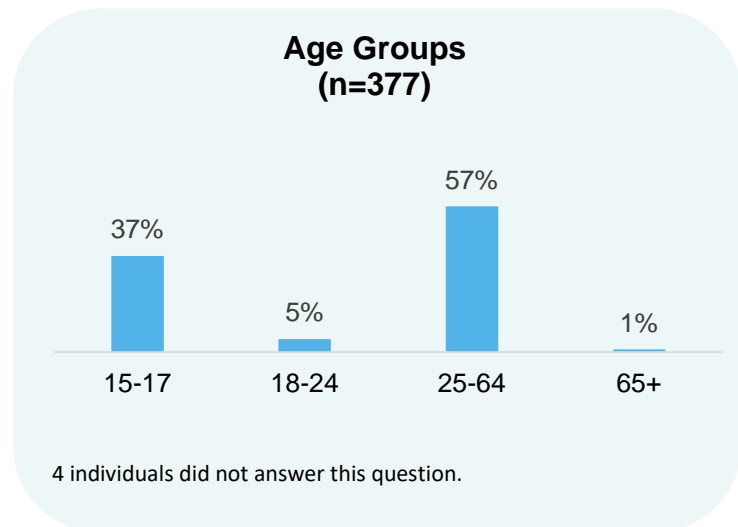
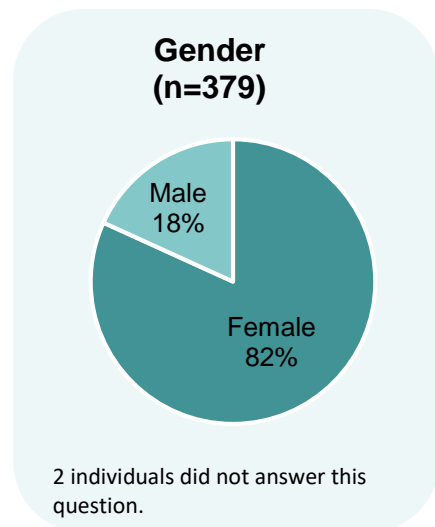
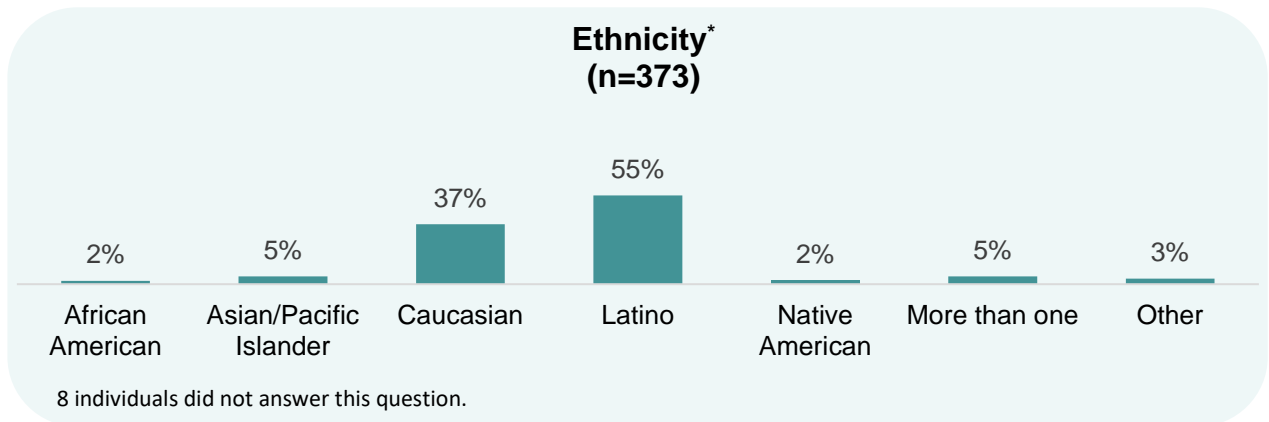
**1,064** individuals received core program services (trainings)

\* 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 492 safeTALK trainees, demographic data in this section represents information provided by 381 individuals.



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

# SUICIDE PREVENTION

## Program Activities

Suicide Prevention provides free, suicide alertness trainings to schools and community members, preparing participants ages 15 years or older to identify persons with thoughts of suicide and connect them with suicide first aid resources. All trainings were provided in English.

Training Sites	# Trainees
Conejo Valley	20
Fillmore	4
Hueneme Elementary	45
Las Virgenes	17
Moorpark	14
Oak Park	1
Ocean View	2
Oxnard Elementary	12
Oxnard Union High School	130
Pleasant Valley	14
Rio	6
Santa Paula	13
Simi Valley	40
Ventura	85
Ventura County Office of Education	452
Charter School	94
Other/Unknown	115
<b>TOTAL # of Trainees</b>	<b>1,022</b>



**30** trainings provided

**1,064** participants trained

# SUICIDE PREVENTION

## Program Outcomes, Feedback, & Successes

Suicide Prevention programs track outcomes by surveying trainees. Of the 492 safeTALK trained individuals, 376 completed surveys. Results from these surveys are shown in the table below.

### safeTALK Trainee Outcomes (n=370-376)

Statement	% Strongly Agree	% Agree	% Partly Agree	% Disagree
My trainer was prepared and familiar with the material.	90%	9%	1%	0%
My trainer encouraged participation and respected all responses.	93%	7%	0%	0%
I intend to tell others that they will benefit from this training.	98%	2%	0%	0%

**96%** of trainees said they now felt mostly prepared or well prepared to talk directly and openly to a person about their thoughts of suicide (n=366).

On average, participants rated the training **9.4** out of 10, with **85%** assigning a score of 9 or higher (n=364).

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

### Comments (n=265)

#### Top 3 Responses

- The training was informative, in-depth, thorough (37)
- The examples, scenarios, and role-play were helpful (34)
- Improved comfort, confidence, preparation regarding talking about suicide (28)

# SUICIDE PREVENTION

## Program Outcomes, Feedback, & Successes

*"I learned a lot of new tips and techniques to use on how to spot someone who seems depressed and how I listen to them actively and ask them if they are thinking about suicide and then I find help for them as soon as possible."*

*"The material was presented very well and in an organized manner that allowed for me to feel comfortable and learn."*

Surveys were also completed by the 332 individuals who participated in the Suicide Prevention Policy training.

### Suicide Prevention Policy Training Outcomes (n=272-275)

Please check your rating of the following:	Excellent	Above Average	Average	Below Average
Presenter's knowledge and expertise level	77%	16%	6%	1%
Presentation was clear, engaging, and effective	76%	15%	8%	1%
Relevance and quality of materials and resources	77%	15%	7%	1%
Content knowledge will assist me to do my job more effectively	73%	14%	11%	2%
Content will contribute to improving the practices/systems in my work	74%	16%	9%	1%
Overall rating of workshop	76%	16%	7%	1%

On average, participants rated the training **4.7** out of 5, with **78%** assigning a score of 5 (n=231)

# SUICIDE PREVENTION

## Program Outcomes, Feedback, & Successes

Trainees who received the Suicide Prevention Policy training were asked to provide feedback through a number of open-ended response question asking about knowledge or skills acquired, how they planned to use the knowledge in their current job, what support they would need to implement changes, and what information they would share with their colleagues. Responses were largely duplicative therefore only responses to “Knowledge gained” are represented below. 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.

### Knowledge or Skills Acquired (n=316)

#### Top 4 Responses

- Learned about warning signs/risk factors (103)
- Learned about self-care techniques (82)
- Learned about statistics relating to suicide in Ventura County (51)
- Learned to directly ask students about suicide (47)

*“Overall presentation was informative as it is a sensitive subject that everyone needs to talk about. Thank you for this excellent presentation.”*

*“Thank you for having this training. It's a very important topic that rarely gets discussed.”*



# SUICIDE PREVENTION

## Program Outcomes, Feedback, & Successes

A total of 19 surveys were collected from training participants from the Suicide Prevention and Mental Health for Counselor’s Training.

### Suicide Prevention for Counselor’s Training Outcomes (n=19)

Please check your rating of the following:	# Excellent	# Above Average	# Average	# Below Average
Presenter’s knowledge and expertise level	9	9	0	1
Presentation was clear, engaging, and effective	8	9	1	1
Relevance and quality of materials and resources	11	6	1	1
Content knowledge will assist me to do my job more effectively	11	7	0	1
Content will contribute to improving the practices/systems in my work	11	7	0	1
Overall rating of workshop	11	7	0	1

*“I learned about a lot of local organization that offer great resources.”*

# SUICIDE PREVENTION

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## 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.

A majority of 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, nearly trainees indicated that the trainers were prepared/knowledgeable.

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*
Adult Wellness Center							
Growing Works							
One Step a La Vez							
Project Esperanza							
Promotoras Conexión Program							
Proyecto Conexión Con Mis Compañeras							
Rainbow Umbrella							
TAY Wellness Center							
Tri-County GLAD							
Wellness Everyday							
COMPASS							
Family & Friends							
Primary Care Integration							
Primary Care Program							
Ventura Intervention and Prevention Services							
Crisis Intervention Team							
Positive Behavior Interventions & Supports							
Restorative Justice							
Suicide Prevention							
In Our Own Voice							
Rapid Integrated Support and Engagement							

\*Optional program category according to PEI regulations.

## APPENDIX B. FY 18-19 NUMBERS SERVED

### FY 18-19 Number of Participants Served by Program and Category

Program	Number of Participants
Prevention Programs	2,684
Adult Wellness and Recovery Center	985
Growing Works	85
One Step a La Vez	162
Project Esperanza	330
Promotoras Conexión Program	185
Proyecto Conexión Con Mis Compañeras	238
Rainbow Umbrella	342
TAY Wellness Center	276
Tri-County GLAD	81
Wellness Everyday	21,193*
Early Intervention Programs	1,569
COMPASS	33
Family & Friends	104
Primary Care Integration	905
Primary Care Program	482
Ventura Intervention and Prevention Services	45
Other PEI Programs	5,309
Crisis Intervention Team	107
In Our Own Voice	519
Positive Behavior Interventions & Supports	1,651
Restorative Justice	465
Rapid Integrated Support and Engagement	1,503
Suicide Prevention	1,064
<b>Total:</b>	<b>9,562</b>

\*Wellness Everyday participants are excluded from the Prevention Programs subtotal and Total because they may be duplicated. 147

**FY 18-19 Number of Participants Served by City of Residence\***

<b>Geographic Area</b>	<b>Number of Participants Served</b>	<b>% of Total</b>
Oxnard	1,480	42%
Santa Paula	579	16%
Ventura	443	13%
Simi Valley	174	5%
Fillmore	174	5%
Thousand Oaks	139	4%
Camarillo	132	4%
Port Hueneme	66	2%
Moorpark	56	2%
Ojai	29	1%
El Rio	26	1%
Other	232	7%
<b>Total with available city of residence data:</b>	<b>2,629</b>	

\* City of residence data is not available for Wellness Everyday, VIPS, CIT, PBIS, RJ, RISE, and Suicide Prevention.

# APPENDIX C. FY 18-19 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 9,562 individuals were served through PEI in Fiscal Year 2018-2019.

## 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 2,684 participants were served by Prevention programs in Fiscal Year 2018-2019, not including the 21,193 outreached to by Wellness Everyday social media campaigns.

### Prevention Programs: Demographics of Participants

<b>Ethnicity*</b>	(n=1,307)	<b>Hispanic Ethnicities<sup>†</sup></b>	(n=1,307)
Hispanic	84%	Mexican	53%
Non-Hispanic	17%	Central American	2%
More than one ethnicity	10%	Puerto Rican	1%
<i>Declined to answer: 127</i>		South American	0%
<b>Age<sup>‡</sup></b>	(n=1,484)	Caribbean	0%
0-15	15%	Another Hispanic	8%
16-25	33%	<b>Non-Hispanic Ethnicities<sup>†</sup></b>	(n=1,307)
26-59	45%	African	2%
60+	7%	Cambodian	0%
<i>Declined to answer: 52</i>		Eastern European	1%
<b>Primary Language</b>	(n=1,513)	Filipino	2%
English	57%	Korean	0%
Spanish	41%	Vietnamese	0%
Indigenous	4%	<b>Race</b>	(n=951)
Other	1%	American Indian/Alaska Native	5%
<i>Declined to answer: 59</i>		Asian	2%
<b>Sex Assigned at Birth</b>	(n=1,415)	Black/African American	6%
Female	54%	Native Hawaiian/Pacific Islander	2%
Male	46%	White	48%
<i>Declined to answer: 91</i>		Other	31%
<b>Sexual Orientation</b>	(n=1,057)	More than one	20%
Bisexual	6%	<i>Declined to answer: 252</i>	
Gay or Lesbian	5%	<b>Current Gender Identity</b>	(n=1,413)
Heterosexual or Straight	84%	Female	53%
Queer	2%	Male	45%
Questioning or Unsure	1%	Genderqueer	1%
Another sexual orientation	2%	Questioning or Unsure	1%
<i>Declined to answer: 332</i>		Transgender	1%
		Another gender identity	1%
		<i>Declined to answer: 85</i>	

\* 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. 149

‡ Age groups collected by Primary Care Program did not align with PEI categories and are not reported here.

City of Residence*				(n=1,677)	
Oxnard	43%	Santa Paula	28%	Ventura	9%
Simi Valley	0%	Fillmore	10%	Thousand Oaks	1%
Camarillo	3%	Port Hueneme	2%	Moorpark	0%
Ojai	1%	El Rio	2%	Other	1%

## Prevention Program Descriptions

**Adult Wellness and Recovery Center:** Serves adults recovering from mental illness and are at risk of homelessness or incarceration through peer support, referrals, and recovery planning.

**Growing Works:** Serves adults recovering from mental illness and are at risk of homelessness or incarceration through vocational support, peer support, referrals, and recovery planning.

**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.

**TAY Wellness Center:** Supports and engages TAY in designing personal recovery plans, setting goals, and self-managing their care through bilingual staff and peers.

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

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

\* City of residence data is not available for Wellness Everyday.

## **Prevention Program Successes and Challenges**

“A member shared that he is feeling so much better thanks to all the support he gets from peers in the Growing Works program. He stated that everyone is a big help to him. He enjoys all the support he gets from everyone here.” -Growing Works staff

“In partnership with the Coalition for Family Harmony, the One Step Center now has an on-site crisis counselor every Monday. Ten free counseling sessions are offered to any youth with a history of sexual assault or intimate partner violence or who identify as LGBTQ+ and their support people.” -One Step a La Vez staff

“Client came to our center over a year ago, homeless and experiencing difficulties due to not having an income. After months of dropping by and attending various classes, he applied and was accepted for a position. Since then, he’s been an active participant in center activities and has also found stable housing.” -TAY Wellness Center staff

“Our Mental Health Education video blogs generated over 30,000 hits over Facebook and YouTube.”  
-Tri-County GLAD staff

“Multiple social media campaigns were launched to support viewers during challenging events. These included a campaign on coping with tragic events and two campaigns about coping with the winter holidays.” -Wellness Everyday staff

“A barrier that we have come across on various occasions, is an out of state Transitional Aged Youth (TAY) who want to relocate to Ventura county without an identification paperwork. For them to get a California ID they need to be California resident and to prove that they need a bill or any mail with a local address. Unfortunately, because we are a business, they are unable to utilize our address. For this we are assisting individuals gain basic documents needed to get an ID like a birth certificate and social security card. Some of the ways we have been able to get a picture identification for those who qualify we are able to get them connected to high school which provides them with a picture ID.” -TAY Wellness Center staff



## 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 1,569 individuals were served in Early Intervention programs in Fiscal Year 2018-2019.

### Early Intervention Programs: Demographics of Participants

Ethnicity* (n=1,378)		Hispanic Ethnicities <sup>†</sup> (n=1,378)			
Hispanic	76%	Mexican	1%	South American	0%
Non-Hispanic	24%	Central American	0%	Caribbean	0%
More than one ethnicity	0%	Puerto Rican	0%	Another Hispanic	1%
<i>Declined to answer: 101</i>		Non-Hispanic Ethnicities <sup>†</sup> (n=1,378)			
<b>Age</b> (n=1,023)		African	0%	Asian Indian/South Asian	0%
0-15	10%	Cambodian	0%	Chinese	1%
16-25	19%	Eastern European	0%	European	1%
26-59	58%	Filipino	0%	Japanese	0%
60+	13%	Korean	0%	Middle Eastern	0%
<i>Declined to answer: 15</i>		Vietnamese	0%	Another Non-Hispanic	0%
Primary Language (n=1,490)		Race <sup>‡</sup> (n=467)			
English	61%	American Indian/Alaska Native	0%		
Spanish	41%	Asian	4%		
Indigenous	1%	Black/African American	4%		
Other	1%	Native Hawaiian/Pacific Islander	0%		
<i>Declined to answer: 10</i>		White	88%		
Sex Assigned at Birth (n=1,441)		Other	2%		
Female	80%	More than one	2%		
Male	20%	<i>Declined to answer: 108</i>			
<i>Declined to answer: 25</i>		Current Gender Identity (n=271)			
Sexual Orientation (n=339)		Female	79%		
Bisexual	1%	Male	20%		
Gay or Lesbian	2%	Genderqueer	0%		
Heterosexual or Straight	95%	Questioning or Unsure	0%		
Queer	0%	Transgender	1%		
Questioning or Unsure	0%	Another gender identity	0%		
Another sexual orientation	2%	<i>Declined to answer: 291</i>			
<i>Declined to answer: 219</i>		City of Residence <sup>§</sup> (n=1,502)			
Oxnard	45%	Santa Paula	6%	Ventura	13%
Simi Valley	10%	Fillmore	0%	Thousand Oaks	8%
Camarillo	1%	Port Hueneme	2%	Moorpark	2%
Ojai	1%	El Rio	0%	Other	11%

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

<sup>†</sup> Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

<sup>‡</sup> Primary Care Integration Program collected race and ethnicity demographics in a format that differed from PEI categories and therefore only Hispanic/Non-Hispanic ethnicity is reported here.

<sup>§</sup> City of residence data is not available for VIPS and demographic data are not included in this appendix because they were collected and reported in a format that differed from PEI regulations.

## 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.

**Family & Friends:** A seminar in English and Spanish about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. Seminar leaders have personal experience with mental health conditions in their families.

**Primary Care Integration - Clinicas Del Camino Real:** 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.

**Ventura Intervention and Prevention Services:** 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

“NAMI'S move in the beginning of the year impacted all programs and now that is behind us and we have hired additional staff, we will be up to speed with all contracted programs.” -NAMI staff

“NAMI is more recognized. Only 3 visitors had never heard of NAMI.” -NAMI staff

## Other PEI Programs

A total of 5,309 individuals were served by Other PEI Programs during Fiscal Year 2018-2019. 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=1,831)		Hispanic Ethnicities <sup>†</sup> (n=1,831)	
Hispanic	48%	Mexican	33%
Non-Hispanic	51%	Central American	1%
More than one ethnicity	2%	Puerto Rican	1%
<i>Declined to answer: 22</i>		South American	0%
		Caribbean	0%
		Another Hispanic	2%
		Non-Hispanic Ethnicities <sup>†</sup> (n=1,831)	
		African	0%
		Cambodian	0%
		Eastern European	1%
		Filipino	0%
		Korean	0%
		Vietnamese	0%
		Asian Indian/South Asian	0%
		Chinese	1%
		European	3%
		Japanese	0%
		Middle Eastern	0%
		Another Non-Hispanic	16%
Age* (n=1,522)		Race (n=1,945)	
0-15	17%	American Indian/Alaska Native	1%
16-25	24%	Asian	2%
26-59	51%	Black/African American	3%
60+	7%	Native Hawaiian/Pacific Islander	1%
<i>Declined to answer: 20</i>		White	37%
		Other	35%
		More than one	23%
		<i>Declined to answer: 32</i>	
Primary Language (n=1,974)		Current Gender Identity (n=1,963)	
English	89%	Female	54%
Spanish	11%	Male	45%
Indigenous	0%	Genderqueer	0%
Other	2%	Questioning or Unsure	0%
<i>Declined to answer: 22</i>		Transgender	0%
		Another gender identity	0%
		<i>Declined to answer: 23</i>	
Sex Assigned at Birth (n=1,996)			
Female	52%		
Male	48%		
<i>Declined to answer: 29</i>			
Sexual Orientation (n=680)			
Bisexual	3%		
Gay or Lesbian	2%		
Heterosexual or Straight	92%		
Queer	1%		
Questioning or Unsure	1%		
Another sexual orientation	1%		
<i>Declined to answer: 37</i>			

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

<sup>†</sup> Percentages add to or exceed the percentage of those who chose Hispanic or Non-Hispanic in the Ethnicity table.

\* Age groups collected for CIT Cohort #48 were not collected according to PEI categories and are not reported here.

City of Residence*				(n=351)	
Oxnard	21%	Santa Paula	3%	Ventura	30%
Simi Valley	5%	Fillmore	1%	Thousand Oaks	3%
Camarillo	16%	Port Hueneme	1%	Moorpark	5%
Ojai	2%	El Rio	0%	Other	12%

## 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.

**Positive Behavior Interventions and Supports:** Provides training for educators in classroom management competencies including teaching expectations, positive interactions, and establishing consequences for misbehavior, with the goal of reducing suspensions and disciplinary action.

**Restorative Justice:** Helps students develop healthy relationships and conflict management strategies in order to reduce suspensions and expulsions. The program provides coaching and technical assistance to schools and districts.

**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

“After going to a call of a 15-year-old boy in mental distress, I was able to talk to him and calm him down by asking simple questions that took his mind off the situation as well as getting information I needed.”  
-CIT trainee

“Love the ‘Consulting Protocol’ model. Provides a positive environment to solve complex problems.”  
-PBIS trainee

“I learned a lot of new tips and techniques to use on how to spot someone who seems depressed and how I listen to them actively and ask them if they are thinking about suicide and then I find help for them as soon as possible.” - Suicide Prevention, safeTALK trainee

\* City of residence data is not available for CIT, PBIS, RJ, and RISE.

# 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

# ACKNOWLEDGMENTS

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# INTRODUCTION

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## 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).

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

- **Stigma and Discrimination Reduction:** The County’s direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and to increase acceptance, dignity, inclusion and equity for individuals with mental illness and members of their families.
- **Suicide Prevention (optional):** Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional):** To increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

**The strategies include:**

- **Improving Timely Access to Services for Underserved Populations:** See above definition
- **Access and Linkage to Treatment:** See above definition
- **Implementing Non-Stigmatizing and Non-Discriminatory Practices:** Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness (optional):** See above definition

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

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

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

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## 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

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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.<sup>§</sup>

**176,810** individuals received core program services<sup>†</sup>

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

**17,979** individuals reached through outreach events<sup>†</sup>

**13,672** participants in reached through activities during COVID-19<sup>†</sup>

<sup>§</sup>Data from this program is not included in the summary numbers for Prevention programs.

<sup>†</sup>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<sup>‡</sup>

**1,871** individuals received core program services<sup>†</sup>

**336** individuals reached through outreach events<sup>†</sup>

**859** individuals reached through activities during COVID-19<sup>†</sup>

<sup>‡</sup>This program did not provide referrals or demographic information.

<sup>†</sup>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
<b>TOTAL # of Activities/Events</b>	<b>220</b>



**1,871**  
participants in  
program activities<sup>†</sup>

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.

<sup>†</sup>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
<b>TOTAL # of Activities/Events</b>	<b>5</b>



**336** people engaged through outreach activities<sup>†</sup>

## 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.

<sup>†</sup>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<sup>‡</sup>

**157,848** individuals received core program services<sup>†</sup>

**21,706** individuals referred to mental health care and/or social support services<sup>†</sup>

<sup>‡</sup>This program did not provide demographic information.

<sup>†</sup>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
<b>TOTAL # of Activities/Events</b>	<b>66,764</b>



**157,848**  
participants in  
program activities<sup>†</sup>

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

<sup>†</sup>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

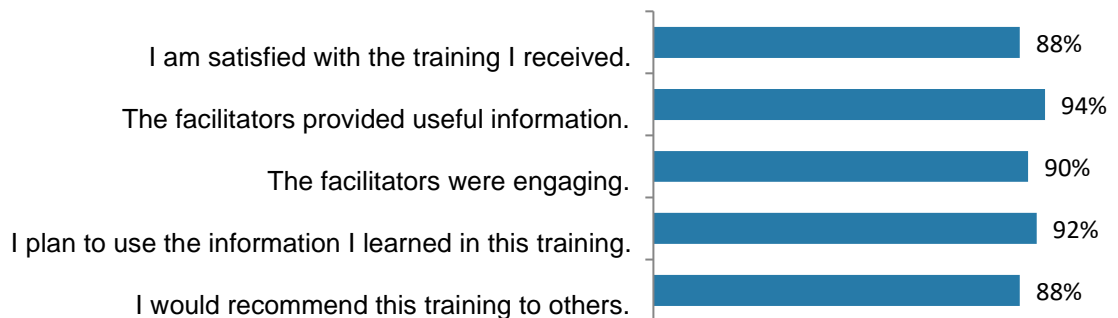
## Family Engagement Activity Outcomes (n=70-73)

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)

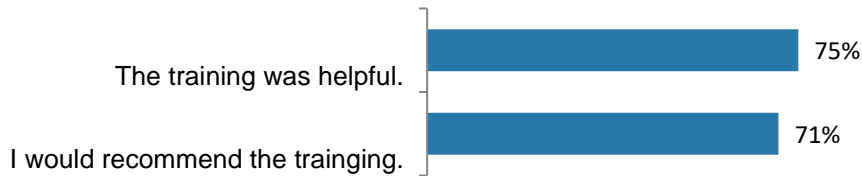


# MULTI-TIERED SYSTEM OF SUPPORT, LEA

## % 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<sup>†</sup>

**3,406** individuals reached through activities during COVID-19<sup>†</sup>

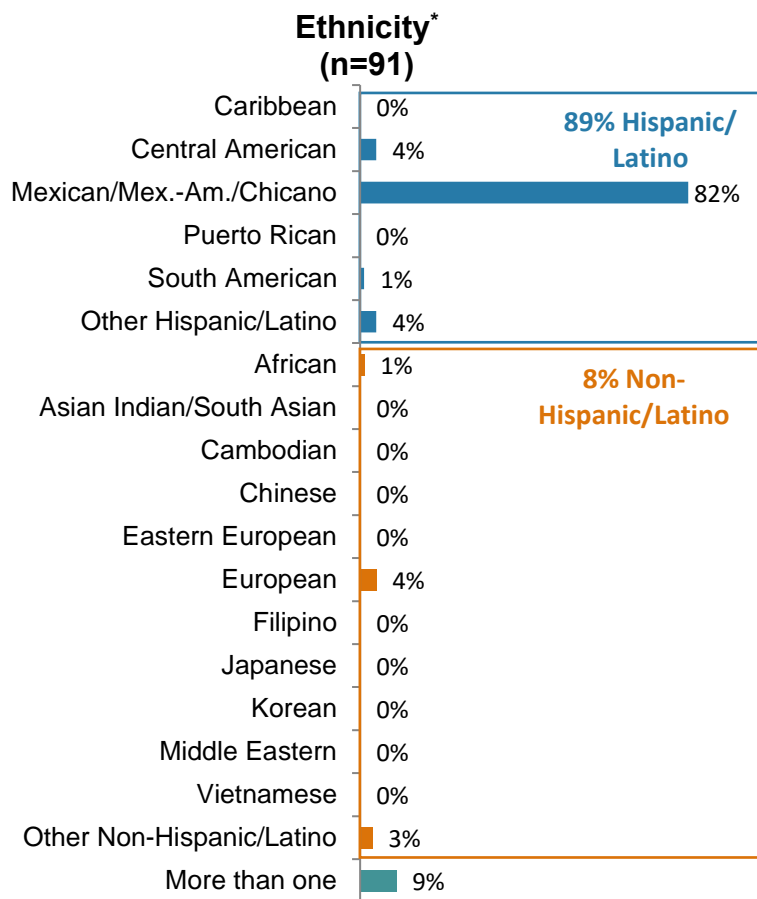
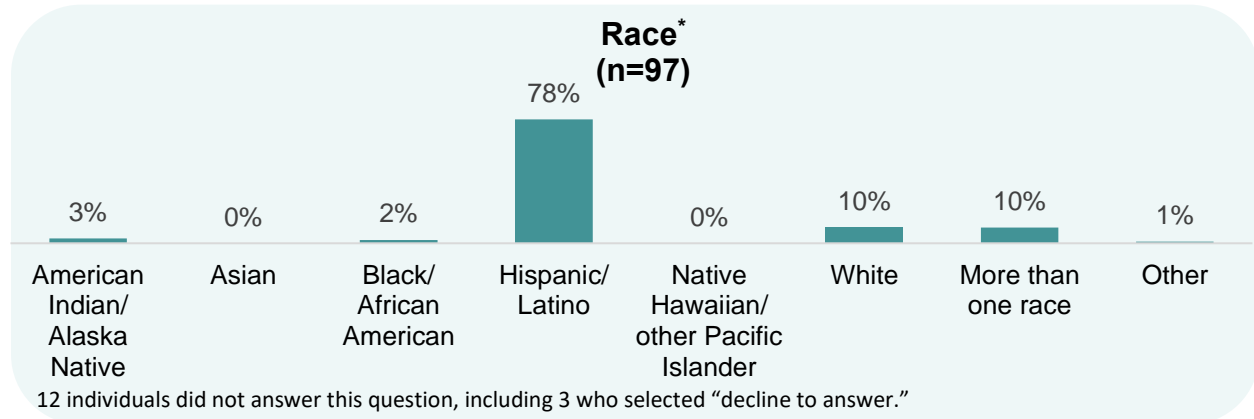
<sup>†</sup>Number of individuals may be duplicated.



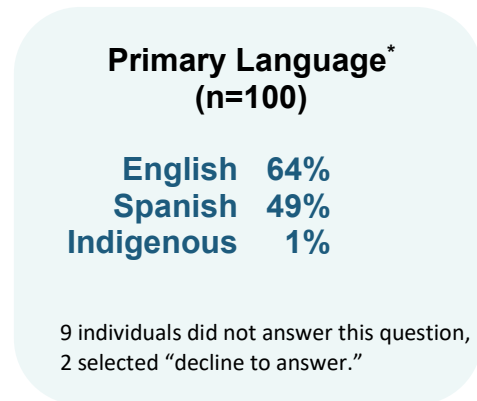
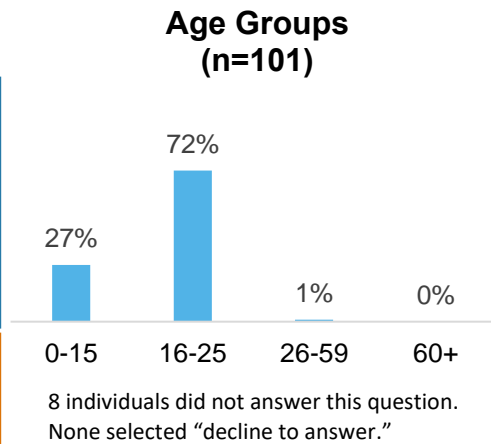
# ONE STEP A LA VEZ

## 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

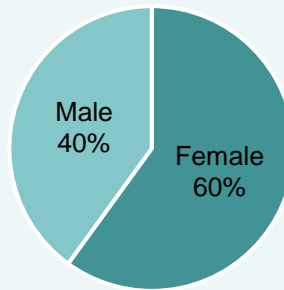
## Demographic Data

### 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."

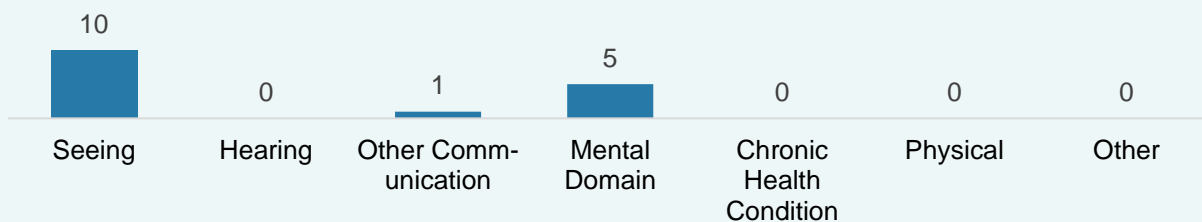
**1% identify as veterans**

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
<b>TOTAL # of Activities/Events</b>	<b>129</b>



30% of program activities in Spanish



585 participants in program activities<sup>†</sup>

## 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
<b>TOTAL # of Activities/Events</b>	<b>8</b>



237 people reached through outreach events<sup>†</sup>



1 outreach event offered in Spanish

<sup>†</sup>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)



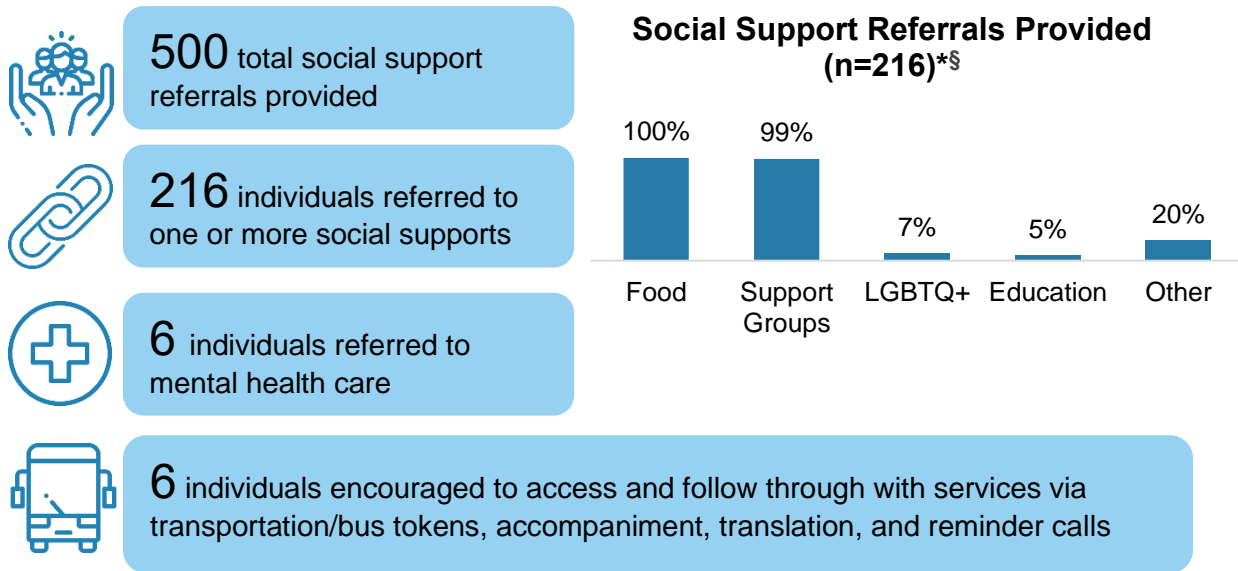
Most would like the option of virtual meetings after the pandemic (n=31)



# 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)<sup>§</sup>

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%

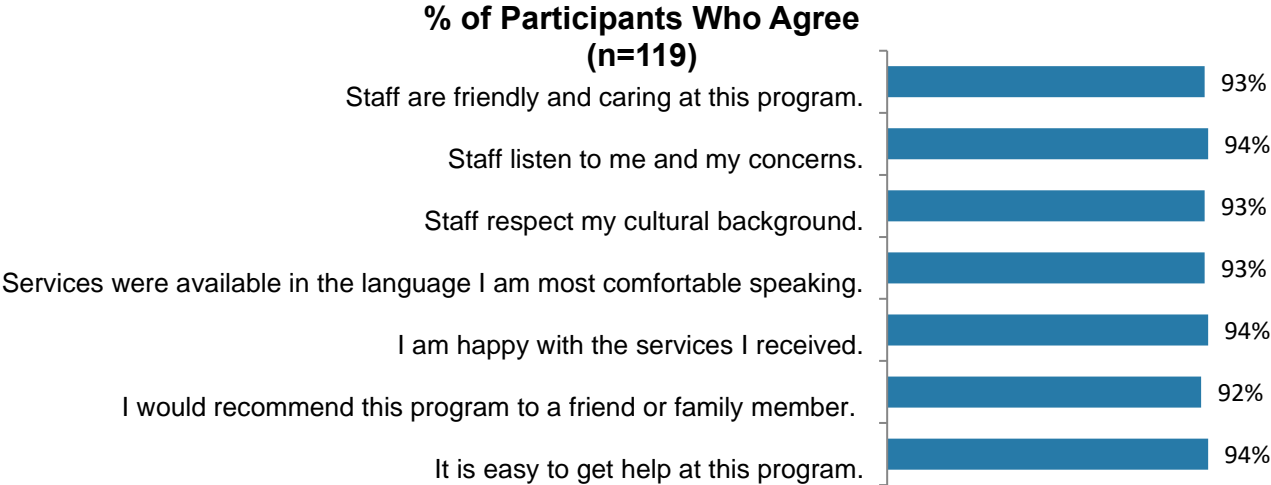
### Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=119)

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.



<sup>§</sup>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

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## 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

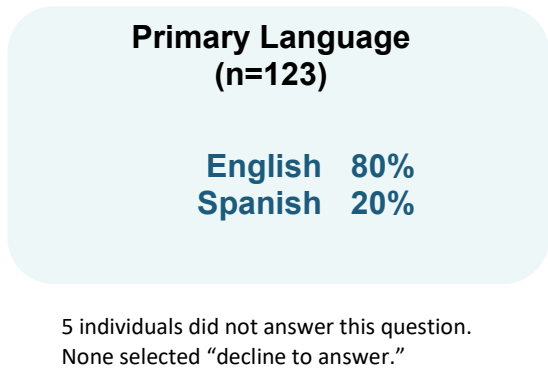
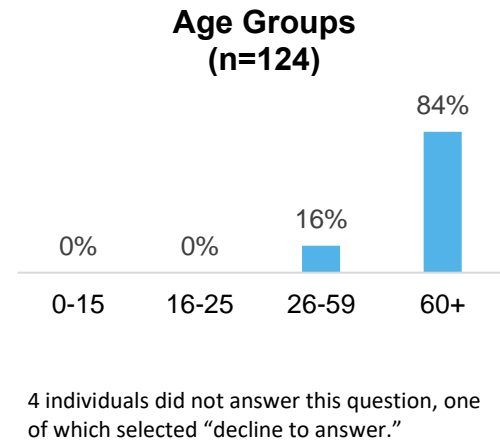
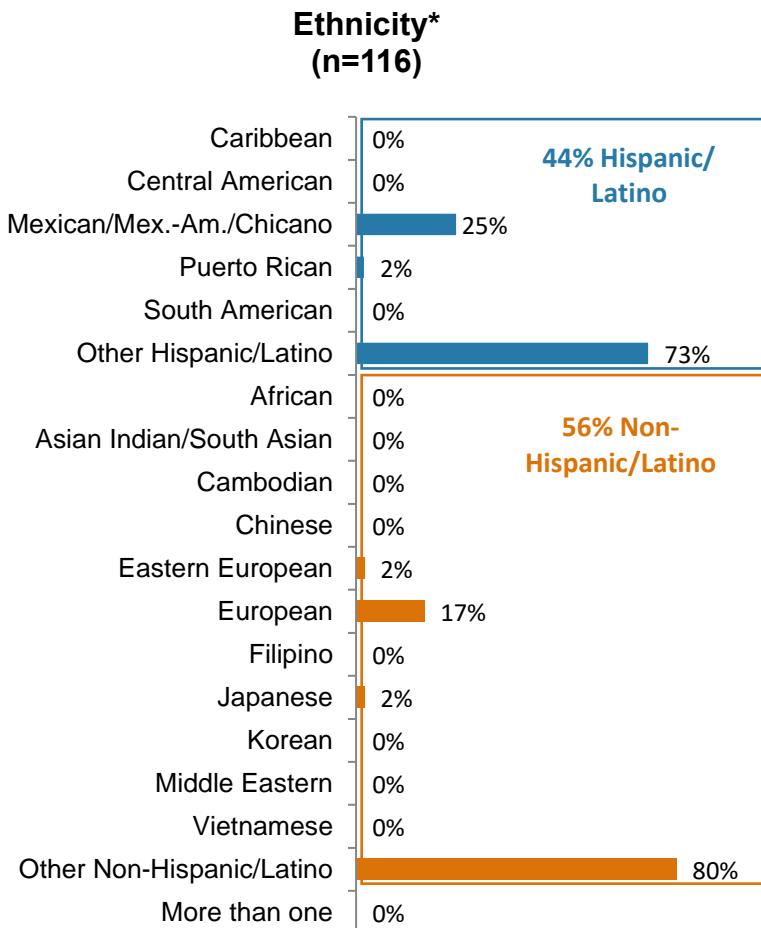
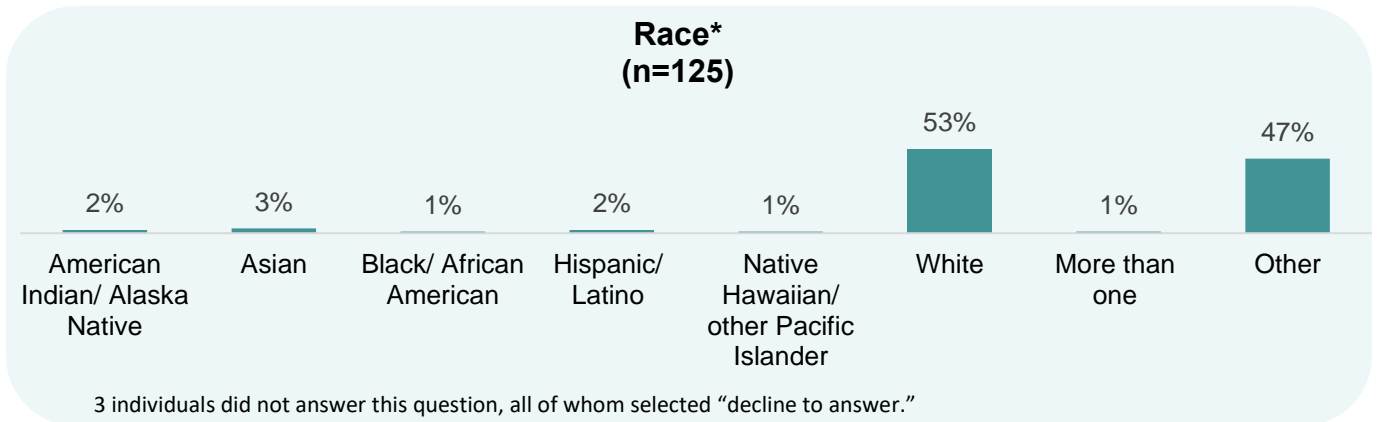
- 128** individuals received core program services
- 78** individuals referred to mental health care and/or social support services
- 500** individuals reached through outreach events<sup>†</sup>
- 128** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>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

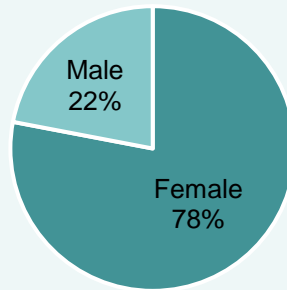
## Demographic Data

### 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<sup>†</sup>

## 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.

<sup>†</sup>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<sup>†</sup>

**618** individuals reached through outreach events<sup>†</sup>

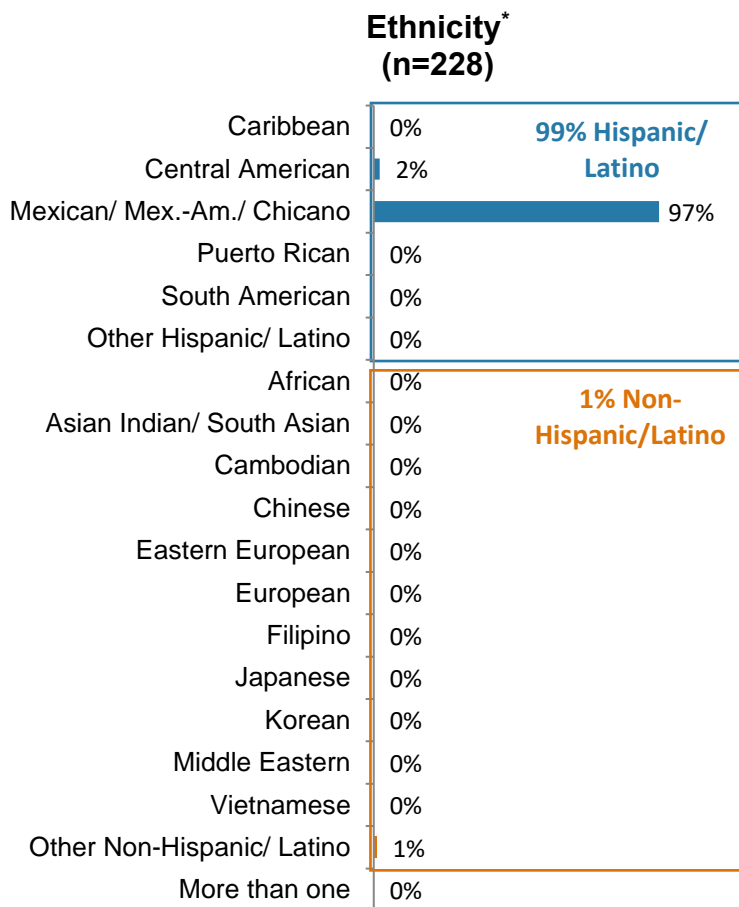
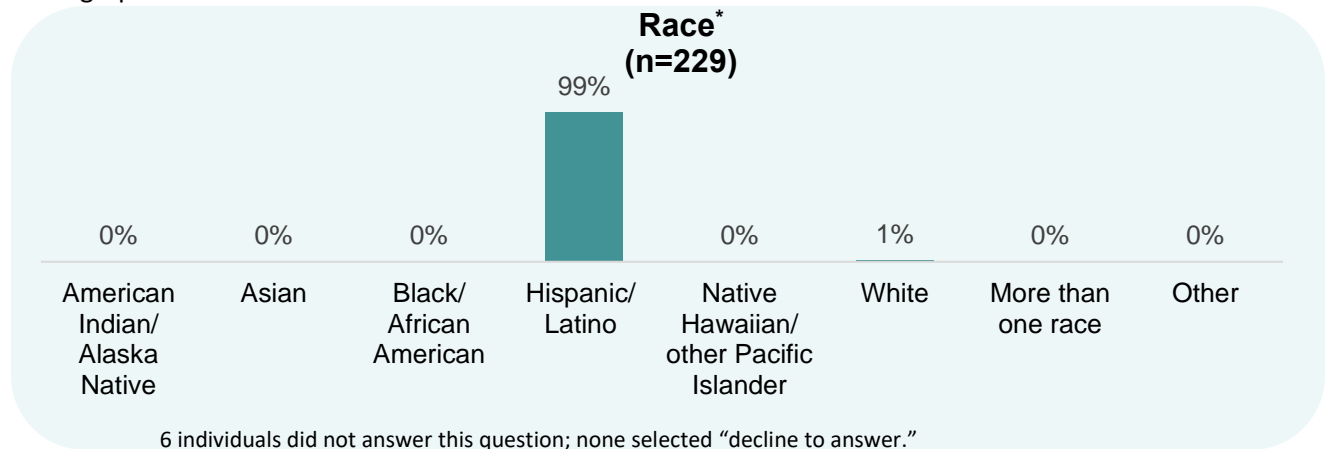
**2,509** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

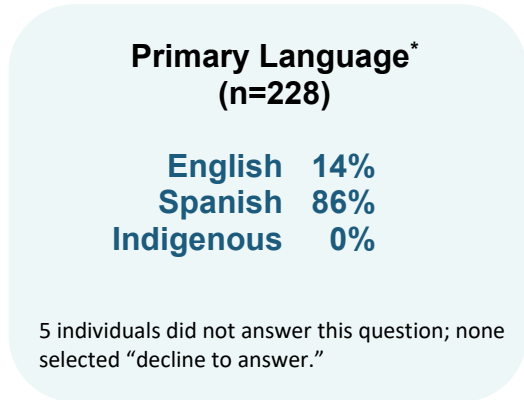
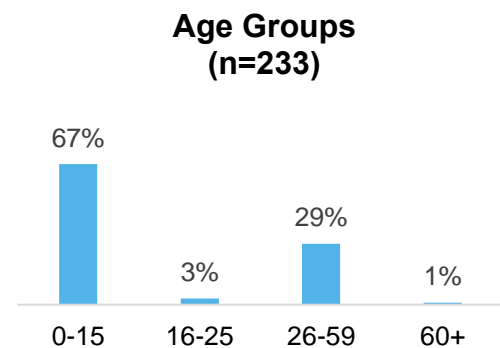
# PROJECT ESPERANZA

## 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

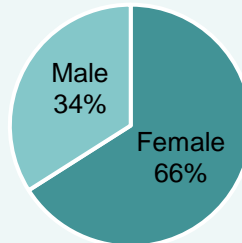
## Demographic Data

### 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
<b>TOTAL # of Activities/Events</b>	<b>175</b>



19% of program activities in Spanish



4,542 participants in program activities<sup>†</sup>

## 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
<b>TOTAL # of Activities/Events</b>	<b>9</b>



618 people reached through outreach events<sup>†</sup>



80 materials distributed



3 outreach events offered in Spanish

<sup>†</sup>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)

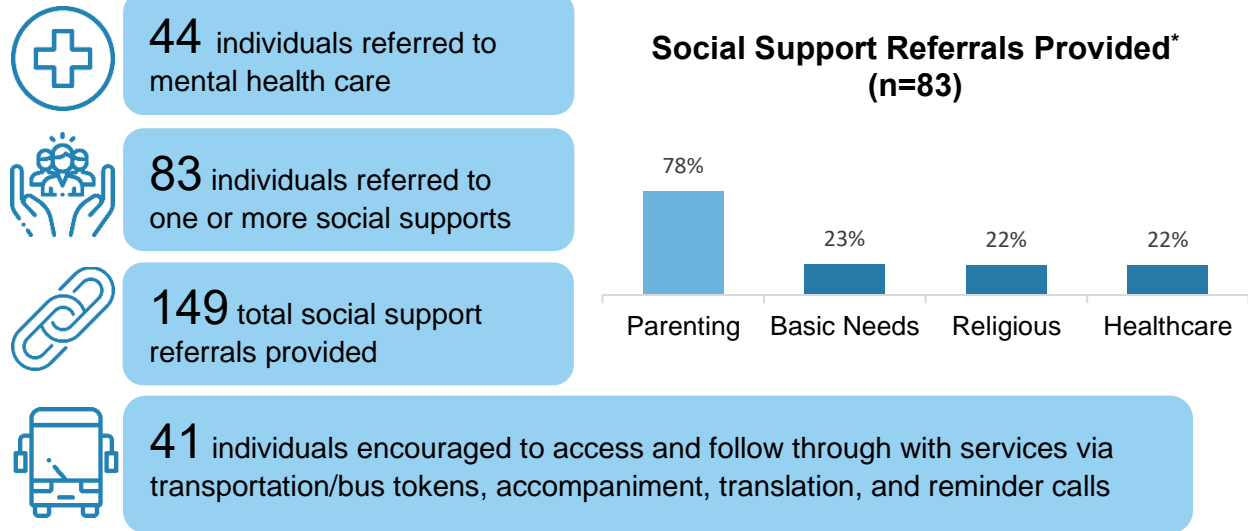
24 would like the option of virtual meetings

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)<sup>§</sup>

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.

<sup>§</sup>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

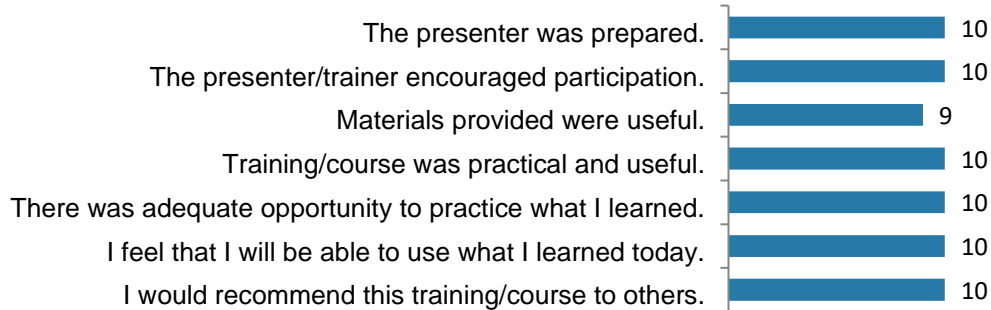
Participants and trainees who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements. The charts below show the percentage of respondents who agreed or strongly agreed with each statement.

### % 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

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## 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<sup>†</sup>

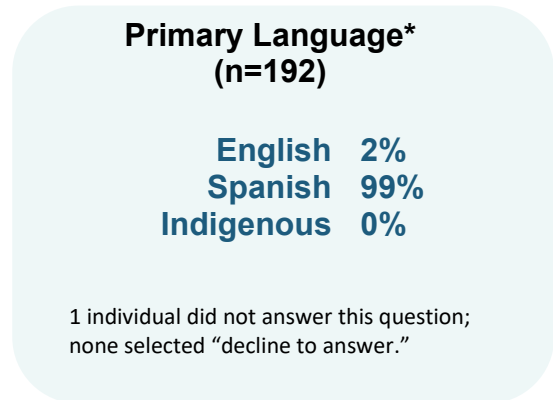
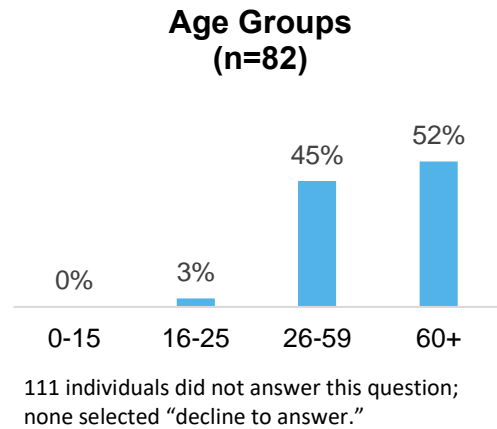
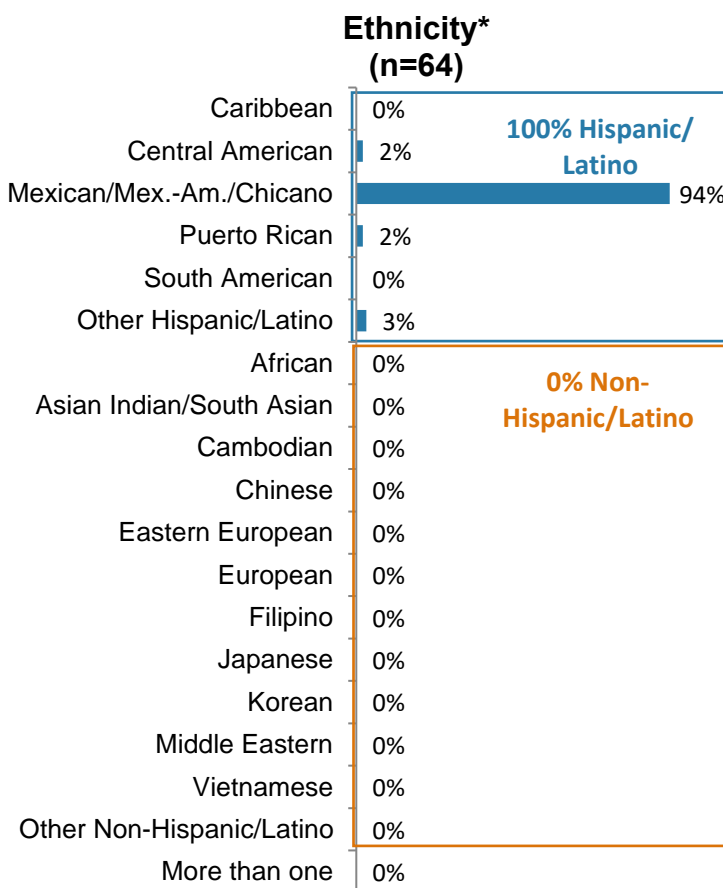
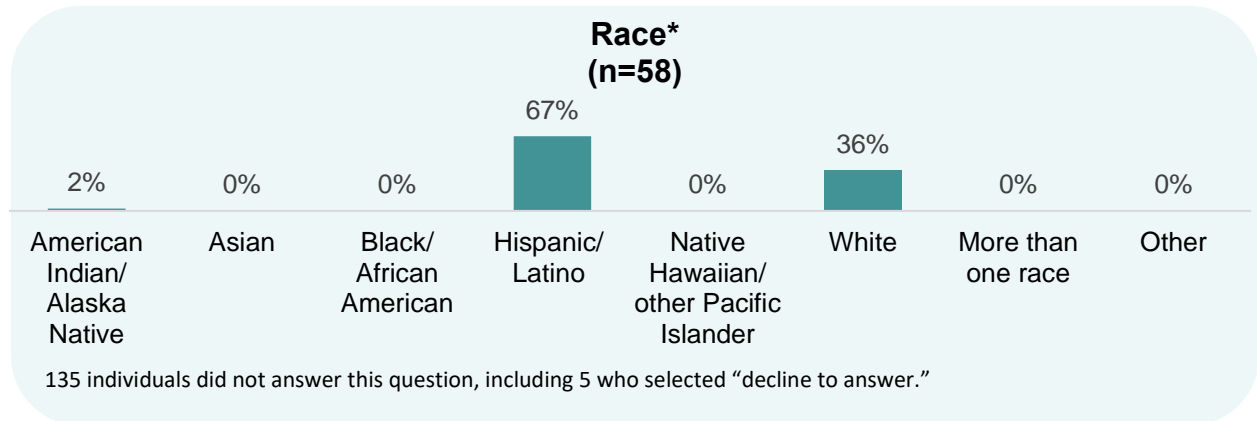
**246** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>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

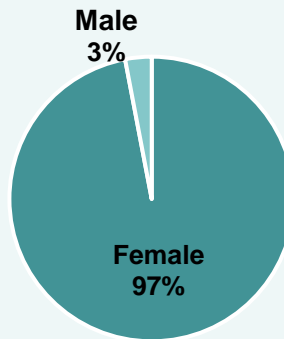
## Demographic Data

### 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."

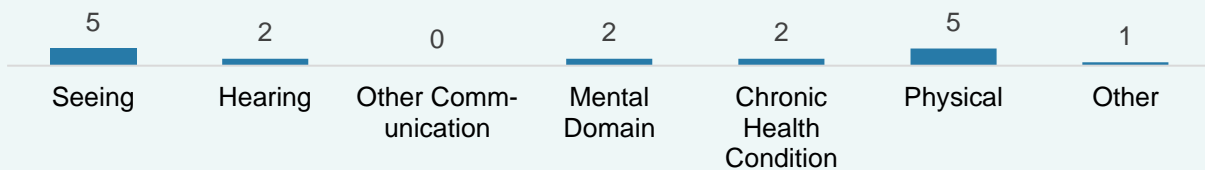
**None identify as veterans**

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<sup>†</sup>

## 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
<b>TOTAL # of Activities/Events</b>	<b>104</b>



3,991 people reached through outreach events<sup>†</sup>



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

<sup>†</sup>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

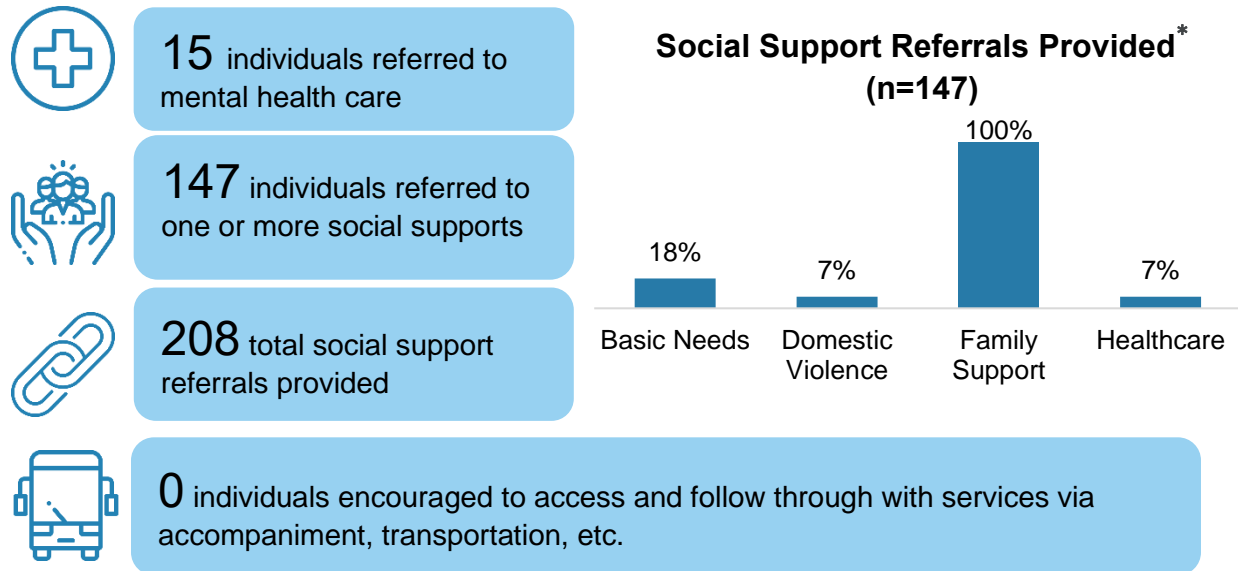
Most would like the option of virtual meetings after the pandemic (n=98)

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)<sup>§</sup>

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.

<sup>§</sup>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

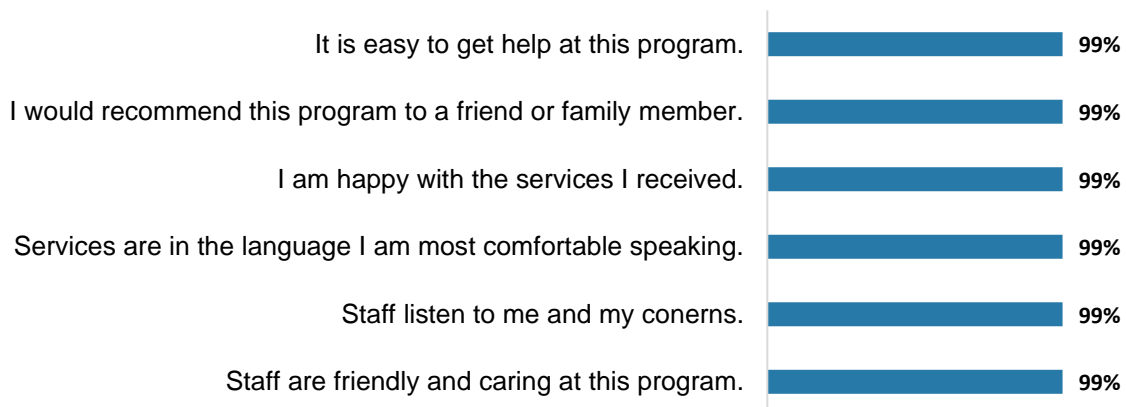
## Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=163-166)

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

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## 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<sup>†</sup>

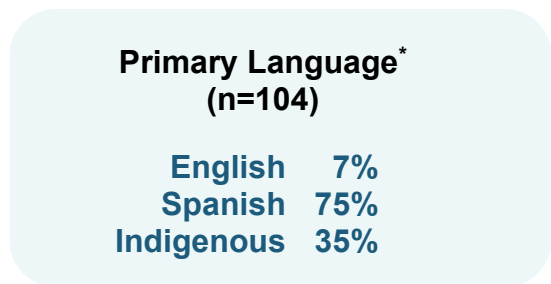
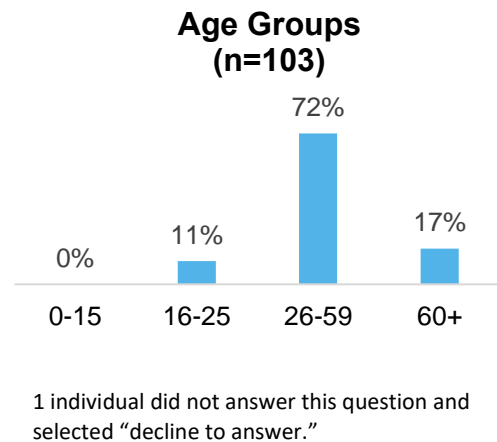
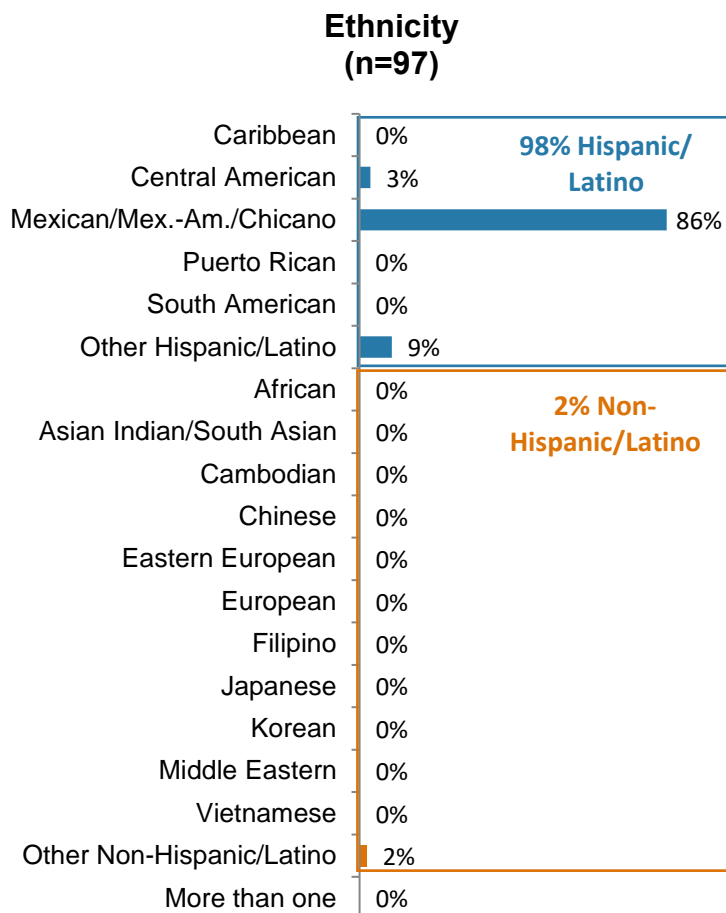
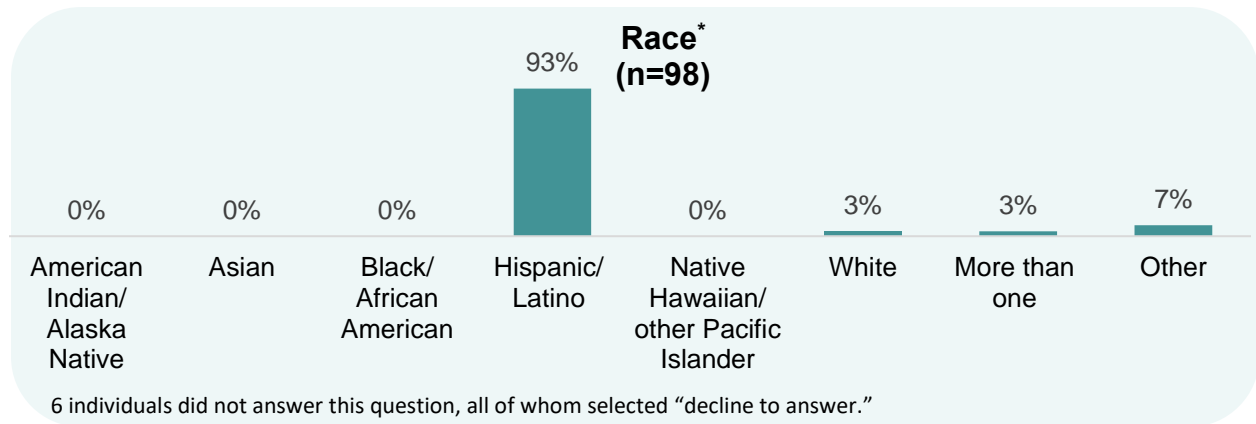
**6,531** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>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

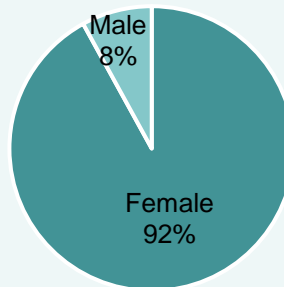
## Demographic Data

### 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."

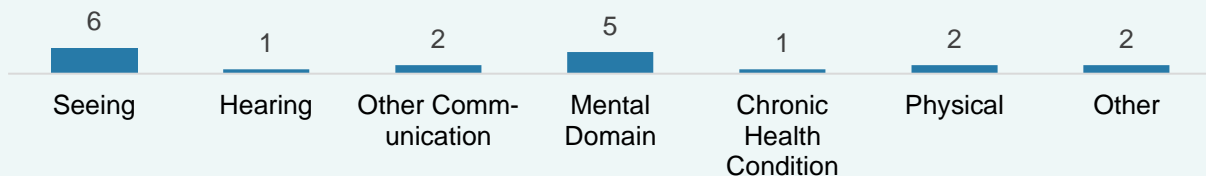
**2% identify as veterans**

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<sup>†</sup>

## 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

<sup>†</sup>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

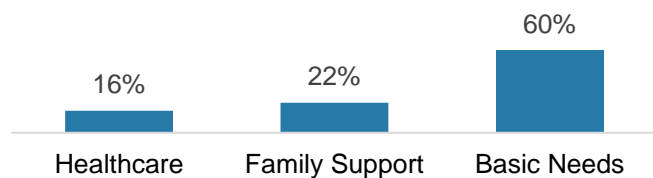


**37** total social support referrals provided



**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)<sup>§</sup>

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%

<sup>§</sup>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

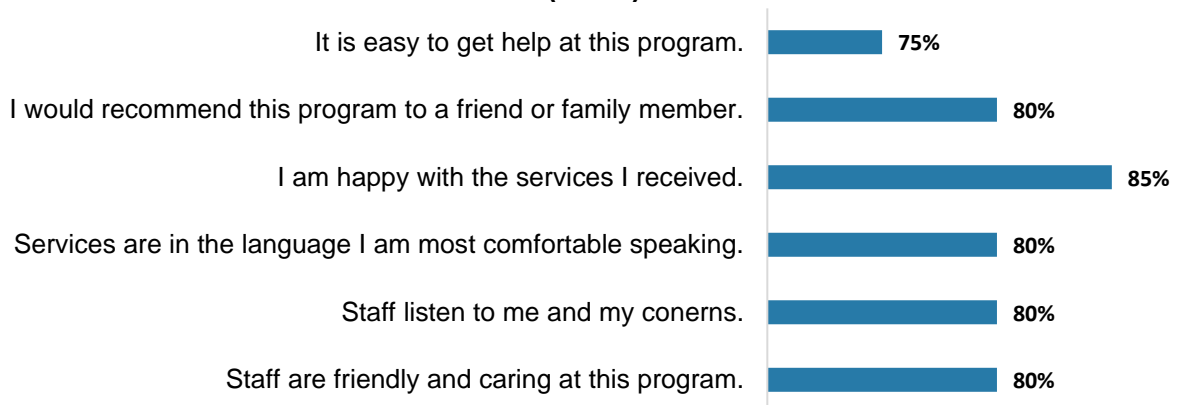
## Participant Coping Behaviors (n=79-87)

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

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## 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<sup>†</sup>

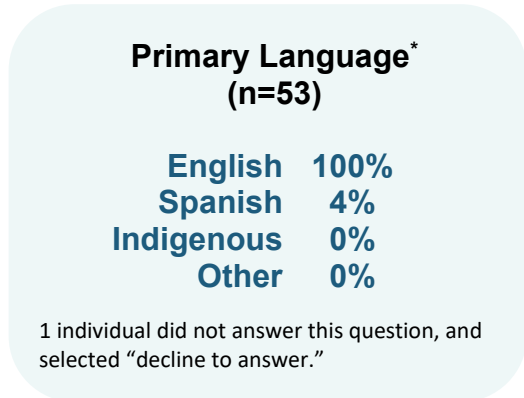
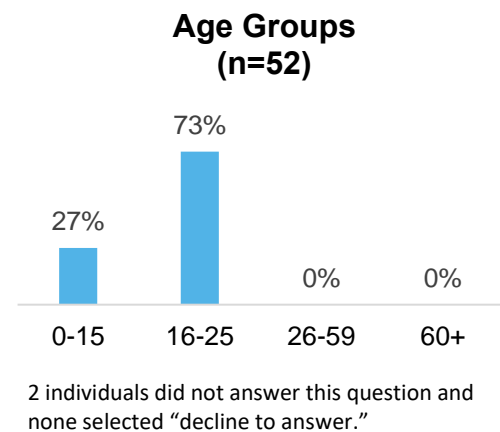
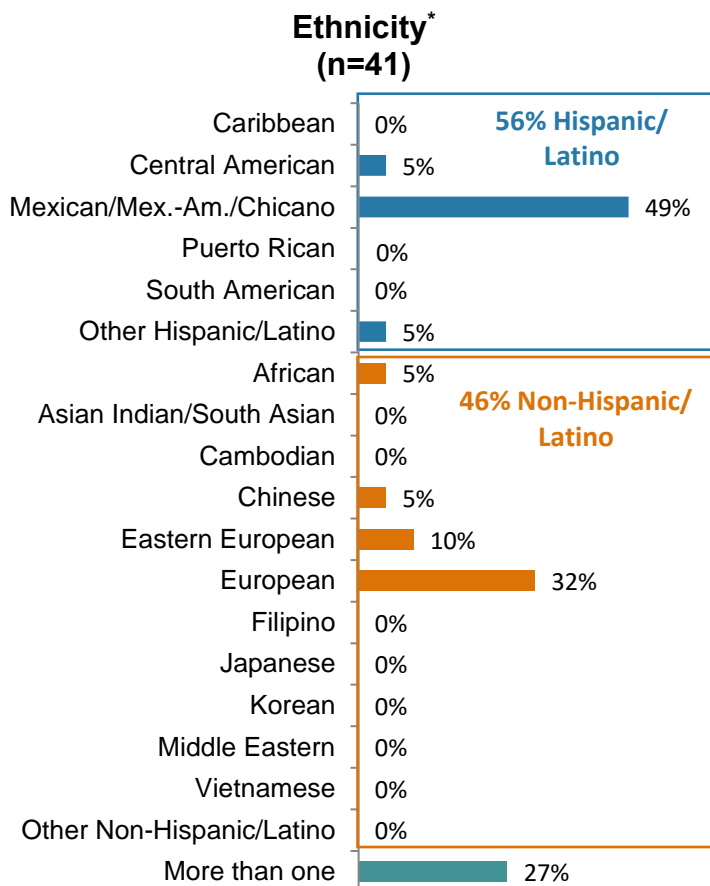
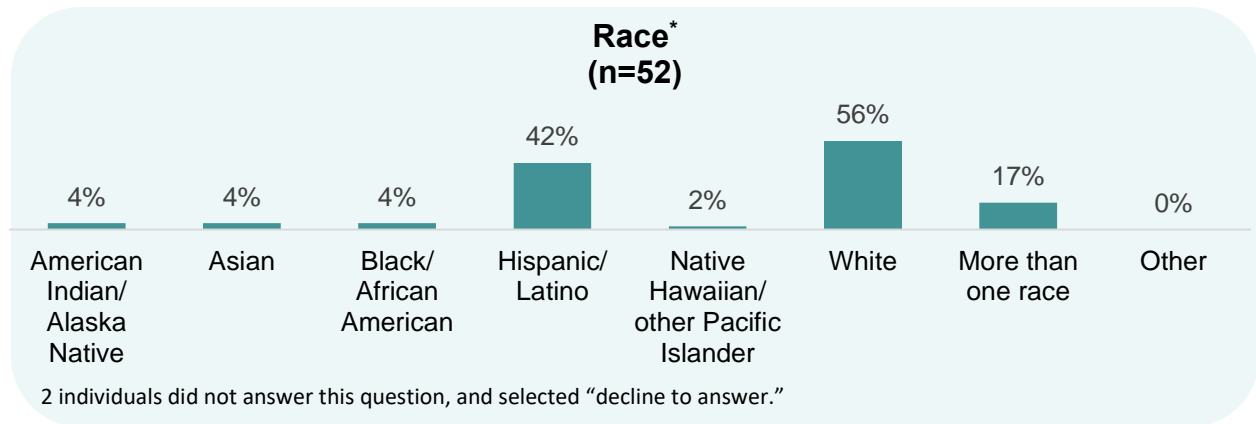
**23** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>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

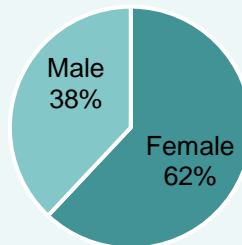
## Demographic Data

### 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."

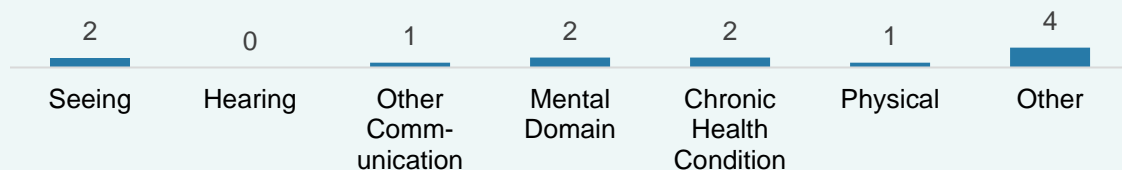
**None identified as veterans**

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
<b>TOTAL # of Activities/Events</b>	<b>46</b>



182 participants in program activities<sup>†</sup>



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
<b>TOTAL # of Activities/Events</b>	<b>37</b>



7,365 people reached through outreach events<sup>†</sup>



2,985 materials distributed



14% of outreach events in Spanish

<sup>†</sup>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)<sup>§</sup>

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

<sup>§</sup>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)

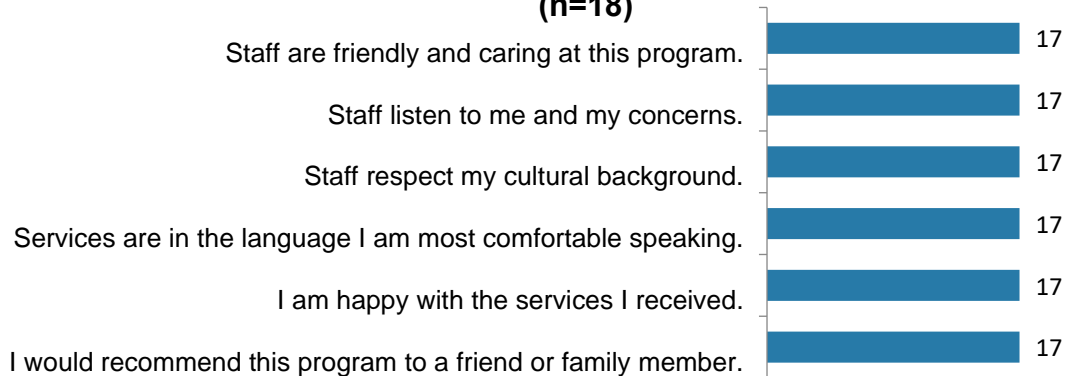
As a direct result of this training, I am MORE willing to:	% Agree	% Neutral	% Disagree
Live next door to someone with a serious mental illness.	53%	28%	19%
Socialize with someone who had a serious mental illness.	59%	28%	13%
Start working closely on a job with someone who had a serious mental illness.	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

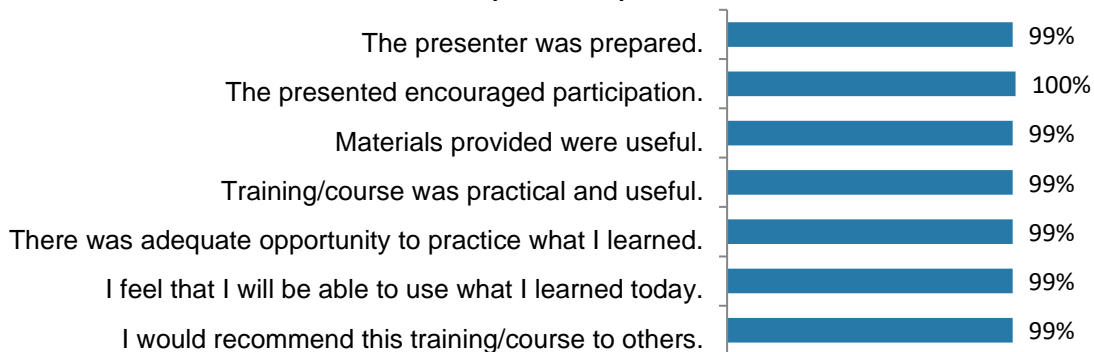
## Program Satisfaction

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.

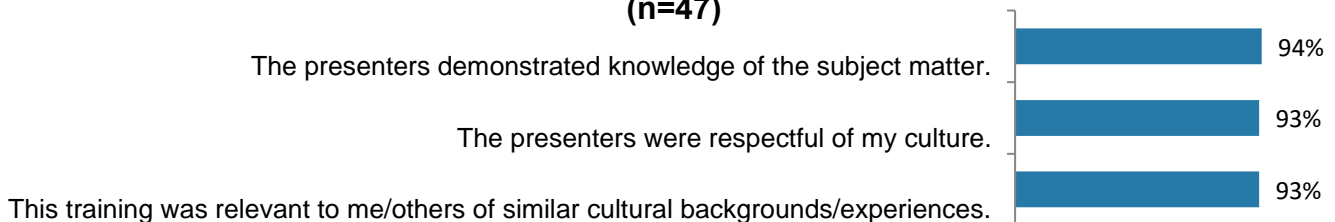
### # of Participants Who Agree (n=18)



### % 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)<sup>†</sup>

**98** individuals reached through activities during COVID-19

<sup>†</sup>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
<b>TOTAL # of Activities/Events</b>	<b>19</b>



**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

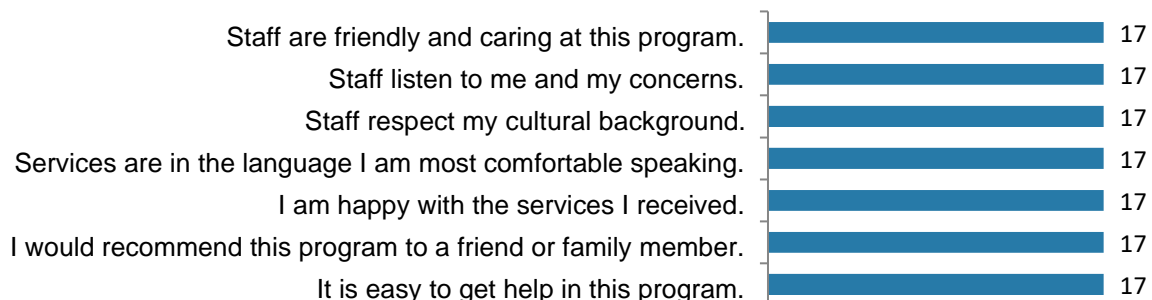
## Trainee Outcomes (n=83-84)

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

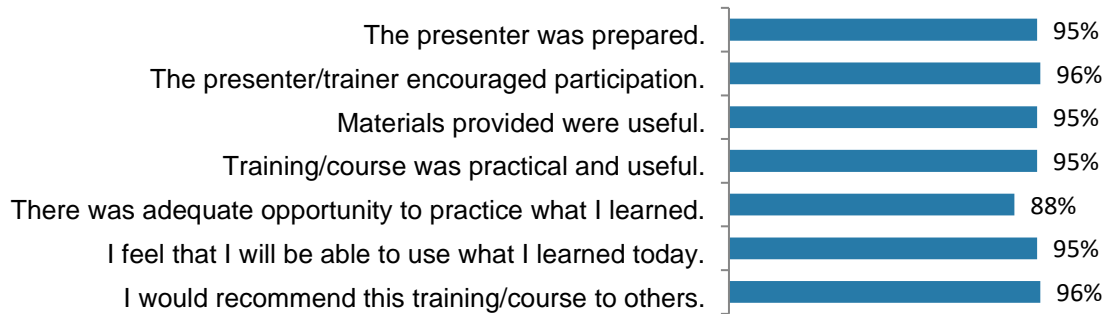
Participants and trainees in Tri-County GLAD services were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the number of participants who agreed with each statement; the chart following highlights the percentage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

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## 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<sup>‡</sup>

**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<sup>†</sup>

<sup>‡</sup>This program did not provide referral information.

<sup>†</sup>May include duplicate users.

# WELLNESS EVERYDAY

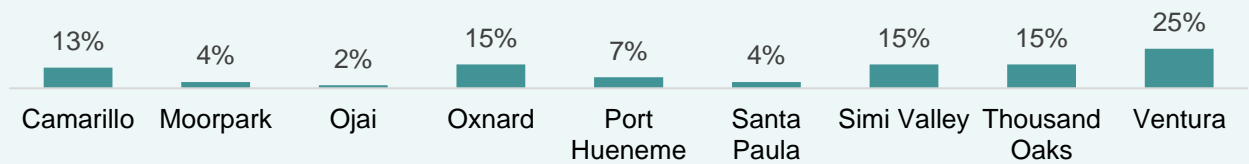
## Demographic Data<sup>†</sup>

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.



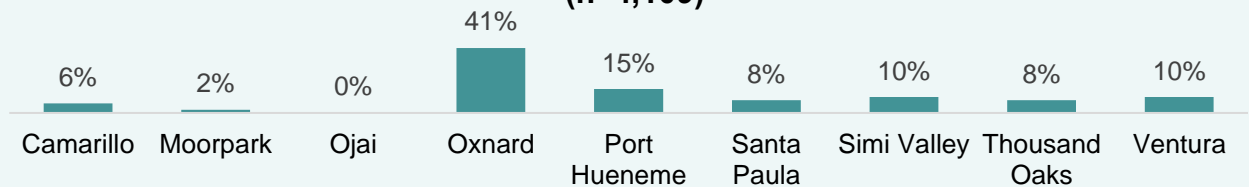
**72%** of all English website sessions came from communities in Ventura County

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



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

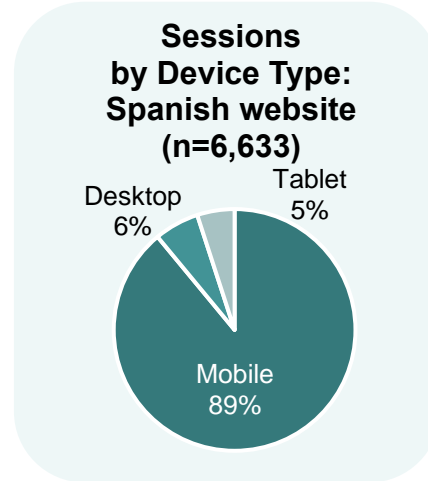
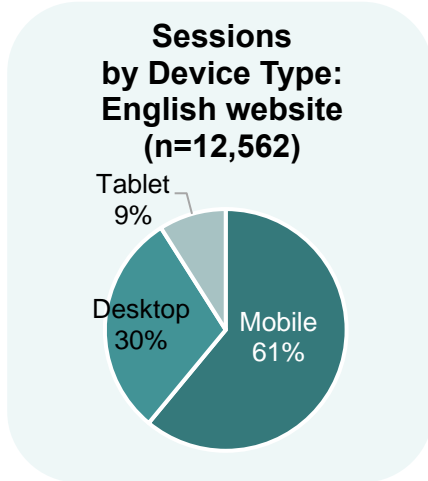
### Sessions per Ventura County Community: Spanish website (n=4,109)



<sup>†</sup> May include duplicate users.

# WELLNESS EVERYDAY

## Demographic Data<sup>†</sup>



## Wellness Everyday Website Traffic<sup>†</sup>

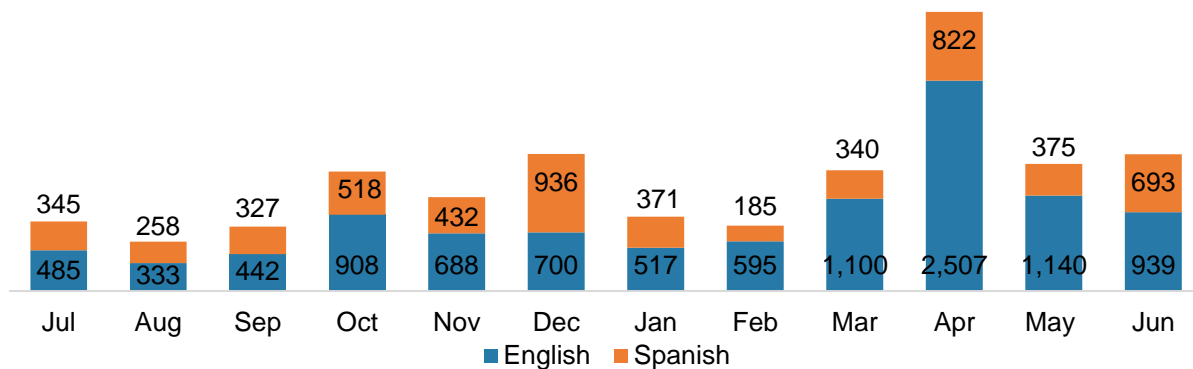


**10,354** people used the English website in FY 19–20



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

## Wellness Everyday/Salud Siempre Website Users by Month



<sup>†</sup> May include duplicate users.

# WELLNESS EVERYDAY

## Social Media Advertisements

307,026 people viewed English advertisements<sup>†§</sup>



352,110 people viewed Spanish advertisements<sup>†§</sup>

More than 1.5 M English advertisements were onscreen<sup>†</sup>



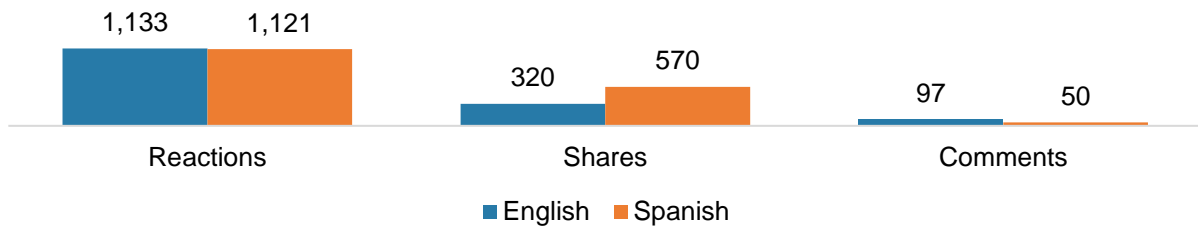
More than 2.1 M Spanish advertisements were onscreen<sup>†</sup>

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.

<sup>†</sup> May include duplicate users.

<sup>§</sup> Does not include Suicide Prevention digital advertisements in May 2020 and June 2020.

# WELLNESS EVERYDAY

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## 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<sup>‡</sup>

**37** individuals received core program services

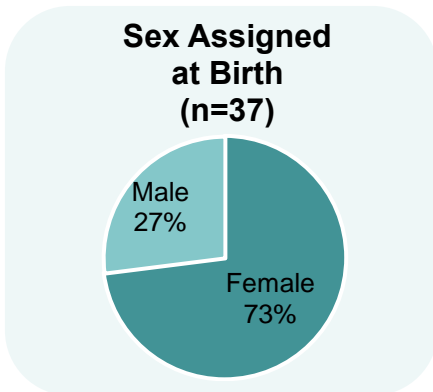
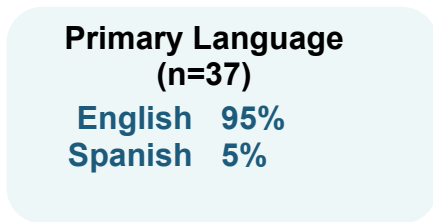
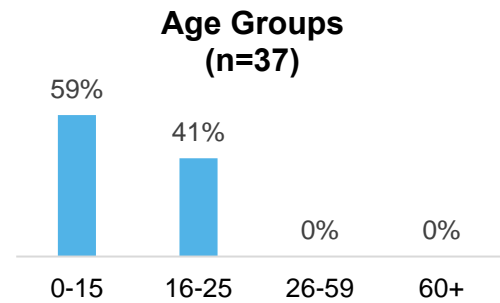
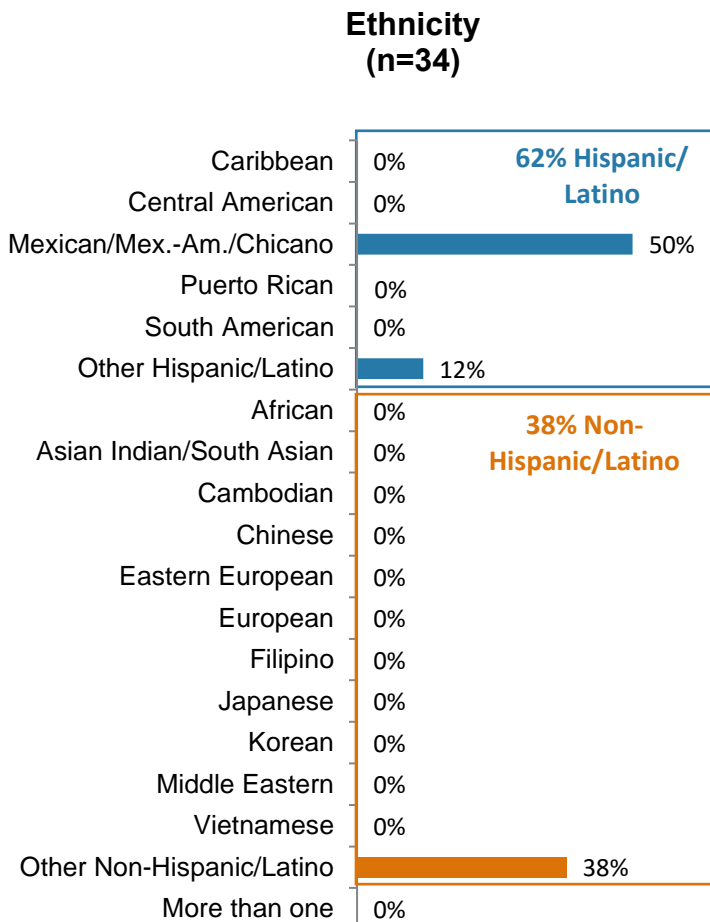
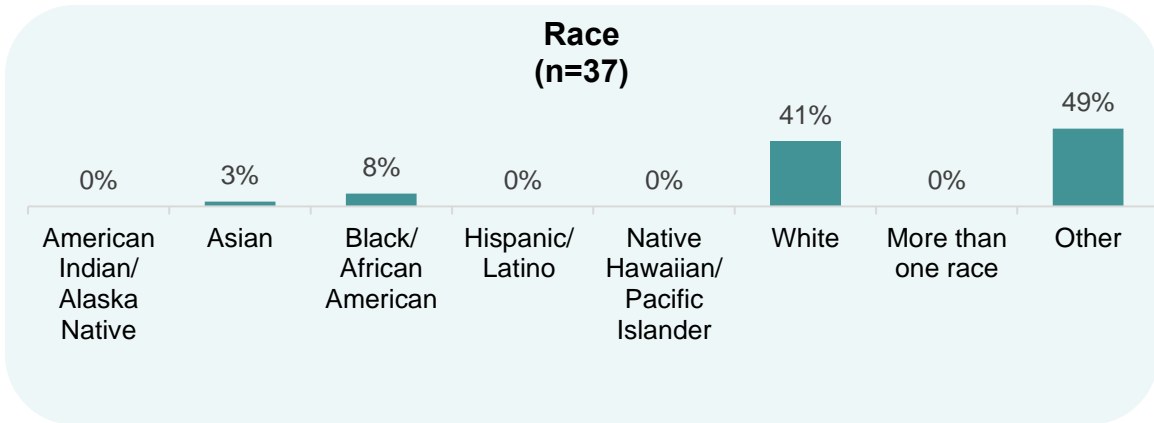
**12 Days** average length of stay

<sup>‡</sup>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
<b>TOTAL # of Activities/Events</b>	<b>947</b>

## 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<sup>‡</sup>

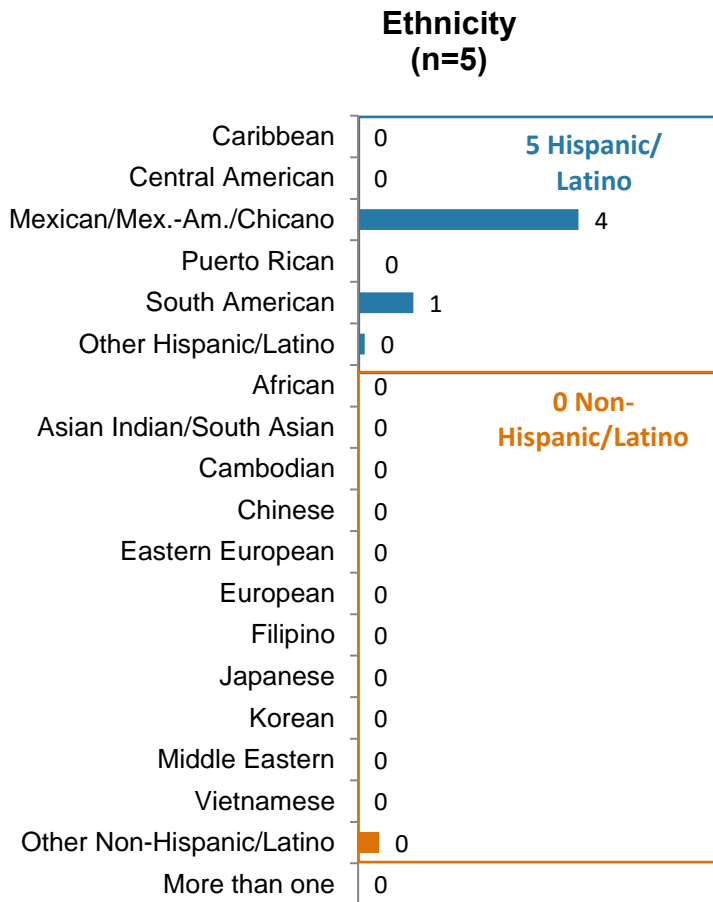
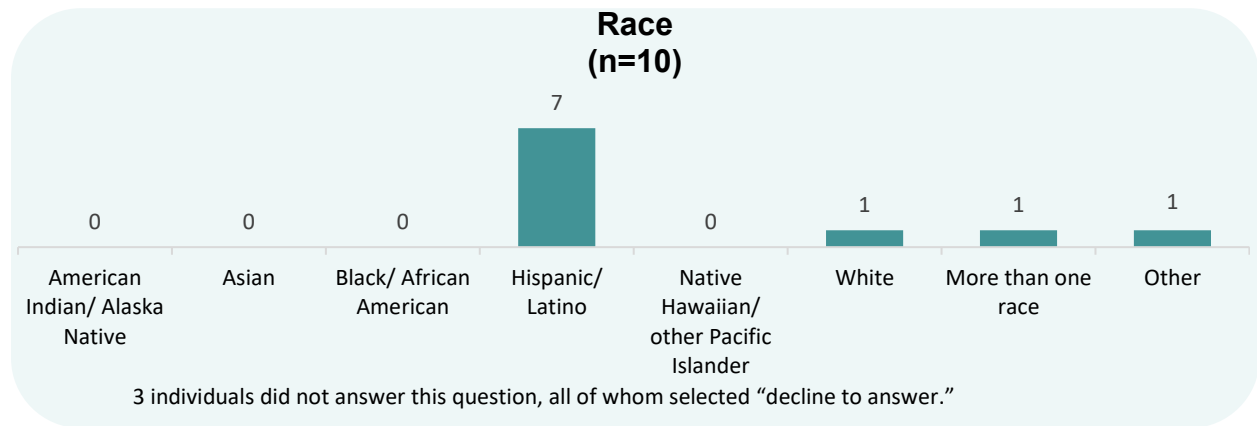
**19** individuals received core program services (were trained in a Familia a Familia seminar)

<sup>‡</sup>This program did not provide referrals.

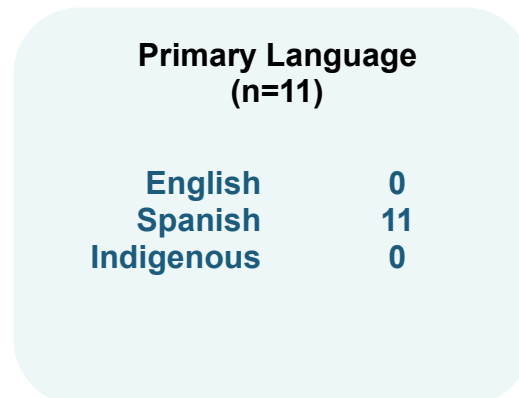
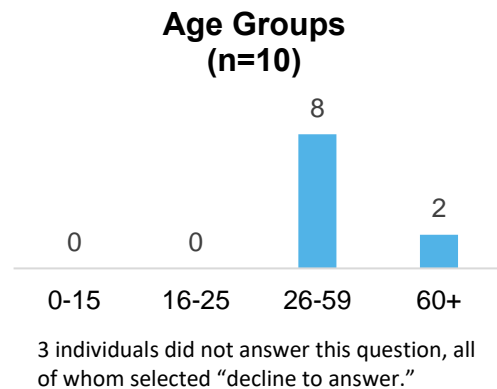
# FAMILIA A FAMILIA

## 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)	Sex Assigned at Birth (n=4)	Sexual Orientation (n=2)
Female 7	<p><b>Of the 4 respondents, all 4 indicated their sex at birth as "Female"</b></p> <p>9 individuals did not answer this question, including 2 who selected "decline to answer."</p>	Bisexual 1
Male 4		Gay or Lesbian 0
Transgender 0		Heterosexual or Straight 1
Genderqueer 0		Queer 0
Questioning or Unsure 0		Questioning or Unsure 0
Another Gender Identity 0		Another Sexual Orientation 0
2 individuals did not answer this question; both selected "decline to answer."		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.



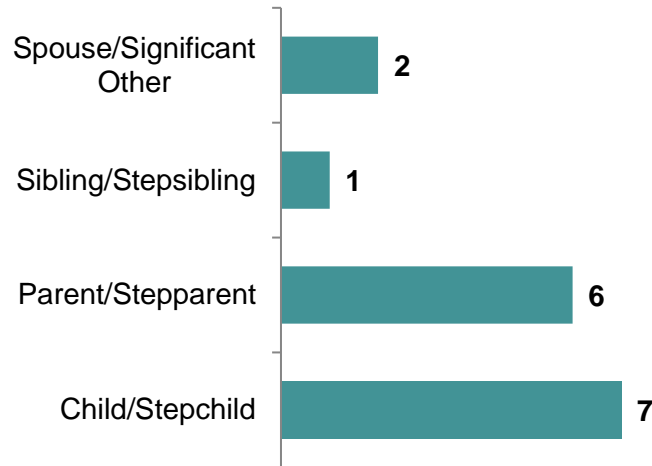
**13** participants in program activities

# 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

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## 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<sup>‡</sup>

**160** individuals participated in a Family & Friends seminar<sup>†</sup>

<sup>‡</sup>This program did not provide referrals.

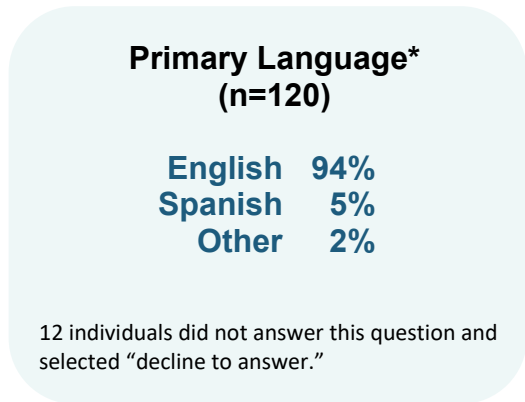
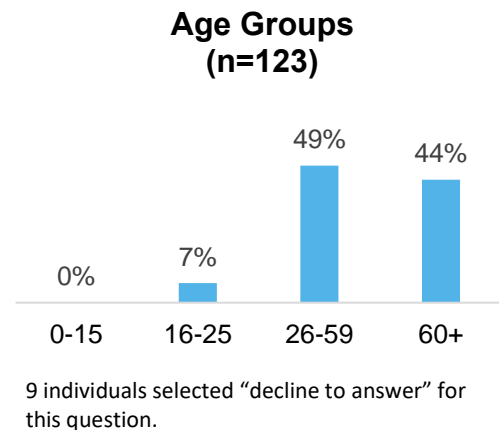
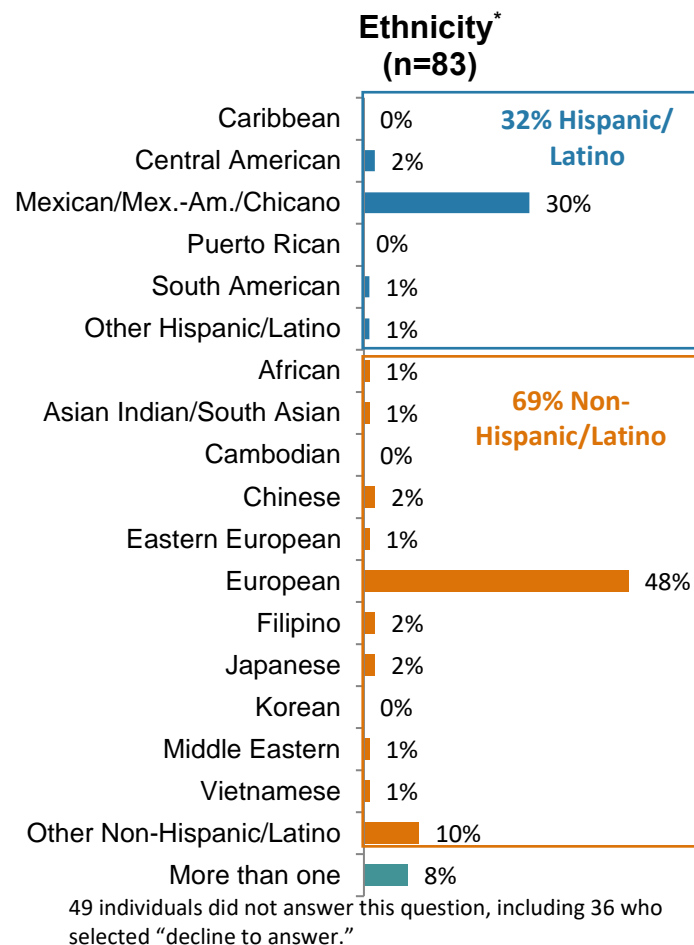
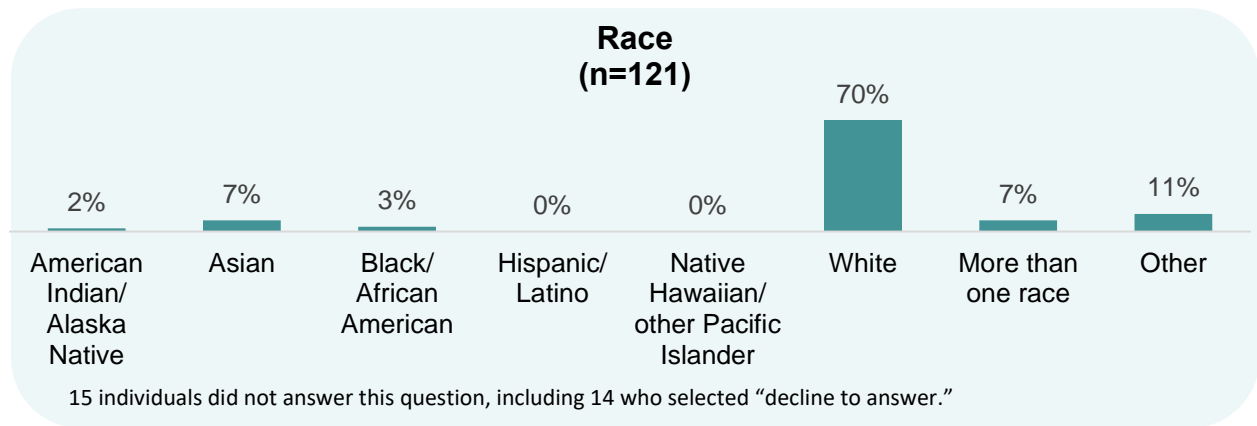
<sup>†</sup>Number of participants/individuals may not be unduplicated.



# 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

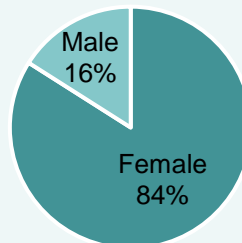
## Demographic Data

### 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."

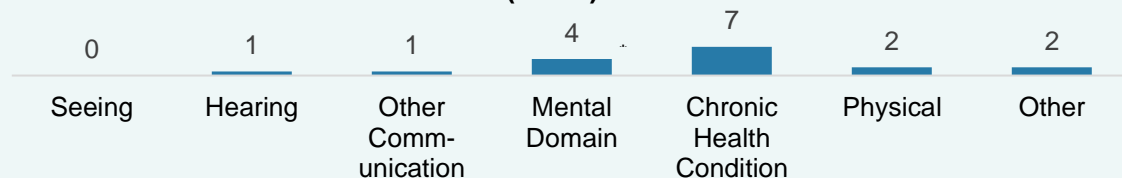
**5% of individuals identify as veterans**

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

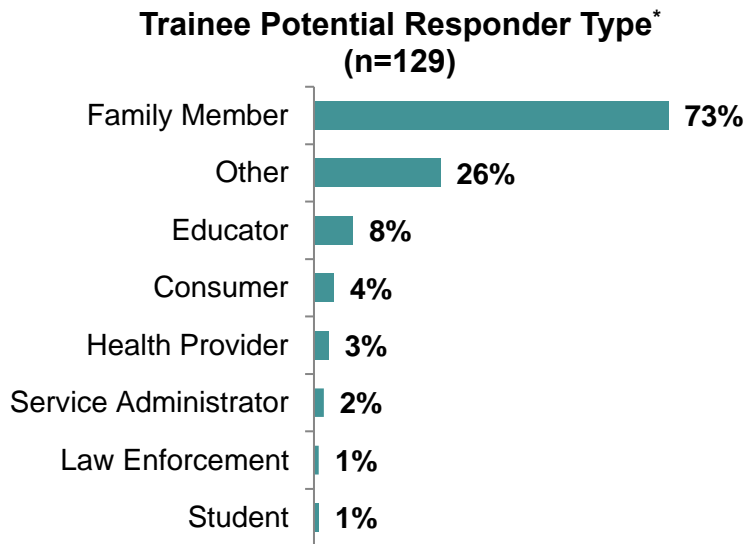
Program activities include the Family & Friends seminar facilitated by program staff. The Family & Friends program conducted 14 seminars in fiscal year 2019–2020.



**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.

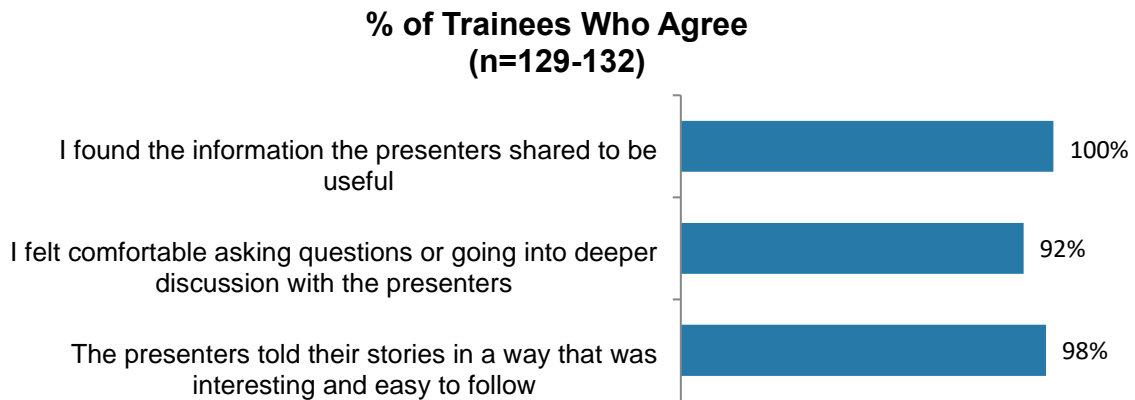
**14 of 19** individuals who previously did not feel that mental illness is a physical illness now agree that a mental illness is a physical illness, like diabetes.

**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<sup>‡</sup>

**678** individuals received core program services

**3.16** point decrease in average youth participant symptom severity

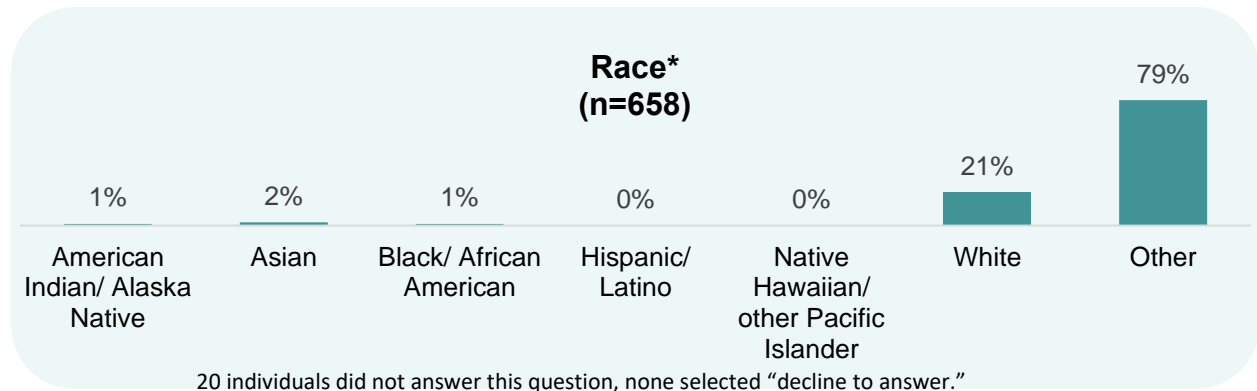
**5.65** point decrease in average adult participant symptom severity

<sup>‡</sup>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.

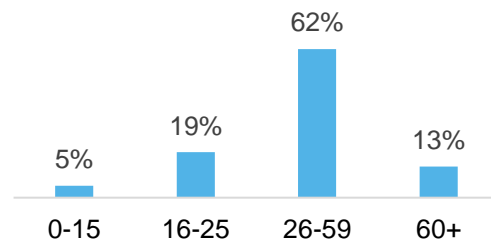


**Ethnicity (n=677)**

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

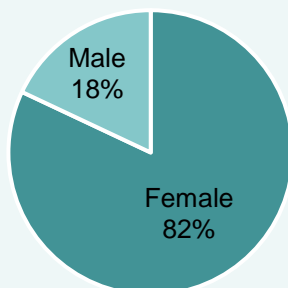
1 individual did not answer this question, none selected "decline to answer."

**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)**

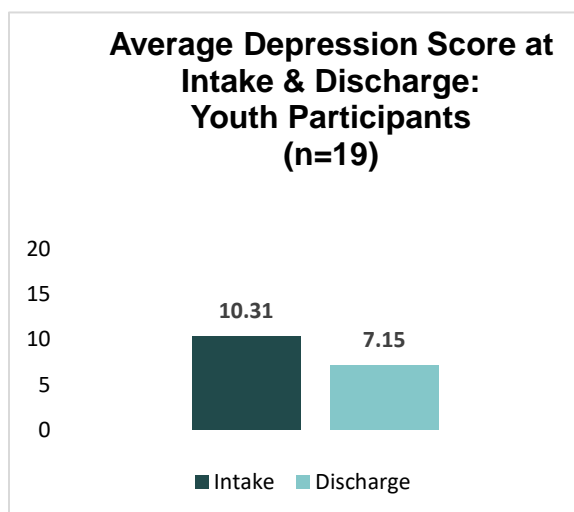
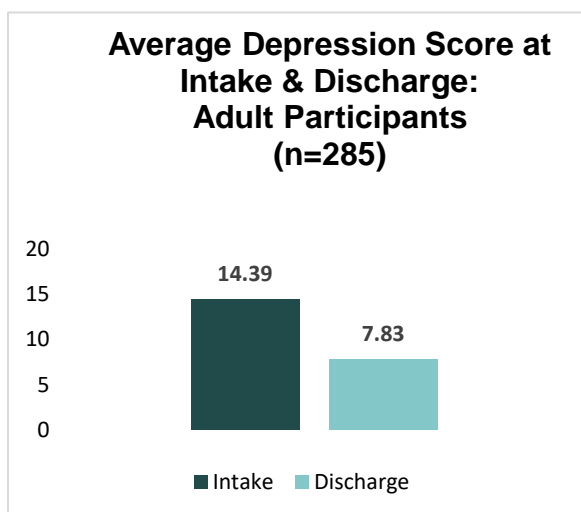
English 55%  
Spanish 43%  
Other 2%

\*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<sup>§</sup>

**511** individuals received core program services

**11** point decrease in average participant depression severity

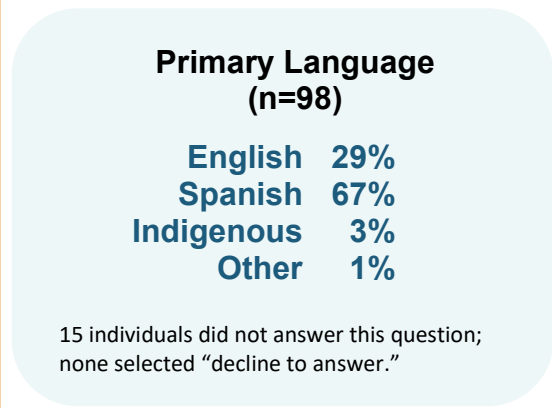
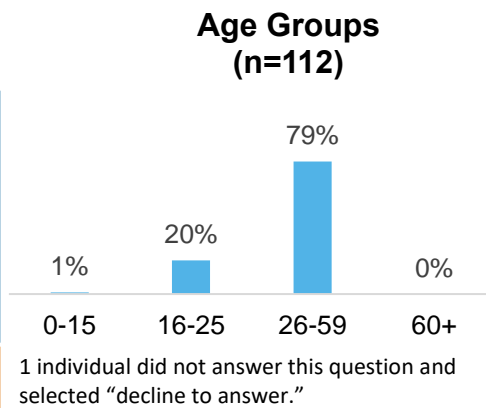
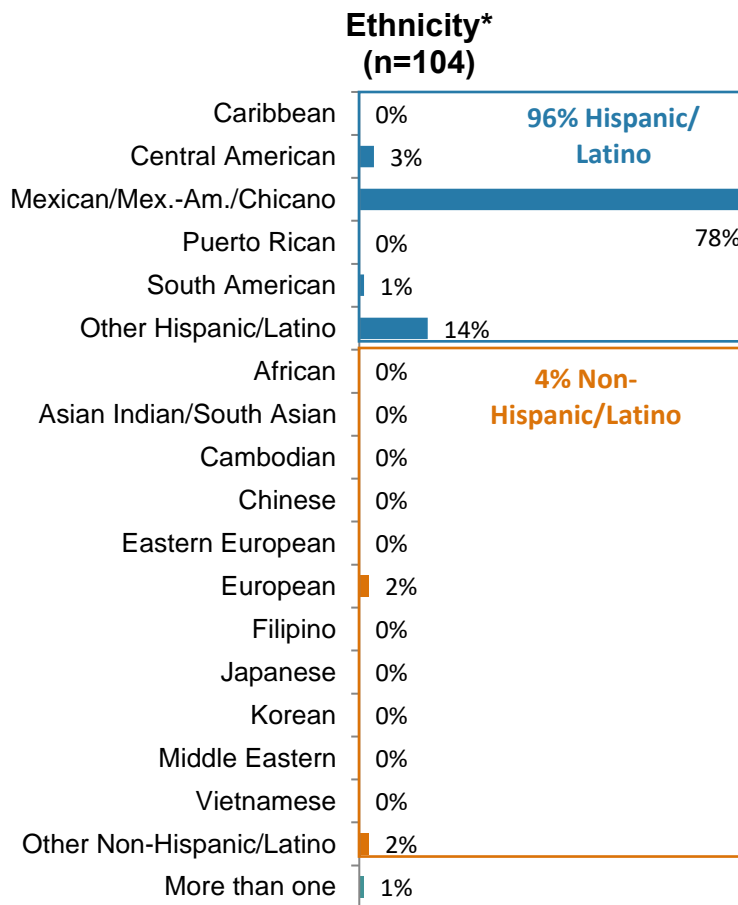
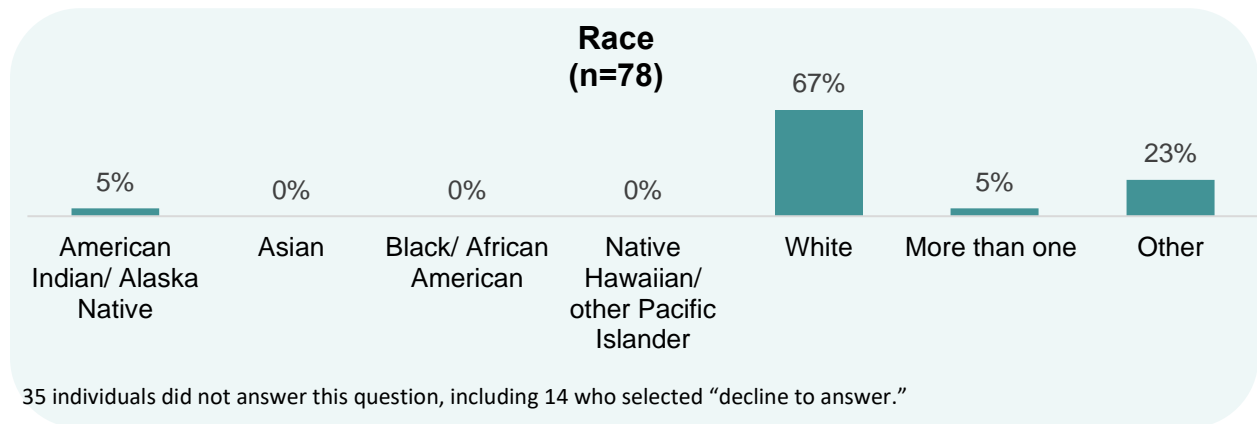
**9.7** point decrease in average participant anxiety severity

<sup>§</sup>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 MHSa-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

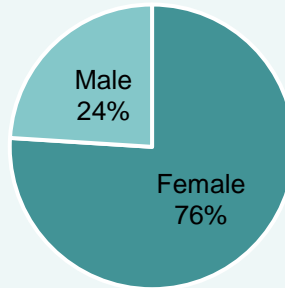
## Demographic Data

### 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."

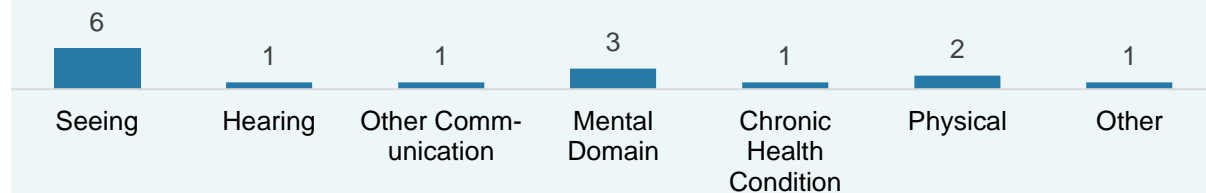
**2% of individuals identify as veterans**

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)



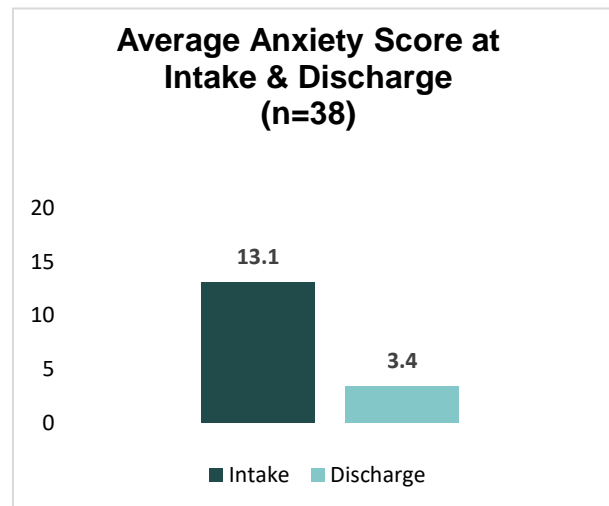
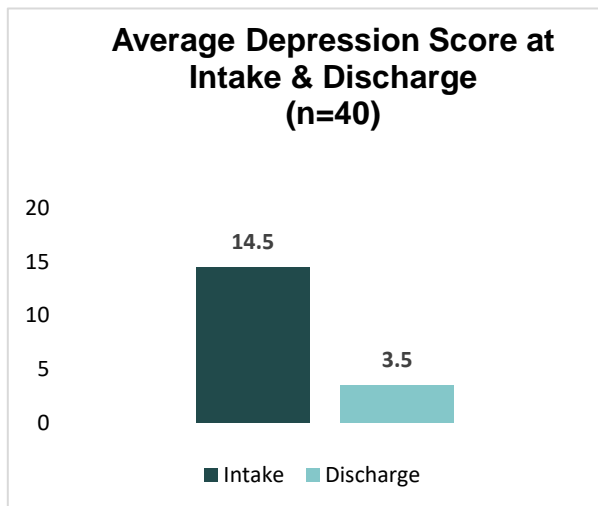
\* Percentages/counts may exceed 100%/number of individuals because participants could choose more than one response option.

# 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)<sup>§</sup>

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)

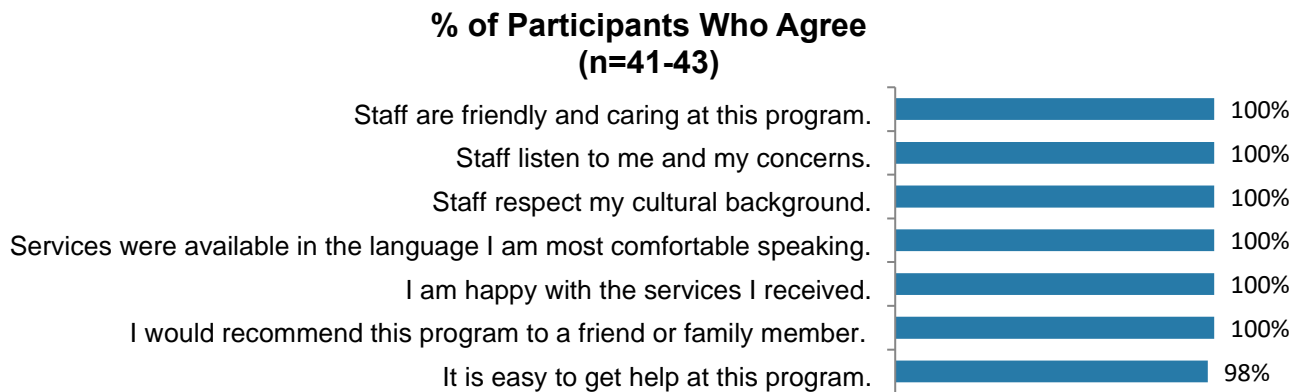
As a result of participating in Project Esperanza ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	71%	27%	2%	0%
I am more willing to seek help for a mental health problem.	80%	20%	0%	0%
I believe people with mental illness can 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%

<sup>§</sup>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

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## 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<sup>‡</sup>

**33** individuals received core program services

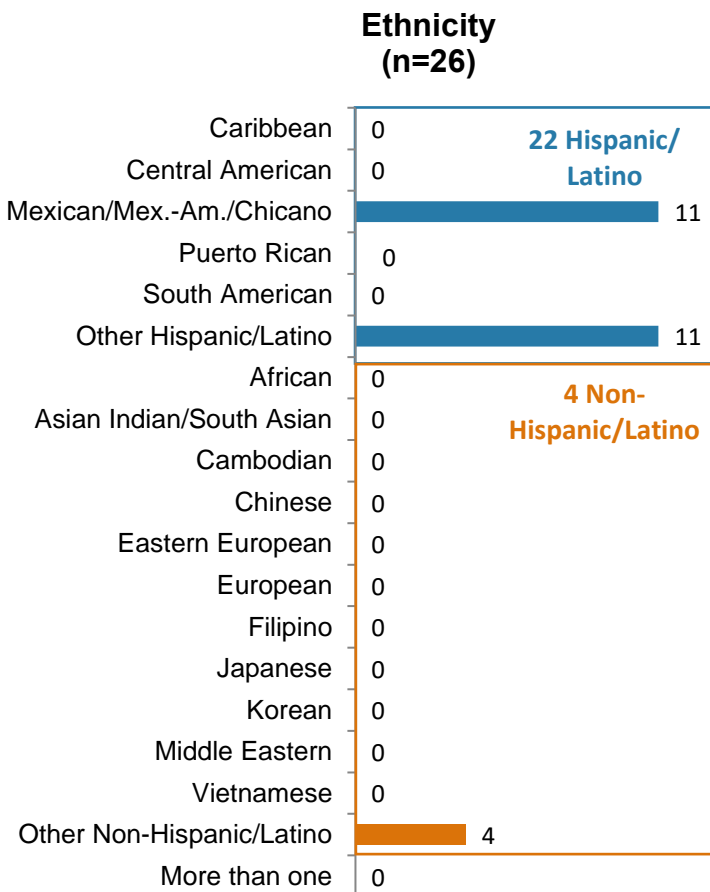
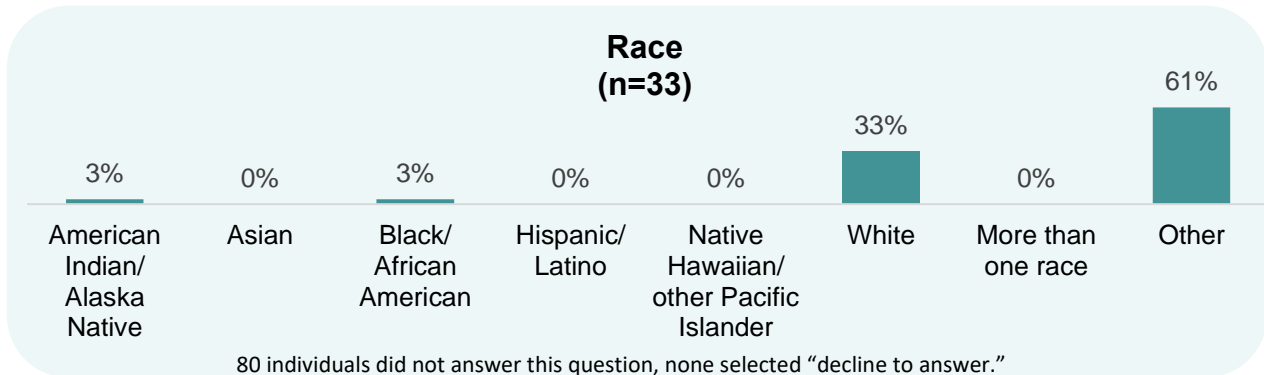
**155** average length of stay  
**Days**

<sup>‡</sup>This program did not provide referrals.

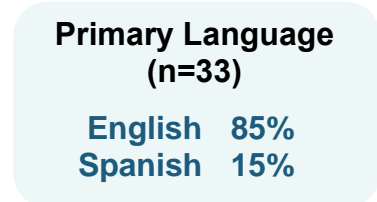
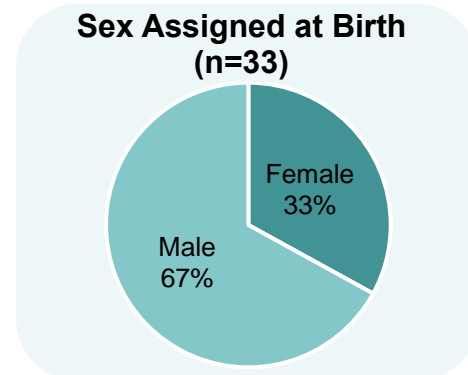
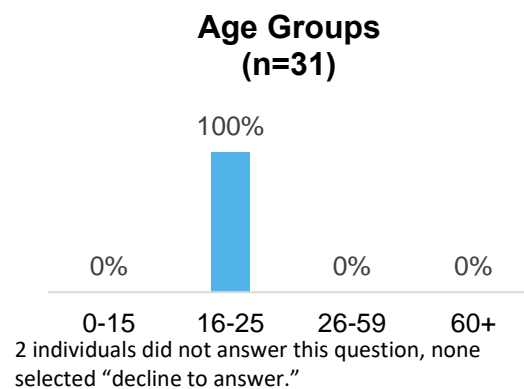
# EARLY DETECTION AND INTERVENTION FOR THE PREVENTION OF PSYCHOSIS (EDIPP)

## 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
<b>TOTAL # of Activities/Events</b>	<b>739</b>

## 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<sup>‡</sup>

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

**50** individuals reached through outreach events<sup>†</sup>

**1,535** individuals reached through other program activities<sup>†</sup>

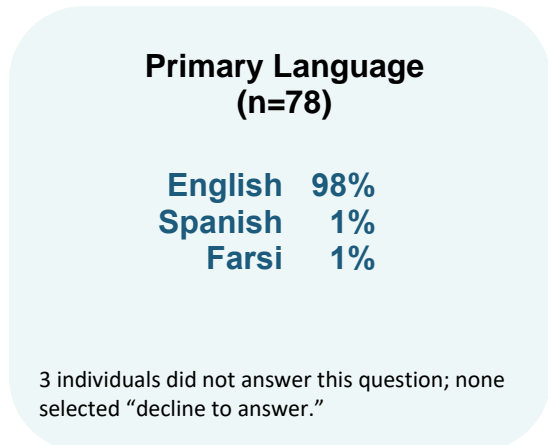
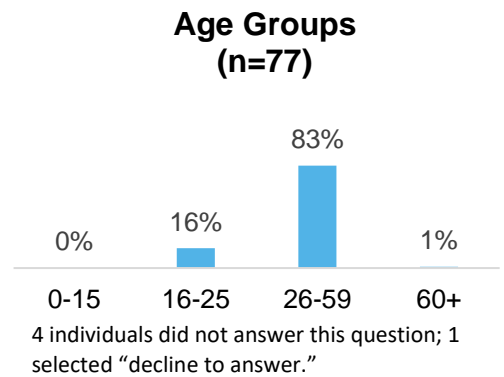
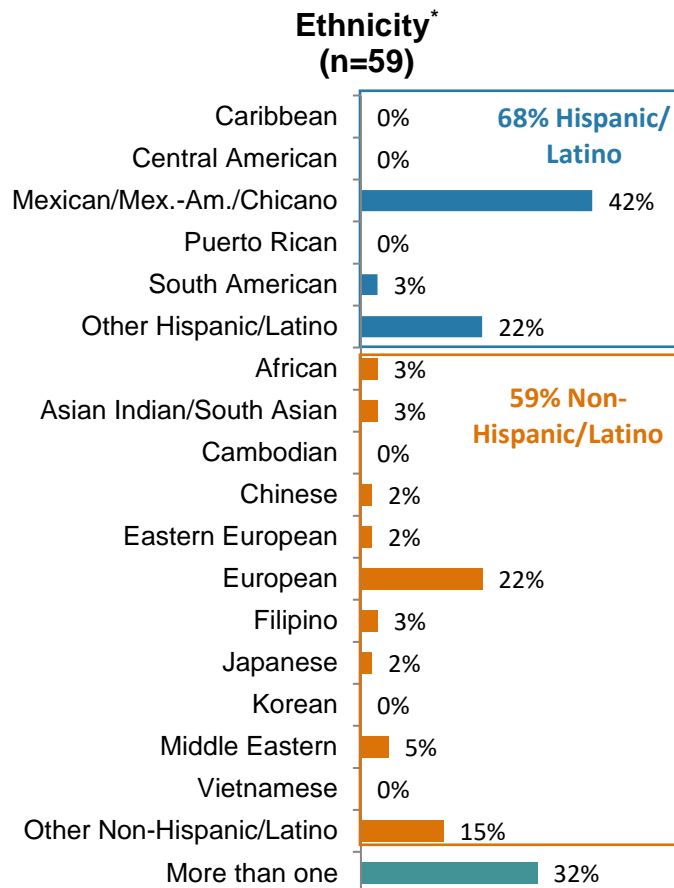
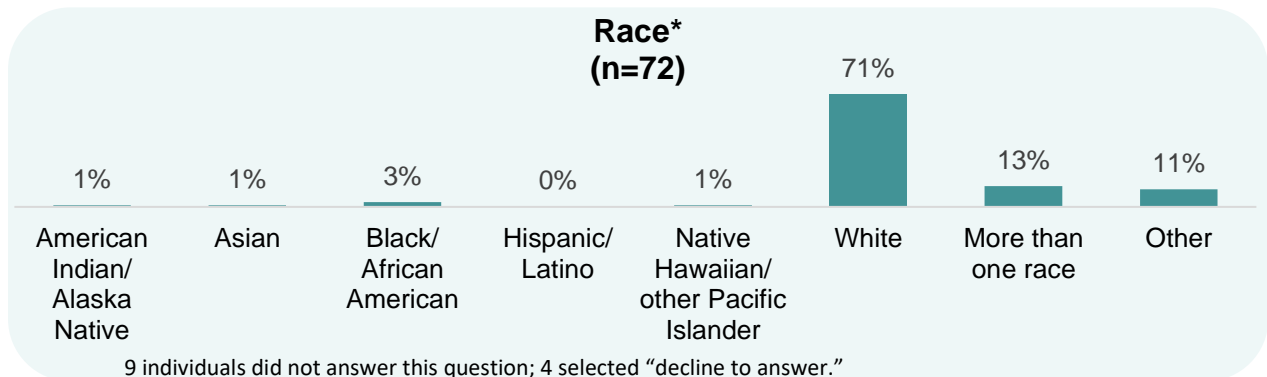
<sup>‡</sup>This program did not provide referrals.

<sup>†</sup>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

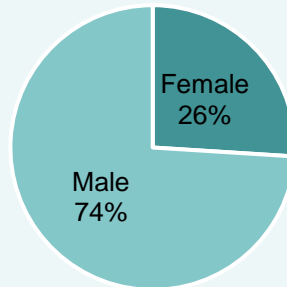
## Demographic Data

### 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
<b>TOTAL # of Activities/Events</b>	<b>54</b>



**1,535**  
participants in  
program activities<sup>†</sup>

## 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
<b>TOTAL # of Activities/Events</b>	<b>3</b>



**50** people reached  
through outreach events<sup>†</sup>

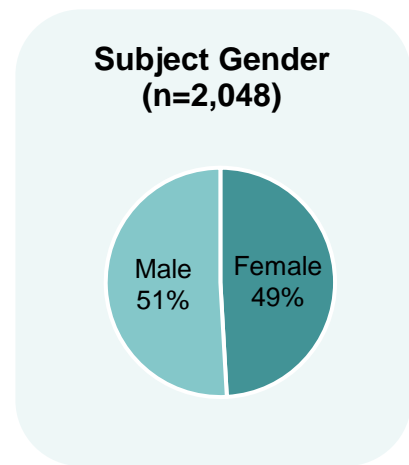
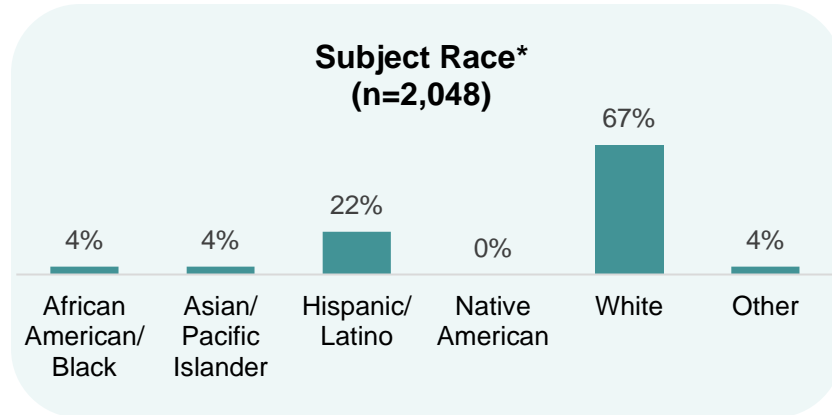
<sup>†</sup>Number of participants/people reached may not be unduplicated.



# 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)

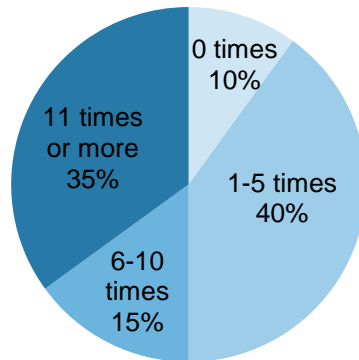
Current Employer	% of Respondents
Municipal Police Department	25%
Probation Office/Parole Agency	15%
Sheriff's Office	50%
Other (EMS, Fire Department, Navy)	10%
Rank/Classification	
Captain/Battalion Chief	5%
Dispatcher	2%
Officer/Deputy/Investigator	55%
Probation Officer/Parole Agent	13%
Sergeant	5%
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.

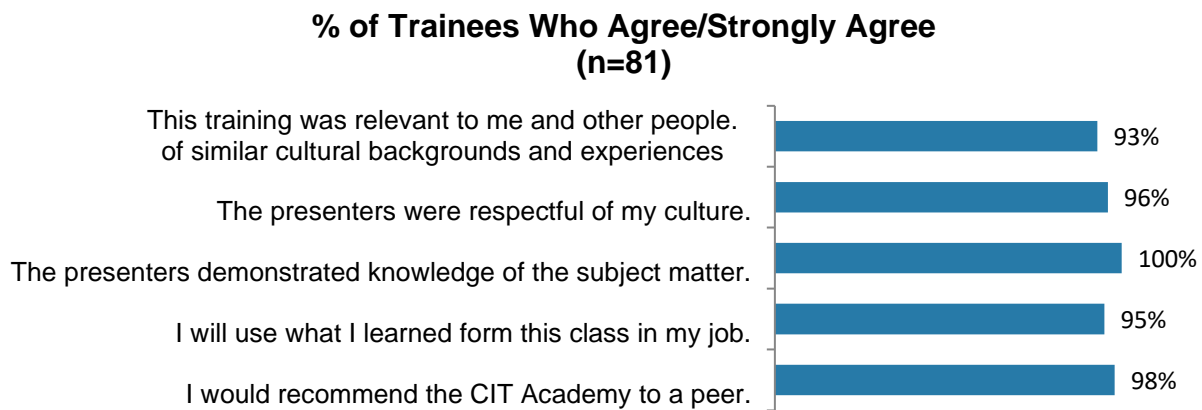
# CRISIS INTERVENTION TEAM

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

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## 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

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## 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<sup>‡</sup>

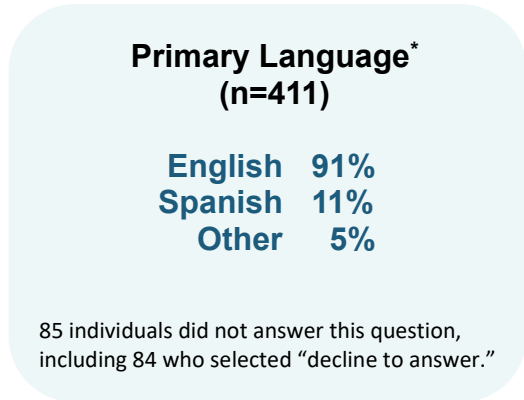
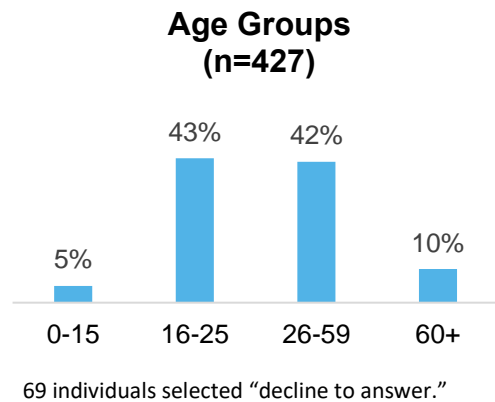
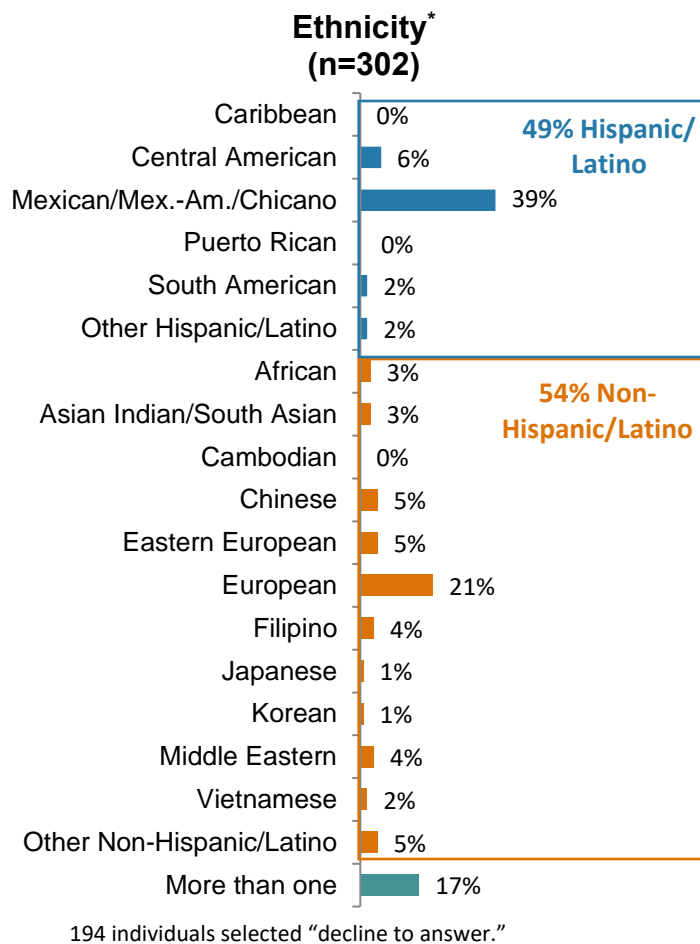
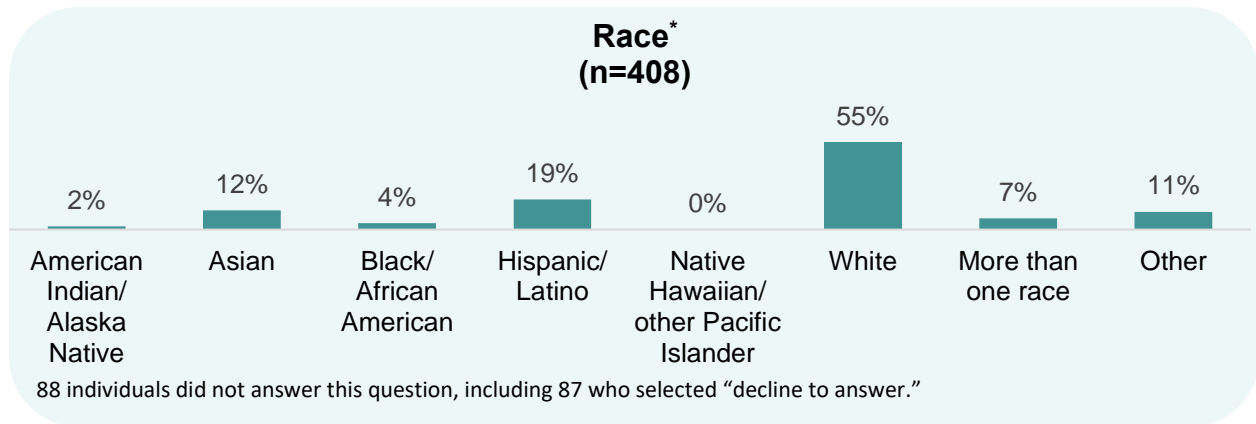
**496** individuals participated in an In Our Own Voice training

<sup>‡</sup>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

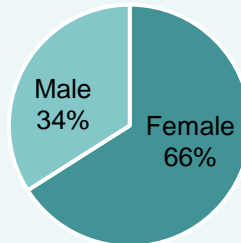
## Demographic Data

### 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.

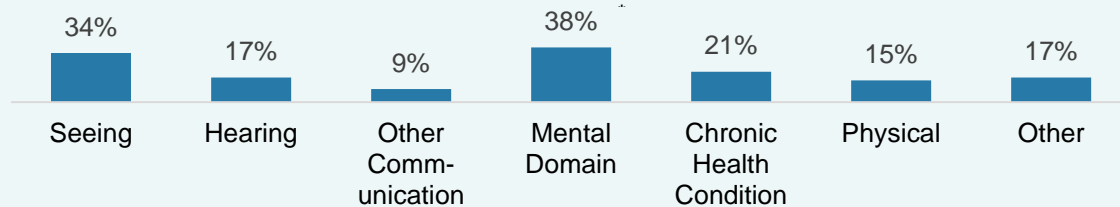
**3% of individuals identified as veterans**

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)

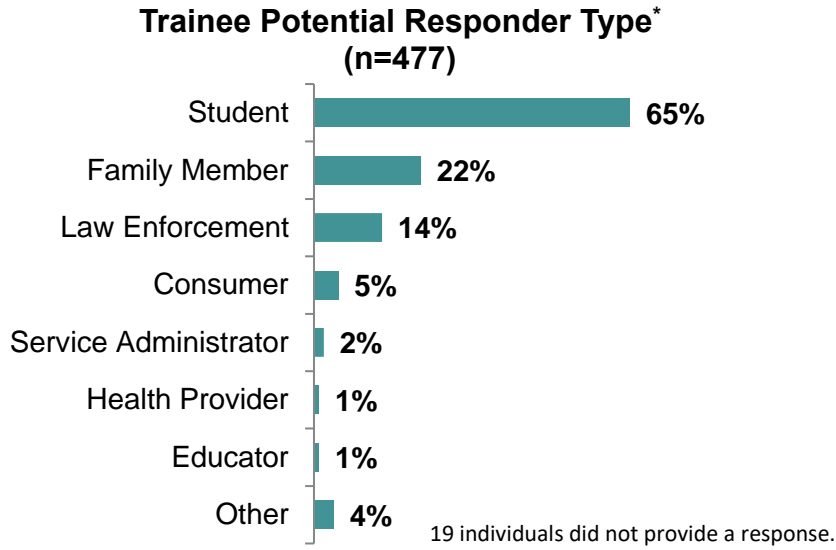
**74%** of individuals who did not previously feel that mental illness was a physical illness now agree that a mental illness is a physical illness, like diabetes. (n=105)

**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

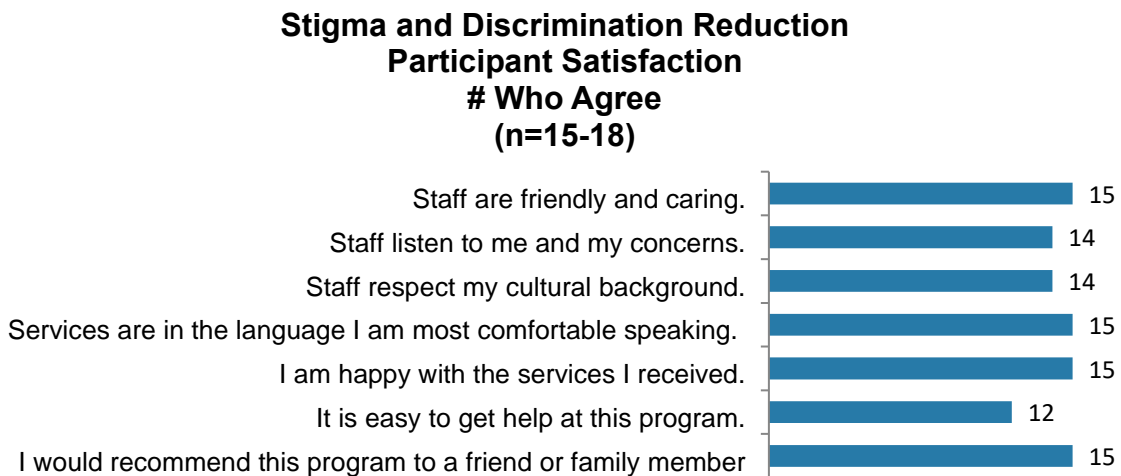
Additional characteristics of respondents to the NAMI survey is provided here about what sector the trainee would potentially be responding/providing help in.



\*Individuals could select more than one response option.

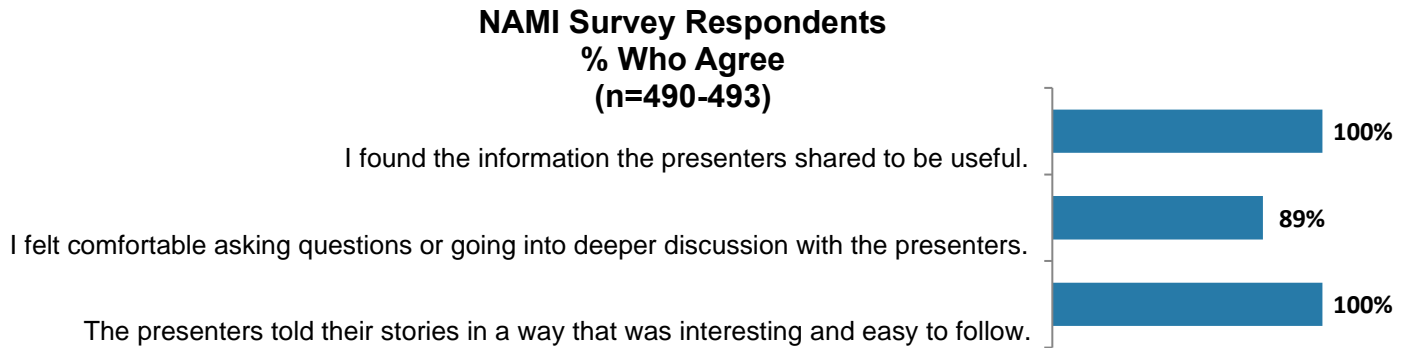
## Program Satisfaction

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

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## 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<sup>†</sup>

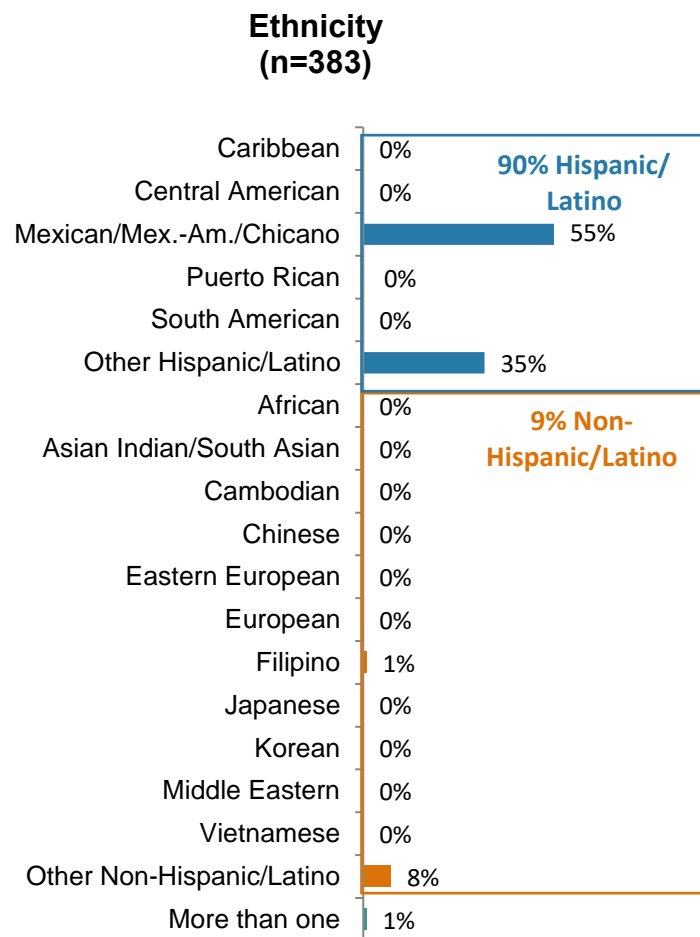
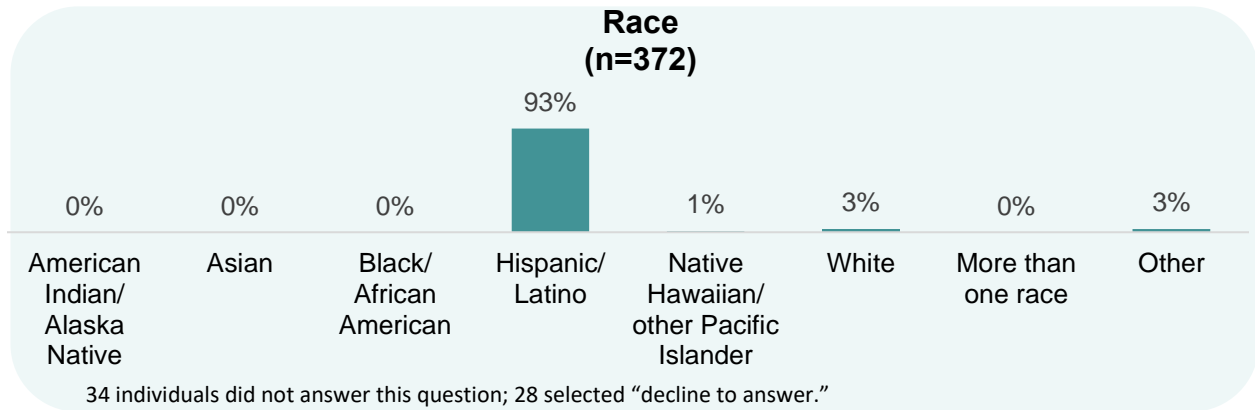
**63,393** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

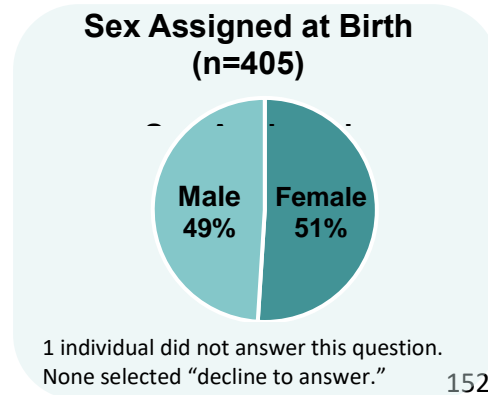
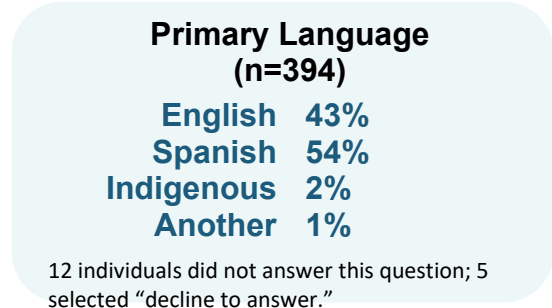
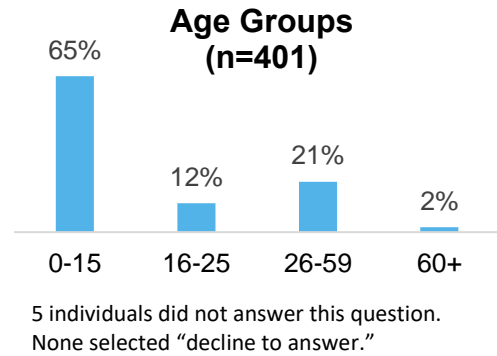
# LOGRANDO BIENESTAR

## 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<sup>†</sup>

## 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
<b>TOTAL # of Activities/Events</b>	<b>9</b>



**13,640** people reached through outreach events<sup>†</sup>



**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:

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

<sup>†</sup> 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<sup>‡</sup>

**43** individuals received core program services (trainings)

<sup>‡</sup>This program did not provide referrals.



# PROVIDER EDUCATION

## Program Activities

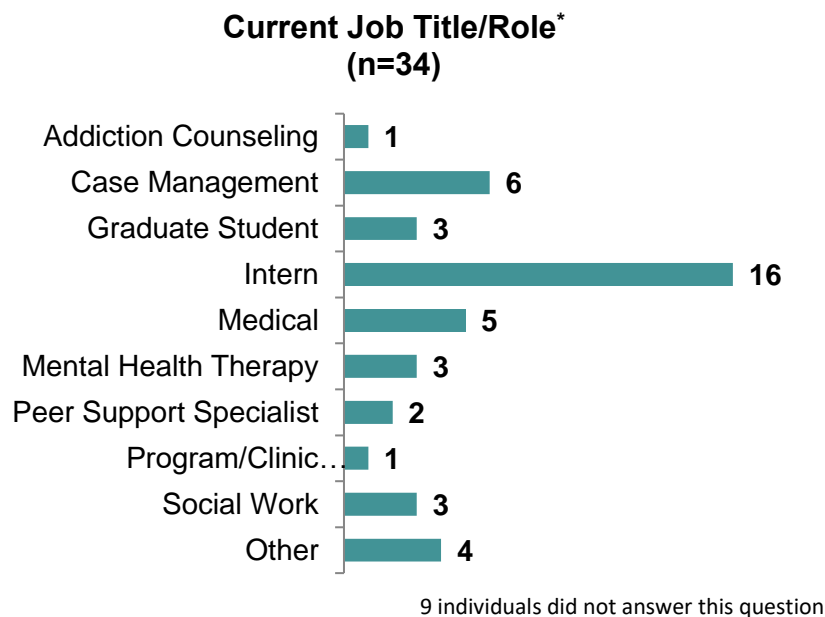
The primary program activity is a 4-hour course for paid staff or professionals who have been providing mental health services to clients for at least one year. The program provided 3 courses in fiscal year 2019–2020.



**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

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## 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<sup>†</sup>

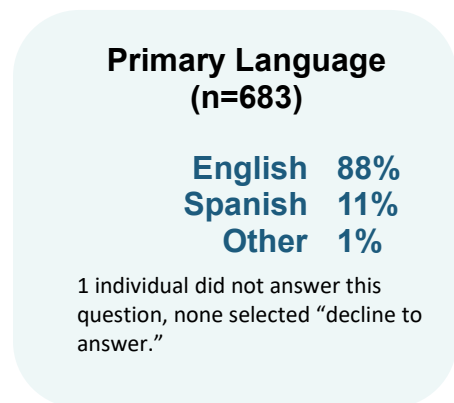
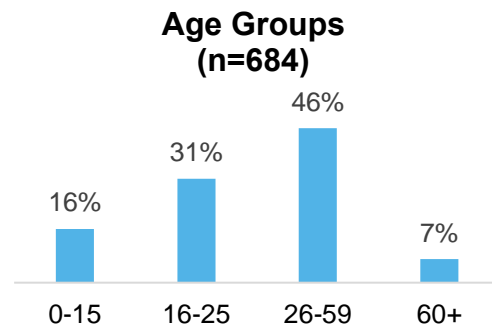
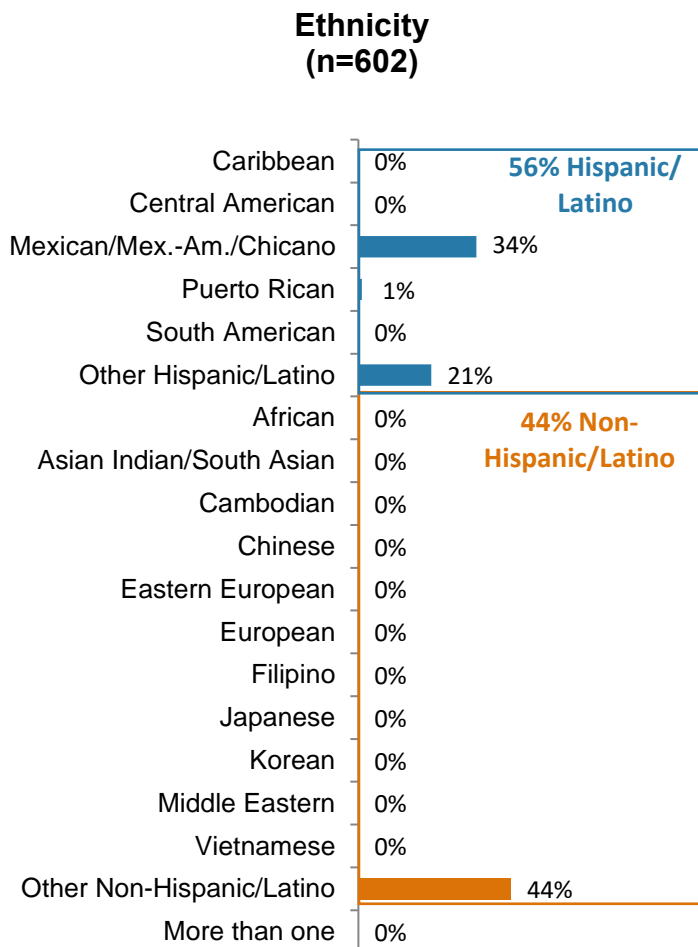
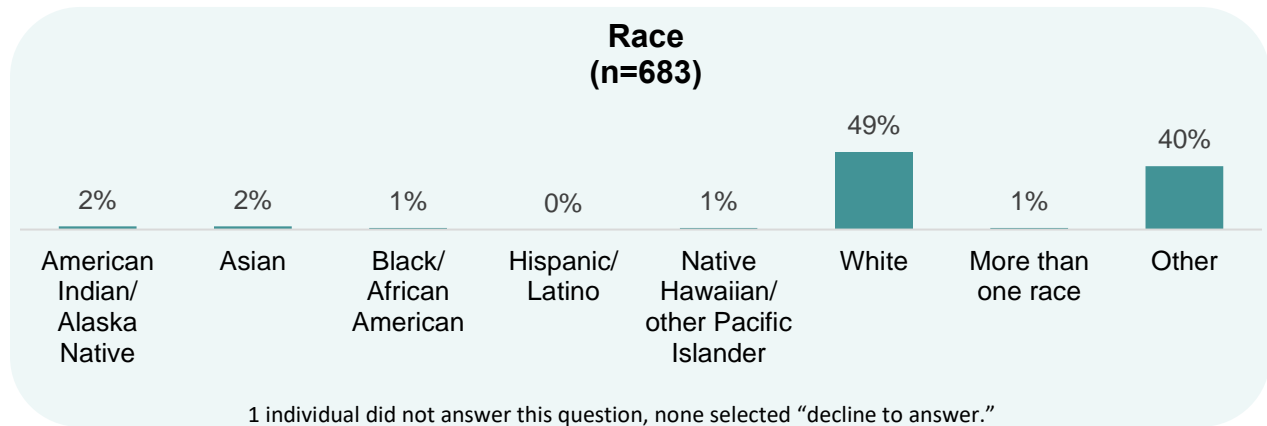
**684** individuals received core program services

<sup>†</sup>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.

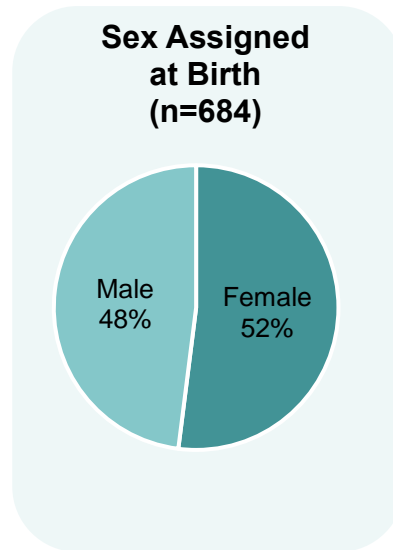


# RAPID INTEGRATED SUPPORT & ENGAGEMENT

**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
<b>TOTAL # of Activities/Events</b>	<b>2,070</b>

## 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<sup>‡</sup>

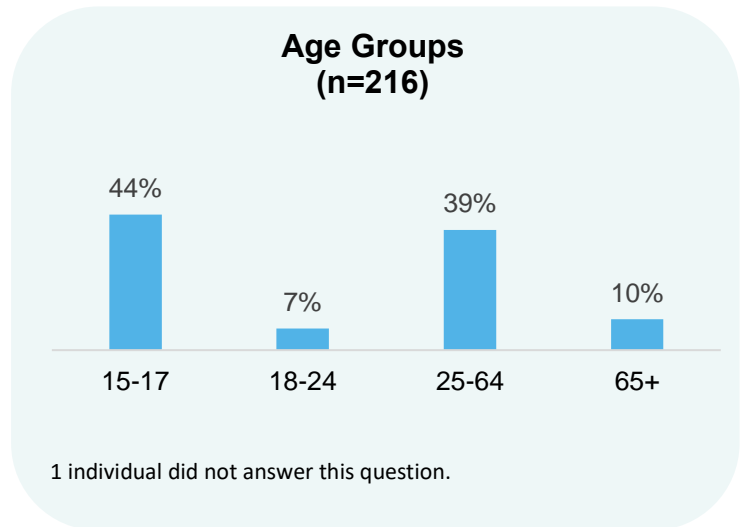
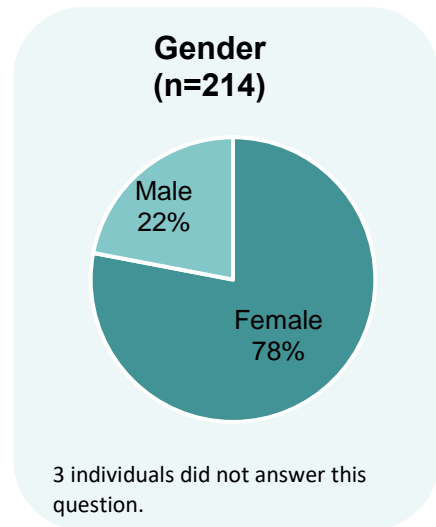
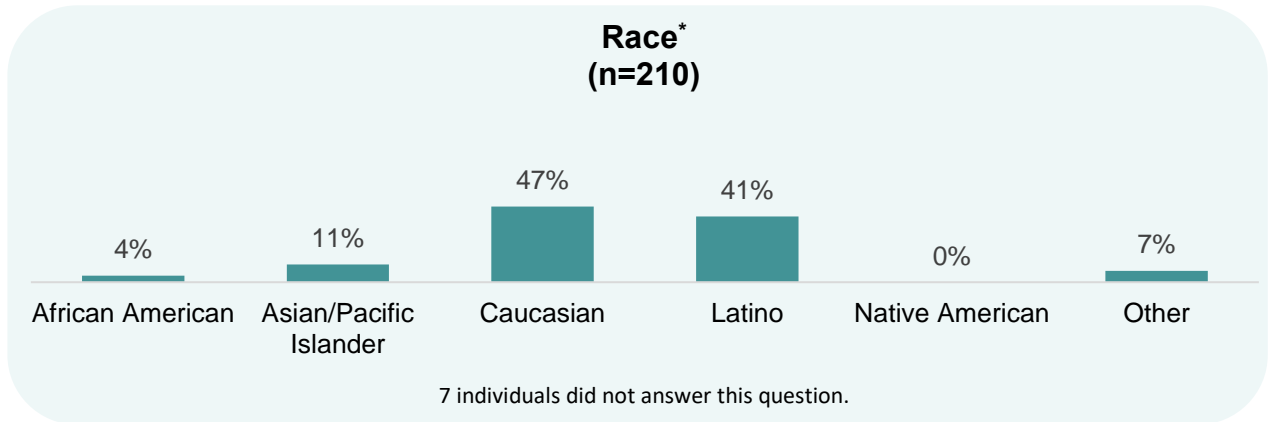
**329** individuals received core program services  
(trainings)

<sup>‡</sup>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
<b>TOTAL # of Trainees</b>	<b>329</b>



**18** trainings provided

**329** participants trained

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

# 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

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## 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<sup>§</sup>**

<b>Geographic Area</b>	<b>Number of Participants Served</b>	<b>% of Total</b>
Camarillo	190	5%
Fillmore	171	5%
Moorpark	38	1%
Newbury Park	37	1%
Oak Park	8	0%
Ojai	36	1%
Oxnard	<b>1,191</b>	<b>34%</b>
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%
<b>Total with available city of residence data:</b>	<b>3,468</b>	

<sup>§</sup>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<sup>§</sup>

<b>Ethnicity*</b>	(n=637)	<b>Hispanic Ethnicities<sup>^</sup></b>		(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>		<b>Non-Hispanic Ethnicities<sup>^</sup></b>		(n=95)	
<b>Age</b>	(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%
<b>Primary Language*</b>	(n=800)	<b>Race*</b>		(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%		
<b>Sex Assigned at Birth</b>	(n=709)	White	20%		
Female	78%	Other	4%		
Male	22%	More than one	9%		
<i>Declined to answer: 15</i>		<b>Current Gender Identity</b>		(n=791)	
<b>Sexual Orientation*</b>	(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<sup>§</sup>

Ethnicity* (n=1,346)		Hispanic Ethnicities <sup>^</sup> (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 <sup>^</sup> (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.

<sup>§</sup> 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.

<sup>^</sup> 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

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## 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, 6<sup>th</sup> 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

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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
<b>Total</b>	<b>57</b>	<b>1,485</b>

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
<b>Total</b>	<b>1,485</b>



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.

<b>Table 3. CHAMPS Training Satisfaction (n=193-194)</b>				
	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.

<b>Table 4. Trauma Informed Practices Training Satisfaction (n=30-31)</b>				
	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.**

<b>Table 5. Trauma Informed Practices Training Outcome (n=30-31)</b>					
<b>Based on the training....</b>	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>	<b>NA</b>
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.

<b>Table 6. Mental Health Services Continuum Training Satisfaction (n=102)</b>			
	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>
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%

<b>Table 7. Mental Health Services Continuum Training Outcomes (n=101-102)</b>			
	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>
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.

	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% High Above Average</b>
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

<b>Table 9. Mindfulness Training Satisfaction (n=16)</b>				
	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.

<b>Table 10. Restorative justice Training Satisfaction (n=8)</b>				
	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent</b>
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.

<b>Table 11. RISE Training Satisfaction (n=15)</b>				
	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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%

<b>Table 12. RISE Training Outcomes (n=15)</b>				
	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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.

<b>Table 13. safeTALK Trainee Outcomes (n=228-233)</b>				
	<b>% Disagree</b>	<b>% Partly Agree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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.

<b>Table 14. Building Resiliency Training Satisfaction (n=35)</b>				
	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.

<b>Table 15. Web-based Technologies Training Outcomes (n=35-36)</b>				
	<b>% Disagree</b>	<b>% Partly Agree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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.

<b>Topic</b>	<b>Number of Trainings</b>	<b>Number of Participants</b>
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
<b>Total</b>	<b>18</b>	<b>859</b>

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.

	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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%

<b>Table 18. Meaningful Mondays Training Outcomes (n=28-29)</b>					
<b>Before the Training</b>	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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%
<b>After the Training</b>					
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.

<b>Table 19. Social Emotional Learning Training Satisfaction (n=70-71)</b>				
	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.

	<b>% Below Average</b>	<b>% Average</b>	<b>% Above Average</b>	<b>% Excellent</b>
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.

	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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 20<sup>th</sup>, 2019 (27 participants)
  - Feb 18<sup>th</sup>, 2020 (19 participants)
  - April 22<sup>nd</sup>, 2020 (19 participants)
  - May 11<sup>th</sup>, 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.

<b>Table 22. Youth Mental Health Conference Outcomes (n=84)</b>					
	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Agree</b>	<b>% Strongly Agree</b>	<b>% Not Applicable</b>
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.

<b>Session Name</b>	<b>Number of Participants</b>
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**

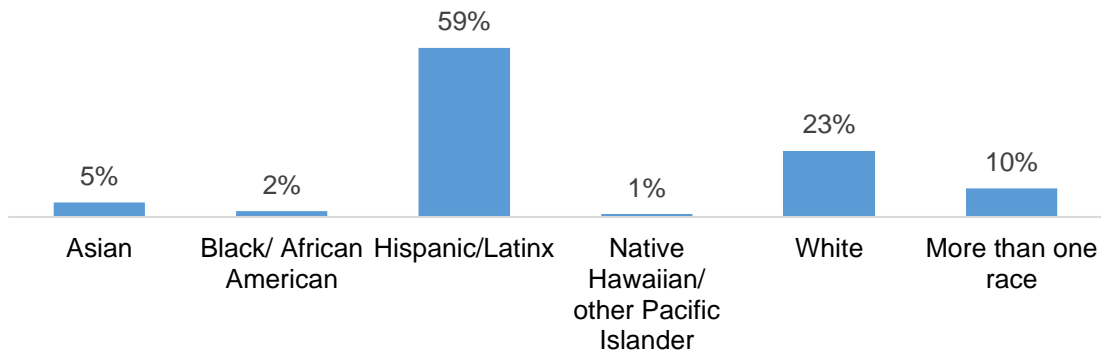
- More Interactive Activities/Sessions (n=11)
- More Sessions/Stations/Activities (n=8)
- Increase outreach/turnout (n=7)

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

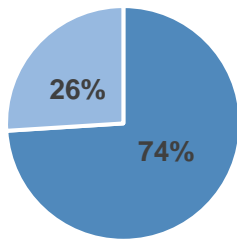
*“Some youth mentioned the need for more relevant tips on what to do when you're feeling anxious for example.”*

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

**Race n=82**



**Age (n=84)**

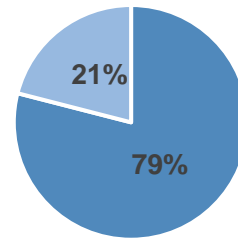


■ 18 and Under ■ Over 18

**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.

<b>School District</b>	<b>Number of Screenings</b>
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
<b>Total</b>	<b>27,649</b>

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.

<b>School District</b>	<b>School-based Individual</b>	<b>School-based Group</b>	<b>Community-based Mental Health</b>	<b>Other*</b>
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
<b>Total</b>	<b>13,344</b>	<b>6,800</b>	<b>1,200</b>	<b>362</b>



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
<b>Total</b>	920	83,241

<b>Table 27. Staff and Student Trainings: Attendee Type</b>					
<b>School District</b>	<b>Attendee Type</b>				
	<b>Certificated</b>	<b>Classified</b>	<b>Student</b>	<b>Other</b>	<b>Unknown</b>
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
<b>Total</b>	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.

<b>Table 28. Staff Training Outcomes (n=342-347)</b>	
<b>As a result of participating in this training...</b>	<b>%</b>
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
<b>Total</b>	<b>38,805</b>	<b>12,338</b>	<b>14,480</b>	<b>164</b>

**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
<b>Total</b>	<b>221</b>	<b>8,984</b>	<b>4,962</b>

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.

<b>Table 33. Family Engagement/Education Outcomes (n=70-73)</b>	
<b>As a result of participating in this training...</b>	<b>%</b>
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

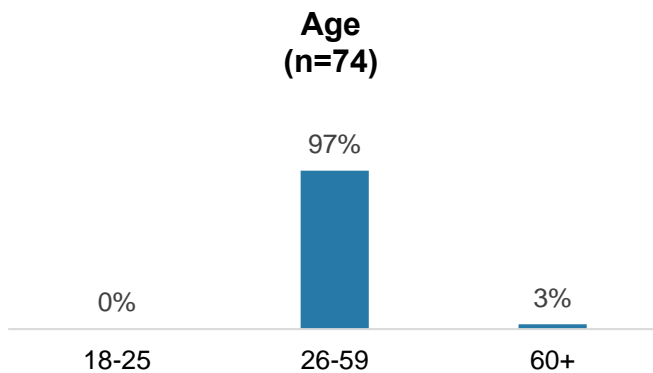
Additionally, family members were asked what the most helpful thing they learned in the training was. Of 83 surveys, 25 individuals provided a response. Top responses are listed below:

- 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%

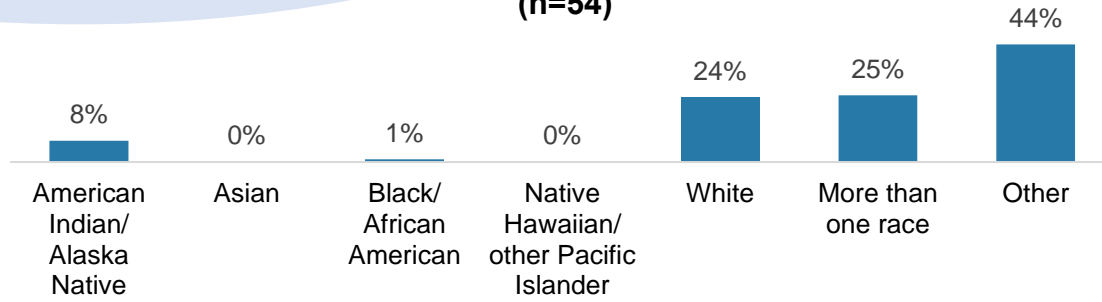
**Sexual Orientation (n=50)**

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)**

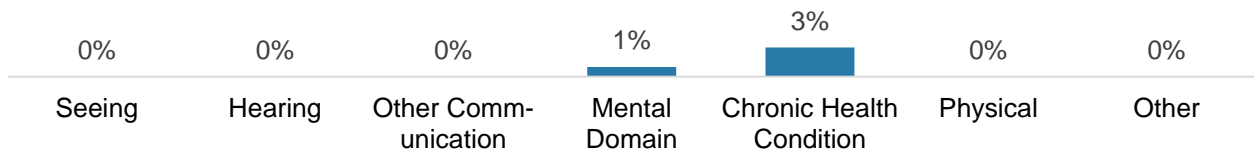


**Ethnicity  
(n=67)**

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
<b>Total</b>	<b>663</b>	<b>229</b>	<b>137</b>	<b>0</b>



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
<b>Total</b>	<b>46</b>	<b>17,345</b>
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
<b>Total</b>	<b>19</b>	<b>17,345</b>

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

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.

<b>Table 37. Staff Training Outcomes (n=82-83)</b>	
<b>As a result of participating in this training...</b>	<b>%</b>
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%

<b>Table 38. Staff Training Satisfaction (n=82-83)</b>	
	<b>%</b>
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.

Table 39. Family Engagement/Education		
Topic	Number of Events	Number of Participants
Brain and Behavior	1	51
Building Resilience in Your Child	1	115
Vaping and Cannabis	1	350
<b>Total</b>	<b>3</b>	<b>516</b>

### 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 40. Early Intervention Activities by School Site			
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
<b>Total</b>	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
<b>Total</b>	<b>821</b>

## 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
<b>Total</b>	<b>42</b>	<b>12</b>	<b>11</b>	<b>3</b>

\*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
<b>Total</b>	<b>9</b>	<b>635</b>
School Site		
Bard Elementary	1	90
Blackstock Junior	2	170
EO Green Junior	2	90
Haycox Junior	1	80
Virtual/Zoom	3	205
<b>Total</b>	<b>9</b>	<b>635</b>

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

### 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
<b>Total</b>	<b>71</b>	<b>885</b>
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
<b>Total</b>	<b>71</b>	<b>885</b>
*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
<b>Total</b>	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-8<sup>th</sup>, 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
<b>Total</b>	<b>428</b>

## 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
<b>Total</b>	<b>164</b>	<b>147</b>	<b>9</b>	<b>0</b>



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
<b>School Site</b>		
Campus Canyon	1	57
Chaparral Middle	1	190
Mesa Verde Middle	1	229
<b>Total</b>	<b>3</b>	<b>476</b>

Attendee Type	Number
Certificated	6
Classified	1
Student	469
Other	0
<b>Total</b>	<b>476</b>

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
<b>Total</b>	<b>2</b>	<b>41</b>
<b>School Site</b>		
Chaparral Middle	1	22
Flory Elementary	1	19
<b>Total</b>	<b>2</b>	<b>41</b>
* 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
<b>Total</b>	<b>184</b>	<b>80</b>	<b>0</b>

# 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
<b>Total</b>	<b>96</b>

## 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
<b>Total</b>	<b>41</b>	<b>1</b>	<b>50</b>	<b>2</b>

\*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
<b>Total</b>	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
<b>Total</b>	<b>13,337</b>

### 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
<b>Total</b>	<b>4</b>	<b>700</b>

### 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
<b>Total</b>	<b>1,544</b>	<b>1,183</b>	<b>0</b>	<b>0</b>

# 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
<b>Total</b>	<b>126</b>

## 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
<b>Total</b>	<b>35</b>	<b>17</b>	<b>31</b>	<b>0</b>



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
<b>Total</b>	<b>8</b>	<b>514</b>
School Site		
Nordhoff High*	3	185
Matilija Middle	2	300
San Antonio Elementary	1	11
Ojai Unified School District	2	18
<b>Total</b>	<b>8</b>	<b>514</b>
* 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
<b>Total</b>	<b>514</b>

### **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).

<b>School Site</b>	<b>Number</b>
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
<b>Total</b>	<b>12,985</b>

## 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
<b>Total</b>	<b>3,632</b>	<b>3,216</b>	<b>292</b>



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.

<b>Table 66. Staff and Student Trainings</b>		
<b>Topic</b>	<b>Number of Trainings/Events</b>	<b>Number of Participants</b>
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
<b>Total</b>	<b>413</b>	<b>31,649</b>
<b>School Site</b>		
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
<b>Total</b>	<b>413</b>	<b>31,649</b>

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.

<b>Table 68. Staff Training Outcomes (n=62-64)</b>	
<b>As a result of participating in this training...</b>	<b>%</b>
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%

<b>Table 69. Staff Training Satisfaction (n=62-64)</b>	
	<b>%</b>
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).

<b>Table 70. Family Engagement/Education</b>		
<b>Topic</b>	<b>Number of Trainings/Events</b>	<b>Number of Participants</b>
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
<b>Total</b>	<b>88</b>	<b>1,926</b>
<b>School Site</b>		
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
<b>Total</b>	<b>88</b>	<b>1,926</b>

## 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.

<b>Table 71. Early Intervention Activities by School Site</b>			
<b>School Site</b>	<b>School-based Individual</b>	<b>School-based Group</b>	<b>Other*</b>
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
<b>Total</b>	<b>6,657</b>	<b>5,791</b>	<b>11,670</b>
* 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
<b>Total</b>	<b>6,799</b>

## 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
<b>Total</b>	<b>7,232</b>	<b>1,978</b>	<b>108</b>	<b>80</b>
* 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
<b>School Site</b>			
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
	<b>Total</b>	178	9,783

<b>Table 75. Staff and Student Trainings: Attendee Type</b>	
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.

<b>Table 76. Student Training Outcomes (n=43-45)</b>	
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
<b>Total</b>	<b>25</b>	<b>3,440</b>
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
<b>Total</b>	<b>25</b>	<b>3,440</b>

## 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
<b>Total</b>	<b>5,574</b>	<b>1,981</b>	<b>1,157</b>	<b>33</b>

\* 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-8<sup>th</sup> 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
<b>Total</b>	<b>47</b>

## 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
<b>Total</b>	<b>33</b>	<b>6</b>	<b>55</b>	<b>5</b>

\*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
<b>Total</b>	49	5,577
<b>School Site</b>		
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
<b>Total</b>	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.

<b>Attendee Type</b>	<b>Number</b>
Certificated	629
Classified	0
Students	4,202
Other	15
Unknown	731
<b>Total</b>	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.

<b>As a result of participating in this training...</b>	<b>%</b>
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%

<b>Table 84. Staff Training Satisfaction (n=68-69)</b>	
	<b>%</b>
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.

<b>Table 85. Family Engagement/Education</b>		
<b>Topic</b>	<b>Number of Trainings/Events</b>	<b>Number of Participants</b>
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
<b>Total</b>	17	1,046
<b>School Site</b>		
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
<b>Total</b>	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
<b>Total</b>	<b>8,279</b>	<b>792</b>	<b>767</b>	<b>2</b>

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
<b>Total</b>	<b>1,723</b>

## 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
<b>Total</b>	<b>853</b>	<b>427</b>	<b>335</b>	<b>157</b>
*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.

<b>Event/Training Topic</b>	<b>Number of Events</b>	<b>Number of Participants</b>
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
<b>Total</b>	<b>29</b>	<b>1,029</b>

<b>Attendee Type</b>	<b>Number</b>
Certificated	44
Classified	28
Students	860
Other	15
Unknown	82
<b>Total</b>	<b>1,029</b>

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

	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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)**

	<b>% Strongly Disagree</b>	<b>% Disagree</b>	<b>% Neutral</b>	<b>% Agree</b>	<b>% Strongly Agree</b>
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
<b>School Site</b>		
Isbell Middle	2	75
Santa Paula High	2	12
<b>Total</b>	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
<b>Total</b>	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.

Table 95. Screenings by School Site	
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
<b>Total</b>	<b>3,877</b>

## 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
<b>Total</b>	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
<b>Total</b>	<b>51</b>	<b>1,267</b>
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
<b>Total</b>	<b>51</b>	<b>1,267</b>

Table 98. Staff and Student Trainings: Attendee Type	
Attendee Type	Number
Certificated	688
Classified	310
Students	0
Other	0
Unknown	269
<b>Total</b>	<b>1,267</b>

## 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
<b>Total</b>	<b>156</b>	<b>117</b>	<b>100</b>	<b>0</b>
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.

<b>Table 100. Screenings by School Site</b>	
<b>School Site</b>	<b>Number</b>
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
<b>Total</b>	<b>653</b>

## 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.

<b>Table 101. Referrals by School Site</b>				
<b>School Site</b>	<b>School-based Individual</b>	<b>School-based Group</b>	<b>Community-based Mental Health</b>	<b>Other*</b>
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
<b>Total</b>	<b>547</b>	<b>694</b>	<b>167</b>	<b>108</b>
*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
<b>Total</b>	<b>68</b>	<b>1,629</b>
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
<b>Total</b>	<b>68</b>	<b>1,629</b>
*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.		

<b>Table 103. Staff and Student Trainings: Attendee Type</b>	
<b>Attendee Type</b>	<b>Number</b>
Certificated	857
Classified	295
Students	0
Other	0
Unknown	477
<b>Total</b>	<b>1,629</b>

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.

<b>Table 104. Staff Training Outcomes (n=75-76)</b>	
<b>As a result of participating in this training...</b>	<b>%</b>
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%
--	-----

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
<b>Total</b>	<b>8</b>	<b>343</b>
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
<b>Total</b>	<b>8</b>	<b>343</b>

### 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
<b>Total</b>	<b>636</b>	<b>855</b>	<b>106</b>	<b>5</b>
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.

# Ventura County Mental Health Services Act

## Prevention & Early Intervention FY 2020-2021 Evaluation Report



VENTURA COUNTY  

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BEHAVIORAL HEALTH  
A Department of Ventura County Healthcare Agency

Developed by:

**EVALCORP**  
Measuring What Matters™

# ACKNOWLEDGMENTS

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

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# INTRODUCTION

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## Overview

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

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

## PEI Regulations

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

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

### The program categories include:

- **Prevention:** Set of related activities to reduce risk factors for developing a potentially serious mental illness and to build positive factors. Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.
- **Early Intervention:** Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including negative outcomes that may result from untreated mental illness. Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness:** The process of engaging, encouraging, educating and/or training and learning from potential responders (family, school personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness Program services may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.
- **Access and Linkage to Treatment:** A set of related activities to connect children, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment including, but not limited to, care provided by county

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



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

- **Stigma and Discrimination Reduction:** The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and to increase acceptance, dignity, inclusion and equity for individuals with mental illness and members of their families.
- **Suicide Prevention (optional):** Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.
- **Improving Timely Access to Services for Underserved Populations (optional):** To increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

**The strategies include:**

- **Improving Timely Access to Services for Underserved Populations:** See above definition
- **Access and Linkage to Treatment:** See above definition
- **Implementing Non-Stigmatizing and Non-Discriminatory Practices:** Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
- **Outreach for Increasing Recognition of Early Signs of Mental Illness (optional):** See above definition

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

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

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

# EVALUATION METHODOLOGY

## Evaluation Approach

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

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

## Data Collection and Analysis

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

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

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

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

## Data Notes

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

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

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

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

# COVID-19 PANDEMIC

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## Impact of COVID-19 Pandemic on Providers

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

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

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

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

## Impacts of COVID-19 on Program Beneficiaries

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

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

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

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

Most respondents received services online (n=313)



Most felt these services were effective (n=223)



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



# REPORT ORGANIZATION

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

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

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

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

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

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

# PREVENTION

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

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

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

## Prevention Program Descriptions

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

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

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

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

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

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

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

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

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

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

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

**326,346**

individuals received core program services<sup>†</sup>

**23,428**

individuals referred to mental health care and/or social support services<sup>†</sup>

**850,516**

individuals reached through outreach events<sup>†</sup>

**23,558**

participants in reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.



## Prevention Programs: Demographics of Participants<sup>§</sup>

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

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

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

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

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

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

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

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

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

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

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

<sup>§</sup> Demographic data was not collected for MTSS VCOE, MTSS LEA, or Wellness Everyday

<sup>^</sup> Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

## Highlighted Successes and Challenges: Prevention Programs

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

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

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

# MULTI-TIERED SYSTEM OF SUPPORT (MTSS) Ventura County Office of Education (VCOE)

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

## Program Strategies



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



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

## Program Highlights<sup>‡</sup>

**2,305** individuals received core program services<sup>†</sup>

**119** individuals reached through outreach events<sup>†</sup>

**2,186** individuals reached through program activities<sup>†</sup>

<sup>‡</sup>This program did not provide referrals or demographic information.

<sup>†</sup>Number of individuals may be duplicated.

# MULTI-TIERED SYSTEM OF SUPPORT, VCOE

## Program Activities

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

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



**2,186** participants in program activities<sup>+</sup>

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

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

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

# MULTI-TIERED SYSTEM OF SUPPORT, VCOE

## Program Outreach

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

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



**119** people engaged through outreach activities<sup>†</sup>

## Staff/Student Trainings

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

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

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

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

## Program Outcomes and Satisfaction

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

<sup>†</sup>Number of individuals may be duplicated. Excludes Technical Assistance, Collaboration Meetings, and Other.

# MULTI-TIERED SYSTEM OF SUPPORT, VCOE

## Program Feedback

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

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

*“Literally everything that was presented was useful”*

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

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

## Conclusion and Recommendations

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

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

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

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

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

## Program Strategies



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



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

## Program Highlights<sup>‡</sup>

**306,610** individuals received core program services<sup>†</sup>

**22,558** individuals referred to mental health care and/or social support services<sup>†</sup>

<sup>‡</sup>This program did not provide demographic information.

<sup>†</sup>Number of individuals may be duplicated.

# MULTI-TIERED SYSTEM OF SUPPORT, LEA

## Program Activities

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

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



**306,610**  
participants in  
program activities<sup>†</sup>

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

## Program Referrals

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



**17,993** individuals referred to mental health care<sup>†</sup>



**2,862** students identified as at-risk



**4,565** individuals referred to social supports<sup>†</sup>



**29** calls to the VCBH Crisis Team



**236** students and families linked to services



**100** safety plans developed



# MULTI-TIERED SYSTEM OF SUPPORT, LEA

## Program Outcomes

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

### Staff Training Outcomes (n=2,728)

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

### Student Training Outcomes (n=2,303)

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

<sup>†</sup>Number of individuals may be duplicated.

# MULTI-TIERED SYSTEM OF SUPPORT, LEA

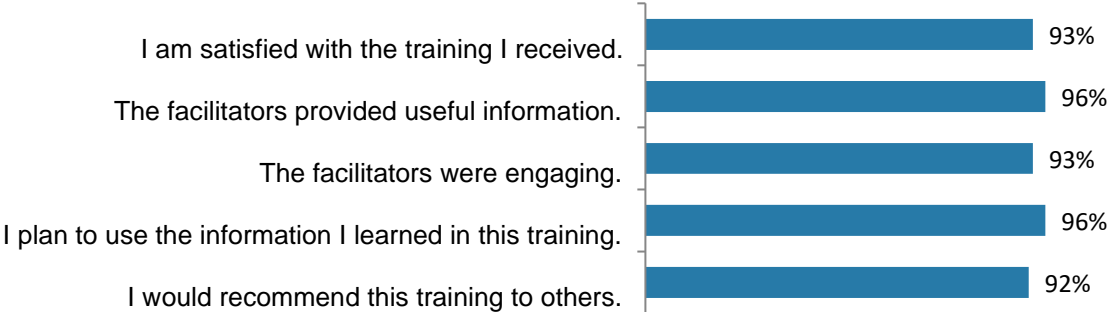
## Family Engagement Activity Outcomes (n=70)

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

## Program Satisfaction

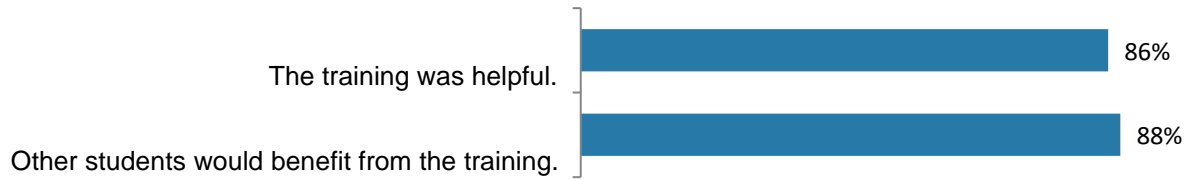
Each LEA contracted by VCOE also tracks satisfaction data for their staff/student trainings and family engagement events by surveying participants following each activity. Participants and trainees who received services from LEAs/School Districts were asked whether they agreed or disagreed with several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

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

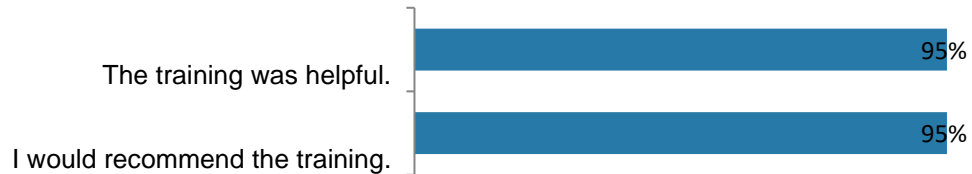


# MULTI-TIERED SYSTEM OF SUPPORT, LEA

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



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



## Program Feedback

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

### Student Feedback

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

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

# MULTI-TIERED SYSTEM OF SUPPORT, LEA

## Staff Feedback

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

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

## Family Feedback

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

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

## Conclusion and Recommendations

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

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

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

# ONE STEP A LA VEZ

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

## Program Strategies



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



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

## Program Highlights

**143** individuals received core program services

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

**150** individuals reached through outreach events<sup>†</sup>

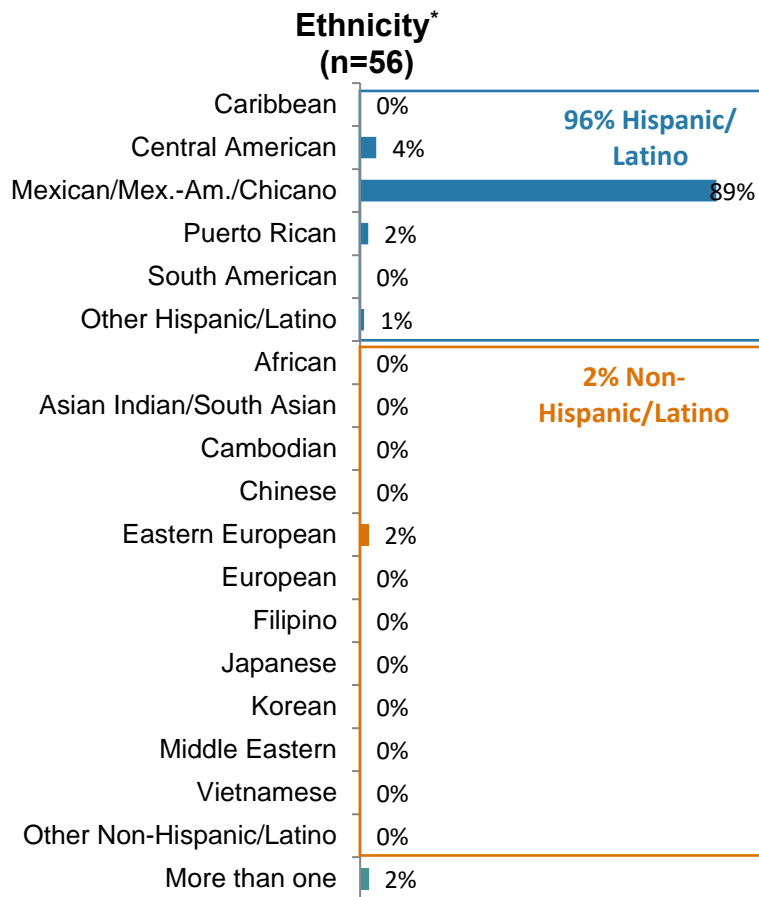
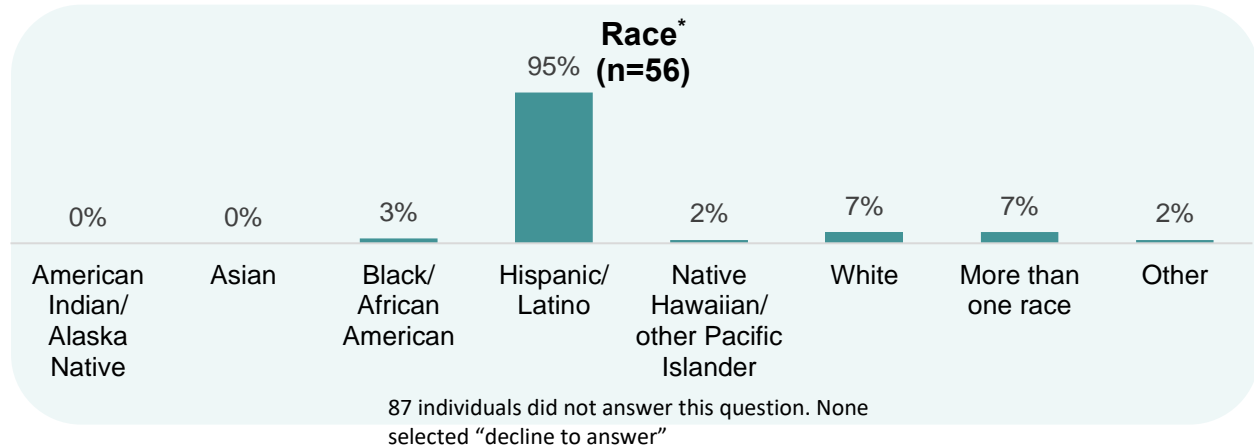
**5,419** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

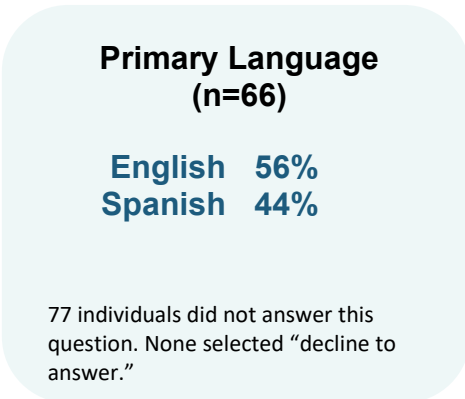
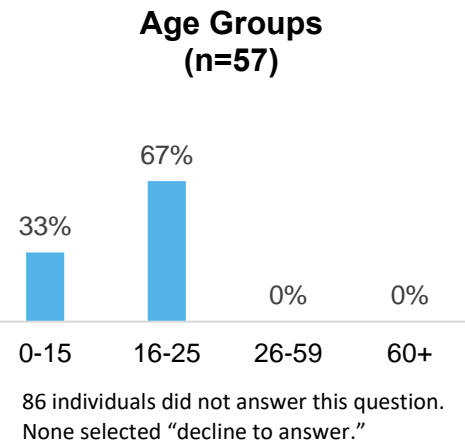
# ONE STEP A LA VEZ

## Demographic Data

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



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



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

# ONE STEP A LA VEZ

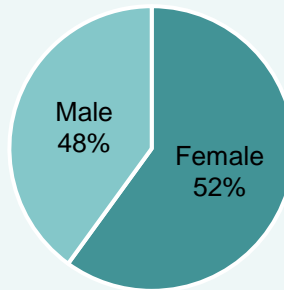
## Demographic Data

### Current Gender Identity (n=59)

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

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

### Sex Assigned at Birth (n=56)



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

### Sexual Orientation (n=53)

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

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

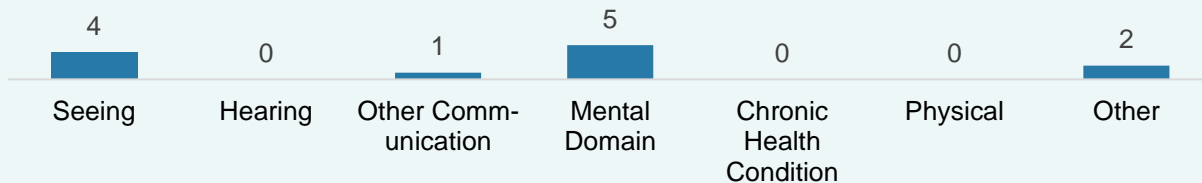
**2% identify as veterans**

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

**5% of individuals reported having one or more disabilities**

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

### Disability\* (n=12)



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

# ONE STEP A LA VEZ

## Program Outreach

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

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



150 people reached through outreach events<sup>†</sup>



100% of outreach events offered in Spanish

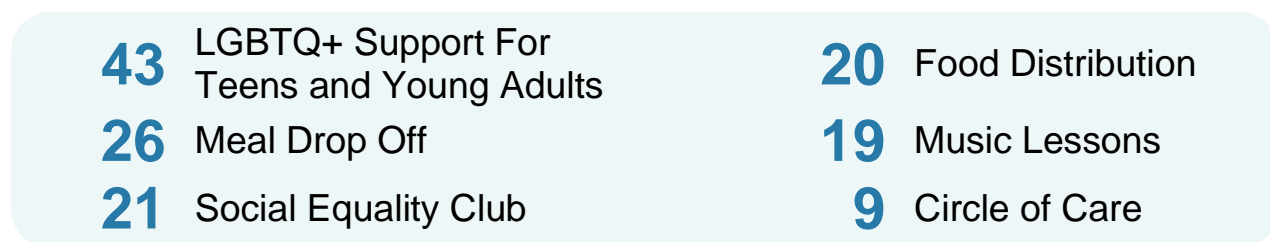
<sup>†</sup>Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.



# ONE STEP A LA VEZ

## Program Services during COVID-19

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



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

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

Most respondents received services online (n=35)



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



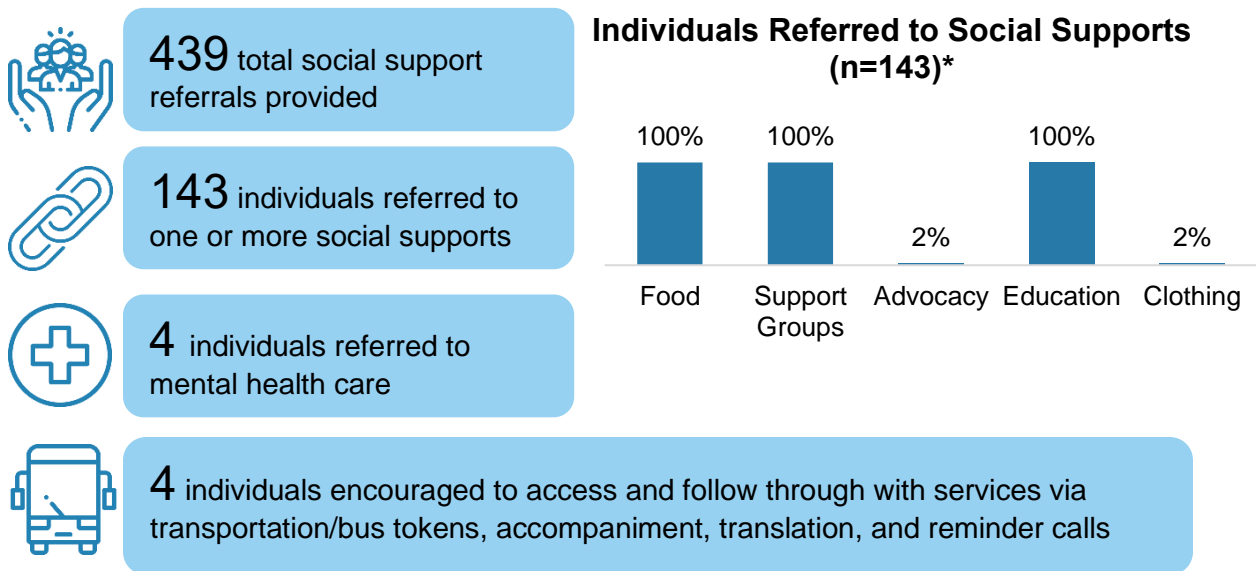
Most would like the option of virtual meetings after the pandemic (n=35)



# ONE STEP A LA VEZ

## Program Referrals

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



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

# ONE STEP A LA VEZ

## Program Outcomes

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

### Participant Outcomes (n=14-21)<sup>§</sup>

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

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

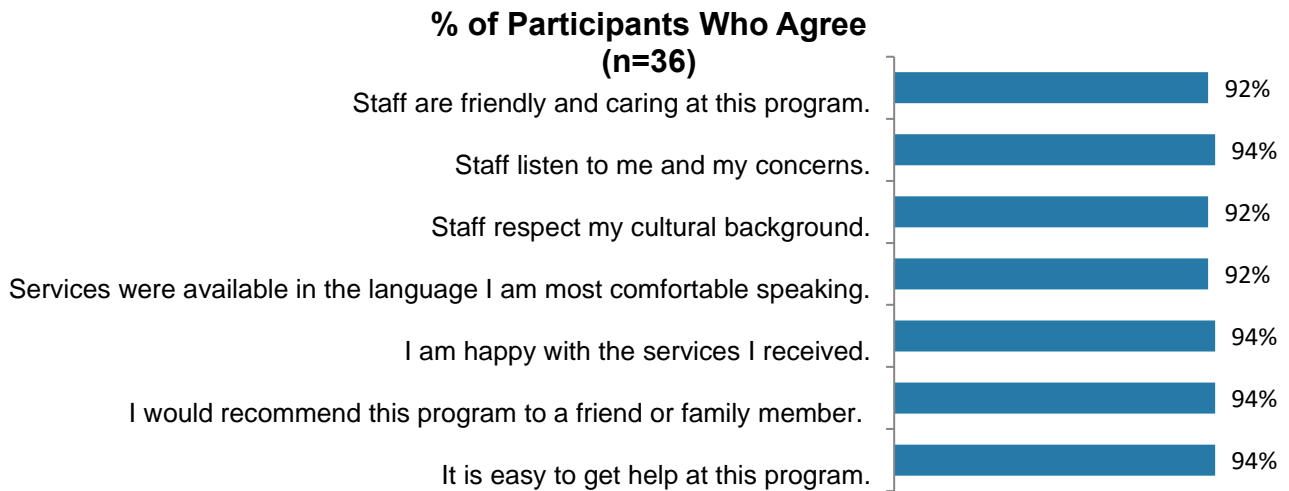
As a result of participating in One Step A La Vez ...	% Strongly Agree	% Agree	% Disagree	% Strongly Disagree
I know when I need to ask for help with a mental health problem.	41%	50%	3%	6%
I am more willing to seek help for a mental health problem.	44%	36%	14%	6%
I believe people with mental illness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

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

# One Step A La Vez

## Program Satisfaction

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



## Program Feedback

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

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

#### Top 5 Responses

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

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

#### Top 5 Responses

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

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

# ONE STEP A LA VEZ

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## Program Successes

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

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

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

## Conclusion and Recommendations

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

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

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

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

## Ventura County Area Agency on Aging (VCAAA)

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

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

### Program Strategies



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

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

### Program Highlights

**392** individuals received core program services

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

**856,163** individuals reached through outreach events<sup>†</sup>

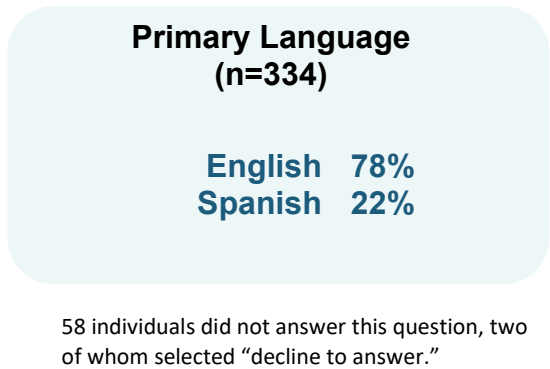
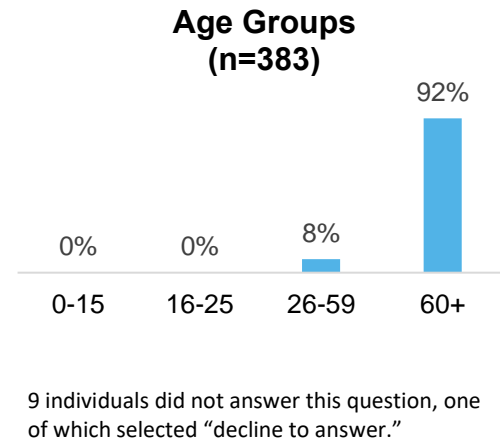
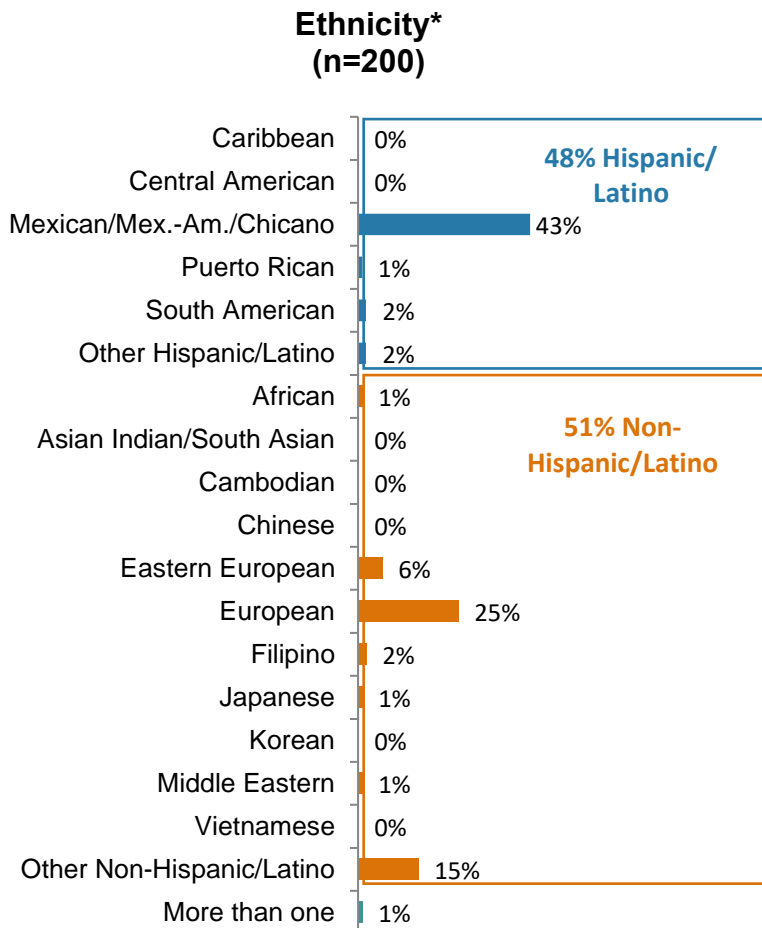
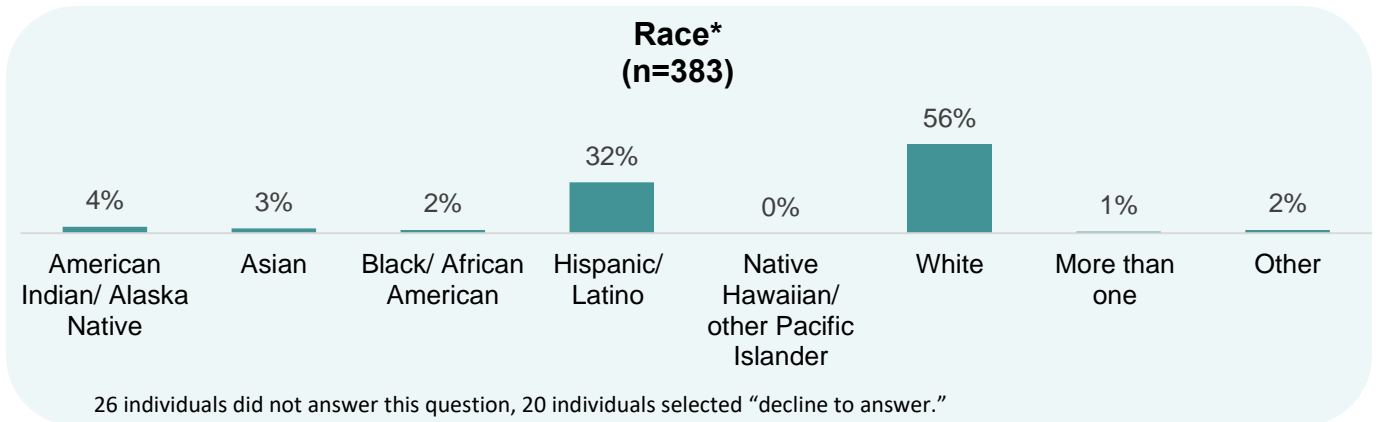
**395** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Demographic Data

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



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

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

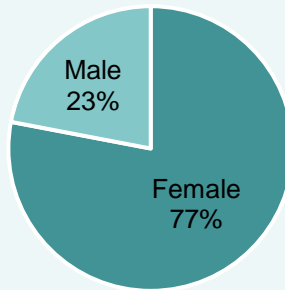
## Demographic Data

### Current Gender Identity (n=384)

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

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

### Sex Assigned at Birth (n=331)



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

### Sexual Orientation (n=320)

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

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

**9% identify as veterans**

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

**84% of individuals reported having one or more disabilities.**

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



# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Activities

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



19% of program activities in Spanish



395 participants in program activities

## Program Outreach

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



856,163 people reached through outreach events<sup>†</sup>

<sup>†</sup>Number of people reached may be duplicated because individuals could attend multiple events.

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Services during COVID-19

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

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

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

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



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



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



<sup>†</sup>Number of people reached may be duplicated because individuals could attend multiple events.

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Referrals

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



21 individuals referred to mental health care



378 individuals referred to one or more social supports



402 total social support referrals provided



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

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Outcomes

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

### Participant Outcomes

(n=2-29)<sup>§</sup>

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

### Participant Outcomes Increased Knowledge & Stigma Reduction

(n=40-42)

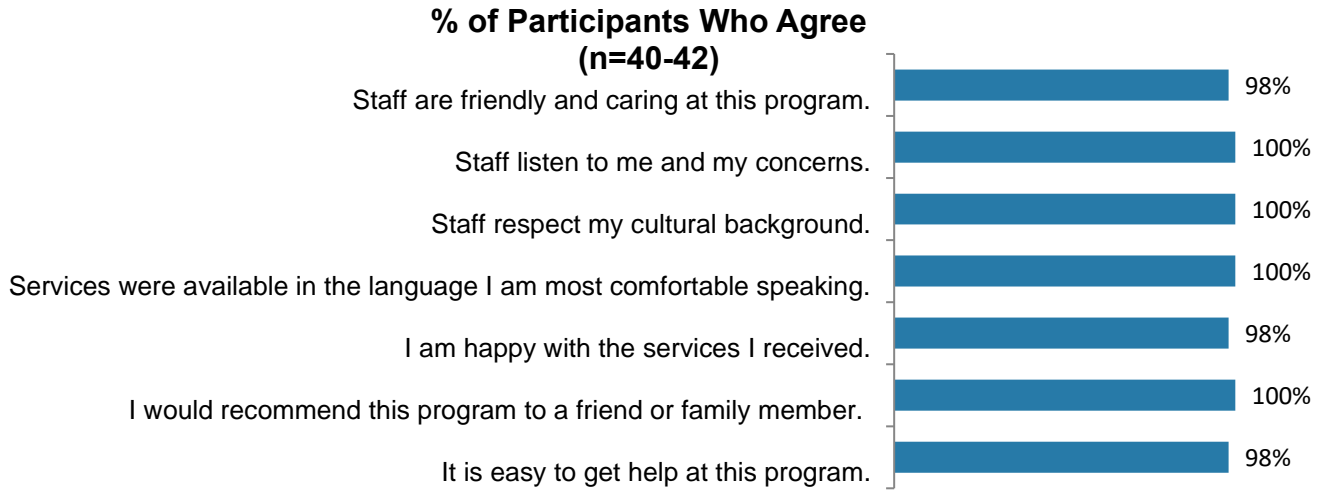
As a result of participating in PEARLS/VCAAA ...	# Agree/ Strongly Agree	# Disagree/ Strongly Disagree
I know when I need to ask for help with a mental health problem.	40	2
I am more willing to seek help for a mental health problem.	40	2
I believe people with mental illness can function in their daily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

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

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Satisfaction

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



# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

## Program Feedback

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

### Participant Feedback

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

##### Top 3 Responses

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

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

##### Top 5 Responses

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

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

## Program Successes

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

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

# PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES FOR SENIORS

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## Conclusion and Recommendations

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

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

# PROJECT ESPERANZA

## Our Lady of Guadalupe Parish

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

### Program Strategies



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



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

### Program Highlights

**208** individuals received core program services

**150** individuals referred to mental health care and/or social support services<sup>†</sup>

**1,343** individuals reached through outreach events<sup>†</sup>

**1,193** individuals reached through activities during COVID-19<sup>†</sup>

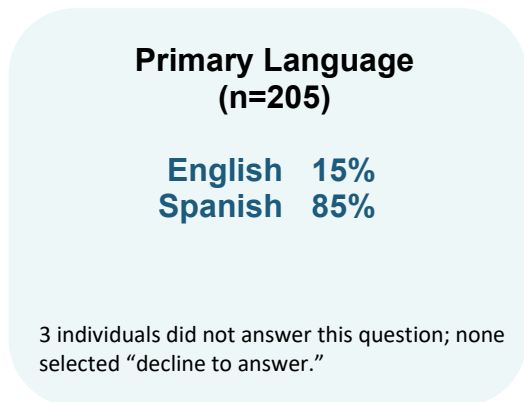
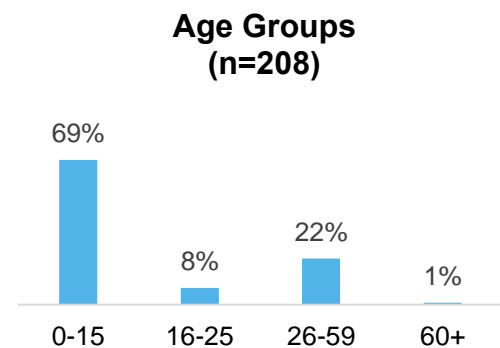
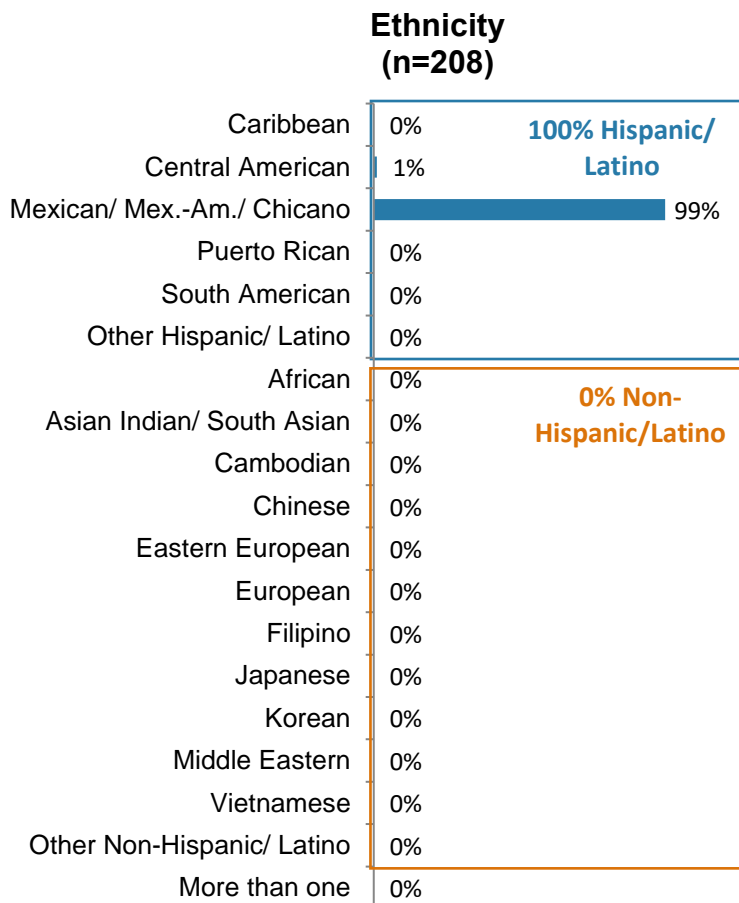
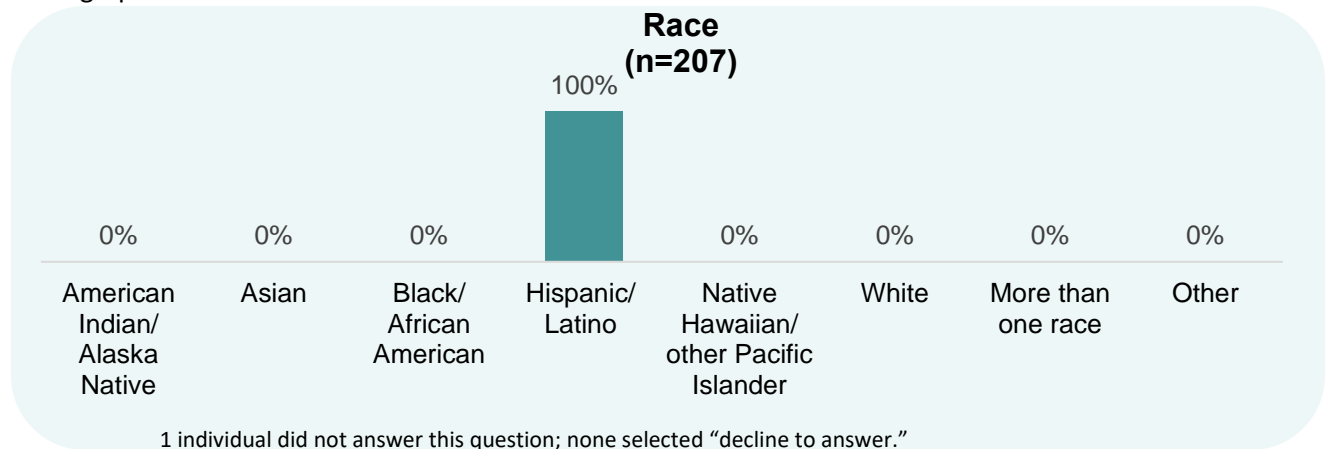
<sup>†</sup>Number of individuals may be duplicated.



# PROJECT ESPERANZA

## Demographic Data

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



# PROJECT ESPERANZA

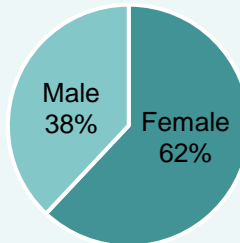
## Demographic Data

### Current Gender Identity (n=204)

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

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

### Sex Assigned at Birth (n=205)



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

### Sexual Orientation (n=134)

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

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

### None identify as veterans

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

### 2 individuals reported having one or more disabilities

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

# PROJECT ESPERANZA

## Program Activities

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

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



67% of program activities in Spanish



2,456 participants in program activities<sup>†</sup>

## Program Outreach

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

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



1,343 people reached through outreach events<sup>†</sup>



6,475 materials distributed



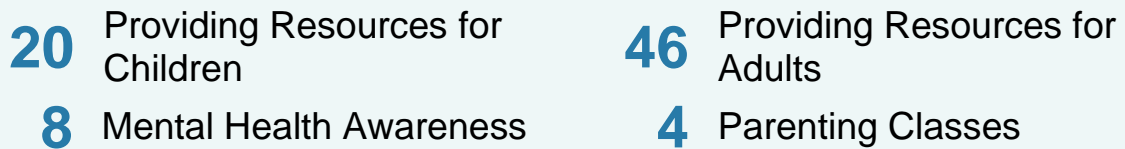
24 outreach events offered in Spanish

<sup>†</sup>Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

# PROJECT ESPERANZA

## Program Services during COVID-19

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



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

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

Most respondents received services online (n=20)



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



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



# PROJECT ESPERANZA

## Program Referrals

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



**28** individuals referred to mental health care



**146** individuals referred to one or more social supports

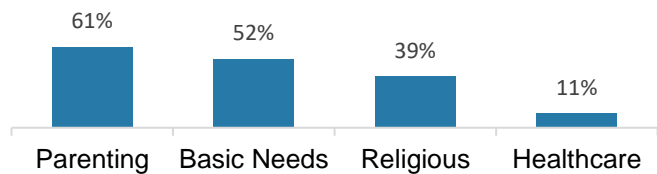


**304** total social support referrals provided



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

**Individuals Referred to Social Supports\* (n=146)**



## Program Outcomes

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

**Participant Outcomes (n=5-17)<sup>§</sup>**

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

# PROJECT ESPERANZA

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

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

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

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

# PROJECT ESPERANZA

## Trainee Outcomes (n=10)

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

## Program Satisfaction

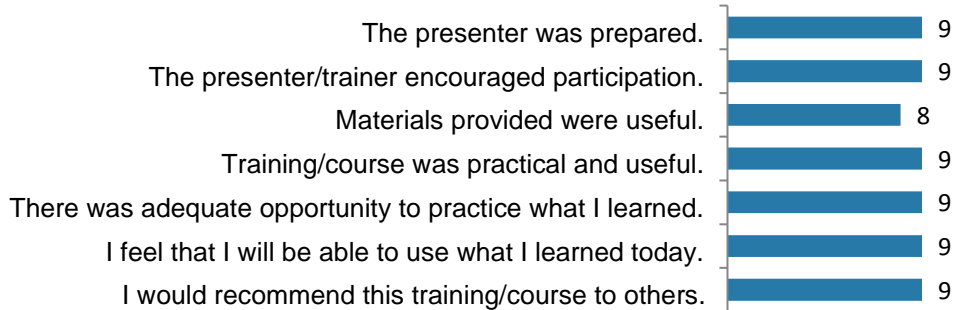
Participants and trainees who received services from Project Esperanza were asked whether they agreed or disagreed with several satisfaction-related statements. The charts below show the percentage of respondents who agreed or strongly agreed with each statement.

### % of Participants Who Agree (n=20)



# PROJECT ESPERANZA

## # of Trainees Who Agree (n=10)



## Program Feedback

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

### Participant Feedback

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

##### Top 3 Responses

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

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

##### Top 3 Responses

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

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



# PROJECT ESPERANZA

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## Program Successes

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

## Conclusion and Recommendations

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

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

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

# PROMOTORAS CONEXIÓN PROGRAM

## Promotoras y Promotores Foundation

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

### Program Strategies



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



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

### Program Highlights

**83** individuals received core program services

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

**1,683** individuals reached through outreach events<sup>†</sup>

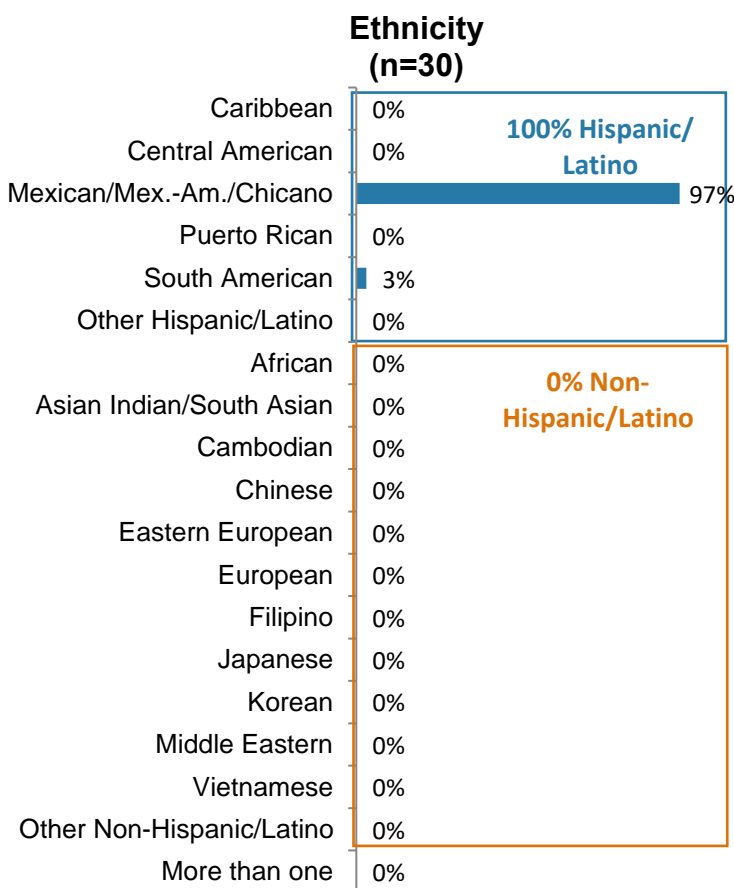
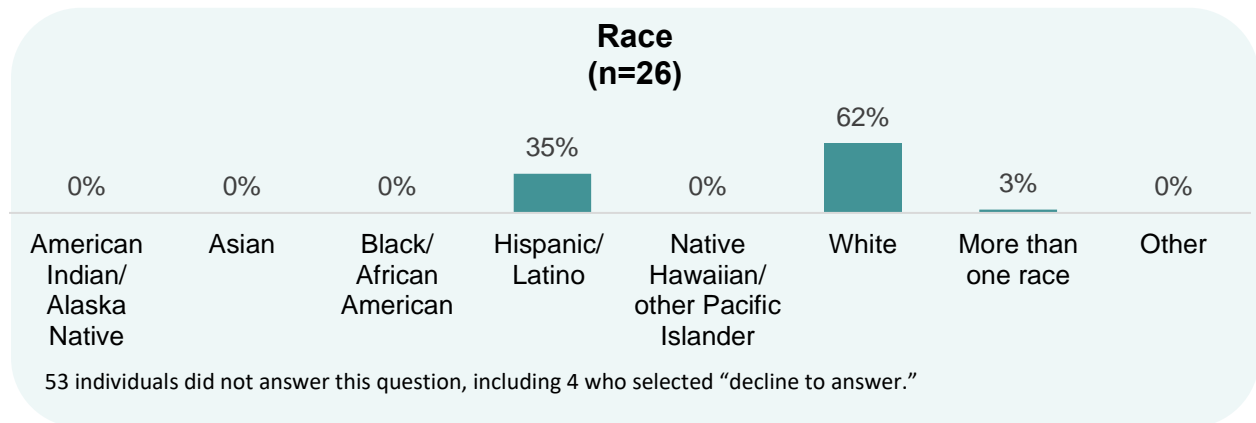
**457** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

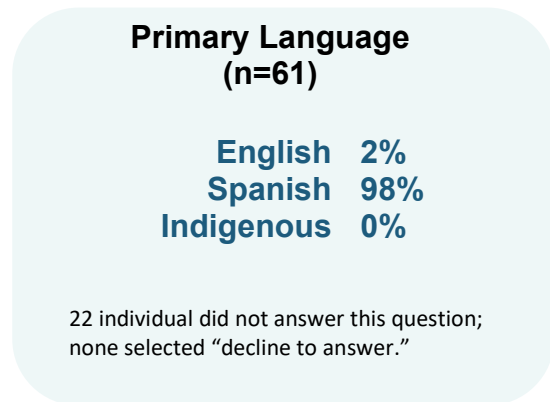
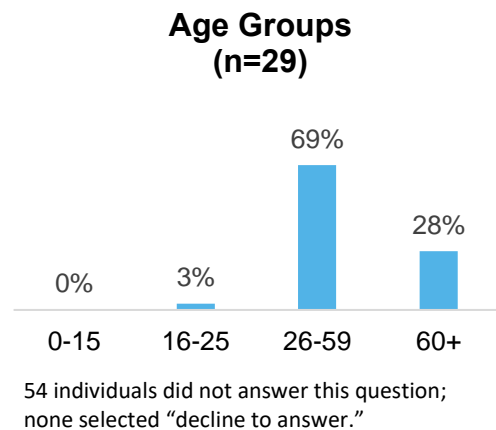
# PROMOTORAS CONEXIÓN PROGRAM

## Demographic Data

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



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



# PROMOTORAS CONEXIÓN PROGRAM

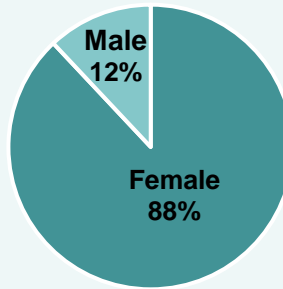
## Demographic Data

### Current Gender Identity (n=65)

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

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

### Sex Assigned at Birth (n=82)



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

### Sexual Orientation (n=17)

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

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

**None identify as veterans**

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

**One individual reported having one or more disabilities**

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

# PROMOTORAS CONEXIÓN PROGRAM

## Program Activities

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



100% of program activities in Spanish



53 participants in program activities<sup>†</sup>

## Program Outreach

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

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



1,683 people reached through outreach events<sup>†</sup>



100% of outreach events in Spanish

## Program Services during COVID-19

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

**2** Food Share

**2** Stress Management

# PROMOTORAS CONEXIÓN PROGRAM

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

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

Most respondents received services online (n=118)

90% received online services

10% did not

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

46% said they were just as or more effective

54% less effective

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

44% would like the option of virtual meetings

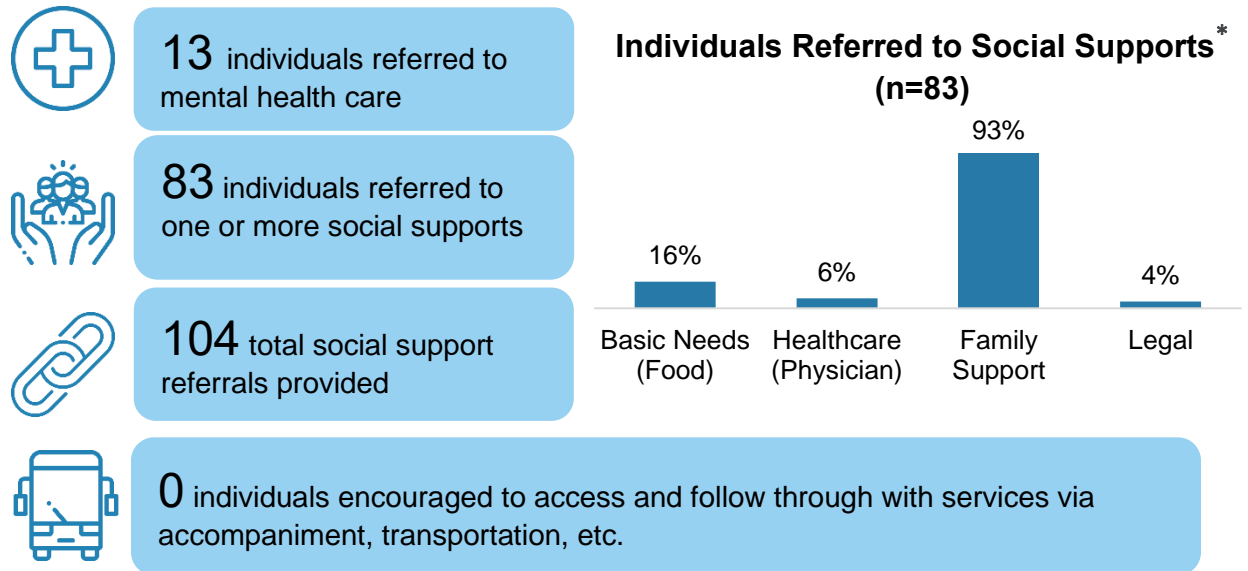
56% would not

<sup>†</sup> Number of participants/people reached may be duplicated because individuals could attend multiple activities/events.

# PROMOTORAS CONEXIÓN PROGRAM

## Program Referrals

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



## Program Outcomes

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

### Participant Outcomes (n=10-104)<sup>§</sup>

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

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

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

# PROMOTORAS CONEXIÓN PROGRAM

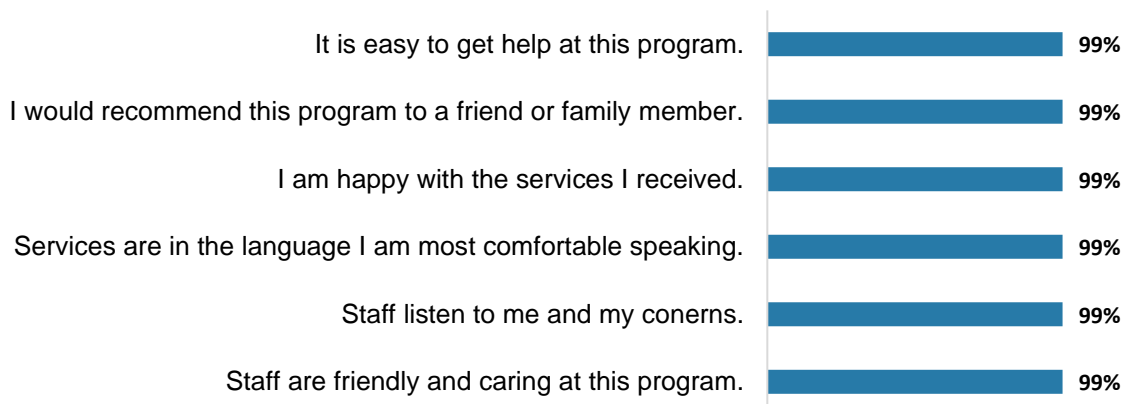
## Participant Outcomes Increased Knowledge & Stigma and Discrimination Reduction (n=117)

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

## Program Satisfaction

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

### % of Participants Who Agree (n=118)





# PROMOTORAS CONEXIÓN PROGRAM

## Program Feedback

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

### Participant Feedback

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

##### Top 4 Responses

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

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

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

##### Top 2 Responses

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

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

## Program Successes

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

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

# PROMOTORAS CONEXIÓN PROGRAM

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## Conclusion and Recommendations

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

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Mixteco Indígena Community Organizing Project

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

### Program Strategies



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



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

### Program Highlights

**116** individuals received core program services

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

**2,407** individuals reached through outreach events<sup>†</sup>

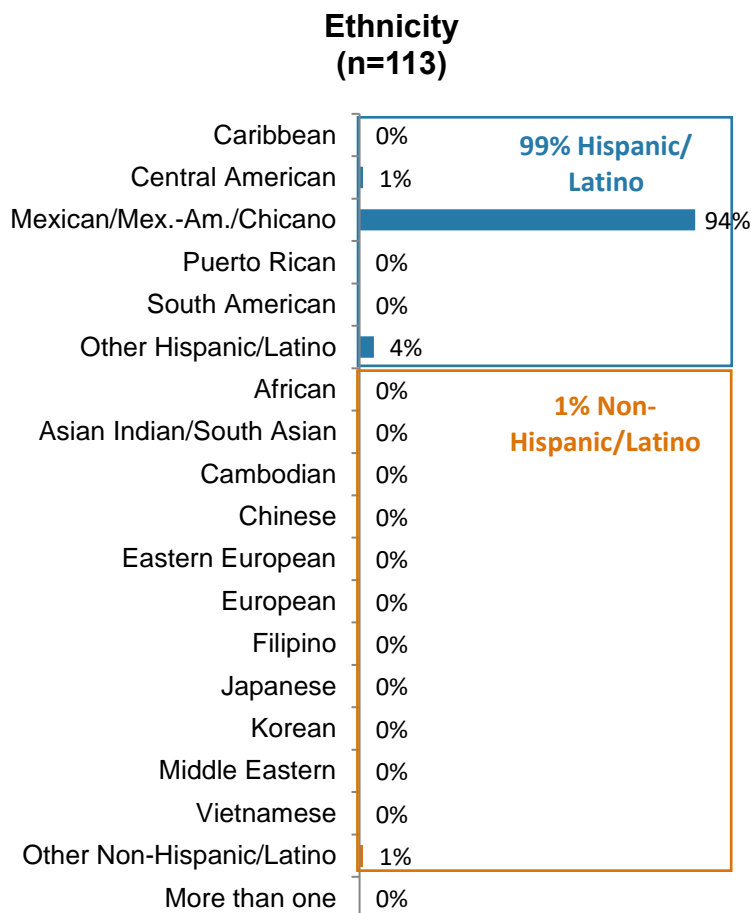
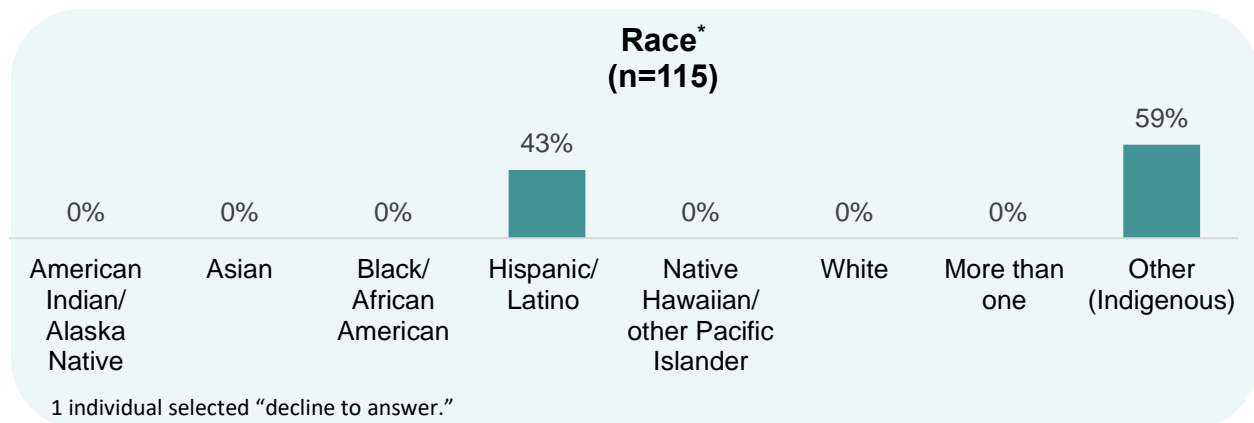
**13,203** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

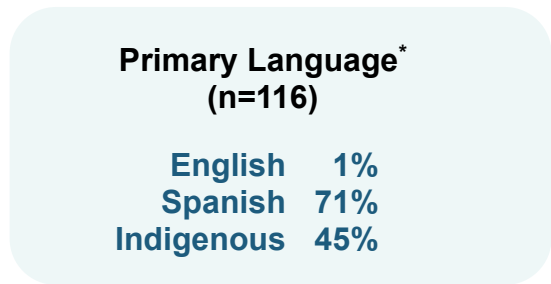
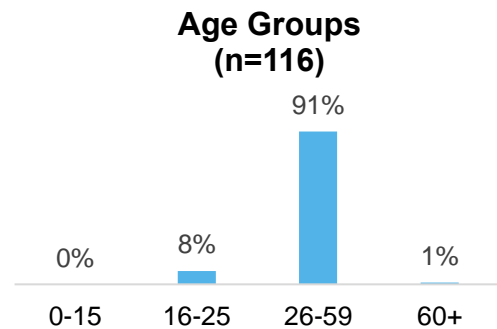
# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Demographic Data

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



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



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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

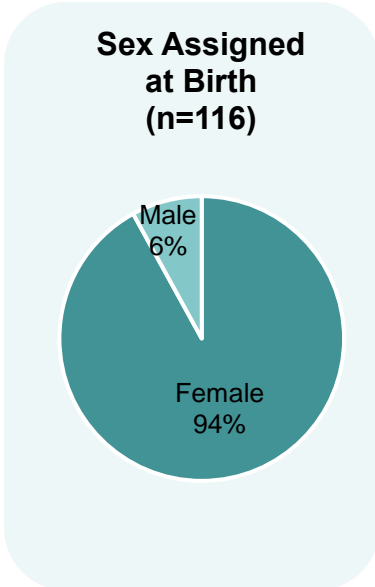
## Demographic Data

### Current Gender Identity (n=93)

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

23 individuals did not answer this question

### Sex Assigned at Birth (n=116)



### Sexual Orientation (n=115)

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

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

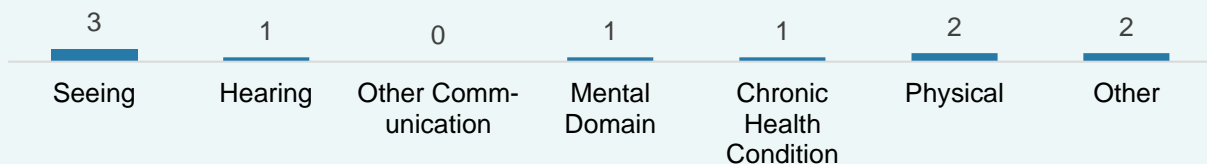
**0% identify as veterans**

n=116.

**5% of individuals reported having one or more disabilities**

n=116.

### Disability\* (n=6)



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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Outreach

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

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



2,407 people reached through outreach events\*



100% of outreach events conducted in Spanish

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Services during COVID-19

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

<b>117</b> Workshops	<b>28</b> Facebook Posts about Mental Health
<b>9</b> Facebook Outreach	<b>2</b> Radio Show

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

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

Most respondents received services online (n=87)

83 received online services 4 did not

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

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

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

24 would like the option of virtual meetings 3 would not

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Referrals

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



**31** individuals referred to mental health care



**43** individuals referred to one or more social supports

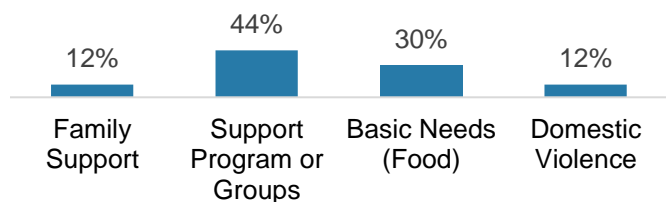


**57** total social support referrals provided



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

**Individuals Referred to Social Supports (n=43)\***



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



# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Outcomes

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

### Participant Outcomes

(n=2-22)<sup>§</sup>

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

### Participant Outcomes

#### Increased Knowledge & Stigma and Discrimination Reduction

(n=87)

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

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

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

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

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

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

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

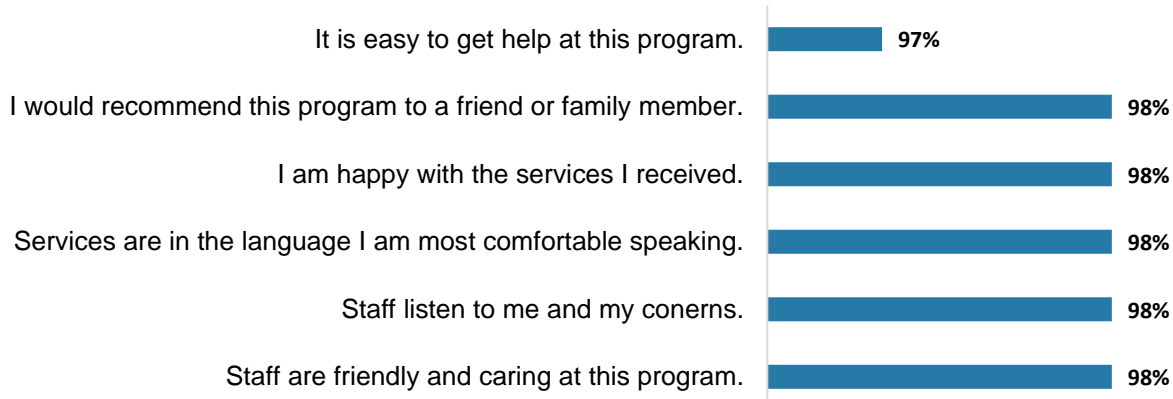
## Participant Coping Behaviors (n=111 - 114)

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

## Program Satisfaction

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

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



# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

## Program Feedback

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

### Participant Feedback

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

##### Top 4 Responses

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

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

##### Top 4 Responses

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

## Program Successes

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

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

# PROYECTO CONEXIÓN CON MIS COMPAÑERAS

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## Conclusion and Recommendations

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

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

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

# DIVERSITY COLLECTIVE

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

## Program Strategies



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



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

## Program Highlights

**112** individuals received core program services

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

**701** individuals reached through outreach events<sup>†</sup>

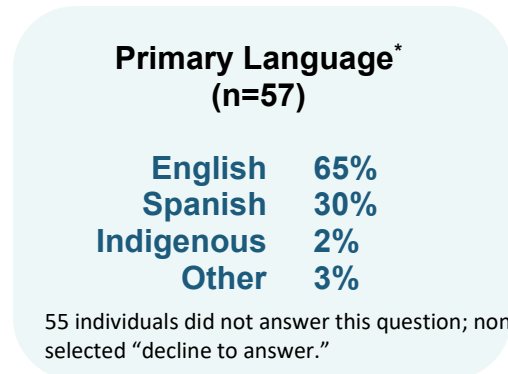
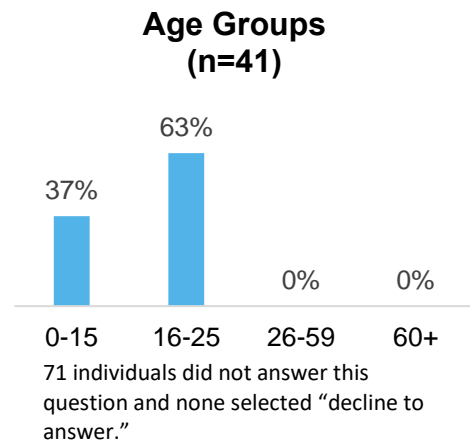
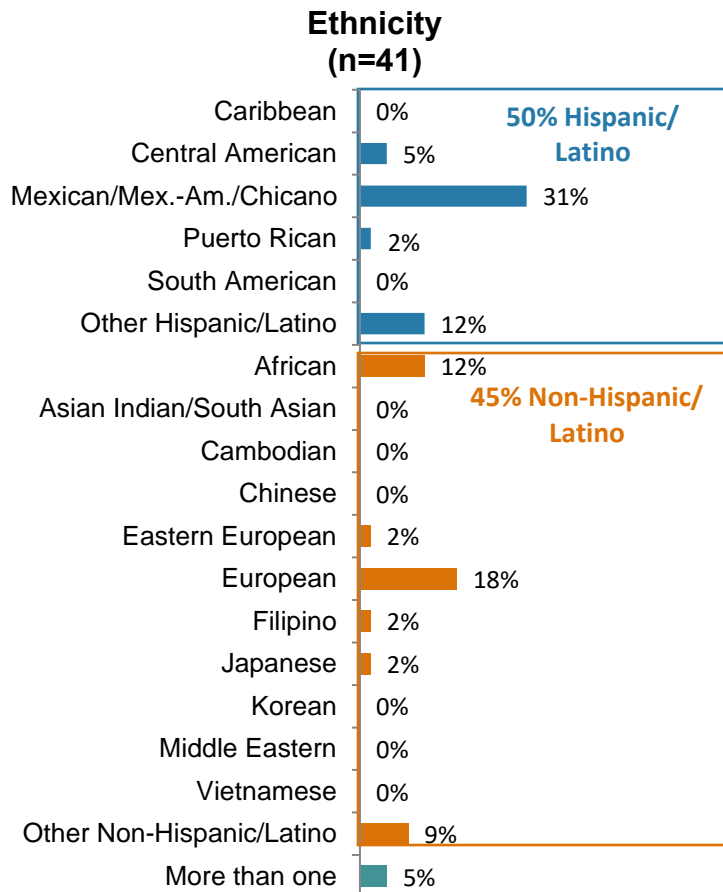
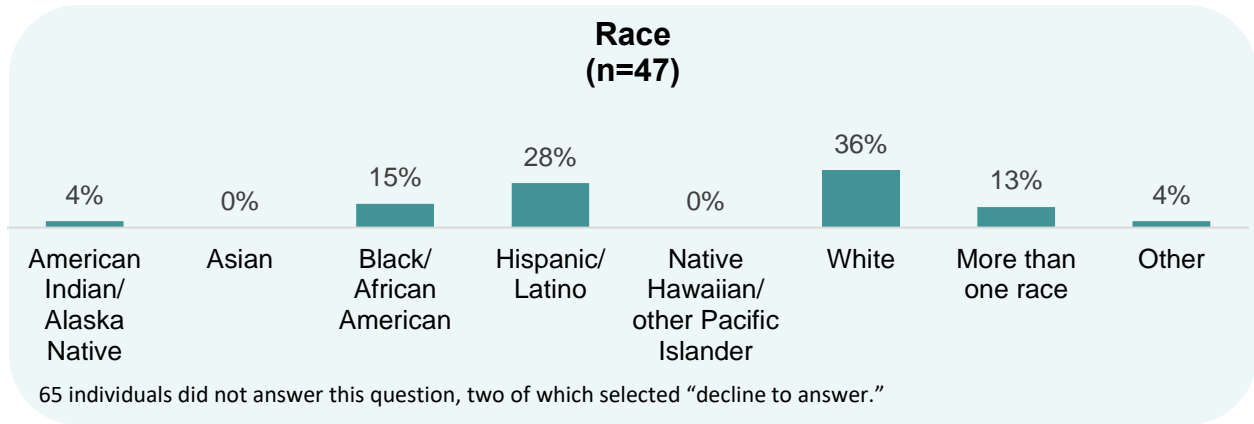
**386** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

# DIVERSITY COLLECTIVE

## Demographic Data

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





# DIVERSITY COLLECTIVE

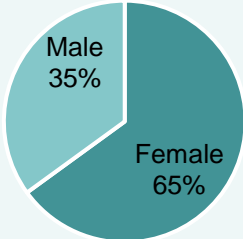
## Demographic Data

### Current Gender Identity\* (n=103)

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

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

### Sex Assigned at Birth (n=104)



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

### Sexual Orientation (n=104)

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

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

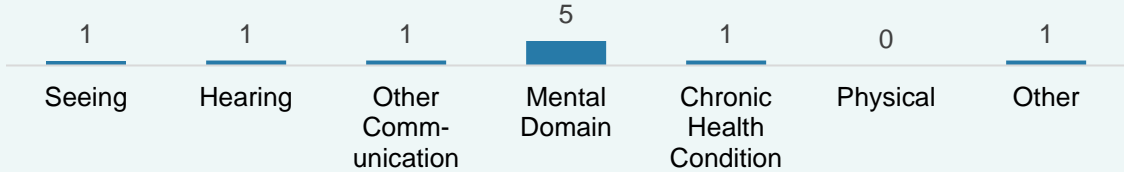
**2% of individuals identified as veterans**

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

**24% of individuals reported having one or more disabilities**

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

### Disability\* (n=9)



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

# DIVERSITY COLLECTIVE

## Program Activities

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

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



**339** participants in program activities<sup>†</sup>



**5%** of activities in a language other than English

## Program Outreach

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

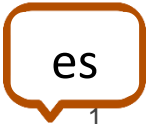
Program Outreach by Type	# Activities/ Events
Community Fair or Event	3
Presentation	3
Outreach	3
Meeting	1
Other	6
<b>TOTAL # of Activities/Events</b>	<b>16</b>



**701** people reached through outreach events<sup>†</sup>



**0** materials distributed



**13%** of outreach events in Spanish

unification

Chronic Health Condition      Physical      Other

<sup>†</sup>Number of participants/individuals reached may be duplicated because individuals could attend multiple activities/events.

# DIVERSITY COLLECTIVE

## Program Services during COVID-19

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

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

## Program Referrals

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



**4** individuals referred to mental health care



**6** individuals referred to one or more social supports



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



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

# DIVERSITY COLLECTIVE

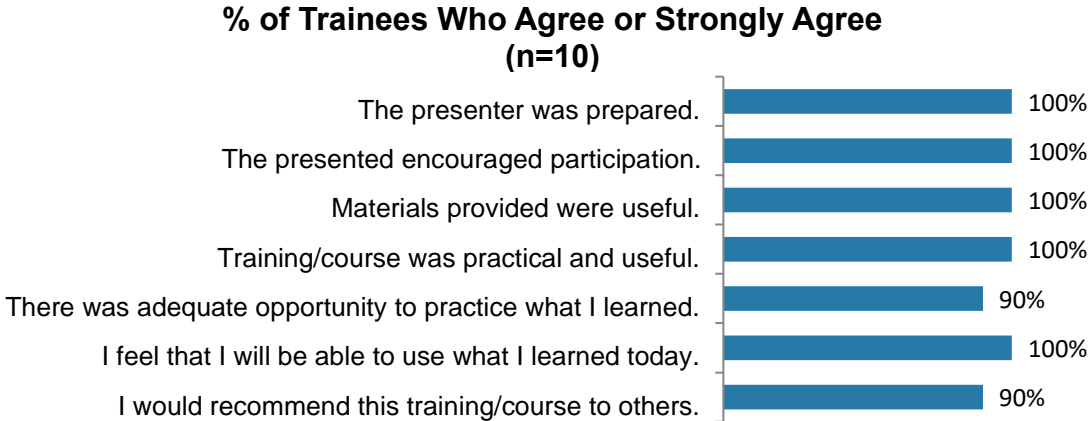
## Program Outcomes

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

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

## Program Satisfaction

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



# DIVERSITY COLLECTIVE

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## Program Feedback

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

### Trainee Feedback

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

##### Top 3 Responses

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

# DIVERSITY COLLECTIVE

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## Program Successes

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

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

## Conclusion and Recommendations

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

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

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

# TRI-COUNTY GLAD

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

## Program Strategies



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



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

## Program Highlights

**62** individuals received core program services

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

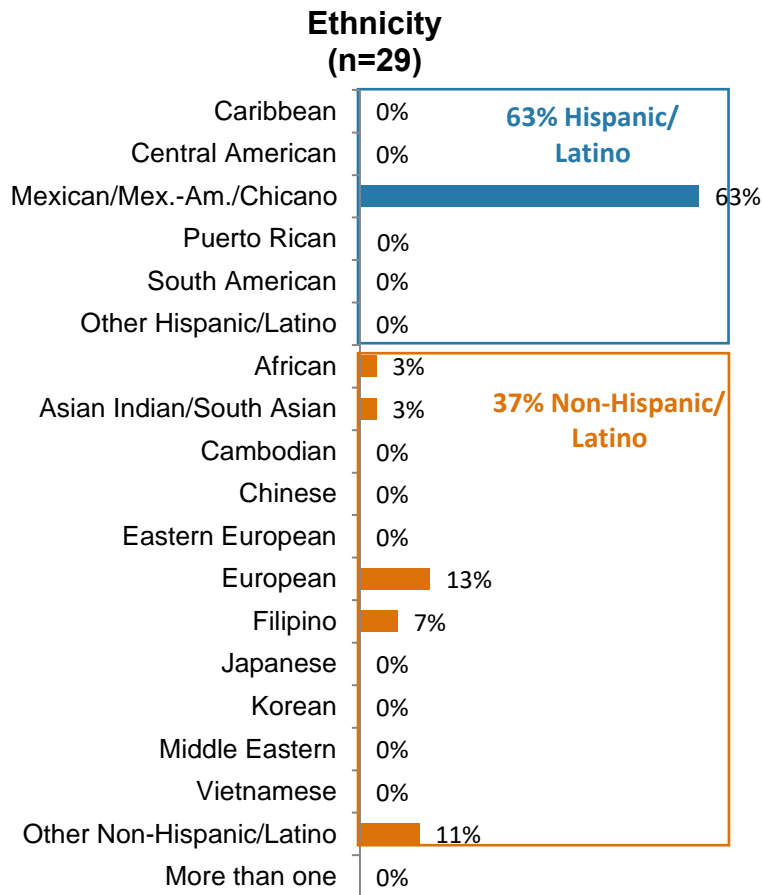
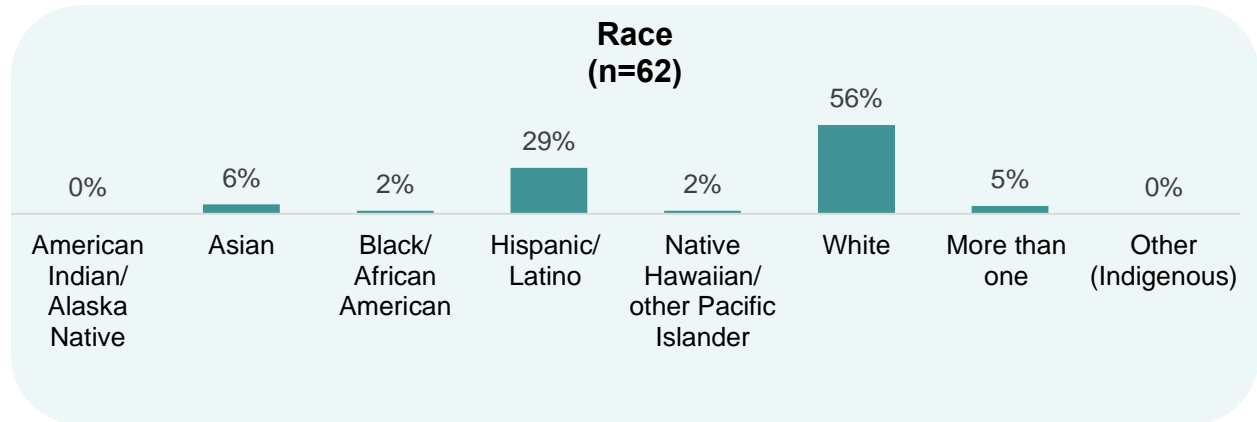
**319** individuals reached through activities during COVID-19

†Number of individuals may be duplicated.

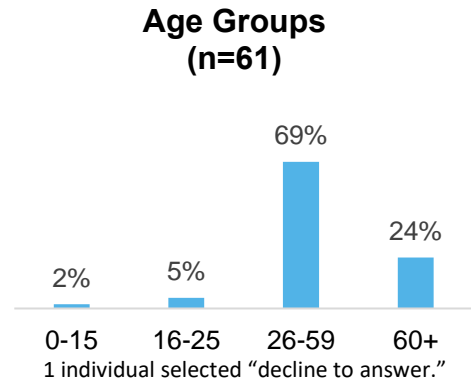
# TRI-COUNTY GLAD

## Demographic Data

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



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



### Primary Language\* (n=0)

**100% of individuals declined to answer**



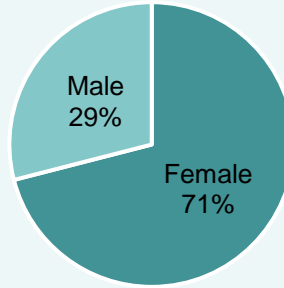
# TRI-COUNTY GLAD

## Demographic Data

### Current Gender Identity (n=0)

100% of individuals  
declined to answer

### Sex Assigned at Birth (n=62)



### Sexual Orientation (n=0)

100% of individuals  
declined to answer

**0% identify as veterans**

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

**100% of individuals reported having a hearing disability**

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

# TRI-COUNTY GLAD

## Program Activities

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

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



**203** unduplicated participants in program activities



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

## Program Referrals

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



**0** individuals referred to mental health care



**62** individuals referred to one or more social supports



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



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

# TRI-COUNTY GLAD

## Program Services during COVID-19

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

### 50 Word of Signs

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

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

Most respondents received services online (n=10)

9 received online services 1 did not

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

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

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

4 would like the option of virtual meetings 4 would not

# TRI-COUNTY GLAD

## Program Referrals

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



0 individuals referred to mental health care



62 individuals referred to one or more social supports



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



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

# TRI-COUNTY GLAD

## Program Outcomes

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

### Participant Outcomes (n=9-10)

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

# TRI-COUNTY GLAD

## Trainee Outcomes (n=29)

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

## Program Satisfaction

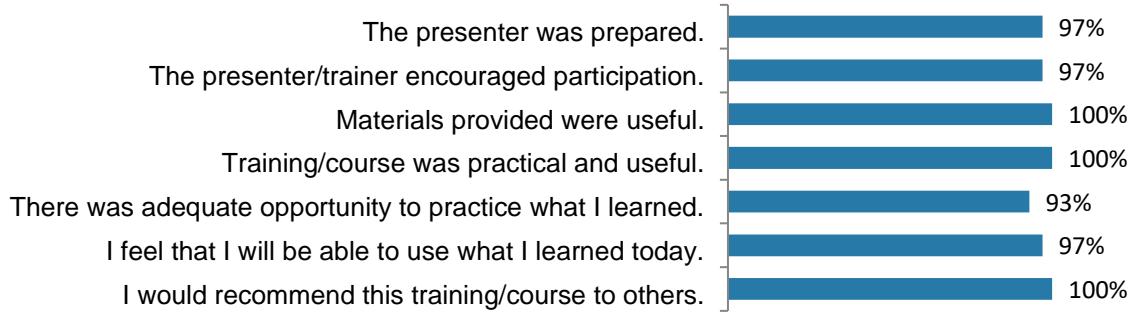
Participants and trainees in Tri-County GLAD services were asked whether they agreed or disagreed with several satisfaction-related statements, with the option to select “neutral.” The chart below shows the number of participants who agreed with each statement; the chart following highlights the percentage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

### # of Participants Who Agree (n=10)



# TRI-COUNTY GLAD

## % of Trainees Who Agree (n=29)



## Program Feedback

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

### Participant Feedback

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

##### Top 2 Responses

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

# TRI-COUNTY GLAD

## Trainee Feedback

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

#### Top 4 Responses

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

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

#### Top 3 Responses

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

Additionally, 13 respondents stated that no improvements are needed

## Program Successes

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

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



# TRI-COUNTY GLAD

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## Conclusion and Recommendations

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

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

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

# WELLNESS EVERYDAY

## Idea Engineering, Inc.

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

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

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

**30,663** clicks on English and Spanish social media advertisements<sup>†</sup>

<sup>‡</sup>This program did not provide referral information.

<sup>†</sup>May include duplicate users.

# WELLNESS EVERYDAY

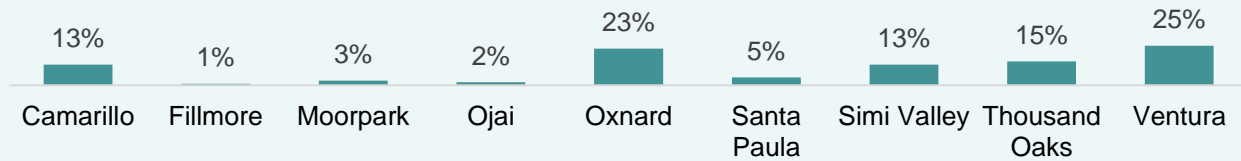
## Demographic Data<sup>†</sup>

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



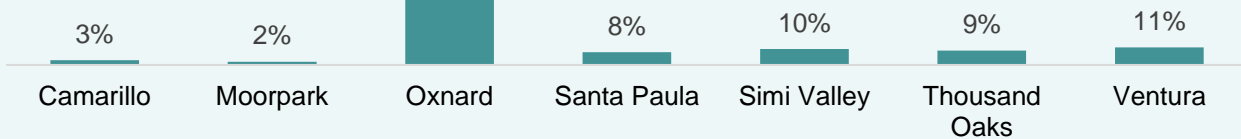
**70%** of all English website sessions were accessed by an individual while in Ventura County

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



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

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

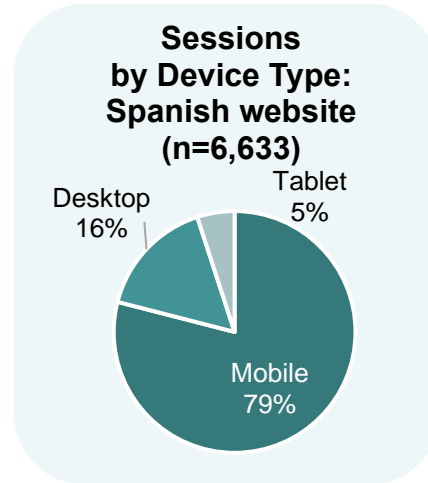
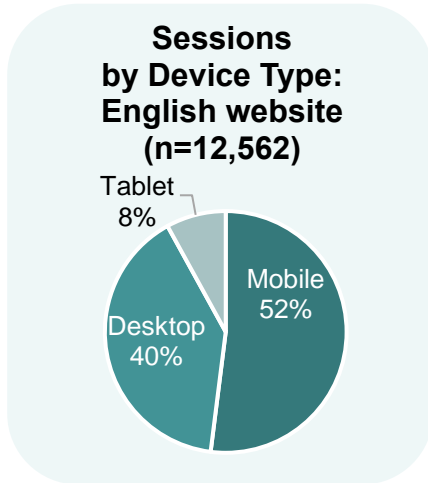


<sup>†</sup> May include duplicate users.

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

# WELLNESS EVERYDAY

## Demographic Data<sup>†</sup>



## Wellness Everyday Website Traffic<sup>†</sup>

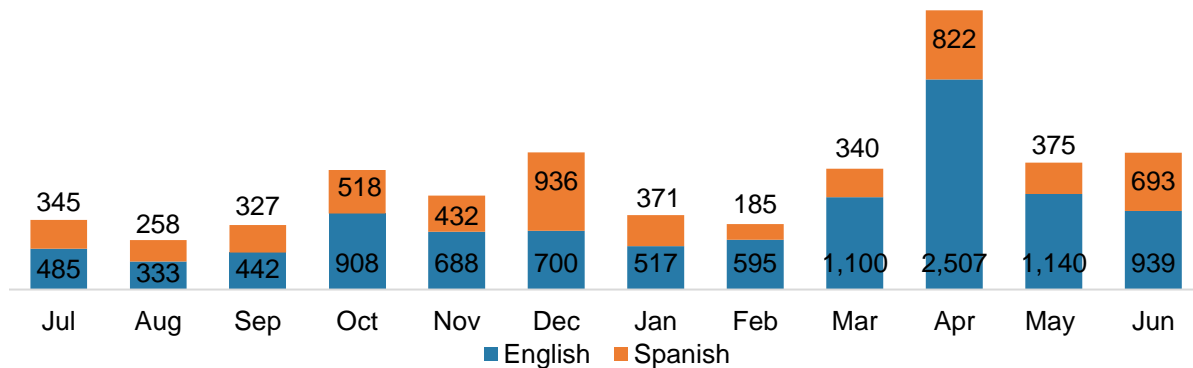


**11,008** people used the English website in FY 20–21



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

### Wellness Everyday/Salud Siempre Website Users by Month



<sup>†</sup> May include duplicate users.

# WELLNESS EVERYDAY

## Social Media Advertisements

301,424 people viewed English advertisements<sup>†§</sup>



285,242 people viewed Spanish advertisements<sup>†§</sup>

More than 3 M English advertisements were onscreen<sup>†</sup>



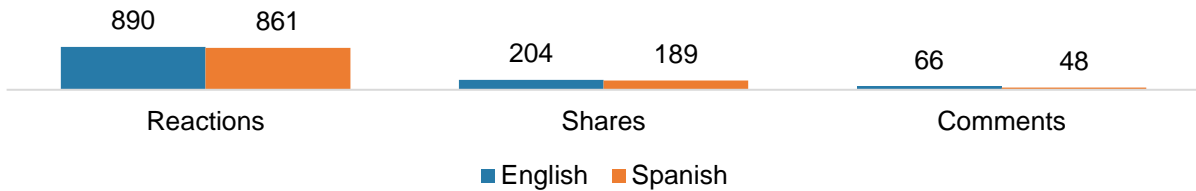
More than 2.7 M Spanish advertisements were onscreen<sup>†</sup>

15,822 English advertisements were clicked



14,841 Spanish advertisements were clicked

FY 20–21 User Responses to Social Media Advertisements



<sup>†</sup>May include duplicate users.

# WELLNESS EVERYDAY

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## Conclusion and Recommendations

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

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

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

# EARLY INTERVENTION

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

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

## Early Intervention Program Descriptions

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

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

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

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

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

**1,066** individuals received core program services

## Early Intervention Programs: Demographics of Participants

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

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

<sup>§</sup> Age and Ethnicity data was not reported for Primary Care Program.

<sup>‡</sup> Current gender identity was not reported for COMPASS and VCPOP.

<sup>^</sup> Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.



## Highlighted Successes and Challenges: Early Intervention Programs

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

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

# COMPASS

## Seneca Family of Agencies

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

**20** individuals received core program services

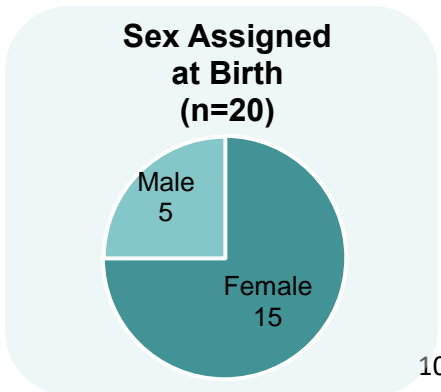
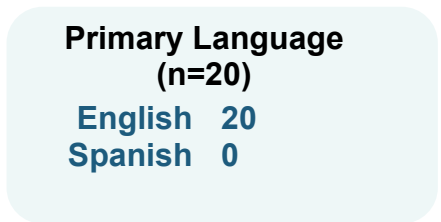
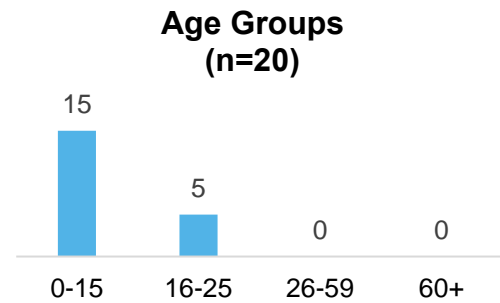
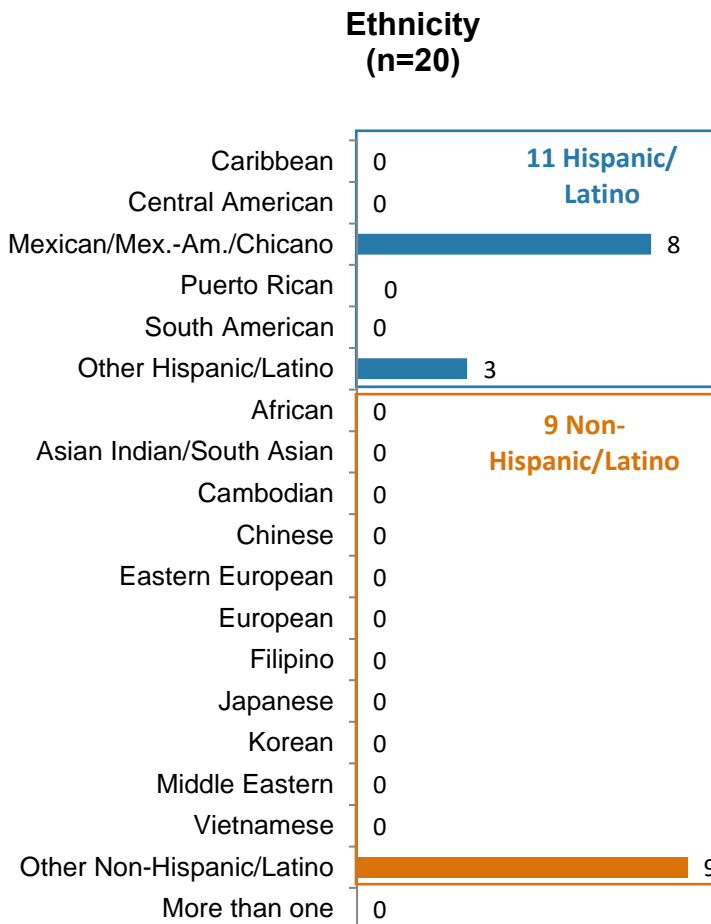
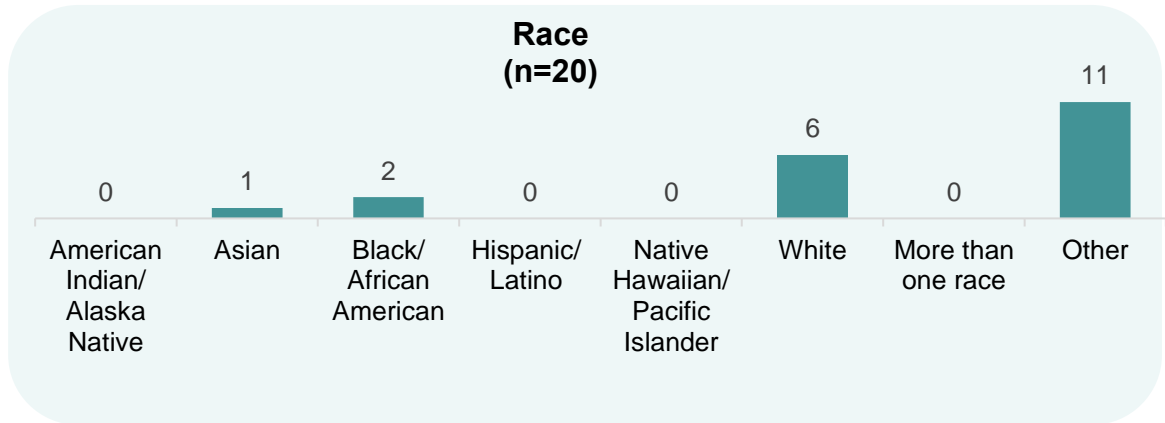
**18 Days** average length of stay

<sup>‡</sup>This program did not provide referrals.

# COMPASS

## Demographic Data

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



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

# COMPASS

## Program Activities

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

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

## Conclusion and Recommendations

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

# COMMUNITY CARES

## National Alliance on Mental Illness

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

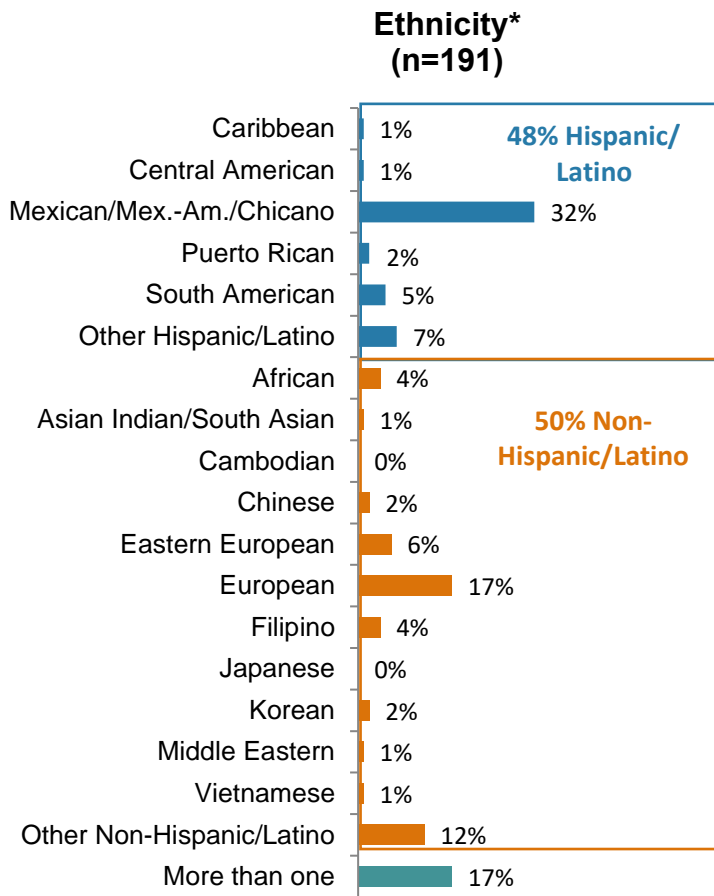
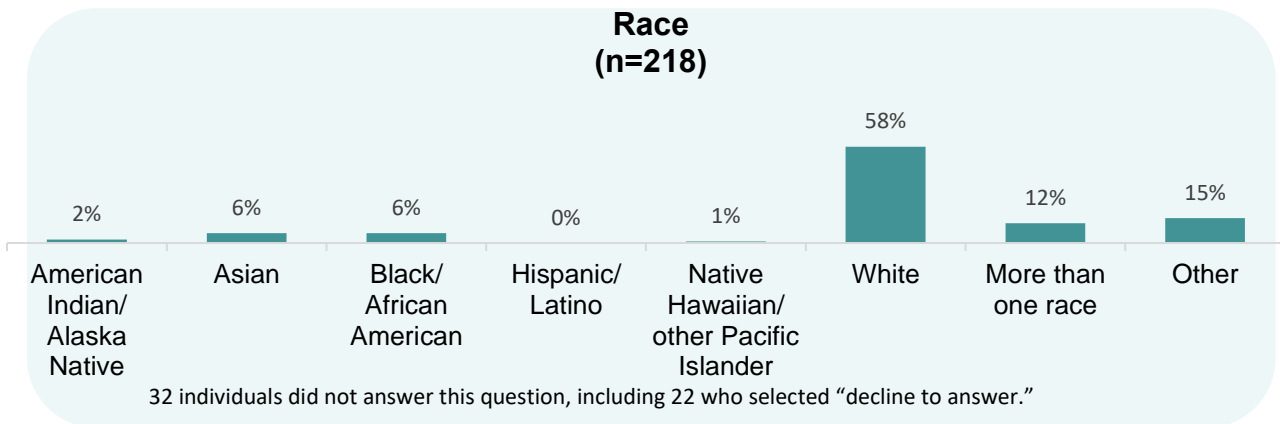
**362** individuals received core program services

<sup>‡</sup>This program did not provide referrals.

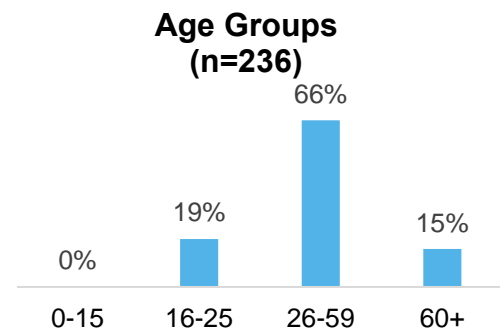
# COMMUNITY CARES

## Demographic Data

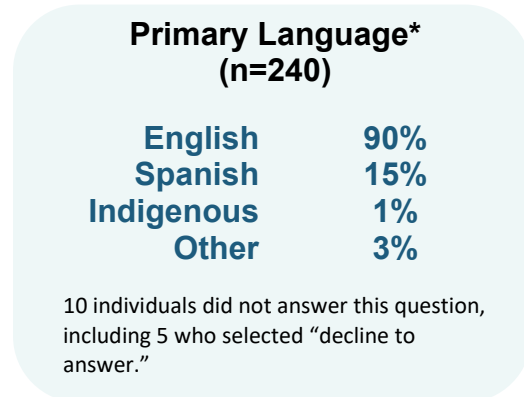
Community Cares collects unduplicated demographic data from the individuals they serve. Of the 362 individuals who received core program services, 250 provided some demographic information which is presented below.



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



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



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

# COMMUNITY CARES

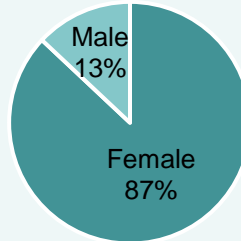
## Demographic Data

### Current Gender Identity (n=235)

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

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

### Sex Assigned at Birth (n=236)



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

### Sexual Orientation (n=213)

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

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

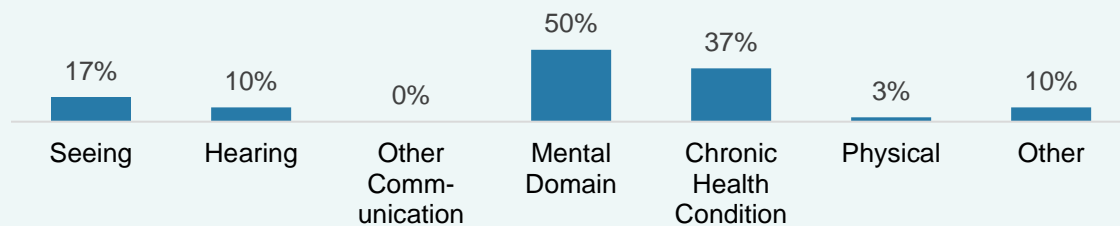
**2% identify as veterans**

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

**15% reported having one or more disabilities**

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

### Disabilities\* (n=30)



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

# COMMUNITY CARES

## Program Activities

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



362 participants in program activities

## Program Outcomes

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

### Stigma and Discrimination Reduction Participant Outcomes (n=92)

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



# COMMUNITY CARES

## NAMI Survey Respondent Outcomes (n=221)

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

### NAMI Survey Respondent Outcomes Highlights

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

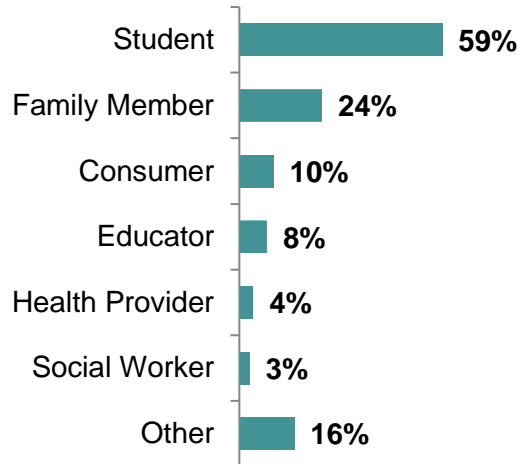
**86%** of individuals who did not previously feel that mental illness was a physical illness now agree that a mental illness is a physical illness, like diabetes. (n=36)

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

# COMMUNITY CARES

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

**Trainee Potential Responder Type\***  
(n=234)

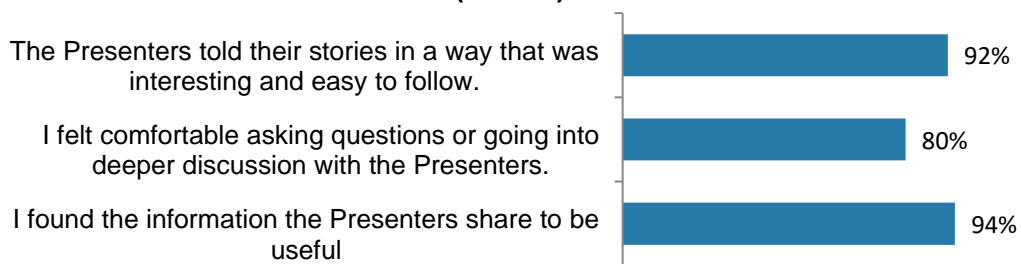


\*Individuals could select more than one response option.

## Program Satisfaction

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

**NAMI Survey Respondents**  
**% Who Agree**  
(n=233)



# COMMUNITY CARES

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## Program Feedback

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

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

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

## Conclusion and Recommendations

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

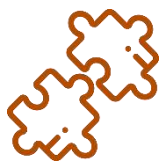
Given that the majority of participants spoke English, an area of future improvement may be to increase program promotion and outreach to mono-lingual Spanish and indigenous speaking communities in Ventura County.

# FAMILY & FRIENDS

## National Alliance on Mental Illness

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

**81** individuals participated in a Family & Friends seminar<sup>†</sup>

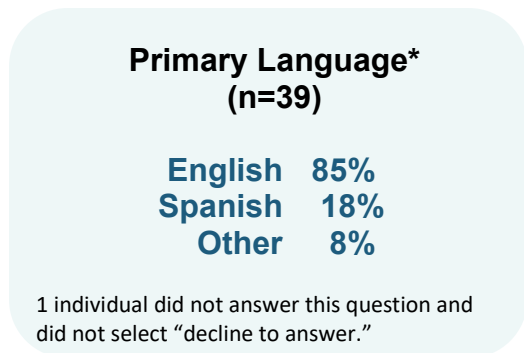
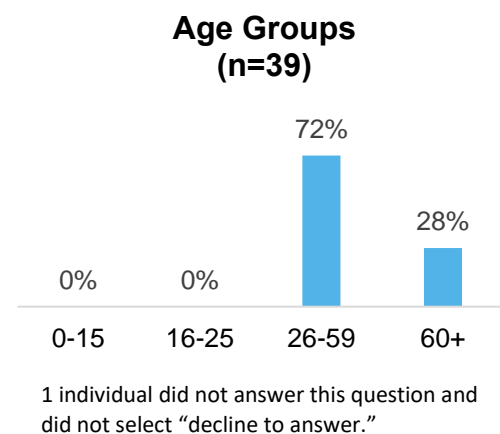
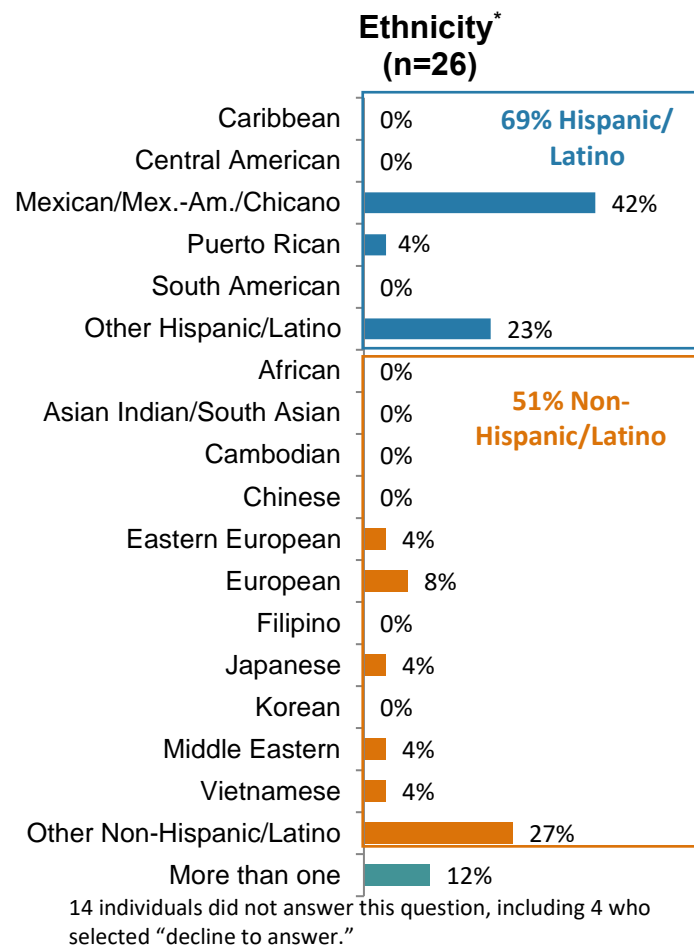
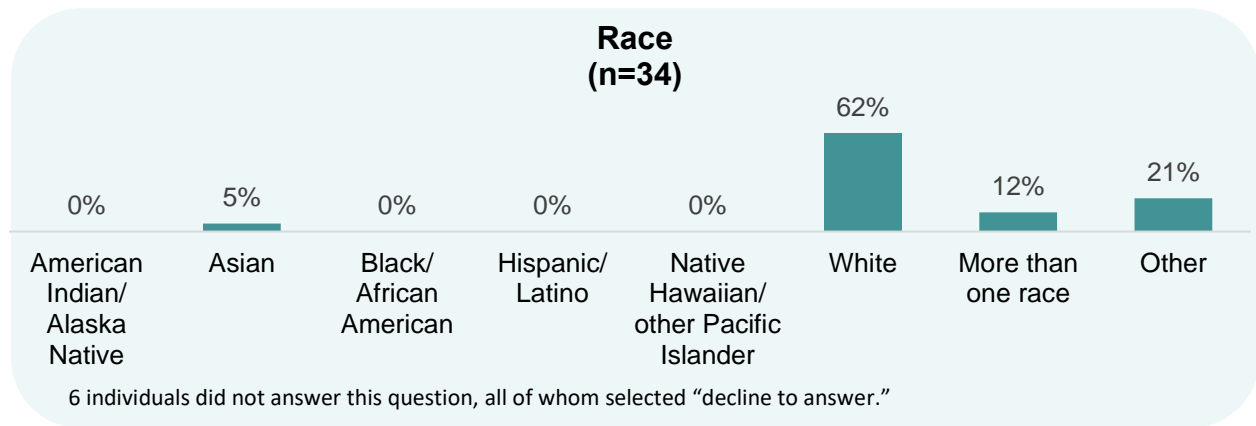
<sup>‡</sup>This program did not provide referrals.

<sup>†</sup>Number of participants/individuals may not be unduplicated.

# FAMILY & FRIENDS

## Demographic Data

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



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

# FAMILY & FRIENDS

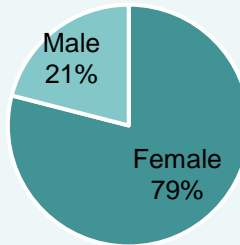
## Demographic Data

### Current Gender Identity (n=39)

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

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

### Sex Assigned at Birth (n=39)



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

### Sexual Orientation (n=35)

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

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

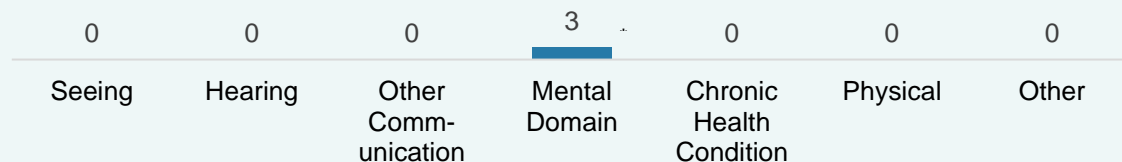
**0% of individuals identify as veterans**

n=40.

**9% of individuals reported having one or more disabilities**

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

### Disability (n=3)



# FAMILY & FRIENDS

## Program Activities

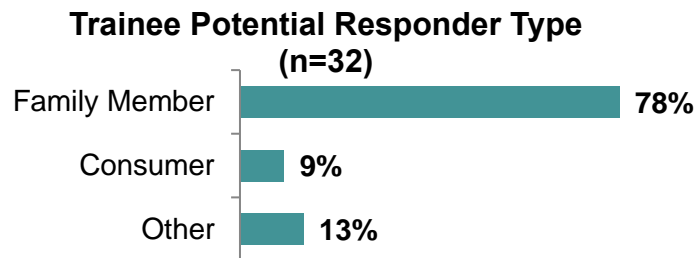
Program activities include the Family & Friends seminar facilitated by program staff. The Family & Friends program conducted 7 seminars in fiscal year 2020–2021.



**81** participants in program activities

## Program Outcomes

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



# FAMILY & FRIENDS

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

## Trainee Outcomes (n=26)

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

### Trainee Outcomes Highlights

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

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

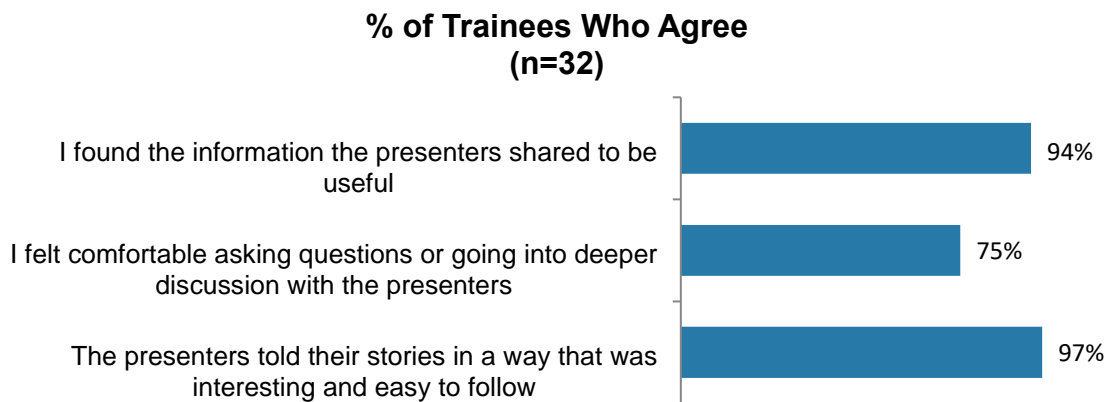
**3 of 8** individuals who previously would not have been comfortable working with someone who has a mental illness now would feel comfortable.



# FAMILY & FRIENDS

## Program Satisfaction

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



## Program Feedback

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

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

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

## Conclusion and Recommendations

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

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

# PRIMARY CARE PROGRAM

## Clínicas del Camino Real, Inc.

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

### Program Strategies



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



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

### Program Highlights<sup>§</sup>

**446** individuals received core program services

**9.6** point decrease in average participant depression severity

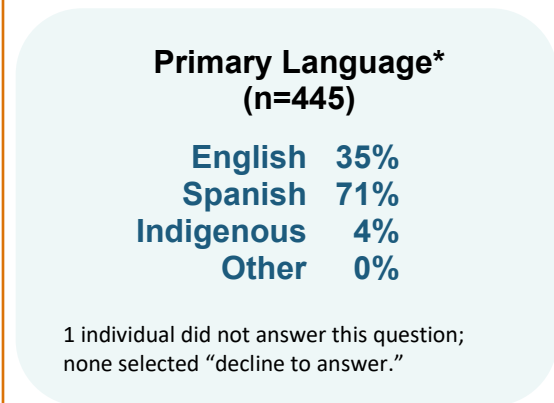
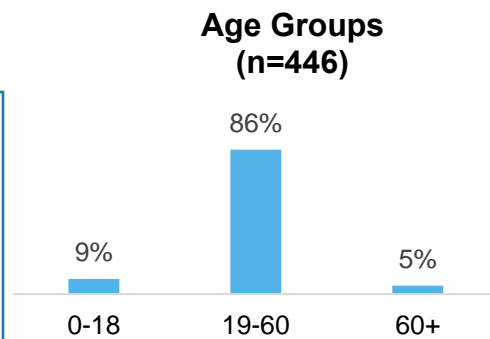
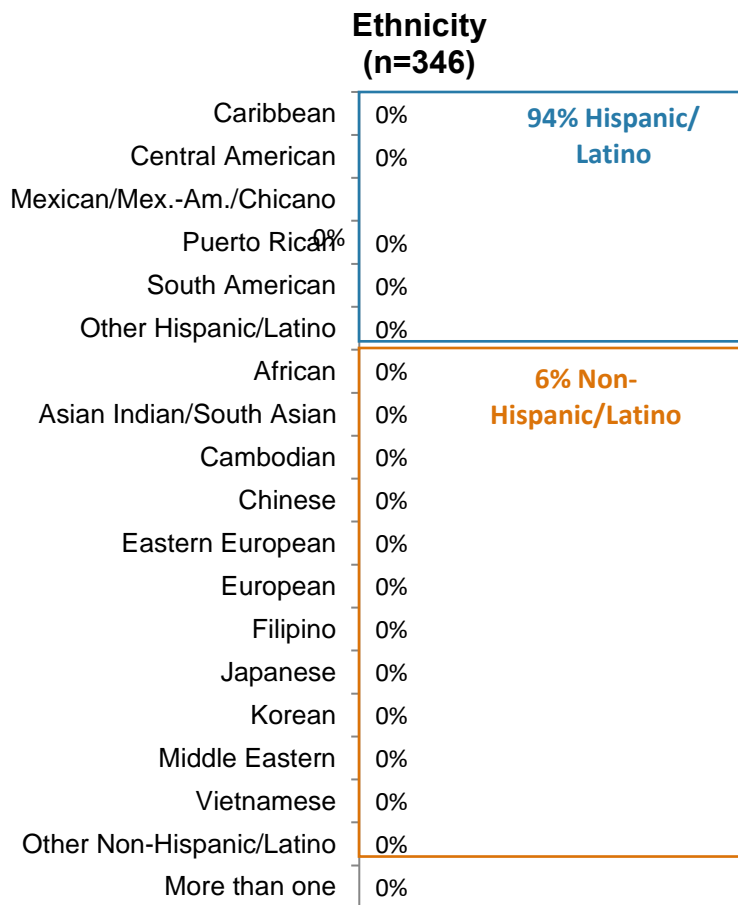
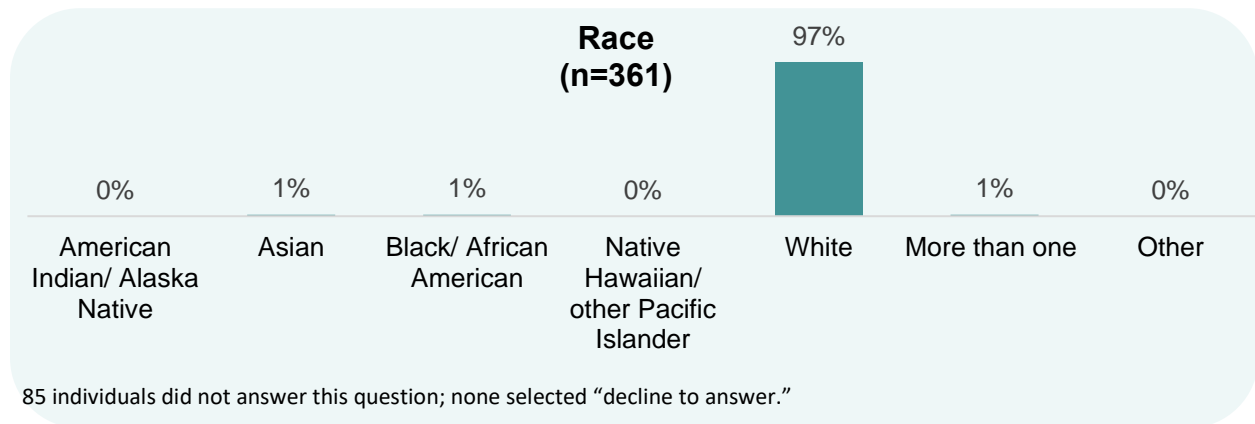
**7.6** point decrease in average participant anxiety severity

<sup>§</sup>This program made community referrals, but those were not included in the data collection.

# PRIMARY CARE PROGRAM

## Demographic Data

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



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

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

# PRIMARY CARE PROGRAM

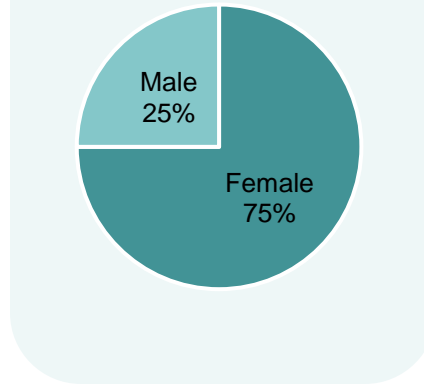
## Demographic Data

### Current Gender Identity (n=157)

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

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

### Sex Assigned at Birth (n=446)



### Sexual Orientation (n=205)

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

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

**0% of individuals identify as veterans**

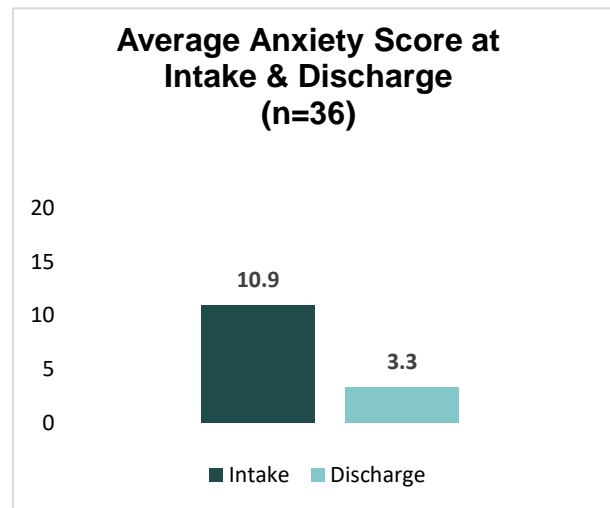
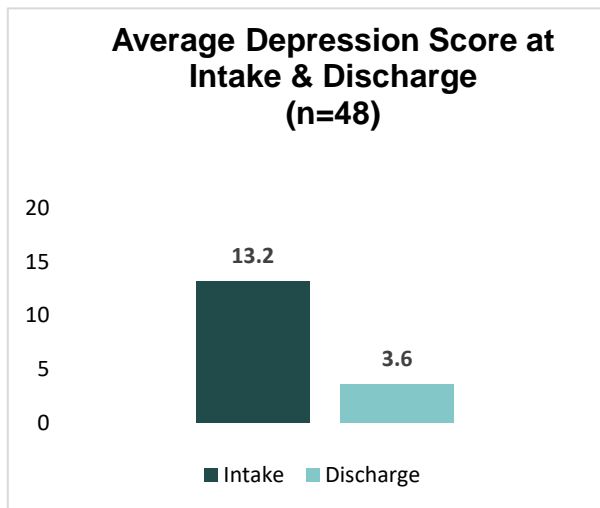
n=446; 7 individuals did not answer this question; none selected "decline to answer."

# PRIMARY CARE PROGRAM

## Program Outcomes

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

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



# PRIMARY CARE PROGRAM

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## Conclusion and Recommendations

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

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

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

# VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

## Ventura County Behavioral Health (VCBH)

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

**157** individuals received core program services

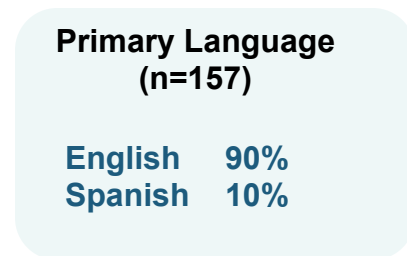
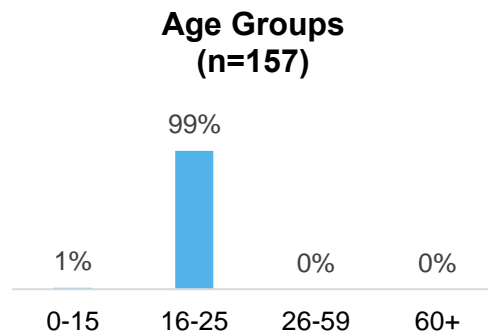
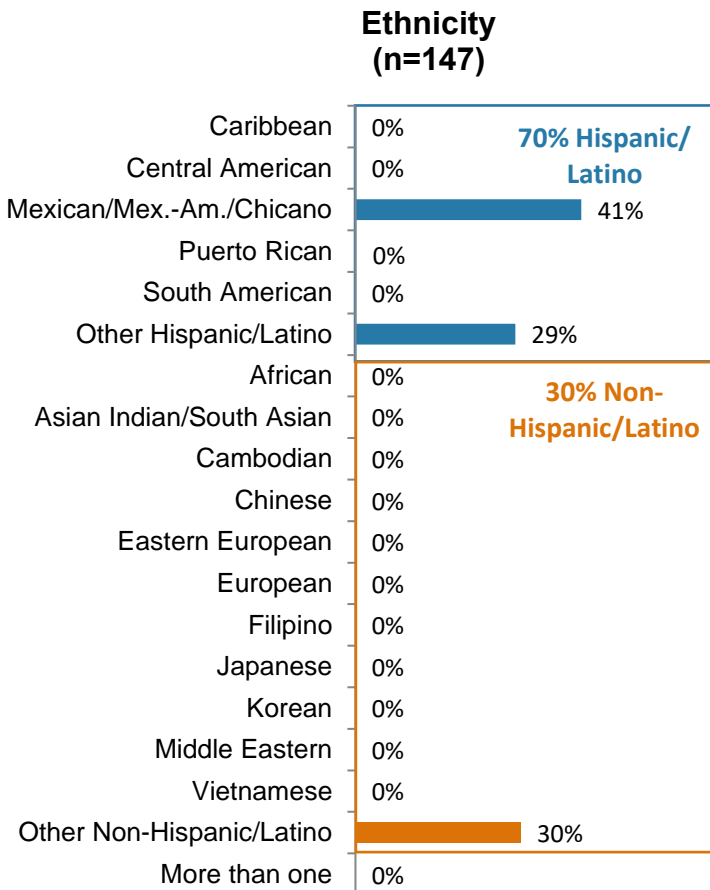
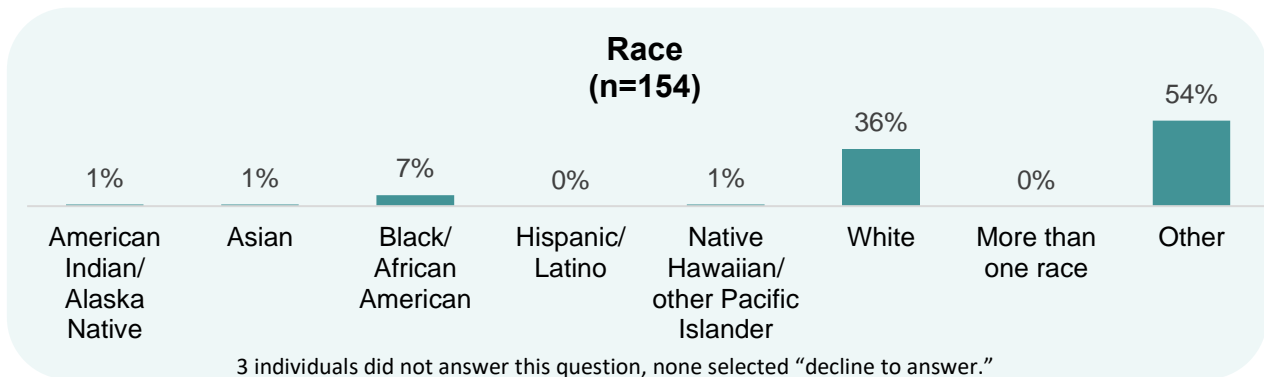
**152 Days** average length of stay

<sup>‡</sup>This program did not provide referrals.

# VENTURA COUNTY POWER OVER PRODRIMAL PSYCHOSIS (VCPOP)

## Demographic Data

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

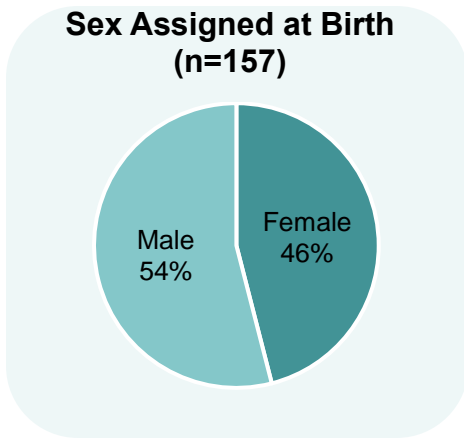


7 individuals did not answer this question, none selected "decline to answer."



# VENTURA COUNTY POWER OVER PRODRIMAL PSYCHOSIS (VCPOP)

## Demographic Data



### Sexual Orientation (n=20)

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

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

# VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

## Program Activities

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

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

# VENTURA COUNTY POWER OVER PRODROMAL PSYCHOSIS (VCPOP)

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## Conclusion and Recommendations

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

# OTHER PEI PROGRAMS

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

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

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

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

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

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

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

## Other PEI Program Descriptions

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

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

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

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

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

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

**3,071** individuals received core program services

## Other PEI Programs: Demographics of Participants<sup>§</sup>

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

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

<sup>§</sup> Current gender identity data was not collected from RISE. Sexual orientation data was not collected from Logrando Bienestar. Age data was not reported from La Clave

<sup>^</sup> Percentages and counts reflect the number of individuals who selected each Hispanic or Non-Hispanic Ethnicity.

<sup>‡</sup> City of residence data is not available for CIT.

## Highlighted Successes and Challenges: Other PEI Programs

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

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

# CRISIS INTERVENTION TEAM

## Ventura County Law Enforcement

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

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

**1,940** individuals experiencing mental health problem or crisis served<sup>†</sup>

**1,471** individuals reached through other program activities<sup>†</sup>

<sup>‡</sup>This program did not provide referrals.

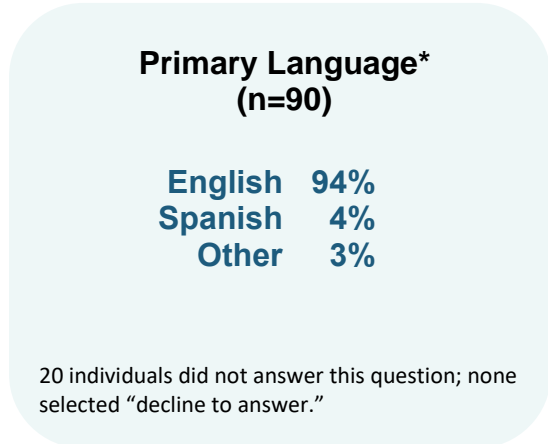
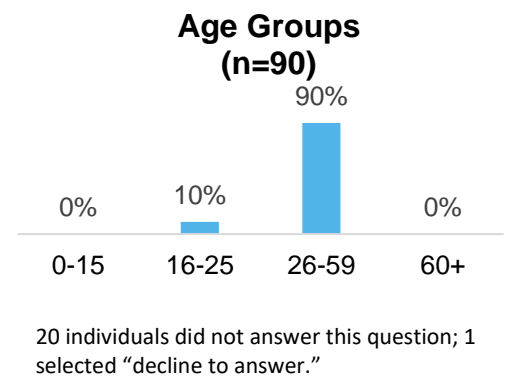
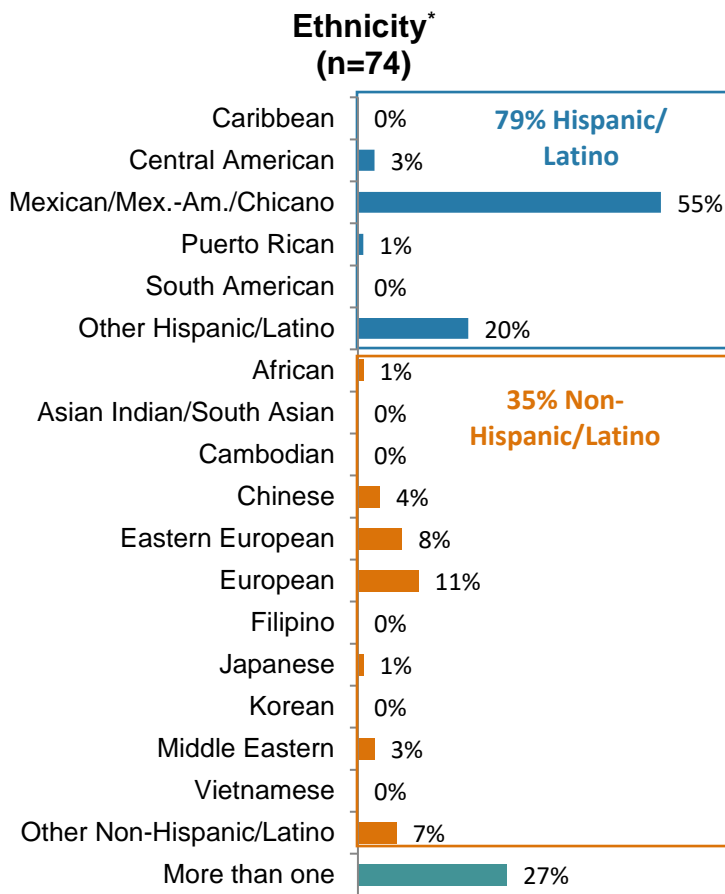
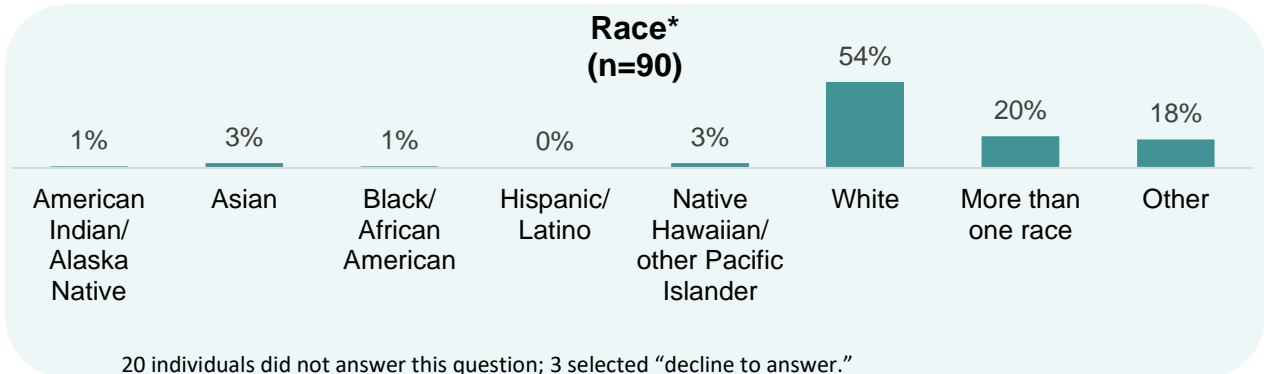
<sup>†</sup>Number of participants/individuals reached may not be unduplicated.



# CRISIS INTERVENTION TEAM

## Demographic Data

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



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

# CRISIS INTERVENTION TEAM

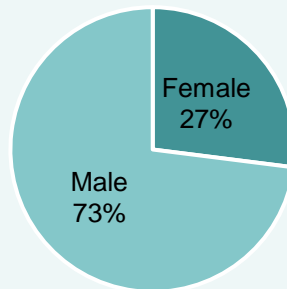
## Demographic Data

### Current Gender Identity (n=87)

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

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

### Sex Assigned at Birth (n=88)



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

### Sexual Orientation (n=84)

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

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

**11% of trainees identify as veterans**

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

**1 individual (1%) reported having a disability.**

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

# CRISIS INTERVENTION TEAM

## Program Activities

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

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



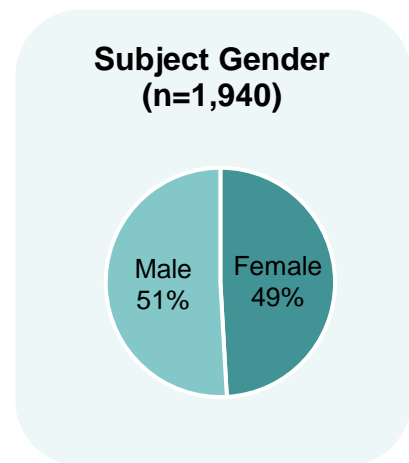
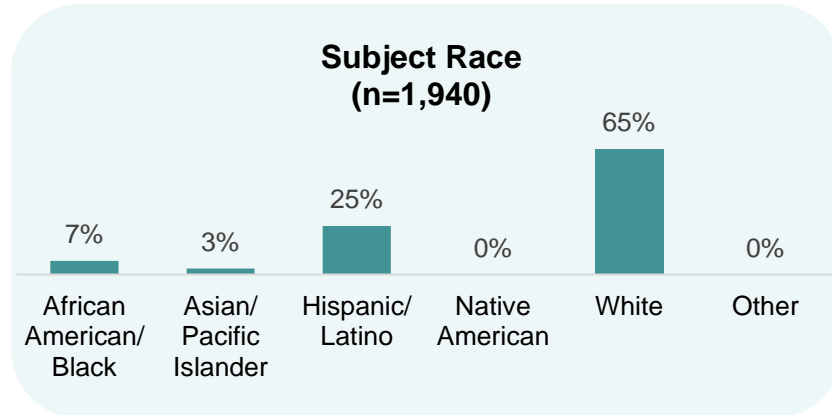
**1,471** participants  
in program activities<sup>†</sup>

<sup>†</sup>Number of participants/people reached may not be unduplicated.

# CRISIS INTERVENTION TEAM

## CIT Card Information

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



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

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

### Disposition or Service (n=1,940)

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

### City of Incident (n=1,940)

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

# CRISIS INTERVENTION TEAM

## Program Outcomes: Post-training Evaluation Survey

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

### Prior Knowledge and Experience (n=108-109)

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

### Trainee Stigma and Discrimination Reduction (n=110)

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

# CRISIS INTERVENTION TEAM

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

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

## Trainee Competencies (n=109)

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

# CRISIS INTERVENTION TEAM

## Program Outcomes: Follow-up Survey

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

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

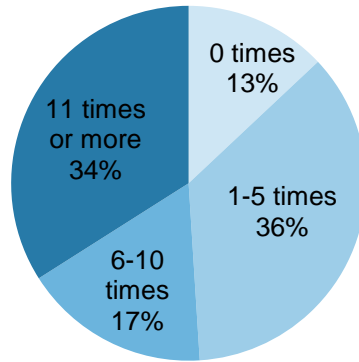
Current Employer	% of Respondents
Municipal Police Department	21%
Probation Office/Parole Agency	6%
Sheriff's Office	64%
Other (EMS, Fire Department, Navy)	9%
Rank/Classification	
Captain/Battalion Chief	0%
Dispatcher	4%
Officer/Deputy/Investigator	78%
Probation Officer/Parole Agent	2%
Sergeant	9%
Other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

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

# CRISIS INTERVENTION TEAM

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

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



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

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

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



# CRISIS INTERVENTION TEAM

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

## CIT Participant Knowledge and Skills (n=47)

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

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

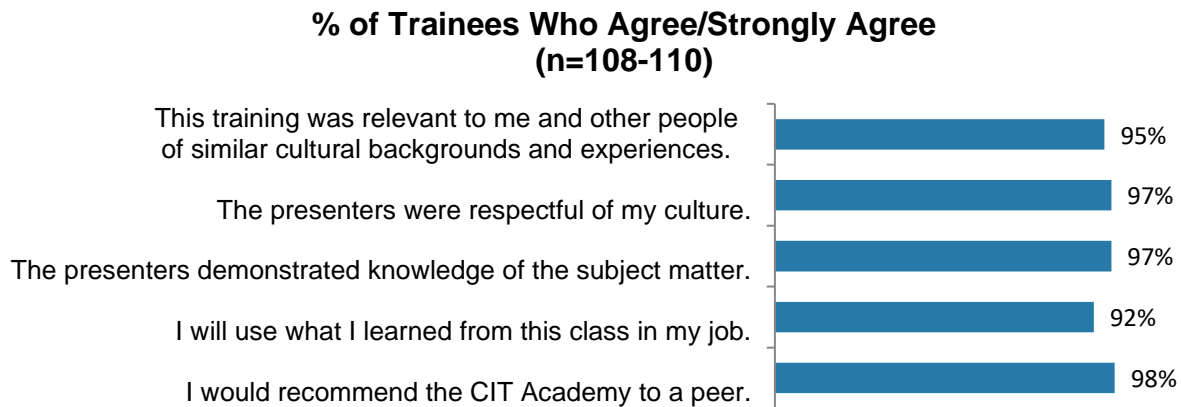
# CRISIS INTERVENTION TEAM

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

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

## Program Satisfaction: Post-training Evaluation Survey

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



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

# CRISIS INTERVENTION TEAM

## Program Satisfaction: Follow-up Survey

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

## Program Feedback: Post-training Evaluation Survey

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

### Recommendation to Improve the CIT Academy (n=42)

#### Top 4 Responses

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

Additionally, 5 respondents stated that there were no weaknesses.

## Program Feedback: Follow-up Survey

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

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

#### Top 4 Responses

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

# CRISIS INTERVENTION TEAM

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## Program Successes

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

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

## Conclusion and Recommendations

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

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

# IN OUR OWN VOICE

## National Alliance on Mental Illness

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

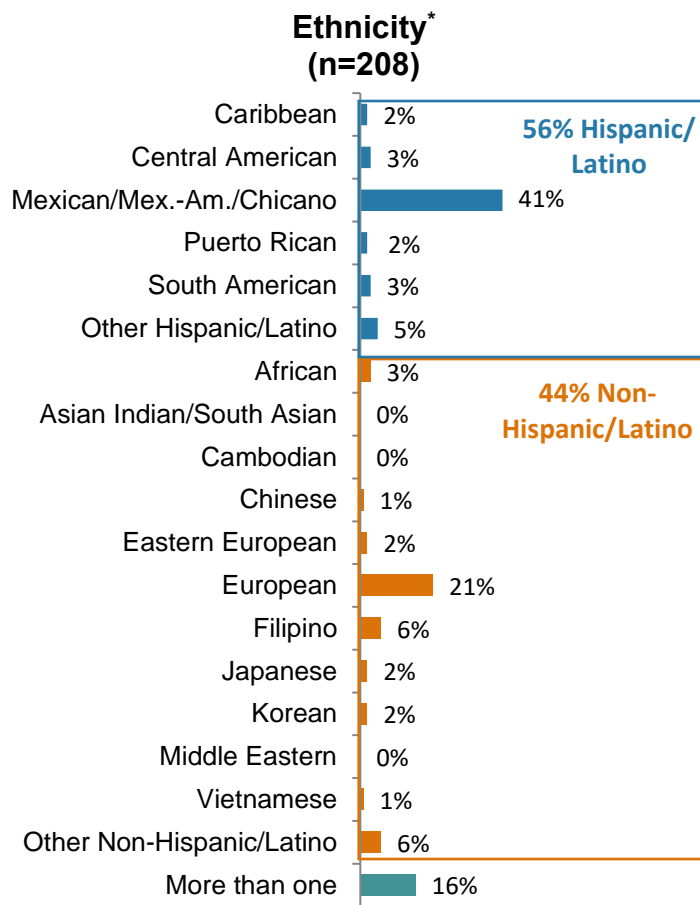
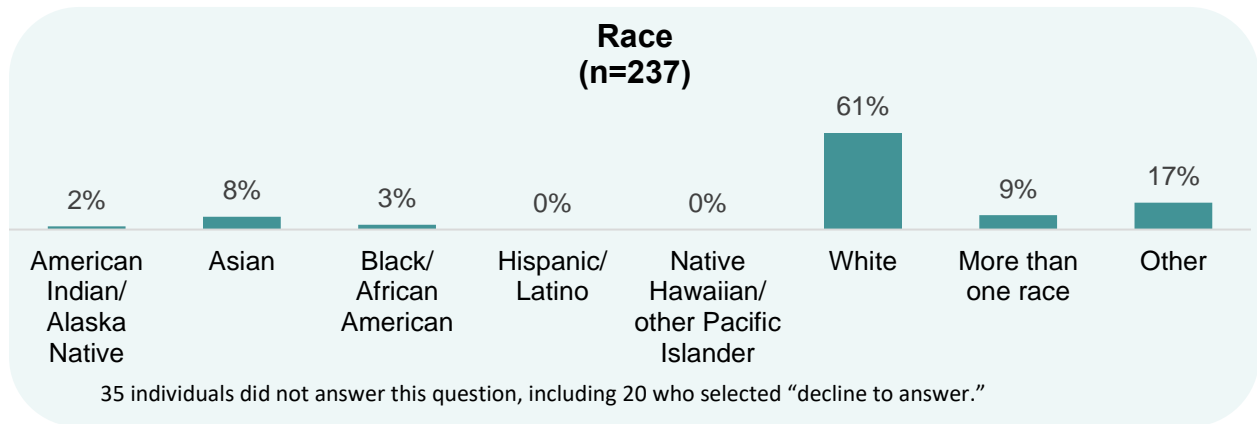
**272** individuals participated in an In Our Own Voice training

<sup>‡</sup>This program did not provide referrals.

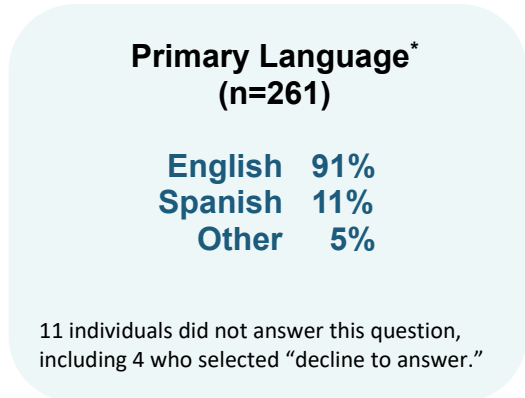
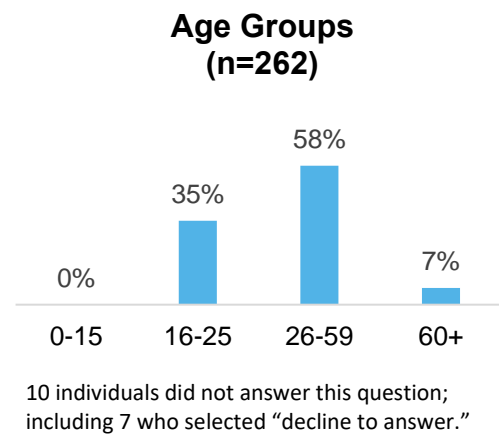
# IN OUR OWN VOICE

## Demographic Data

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



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



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

# IN OUR OWN VOICE

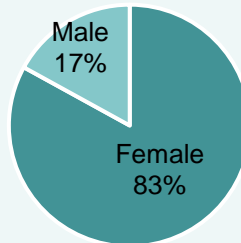
## Demographic Data

### Current Gender Identity (n=261)

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

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

### Sex Assigned at Birth (n=260)



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

### Sexual Orientation (n=248)

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

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

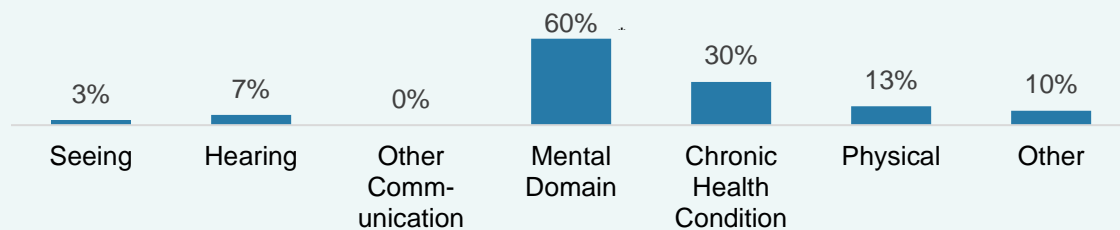
**2% of individuals identified as veterans**

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

**14% of individuals reported having one or more disabilities**

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

### Disability\* (n=30)



Other includes individuals who did not specify a disability type.

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

# IN OUR OWN VOICE

## Program Activities

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



272 participants in program activities\*

## Program Outcomes

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

### Stigma and Discrimination Reduction Participant Outcomes (n=117)

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



# IN OUR OWN VOICE

## NAMI Survey Respondent Outcomes (n=263)

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

### NAMI Survey Respondent Outcomes Highlights

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

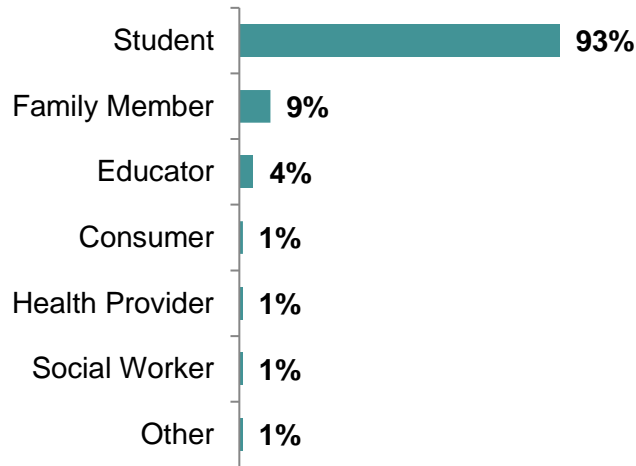
**63%** of individuals who did not previously feel that mental illness was a physical illness now agree that a mental illness is a physical illness, like diabetes. (n=64)

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

# IN OUR OWN VOICE

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

**Trainee Potential Responder Type\***  
(n=270)

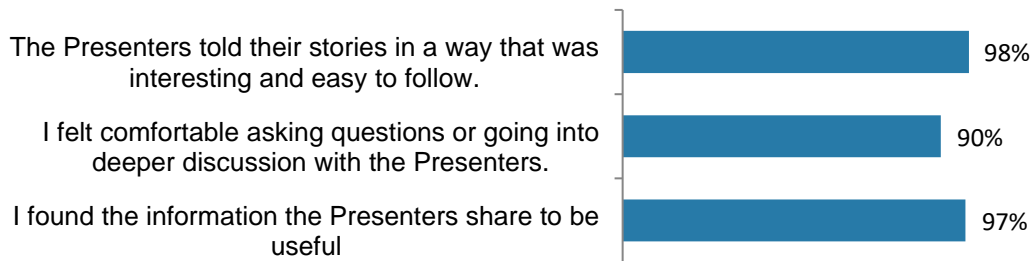


\*Individuals could select more than one response option.

## Program Satisfaction

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

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



# IN OUR OWN VOICE

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## Program Feedback

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

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

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

## Conclusion and Recommendations

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

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

# LOGRANDO BIENESTAR

## Ventura County Behavioral Health

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

### Program Strategies



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



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

### Program Highlights

**959** individuals received core program services

**517** individuals referred to mental health care

**3,313** individuals reached through outreach events<sup>†</sup>

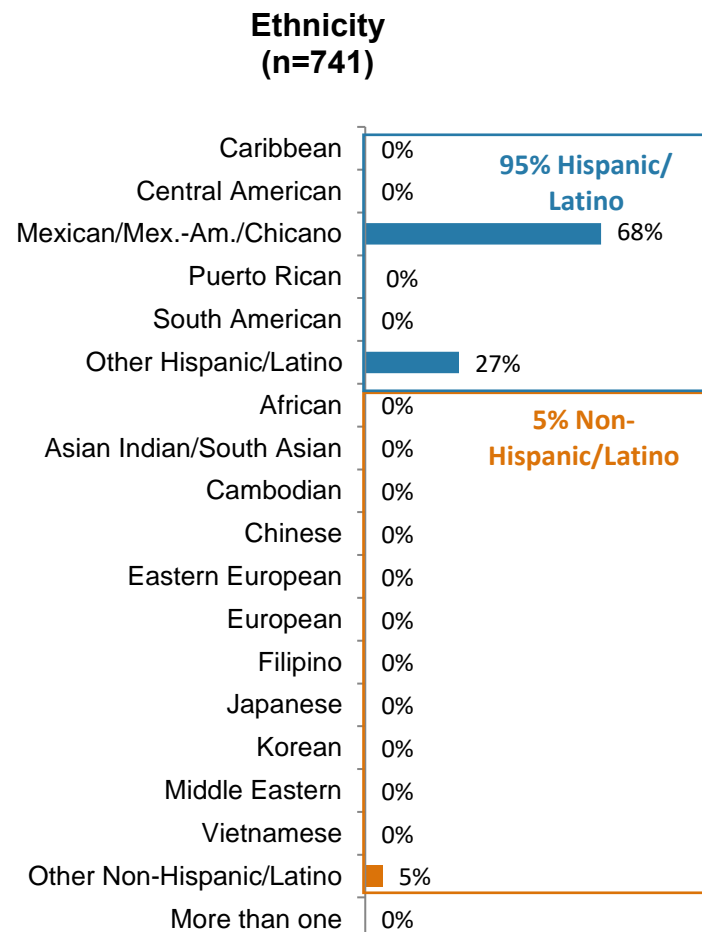
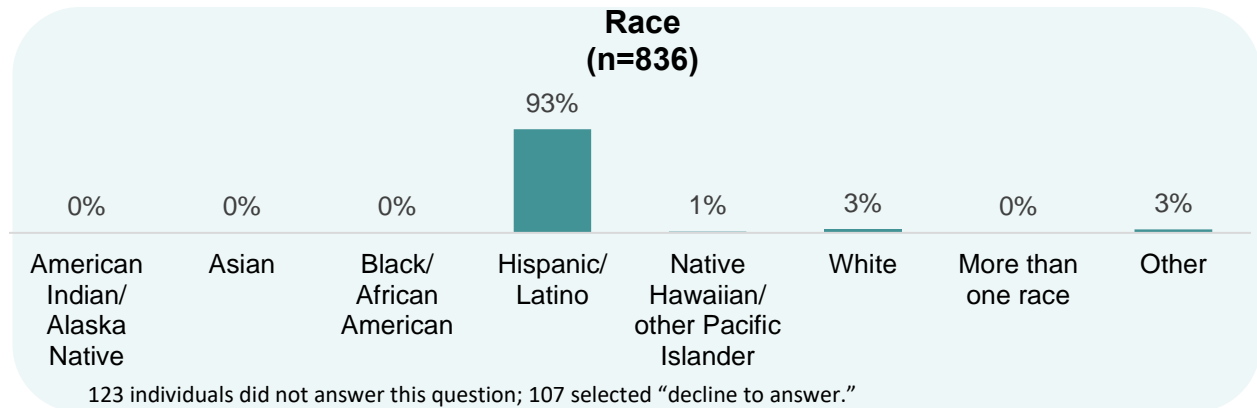
**6,995** individuals reached through activities during COVID-19<sup>†</sup>

<sup>†</sup>Number of individuals may be duplicated.

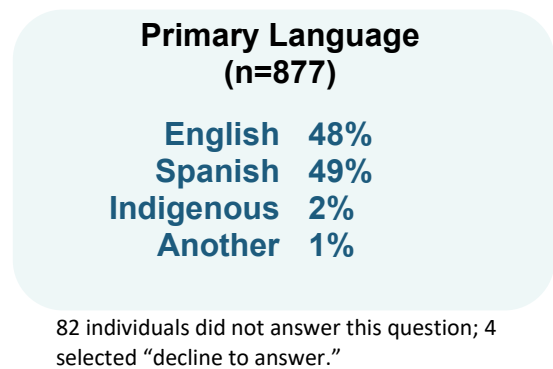
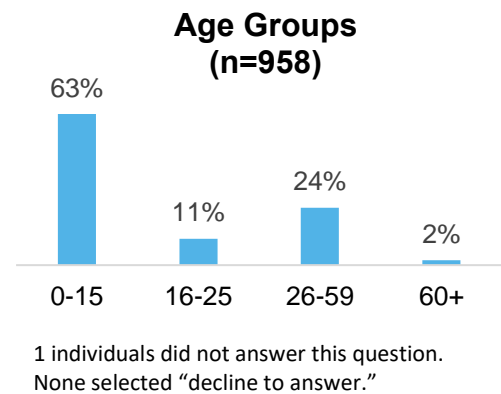
# LOGRANDO BIENESTAR

## Demographic Data

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



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



# LOGRANDO BIENESTAR

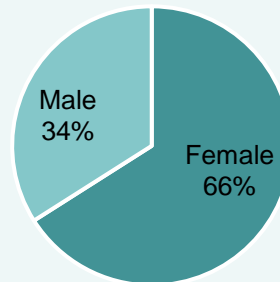
## Demographic Data

### Current Gender Identity (n=175)

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

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

### Sex Assigned at Birth (n=711)



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

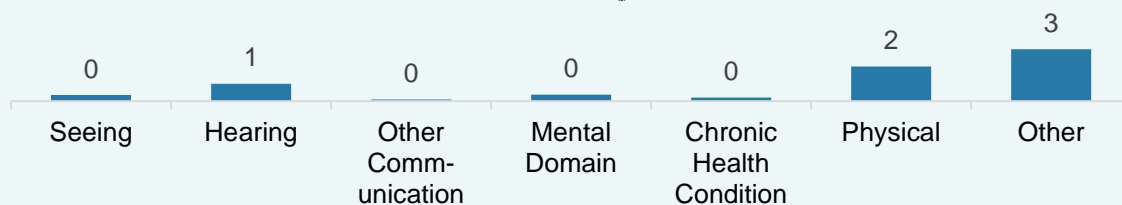
**0% of individuals identified as veterans**

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

**4% of individuals reported having one or more disabilities**

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

### Disability (n=6)



Other includes individuals who did not specify a disability type.

# LOGRANDO BIENESTAR

## Program Activities

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



81% of program activities in Spanish



467 participants in program activities<sup>†</sup>

## Program Outreach

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

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



3,313 people reached through outreach events<sup>†</sup>



43% of outreach events conducted in Spanish

## Program Services during COVID-19

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

<sup>†</sup> Number of participants/people reached may be duplicated.

# LOGRANDO BIENESTAR

## Program Referrals

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



**517** individuals referred to mental health care



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

## Program Successes

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

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

## Conclusion and Recommendations

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

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



# PROVIDER EDUCATION

## National Alliance on Mental Illness

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

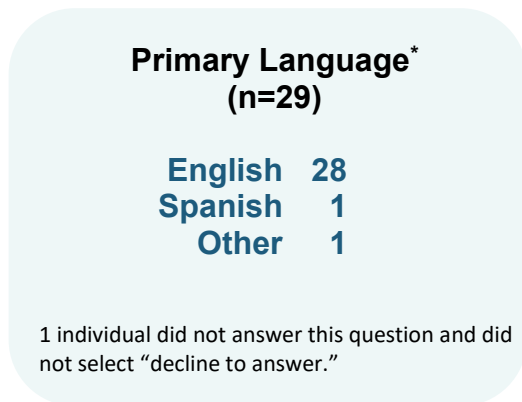
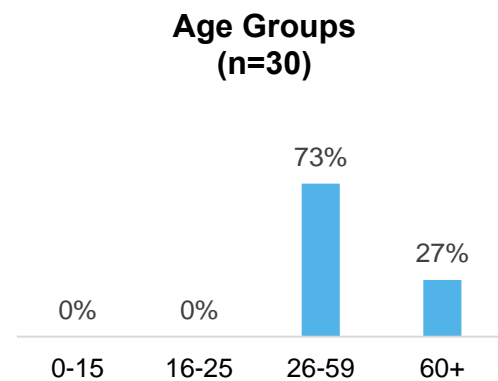
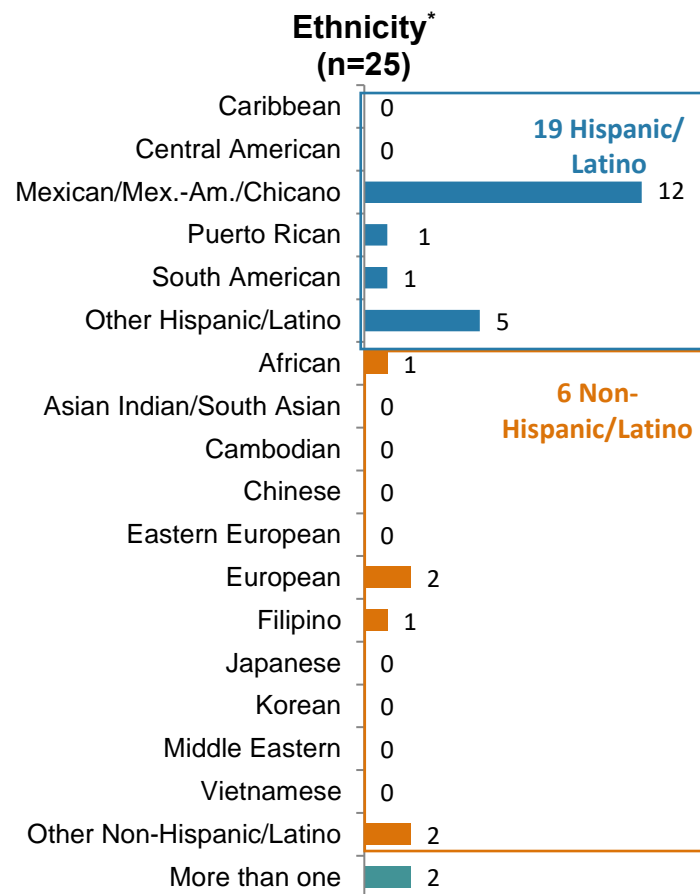
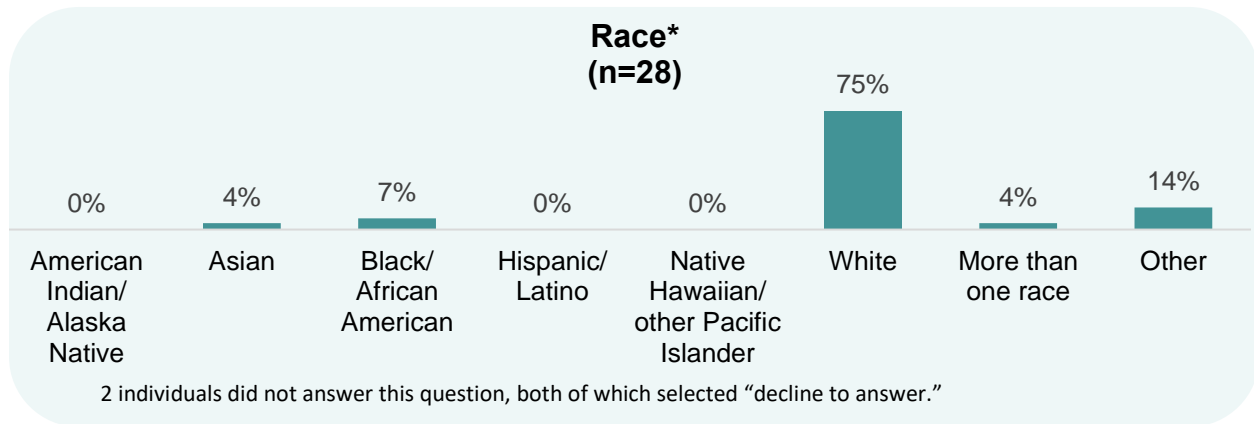
**41** individuals received core program services (trainings)

<sup>‡</sup>This program did not provide referrals.

# PROVIDER EDUCATION

## Demographic Data

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



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

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

# PROVIDER EDUCATION

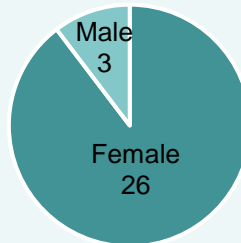
## Demographic Data

### Current Gender Identity (n=29)

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

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

### Sex Assigned at Birth (n=29)



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

### Sexual Orientation (n=29)

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

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

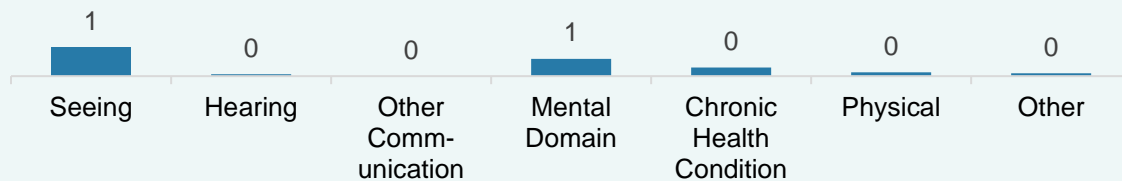
**0% of individuals identified as veterans**

n=30.

**9% of individuals reported having one or more disabilities**

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

### Disability (n=2)



Other includes individuals who did not specify a disability type.

# PROVIDER EDUCATION

## Program Activities

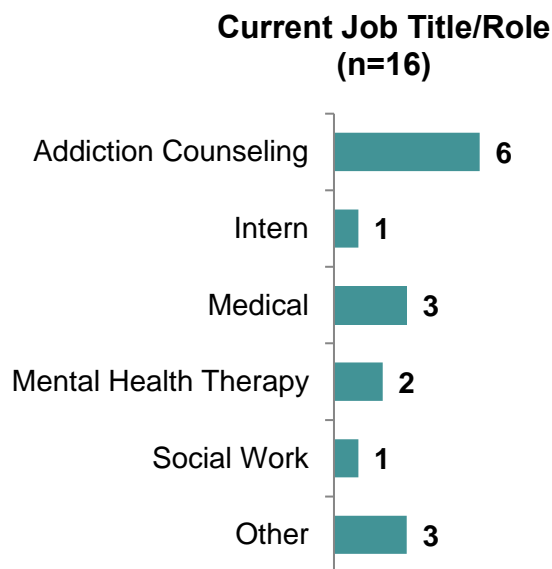
The primary program activity is a 4-hour course for paid staff or professionals who have been providing mental health services to clients for at least one year. The program provided 3 courses in fiscal year 2020–2021.



**41** participants in program activities

## Program Outcomes

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



# PROVIDER EDUCATION

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

### Trainee Outcomes (n=7)

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

## Conclusion and Recommendations

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

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

# LA CLAVE EDUCATION & TRAINING

## Ventura County Behavioral Health (VCBH) and USC

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

### Program Strategies



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



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

### Program Highlights<sup>‡</sup>

**780** individuals participated in a La Clave presentation

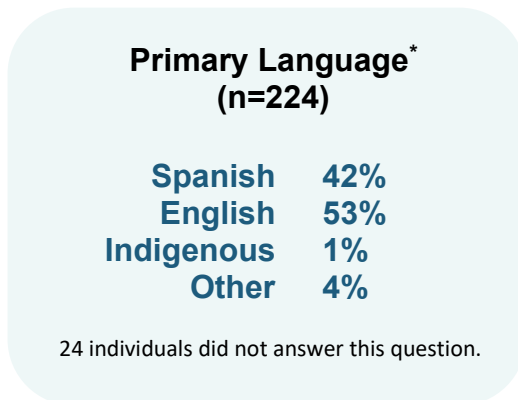
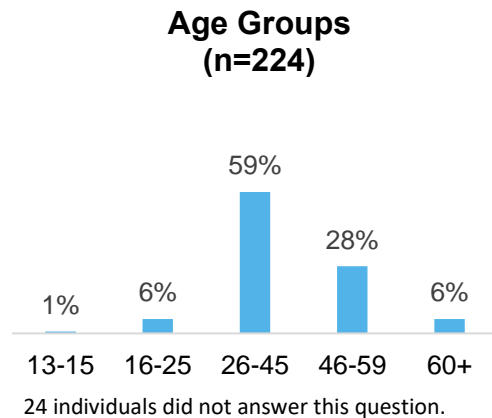
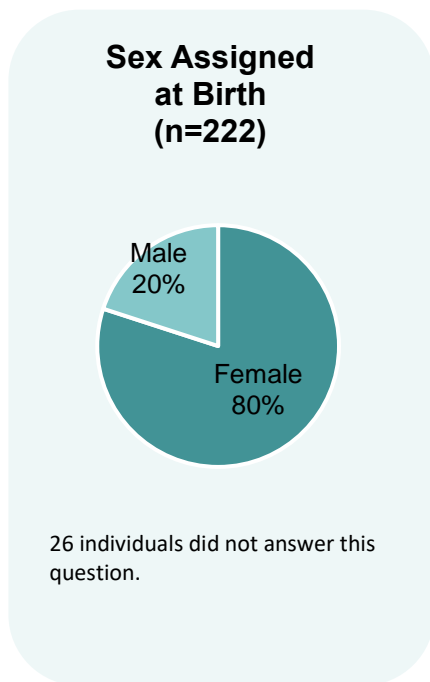
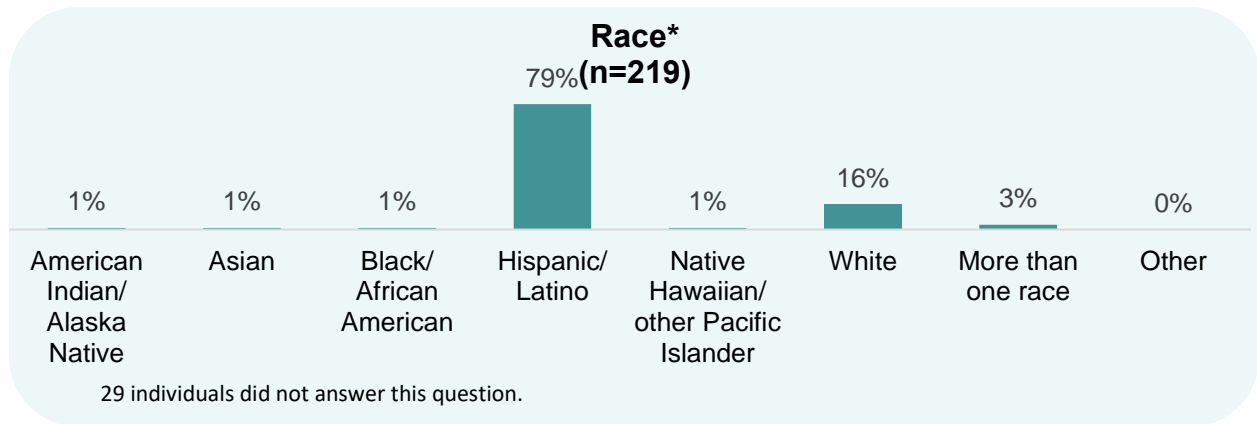
**36** trained facilitators to provide La Clave presentations (13 trained from community-based organizations and 24 VCBH staff)

**4** trainers trained future facilitators

# LA CLAVE EDUCATION & TRAINING

## Demographic Data

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



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

# LA CLAVE EDUCATION & TRAINING

## Program Outcomes

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

### Participant Outcomes (n=240)

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



# LA CLAVE EDUCATION & TRAINING

## Program Successes

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

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

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

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

## Conclusion and Recommendations

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

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

# RAPID INTEGRATED SUPPORT & ENGAGEMENT (RISE)

## Ventura County Behavioral Health (VCBH)

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

### Program Categories & Strategies



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



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

### Program Highlights<sup>‡</sup>

**910** individuals received core program services

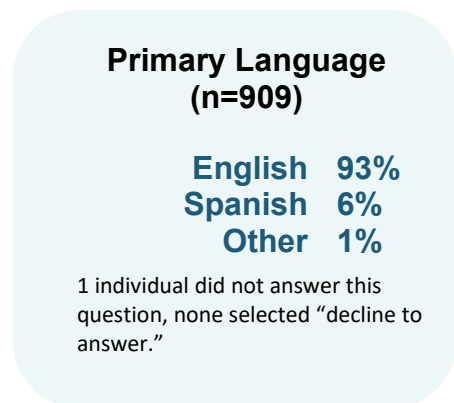
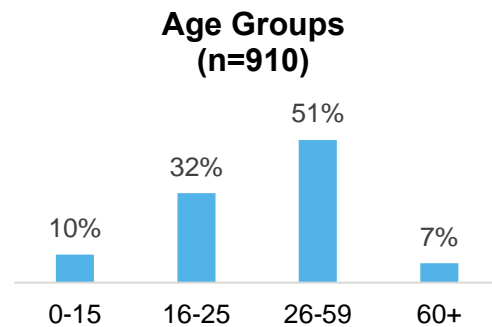
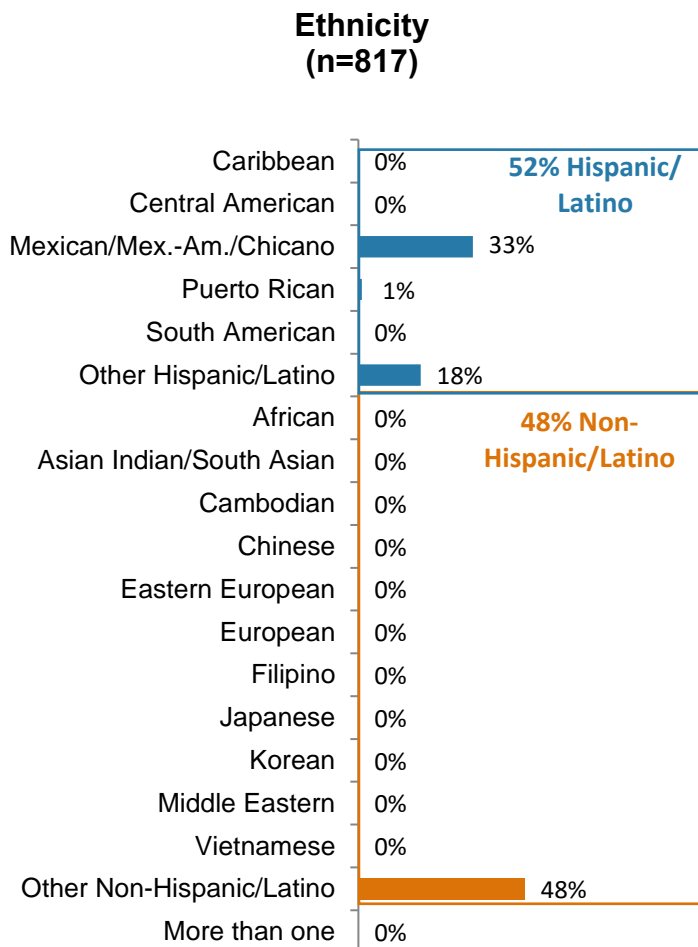
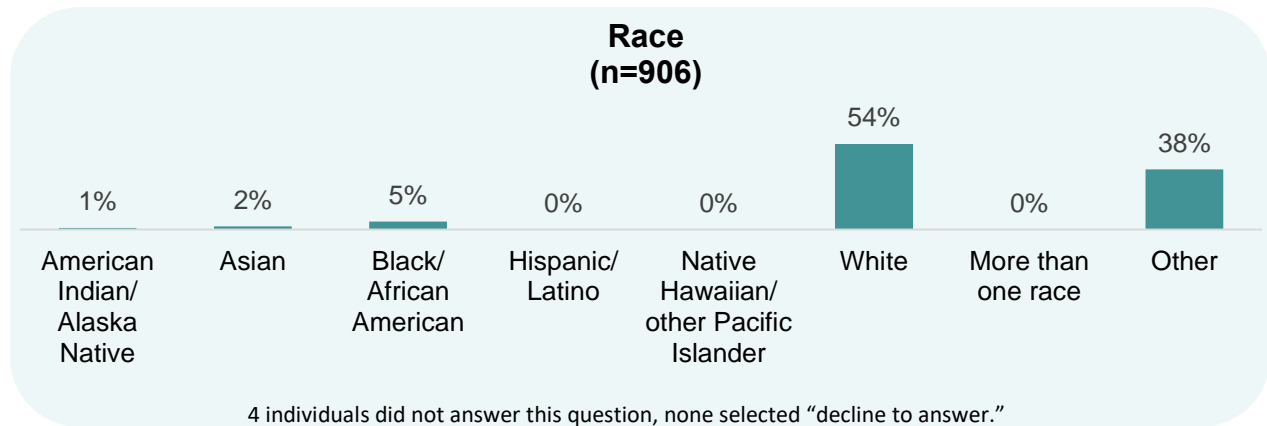
**56 Days** Average length of stay

<sup>‡</sup>Information on referrals is not available for this program.

# RAPID INTEGRATED SUPPORT & ENGAGEMENT

## Demographic Data

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



# RAPID INTEGRATED SUPPORT & ENGAGEMENT

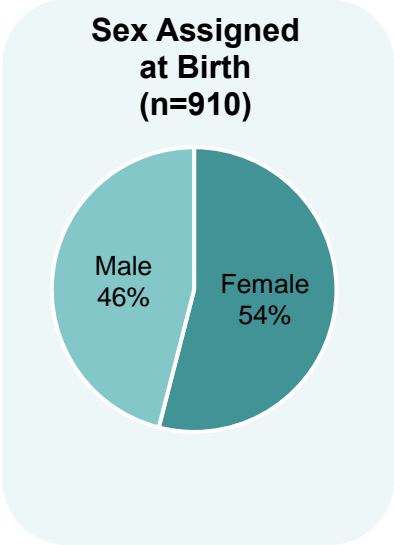
## Demographic Data

### Sexual Orientation (n=173)

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

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

### Sex Assigned at Birth (n=910)



# RAPID INTEGRATED SUPPORT & ENGAGEMENT

## Program Activities

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

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

## Conclusion and Recommendations

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

# APPENDIX A. CATEGORIES OF VCBH PEI PROGRAMS

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

\*Optional program category according to PEI regulations.

## APPENDIX B. FY 20–21 NUMBERS SERVED

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

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

**FY 20-21 Number of Participants Served by City of Residence<sup>§</sup>**

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

<sup>§</sup>City of residence data is not available for Wellness Everyday, Crisis Intervention Training, Multi-Tiered System of Supports VCOE, Multi-Tiered System of Supports LEA.



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

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

Prepared for



Prepared by

**EVALCORP**  
Measuring What Matters™

## Acknowledgments

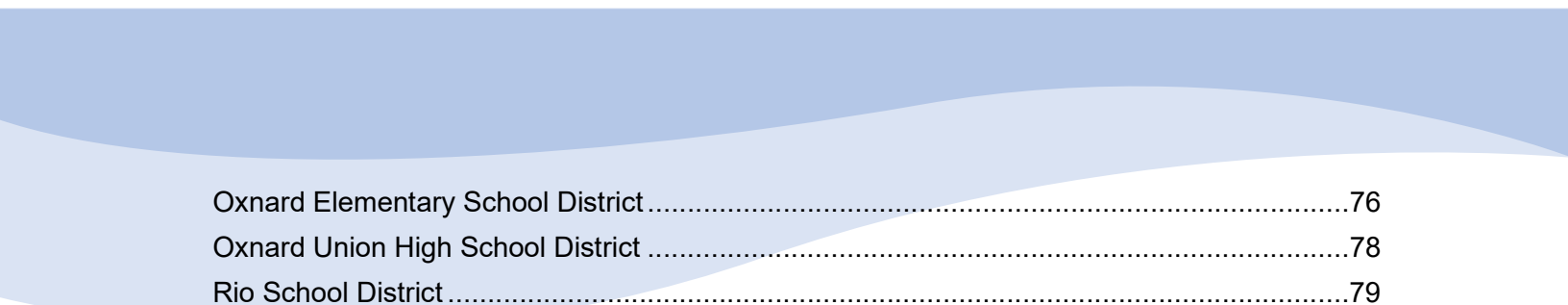
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Evalcorp would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this report. To begin, we would like to thank Ventura County Office of Education (VCOE) for their partnership throughout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

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# Introduction

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## Overview

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

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

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

This report covers the second year of implementation – the 2020-2021 academic year.

## Project Background: Multi-Tiered System of Support (MTSS)

MTSS is a comprehensive framework designed to align initiatives and resources within an educational organization, such as VCOE, to identify and address student needs. It aligns academic, behavioral, and social-emotional learning in an integrated system of support to benefit all students, as well as positively impact systemic change.

To meet PEI regulations, VCOE is required to incorporate the following strategies into their programming:

1. Provide access and linkage to services for those with serious mental illness and serious emotional disturbance.
2. Improve timely access to services for underserved populations.
3. Reduce stigma and discrimination with respect to mental illness.

Per their contract with VCBH, VCOE has seven core activities they must implement countywide. Among these include education and training for school personnel and students, family outreach and engagement, and ongoing technical assistance and contract monitoring for their contracted Local Educational Agencies (LEAs)/School Districts.

Each LEA/District also has core activities to fulfill. Similar to VCOE, each district must provide education and training for school personnel and students, as well as family engagement and outreach, but they must also provide referrals and early intervention services for students.

More information about respective activities and progress made is detailed in the VCOE and LEA/School District sections under Key Findings.

# Evaluation & Report Structure

VCOE contracted with EVALCORP Research & Consulting to develop and implement an evaluation framework for their MTSS program, design data collection tools, collect and analyze data, report on outcomes, and provide ongoing technical assistance and support.

## Data Collection

This evaluation employs a mixed-methods approach, utilizing quantitative and qualitative data provided to EVALCORP by VCOE and MTSS-funded districts. Although VCOE strives to standardize data collection across programs to the extent possible, variations exist in each district's specific data collection tools and measures to reflect program uniqueness and target population differences. However, systems are designed to assess progress toward the activities outlined in their MOAs.

During the 2020–2021 academic year, VCOE and their contracted school districts used four primary types of data collection strategies.

- 1) **VCBH Tracking Log:** VCBH developed a comprehensive Excel spreadsheet to collect program implementation data and process metrics such as number of screenings, referrals, trainings, participants, and other activities for VCOE and each contracted school district. VCBH has continued to refine the template to tailor it to the needs of each district and to increase data adherence to PEI regulations. When available, narrative reports are provided by district staff that describe key activities, successes, and challenges.
- 2) **District-level Program Surveys:** Post-program surveys were developed to collect outcome data for each participant type (staff, students, family members). The surveys typically include both close- and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant satisfaction; and recommendations for improvements.
  - a. **Staff/Teacher Survey:** administered to all staff and teachers who have participated in an MTSS training/educational event.
  - b. **Student Survey:** administered to students, 6<sup>th</sup> grade and above, who have participated in an MTSS training/educational event.
  - c. **Family Survey:** administered to family members 18 years and older who have attended a MTSS training or event. Given privacy concerns for staff/teachers and students, the family survey is the only one that captures PEI-required participant demographic information.
- 3) **VCOE Post-Training Surveys:** VCOE implements a number of post-training evaluation surveys for most of the trainings they provide. Two examples include post-surveys for their Stress Management and Resilient Calm Leader/Resilient Calm Learner Trainings (which are described in subsequent sections).
- 4) **End-of-Year Surveys:** These surveys, which are new to the 2020-2021 academic year, were provided at the end of four of the serialized VCOE trainings to solicit feedback on a training series as a whole (rather than just individual sessions). These surveys were administered for four VCOE programs: Positive Behavioral Implementation Supports



(PBIS), Resilient Calm Learner (RCL), Restorative Justice, and Social Emotional Learning (SEL).

## Data Analysis

To analyze data collected in the VCBH Tracking Log for VCOE and each school district, the respective agency/district's Excel document was first reviewed and cleaned. Frequencies were then run for each item to determine progress toward program activities such as the number and percent of students assessed for and referred to mental health services.

To analyze quantitative survey data, all collected survey responses were inventoried and underwent data entry processes. Entered data was then cleaned, removing incomplete surveys, duplicates, or outliers to prepare for data analysis. Descriptive statistics and frequencies were run to determine the number and percent of respondents selecting each response option.

In preparing this report, extensive data verification, cleaning, and analysis procedures were employed to ensure accuracy and validity of data and information presented.

## Data Limitations

Information about data availability and quality for individual programs is presented within each program's section of the report. Notes about the overarching availability and quality of data are listed below: the data presented in this report should therefore be considered within the context of these limitations.

Primary data limitations for VCOE and MTSS-funded school districts in academic year 2020–2021 included:

- **Duplicated data.** Data presented in this report are not always unduplicated. As an example, for training activities in particular, participants may attend more than one training, which could lead to duplicated data.
- **Missing data or “declined to answer” selections.** Some questions had low response rates, possibly due to discomfort with or misunderstanding of the question itself.
- **Low response rates.** Not all participants completed outcome tools/follow-up surveys and some programs had low numbers of participants.
- **Incorrectly documented data.** Information documented in the VCBH Tracking Log was not consistent across or within LEA/School Districts. For example, for some trainings information including the number of attendees or attendee type were not provided. Additionally, some LEA/School Districts included trainings that were not funded through the MTSS grant. However, these inconsistencies are less pronounced than during the 2019-2020 academic year.

VCOE and EVALCORP are continuing to work collaboratively to enhance data collection tools and procedures among the school districts in order to report on program outcomes in compliance with their VCBH contracts and PEI regulations.

## **Report Structure**

This report summarizes data for VCOE, and districts funded to implement MTSS in their schools during academic year 2020–2021. A comprehensive review of the MTSS program is provided, and includes information on the following process and outcomes measures:

- Program satisfaction
- Program outcomes
- Participant demographics and populations served
- Process measures summarizing services provided

The following report is divided into 2 primary sections: (1) Key Findings, which is organized into two sub-sections: one corresponding to VCOE activities, the other to LEA/School District activities, and (2) Conclusion and Recommendations.

Each sub-section within Key Findings is organized by activity type (Access and Linkage to Treatment, Early Intervention Activities, etc.). Additionally, the type of data available and presented varies across LEAs/School Districts.

# Key Findings

The overall goal of this evaluation was to assess the extent to which VCOE, and its contracted LEA/School Districts have incorporated MTSS activities and strategies that will ultimately: a) Provide access and linkage to services for students with serious mental illness; b) Improve timely access to services for underserved populations; and c) Reduce stigma and discrimination with respect to mental illness.

This section of the report describes primary activities that were engaged in countywide as well as by individual districts to meet program objectives during academic year 2020–2021. Process and outcomes information on programs, services and activities, service participation, participant demographics and populations served, and program impacts/outcomes was reviewed.

Detailed information is presented below, and findings are summarized as follows:

- **VCOE led seven core activities centered on:** providing education and training for school personnel, students and, in some cases, community members; conducting multi-generational family outreach, engagement, and training events; incorporating culturally relevant principles in services; and establishing new MOAs with LEAs/Schools Districts.
- **LEAs/School Districts led five activity areas focused on:** early identification, access, and linkage to mental health services for high-risk populations; education and training for students and school personnel; early intervention services for students; multi-generational family engagement and outreach; and enhanced data tracking and monitoring.
  - **Additional details on Individual Schools within Districts are provided in the Appendix at the end of the document**

## VCOE Activities

VCOE implemented a range of MTSS activities starting in September 2020. This section presents a compilation of seven of those activities. For each activity, a brief description, findings for relevant processes (number of participants, types of trainings, etc.), and outcome measures are available.

**VCOE - Activity 1.** Education and training for school personnel (teachers, counselors, specialists, administrators, and classified support staff) to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

<b>Table 1. School Personnel Trainings</b>				
<b>Topic</b>	<b>Number of Trainings</b>	<b>Number of Participants</b>	<b>Number of Post Surveys</b>	<b>Response Rate</b>
Sponsored by National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)				
Mental Health Issues in Latinx Youth	1	44	12	27%
Stress Management	1	37	20	54%
<b>Black Mental Wellness series</b>				
Intro to Mental Health	1	72	34	47%
Understanding Trauma	1	36	19	53%
Helping Students Cope with Perceived Racism, Prejudice and Bias	1	40	22	55%
<b>Recurring/Multi-Session Trainings</b>				
Friday Flow	8	183	79	43%
Restorative Justice (RJ)	6	189*	29	15%
Social and Emotional Learning (SEL)	5	180*	64	36%
Transformational Tuesday	2	30	18	60%
Positive Behavior Implementation Support (PBIS) for staff and CHAMPS	2	85	45	52%
<b>Other One-Time Sessions</b>				
Ricky Robertson Symposium	1	49	28	57%
<b>Not Included In Report**</b>				
Acculturative Stress	1	33	9**	
Trauma and Trauma-Informed Strategies	1	76	6**	
RISE	1	41	1**	
Teachers Just Don't Understand	1	24	6**	
Youth Mental Health First Aid (YMHFA)	1	[unknown]	[unobtained]	
<b>Total</b>	<b>33</b>	<b>945</b> (+174 not included)	<b>370</b> (+22 not included)	<b>35%</b>

\*Estimated attendance

\*\*Response data not included in report because of small number of responses or responses not received

For each training that collected participant surveys there is a brief description of the training and satisfaction and/or outcome findings.

## Mental Health Issues in Latinx Youth

National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)  
VCOE - Activity 1

Latinx youths are at significant risk for mental health problem, including anxiety, depression, and suicide attempts. Latinx youths are also less likely to access culturally responsive mental health services and continue to be undiagnosed or untreated. This training assists in identifying mental health disorders, reviewing risk and protective factors associated with mental health, and discussing culture-specific risk and protective factors associated with mental health.

Of the 44 persons attending this 1.5-hour webinar that was sponsored by the National Hispanic and Latino Mental Health Technology Transfer Center (MTTC), 12 completed a post-training survey (27%).

(n=10-12)	<b>Disagree or Strongly Disagree</b>	<b>Neutral</b>	<b>Agree or Strongly Agree</b>
I learned something new about the topics covered in the training today.	2	-	10
I learned strategies that will help me better support youth.	2	-	10
I learned about local resources for youth in my community.	7	-	4
Because of this training, I feel confident in my ability to support youth.	2	-	10
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	5	-	7
I expect this event to benefit my professional development and/or practice.	-	1	10
I will use the information gained from this event to change my current practice.	-	2	9

<b>Facilitators</b>	<b>Dissatisfied or Very Dissatisfied</b>	<b>Neutral</b>	<b>Satisfied or Very Satisfied</b>
The facilitators provided useful information.	-	1	10
The facilitators were engaging.	1	4	5
<b>Overall Satisfaction</b>	<b>Dissatisfied or Very Dissatisfied</b>	<b>Neutral</b>	<b>Satisfied or Very Satisfied</b>
How satisfied were you with the overall quality of this event?	1	1	10
	<b>No</b>		<b>Yes</b>
I would recommend this training to a colleague.	1		11

11 of the 12 of participants would recommend the training to others.

Additionally, participants were asked to list the most helpful thing they learned. Eight of the 12 individuals provided a response. Top responses are listed below.

Most helpful aspect:

- **Protective factors:** Learning about protective factors specific to Latinx youth (n=2)
- **Cultural factors:** The value of respecting others' cultural beliefs; Viewing mental health issues through a cultural lens (n=2)
- **Suicide:** Helping parents ask their child about suicide feelings; Rates of suicide among Latinx youth (n=2)

*"This was a great event, the information was presented in a relatable manner while still being in depth..."*

**Conclusion:** Overall, participants were very satisfied with training and found the cultural lens through which the information was provided to be helpful. However, around half of the participants felt they did not learn about resources for youth in their community.

## Stress Management

National Hispanic and Latino Mental Health Technology Transfer Center (MTTC)  
VCOE - Activity 1

This webinar reviews stressors that have been intensified due to events in 2020. The webinar also identifies stress management tools that can be used for school aged children and those who provide services to them in a school-based setting. Special considerations for Hispanic and Latino youth mental health were also discussed.

Of the 37 persons attending this 1.5-hour that was sponsored by the National Hispanic and Latino Mental Health Technology Transfer Center (MTTC), 20 completed a post-training survey (54%).

<b>Table 4. Stress Management Training Outcomes</b>			
(n=20)	<b>Disagree or Strongly Disagree</b>	<b>Neutral</b>	<b>Agree or Strongly Agree</b>
I learned something new about the topics covered in the training today.	15%	-	85%
I learned strategies that will help me better support youth.	10%	-	90%
I learned about local resources for youth in my community.	40%	-	60%
Because of this training, I feel confident in my ability to support youth.	15%	-	85%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	35%	-	65%
I expect this event to benefit my professional development and/or practice.	5%	10%	85%
I will use the information gained from this event to change my current practice.	5%	5%	90%

<b>Table 5. Stress Management Training Satisfaction</b>			
(n=20)	<b>Dissatisfied or Very Dissatisfied</b>	<b>Neutral</b>	<b>Satisfied or Very Satisfied</b>
How satisfied were you with the overall quality of this event?	5%	-	95%
	<b>Disagree or Strongly Disagree</b>	<b>Neutral</b>	<b>Agree or Strongly Agree</b>
The facilitators provided useful information.	5%	-	95%
The facilitators were engaging.	-	-	100%
I would recommend this training to others at my school/agency.	5%	10%	85%

85% of participants agree or strongly agree that they would recommend the training to others.



Participants were asked what was most helpful about the training, and 20 of 34 survey respondents wrote comments. Top responses are listed below.

Most helpful aspect:

- Strategies, resources, and tool such as activities to do with students, the PHQ9 tool, and helpful ways to phrase questions (n=8)
- Benefits of sleep hygiene (ways to fall asleep) (n=3)
- Discussion with peers in breakout rooms (n=2)

*“The simplicity of complex topics, I will add her new perspective to future presentations to help explain mental health to parents.”*

Participants also were asked what exercises or skills they would like to get more experience with; 15 participants commented.

Want more experience with:

- Guided visualization and mindfulness (n=5)
- Family and community circles (n=4)
- Flip your lid (n=2)
- Tools for distance learning (n=2)

**Conclusion:** Overall, participants were very satisfied with the training and found the strategies and activities to use with students particularly helpful. However, some participants reported not learning about resources for youth in their community.

**Introduction to Mental Health**  
**Black Mental Wellness series**  
**VCOE – Activity 1**

In this training, participants learned how to identify the signs and symptoms associated with mental health disorders, especially in African American and Latinx youth and their families. Outcomes of the training included: understanding the signs and symptoms associated with mental health disorders, learning effective strategies to manage stress in a healthy manner, and learning brief strategic steps to identify high risk behaviors and strategies for brief management risk.

Of the 72 persons attending this 1-hour webinar that was part of the Black Mental Wellness series, 34 completed a post-training survey (47%).

<b>Table 6. Introduction to Mental Health Training Outcomes</b>		
(n=34)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I learned something new about the topics covered in the training today.	6%	94%
I learned strategies that will help me better support youth.	6%	94%
I learned about local resources for youth in my community.	21%	79%
Because of this training, I feel confident in my ability to support youth.	9%	91%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	15%	85%
I plan to use the information I learned in this training.	6%	94%

<b>Table 7. Introduction to Mental Health Training Satisfaction</b>		
(n=34)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I am satisfied with the training I received.	6%	94%
The facilitators provided useful information.	6%	94%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	6%	94%

**94% of participants agree or strongly agree that they would recommend the training to others.**

Participants were asked what was most helpful about the training, and 23 of the 34 commented. Top responses are listed below.

Most helpful aspect:

- Signs and symptoms of mental illness in youth (n=8)
- Local resources for youth with mental health concerns (n=7)

- Statistics and research findings about youth with mental health issues (n=4)

*“First, thank you so much for inviting Black Women to speak about such an important matter. It is extremely important to hear such valuable information from people of color considering we work with primarily Latinx students in our district. I appreciate how much time they took to explain everything. I look forward to the training series.”*

**Conclusion:** Overall, participants were extremely satisfied with the training, and found the information about the symptoms of mental illness in youth particularly helpful. A few participants not learning about resources for youth in their community, however several others reported that that information about these resources were the most helpful part of the training.

## Understanding Trauma

Black Mental Wellness series  
VCOE – Activity 1

This workshop helps participants understand the impact of trauma on adolescence development and highlights the importance of self-care. During the workshop, participants learn the impact of trauma on adolescent development, behaviors, relationships, academic performance, etc.; explore the often-ignored link between physical and mental health; and recognize the indirect impact of trauma on the staff.

Of the 36 persons attending this 1.5-hour webinar that was part of the Black Mental Wellness series, 19 completed a post-training survey (53%).

Table 8. Understanding Trauma Training Outcomes		
(n=18-19)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	-	18
I learned strategies that will help me better support youth.	-	19
I learned about local resources for youth in my community.	4	15
Because of this training, I feel confident in my ability to support youth.	-	19
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	2	17
I plan to use the information I learned in this training.	-	19

Table 9. Understanding Trauma Day 2 Training Satisfaction		
(n=19)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	-	19
The facilitators provided useful information.	-	19
The facilitators were engaging.	-	19
I would recommend this training to others at my school/agency.	-	19

19 participants agree or strongly agree that they would recommend this training to others.

Participants were asked what was most helpful about the training, and 16 of the 19 commented. Top responses are listed below.

Most helpful aspect:

- Tools and techniques to respond to students' trauma (n=7)
- Signs of trauma in the classroom and other trauma-related information (n=5)
- The effects of adults' trauma on youth (n=2)

Participants also were asked what exercises or skills they would like to get more experience with; 7 participants commented.

Want more experience with:

- Restorative justice community circles (n=4)
- Mindfulness and guided visualization (n=2)

*“How the different aspects of trauma fit together - brain, behavior, triggers...”*

**Conclusion:** Every responding participant was satisfied or very satisfied with this training. Only a few participants reported not learning about resources for youth in their community. However, participants found the information about signs of trauma in the classroom and the techniques for responding to students to be particularly helpful.

## Helping Students Cope with Perceived Racism, Prejudice and Bias

Black Mental Wellness series

VCOE – Activity 1

In this training, participants learned how to help students navigate the culturally complex world. Participants also learned strategies on how to talk to and support their students on racism, prejudice, and bias.

Of the 40 persons attending this 1.5-hour webinar that is part of the Black Mental Wellness series, 22 completed a post-training survey (55%).

Table 10. Helping Students Cope with Perceived Racism, Prejudice and Bias Training Outcomes		
(n=22)	Disagree or Strongly Disagree	Agree or Strongly Agree
I learned something new about the topics covered in the training today.	-	100%
I learned strategies that will help me better support youth.	-	100%
I learned about local resources for youth in my community.	-	100%
Because of this training, I feel confident in my ability to support youth.	-	100%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	-	100%
I plan to use the information I learned in this training.	-	100%

Table 11. Helping Students Cope with Perceived Racism, Prejudice and Bias Training Satisfaction		
(n=22)	Disagree or Strongly Disagree	Agree or Strongly Agree
I am satisfied with the training I received.	-	100%
The facilitators provided useful information.	-	100%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	-	100%

100% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Participants were asked what was most helpful about the training, and 19 of the 22 commented. Top responses are listed below.

Most helpful aspect:

- Tips to help staff have conversations about racism with students (n=9)
- Information to help staff recognize their biases (n=8)
- Information and links to local resources (n=7)

Participants also were asked what exercises or skills they would like to get more experience with; 13 participants commented.

Want more experience with:

- Connection circles with students (n=4)
- Restorative justice (n=3)
- Guided visualization (n=2)

*"I learned new terms/language and techniques that I can use to speak to youth about race. I also got a lot of useful resources."*

*"A reminder about continued trainings and our own responsibility to educate ourselves when we are outside our on scope of practice and become aware of our own implicit bias, also the importance of having positive history and representation of people of color in our education system."*

**Conclusion:** Every responding participant was satisfied or very satisfied with this training. In addition, every responding participant reported agreeing with every associated learning outcome. This was the most highly rated training session of all of the sessions reported here. In particular, the tips to help staff talk about racism with students, and to recognize their own biases were reported as the most helpful.

## Friday Flow: Healing Centered Practices

### Recurring/Multi-Session Trainings

#### VCOE – Activity 1

This series of webinars focused on cultivating a deeper awareness of how we might listen and respond to our needs in nourishing and rejuvenating ways. Each training builds on each other, but the overall series focuses on trauma informed mind and body practices, cultivating internal and external resources for resilience, and developing and sustaining responsive and accessible practices of self-care.

VCOE provided 8 (serialized) trainings of Friday Flow, with each training having an average of 23 staff/personnel in attendance (range: 16 to 32). Of these individuals that received training, 79 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 12 and 13 below.

Table 12. Friday Flow Training Outcomes		
(n=79)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	-	100%
I learned strategies that will help me better support youth.	4%	96%
I learned something new about the topics covered in the training today.	1%	99%
I learned about local resources for youth in my community.	33%	67%
Because of this training, I feel confident in my ability to support youth.	6%	94%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	27%	73%

Table 13. Friday Flow Training Satisfaction		
(n=79)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	-	100%
The facilitators provided useful information.	-	100%
I would recommend this training to others at my school/agency.	1%	99%
I am satisfied with the training I received.	1%	99%

99% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect:



- The importance of slowing down (n=14)
- Guided meditation/mindfulness activity (n=9)
- Improved understanding of embodiment and/or trauma (n=7)
- The time for reflection/self-reflection (n=5)
- The needs mandala/wheel (n=5)

Want more experience with:

- Guided visualization (n=15)
- Restorative justice (n=9)
- Circles (n=9)
- Mindfulness (n=6)

*"I really appreciated the reminder to slow down."*

*"I learned about what embodiment means and was able to explore what it means in my profession."*

**Conclusion:** Overall, participants were extremely satisfied with these trainings. In particular, the importance of remembering to slow down, the guided mindfulness activity, and the improved understanding of trauma were considered the most helpful. However, some participants reported not learning about resources for youth in their community, and many respondents wanted additional experience with guided visualizations and restorative justice.

**Restorative Justice**  
 Recurring/Multi-Session Trainings  
 VCOE – Activity 1

Restorative Justice (RJ) is an approach to school discipline that seeks to move away from suspension and expulsion by helping students to develop healthy relationships and healthy conflict management strategies. It allows for students to develop self-discipline and self-awareness and promote positive behavior in a caring, supportive environment. The program provides leadership, professional development, coaching, consultation, and technical assistance to Ventura County schools and districts to build capacity to implement and sustain RJ.

VCOE provided 6 (serialized) restorative justice trainings, with each training having an average of 36 staff/personnel in attendance (range: 19 to 83). Of these individuals that received training on restorative justice, 29 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 14 and 15 below.

<b>Table 14. Restorative justice Training Outcomes</b>		
(n=29)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I plan to use the information I learned in this training.	11%	89%
I learned something new about the topics covered in the training today.	17%	83%
I learned strategies that will help me better support youth.	24%	76%
Because of this training, I feel confident in my ability to support youth.	28%	72%
I learned about local resources for youth in my community.	41%	59%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	41%	59%

<b>Table 15. Restorative justice Training Satisfaction</b>		
(n=29)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
The facilitators provided useful information.	14%	86%
The facilitators were engaging.	14%	86%
I am satisfied with the training I received.	15%	85%
I would recommend this training to others at my school/agency.	21%	79%

**79% of participants agree or strongly agree that they would recommend this training to others at their school/agency.**

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of responses in that category reported in parentheses.

Most helpful aspect (n=21):

- Community circles (n=7)
- Hearing from others (n=3)
- Learning language about privilege (n=2)
- Book references (n=2)

Want more experience with (n=8):

- Implementing community circles (n=3)
- Guided visualization (n=2)
- Examples of school-wide implementation (n=2)

*“The most helpful thing I learned is how to utilize community circles to support students and staff.”*

**End of Year Training Survey:** Finally, an end-of-year training survey was conducted to obtain feedback on the Restorative Justice series of trainings as a whole. However, only 3 survey responses were obtained, so only a brief summary is included here:

All three respondents reported already implementing the strategies taught at this training, but they all also reported that the training will help them be more effective at their jobs. In addition, one respondent reported sometimes using zero tolerance strategies before the training, but “didn’t know” if they would continue to do so after the training. The other two respondents reported not using zero tolerance strategies before, and that they do not intend to in the future.

**Conclusion:** The information provided in this training was reported as being novel and useful, especially related to the community circles. There was a reported need for additional experience implementing the approaches presented and in how to refer and support youth.

## Social Emotional Learning – Communities of Practice

### Recurring/Multi-Session Trainings

#### VCOE – Activity 1

These sessions showcase the work school staff (i.e., principals, teachers, counselors, etc.) have accomplished in creating a safe and emotionally responsive learning environment for students. These trainings give curriculum instruction in processing, integrating, and applying social emotional skills. This ultimately helps students with self-awareness, self-management, social awareness, relationship skills, and responsible decision making.

VCOE provided 5 (serialized) trainings on social emotional learning, with each training having an average of 35 staff/personnel in attendance (range: 19 to 53). Of these individuals that received training on social emotional learning, 64 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 16 and 17 below.

Table 16. Social Emotional Learning Training Outcomes		
(n=64)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	6%	94%
I learned strategies that will help me better support youth.	6%	94%
I learned something new about the topics covered in the training today.	6%	94%
I learned about local resources for youth in my community.	13%	87%
Because of this training, I feel confident in my ability to support youth.	16%	84%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	16%	84%

Table 17. Social Emotional Learning Training Satisfaction		
(n=64)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	2%	98%
The facilitators provided useful information.	5%	95%
I would recommend this training to others at my school/agency.	10%	90%
I am satisfied with the training I received.	10%	90%

90% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect (n=55):

- Learning about the available resources available (n=14)
- Hearing from others/peers (n=9)
- Integration of arts into SEL program (n=7)
- Emphasis on, or strategies for, selfcare (n=6)
- Optimistic and positive attitude (n=5)
- Strategies to support students (n=5)

Want more experience with (n=22):

- Strategies for implementation (n=7)
- Guided visualization techniques (n=5)

*“I loved all the resources on the Canvas site.”*

**End of Year Training Survey:** Finally, an end-of-year training survey was conducted to obtain feedback on the Social Emotional Learning series of trainings as a whole. The responses are summarized in Table 18 below.

<b>Table 18. Social Emotional Learning End of Year Results (n=19)</b>			
<b>Before attending the SEL training series...</b>	<b>No</b>	<b>Don't Know</b>	<b>Yes</b>
I have supported the SEL of students and/or adults that I work with.	-	-	19
I knew how important it is to help students or adults regulate their emotions while learning.	1	-	18
I knew about the different social and emotional competencies that are important for me to do my job effectively.	3	1	15
I had already used the SEL strategies taught in this training.	6	2	11
I thought this training would help me do my job more effectively.	-	-	19
<b>After attending the SEL training series...</b>			
I will support the SEL of the students and/or adults that I work with.	-	-	19
I know how important it is to help students or adults regulate their emotions while learning.	-	-	19
I know about the social and emotional competencies important for me to do my job effectively.	-	-	19
I will implement at least one new SEL strategy that I learned from this training.	-	1	18
I believe this training will help me be more effective in my job.	-	1	18

**Conclusion:** Overall, this training was very well-received by attendees, with the information provided being rated highly useful and novel. In particular, the online Canvas resources were frequently mentioned as the most helpful aspect. The strategies provided were also reported as helpful, but several attendees reported wanting additional experience implementing these strategies in their particular school or classroom.

**Transformational Tuesday: Cultivating Practices for Collective Care**  
 Recurring/Multi-Session Trainings  
 VCOE – Activity 1

In these webinars, participants were provided space and time to cultivate awareness, connection, and practice of care that can sustain them in their work with students, families, and communities.

VCOE provided 4 (serialized) trainings of Transformational Tuesday, with each training having an average of 17 staff/personnel in attendance (range: 8 to 31). Of these individuals that received training, 18 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 19 and 20 below.

<b>Table 19. Transformational Tuesday Training Outcomes</b>		
(n=18)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I plan to use the information I learned in this training.	11%	89%
I learned strategies that will help me better support youth.	6%	94%
I learned something new about the topics covered in the training today.	6%	94%
I learned about local resources for youth in my community.	47%	53%
Because of this training, I feel confident in my ability to support youth.	11%	89%
Because of this training, I feel confident could refer youth to appropriate resources in my community.	47%	53%

<b>Table 20. Transformational Tuesday Training Satisfaction</b>		
(n=18)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
The facilitators were engaging.	-	100%
The facilitators provided useful information.	-	100%
I would recommend this training to others at my school/agency.	6%	94%
I am satisfied with the training I received.	-	100%

94% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, trainees were asked about the most helpful aspect of the training, and what they would like more experience with. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most helpful aspect:

- The activities, i.e., Jamboard (n=4)

- That it is okay to slow down (n=4)
- Having a calm, supportive place to talk, listen (n=3)
- Power with systems ideas (n=2)

Want more experience with:

- Restorative Justice (n=4)
- Circles, fire circles (n=3)
- Everything (n=2)

*"[I] loved the Jamboard activities. Will be great to use with students and staff!"*

*"This was just a beginning step for me; I'm excited to learn more about trauma-informed care and 'power-with' systems"*

**Conclusion:** Overall, participants were extremely satisfied with these trainings. In particular, the activities (including the Jamboard), and having a calm place to talk and listen were considered the most helpful. However, roughly half of the responding participants reported not learning about local resources for youth in their communities.



**Positive Behavior Intervention and Support (PBIS) for staff and CHAMPS**  
 Recurring/Multi-Session Trainings  
 VCOE – Activity 1

These sessions used a CHAMPS (Conversation, Help, Activity, Movement, Participation, Success) behavior management approach to help attendees establish and maintain positive teacher-student relationships, increase student engagement during and in between direct instruction, and improve student motivation to succeed in all settings.

Forty-five persons completed a post-training survey for at least one of two two-hour workshops presented by Susan Isaacs of Safe and Civil Schools.

<b>Table 21. PBIS Training Outcomes</b>		
(n=45)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I learned something new about the topics covered in the training today.	2%	98%
I learned strategies that will help me better support youth.	-	100%
I learned about local resources for youth in my community.	11%	89%
Because of this training, I feel confident in my ability to support youth.	2%	98%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	11%	89%
I plan to use the information I learned in this training.	-	100%

Dashes indicate no respondents selected this category

<b>Table 22. PBIS Training Satisfaction</b>		
(n=44-45)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I am satisfied with the training I received.	2%	98%
The facilitators provided useful information.	2%	98%
The facilitators were engaging.	-	100%
I would recommend this training to others at my school/agency.	2%	98%

**98% of participants agree or strongly agree that they would recommend the training to others.**

Participants were asked what was most helpful about the training, and 38 of the 44 wrote responses. Top responses are listed below.

Most helpful aspect:

- Supporting teachers and staff during distance learning (n=9)
- Using CHAMPS to manage the classroom (n=8)
- Using the STOIC System for classroom management (n=6)

- Using Notice and Narrate to give students praise (n=6)

*“I learned new methods on how to apply CHAMPS and PBIS in the classroom, especially with the given difficulties of the digital learning era.”*

**End of Year Training Survey:** Finally, an end-of-year training survey was conducted to obtain feedback on the Positive Behavior Intervention and Support series of trainings as a whole. The responses are summarized in Table 23 below.

<b>Table 23. PBIS End of Year Results (n=10-11)</b>			
<b>Before attending the PBIS training series...</b>	<b>No</b>	<b>Don't Know</b>	<b>Yes</b>
I was supporting positive relationships when addressing behaviors with all students.	1	-	10
I was already implementing the PBIS strategies taught at this training.	3	-	8
I have a high positive to negative interaction ratio with all students.	-	1	10
I have been implementing PBIS strategies effectively with all students.	4	-	7
I thought this training would help me do my job more effectively.	-	-	10
<b>After attending the PBIS training series...</b>			
I will be supporting positive relationships when addressing with all students.	-	-	11
I will implement at least one new PBIS strategy that I learned from the training.	1	-	10
I will have a high positive to negative interaction ratio with all students.	-	1	10
I think I will be able to implement PBIS strategies effectively with all students.	-	1	9
I believe this training will help me be more effective in my job.	1	2	8

For additional context in the end of year training results, the respondent who responded “no” to the two “after attending” questions also reported not remembering what the most helpful thing they learned was because of how long ago the presentations were.

**Conclusion:** Overall, participants were extremely satisfied with this training. In particular, the support for teachers and staff during distance learning, learning how to use CHAMPS to manage the classroom were reported as particularly helpful. However, a few respondents reported not learning about local resources for youth in their community.

**Best Practices Symposium with Ricky Robertson Keynote**  
 Other One-Time Sessions  
 VCOE – Activity 1

This presentation, titled “Building Resilience for Educators and Students,” covered information and topics related to resilience in students impacted by adverse childhood experiences (ACE) and behavior as a form of communication.

Of the 49 persons attending this 2.75-hour symposium with a 1.5-hour keynote presentation by Ricky Robertson, 28 completed a post-training survey (57%).

<b>Table 24. Best Practices Symposium with Ricky Robertson Keynote Training Outcomes</b>				
(n=28)	<b>Disagree or Strongly Disagree</b>		<b>Agree or Strongly Agree</b>	
I have adapted one or more of the practices taught during the training.	4%		96%	
The knowledge and skills I gained have helped me be more effective in my job/role.	4%		96%	
I have been able to use the content taught to improve systems/practices at my district/site.	4%		96%	
Because of this training, I have made a positive impact on staff and/or students.	4%		96%	
(n=28)	Never	Some of the time	Regularly	All of the time
How frequently do you use the information taught during this training?	4%	7%	50%	39%

96% of participants agree or strongly agree that they have made a positive impact on staff and/or students because of this training.

Participants were asked to describe any success they have experienced in implementing practices/information presented during the training and 25 of the 28 commented. Seven indicated that they had not yet used the information but looked forward to doing so. Other top responses included:

- Engaging students in Social-Emotional Learning (SEL) (n=3)
- Building relationships with students and family (n=3)
- Stressing the importance of educator self-care (n=3)
- Building a Professional Learning Community (PLC) (n=2)
- Understanding that behavior is a form of communication, especially for students with autism (n=2)

Participants also were asked to describe any barriers they encountered when trying to implement the practices/information from the training; 24 participants commented. Five indicated they experienced no barriers. Other top responses included:

- Their colleagues’ ‘compassion fatigue’ or resistance to these practices (n=8)
- Stressors of distance teaching and learning (n=4)

- Limited time to implement the practices (n=2)

*“Many of the ideas Ricky discussed have been used at our school. Ricky laid it out in a more concise way. I look forward to sharing with my staff. Biggest takeaway which I always believed is that behavior is a form of communication. We need to understand what the students are telling us through their behavior.”*

**Conclusion:** The vast majority of responding participants reported the skills and knowledge in this training to be useful and helpful, many of whom had already implemented at least some of the techniques. However, several participants reported challenges with compassion fatigue or other resistance to these practices from colleagues.

**VCOE - Activity 2.** Establish multi-generational family engagement, outreach events, and trainings with LEAs/School Districts to enhance public understanding of mental health and reduce mental health stigma and discrimination.

Engagement and training are integrated services performed by VCOE, LEAs/School Districts, and community-based partners. A minimum of 30 family engagement and/or outreach events between all LEAs/Districts must be hosted during each academic year. Events provide information on access and linkage to mental health services and how to recognize the early signs of potentially severe and disabling mental illness.

VCOE works with each district to ensure that events are culturally and linguistically competent by providing translation and interpretation services as needed.

Events include, but are not limited to:

- Family engagement/parent education series at school sites on mental illness and suicide prevention
- Family outreach events that provide information, community resources, and linkage to services
- Peer-parent liaison outreach specialist training
- Training/education on leveraging the healing value of traditional cultural connections and the recognition of historical trauma
- Use of technology and/or web-based technologies for messaging as approved by VCBH

For additional information on progress made toward this Activity, refer to LEA Activity 4 in the LEA/School District Activities Overview Section of the report.

**VCOE - Activity 3.** Ensure the LEAs engage and train students on mental health awareness, services, occupations, and peer engagement strategies targeting at-risk populations.

This may include, but is not limited to:

- Outreach and training on mental health for secondary students (targeting at-risk groups)
- Events or educational sessions/classes that provide information about mental health and mental health occupations
- Youth outreach for expanded learning/afterschool programs

For more information on District progress on this activity, please reference the LEA/School District Activities section of the report.

**VCOE - Activity 4.** Provide teacher-specific mental health evidenced based training - the Resilient Calm Learner (RCL) Interactive Training Series.

RCL is a training focused on teaching educators skills and strategies to increase stress-coping and mindful presence, and integrating those skills on campus. This includes practicing self-calm and managing emotions/impulses with students.

## Super Simple Mindfulness For You and Your Students

### Resilient Calm Learners (RCL)

#### VCOE – Activity 4

These trainings, conducted by an instructional coach and certified yoga therapist, assisted staff with learning how to build awareness, emotional regulation, and healthy relationships; better understand what mindfulness is and how science supports it; incorporate self-care into their lives and the lives of their students; use simple breathing techniques and simple movements; and use practical tips on how to incorporate this with students in meaningful, simple, non-time-consuming ways.

VCOE provided 3 (serialized) trainings on Resilient Calm Learners, with each training having an average of 43 staff/personnel in attendance (range: 36 to 56). Of these individuals that received training, 38 completed surveys at the end of a particular session. Findings from these surveys can be found in Tables 25 and 26 below.

Table 25. Resilient Calm Learners Training Outcomes		
(n=38)	Disagree or Strongly Disagree	Agree or Strongly Agree
I plan to use the information I learned in this training.	3%	97%
I learned strategies that will help me better support youth.	3%	97%
I learned something new about the topics covered in the training today.	3%	97%
I learned about local resources for youth in my community.	21%	79%
Because of this training, I feel confident in my ability to support youth.	7%	93%
Because of this training, I feel confident I could refer youth to appropriate resources in my community.	18%	82%

Table 26. Resilient Calm Learners Training Satisfaction		
(n = 38)	Disagree or Strongly Disagree	Agree or Strongly Agree
The facilitators were engaging.	3%	97%
The facilitators provided useful information.	3%	97%
I would recommend this training to others at my school/agency.	3%	97%
I am satisfied with the training I received.	3%	97%

97% of participants agree or strongly agree that they would recommend this training to others at their school/agency.

Additionally, attendees were asked to name the most helpful thing they learned at the conference. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most Helpful Thing:



- Breathing exercises/techniques/activities (n=9)
- Resources for teaching mindfulness (n=7)
- Knowledge/understanding of brain, mindfulness, trauma (n=3)
- Everything (n=2)

*“Literally everything that was presented was useful. I especially liked the Pretty Ugly poem and all the different breathing techniques.”*

**End of Year Training Survey:** Finally, an end-of-year training survey was conducted to obtain feedback on the Resilient Calm Learners series of trainings as a whole. The responses are summarized in Table 27 below.

<b>Table 27. Resilient Calm Learners (RCL) End of Year Results (n=8*)</b>			
<b>Before attending the RCL training series...</b>	<b>No</b>	<b>Don't Know</b>	<b>Yes</b>
I knew about the impact stress has on student academic performance.	1	-	7
I have implemented practices that engage students in stress management and self-regulation strategies in my current role.	3	-	5
I knew about the impact stress has on my job performance.	1	-	7
I have implemented stress management and self-regulation strategies for myself at work.	1	1	6
I had implemented all the RCL strategies taught in this training in my current role.	4	1	3
I thought this training would help me do my job more effectively.	-	1	7
<b>After attending the RCL training series...</b>			
I know about the impact stress has on student academic performance.	-	-	8
I will implement practices that engage students in stress management and self-regulation strategies in my current role.	-	-	8
I know about the impact stress has on my job performance.	-	-	8
I will implement stress management and self-regulation strategies for myself at work.	-	-	8
I will implement at least one new RCL strategy that I learned in this training.	-	-	8
I believe this training will help me be more effective in my job.	-	-	8

\* Two additional respondents reported “Don’t Know” or didn’t respond to all items, reported they did not remember attending these trainings, and that they weren’t sure why they received the survey. These respondents are excluded from the table above.

**Conclusion:** Overall, participants were extremely satisfied with this training. In particular, the breathing exercises and resources for teaching mindfulness were considered the most helpful. However, some participants reported not learning about local resources for youth in their community.

**VCOE - Activity 5.** Provide ongoing technical assistance (TA) for project development and data collection for participating LEAs/School Districts.

VCOE provided ongoing TA for contracted LEAs/School Districts by:

- Meeting with all Ventura County LEAs/School Districts to provide an overview of MOA requirements.
- Held group meetings over Zoom with the districts (4 meetings with 166 total participants)
  - September 9, 2020 (48 participants)
  - January 7, 2021 (62 participants)
  - March 19, 2021 (34 participants)
  - May 20, 2021 (22 participants)
- Additionally, project staff met with each LEA individually to discuss and establish an MOA.
- Leading Multi-Tiered SEL/MHSA Partnership meetings for all contracted LEAs.
- Provision of evaluation and data collection tools within 3 months of execution of the contract.
- Data collection and program monitoring on a quarterly basis.
  - Project staff provide daily TA for districts regarding data collection and completion of the VCBH tracking log.

**VCOE - Activity 6.** Host a county-wide mental health-focused youth event during the school year for grades K–12 to reduce stigma around mental illness and suicide.

VCOE hosted three virtual county-wide youth mental health conferences – one for high school students, one for middle school students, and one for elementary school students. The conferences are intended to increase youth’s sources of strength, awareness of their mental health and mental health resources, and resilience.

**Celebrating Diversity**  
**Youth Mental Health Conferences**  
**VCOE – Activity 6**

These conferences were primarily directed towards student attendees and offered presentations on a variety of topics related to mental health and diversity.

The conference for high school students (grades 9-12) lasted 5.5 hours. Topics covered included a Keynote Speech by Dee Hankins about resilience, a session on Justice in the Classroom, and two breakout sessions. Students could choose to attend any 2 of 11 possible breakout sessions. The breakout sessions were titled: People of the Global Majority, Keeping it 100, Exploring Mental Health with PhotoVoice, suicideTALK, Suicide Prevention, Youth Resources and Support, Social Media Safety, “Am I Ok? Staying Emotionally WELL in Difficult Times,” Resilience, and Communicating Boundaries and Practicing Self-Care.

The conference for middle school students (grades 6-8) lasted 3 hours. Topics covered included a Keynote Speech by Dee Hankins about resilience, a session on mindfulness, and two breakout sessions titled “People of the Global Majority” and “Keeping it 100.”

The conference for elementary school students (grades 4-5) lasted 1 hour. Topics covered included a Keynote Speech by Tia Graham about happiness, communicating emotions, and a session on mindfulness.

Data from the middle school conference and high school conference are summarized first, with data from the elementary school conference provided further below. There were 341 students and adults (combined) in attendance at the Middle School conference, from which 151 student responses were obtained. At the High School conference, there were 209 students and adults (combined) in attendance, from which 65 student responses were obtained. Findings from these surveys can be found in Tables 28 and 29 below.

<b>Table 28. Youth Mental Health Conference Sessions Outcomes</b>				
	<b>Middle School Students (n=147-151)</b>		<b>High School Students (n=63-65)</b>	
<i>Because of today's conference...</i>	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
If a friend had a mental illness, I would still be friends with them.	5%	95%	3%	97%
I learned about where I can get help.	4%	96%	8%	92%
I understand mental health issues better.	11%	89%	8%	92%
I learned about stigma/common myths around mental illness.	8%	92%	9%	91%
I learned about the importance of suicide prevention.	9%	91%	14%	86%
I learned about mental health services being available for some communities, but not others.	14%	86%	9%	91%

I am more willing to ask for help for my own mental health	15%	85%	20%	80%
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Table 29. Youth Mental Health Conference Sessions Satisfaction				
	Middle School Students (n=147-151)		High School Students (n=63-65)	
<i>Across both sessions...</i>	Disagree or Strongly Disagree	Agree or Strongly Agree	Disagree or Strongly Disagree	Agree or Strongly Agree
The presenter was an expert on this subject.	6%	94%	5%	95%
This information can really help address mental health in the community.	6%	94%	8%	92%
Overall, this workshop was incredibly valuable.	9%	91%	8%	92%
The workshop was interesting and kept my attention.	12%	88%	19%	81%

91% of Middle Schoolers and 92% of High Schoolers agree or strongly agree that the workshop was valuable.

Additionally, attendees were asked to list one important thing they learned at the conference, and what can be done to improve the conference for the future. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most important thing learned:

- High school (n=59)
  - Centrality/importance of mental health and self-care (n=9)
  - Speak up/reach out (n=8)
  - Impact of stigma (n=7)

- Middle school (n=142)
  - Mental health is important (n=22)
  - Take care of yourself, “I matter”, be yourself (n=18)
  - Reach out, talk about feelings (n=15)

What can be done to improve the conference:

- High school (n=53)
  - Tech/Zoom issues; better in-person (n=21)
  - Engage audience more; chance to speak with others (n=12)
  - Nothing (n=10)

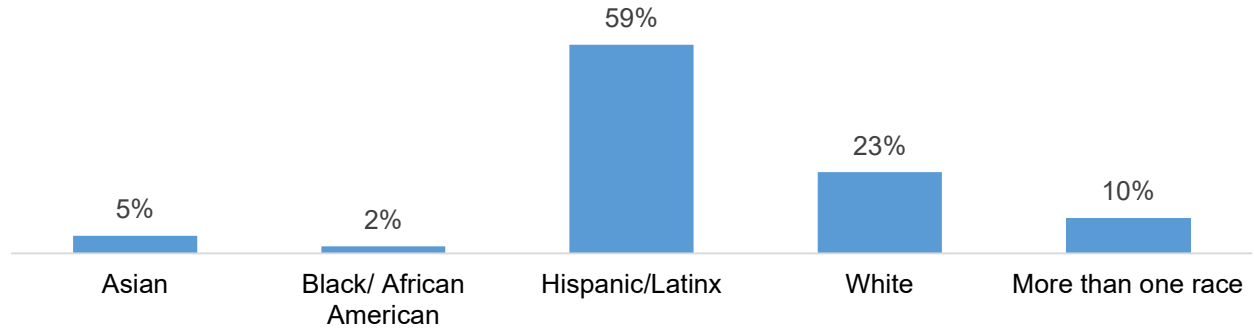
- Middle school (n=136)
  - Nothing (n=48)
  - Tech/lag issues; too many people (n=12)
  - More engagement/games/activities, chance to talk to others (n=11)

*"I learned that we are not alone and we can get the help that we need. We have all the resources to use them, we just have to not be afraid."*

**Conclusion:** Overall, the conferences were very well received among both high school and middle school students. In particular, the information about how or where to get help, the importance of self-care related to mental health, and the stigma-related information was highly rated. Aside from technical issues, the most common suggestion was to increase audience engagement by, for example, adding interactive activities. In addition, although not among the top responses, a handful of individuals in both sessions explicitly mentioned how much they appreciated the Keynote speaker (Dee Hankins) who talked about his personal experience as part of the conference. Finally, there were a relatively small number of male high school students among survey respondents, and possibly also among conference attendance (see demographics below).

Demographics for YMHC **Middle School Student respondents** are depicted below.

**Race (n=147)**



**Gender (n=144)**

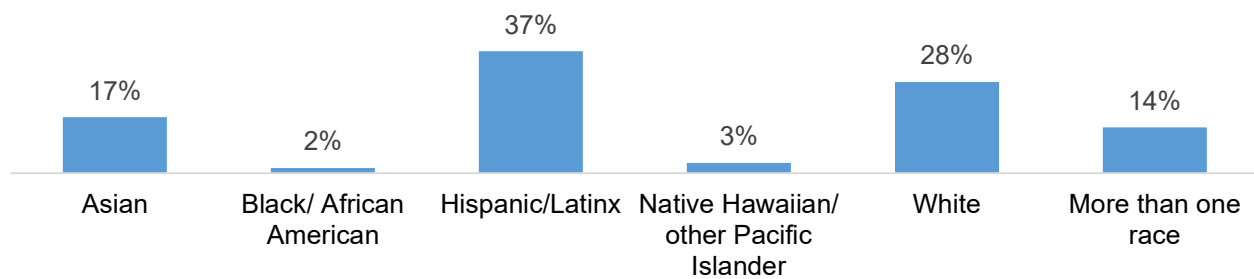
57% Female  
42% Male  
1% Other

**Grade (n=151)**

42% 6<sup>th</sup> Grade  
26% 7<sup>th</sup> Grade  
32% 8<sup>th</sup> Grade

Demographics for YMHC **High School Student respondents** are depicted below.

**Race (n=65)**



**Gender (n=65)**

74% Female  
22% Male  
5% Other

**Grade (n=59)**

7% 9<sup>th</sup> Grade  
17% 10<sup>th</sup> Grade  
31% 11<sup>th</sup> Grade  
46% 12<sup>th</sup> Grade



VCOE provided an additional virtual, county-wide mental health conference directed towards elementary school students (grades 4-5). This event had 366 individuals in attendance (staff/personnel and youth). Of these individuals 110 unique youth survey responses were collected. Findings from these surveys can be found in Tables 30 and 31 below.

<b>Table 30. Youth Mental Health Conference Sessions Outcomes</b>		
<i>Because of today's conference...</i> (n=110)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
If a friend had a mental illness, I would still be friends with them.	8%	92%
I learned about common myths about mental illness.	19%	81%
I learned about where I can get help.	14%	86%
I am more willing to ask for help for my own mental health.	19%	81%

<b>Table 31. Youth Mental Health Conference Sessions Satisfaction</b>		
(n=110)	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I think this presentation was really important.	5%	95%
She was an expert on this subject.	4%	96%
This information could really help address mental health in the community.	9%	91%
This presentation was interesting and kept my attention.	15%	85%

**95% of youth participants agree or strongly agree that the presentation is really important.**

Additionally, attendees were asked to list one important thing they learned at the conference, and what can be done to improve the conference for the future. The most prevalent themes in the responses are listed below, with the number of participants who mentioned the corresponding theme reported in parentheses.

Most important thing learned:

- The importance of mental health; to be healthy (n=25)
- To accept your emotions (n=13)
- A strategy [not specified] to make yourself feel better or stay calm (n=12)
- Am not alone, can reach out to others (n=11)

What can be done to improve the conference:

- Nothing (n=15)
- Reduce chat, distractions (n=9)
- More time, more often (n=2)

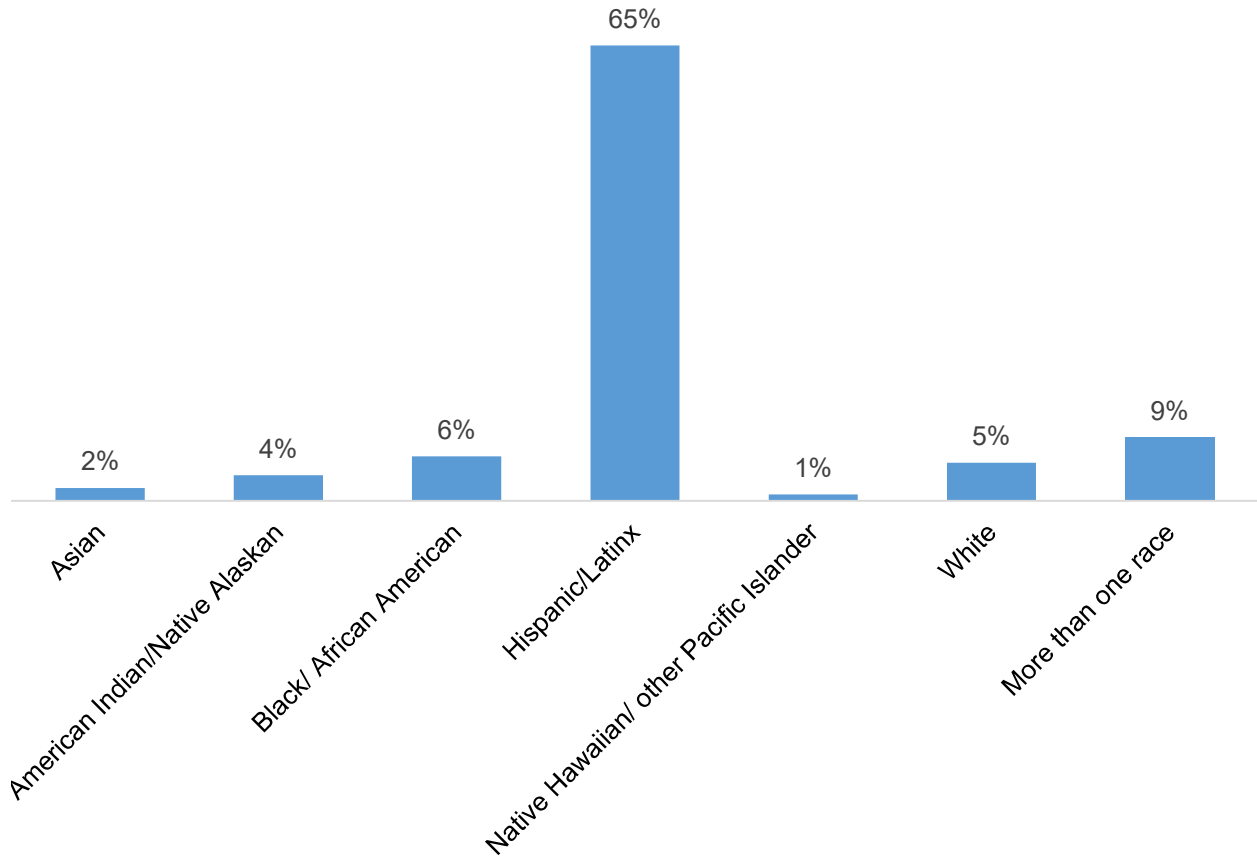
*"I learned that it is okay to have bad emotions and how to feel better."*

*"[I learned that] if you are mad [or] sad you could calm yourself down and talk to yourself."*

**Conclusion:** Overall, the 4<sup>th</sup> and 5<sup>th</sup> grade student participants were very satisfied with the conference. Although many participants reported a general idea like "the importance of mental health" as the most important thing learned, several reported learning particular strategies for staying calm or making sense of emotions. In addition, there appeared to be some misinterpretation in the "What can be done to improve the conference?" question, because 23 individuals responded by naming a strategy that they learned at the conference.

Demographics for YMHC **Elementary School Student** respondents are depicted below.

**Race (n=110)**



**Gender**  
(n=110)

53%	Female
48%	Male
2%	Other

**Grade**  
(n=110)

22%	4 <sup>th</sup> Grade
78%	5 <sup>th</sup> Grade

## LEA/School District Activities Overview

This section presents a compilation of activities conducted across all LEAs/school districts. Districts implemented a range of MTSS activities starting in August of 2020 through June 2021.

For each of the following five activities, a brief description, and findings for relevant process (number of participants, types of trainings, etc.) and outcome measures are provided, as well as demographic and cultural information of family participants as appropriate.

**LEA Activity 1.** Perform early identification, access, and linkage to mental health services of high-risk mental health populations. This may include but is not limited to developmental screenings, use of web-based technologies for screenings, and providing and tracking mental health referrals.

Districts are asked to perform early identification, access, and linkage to mental health services for vulnerable and high-risk mental health student populations in grades K–12, including transitional kindergarten. Vulnerable and high-risk populations are identified by each district and can include Latino, homeless, foster youth, LGBTQ+, Transitional Aged Youth (TAY), low-socioeconomic status, and chronically absent and expelled youth groups.

Early identification activities are conducted once a referral is received by Student Assistance Program (SAP) counselors from school site personnel. SAP counselors meet with students and have them complete relevant assessments/screenings to evaluate student need for mental health and other support services. Once student needs are determined, they are then linked to an appropriate service.

Access and linkage to services is done through the dissemination of referral resources and direct one-to-one calls to coordinate mental health services. Follow-up on referrals are completed by the referring staff to confirm linkage to services. Note that during the 2020-2021 school year, most screenings and services were conducted remotely because of the COVID-19 pandemic but were otherwise comparable to previous services.

Mental health screenings allow staff to identify mental health conditions early and connect students to relevant services. This evaluation found that district staff used a variety of screening tools to determine needs for varying mental health concerns.

Screening tools/assessments included:

- Brief Risk Reduction Interview and Intervention Model (BRRIM)
- Power of You
- Strengths and Difficulties Questionnaire (SDQ)
- Panorama Social Emotional Learning (SEL)
- Covitality Universal Screener
- Risk Assessment
- Teacher or counsellor referral
- Other/unspecified suicide or mental health screenings

Screenings were conducted to assess:

- Behavioral issues/aggression
- Suicide risk/threat
- Substance use

- Self-injury/harm
- Home/family conflicts
- Life skills
- Depression
- Anxiety/panic attacks
- Threat posed to others

Screenings were conducted to determine need for:

- Emotional, social, and academic support
- Critical Incident Response Team (CIRT)
- Individual and group services
- Intervention
- Mental health counseling
- Community mental health services
- School Attendance Review Board (SARB)
- School Counseling
- School Psychologist
- Student Assistance Program (SAP)
- Psychological First Aid (PFA)
- Skills for Psychological Recovery (SPR)

Information on the number of screenings conducted is presented in Table 32 below.

<b>School District</b>	<b>Number of Screenings</b>	<b>Screenings Reported</b>
Conejo Valley Unified	48	<i>BRRIM</i>
Hueneme Elementary	1,204	<i>Power of You</i>
Moorpark Unified	1,821	<i>Journals, teacher/counselor referral, SDQ</i>
Oak Park Unified	73	<i>Suicide/Mental Health</i>
Ojai Unified	51	<i>PickTime, Parent/Staff/Student referral</i>
Oxnard Elementary	13,637	<i>Panorama SEL, Suicide risk assessment, emotional/VCBH</i>
Oxnard Union High	17,730	<i>Covitality Universal Screener, MH screenings, counselor request form, student self-referral, MH screening for VCBH STAR</i>
Rio School District	92	<i>Mental Health, Grief/Grieving from loss, Early Crisis/Intervention</i>
Santa Paula Unified	1,935	<i>Mental Health/Social Emotional counseling</i>
Simi Valley Unified	239	<i>School Counselling referral, Risk Assessment</i>
Ventura Unified	228	<i>SAP referral, BRRIM</i>
<b>Total</b>	<b>37,058</b>	

Once students were assessed/screened for mental health needs, school counselors then referred them to additional services such as school-based group or individual therapy, community-based mental health services, or other support services as needed. The “Other”

column in Table 33 below refers to referrals to services that are not necessarily mental health based.

School District	School-based Individual	School-based Group	Community-based Mental Health	Other (count)	Other Referrals
Conejo Valley Unified	0	0	39	27	Support Line
Hueneme Elementary	52	59	15	0	
Moorpark Unified	87	175	10	0	
Oak Park Unified	3	0	26	0	
Ojai Unified	109	8	9	0	
Oxnard Elementary	3,326	4,040	249	2,024	Threat assessment, Asynchronous SEL lessons/activities, Classroom SEL lesson
Oxnard Union High	4,017	2,214	65	2,493	classroom presentations, City Impact Street team, SST mtg, Friday SEL Lunch & Learn, Project Spanish
Rio School District	61	13	58	11	Livingston Memorial, Hospice, Transitional Housing, Logrando Bienestar
Santa Paula Unified	1,593	86	107	10	Logrando Bienestar, CPS, SRO Safety Check
Simi Valley Unified	194	5	15	0	
Ventura Unified	538	693	127	43	BRRIM, Follow ups, Logrando Bienestar, Beacon Health Services
<b>Total</b>	<b>9,980</b>	<b>7,293</b>	<b>720</b>	<b>4,565</b>	

In addition to the screenings and referrals listed above, some additional information about confirmed linkages and other screening or referral-based activities are summarized in Table 34 below.

School District	Confirmed Linkage of Student/Family to Referral	Students Identified as At-Risk	Calls to VCBH Crisis Team	Safety Plans Developed
Conejo Valley Unified	0	46	7	0
Hueneme Elementary	12	4	4	0
Moorpark Unified	5	75	0	0
Oak Park Unified	6	0	0	0
Ojai Unified	5	0	0	2

Oxnard Elementary	53	0	1	5
Oxnard Union High	44	2,568	6	30
Rio School District	48	14	5	4
Santa Paula Unified	53	103	4	52
Simi Valley Unified	8	52	2	7
Ventura Unified	2	0	0	0
<b>Total</b>	<b>236</b>	<b>2,862</b>	<b>29</b>	<b>100</b>

**LEA Activity 2.** Provide education and training for students and school personnel to increase mental health awareness and reduce stigma and discrimination for those with mental illness or seeking mental health services.

District staff are required to provide trainings to school staff, students, and families. As summarized, staff and student trainings were conducted across districts to increase awareness of, and reduce stigma about, mental health concerns.

A summary of the number of trainings and participants is provided in Tables 35 and 36 below.

<b>Table 35. Staff and Student Trainings by School District</b>			
<b>School District</b>	<b>Number of Trainings</b>	<b>Number of Participants</b>	<b>Training Topics</b>
Conejo Valley Unified	27	5,759	Mental Health Topics, Suicide Prevention, Vulnerable Populations
Hueneme Elementary	12	1,700	Trauma, Social Emotional Learning, Mental Health Resources & Referrals, Mindfulness
Moorpark Unified	21	845	Social Emotional Learning, Mental Health Resources & Referrals, Suicide Prevention
Oak Park Unified	91	38,308	Mental Health Topics, Social Emotional Learning, Vulnerable Populations, Cultural Competency, Mental Health Topics, Referrals, Suicide Prevention
Ojai Unified	19	350	SEL, Mental Health Topics, Restorative Justice, Referrals
Oxnard Elementary	35	1,253	Crisis Protocol, Stress Management, PBIS, Restorative Justice, Cultural Competency, Managing Worry, Meet the School Counselor, VCOE YMHC, Nicotine & Vaping Presentation, Panorama Survey Results, Mindfulness, SEL, COVID-19 and Mental Health, MH Awareness Week, Shifting Boundaries by Interface for 8 <sup>th</sup> Grade Students
Oxnard Union High	225	3,761	Mental Health Topics, Vulnerable Populations, Web-based Technologies, Cultural Competency, Social Emotional Learning, Mindfulness, Other
Rio School District	308	20,051	Social Emotional Learning, Mindfulness, Mental Health Topics, Trauma, Referrals, Restorative Justice, Crisis Intervention, Suicide Prevention, Vulnerable Populations, Cultural Competency
Santa Paula Unified	38*	676	Vulnerable Populations, Mental Health Topics, Suicide Prevention, Restorative Justice, Mindfulness, Other
Simi Valley Unified	197	4,065	Social Emotional Learning, Cultural Competency, Mindfulness, Web-based Technologies, Restorative Justice, Vulnerable Populations, Mental Health Topics
Ventura Unified	5**	3,630	Trauma, Suicide Prevention, Mental Health Topics
<b>Total</b>	<b>978</b>	<b>80,294</b>	

\*Includes 5 newsletters

\*\*Three of these trainings provided a date range, indicating they may have consisted of multiple sessions

Additional details about the types of participants at these trainings is provided in Table 36 below. Note that Certificated and Classified are two different categories of school staff.

<b>Table 36. Staff and Student Trainings: Attendee Type</b>				
<b>School District</b>	<b>Attendee Type</b>			
	<b>Certificated (Staff)</b>	<b>Classified (Staff)</b>	<b>Student</b>	<b>Other/Unknown</b>
Conejo Valley Unified	1,639	35	4,084	1



Hueneme Elementary	1,700	0	0	0
Moorpark Unified	189	20	636	0
Oak Park Unified	639	25	37,527	117
Ojai Unified	136	31	183	0
Oxnard Elementary	219	24	1,010	0
Oxnard Union High	60	0	3,701	0
Rio School District	1,276	36	10,853	7,886
Santa Paula Unified	161	60	453	2
Simi Valley Unified	992	0	3073	0
Ventura Unified	2,206	40	1,384	0
<b>Total</b>	<b>9,217</b>	<b>271</b>	<b>62,904</b>	<b>8,006</b>

School districts collected 2,728 surveys from staff participating in their mental health awareness and stigma and discrimination reduction trainings/events. Findings from these surveys can be found in Tables 37 and 38 below.

2,728 total staff survey responses (across all schools, estimated response rate of 25.9%)  
 2,354 total student survey responses (across all schools, estimated response rate of 3.4%)

<b>Table 37. Staff Training Outcomes</b>		
<b>As a result of participating in this training...</b>	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I learned something new about the topics covered in the training today.	7%	93%
I learned strategies that will help me better support youth.	8%	92%
I learned about local resources for youth in my community.	29%	71%
I feel confident in my ability to support youth.	14%	86%
I feel confident I could refer youth to appropriate resources in my community.	28%	72%

<b>Table 38. Staff Training Satisfaction</b>		
	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I am satisfied with the training I received.	7%	93%
The facilitators provided useful information.	4%	96%
The facilitators were engaging.	7%	93%
I plan to use the information I learned in this training.	4%	96%
I would recommend this training to others at my school/agency.	8%	92%

Additionally, staff were asked what the most helpful thing they learned in the training was. Of 2,698 surveys, 2,262 individuals provided a response. Key Quotations include:

*"How to allow students to interact with digital learning in a personal and effective way so they can truly connect with the curriculum and with the class and teacher."*

*"It was nice to have my feelings validated hearing other concerns of various teachers. We are all in the same boat and are trying our best to keep our head above the water. Overwhelmed is an understatement."*

*"I learned that I am not alone in feeling overwhelmed with some parts of distance learning. All of the tips were very helpful."*

*"To approach inappropriate school behaviors with the mindset that the child is trying to problem solve in a way they've adapted and that we need to foster strong connections to help guide our students to better problem solving and outcomes."*

School districts also collected 2,341 surveys from students participating in their mental health awareness and stigma and discrimination reduction trainings/events. Students were asked to identify which school they attend (Figure 1) along with questions to evaluate the effectiveness of the trainings. Findings from these surveys can be found in Table 39.

Figure 1





*“Aprendi que la salud mental importa y debemos ayudar a las personas que no estan bien en su salud mental.”*

*“We’re not alone many resources are offered in Ventura for mental health and self-care programs for those who drink and do drugs.”*

**LEA Activity 3.** Provide early intervention services through direct service or timely access to linkage of services. This may include but is not limited to:

- Direct referral linkage and access to mental health services
- Group counseling (<18mo)
- Individual counseling (<18mo)
- Social-Emotional support services staff and/or programs
- Community agency collaboration/contracts for intervention and referral assistance
- Social-Emotional Learning (SEL) curriculum
- Mindfulness, restorative practices, Response-to-Intervention, community or youth leadership and development activities

<b>Table 40. Early Intervention Activities by School District</b>				
<b>School District</b>	<b>School-based Individual</b>	<b>School-based Group</b>	<b>Other (example activities)</b>	<b>Safety Plans</b>
Conejo Valley Unified	8,387	186,632	0	0
Hueneme Elementary	332	102	0	0
Moorpark Unified	116	96	0	0
Oak Park Unified	1,114	44	0	0
Ojai Unified	1,164	340	0	8
Oxnard Elementary	2,787	13,011	10,076 (asynchronous activities, basic check ins, home visits, etc.)	13
Oxnard Union High	3,740	1,527	2,237 (SEL classroom presentations, parent consult, Lunch & Learn, CalSafe referrals, SST meetings 504's, etc.)	29
Rio School District	1,825	70	0	1
Santa Paula Unified	2,882	203	2,161 (SEL groups, Wellness Drop-Ins, RJ groups)	55
Simi Valley Unified	521	10	48 (Family Resource Services, SST/TST, classroom observations, home visit, 504)	8
Ventura Unified	1,592	357	94 (BRRIM, Suicide Risk Assessment, community referrals)	0
<b>Total</b>	<b>2,224</b>	<b>202,392</b>	<b>14,616</b>	<b>114</b>

**LEA Activity 4.** Provide multi-generational family engagement and trainings that focus on mental health awareness and reducing stigma and discrimination for those with mental illness or seeking mental health services.

Of the 298 training/engagement events coordinated by school districts, over 7,000 family members of district-enrolled students attended. Table 41 below summarizes the number of training/engagement events by school district, along with other details about these events. Note that many trainings were held in both English and Spanish, so the language counts are higher than the number of trainings.

<b>Table 41. Family Engagement/Education by School District</b>				
<b>School District</b>	<b>Number of Trainings (Spanish/English/Other)</b>	<b>Number of Participants</b>	<b># of surveys collected</b>	<b>Training Topics</b>
Conejo Valley Unified	16 (16/15/0)	2,858	***	Universal Social Emotional Strategies, Parenting during a Pandemic, Student Mental Health & Wellness, Mental Health Needs LGBTQ, Developmental Impacts of Technology, Marijuana: What You Need to Know, Communicating with Your LGBTQ child
Hueneme Elementary	45 (29/17/0)	1,164	14	SEL Strategies for Student Success, GradNation – Parents Better Together Supporting Our Children In Unprecedented Times, Stress and Resilience, Explore Ways to Support Your Child With Technology, Raising Resilient Children, Emotions and Depression, Bullying and Intimidation, The Use of Substances, La Clave, ...
Moorpark Unified	7 (3/5/0)	289	43	Impact of COVID-19 on Mental Health & Resources for Support, Suicide Prevention & Mental Health Resources, How to Access Mental Health Support & Resources
Oak Park Unified	11 (0/11/0)	291	0	Emotional Regulation During Times of Crisis, Access to Mental Health, Coffee with the Counselors, Parenting In A Pandemic: From Chaos to Calm, Collective Equity for Parents, Parenting the Gifted During the Pandemic, Trauma and Resilience, All Taxed Out, Elementary Coping in COVID
Ojai Unified	54 (13/40/0)	35	0	Stress Management, Linkage to Resources, Parent Support, Letting Go: Assisting Parents of Senior Students Prepare for College
Oxnard Elementary	87 (84/52/1)	1,770	0	Back to School Night, Admin and Counselor Q&A, ELAC meeting, What's that App?, Setting Routines at Home, Importance of Mini Habits, Supporting Our Students Emotionally, Raising

				Independent Children, SEL activities, Supporting Students During Distance Learning
Oxnard Union High	15* (14/15/0)	407	0	Community College Info Night and Enrollment Assistance, FAFSA Application Assistance, Back to School Night, School Site Council and ELAC meeting
Rio School District	45 (34/30/4)	>439**	0	Counseling Referral Process and Outside Agencies, Self-Care, Mindfulness, Career Pathways, Community Resources, Dealing with Stress due to Distance Learning, Vaping: What Parents Need to Know, COVID-19 and Your Mental Health, ...
Santa Paula Unified	8 (8/8/0)	158	0	SEL Topics, Creating Limits with Positive Discipline, MH Funding Objectives
Simi Valley Unified	3 (3/3/0)	39	0	Mental Health Strategies for Supporting Students at Home, Grief Support, Managing Stress and Anxiety: Helping You Support Your Children
Ventura Unified	7 (7/7/0)	73	4	Logrando Bienestar Parent Workshop, ELAC
<b>Total</b>	<b>298</b> (211/203/5)	<b>&gt;7,084</b>	<b>157</b>	

\*may not have explicitly covered mental health topics

\*\*some trainings, webinars missing number of participants

\*\*\*238 surveys distributed, unknown how many responses



More than 564 materials distributed to families

A total of 157 surveys with at least partial information were collected from family members (estimated response rate of 2.2%) participating in mental health awareness and stigma reduction activities/trainings. Table 42 provides additional information on the outcomes of these events.

<b>As a result of participating in this training...</b>	<b>Disagree or Strongly Disagree</b>	<b>Agree or Strongly Agree</b>
I learned something new.	8%	92%
I know where to go to get mental health services in my community.	10%	90%
I understand mental health issues better.	10%	90%
I know when I need to ask for help for my child's mental health.	6%	94%
I am more willing to ask for help if my child ever needs support with mental health.	6%	94%

I can spot myths about mental health.	18%	82%
If a family member had a mental illness, I would still love them.	3%	97%



95% of family members thought the training was helpful.



95% of family members recommend this training.

Additionally, family members were asked what the most helpful thing they learned in the training was. Of 152 surveys, 116 individuals provided a response. Important concepts that emerged from the responses include:

- Gaining a greater understanding of their own or their child's feelings, mental health, and needs (n=55)
- Learning about new and helpful resources/tools & community support (n=43)
- Increased understanding of mental health issues & self-care (n=28)
- Learning how to communicate with their child and how to discuss feelings & experiences (n=21)

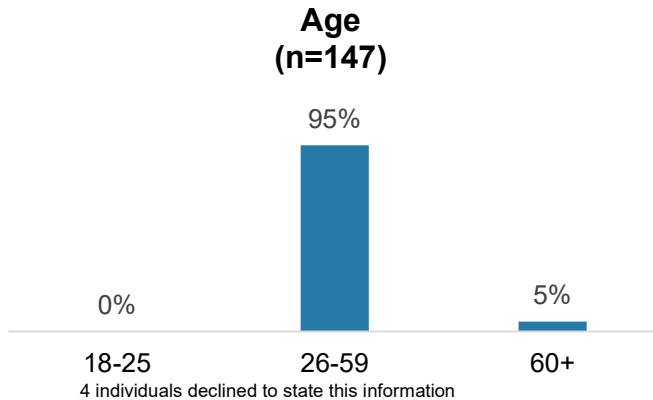
*"This presentation was insightful and provided me helpful tools to support my children during this time. It was interesting to learn more about what is normal for child development and also for how kids deal with this type of a crisis. I took four pages of notes! This was incredibly helpful and I feel that my relationship with my kids, especially my middle schooler has improved. Thank you!"*

*"I was unaware of the Wellness Center that was on the Moorpark Unified School District site and the tools/resources for students."*



## Family Participants: Demographic Data

Districts also collect demographic data from the adult family members (18 years and older) who attend their trainings. The data in this section represents the information provided by individuals who received services and completed a Family Survey which includes questions about their demographics. Family surveys were collected from 158 individuals and used for analysis during the evaluation period. For questions about primary language, race, and ethnicity, percentages may exceed 100% as respondents could select more than one response.



### Language Preference (n=141)

80% English  
28% Spanish  
3% Other

3 individuals declined to state this information  
Other responses include Mandarin Chinese, Bulgarian, and Russian

3% of respondents identified as veterans

5 individuals declined to state this information

### Gender Identity (n=145)

Female	89%
Male	11%
Transgender	0%
Genderqueer	0%
Questioning	0%
Another Gender Identity	0%

4 individuals declined to state this information

### Sexual Orientation (n=119)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	1%
Questioning	0%
Another Sexual Orientation	0%

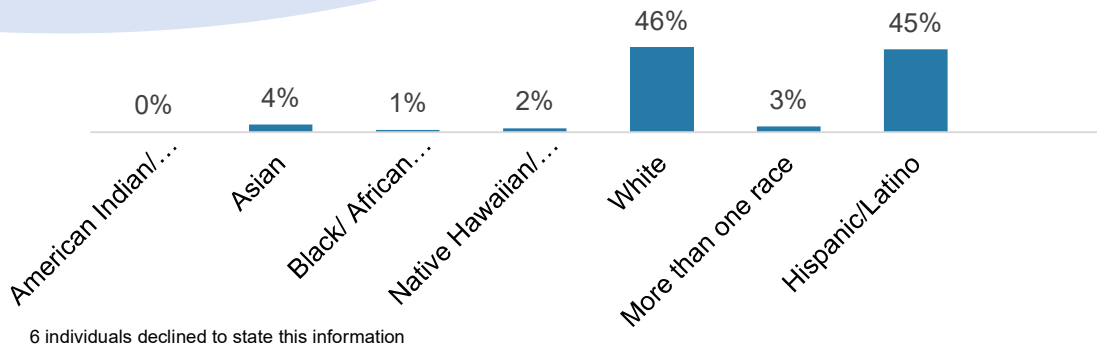
22 individuals declined to state this information

### Gender at Birth (n=149)

89% Female  
11% Male

3 individuals declined to state this information

### Race (n=149)



### Ethnicity (n=141)

#### Hispanic/Latino

Caribbean	0%
Central American	4%
Mexican/Mexican American/Chicano	41%
Puerto Rican	0%
South American	1%
Other	0%

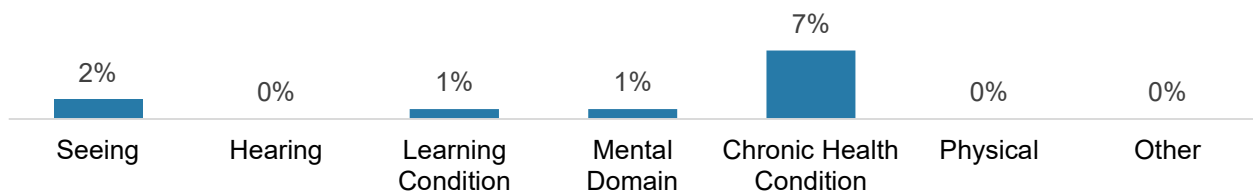
#### Non-Hispanic/Latino

African	2%	Filipino	2%
Asian Indian/South Asian	1%	Japanese	0%
Cambodian	0%	Korean	0%
Chinese	1%	Middle Eastern	0%
Eastern European	6%	Vietnamese	1%
European	23%	Other	9%

6% identify as having more than one ethnicity  
11 individuals declined to state this information

### 9% identified as having one or more disabilities (n=148)

5 individuals declined to state this information



**LEA Activity 5.** Evaluate project(s) through data tracking and progress monitoring.

All contracted districts participated in requisite data collection procedures including documenting all MTSS project activities in the VCBH tracking log and administering surveys, once available, after each training/educational session. Additionally, all districts submitted their data to VCOE and its contracted evaluator, EVALCORP, by the designated submission period for data cleaning and analysis.

## Conclusion and Recommendations

The MTSS program makes a difference in the lives of youth in Ventura County by connecting students and their families to much needed mental health services in their schools and communities and by educating staff, students, and their families about mental health to increase awareness and reduce stigma.

Through analysis of survey data and comments in the district tracking logs, the following areas of improvement and next steps emerged for the MTSS program.

### Areas of Improvement – Evaluation Methodology

Increasing the level of customization of the evaluation methodology across various program activities will enable program staff to more meaningfully determine the effectiveness of the different trainings provided, while minimizing the data collection burden on program participants. Some more specific suggestions are described below.

- Continue to Refine Program Outcome and Satisfaction Surveys.
  - Remove items not relevant to particular training outcomes. For example, several programs' lowest rated outcome was "Learned about resources for youth in my community," which may or may not have been an objective for that particular training.
  - Standardize Response options across sessions when possible. Although most surveys used an Agree/Disagree scale, some included a "Neutral" option, one included a "Satisfied/Dissatisfied" scale, and one included a "Never/Sometimes/Regularly/Always" scale.
- Continue to Refine Process Data Collection.
  - Streamline data entry into Tracking Log.
    - Remove unnecessary columns (when applicable)
    - Provide additional clarification on how to classify screenings, referrals, intervention activities, and trainings, including guidance on which, if any, should not be included
- Minimize Survey Fatigue.
  - Remove Pre-Tests for Training Sessions. Consider incorporating retrospective pre/post items or direct measures of change items instead.
- Continue Improving Survey Administration
  - Some districts reported challenges implementing surveys after remote sessions, including teachers reporting not having received the links, or being unsure whether to include the training in the tracking log. Consider refining administration process and guidelines for administrative staff.

### Areas of Improvement – Program Implementation

Improving the program implementation will allow for even greater impact and reach of the services provided. Some more specific suggestions are described below.

- Review or Establish Follow Up Procedures for No-Shows and Non-Responsive Students/Families

- Several districts reported low student attendance and engagement in virtual sessions, including no-shows for counseling appointments, non-responsiveness to follow up emails or phone calls, or incorrect contact information
- Improve Awareness of Available Services and Trainings
  - One district reported awareness of available trainings among staff as a challenge
  - One district reported a disconnect between leadership and SAPs understanding of service implementation
  - Several districts reported difficulty engaging and following up with families for remote services

VCOE and Evalcorp will continue to work collaboratively to enhance data collection tools and procedures among the school districts in order to report on program outcomes in compliance with their VCBH contracts and PEI regulations and to make informed decisions about the effectiveness of these program activities.

### **Next Steps**

VCOE and Evalcorp will also be hosting Learning Summit in the Fall of 2021 for LEA/School District program staff. The purpose of the Learning Summit will be to share information about 1) the implementation of the MTSS program during the 2020-2021 Academic Year and 2) survey findings/program outcomes. The Learning Summit will also serve as a training for program staff on new program activities and data collection tools and as a refresher on existing data collection tools and procedures.

## Appendix – Detailed Information by District

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The following section provides additional, more detailed information at the individual school level, organized by school district. The districts are presented in the following order:

- Conejo Valley Unified District
- Hueneme Elementary School District
- Moorpark Unified School District
- Oak Park Unified School District
- Ojai Unified School District
- Oxnard Elementary School District
- Oxnard Union High School District
- Rio School District
- Santa Paula Unified School District
- Simi Valley Unified School District
- Ventura Unified School District

For each district, there are four sections:

- Brief description of the school district
- Table summarizing screenings, referrals, and early interventions by individual schools within that district (Activities 1 and 3)
- Table summarizing student, staff, and family engagement trainings by individual schools within that district (Activities 2 and 4)
- Selected excerpts from at least one success story from that district

Finally, please note the following in the tables below:

- “School-based Mental Health Referrals” refers to both individual and group-based referrals
- “School-based Early Intervention Activities” refers to both individual and group-based activities
- “Staff Attendance” refers to both certificated and classified staff
- Cells shaded grey can be interpreted as “0” or “n/a”

## Conejo Valley Unified District

The Conejo Valley Unified School District serves over 18,700 students in the cities of Newbury Park, Thousand Oaks, and Westlake Village. The district has 1 preschool, 16 elementary schools, 4 middle schools, 4 high schools, and 2 alternative schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Acacia Magnet School				4,287
Aspen Elementary			3	3,725
Banyan Elementary				4,700
Century Academy	1			
Century High School	1		2	2,834
Colina Middle School	2		1	9,317
Conejo Elementary				3,439
Conejo Valley High School	1		4	1,516
Cypress Elementary			2	3,157
EARTHS Magnet School				5,590
Glenwood Elementary				3,158
Ladera STARS Academy			2	3,377
Lang Ranch Elementary	2		4	7,519
Los Cerritos Middle School				9,151
Madroña Elementary				3,701
Maple Elementary	2			2,989
Newbury Park High School	16		7	26,099
Redwood Middle School	1			8,283
Sycamore Canyon School	1		1	11,502
Sequoia Middle School	7		2	10,616
Thousand Oaks High School	10		5	23,544
Walnut Elementary				3,728
Weathersfield Elementary	1		1	3,654
Westlake Hills Elementary				4,773
Westlake High School	2		2	24,839
Westlake Elementary			3	5,196
Wildwood Elementary	1			4,325
<b>Total</b>	<b>48</b>	<b>0</b>	<b>39</b>	<b>195,019</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Century Academy	1		9		
Conejo Valley High School	1		10		

Colina Middle School	1		37		
Los Cerritos Middle School	1		40		
Newbury Park High School	1		90		
Redwood Middle School	1		36		
Sequoia Middle School	1		43		
Sycamore Middle School	1		9		
Thousand Oaks High School	1		79		
Westlake High School	1		81		
<i>District Office – Zoom/Webinar</i>	17	4,084	1,280		
<i>Unspecified – Zoom</i>				10	1,578
<i>Unspecified - YouTube</i>				6	1,280
<b>Total</b>	<b>27</b>	<b>4,084</b>	<b>1,674</b>	<b>16</b>	<b>2,858</b>

## Success Stories

“In the context of this school year many CVUSD students demonstrated incredible resilience. One thing PEI money supported CVUSD in doing was intentionally reaching out to students who were struggling and providing them with mental health support. The challenges associated with this school year high light the importance of connection.”



## Hueneme Elementary School District

The Hueneme Elementary School District serves over 7,800 students in the cities of Port Hueneme and Oxnard. The district has 9 elementary schools and 2 junior high schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
EO Green Junior High	448	73	10	230
Blackstock Junior High	756	38	5	204
<b>Total</b>	<b>1,204</b>	<b>111</b>	<b>15</b>	<b>434</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
EO Green Junior High				3	140
Blackstock Junior High				8	117
<i>Multiple Junior High</i>				6	224
Ansgar Larsen Elementary				3	28
Julien Hathaway Elementary				2	80
Parkview Elementary				1	10
Sunkist Elementary				3	38
<i>Multiple Elementary</i>				19	527
<i>District wide</i>	12		1,700		
<b>Total</b>	<b>12</b>	<b>0</b>	<b>1,700</b>	<b>45</b>	<b>2,328</b>

### Success Stories

“Elementary schools partnered together to present more parent presentations. All parent presentations were delivered via Zoom which appears to have increased attendance.”

“Every one of our schools have at least one full time counselor. This was very important so that as our world experienced a life changing pandemic, those that expressed need for assistance, or were referred to counseling, were able to receive it quickly.”

## Moorpark Unified School District

The Moorpark Unified School District serves over 6,100 students in the city of Moorpark. The district has 6 elementary schools, 1 TK-8th, 2 middle schools, and 2 high schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Campus Canyon	257	61	6	43
Chaparral Middle School	900	136	4	114
Mesa Verde Middle School	664	65	0	55
<b>Total</b>	<b>1,821</b>	<b>262</b>	<b>10</b>	<b>212</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Campus Canyon	10	399	37		
Chaparral Middle School	1	68	2		
Mesa Verde Middle School	1	56	2		
Moorpark High School	1		11		
<i>Multiple Schools</i>	3	113	4		
<i>District wide</i>	5		153	7	289
<b>Total</b>	<b>21</b>	<b>636</b>	<b>209</b>	<b>7</b>	<b>289</b>

### Success Stories

“Weekly Journals were done with all 6th grade students and then our Power of You counselors were able to read all 300+ journals and respond to students needs, such as a student leaving the following: ‘I do have a concern this time. What should I do if someone said lies about you and your friends that are most definitely not true like, “Your such a fake friend” “Why did you say that about her”?’ The counselor connected with the student and was able to meet with the pair and resolve the conflict OR ‘how do you get rid of a hurt in your life like something that happened in the past but it still hurts a bit’ the counselor also met with this student individually and weekly school-based counseling started.”

## Oak Park Unified School District

The Oak Park Unified School District serves over 4,400 students in the city of Oak Park. The district has 1 preschool, 3 elementary schools, 1 middle school, 2 high schools, 1 Independent K-12 school and 1 alternative school.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Brookside Elementary School	3		3	66
Oak Hills Elementary School	2	2	1	94
Red Oak Elementary School	1		1	91
Medea Creek Middle School	58	1	15	518
Oak Park High School	9		6	389
<b>Total</b>	<b>73</b>	<b>3</b>	<b>26</b>	<b>1,158</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Brookside Elementary School	4	613	23		
Oak Hills Elementary School	3	262	10	1	10
Red Oak Elementary School	5	708	11		
<i>Multiple Elementary</i>	23	7,411	222	3	76
Medea Creek Middle School	5	3,180	118	1	*
Oak Park High School	41	12,585	143	1	50
Oak Park Independent School	2		35		
<i>All sites/District-wide</i>	4	12,768	42	5	155
<i>Unspecified - Online</i>	4		40		
<b>Total</b>	<b>91</b>	<b>37,527</b>	<b>664</b>	<b>11</b>	<b>&gt;291</b>

\*Attendance unknown

### Success Stories

“Name-change protocols for transgender students were developed and adopted as Board Policy to address situations for students identifying a name change that would be comprehensive in the district; covering not only teacher rolls, but student email, Google Classroom and Meets. A comprehensive Safety Plan was developed to support transitioning students.”

## Ojai Unified School District

The Ojai Unified School District serves over 2,400 students in the cities of Ojai. The district has 1 preschool, 4 elementary schools, 1 middle school, 2 high schools in addition to an independent K-12 school.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Mira Monte Elementary	2	3	1	
Meiners Oaks Elementary	1	1		
Matilija Middle School	10	20	1	398
Nordhoff High School	38	93	7	678
Chaparral High School				428
<b>Total</b>	<b>51</b>	<b>117</b>	<b>9</b>	<b>1,504</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Matilija Middle School				13	3
Nordhoff High School				15	24
<i>Unspecified – Spanish</i>				13	4
<i>Unspecified – Special Education</i>				13	4
<i>Unspecified - Zoom</i>	7		146		
<i>Unspecified – In person</i>	11	183	15		
<i>Other/Unknown</i>	1		6		
<b>Total</b>	<b>19</b>	<b>183</b>	<b>167</b>	<b>54</b>	<b>35</b>

### Success Stories

“PickTime was created to allow students/parents/staff opportunities to schedule an appointment to speak to a mental health clinician and I am pleased that more and more students and parents are accessing to reach out for support.”

“We have learned a lot about ways to make on-line support services available and easily accessible to provide trainings and supports.”

## Oxnard Elementary School District

The Oxnard Elementary School District serves over 16,600 students in the city of Oxnard. The district has 1 preschool, 17 elementary schools, and 3 middle schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Brekke Elementary	544	92	4	1,763
Chavez	978	180	7	437
Curren	697	271	0	322
Driffill	615	77	1	814
Elm Elementary	494	598	34	1,433
Frank Academy	1,434	1,509	7	470
Fremont Academy	673	60	6	138
Harrington Elementary	798	109	5	619
Juan Lagunas Soria	960	675	11	1,145
Kamala	988	555	54	1,622
Lemonwood	654	111	12	631
Lopez Academy	1,447	207	35	841
Marina West Elementary	372	1,004	16	424
Marshall Elementary	415	120	3	450
McAuliffe Elementary	399	844	10	491
McKinna Elementary	530	182	9	41
Ramona Elementary	532	326	11	1,307
Ritchen Elementary	472	352	9	2,539
Rose Ave Elementary	436	49	14	68
Sierra Linda Elementary	199	45	1	243
<b>Total</b>	<b>13,637</b>	<b>7,366</b>	<b>249</b>	<b>15,798</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Brekke Elementary	1	*	*	4	83
Chavez	3	80			
Curren				12	756
Frank Academy				4	91
Juan Lagunas Soria	8	143	24	12	126
Kamala	15	487		4	77
Lemonwood				2	125
Lopez Academy	2		106	12	206
Marina West				6	30
McKinna Elementary	2	300		4	60
Ramona Elementary				8	121
Ritchen Elementary				7	37

Rose Ave Elementary	2		53	9	58
Sierra Linda Elementary	2		60		
<b>Total</b>	<b>36</b>	<b>1,010</b>	<b>243</b>	<b>84</b>	<b>1,770</b>

\* Attendance unknown

## Success Stories

“A group of counselors pulled together SEL lessons through Panorama for teachers to use upon return to in-person learning. Teachers have been using the lessons to reduce student anxiety and welcome them back to school.”

“Distance learning provided some hurdles to connecting students to outside resources. Counselors continued to work with families and followed up in order to get students and families the support needed.”

# Oxnard Union High School District

The Oxnard Union High School District serves over 17,658 students in the cities of Camarillo, El Rio, Oxnard, Port Hueneme, and Somis. The district has K–12, 9 high schools in addition to an alternative high school.

## Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Adolfo Camarillo High	1,673	360		360
Condor High	780	2,624		1655
Channel Islands High	2,665	159	17	159
Frontier High	261	588	1	588
Hueneme High	2,184	621	6	621
Oxnard High	2,151	343	3	331
Pacifica High	3,430	1,050	7	1050
Rancho Campana High	1,041	139	5	139
Rio Mesa High	3,545	347	26	364
<b>Total</b>	<b>17,730</b>	<b>6,231</b>	<b>65</b>	<b>5,267</b>

## Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Adolfo Camarillo High	10	*	*		
Condor High	9	*	60	15**	407
Channel Islands High	16	*	*		
Frontier High	124	*	*		
Hueneme High	36	*	*		
Pacifica High	10	*	*		
Rancho Campana High	11	*	*		
Rio Mesa High	8	*	*		
<i>Multiple Schools</i>	1	*	*		
<b>Total</b>	<b>225</b>	<b>3701</b>	<b>60</b>	<b>15</b>	

\* Attendance unknown

\*\* May not have only covered mental health topics

## Success Stories

“Despite the challenges of distance learning and not being in person with students and families, all students who needed to be connected to an outside agency were connected.”

## Rio School District

The Rio School District serves over 5,300 students in the city of Oxnard and in the unincorporated community of El Rio. The district has 5 elementary schools, 2 TK-8th grade schools and 2 middle schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Rio del Mar	5	6	3	190
Rio del Norte	20	22	6	193
Rio del Sol	7	4	5	79
Rio del Valle	2	1	4	866
Rio Lindo	21	7	17	124
Rio Plaza	7	11	5	144
Rio Real	8	12	8	32
Rio Rosales	9	7	6	161
Rio Vista Middle School	13	4	4	106
<b>Total</b>	<b>92</b>	<b>74</b>	<b>58</b>	<b>1,895</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Rio del Mar	9	1,617	35		
Rio del Norte	28*	1,058	148	1	**
Rio del Sol	20	1,699	212	2	10
Rio del Valle	1*	**	**	1	30
Rio Lindo	97	1,820	222	1	**
Rio Plaza	15	2,447	74	8	75
Rio Real	61	1,802	558	11	143
Rio Rosales	22	531	28	7	82
Rio Vista Middle School	18	603	18	2	37
<i>District-wide</i>	37*	50	192	10	62
<b>Total</b>	<b>308</b>	<b>10,853</b>	<b>1,312</b>	<b>43</b>	<b>439</b>

\* May include some VCOE activities or trainings by external organizations

\*\* Attendance unknown

### Success Stories

“Through the home visits we are able to directly connect with families and build relationships. If parents are in need of hotspots, tech support, school materials or other type of supports we assist them.”



# Santa Paula Unified School District

The Santa Paula Unified School District serves over 5,100 students in the city of Santa Paula. The district has 6 elementary schools, 1 middle school, and 2 high schools.

## Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Barbara Webster Elementary	102	58	12	126
Bedell Elementary	59	62	13	286
Blanchard Elementary	101	27	3	209
Glen City Elementary	225	171	3	227
Grace Thille Elementary	31	91	7	284
Isbell Middle School	964	967	38	876
McKevett Elementary	73	57	1	272
Renaissance High School	37	23	7	228
Santa Paula High School	343	223	23	577
<b>Total</b>	<b>1,935</b>	<b>1,679</b>	<b>107</b>	<b>3,085</b>

## Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Bedell Elementary	2		7	3	78
Blanchard Elementary	2		14		
McKevett Elementary	2		25		
<i>Multiple elementary</i>	4		73		
Santa Paula High School	3		32		
<i>Multiple high schools</i>	5		65		
<i>Unspecified – Virtual</i>	20*	453	5		
<i>District-wide</i>				5	80
<b>Total</b>	<b>39</b>	<b>453</b>	<b>442</b>	<b>8</b>	<b>158</b>

\*Includes 10 electronic newsletters

## Success Stories

“Home visits have yielded positive results with students.”

“Staff reported workshops were helpful to their mental health during Distance Learning.”

## Simi Valley Unified School District

The Simi Valley Unified School District serves over 17,000 students in the city of Simi Valley. The district has 18 elementary schools, 3 middle schools and 4 high schools.

### Screenings, Referrals, and Individuals Served by Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities
Arroyo Elementary	8	9		12
Atherwood Elementary	17	13	1	41
Berylwood Elementary	24	16		46
Big Springs Elementary	14	14	1	50
Crestview Elementary	15	11	1	41
Garden Grove Elementary	6	4		22
Hollow Hills Elementary	19	21	1	53
Katherine Elementary	14	13	2	42
Knolls Elementary	20	19	2	28
Madera Elementary	13	9		17
Mountain View Elementary	12	8	1	27
Park View Elementary	23	14	1	31
Santa Susana Elementary	4	4		5
Sinaloa Middle School	1	1	1	
Sycamore Elementary	10	8	1	26
Township Elementary	5	5		14
Vista Elementary	6	5		11
White Oak Elementary	18	16	1	42
Wood Ranch Elementary	10	9	2	24
<b>Total</b>	<b>239</b>	<b>199</b>	<b>15</b>	<b>532</b>

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Arroyo Elementary	2	42	1		
Atherwood Elementary	7	142	4		
Berylwood Elementary	5	92	1		
Big Springs Elementary	14	192	14		
Crestview Elementary	3	73			
Garden Grove Elementary	3	71			
Hollow Hills Elementary	26	669	18		
Knolls Elementary	11	88	11		

Madera Elementary	5	98			
Mountain View Elementary	6	120		1	24
Park View Elementary	18	372			
Panorama Summit	1		10		
Santa Susana Elementary	8	84	8		
Sycamore Elementary	6	144	2		
Township Elementary	12	327	3		
Vista Elementary	16	378	12		
White Oak Elementary	1	18	1		
Wood Ranch Elementary	10	163	10		
<i>Unspecified - Zoom</i>	7		72		
<i>District-wide</i>	36		825	2	15
<b>Total</b>	<b>197</b>	<b>3,073</b>	<b>992</b>	<b>3</b>	<b>39</b>

## Success Stories

“Counselors offered morning meeting lesson plans to each school site and provided teachers with a link to sign up for the counselor to visit their virtual classroom. The morning meeting lesson plan included a counselor introduction video, SEL check-in and feelings wheel activity for whole class discussion. The morning meetings were well received by teachers and students. Teachers have reached out for more class lessons.”

## Ventura Unified School District

The Ventura Unified School District serves over 16,000 students in the cities of Ventura and Oak View. The district has 18 elementary schools, 6 middle schools, 5 high schools, and adult education.

### Screenings, Referrals, and Early Intervention Activities

School Site	Screenings Conducted	School-based Mental Health Referrals	Community-based Mental Health Referrals	School-based Early Intervention Activities (# Individuals Served)
Anacapa Middle School	18	30	4	3
ATLAS Elementary	3	1		3
Balboa Middle School	12	7	2	2
Buena High School	28	615	81	934
Cabrillo Middle School	39	37	8	3
Citrus Glen Elementary	3		1	2
DATA Middle School	12	363	12	431
E.P. Foster Elementary	1	2		1
El Camino High School	4	28	2	43
Elmhurst Elementary	5	1		5
Foothill High School	18	41	7	69
Junipero Serra Elementary	2		2	3
Loma Vista Elementary	1			
Mound Elementary	2			
Pacific High School	2	21	1	
Poinsettia Elementary	2		1	7
Sheridan Way	1		4	
Ventura High School	74	85	6	85
Will Rogers	1			
<b>Total</b>	<b>228</b>	<b>1,231</b>	<b>127</b>	<b>1,592*</b>

\* Only includes individual services; unknown number served by group-based services

### Student, Staff, and Family Engagement Trainings

School Site	Number of Student/Staff Trainings	Student Attendance	Staff Attendance	Number of Family Engagement Trainings	Family Attendance
Anacapa Middle School				1	20
<i>Unspecified - Virtual</i>	5*	1,384	2,246	6	53
<b>Total</b>	<b>&gt;5</b>	<b>1,384</b>	<b>2,246</b>	<b>7</b>	<b>73</b>

\* Some sessions report date ranges, actual count likely higher

### Success Stories

“We finished an SAP group and had great attendance. Students expressed feeling more comfortable participating in the ZOOM group rather than the in-person SAP group.”

**APPENDIX D. UNIVERSITY OF SOUTHERN  
CALIFORNIA (USC) LA CLAVE EDUCATION &  
TRAINING ANNUAL REPORT**

ANNUAL REPORT: July 1, 2020 to October 31, 2021  
USC La CLAVE Training

Introduction

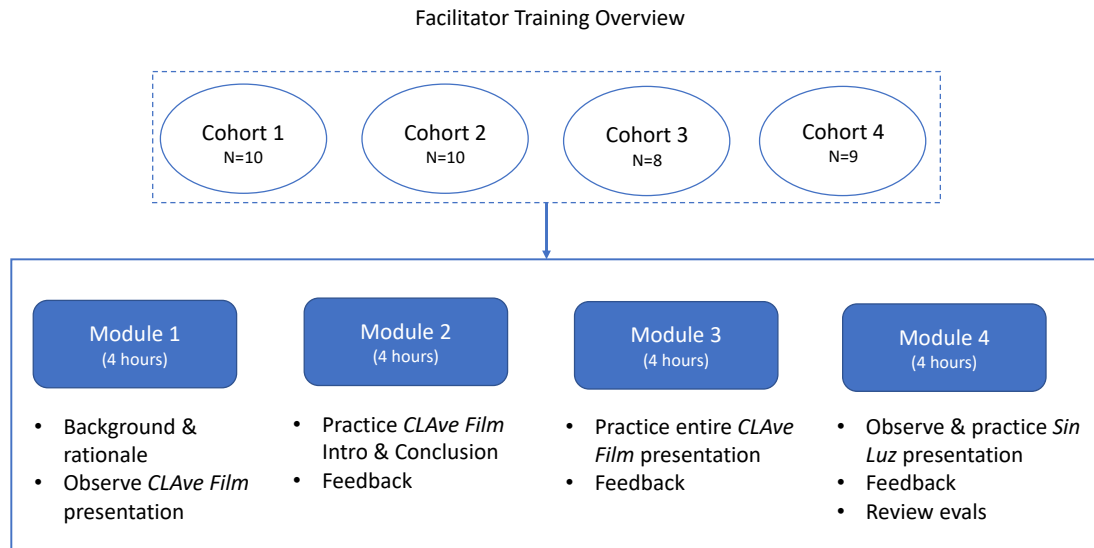
The overall objective of the La CLAVE Training program is to train Ventura County Behavioral Health (VCBH) staff and community collaborators to deliver an evidence-based message to help Latinos residing in Ventura County to recognize the key symptoms of psychosis in others and to encourage them to seek services as early as possible. To accomplish this objective the following three phases were proposed: (a) train a cadre of 32-40 facilitators; (b) select 3-4 of the best facilitators and prepare them to train future facilitators; and (c) evaluate the training. We describe what was accomplished over the term of contract in each of these phases.

Phase I: Training Facilitators

Dr. Steven Lopez and his team (Vanessa Calderon, an advanced doctoral student in clinical psychology, and Mirian Vasquez, a BA level project assistant) oversaw the facilitator trainings. When the project was proposed in 2019, training sessions were designed to be in-person. However, due to the surge of COVID-19 and work-from-home orders, the research team adjusted their initial training plan to be administered remotely, via Zoom.

The training consisted of 4 modules that took place over the course of 3 days. Each of the modules lasted 4 hours. During Module 1, the training team provided the rationale and evidence-base of the CLAVE program. They also modeled the implementation of the CLAVE-film presentation, one of three media-based platforms. The film presentation contains our 15-minute narrative film as the core to the training team's presentation. During Module 2, facilitator trainees practiced the introduction and discussion portions of the CLAVE film presentation. They practiced in two groups of 4-5 trainees and they offered feedback to one another. For Module 3, facilitator trainees practiced delivering the entire CLAVE-film presentation and received peer/trainer feedback. Finally, during Module 4 the trainers modeled the delivery of La CLAVE Sin Luz, the second media-based platform based on a flip chart, and each of the trainees practiced delivering it. Trainers also discussed evaluations (i.e., fidelity) at this time.

A total of 40 individuals signed up for the training of which 37 attended the training. One person did not finish the training resulting in 36 who completed the training. The following figure summarizes the organization of the training and its distribution across the four cohorts that we trained.



### Phase II: Training Trainers of Facilitators

From the first 20 facilitators trained, Dr. Lopez and his team identified four of the top trainees. The La CLAVE team selected the trainees who were most engaged, who learned the material quickly, and who presented well in Spanish. Dr. Lopez and his team then trained them to serve as facilitator trainers, that is, individuals who will be in a position to train other facilitators to deliver the La CLAVE message. The training consisted of a two-hour overview and then the observation of their delivering each of the 4 modules immediately followed by feedback sessions from the La CLAVE team. The four new trainers formed two pairs and each pair separately delivered the facilitator training to cohorts 3 and 4 that consisted of 8 and 9 individuals respectively.

### Phase III: Evaluation of Training

#### *Assessment methods*

The training was evaluated in multiple ways. First, we assessed the **acceptability of the training to the facilitators** based on a self-report questionnaire with items rated on a Likert-scale (i.e., Overall, the educational messages of the training module were clear). Open-ended questions (i.e., What did you enjoy most about the training module?) were also included in the assessment of acceptability. Facilitators completed the acceptability questionnaire after completing the 4 modules of phase I. Facilitator demographic data were collected as part of these evaluations as well.

After having received their training, the newly minted facilitators were instructed to deliver the La CLAVE message to their community on at least two occasions. Three measures were taken based on their presentations. The first was an assessment of the **program's reach**.

Facilitators documented the number of attendees within each of their presentations. The second measure concerned the **fidelity** or the degree to which presenters delivered the La CLAVE message as they were trained to do. A La CLAVE team member assessed one of their presentations and a peer facilitator assessed a second presentation. Their assessments focused on the content and quality of their presentations. The content assessment concerned whether the facilitator covered 16 specific areas (e.g., “Did they [yes or no] define creencias falsas [false beliefs/delusions]?” and “Did they [yes or no] ask the audience for their own example of creencias falsas?”). The total possible score for the content assessment was 16. The quality assessment included four items such as “How much did they read directly from the guide?” and “Were they clear and audible?”. Evaluators rated the quality items on a 3 point scale-- “not at all”, “somewhat”, and “very much so” (0-2 points). The total possible score for the quality assessment was eight. When combined with the content assessment a total fidelity score could reach 24. The third measure concerned the **acceptability of the presentation** by those members of the community who received the message. Those respondents were instructed to complete a brief set of questions indicating, for example, how much they enjoyed the presentation on a scale from 1-10. They were also asked to rate several items about the presentation (i.e., “The presenter was prepared.”) on a 4-point scale (ranging from ‘strongly disagree’ to ‘strongly agree’). In addition, participants were asked open-ended questions (i.e., “What was most helpful about this training?”). Demographic data were also collected from the participants for these evaluations.

Trained facilitators were **certified** to deliver the La CLAVE program if they met the following criteria: (a) their fidelity was assessed on at least two occasions, (b) at least one of the assessments was carried out by the La CLAVE team, (c) they carried out at least half of the La CLAVE presentation (the trainees oftentimes shared delivering their presentations); and (d) they received a fidelity score of having met at least 80% of the potential total fidelity score of 24 or 29, that is, a minimum score of 20 or 24 depending on the La CLAVE version that was presented (Film or Sin Luz).

Please note that all but five of the presentations were administered via zoom. To collect data, we placed the measures on Survey Monkey, a data management platform. Unfortunately, only a portion of those who received the La CLAVE program completed the online measures. This is due to a number of factors including (a) many participants had difficulty managing the online measures; (b) they did not have sufficient time after the presentation; (c) they were not instructed to complete the measures, or (d) they simply chose not to participate in the evaluation. For those presentations that were carried out in person, the participants were administered paper copies of the workshop evaluation. That data was later entered by the La CLAVE team. The data reported in this report was carried out through October 13, 2021.

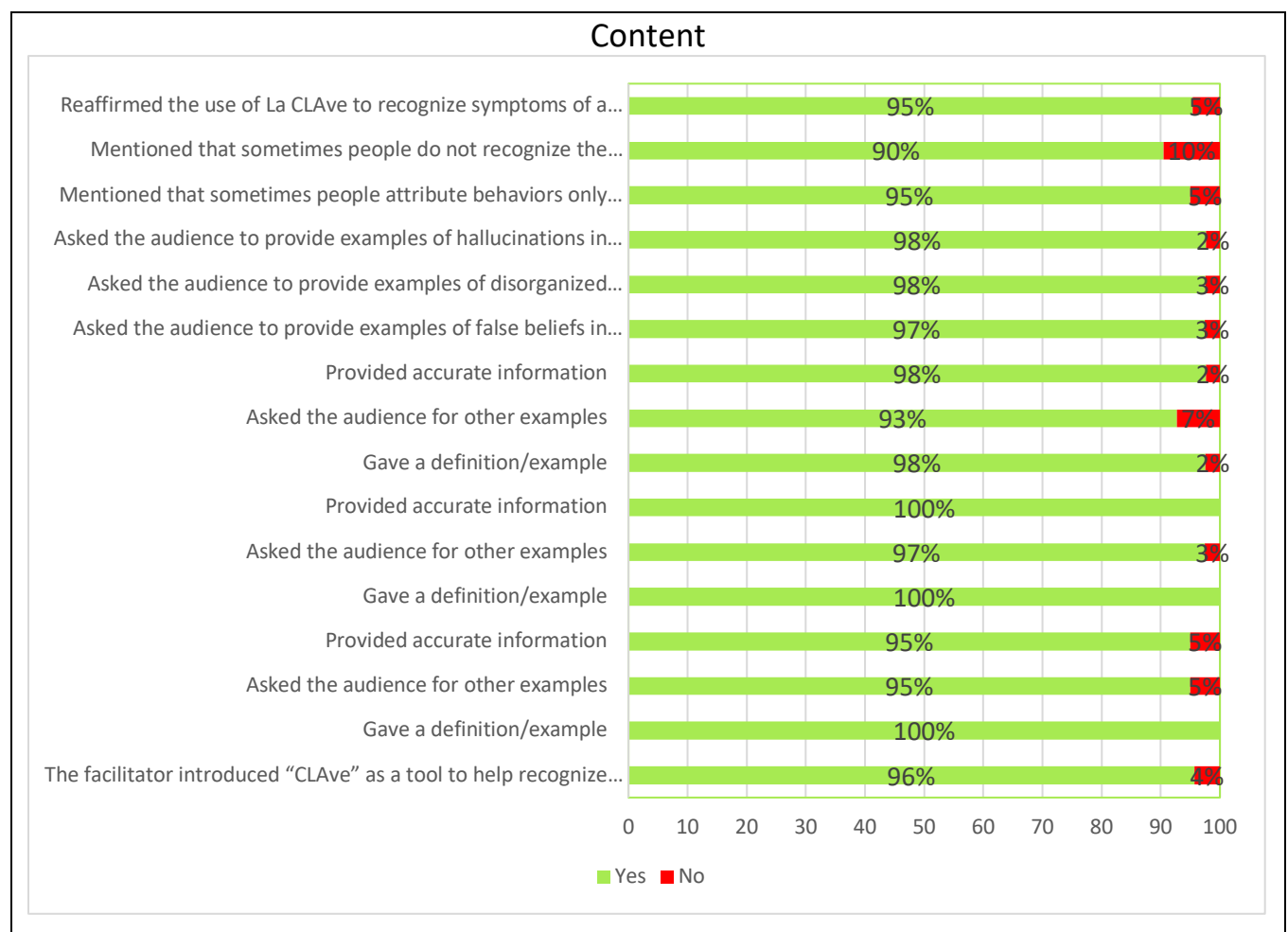
### *Results*

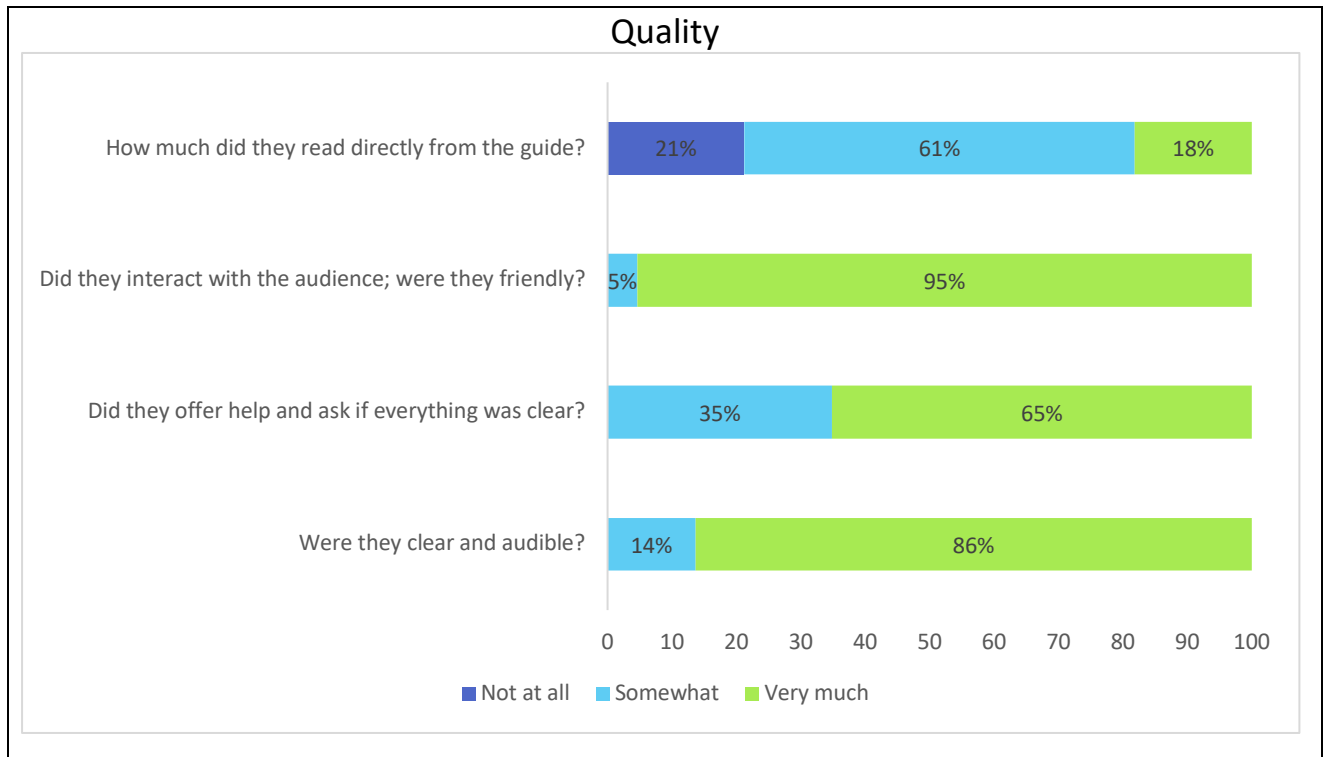
*Reach.* Of the 36 trained facilitators, 34 facilitators presented 50 La CLAVE presentations in the community. Some facilitators delivered the presentations multiple times. The facilitators reported that 780 participants were in attendance. This may be an undercount as we were



unable to verify attendance for at least 3 of the presentations and relied on the evaluations that were completed for the headcount. Of the 780 participants only 240 or 31% completed evaluations of the presentations. With regards to the noted participants, they identified their ethnicity as primarily Latinx (79%) with some who identified as white (16%) or as another group (5%). There was a larger number of women in attendance (79%) than men (21%). English was the primary language for most participants (51%) with Spanish being the primary language for 44% of the participants. The remaining 5% of the participants reported Indigenous (i.e., Mixtec) and other languages as their primary language.

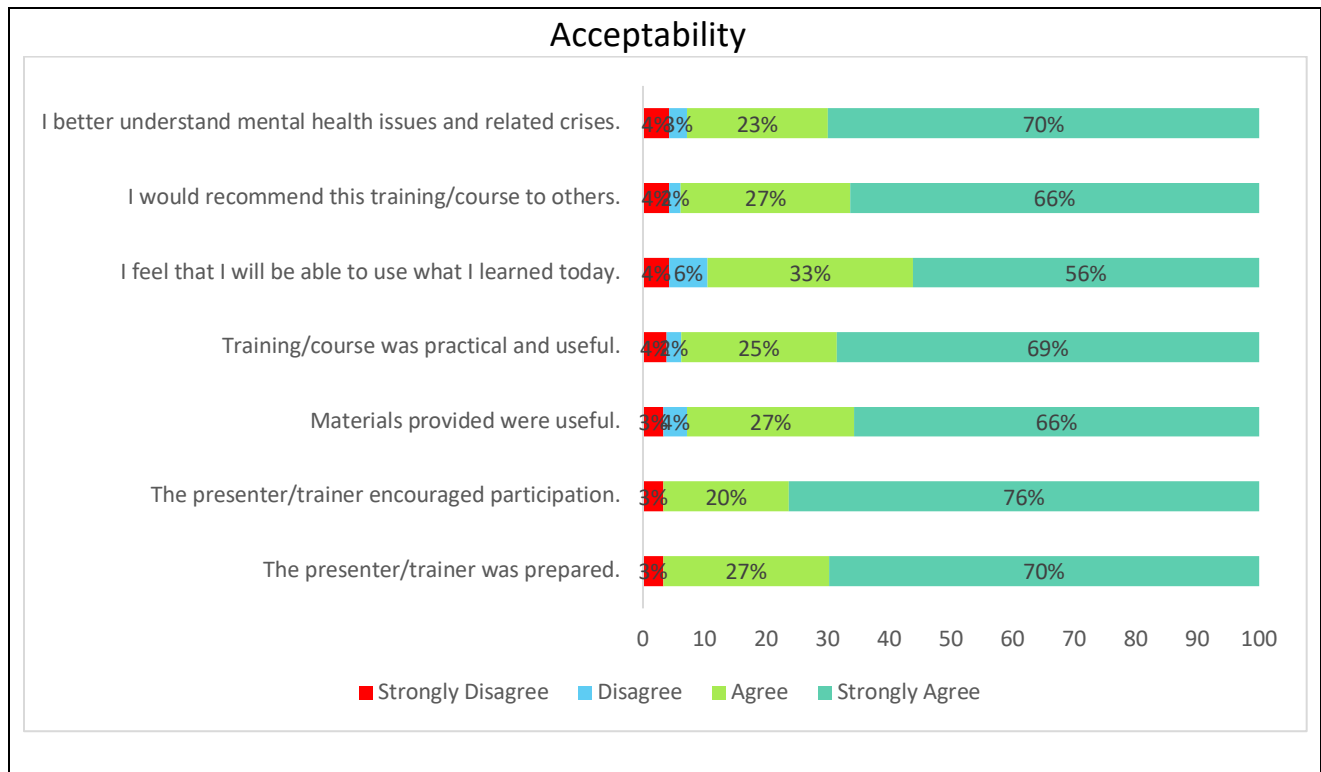
*Fidelity.* Thirty-three of 34 trained facilitators were assessed for fidelity by the USC team or peer facilitators. Some facilitators were assessed only once, most were assessed twice, and a few were evaluated three or four times. The multiple evaluations were based on multiple administrations of La CLAVE in the community. We report on the 66 fidelity evaluations that were carried out. The first graph contains the evaluator ratings for the 16 items assessing the content of the facilitators’ presentations. As a group, the facilitators covered the key content areas very well, from 90% to 100% of the time. The second graph contains the quality ratings and indicate that overall the facilitators were judged in very positive terms (e.g., 95% of the evaluations indicated that the facilitators were very friendly in their interactions with the audience).





*Certification.* Of the 33 facilitators who were evaluated for fidelity, 5 failed to meet the 80% minimum criteria. This resulted in 28 certified facilitators or 85% of the 33 facilitators who were evaluated for fidelity.

*Acceptability.* We collected acceptability data from 240 (31%) of those attending the La CLaVe presentations conducted by the facilitators. The following figure contains representative items from the acceptability measure and the participants’ ratings of the presentations. It is clear that 89% or more participants agreed with the listed positive features of the workshop (e.g., the training/course was practical and useful). At most, only 10% of the participants indicated disagreement for a given positive characteristic of the training. However, in analyzing the open-ended responses and supporting questions (i.e. how would you rate this evaluation?), we noticed that at least 5 of the participants that disagreed with the positive features noted in our figure, might have marked the strongly disagree/disagree option incorrectly since their ratings were high and their open-ended responses indicated that they enjoyed the presentation and/or wouldn’t change a thing.



**Sustainability.** The USC La CLAVE team trained four trainers drawn from the original 36 facilitators. One of those four trainers is no longer employed by VCBH. As a result, there are three trainers left within VCBH to further sustain La CLAVE and offer greater support to the other facilitators. Of the 28 certified facilitators two left VCBH, leaving 26 available certified facilitators.

**Challenges**

The USC La CLAVE team encountered a number of challenges in conducting the contracted services. The most important challenge was carrying out the training remotely. With considerable support from Angela Riddle, Sara Sanchez, Cynthia Salas, Esperanza Ortega, and others, the La CLAVE team was able to conduct the training and its assessment. One consequence of carrying out the activities remotely is that the response rate for the assessments was low, particularly from the community. Conducting evaluations online is particularly challenging.

Those who were trained from community based organizations were harder to schedule for fidelity assessments. Many are volunteer community workers and are not receiving a salary based on their outreach. They have other salaried employment and family commitments making it difficult for them to participate in all aspects of the training and evaluation.

To promote excellence in both facilitators delivering the La CLAVE message and trainers carrying out their training, the La CLAVE team was proactive in offering ongoing support from

the beginning of the project until the end. The La CLAVE team scheduled meetings both before and after each facilitator and trainer carried out their activities to ensure that they understood their assignment and what was being asked of them. These meetings also allowed the La CLAVE team to give feedback to each one of them so they could improve in their administration of future presentations and trainings. In return, the La CLAVE team obtained feedback on what they could do on their end to improve the training and they were able to integrate some of those recommended changes. For example, the administration of the various assessments that each facilitator and trainer had to administer was unclear. As a result, the La CLAVE team revised the facilitator manual to not only present the assessments in a manner that would make more sense, but they also added further explanation for each of the assessments. The La CLAVE team also reviewed each assessment in the meetings that they held with each facilitator. Other changes included, adding technology tips to guide the facilitators in presenting remotely. As the needs of the facilitators and trainers changed and as the La CLAVE team aimed to clarify different aspects, the La CLAVE team updated documents and promptly uploaded to the OneDrive the revised documents.

### Conclusion

The project's main goals were (a) to train 32-40 facilitators and 4 trainers of the La CLAVE psychosis literacy program and (b) to have the trained facilitators deliver the program to 300 community members. The La CLAVE team met all of the proposed goals. Although 40 individuals signed up for the training, 36 completed the training and only 28 were certified. The second goal of training 4 trainers of the La CLAVE program, was also reached although one trainer has since left VCBH and will not be available in the future. The La CLAVE team exceeded the third goal by having reached over twice as many community members as stipulated in the amended contract. In addition, the evaluation indicates that the program was well received by the community.

The USC La CLAVE team is most grateful to VCBH for providing this wonderful opportunity. The La CLAVE team very much enjoyed working with VCBH and their community partners in beginning to deliver the La CLAVE program to the community. These initial efforts offer hope that the delay in seeking mental health services for those with serious mental illness can be reduced, particularly for Latinx immigrants.

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