Ventura County MHSA
Prevention and Early Intervention
FY 2017-18 Evaluation Report

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Mental Health Services Act, Prevention and Early Intervention

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INTRODUCTION

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."[1] 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 16 programs using PEI dollars during FY17-18. 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.
- **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, and 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 to 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. Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings.

[1] http://mhsoac.ca.gov/act Retrieved September 22, 2018

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, 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 FY17-18 and the data reported on in this report are aligned with the October 2015 regulations to the extent possible.

EVALUATION METHODOLOGY

Evaluation Approach

VCBH contracted with EVALCORP Research & Consulting to conduct a comprehensive evaluation that documented and assessed process and outcome metrics for PEI programs during FY17-18. This report presents State-required metrics as available and other program-specific information collected by the PEI providers. Process and outcome measures assessed as part of this evaluation are summarized in **Table 1**.

TABLE 1. PEI EVALUATION PROCESS AND OUTCOME MEASURES

Process Measures	Outcome Measures
• Program services, activities, and reach • Participation levels • Populations and regions served • Participant demographics • Number and types of referrals made • Successes of program implementation	• Attitudes, knowledge, and behaviors • Mental illness risk and protective factors • Social-emotional wellbeing and functioning • Program specific outcomes • Participant satisfaction • Participant success stories

Data Collection and Analysis

This evaluation utilized a mixed-methods approach involving quantitative and qualitative methods to assess the process and outcome measures presented in **Table 1**. 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 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. Many PEI programs employ satisfaction surveys to capture program satisfaction, outcomes, feedback, and recommendations; these surveys were only collected one month during the FY17-18. Each PEI program uses different surveys to ensure that the data collected are relevant and appropriate to the individual programs. During FY17-18, VCBH streamlined some surveys to better align to the October 2015 regulations and include similar survey items across programs, when 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.

Data Notes

Information about data availability and quality for individual programs is presented at the outset of 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 FY17-18 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

The FY17-18 PEI report presents the PEI data by program. Given the variability and overlap in program categories, the programs are organized in this report by the groups they directly serve:

1. Individuals/families at risk or in early stages of mental illness
2. Mental health service providers or community trainees

For each program, an overview is presented followed by the detailed summary data available. The type of data presented varies across programs but may include information about program activities and reach; participant demographics; referrals made; participant satisfaction; participant outcomes; feedback and recommendations for program improvement; and success stories. 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.

Prevention Programs

One Step a La Vez

Program Category: Prevention and Access and Linkage to Treatment

Provider: One Step a La Vez (OSALV)

Population Served: Latino community in Fillmore, Piru, and Santa Paula areas, youth and TAY ages 13-25, LGTBQ+ youth, youth in the juvenile justice system, youth and TAY who are homeless or at risk of homelessness

Program Overview:
One Step a La Vez organizes and facilitates mental health outreach Circle of Care community collaborative meetings, offers a drop-in center that serves to connect youth and other community members to mental health resources, and cultivates wraparound wellness and prevention. OSALV also educates on mental health and stigma through youth leadership activities such as the Social Equality Club at Fillmore High School, LGBTQ+ support groups, leadership development, survivor support groups, and stress and wellness classes.

Program Outcome Indicators:
As a result of participating in OSALV…

- 79% are more aware of when they need to ask for help with a personal or emotional problem
- 77% feel more connected to others
- 70% feel better about themselves
- 68% believe people are generally caring and sympathetic to people with mental illness
- 66% believe treatment can help people with mental illness lead normal lives
- 66% know where to go for mental health services in their community
- 66% are able to deal with problems better
- 62% feel optimistic about the future
- 57% feel less stress or pressure in their life
- 38% reported that their grades in school had improved
- 34% indicated that their school attendance had improved

Program Impacts:

- OSALV helped improve timely access and linkages to services for underserved populations such as Latinos, people experiencing domestic violence, and LGBTQ+ students through support groups, referrals, and classes
- OSALV promoted non-stigmatizing and non-discriminatory strategies by sponsoring a LGBTQ+ and allies high school club

Program Highlights: FY17-18

Program Referrals

- **230** non-clinical referrals
- Top non-clinical referrals:
  - Support group/programs (35%)
  - School/education (10%)
  - Basic needs (9%)
- **3** VCBH/MHSA referrals

Program Activities

- **179** activities with **1,321** participants
- **225** unduplicated participants
- **37** program promotion activities with **1,345** people reached

Program Referrals

Program Referrals includes non-clinical referrals as well as clinical referrals to VCBH or other MHSA programs. During FY17-18, program referrals were not documented in accordance with the State Regulation definition of referrals. Documentation of referrals will be revised for FY18-19 reporting.

TABLE 2. OSALV NON-CLINICAL REFERRALS

	FY17-18
Total # of Non-Clinical Referrals	230
Total # of Individuals Referred	102
Referrals by Agency/Program	**(n=230)**
Advocacy	5%
Alcohol & Drug Programs – VCBH	3%
Alcohol & Drug Programs – non VCBH	3%
Basic Needs – Food	9%
Basic Needs – Shelter	>1%
Child Protective Services	2%
Domestic Violence	2%
Family Support	6%
Healthcare – Dental	0%
Healthcare – Public Health	>1%
Healthcare – Physician	>1%
Interface/Coalition for Family Harmony	4%
Legal	3%
LGBTQ+	7%
New Dawn	1%
Other	7%
Parenting	1%
Religious/Spiritual	>1%
School/Education	10%
Social Security/Disability	>1%
Support Program/Groups	35%

FY17-18
Ways County Encouraged Access to Services
(n=197)

- **n= 177** Transportation Tokens
- **n= 15** Accompaniment
- **n= 1** Translator
- **n= 4** Other

TABLE 3. OSALV VCBH/MHSA REFERRALS

	FY17-18
Total # of Clinical Referrals	3
Total # of Individuals Referred	3
	(n=3)
Early Intervention	1
Prevention	2

Individual Demographics

TABLE 4. OSALV AGE AND GENDER

	FY17-18
Age	**(n=87)**
0 to 15	31%
16 to 25	66%
26 to 59	0%
60 & older	0%
Declined to Answer	3%
Gender Assigned at Birth	**(n=83)**
Female	36%
Male	63%
Declined to Answer	1%
Current Gender Identity	**(n=91)**
Female	33%
Genderqueer	2%
Male	57%
Questioning or Unsure	1%
Transgender	5%
Another Gender Identity	1%
Declined to Answer	1%

FY17-18
Primary Language
(n=107)

- **n= 76** English
- **n= 28** Spanish
- **n= 1** Indigenous
- **n= 2** Other

FY17-18
Veteran Status
(n=77)

74 individuals were not veterans, and **3** respondents declined to answer

TABLE 5. OSALV SEXUAL ORIENTATION

	FY17-18 (n=83)
Bisexual	7%
Gay or Lesbian	11%
Heterosexual or Straight	65%
Queer	5%
Questioning or Unsure	1%
Another Sexual Orientation	4%
Declined to Answer	7%

TABLE 6. OSALV RACE AND ETHNICITY

	FY17-18
Race	**(n=87)**
American Indian or Alaska Native	3%
Asian	1%
Black or African American	1%
Native Hawaiian or other Pacific Islander	0%
White	20%
Other	38%
More than one Race	23%
Declined to Answer	14%
Ethnicity	**(n=95)**
Hispanic or Latino (all)	84%
Non-Hispanic or Non-Latino (all)	4%
More than one Ethnicity	9%
Declined to Answer	3%

FY17-18
Hispanic Ethnicities
(n=80)

- **n= 67** Mexican
- **n= 1** Central American
- **n= 12** Other

FY17-18
Non-Hispanic Ethnicities
(n=4)

- **n= 3** Other
- **n= 1** European

FY17-18 (n= 225)

7% of individuals reported having one or more disabilities

Communication
- Seeing (n=6)
- Hearing/Speech (n=1)
- Other (n=1)

Cognitive
- Learning (n=5)
- Developmental (n=0)
- Dementia (n=0)

Physical
- Physical/mobility (n=0)

Health
- Chronic (n=1)
- Other (n=1)

Program Activities

Program Activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. The main activities conducted by OSALV during FY17-18 were:

- Project Pride: LGBTQ+ support group
- Estres y Bienestar: Spanish language stress and wellness class
- Domestic Violence Support Group: Spanish language domestic violence support group
- Social Equality Club: Fillmore High School club provides a safe zone and encourages an open and accepting school culture
- Making Proud Choices: Class that provides young adolescents with the knowledge, confidence, and skills necessary to reduce their risk of STDs, HIV, and pregnancy

TABLE 7. OSALV PROGRAM ACTIVITIES

	FY17-18
Total # of Activities	182
Total # of Participants	1321
Total # of Unduplicated Participants	225
% of Program Activities in Spanish	55%

TABLE 8. OSALV PROGRAM ACTIVITIES BY TYPE

	FY17-18 (n=177)
Class	60
Field Trip	1
Meeting	27
One Step Center	1
Support Group	87
Other	1

Program Outreach

TABLE 9. OSALV OUTREACH LOCATIONS AND REACH

	FY17-18 (n=37)
Interagency meeting	10
Community fair or event	3
Food pantry	24
Number of people reached	1345
% of Outreach in Spanish	70%

Participant Satisfaction & Outcomes

TABLE 10. OSALV PARTICIPANT SATISFACTION

	FY17-18 (n=47)
	% Agree
Staff were sensitive to my cultural background.	60%
Services were available in my preferred language.	91%
I was connected to services that are right for me.	83%
Overall, I am satisfied with the services I received.	94%
I would recommend this program to a friend or family member.	91%

TABLE 11. OSALV IMPACT OF SERVICES

	FY17-18 (n=47)
As a result of participating in these programs…	% Agree
I feel more connected to others.	77%
I know where to go for mental health services in my community.	66%
I am more aware of when I need to ask for help with a personal or emotional problem.	79%
I am able to deal with problems better.	66%
I feel less stress or pressure in my life.	57%
I feel better about myself.	70%
I feel optimistic about the future.	62%
I believe treatment can help people with mental illness lead normal lives.	66%
I believe people are generally caring and sympathetic to people with mental illness.	68%

Participant Feedback and Recommendations

Helpful/Positive Experiences

Of 47 FY17-18 OSALV Participant Survey respondents, 44 (94%) provided comments about what was most helpful and positive about their experience. Six stated that everything was helpful or had no additional comments. Key themes included:

- Other youth and socializing (n=11)
- Learning how to resolve problems (n=6)
- Improvements in mood/mental health (n=5)
- Homework assistance (n=4)
- Safe welcoming space (n=4)
- Friendly staff (n=3)
- Relaxation exercises (n=3)

"Connecting with people in my community"

"The most helpful thing about this program was that I feel trusted"

"I feel more safe/sure/secure and I can solve my problems, thank you"

Areas for Improvement

Of 47 FY17-18 OSLAV Participant Survey respondents, 36 (77%) provided comments about areas for improvement. Sixteen stated they liked everything/did not have any suggestions. Of the remaining respondents, themes included:

- More activities (i.e. field trips, games, exercise, etc.) (n=8)
- Promotion of services to better assist and involve the community (n=4)
- Facility changes (i.e. new wallpaper and a basketball court) (n=2)
- More group offerings (varying times and days)/extend length of groups (n=2)
- Other (n=5)

"Do more activities to help the community instead of trying to help us because the community is the one that's suffering more than us"

"Getting more involved with the community"

Success Stories

"We are known as a go-to organization regarding wellbeing of LGBTQ+ youth and are frequently consulted with by other organizations and schools."

"I feel more secure and I know how to solve my problems. Thank you."

Project Esperanza

Program Category: Prevention and Access and Linkage to Treatment

Provider: Our Lady of Guadalupe Parish

Population Served: Hispanic community in Santa Paula area

Program Overview:
Project Esperanza focuses on serving Latino families in the Santa Paula community and provides prevention and intervention services for mental health to all people, regardless of race, social or immigration status, or religious or cultural beliefs. They support families in need of mental health services as identified by schools and other organizations and provide assistance, educational classes, and activities to the community.

Program Outcome Indicators:
As a result of participating in Project Esperanza…

- 93% believe treatment can help people with mental illness lead normal lives
- 93% feel more connected to others
- 89% feel optimistic about the future
- 86% are more aware of when they need to ask for help with a personal or emotional problem
- 86% are able to deal with problems better
- 86% feel better about themselves
- 86% believe people are generally caring and sympathetic to people with mental illness
- 83% know where to go for mental health services in their community
- 76% feel less stress or pressure in their life
- 26% reported that their grades in school had improved
- 20% of respondents indicated that their school attendance had improved

Program Impacts:

- Project Esperanza helped improve timely access and linkages to services for underserved populations in Santa Paula through referrals to appropriate services.
- Project Esperanza implements non-stigmatizing and non-discriminatory strategies by hosting cultural activities and workshops.

Program Highlights: FY17-18

Program Referrals

- **277** non-clinical referrals
- Top non-clinical referrals:
  - Parenting (48%)
  - Religious/Spiritual (11%)
- **38** VCBH/MHSA referrals

Program Activities

- **263** activities with **7,730** participants
- **187** unduplicated participants
- **28** program promotion activities with **2,406** reached

Program Referrals

Program Referrals includes non-clinical referrals as well as clinical referrals to VCBH or other MHSA programs. During FY17-18, program referrals were not documented in accordance with the State Regulation definition of referrals. Documentation of referrals will be revised for FY18-19 reporting.

TABLE 12. PROJECT ESPERANZA
NON-CLINICAL REFERRALS

	FY17-18
Total # of Non-Clinical Referrals	277
Total # of Individuals Referred	155
Referrals by Agency/Program	**(n=277)**
Advocacy	5%
Adult/Child Protective Services	1%
Alcohol & Drug Programs – VCBH	>1%
Alcohol & Drug Programs – non VCBH	>1%
Basic Needs – Food	4%
Basic Needs – Shelter	>1%
Basic Needs – Clothing	2%
Domestic Violence	3%
Family Support	3%
Healthcare – Insurance	1%
Healthcare – Physician	>1%
Healthcare – Public Health	3%
Legal	5%
Parenting	48%
Religious/Spiritual	11%
School/Education	5%
Social Security/Disability	>1%
Support Program/Groups	3%
Triple P Parenting	2%

FY17-18
Ways County Encouraged Access to Services
(n=98)

- **n= 10** Transportation/Bus Tokens
- **n= 32** Accompaniment
- **n= 13** Translation
- **n= 85** Reminder calls

TABLE 13. PROJECT ESPERANZA VCBH/MHSA REFERRALS

	FY17-18
Total # of Clinical Referrals	38
Total # of Individuals Referred	38
	(n=38)
Early Intervention	33
Outside Treatment	1
Prevention	1
Other	3

Individual Demographics

TABLE 14. PROJECT ESPERANZA AGE AND GENDER

	FY17-18
Age	**(n=186)**
0 to 15	39%
16 to 25	2%
26 to 59	58%
60 & older	1%
Gender Assigned at Birth	**(n=186)**
Female	65%
Male	35%
Declined to Answer	0%
Current Gender Identity	**(n=164)**
Female	63%
Genderqueer	0%
Male	37%
Questioning or Unsure	0%
Transgender	0%
Another Gender Identity	0%
Declined to Answer	0%

FY17-18
Primary Language*
(n=185)

- **n= 152** Spanish
- **n= 36** English

*Participants were able to select more than one language

FY17-18
Veteran Status
(n=183)

182 individuals were not veterans, and **1** respondent declined to answer

TABLE 15. PROJECT ESPERANZA SEXUAL ORIENTATION

	FY17-18 (n=144)
Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	43%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%
Declined to Answer	57%

TABLE 16. PROJECT ESPERANZA RACE AND ETHNICITY

	FY17-18
Race	**(n=65)**
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	0%
Other	68%
More than one Race	0%
Declined to Answer	32%
Ethnicity	**(n=187)**
Hispanic or Latino	100%
Non-Hispanic or Non-Latino	0%
More than one Ethnicity	0%
Declined to Answer	0%

FY17-18
Hispanic Ethnicities
(n=187)

100% Mexican/Mexican-American/Chicano

FY17-18 (n=187)

6% of individuals reported having one or more disabilities

Communication
- Seeing (n=0)
- Hearing/Speech (n=1)
- Other (n=0)

Cognitive
- Learning (n=3)
- Developmental (n=4)
- Dementia (n=1)

Physical
- Physical/mobility (n=2)

Health
- Chronic (n=0)
- Other (n=0)

Program Activities

Program Activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. The main activities conducted by Project Esperanza during FY17-18 were:

- Stress Release Class
- Stress Release Class for Kids
- Connecting with Feelings Through Music
- Parent Project

TABLE 17. PROJECT ESPERANZA PROGRAM ACTIVITIES

	FY17-18
Total # of Activities	263
Total # of Participants	7730
Total # of Unduplicated Participants	159
% of Program Activities in Spanish	25%

TABLE 18. PROJECT ESPERANZA PROGRAM ACTIVITIES BY TYPE

	FY17-18 (n=263)
Stress Release Class	129
Stress Release Class for Kids	11
Connecting with Feelings Through Music	99
Parent Project	22
Mental Health First Aid (MHFA) Training	2
Training/Workshop	16

Program Outreach

TABLE 19. PROJECT ESPERANZA OUTREACH ACTIVITIES

	FY17-18 (n=28)
Presentation	5
Community fair or event	19
Other outreach	4
Number of people reached	2406
Number of materials distributed	2022
% of Outreach in Spanish	92%

Participant Satisfaction & Outcomes

TABLE 20. PROJECT ESPERANZA PARTICIPANT SATISFACTION

	FY17-18 (n=27-29)
	% Agree
Staff were sensitive to my cultural background.	90%
Services were available in my preferred language.	100%
I was connected to services that are right for me.	100%
Overall, I am satisfied with the services I received.	100%
I would recommend this program to a friend or family member.	96%

TABLE 21. PROJECT ESPERANZA IMPACT OF SERVICES

	FY17-18 (n=27-29)
As a result of participating in these programs…	% Agree
I feel more connected to others.	93%
I know where to go for mental health services in my community.	83%
I am more aware of when I need to ask for help with a personal or emotional problem.	86%
I am able to deal with problems better.	86%
I feel less stress or pressure in my life.	76%
I feel better about myself.	86%
I feel optimistic about the future.	89%
I believe treatment can help people with mental illness lead normal lives.	93%
I believe people are generally caring and sympathetic to people with mental illness.	86%

Participant Feedback and Recommendations

Helpful/Positive Experiences

Of 29 FY17-18 Project Esperanza Participant Survey respondents, 22 (76%) provided comments about what was most helpful and positive about their experience. Six stated that everything was helpful. Key themes included:

- Information about healthy relationships and communication strategies with their children (n=6)
- Learning how to become better parents (n=3)
- Information about establishing rules (n=2)
- Improvements in family relationships (n=2)
- Other (n=5)

"I learned [how] to get to know my daughter in a loving and respectful manner"

"…to have techniques to have better communication between me and my children"

Areas for Improvement

Of 29 FY17-18 Project Esperanza Participant Survey respondents, 16 (55%) provided comments about areas for improvement. Seven stated they liked everything/did not have any suggestions. Of the remaining respondents, themes included:

- Continuing to offer sessions (n=6)
- Extending length and offerings of class sessions (n=2)
- Other (n=1)

"…continue with classes for parents, they were really good."

Success Stories

"A 16-year-old boy came looking for help because he was having emotional trauma with suicidal thoughts and depression. His mother knew [of] our services and they looked for us to ask for help. The young person was referred, accompanied during the evaluation process and first appointments. The boy has returned grateful for the services that have allowed him to recover little by little, recover his family and school life, and return to volunteer at the police station, which is what he likes most."

"I am seeing positive changes in my son's behavior and it is no longer difficult for him to make friends."

"The most important thing I learned was the confidence in myself to be able to make good changes in my life."

Tri-County GLAD

Program Category: Prevention, Stigma & Discrimination Reduction, and Access and Linkage to Treatment

Provider: Tri-County Greater Los Angeles Agency on Deafness (TC GLAD)

Population Served: Deaf and Hard of Hearing (DHH) individuals

Program Overview:
TC GLAD works to address the broad social service needs of DHH across the county. Their focus is increasing awareness and knowledge of mental health in the DHH community and spreading knowledge to others about how mental health issues impact the DHH community. TC GLAD provides prevention, early intervention, outreach, education, and training through DHH vlogs and social media, a mental health task force, referrals, workshops with middle school students, and community presentations.

Program Outcome Indicators:
As a result of participating in TC GLAD…

- 52% feel better about asking a counselor or other mental health professional for help
- 50% of respondents indicated that their school attendance had improved
- 41% feel less stress or pressure in their life
- 27% reported that their grades in school had improved

Program Impacts:

- TC GLAD helped improve timely access and linkages to services for underserved populations through referrals to appropriate services.
- TC GLAD assists agencies in implementing non-stigmatizing and non-discriminatory strategies by educating County staff and community organizations, who may interact with DHH community members, on the mental health issues most commonly faced by DHH and available resources.

Program Highlights: FY17-18

Program Activities

- **23** program activities with **273** participants
- **6** unduplicated participants

Program Promotion

- **8** presentations with **135** participants
- Mental Health Vlogs posted on YouTube and Facebook procured an average of **1,400** hits

Data Notes

- Only 6 participants had their demographic information recorded and there were several variables with missing data, so this information should not be understood as representative of the DHH community or those served.

Program Referrals

Program Referrals includes non-clinical referrals as well as clinical referrals to VCBH or other MHSA programs. During FY17-18, program referrals were not documented in accordance with the State Regulation definition of referrals. Documentation of referrals will be revised for FY18-19 reporting.

TABLE 22. TC GLAD NON-CLINICAL REFERRALS

	FY17-18
Total # of Non-Clinical Referrals	8
Total # of Individuals Referred	6
Referrals by Agency/Program	**(n=8)**
Advocacy	5
Healthcare – Public Health	1
NAMI	2

FY17-18
Ways County Encouraged Access to Services
(n=3)

- **n= 1** Accompaniment
- **n= 2** Other

TABLE 23. TC GLAD VCBH/MHSA REFERRALS

	FY17-18
Total # of Clinical Referrals	8
Total # of Individuals Referred	6
Referrals by Type	**(n=8)**
Early Intervention	0
Outside Treatment	5
Prevention	0
Treatment – VCBH STAR	3

Individual Demographics

TABLE 24. TC GLAD AGE AND GENDER

	FY17-18
Age	**(n=6)**
0 to 15	0
16 to 25	0
26 to 59	1
60 & older	0
Declined to Answer	5
Gender Assigned at Birth	**(n=6)**
Female	0
Male	1
Declined to Answer	5
Current Gender Identity	**(n=6)**
Female	0
Genderqueer	0
Male	1
Questioning or Unsure	0
Transgender	0
Another Gender Identity	0
Declined to Answer	5

TABLE 25. TC GLAD SEXUAL ORIENTATION

	FY17-18 (n=6)
Bisexual	1
Gay or Lesbian	0
Heterosexual or Straight	0
Queer	0
Questioning or Unsure	0
Another Sexual Orientation	0
Declined to Answer	5

TABLE 26. TC GLAD RACE AND ETHNICITY

	FY17-18
Race	**(n=6)**
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	1
White	0
Other	0
More than one Race	0
Declined to Answer	5
Ethnicity*	**(n=6)**
Hispanic or Latino (all)	0
Non-Hispanic or Non-Latino (all)	1
More than one Ethnicity	1
Declined to Answer	5

*Participants could select more than one ethnicity

FY17-18
Veteran Status
(n=6)

2 individuals were not veterans, and **4** respondents declined to answer

FY17-18
Primary Language
(n=6)

- **n= 1** Other
- **n= 5** Declined to Answer

FY17-18 (n=6)

100% of individuals reported having one or more disabilities

Communication
- Seeing (n=0)
- Hearing/Speech (n=6)
- Other (n=0)

Cognitive
- Learning (n=0)
- Developmental (n=0)
- Dementia (n=0)

Physical
- Physical/mobility (n=0)

Health
- Chronic (n=0)
- Other (n=0)

Program Activities and Outreach

Program Activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. The main activities conducted by TC-GLAD during FY17-18 were:

- Mental Health Workshops: These workshops were given to junior high school students and covered topics such as test anxiety, rebellion, rejection, peer pressure, and coping with stress.
- Community Organization Presentations: These presentations were given to staff in different organizations who may have contact with DHH clients to inform them of DHH mental health issues and resources available for helping them.

TABLE 27. TC GLAD PROGRAM ACTIVITIES AND OUTREACH

	FY17-18
Total # of Activities (i.e. workshops, presentations, classes)	23
Total # of Activity Participants	138
Total # of Unduplicated Participants	12
Total # of Outreach Participants	135
% of Program Activities in ASL	100%

TABLE 28. TC GLAD PROGRAM ACTIVITIES AND OUTREACH BY TYPE

	FY17-18 (n=23)
Class	11
Meeting	4
Presentation	8

Participant Satisfaction & Outcomes

TABLE 29. TC GLAD PARTICIPANT SATISFACTION

	FY17-18 (n=22-23)
	% Agree
Staff were sensitive to my cultural background.	35%
Services were available in my preferred language.	61%
I was connected to services that are right for me.	41%
Overall, I am satisfied with the services I received.	32%
I would recommend this program to a friend or family member.	57%

TABLE 30. TC GLAD IMPACT OF SERVICES

	FY17-18 (n=20-23)
As a result of participating in these programs…	% Agree
I feel more connected to others.	18%
I know where to go for mental health services in my community.	30%
I am more aware of when I need to ask for help with a personal or emotional problem.	33%
I am able to deal with problems better.	23%
I feel less stress or pressure in my life.	41%
I feel better about myself.	52%
I feel optimistic about the future.	41%
I believe treatment can help people with mental illness lead normal lives.	39%
I believe people are generally caring and sympathetic to people with mental illness.	30%

Success Stories

"I learned a great deal from today's presentation. Learning about isolation and how it negatively affects and impacts deaf and hard of hearing communities. Helpful reminder that these communities also need mental health services. I will no doubt benefit from what I learned in my career as a therapist."

"Learning about the challenges that DHH individuals face which allowed me to have a more in-depth understanding of their needs, which will help me serve DHH individuals and understand them, and be more supportive."

Mixteco Indigena Community Organizing Project Promotoras Program

Program Category: Prevention and Access and Linkage to Treatment

Provider: Mixteco Indigena Community Organizing Project (MICOP)

Population Served: Latinas including Mixteco and other indigenous individuals in Oxnard, Port Hueneme, and El Rio with mental health needs

Program Overview: Promotoras facilitates community-based mental health support groups and provides one-on-one support to empower participants to reduce stress, manage depression, and improve their quality of life. The program utilizes stress management techniques and provides referrals and linkages to culturally and linguistically competent mental health providers and other services. In addition, Promotoras conducts outreach and community presentations to promote program services, distributes mental health educational information, and increases awareness of local mental health resources.

Program Outcome Indicators:
As a result of participating in MICOP…

- Participant scores on the PHQ-9 indicated lower levels of mild to severe depression at 6- and 12-month follow-up compared to initial contact, suggesting that the severity of depression symptoms decreased.
- The percentage of respondents reporting that problems made it "very difficult" to do their work, take care of their home, or get along with others decreased from initial contact to follow-up, suggesting that participants depression symptoms interfered less with their daily living.
- The reported use of alcohol and other drugs as a coping behavior declined steadily from initial contact to follow-up.
- Higher percentages of respondents indicated they would work with someone with a serious mental illness, lower percentages indicated they think someone with a mental illness is a danger to others or they would delay seeking mental health treatment if they needed it. Further, a majority indicated they would seek professional help if they had a serious emotional problem. These responses suggest improvements in attitudes toward mental illness and mental health help-seeking.

Program Impacts:

- Improves timely access to services and provides linkages to treatment for underserved populations through referrals to culturally and linguistically competent providers.
- Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and presentations.

Program Highlights: FY17-18

Program Referrals

- **380** unduplicated individuals served
- **63** non-clinical referrals
- Top non-clinical referrals:
  - Support group/programs (67%)
  - Basic needs (13%)
- **3** clinical referrals

Program Activities

- **38** classes with **293** total participants
- **100** community outreach events/presentations reached **5389** individuals

Data Notes

Survey findings should be interpreted with caution due as intake and follow-up date were not matched at the participant level and sample sizes were low. In addition, tests of statistical significance were not conducted.

Program Referrals

Program Referrals includes non-clinical referrals as well as clinical referrals to VCBH or other MHSA programs. During FY17-18, program referrals were not documented in accordance with the State Regulation definition of referrals. Documentation of referrals will be revised for FY18-19 reporting.

TABLE 31. MICOP NON-CLINICAL REFERRALS

	FY17-18
Total # of Non-Clinical Referrals	63
Total # of Individuals Referred	55
Referrals by Agency/Program	**(n=63)**
Adult/Child Protective Services	0
Advocacy	0
Alcohol & Drug Programs – VCBH	0
Alcohol & Drug Programs – non VCBH	0
Basic Needs – Food	7
Basic Needs – Clothing	0
Basic Needs – Shelter	1
Client Network	0
Domestic Violence	1
Family Support	1
Healthcare – Insurance	0
Healthcare – Public Health	0
Healthcare – Dental	0
Healthcare – Physician	2
Legal	2
NAMI	1
Parenting Support/Classes	1
Religious/Spiritual	1
School/Education	3
Social Security/Disability	0
Support Program/Groups	42
Triple P – Parenting Support	1

FY17-18
Ways County Encouraged Access to Services
(n=1)

- **n= 1** Transportation/Bus Token

FY17-18
MICOP VCBH/MHSA REFERRALS
(n=3)

- **n= 3** Adult Wellness Center

Individual Demographics

TABLE 32. MICOP AGE AND GENDER

	FY17-18
Age	**(n=210)**
0 to 15	1%
16 to 25	9%
26 to 59	51%
60 & older	3%
Declined to Answer	36%
Gender Assigned at Birth	**(n=206)**
Female	55%
Male	2%
Declined to Answer	43%
Current Gender Identity	**(n=207)**
Female	47%
Genderqueer	0%
Male	1%
Questioning or Unsure	0%
Transgender	0%
Another Gender Identity	0%
Declined to Answer	52%

FY17-18
Primary Language
(n=140)

- **n= 10** English
- **n= 95** Spanish
- **n= 33** Indigenous
- **n= 2** Other

FY17-18
Veteran Status
(n=203)

112 individuals were not veterans, and **91** respondents declined to answer

TABLE 33. MICOP SEXUAL ORIENTATION

	FY17-18 (n=206)
Bisexual	>1%
Gay or Lesbian	>1%
Heterosexual or Straight	31%
Queer	>1%
Questioning or Unsure	1%
Another Sexual Orientation	0%
Declined to Answer	67%

TABLE 34. MICOP REGION OF RESIDENCE

	FY17-18 (n=380)
Oxnard	82%
Port Hueneme	1%
El Rio	17%

TABLE 35. MICOP RACE AND ETHNICITY

	FY17-18
Race	**(n=206)**
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	32%
Other	2%
More than one Race	1%
Declined to Answer	65%
Ethnicity	**(n=208)**
Hispanic or Latino (all)	59%
Non-Hispanic or Non-Latino (all)	2%
More than one Ethnicity	0%
Declined to Answer	39%

FY17-18
Hispanic Ethnicities
(n=123)

- **n= 92** Mexican
- **n= 30** Other
- **n= 1** Central American

FY17-18 (n=380)

11% of individuals reported having one or more disabilities

Communication
- Seeing (n=11)
- Hearing/Speech (n=8)
- Other (n=4)

Cognitive
- Learning (n=4)
- Developmental (n=2)
- Dementia (n=0)

Physical
- Physical/mobility (n=1)

Health
- Chronic (n=5)
- Other (n=5)

Program Activities

Program Activities include classes and outreach and presentations facilitated by program staff. The main activities conducted by MICOP during FY17-18 were:

- Mujeres y Nuestro Bienestar Emocional (MyNBE) (*Women and Our Emotional Wellbeing)*: Mental health workshops
- Outreach Events and Presentations

TABLE 36. MICOP PROGRAM ACTIVITIES

	FY17-18
Mujeres Y Nuestro Bienestar Emocional (MyNBE) Mental Health Workshops/Classes:	
Total # of MyNBE Classes Held	38
Total # of MyNBE Class Participants	293
Total # of Unduplicated Participants	238
MyNBE Classes by Language	**(n=38)**
% of Program Activities in Spanish Only	33%
% of Program Activities in Spanish & Mixteco	66%

TABLE 37. MICOP PROMOTORAS OUTREACH

	FY17-18 (n=100)
Total # of Outreach Events & Presentations	100
Total # of Individuals Reached Through Community Outreach/Presentations	5389
Outreach Events & Presentations by Location	**(n=96)**
Oxnard	80%
El Rio	20%
Outreach Events & Presentations by Language	**(n=96)***
English	1%
Spanish	53%
Mixteco	46%
Other	0%
Materials Distributed Outreach Events & Presentations	
Total # of Materials Distributed	5389

*Many events and presentations were presented in multiple languages

Participant Outcomes

Results from Promotoras surveys and assessments completed by MICOP class and one-on-one service participants are shown below in **Tables 43-45**. Surveys include questions about depression, coping, and attitudes toward mental illness. FY17-18 surveys were administered at initial contact (n=143), 6-month follow-up (n=54), and 12-month follow-up (n=47). In FY17-18, 100% of initial and 100% of follow-up surveys were completed in Spanish.

These data should be interpreted with caution as intake and follow-up data were not matched to participants and sample sizes were low. In addition, tests of statistical significance were not conducted.

TABLE 38. MICOP DEPRESSION ASSESSMENTS (PHQ-9)

	FY17-18		
	Initial Contact	6-Month Follow-Up	12-Month Follow-Up
	% of Respondents		
	(n=143)	(n=54)	(n=47)
No Depression (PHQ-9 score 0)	10%	20%	26%
Minimal Depression (PHQ-9 score 1-4)	38%	43%	47%
Mild Depression (PHQ-9 score 5-9)	37%	26%	19%
Moderate Depression (PHQ-9 score 10-14)	9%	9%	2%
Moderately Severe Depression (PHQ-9 score 15-19)	5%	2%	6%
Severe Depression (PHQ-9 score 20-27)	1%	0%	0%
	% Very Difficult		
	(n=109)	(n=51)	(n=37)
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?	6%	0%	2%

Participant scores on the PHQ-9 indicated lower levels of mild to severe depression at 6- and 12-month follow-up compared to initial contact, suggesting that the severity of depression symptoms decreased. The percentage of respondents reporting that problems made it “very difficult” to do their work, take care of their home, or get along with others decreased from initial contact to follow-up, suggesting that participants depression symptoms interfered less with their daily living.

TABLE 39. MICOP COPING BEHAVIORS SURVEY

The following are some ways of confronting and adapting to difficult situations. Think of a difficult situation that you had to face in the past year. We are interested in how you confronted and adapted to this difficult situation.	FY17-18		
	Initial Contact (n=106-111)	6-Month Follow-Up (n=45-47)	12-Month Follow-Up (n=30-32)
	% selected Regularly or A Lot		
I received support and understanding from someone.	43%	50%	42%
I focused on my work or other activities to distract my mind.	59%	68%	45%
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.	45%	60%	38%
I prayed or meditated.	46%	58%	47%
I took action to improve the situation.	46%	40%	50%
I tried to create a plan to figure out what to do.	42%	47%	41%
I expressed my negative feelings.	29%	31%	23%
I used alcohol or other drugs to help me get through.	6%	2%	0%

The reported use of alcohol and other drugs as a coping behavior declined steadily from initial contact to follow-up. The use of positive coping strategies increased from initial contact to the 6-month follow-up, but decreased slightly at the 12-month follow-up with the exception of 'taking action to improve the situation'. This suggests the programming effectively encourages coping strategies 6-months after initial contact, but may need to be reinforced as time from initial contact increases.

TABLE 40. MICOP MENTAL ILLNESS ATTITUDES SURVEY

	FY17-18		
	Initial Contact (n=117-124)	6-Month Follow-Up (n=48-50)	12-Month Follow-Up (n=38-42)
	% selected Probably Yes or Yes		
Would you work with someone who has a serious mental illness?	53%	63%	60%
	% selected Probably Yes or Yes		
Do you think that someone with a mental illness is a danger to others?	53%	50%	41%
Do you think that people with mental health problems experience prejudice or discrimination?	67%	81%	73%
	% selected Probably Yes or Yes		
If someone in your family had a mental illness, would you feel ashamed if people knew about it?	8%	8%	8%
If you had a serious emotional problem, would you seek professional help?	94%	94%	85%
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?	29%	8%	8%

Decreases in stigma among participants is evident as shown by increased percentages of respondents indicating they would work with someone with a serious mental illness and decreased percentages of respondents indicating that they think someone with a mental illness is a danger to others. Further, a majority of respondents indicated they would seek professional help if they had a serious emotional problem.

Participant Satisfaction

TABLE 41. MICOP PARTICIPANT SATISFACTION

	FY17-18 (n=15)
	% Agree
Staff were sensitive to my cultural background	87%
Services were available in my preferred language	100%
Services were available at times that are convenient for me	100%
I was connected to services that are right for me	100%
I would recommend this program to a friend or family member	100%
Overall, I am satisfied with the services I received	100%

Participant Feedback and Recommendations

Helpful

Of 15 FY17-18 MICOP Satisfaction Survey respondents, 12 (80%) provided comments about what was most helpful about their experience. Key themes included:

- Learning about signs & symptoms of depression and self-care & importance of mental health (n=7)
- The information provided (i.e. where to seek help) (n=4)
- Therapy (n=1)

"Knowing the importance of mental health"

"Recognizing the symptoms of depression"

Areas for Improvement

9 respondents (60%) provided comments about areas for improvement. 5 stated they liked everything/had no suggestions; of the remaining respondents, key themes included:

- More workshops or meetings (n=3)
- Extend time spent in workshops or meetings (n=1)
- Promote services (n=1)

"I thought it was really good and I can only give thanks for caring for others"

Success Stories

It's only the beginning of the fiscal year for the program and the month of July got off to a good start. The outcome for the workshops was good and we expect a greater turnout throughout the year for the Mujeres Y Nuestro Bienestar Emocional workshops.

September successes are the referrals, the 6 months and 12 months follow ups the promotoras do have helped the participants of the workshops. The promotoras are making sure they ask the participants their needs and share the services that are in the community for them.

Promotoras Y Promotores Foundation Promotoras Program

Program Category: Prevention and Access and Linkage to Treatment

Provider: Promotoras Y Promotores Foundation (PYPF)

Population Served: Immigrant Hispanic/Latina women at risk of depression in Santa Clara Valley

Program Overview: Promotoras 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. They utilize stress management techniques and provide referrals and linkages to culturally and linguistically competent mental health providers and other services. In addition, Promotoras conducts outreach and community presentations to promote program services, distribute mental health educational information, and increase awareness of local mental health resources.

Program Outcome Indicators:
As a result of participating in PYPF,

- Participant scores on the PHQ-9 indicated lower levels of moderate to severe depression at 6-month follow-up compared to initial contact, suggesting improvements in depression symptoms. The percentage of respondents reporting that problems made it "very or extremely difficult" to do their work, take care of their home, or get along with others also decreased from initial contact to follow-up, suggesting that participants depression symptoms interfered less with their daily living.
- Positive coping behaviors increased and harmful coping behaviors decreased from initial contact to follow-up.
- A higher percentage of respondents indicated they would work with someone with a serious mental illness, and a lower percentage indicated they think they would be ashamed if a family member had a serious mental illness and others knew. These responses suggest improvements in attitudes toward mental illness following program participation.
- 100% of respondents indicated they would seek professional help if they had a serious emotional problem.

Program Impacts:

- Improves timely access to services and provides linkages to treatment for underserved populations through referrals to culturally and linguistically competent providers.
- Implements non-stigmatizing and non-discriminatory practices by providing culturally and linguistically competent workshops and presentations.

Program Highlights: FY17-18

Program Referrals

- **209** unduplicated individuals served
- **67** non-clinical referrals
- Top non-clinical referrals:
  - Legal (22%)
  - Domestic Violence (21%)
- **22** clinical referrals

Program Activities and Reach

- **297** support groups with **1,390** total participants
- **75** community outreach events/presentations reaching **2,198** individuals

Data Notes

- Survey findings should be interpreted with caution due to low sample of complete data from initial contact to follow-up.

Program Referrals

Program Referrals includes non-clinical referrals as well as clinical referrals to VCBH or other MHSA programs. During FY17-18, program referrals were not documented in accordance with the State Regulation definition of referrals. Documentation of referrals will be revised for FY18-19 reporting.

TABLE 42. PYPF NON-CLINICAL REFERRALS

	FY17-18
Total # of Referrals	67
Total # of Individuals Referred	47
Referrals by Agency/Program	**(n=67)**
Adult/Child Protective Services	0%
Advocacy	0%
Alcohol & Drug Programs – VCBH	2%
Alcohol & Drug Programs – non VCBH	2%
Basic Needs – Food	13%
Basic Needs – Clothing	4%
Basic Needs – Shelter	8%
Client Network	10%
Domestic Violence	21%
Family Support	7%
Healthcare – Insurance	0%
Healthcare – Public Health	0%
Healthcare – Dental	0%
Healthcare – Physician	0%
Legal	22%
NAMI	3%
Parenting Support/Classes	0%
Religious/Spiritual	2%
School/Education	4%
Social Security/Disability	2%
Support Program/Groups/Classes	0%
Triple P – Parenting Support	0%

FY17-18
Ways County Encouraged Access to Services
(n=2)

- **n= 1** Accompaniment
- **n= 1** Translation or Interpreter

TABLE 43. PYPF CLINICAL REFERRALS

	FY17-18
RISE Program	15
STAR Program	7
Other	12

Individual Demographics

TABLE 44. PYPF AGE AND GENDER

	FY17-18
Age	**(n=75)**
16 to 25	5%
26 to 59	61%
60 & older	34%
Gender Assigned at Birth	**(n=92)**
Female	97%
Male	3%
Declined to Answer	0%
Current Gender Identity	**(n=82)**
Female	82%
Genderqueer	0%
Male	1%
Questioning or Unsure	0%
Transgender	0%
Another Gender Identity	0%
Declined to Answer	17%

FY17-18
Primary Language
(n=96)

- **n= 23** English
- **n= 73** Spanish

TABLE 45. PYPF SEXUAL ORIENTATION

	FY17-18 (n=71)
Bisexual	4%
Gay or Lesbian	0%
Heterosexual or Straight	48%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%
Declined to Answer	48%

TABLE 46. PYPF REGION OF RESIDENCE

	FY17-18 (n=87)
Fillmore	24%
Santa Paula	76%

TABLE 47. PYPF RACE AND ETHNICITY

	FY17-18
Race	**(n=49)**
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	82%
Other	0%
More than one Race	2%
Declined to Answer	16%
Ethnicity	**(n=103)**
Hispanic or Latino (all)	80%
Non-Hispanic or Non-Latino (all)	19%
More than one Ethnicity	0%
Declined to Answer	1%

FY17-18
Hispanic Ethnicities
(n=82)

- **n= 41** Mexican
- **n= 1** Puerto Rican
- **n= 40** Other

FY17-18
Non-Hispanic Ethnicities
(n=20)

- **n= 19** Other
- **n= 1** European

FY17-18
Veteran Status
(n=76)

1 respondent indicated veteran status,
70 individuals were not veterans, and
5 respondents declined to answer

FY17-18 (n=1445)

2% of individuals reported having one or more disabilities

Communication
- Seeing (n=7)
- Hearing/Speech (n=2)
- Other (n=0)

Cognitive
- Learning (n=2)
- Developmental (n=0)
- Dementia (n=0)

Physical
- Physical/mobility (n=2)

Health
- Chronic (n=9)
- Other (n=2)

Program Activities

Program Activities include support groups and outreach and community presentations facilitated by program staff.

TABLE 48. PYPF PROGRAM ACTIVITIES

	FY17-18
Program Participants	
Total # of Program Participants in Group and/or Individual Activities	1522
Support Groups	
Total # of Groups	296
Average # of Groups Per Month	25
Support Groups by Location	
Fillmore	19%
Santa Paula	81%
Support Groups by Language*	
Spanish	294
English	10
Support Group Attendance	
Total Support Group Attendance for Year	1390
Average Monthly Attendance Across Groups	116
Average # of Attendees Per Group	5
Individual Contacts (Duplicated)	
Participants Receiving Home Visits	15
Participants Receiving In-Person Contacts at Community Locations	82
Participants Receiving Phone Contacts	35

*Support groups could be held in more than one language.

TABLE 49. PYPF PROMOTORAS OUTREACH

	FY17-18
Total # of Outreach Events	71
Total # of Community Presentations	4
Total # of Individuals Reached through Outreach Events	2154
Total # of Individuals Reached through Community Presentations	44
Outreach Events & Presentations by Location	**(n=75)**
Santa Paula	80%
Fillmore	13%
Other	7%
Outreach Events & Presentations by Language	**(n=75)**
English Only	0%
Spanish Only	85%
English & Spanish	15%
Language Not Reported	0%
Materials Distributed Outreach Events & Presentations	**(n=0)**
Total # of Materials Distributed	0

Participant Outcomes

Results from Promotoras surveys and assessments completed by PYPF group and one-on-one service participants are shown in **Tables 55-57** below. Surveys include questions about depression, coping, and attitudes toward mental illness. FY17-18 surveys were administered at initial contact (n=24), 6-month follow-up (n=6), and 12-month follow-up (n=3). In FY17-18, 97% of surveys were completed in Spanish.

Of note, these data should be interpreted with caution as intake and follow-up data were not matched at the participant level and sample sizes were low. In addition, tests of statistical significance were not conducted. 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 enrolled as well as lower sample sizes at follow-up compared to initial contact.

TABLE 50. PYPF DEPRESSION ASSESSMENT (PHQ-9)

	FY17-18	
	Initial Contact	6-Month Follow-Up
	% of Respondents	
	(n=24)	(n=6)
No Depression (PHQ-9 score 0)	17%	33%
Minimal Depression (PHQ-9 score 1-4)	25%	17%
Mild Depression (PHQ-9 score 5-9)	17%	33%
Moderate Depression (PHQ-9 score 10-14)	17%	17%
Moderately Severe Depression (PHQ-9 score 15-19)	20%	0%
Severe Depression (PHQ-9 score 20-27)	4%	0%
	% Very or Extremely Difficult	
	(n=17)	(n=5)
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?	24%	0%

Participant scores on the PHQ-9 indicated lower levels of moderate to severe depression at 6-month follow-up compared to initial contact, suggesting improvements in depression symptoms. Additionally, the percentage of respondents reporting that problems made it “very or extremely difficult” to do their work, take care of their home, or get along with others also decreased from initial contact to follow-up, suggesting that participants depression symptoms interfered less with their daily living.

TABLE 51. PYPF COPING BEHAVIORS SURVEY

The following are some ways of confronting and adapting to difficult situations. Think of a difficult situation that you had to face in the past year. We are interested in how you confronted and adapted to this difficult situation.	FY17-18	
	Initial Contact (n=20-24)	6-Month Follow-Up (n=4-6)
	% Somewhat or Very Frequently	
I focused on my work or other activities to distract my mind.	52%	50%
I prayed or meditated.	45%	60%
I received emotional support from others.	38%	75%
I concentrated my efforts on doing something about my situation.	50%	33%
I did something else to help myself think less about the situation, like going to the movies, watching TV, reading, sleeping, or going shopping.	38%	67%
I tried to create a strategy to figure out what to do.	45%	0%
I took action to improve the situation.	52%	0%
I received support and understanding from someone.	40%	83%
I thought a lot about what steps to take.	41%	0%
I expressed my negative feelings.	43%	33%
I told myself, "this isn't real."	30%	33%
I used alcohol or other drugs to help myself get through.	17%	0%

Positive coping behaviors increased and harmful coping behaviors decreased from initial contact to follow-up, but these findings should be interpreted with caution as sample sizes overall were low and then decreased further at follow-up indicating that the data may also not be representative of the experiences of all program participants.

TABLE 52. PYPF MENTAL ILLNESS ATTITUDES SURVEY

	FY17-18	
	Initial Contact (n=21-22)	6-Month Follow-Up (n=5-6)
	% Probably or Definitely Likely	
How likely would you be to work with someone with a serious mental illness?	57%	83%
	% Somewhat or Strongly Agree	
People with mental health problems experience high levels of prejudice and discrimination.	62%	80%
I think someone who has a mental illness is a danger to others.	27%	40%
	% Probably or Definitely Yes	
If you had a serious emotional problem, would you seek professional help?	95%	100%
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%	50%
If someone in your family had a mental illness, would you feel ashamed if people knew about it?	9%	0%

A higher percentage of respondents indicated they would work with someone with a serious mental illness, and a lower percentage indicated they think they would be ashamed if a family member had a serious mental illness and others knew. These responses suggest improvements in attitudes toward mental illness following program participation. Additionally, 100% of respondents indicated they would seek professional help if they had a serious emotional problem. indicated they would seek professional help if they had a serious emotional problem.

Participant Satisfaction

TABLE 53. PYPF PARTICIPANT SATISFACTION

	FY17-18 (n=44)
	% Agree
Staff were sensitive to my cultural background	98%
Services were available in my preferred language	98%
Services were available at times that are convenient for me	95%
I was connected to services that are right for me	93%
I would recommend this program to a friend or family member	98%
Overall, I am satisfied with the services I received	98%

Participant Feedback and Recommendations

Helpful

Of 45 FY17-18 PYPF Satisfaction Survey respondents, 34 (76%) provided comments about what was most helpful about their experience. Key themes included:

- Exercises and relaxation (n=14)
- Supportive environment, peers, staff (n=10)
- Having someone they trust/can talk to (n=10)
- Information provided (n=7)
- Improved emotional state/health (n=6)
- Services/Classes (n=3)

"We can call the promotoras at any hour and they would care for us"

"I like the relaxation exercises and that they listen to me"

Areas for Improvement

25 respondents (53%) provided comments about areas for improvement. 12 stated they liked everything/had no suggestions; of the remaining respondents, key themes included:

- Extend time spent exercising and stretching (n=2)
- More class offerings (n=2)
- Increase outreach (n=2)
- Longer hours of operation desired (n=1)
- Other (n=5)

"We need more hours for the promotoras to reach more people…"

"I would love more time to do the stretching exercises to relax ourselves"

Success Stories

"It was great to talk to one of the participants whom stated that she was grateful for the classes that are being provided by the Promotoras and Lennie. She felt that they were beneficial since they always learned and were totally relaxed after the sessions. They were always provided the time to express themselves and it helped them explore their feelings. They are glad that they are there to continue and support them.

"At the Xmas Boutique and health event in Fillmore the director of the Fillmore Community Center said she was happy that the support groups continue at the center. The participants look forward to the sessions. She also related an incident in which a senior was being a bully in the session and she was very content with the way the Promotora handled the situation with the way she was talking to her addressing the behavior. The Promotora was able to resolve the situation with the Senior feeling she had been heard."

Rainbow Umbrella

Program Category: Prevention, Suicide Prevention, and Access and Linkage to Treatment

Provider: Rainbow Umbrella

Population Served: Lesbian, gay, bisexual, transgender, intersex, queer, and questioning (LGBTIQQ) youth and allies

Program Overview:
Rainbow Umbrella (RU) is an affirming and welcoming space for LGBTIQ+ youth and allies aged 13 to 23. RU hosts a weekly support group to discuss mental health and other topics such as suicide prevention, homelessness, consent, and bullying. RU hosts activities such as community outreach presentations, mental health guest speakers, social and advocacy events, discussion with parents of RU youth, LGBTIQ+ Cultural Competency trainings, and RISE (Recognize, Intervene, Support, Empower) trainings to Ventura County school and agency staff to spread sexual assault awareness and address mental health needs in the LGBTIQ+ community.

Program Outcome Indicators:
As a result of participating in RU…

- 85% know where to go for mental health services in their community
- 85% believe treatment can help people with mental illness lead normal lives
- 82% feel more connected to others
- 82% are more aware of when they need to ask for help with a personal or emotional problem
- 78% believe people are generally caring and sympathetic to people with mental illness
- 67% are able to deal with problems better
- 64% feel less stress or pressure in their life
- 61% feel better about themselves
- 52% feel optimistic about the future
- 14% reported that their grades in school had improved
- 10% of respondents indicated that their school attendance had improved

Program Impacts:

- Rainbow Umbrella works to implement non-stigmatizing and non-discriminatory practices by spreading awareness of LGBTIQ+ mental health issues to schools and County agencies.
- They also improve timely access and linkages to care to underserved populations by education LGBTIQ+ youth and allies about mental health through their weekly support group therefore increasing awareness about and comfort with seeking appropriate resources.

Program Highlights: FY17-18

Program Activities

- **40** activities with **574** participants
- **142** unduplicated participants

Program Promotion

- **8** program promotion activities with **109** people reached

Individual Demographics

TABLE 54. RU AGE AND GENDER

	FY17-18
Age	**(n=142)**
0 to 15	42%
16 to 25	58%
26 to 59	0%
60 & older	0%
Declined to Answer	0%
Gender Assigned at Birth	**(n=28)**
Female	39%
Male	54%
Declined to Answer	7%
Current Gender Identity	**(n=32)**
Female	25%
Genderqueer	16%
Male	34%
Questioning or Unsure	3%
Transgender	22%
Another Gender Identity	0%
Declined to Answer	0%

TABLE 55. RU SEXUAL ORIENTATION

	FY17-18 (n=30)
Bisexual	9
Gay or Lesbian	7
Heterosexual or Straight	0
Queer	7
Questioning or Unsure	1
Another Sexual Orientation	6
Declined to Answer	0

FY17-18
Primary Language
(n=29)

- **n= 28** English
- **n= 1** Other

FY17-18
Veteran Status
(n=32)

0% of respondents indicated veteran status

TABLE 56. RU RACE AND ETHNICITY

	FY17-18
Race*	**(n=33)**
American Indian or Alaska Native	3%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	3%
White	55%
Other	6%
More than one Race	36%
Declined to Answer	6%
Ethnicity*	**(n=33)**
Hispanic or Latino (all)	45%
Non-Hispanic or Non-Latino (all)	45%
More than one Ethnicity	17%
Declined to Answer	6%

*Participants were able to select more than one response.

FY17-18
Hispanic Ethnicities
(n=11)

- **n= 4** Mexican/Chicano
- **n= 2** Central American
- **n= 5** Other

FY17-18
Non-Hispanic Ethnicities
(n=14)

- **n= 9** European
- **n= 5** Other

FY17-18 (n= 142)

7% of individuals reported having one or more disabilities

Communication
- Seeing (n=2)
- Hearing/Speech (n=0)
- Other (n=2)

Cognitive
- Learning (n=2)
- Developmental (n=1)
- Dementia (n=0)

Physical
- Physical/mobility (n=0)

Health
- Chronic (n=2)
- Other (n=1)

Program Activities

Program Activities include classes, meetings, support groups, trainings, and workshops facilitated by program staff. The main activities conducted by RU during FY17-18 were:

- Youth Support Group
- RISE Training
- LGBTQ Cultural Competency Training

TABLE 57. RU PROGRAM ACTIVITIES

	FY17-18
Total # of Activities	48
Total # of Participants	683
Total # of Unduplicated Participants	142
% of Program Activities in Spanish	0%

TABLE 58. RU PROGRAM ACTIVITIES BY TYPE

	FY17-18 (n=48)
Class	8
Field Trip	0%
Meeting	0%
One Step Center	0%
Support Group	40
Other	0%

Member Satisfaction

TABLE 59. RU PARTICIPANT SATISFACTION

	FY17-18 (n=32-33)
	% Agree
Staff were sensitive to my cultural background.	47%
Services were available in my preferred language.	91%
I was connected to services that are right for me.	78%
Overall, I am satisfied with the services I received.	91%
I would recommend this program to a friend or family member.	82%

TABLE 60. RU IMPACT OF SERVICES

	FY17-18 (n=21-33)
As a result of participating in these programs…	% Agree
I feel more connected to others.	82%
I know where to go for mental health services in my community.	85%
I am more aware of when I need to ask for help with a personal or emotional problem.	82%
I am able to deal with problems better.	67%
I feel less stress or pressure in my life.	64%
I feel better about myself.	61%
I feel optimistic about the future.	52%
I believe treatment can help people with mental illness lead normal lives.	85%
I believe people are generally caring and sympathetic to people with mental illness.	78%

Success Stories

"I was so shy about who I was and I was terrified the first time I went. But seeing how nice everyone was in there, how including and sweet everyone treated me. It was really an eye opener and showed me that I wasn't alone. This group makes me feel at home and comfortable and safe. It's all I look forward to every week. So really thank you guys so much for being my home."

"Rainbow Umbrella started because a group of people saw queer kids in their community hurting and believed that these kids were too important to be left unsupported. And they were so right. Every day Rainbow Umbrella reaches out to their LGBTQ+ community, empowering and walking alongside young people in their journey, and gives of themselves to others because those 'others' are worth it. On my first day it became clear that Rainbow Umbrella had something to teach me and the world. I cherish the time I got to spend with this beautiful group and wish every queer kid like me could have a space like this."

Adult Wellness and Recovery Center

Program Category: Prevention and Access and Linkage to Treatment

Provider: Turning Point Foundation

Population Served: Adults recovering from mental illness and/or substance abuse

Program Overview:
The Adult Wellness Center serves adults who are recovering from mental illness and are at risk of homelessness, incarceration, or increasing severity of mental health issues. The program increases access to recovery services by offering support without the pressure of enrolling in traditional mental health services. The Wellness 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 on their journey towards wellness and recovery. The program was designed and is run by peers who support members designing their own unique recovery plans and creating meaningful goals.

Program Outcome Indicators:
As a result of participating in the Adult Wellness and Recovery Center…

- 95% feel more connected to others
- 94% feel better about themselves
- 92% are able to deal with problems better
- 92% are satisfied with the services they had received
- 90% are optimistic about the future
- 89% felt that they were referred to appropriate services
- 89% feel less stress or pressure
- 37% of survey respondents indicated an improvement in their housing situation
- 26% of survey respondents indicated an improvement in their job situation

Program Impacts:

- Reduces homelessness, unemployment, and incarceration by improving timely access to services through referrals
- Provides access and linkages to necessary care through referrals and on-site support
- Works to implement non-stigmatizing and non-discriminatory practices through center attendance, education, and outreach events

Program Highlights: FY17-18

Program Referrals

- **4211** non-clinical referrals made for **317** individuals
- Top referrals:
  - Basic needs (14%)
  - VCBH STAR (8%)
  - Support programs (6%)

Program Activities and Reach

- **468** total members served (unduplicated)
- **194** average member attendance per month
- **748** walk-in guests (duplicated)
- **289** new members enrolled
- **3,841** total outreach contacts

Program Referrals

TABLE 61. ADULT WELLNESS CENTER REFERRALS

	FY17-18
Total # of Referrals	4211
Total # of Individuals Referred	317
Referrals by Agency/Program	**(n=4211)**
Adult/Child Protective Services	4%
Advocacy	4%
Alcohol & Drug Programs – VCBH	4%
Alcohol & Drug Programs – Community	4%
Basic Needs – Food	6%
Basic Needs – Clothing	4%
Basic Needs – Shelter	4%
Client Network	4%
Domestic Violence Services	4%
Family Support	4%
Healthcare – Insurance	4%
Healthcare – Public Health	4%
Healthcare – Dental	4%
Healthcare – Physician	4%
Interface	4%
Mental Health – VCBH STAR or Outpatient Clinics	8%
NAMI	4%
Parenting	4%
Religious/Spiritual	4%
School/Education	4%
Social Security/Disability	4%
Support Program	6%
Triple P – Parenting	4%

FY17-18
Ways County Encouraged Access to Services
(n=347)

- **56%** Transportation/Bus Tokens
- **1%** Accompaniment
- **>1%** Reminder Calls
- **18%** Translation/Interpreter

FY17-18
Top 3 Member Reported Reasons for Accessing Center
(n=235)

- **13%** Homeless
- **10%** Depressed
- **18%** Other

FY17-18
Mental Health and Primary Care Screenings
(n=688)

- **184** screened for mental health services
- **183** screened for primary care services

Individual Demographics

TABLE 62. ADULT WELLNESS CENTER
RACE AND ETHNICITY

	FY17-18
Race	**(n=425)**
American Indian or Alaska Native	23
Asian	9
Native Hawaiian or Pacific Islander	8
Black or African American	17
White or Caucasian	208
Other	86
More than One Race	39
Declined to Answer	35
Ethnicity	**(n=346)**
Hispanic or Latino (all)	185
Non-Hispanic or Latino (all)	97
More than One Ethnicity	38
Declined to Answer	26

FY17-18
Non-Hispanic Ethnicities
(n=97)

- **n= 17** European
- **n= 13** African
- **n= 10** Filipino
- **n= 4** Eastern European
- **n= 4** Japanese
- **n= 2** Middle Eastern
- **n= 2** Asian Indian
- **n= 1** Korean
- **n= 44** Other

FY17-18
Primary Language
(n=341)

- **n= 261** English
- **n= 67** Spanish
- **n= 4** Indigenous
- **n= 9** Other

FY17-18
Hispanic Ethnicities
(n=185)

- **n= 114** Mexican
- **n= 9** Central American
- **n= 5** Puerto Rican
- **n= 4** South American
- **n= 3** Caribbean
- **n= 50** Other

FY17-18
Additional Member Characteristics at Intake
(n=688)

- **36%** With Children
- **16%** Currently on Probation/Parole

TABLE 63. ADULT WELLNESS CENTER AGE AND GENDER

	FY17-18
Age	**(n=305)**
18 to 25	9%
26 to 59	76%
60 & older	11%
Declined to Answer	3%
Other	>1%
Assigned Gender at Birth	**(n=304)**
Female	34%
Male	62%
Declined to Answer	4%
Current Gender Identity	**(n=287)**
Female	34%
Genderqueer	>1%
Male	65%
Questioning or Unsure	>1%
Transgender	>1%
Another Gender Identity	0%

FY17-18
Veteran Status
(n=298)

16 respondents indicated veteran status, **254** individuals were not veterans, and **28** respondents declined to answer

TABLE 64. ADULT WELLNESS CENTER SEXUAL ORIENTATION

	FY17-18 (n=313)
Bisexual	4%
Gay or Lesbian	4%
Heterosexual or Straight	68%
Queer	>1%
Questioning or Unsure	2%
Another Sexual Orientation	2%
Declined to Answer	20%

FY17-18 (n=468)

85% of members reported having one or more disabilities

Communication
- Seeing (n=89)
- Hearing/Speech (n=39)
- Other (n=35)

Cognitive
- Learning (n=42)
- Developmental (n=30)
- Dementia (n=13)

Physical
- Physical/mobility (n=57)

Health
- Chronic (n=73)
- Other (n=22)

Program Activities and Reach

TABLE 65. ADULT WELLNESS CENTER ENGAGEMENT

	FY17-18
Total # of Members (unduplicated)	434
New Members Enrolled	289
Average Member Attendance Per Month (duplicated)	194
Total # of Walk-in Guests	748

TABLE 66. ADULT WELLNESS CENTER OUTREACH

	FY17-18
Total # of Outreach Events	27
Total # Reached	3841
Total # of Materials Distributed	830
Outreach Events by Language*	**(n=27)**
English	7
Mixteco	20
Spanish	24

*Information at events were provided in multiple languages

TABLE 67. ADULT WELLNESS CENTER GROUP ATTENDANCE

	FY17-18
# WRAP* groups	161
# WRAP group participants	994
# Non-WRAP groups	1252
# Non-WRAP group participants	7535

*Wellness Recovery Action Plan (WRAP)

Member Satisfaction

TABLE 68. ADULT WELLNESS CENTER MEMBER SATISFACTION

	FY17-18 (n=62-63)
	% Agree or Strongly Agree
Wellness Center staff are sensitive to my cultural background	94%
Services were available to me in my preferred language	92%
I was referred to services that are right for me	89%
Overall, I am satisfied with the services I receive at the Wellness Center	92%

TABLE 69. ADULT WELLNESS CENTER IMPACT OF SERVICES

	FY17-18 (n=58-64)
As a result of being a Wellness Center member…	**Gotten Better**
My housing situation has…	37%
My job situation has…	26%
As a result of being a Wellness Center member…	**% Agree or Strongly Agree**
I feel more connected to others	95%
I am more aware of when I need to ask for help with a personal or emotional problem	92%
I am able to deal with problems better	92%
I feel less stress or pressure in my life	89%
I feel better about myself	94%
I feel optimistic about the future	90%
I believe treatment can help people with mental illness lead normal lives	92%
I believe people are generally caring and sympathetic to people with mental illness	87%

Member Feedback and Recommendations

Helpful

Of 64 FY17-18 Adult Wellness Center Satisfaction Survey respondents, 60 (94%) provided comments about what was most helpful about their experience. Key themes included:

- Peer/staff support and interaction (n=31)
- Groups (n=16)
- Food provided at the Center (n=5)
- Generally helpful program (n=5)
- WRAP and DRA (n=6)
- Judgement free space/interactions (n=4)
- Support for maintaining sobriety (n=3)
- Learning about coping skills (n=3)
- Other (n= 7)

"The people are very helpful and kind and supportive"

"The center help me address my issues surrounding addiction and recovery"

Areas for Improvement

46 respondents (72%) provided comments about areas for improvement. Eighteen stated they liked everything/had no suggestions; of the remaining respondents, key themes included:

- More or different activities desired (e.g., more outings, movies) (n=9)
- Longer hours of operation desired (n=4)
- Staff/Policy changes (n=4)
- More groups (n=3)
- Improving cleanliness of center/members (n=3)
- Increasing time spent with clients (n=3)
- Improving communication to members/the community (n=2)

"Get more involved with the clients"

"…bring more information about services to the Latina community we don't know about these services…"

Success Stories

"Member 1641 was very excited because she got to be involved with the birth of her nephew. She says if it wasn't for her working on herself she wouldn't have been so lucky."

"Member 1149 reported that after 36 years she was reunited with the son she gave up for adoption. He searched for her and found her. They're talking on the phone, since he lives in South Carolina. They're speaking about getting together so she can meet her grandchildren."

TAY Wellness and Recovery Center

Program Category: Prevention and Access and Linkage to Treatment

Provider: Pacific Clinics

Population Served: Transitional-aged youth (TAY) ages 18-25 recovering from mental illness/substance abuse

Program Overview:
Supports and engages Transitional age youth in designing personal recovery plans, setting goals, and self-managing their care through bilingual staff/peers

Program Outcome Indicators:
As a result of participating in TAY,

- 95% are more aware of when they need to ask for help with a personal or emotional problem
- 91% are better able to deal with their problems
- 87% feel more connected to others
- 87% feel better about themselves
- 86% feel optimistic about the future
- 73% of survey respondents have experienced an improvement in their school attendance
- 68% of survey respondents have experienced an improvement in their job situation
- 64% of survey respondents have experienced an improvement in their housing situation

Program Impacts:

- Reduces homelessness, unemployment, and incarceration by improving timely access to services through referrals
- Provides access and linkages to necessary care through referrals and on-site support
- Works to implement non-stigmatizing and non-discriminatory practices through education and outreach events

Program Highlights: FY17-18

Referrals

- **528** referrals made for **285** individuals
- **19%** to basic needs services
- **2%** to VCBH STAR or outpatient mental health services

Program Activities and Reach

- **285** individuals served (Members and Contacts, unduplicated)
- **90** unduplicated members

32 outreach events reaching **943** attendees

Program Referrals

TABLE 70. TAY WELLNESS CENTER REFERRALS

	FY17-18
Total # of Referrals	528
Total # of Individuals Referred	227
Referrals by Agency/Program	**(n=528)**
Adult/Child Protective Services	>1%
Advocacy	>1%
Alcohol & Drug Programs – Community	5%
Alcohol & Drug Programs – VCBH	3%
Basic Needs	19%
Client Network	0%
Domestic Violence Services	>1%
Employment	20%
Family Support	>1%
Healthcare – Dental	3%
Healthcare – Insurance	2%
Healthcare – Physician	4%
Healthcare – Public Health	3%
Housing	10%
Interface	>1%
Legal	1%
Mental Health – VCBH STAR or Outpatient Clinics	2%
NAMI	0%
New Dawn	0%
Parenting	>1%
Religious/Spiritual	0%
School/Education	6%
Social Security/Disability	1%
Support Program	5%
Triple P – Parenting	0%
Other Services	15%

FY17-18
Ways County Encouraged Access to Services
(n=60)

- **78%** Transportation/Bus Tokens
- **13%** Accompaniment
- **7%** Reminder Calls
- **2%** Translation/Interpreter

FY17-18
Top 3 Member Reported Reasons for Accessing Services
(n=790)

- **29%** Employment/Unemployed
- **28%** Homelessness/Housing
- **6%** Depressed

FY17-18
Mental Health and Primary Care Screenings
(n=99)

- **97** screened for mental health services
- **97** screened for primary care services

Individual Demographics

TABLE 71. TAY WELLNESS CENTER RACE AND ETHNICITY*

	FY17-18
Race	**(n=499)**
American Indian or Alaska Native	3%
Asian	1%
Native Hawaiian or Pacific Islander	>1%
Hispanic or Latino	36%
Black or African American	5%
White or Caucasian	16%
Other	12%
More than One Race	12%
Declined to Answer	16%
Ethnicity	**(n=281)**
Hispanic or Latino (all)	64%
Non-Hispanic or Latino (all)	15%
More than One Ethnicity	5%
Declined to Answer	16%

*Percentages may sum to over 100% as multiple response options could be selected.

FY17-18
Hispanic Ethnicities
(n=178)

- **n= 122** Mexican/Mexican American/Chicano
- **n= 9** Central American
- **n= 6** Puerto Rican
- **n= 2** Caribbean
- **n= 39** Other

FY17-18
Non-Hispanic Ethnicities
(n=42)

- **n= 11** European
- **n= 10** African
- **n= 2** Middle Eastern
- **n= 1** Filipino
- **n= 1** Eastern European
- **n= 1** Korean
- **n= 1** Vietnamese
- **n= 1** Chinese
- **n= 14** Other

FY17-18
Primary Language
(n=245)

- **n= 225** English
- **n= 20** Spanish

TABLE 72. TAY WELLNESS CENTER MEMBER AGE AND GENDER

	FY17-18
Age	**(n=287)**
18 to 25	97%
26 to 59	3%
Assigned Gender at Birth	**(n=278)**
Female	42%
Male	50%
Declined to Answer	8%
Current Gender Identity*	**(n=301)**
Female	42%
Genderqueer	0%
Male	50%
Questioning or Unsure	>1%
Transgender	1%
Another Gender Identity	>1%
Declined to Answer	7%

*Respondents could select more than one option

TABLE 73. TAY WELLNESS CENTER MEMBER SEXUAL ORIENTATION

	FY17-18 (n=277)
Bisexual	8%
Gay or Lesbian	4%
Heterosexual or Straight	66%
Queer	2%
Questioning or Unsure	0%
Another Sexual Orientation	1%
Declined to Answer	19%

FY17-18
Veteran Status
(n=284)

1 respondent indicated veteran status, **252** respondents were not veterans, and **31** respondents declined to answer

FY17-18 (n=298)

42% of members reported having one or more disabilities

Communication
- Seeing (n=38)
- Hearing/Speech (n=8)
- Other (n=2)

Cognitive
- Learning (n=39)
- Developmental (n=11)
- Dementia (n=2)

Physical
- Physical/mobility (n=4)

Health
- Chronic (n=18)
- Other (n=4)

FY17-18
Additional Member Characteristics at Intake
(n=298)

- **40%** In Foster Care
- **29%** On Probation/Parole
- **22%** Have a Child

Program Activities and Reach

TABLE 74. TAY WELLNESS CENTER ENGAGEMENT

	FY17-18
Total # of Members (unduplicated)	46
Average # of Members Utilizing Center Per Month	11
# Receiving Health Navigation	15
Total # of Visitors/Walk-ins (duplicated)	2959

TABLE 75. TAY WELLNESS CENTER OUTREACH

	FY17-18
Total # of Outreach Events	32
Total # in Attendance at Outreach Events	943
Total # of Materials Distributed	920
Outreach Events by Language	
English & Spanish	7
English	23
Spanish	2
Other Language	1

Participant Satisfaction

TABLE 76. TAY WELLNESS CENTER IMPACT OF SERVICES

	FY17-18 (n=21-23)
As a result of being a Wellness Center member…	**Gotten Better**
My housing situation has…	68%
My job situation has…	64%
My school attendance has	73%
As a result of being a Wellness Center member…	**% Agree or Strongly Agree**
I feel more connected to others	87%
I am more aware of when I need to ask for help with a personal or emotional problem	95%
I am able to deal with problems better	91%
I feel less stress or pressure in my life	83%
I feel better about myself	87%
I feel optimistic about the future	86%
I believe treatment can help people with mental illness lead normal lives	91%
I believe people are generally caring and sympathetic to people with mental illness	87%

TABLE 77. TAY WELLNESS CENTER MEMBER SATISFACTION

	FY17-18 (n=23)
	% Agree or Strongly Agree
Wellness Center staff are sensitive to my cultural background	91%
Services were available to me in my preferred language	96%
I was referred to services that are right for me	91%
Overall, I am satisfied with the services I receive at the Wellness Center	96%

Participant Feedback and Recommendations

Helpful/Positive Experiences

Of 23 FY17-18 TAY Wellness Center Satisfaction Survey respondents, 23 (100%) provided comments about what was most helpful and positive about their experience. Key themes include:

- Friendly/supportive staff (n=13)
- Services & accessibility (n=5)
- Amenities/basic needs (n=5)
- Positive experience (n=5)

"Having a place to go when everyone else turned me away"

"Having somewhere to go where I won't be judged"

"Having people who understand mental health issues"

Areas for Improvement

Of 23 FY17-18 TAY Wellness Center Satisfaction Survey respondents, 21 (91%) provided comments about areas for improvement. Twelve stated they liked everything/did not have any suggestions. Of the remaining respondents, themes included:

- Extended hours of operation (n=3)
- Better computers (n=2)
- Increasing awareness/usage (n=2)
- More staff (n=2)
- More services (n=1)

"Longer hours and more one on one help"

"More classes with hands on training…"

Additional Services

TABLE 78. TAY WELLNESS CENTER ADDITIONAL SERVICES

	FY17-18 (n=298)
WRAP Plans	
# of Individuals Assisted with WRAP Plans	97
Employment Assistance	
# of Individuals who Received Employment Services	65
Percent Receiving Employment Services who Obtained Employment	35%
Housing Assistance	
# of Individuals who Received Housing Services	53

Success Stories

"Claire successfully completed TAY WRAP after 4 years of trying. She had struggled to complete due to homelessness and drug usage. Through peer support and flexible appointments, she finished. She is currently in a stable housing situation and seeking employment."

"Monica first arrived at Pacific Clinics TAY Tunnel in August 2015. She is a former foster youth who has struggled with housing and employment for the majority of her TAY years. Monica has accessed our services and has grown tremendously in the past three years. Monica has worked alongside our employment specialist and completed Career Club where she learned the skills to acquire and maintain employment for extended periods of time. Monica also was able to access our housing specialist who assisted her in acquiring and supported her in maintaining housing throughout the years. Monica is currently living independently with her daughter. She has maintained stable employment and has continued to stay in touch. Monica will be aging out of our services in August of 2018. It has been a pleasure and an honor to walk alongside Monica in her journey to Wellness and Stability."

"Maria was a homeless and an expecting mother. With our assistance we were able to get her into The Kingdome Center transitional living while she waited to enter Tender life a maternity home. Through all of her housing transitions she was able to complete our TAY Parent Network Project where she learned the Five Protective Key Factors to a safe and thriving family, along with skills on how to maintain her wellness, and how to advocate for her and her daughter. Maria has been actively working on finding employment so that she can find a permanent place to stay. Currently Maria is still living in transitional housing. She continues to seek out parenting techniques and assistance. She has also completed the 8 sessions on the Wellness Recovery Action Plan. Through her adversity Maria has been able to thrive and provide the best life for her and her daughter with the resources available."

Wellness Everyday

Program Category: Prevention and Suicide Prevention

Provider: Idea Engineering, Inc.

Population Served: Ventura County residents

Program Overview:
Wellness Everyday provides universal prevention messaging regarding mental health throughout Ventura County, particularly via online channels. Suicide prevention has been a primary focus area. During the Thomas Fire, resources for coping with trauma were highlighted.

Program Outcomes:
The available data for Wellness Everyday (website and social media campaigns) are primarily frequency data (e.g., number of website users, number of comments on a social media advertisement). This does not allow for examination of how Wellness Everyday impacts the users of the website or those viewing social media advertisements.

Program Highlights: FY17-18

Wellness Everyday Website

- **26,565** website visitors
- **42,122** website pageviews

Social Media Campaigns

- **14** social media campaigns in English and Spanish
- **Over 3.8 million** social media advertisements views delivered

Wellness Everyday Website Reach

Selected website reach metrics include website traffic (new and returning users to both the English and Spanish websites) and pageviews (English and Spanish). Of note, Facebook advertising, which normally directs users to the Wellness Everyday website, was used for a different purpose in September 2017 (i.e., advertising the Preventing Suicide: Help and Hope Conference). This resulted in lower traffic and pageviews in September 2017 as compared to other months.

FIGURE 1. WELLNESS EVERYDAY WEBSITE TRAFFIC

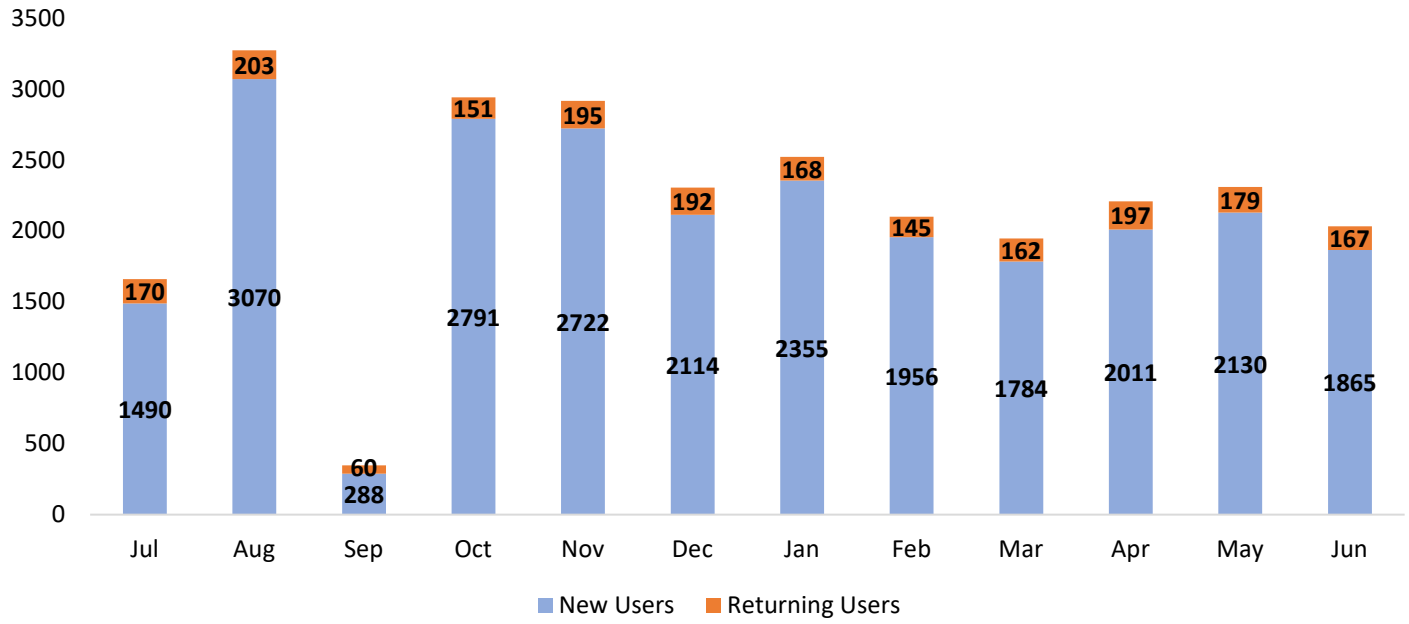
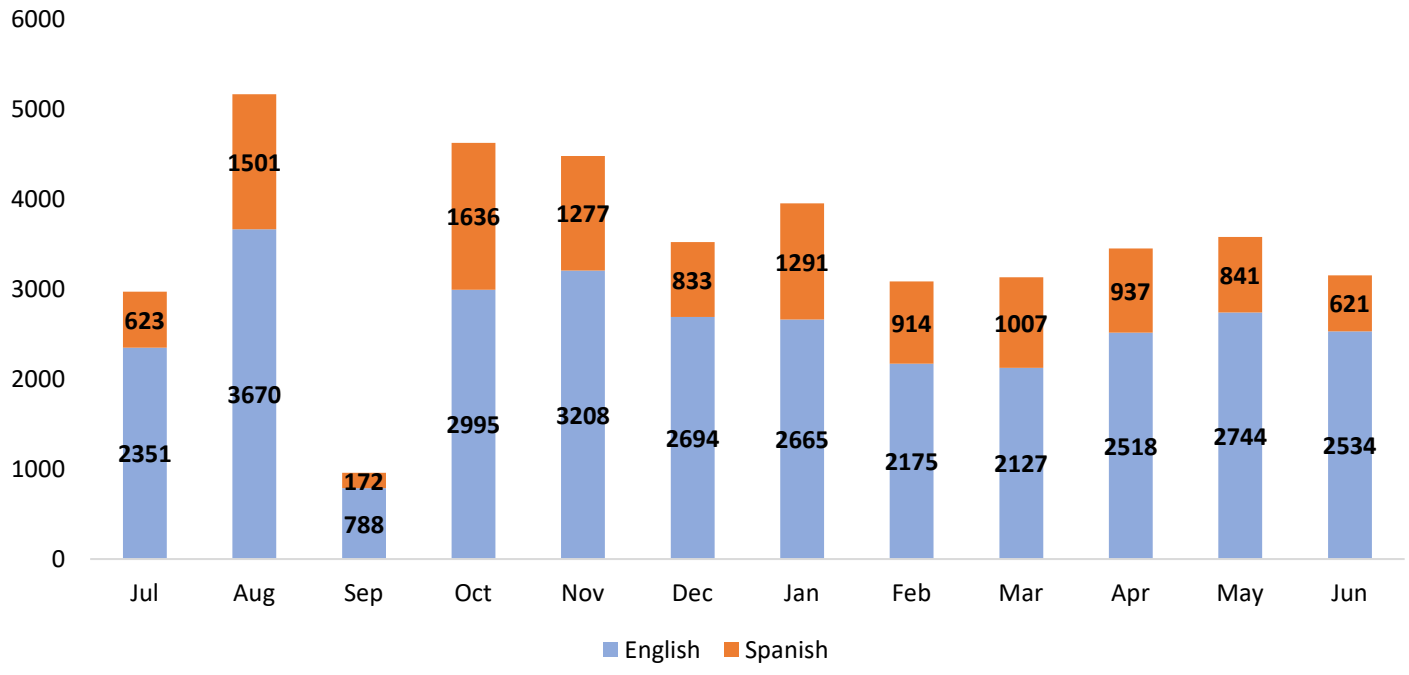


FIGURE 2. WELLNESS EVERYDAY PAGEVIEWS



Social Media Campaigns

Fourteen social media campaigns were delivered throughout FY17-18 in English and Spanish. Selected metrics include the total number of social media advertisements delivered (i.e., number of impressions), total number of times advertisments were clicked so that the user would receive more information, and user responses to the advertisements (i.e., reactions, shares and comments). Details for the three campaigns with the largest reach (i.e, number of people who the advertisment was delivered to) and the three campaigns with the largest user response are provided below.

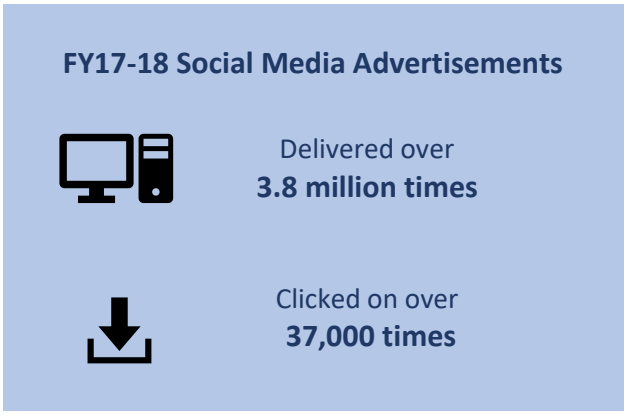


FIGURE 3. WELLNESS EVERYDAY ENGLISH SOCIAL MEDIA CAMPAIGNS WITH THE LARGEST REACH

Local Teen Support	Coping After Tragic Events	Veterans
• Reach = 95,958 • Clicks = 3,893	• Reach = 73,173 • Clicks = 2,517	• Reach = 62,769 • Clicks = 3,166

FIGURE 4. WELLNESS EVERYDAY SPANISH SOCIAL MEDIA CAMPAIGNS WITH THE LARGEST REACH

Local Teen Support	Suicide Prevention Conference	Coping After Tragic Events
• Reach = 34,515 • Clicks = 1,615	• Reach = 33,300 • Clicks = 3,327	• Reach = 32,254 • Clicks = 1,711

FIGURE 5. WELLNESS EVERYDAY USER RESPONSES TO SOCIAL MEDIA CAMPAIGNS

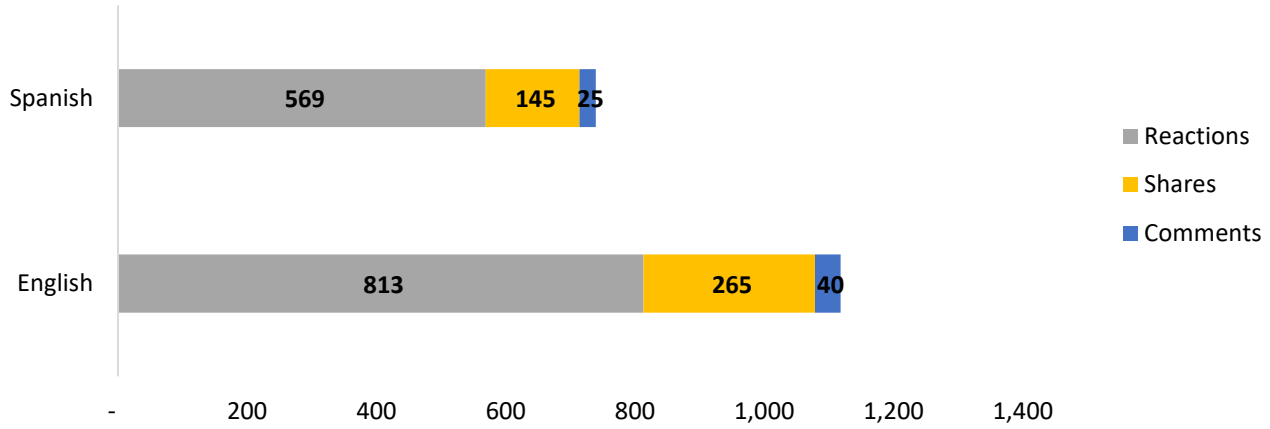


FIGURE 6. WELLNESS EVERYDAY SOCIAL MEDIA CAMPAIGNS WITH THE LARGEST USER RESPONSE

English		Spanish	
Coping After Tragic Events (Updated)	• Reactions = 79 • Shares = 73 • Comments = 4	Teen Depression	• Reactions = 98 • Shares = 32 • Comments = 2
Avoid the Summer Letdown	• Reactions = 101 • Shares = 23 • Comments = 1	Mental Health Month	• Reactions = 82 • Shares = 22 • Comments = 2
Talking About Feelings	• Reactions = 99 • Shares = 17 • Comments = 3	Suicide Prevention Conference	• Reactions = 76 • Shares = 18 • Comments = 5

Early Intervention Programs

Primary Care Program

Program Category: Early Intervention and Access and Linkage to Treatment

Provider: Clínicas del Camino Real, Inc.

Population Served: Individuals age 12 and older and at risk of or experiencing emerging mental health concerns.

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

Program Outcome Indicators:
As a result of participating in the Primary Care Program, participants experienced a:

- 33% average decrease in anxiety score
- 47% average decrease in depression score

Program Impacts:

- Primary Care program helps prevent serious mental illness by improving timely access and linkages to care by providing cognitive behavioral therapy and group therapy.

Program Highlights: FY17-18

Participant Demographics

- **85%** 19 to 60 years of age
- **71%** female at birth
- **82%** Hispanic or Latino
- **62%** from Oxnard Plains

Program Activities and Reach

- **430** unduplicated participants

Individual Demographics

TABLE 79. PRIMARY CARE PROGRAM AGE AND GENDER

	FY17-18
Age	**(n=430)**
0 to 18	11%
19 to 59	85%
60 & older	4%
Gender Assigned at Birth	**(n=430)**
Female	71%
Male	29%
Current Gender Identity	**(n=430)**
Female	39%
Male	8%
Not Available	53%

TABLE 80. PRIMARY CARE PROGRAM SEXUAL ORIENTATION

	FY17-18 (n=430)
Bisexual	1%
Heterosexual	60%
Homosexual	2%
Another Sexual Orientation	>1%
Not Available	37%

FY17-18
Veteran Status
(n=425)

1 individual reported veteran status, and **424** individuals were not veterans

TABLE 81. PRIMARY CARE PROGRAM RACE AND ETHNICITY

	FY17-18
Race	**(n=430)**
American Indian or Alaska Native	0%
Asian	1%
Black or African American	>1%
Native Hawaiian or Other Pacific Islander	0%
White or Caucasian	77%
More than one Race	2%
Unknown	20%
Ethnicity	**(n=430)**
Hispanic or Latino (all)	82%
Non-Hispanic or Non-Latino (all)	12%
Unknown	6%

FY17-18
Primary Language
(n=429)

- **n= 153** English
- **n= 239** Spanish
- **n= 5** Indigenous
- **n= 1** ASL
- **n= 26** Spanish & English
- **n= 4** Spanish & Indigenous
- **n= 1** Other

TABLE 82. PRIMARY CARE PROGRAM REGION OF RESIDENCE

	FY17-18 (n=430)
Conejo Valley	7%
Moorpark	6%
Ojai	3%
Oxnard Plains	62%
Santa Clara Valley	8%
Simi Valley	5%
Ventura	8%
Other	>1%

Program Activities

TABLE 83. PRIMARY CARE PROGRAM SERVICE PROVISION

	FY17-18
Total # of Unduplicated Patients	430
Primary Diagnosis at Intake	**%**
Anxiety	32%
Depression	47%
Depression/Anxiety	13%
Unknown	8%
Services Received by New Patients	**n=304**
Initial Assessment	258
Face-to-Face Initial Introduction	38
Non-Face-to-Face Initial Introduction	8

Program Outcomes

Participant outcomes were measured using the Generalized Anxiety Disorder (GAD-7) and Patient Health Questionnaire (PhQ-9) at intake, during each session, and at discharge. Average scores across participants at intake and discharge are summarized in **Figures 7** and **8**. In FY17-18, 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.

FIGURE 7. PRIMARY CARE PROGRAM AVERAGE DEPRESSION SCORE AT INTAKE & DISCHARGE

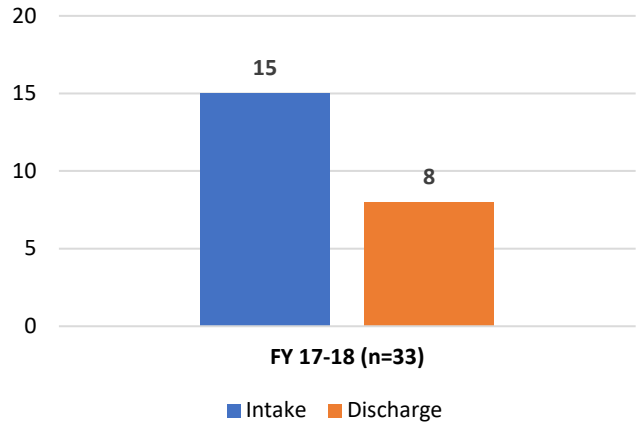
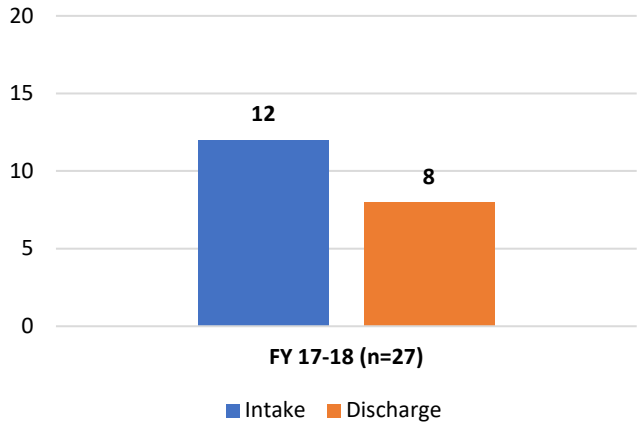


FIGURE 8. PRIMARY CARE PROGRAM AVERAGE ANXIETY SCORE AT INTAKE & DISCHARGE



Ventura Intervention and Prevention Services

Program Category: Early Intervention

Provider: Telecare, Inc.

Population Served: Transitional age youth who are experiencing the early stages of psychotic illness

Program Overview: Ventura Intervention and Prevention Services (VIPS) conducts community 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/vocational services; and supports participants and families after discharge through the Continuing Care Program.

Program Outcome Indicators:
As a result of participating in VIPS, participants overall indicated…

- Fewer problems and decreased symptom severity
- Feeling more hopeful about the future
- 56% of Simi Valley clients were engaged in education activities
- 63% of Ventura clients were engaged in education activities
- 44% of Simi Valley clients were employed
- 69% of Ventura clients were employed

Program Impacts:

- VIPS helps improve timely mental health access and linkages to care to underserved population and reduces stigma and discrimination through outreach, education, and therapy

Program Highlights: FY17-18

Satisfaction with Services

- Overall rating of care was **9 out of 10**
- **62%** would recommend the outpatient services to someone who needed mental health or substance abuse treatment.

Program Activities and Reach

- Average of **3** Multi-Family Groups per month
- **72** outreach events/presentations that reached **345** individuals.

Data Notes

- 70 individuals were served, but only 10 participants had their demographic information recorded and there were several missing variables, so this information is not representative of the overall population served.

Program Activities

Program Activities include community outreach, intervention services and supports, and Multi-Family Groups (MFGs) facilitated by program staff.

TABLE 84. VIPS SERVICES

	FY17-18
Outreach/Presentations	
# of Outreach Events/Presentations	72
Brochure Distribution	
# of Brochures Distributed (approx.)	345
Referrals Received & Evaluations Conducted	
# of Total Referrals Received	48
VIPS Participation	
Average # of Full VIPS Participants per Month	40
Average # of Continuing Care Participants per Month	5
Multi-Family Groups (MFGs)	
Total # of Ongoing MFGs	39
Average # of Ongoing MFGs per Month	3

Individual Demographics

TABLE 85. VIPS AGE AND GENDER

	FY17-18
Age	**(n=10)**
16 to 18	4
19 to 21	4
22 to 25	2
Gender	**(n=10)**
Female	3
Male	7

TABLE 86. VIPS RACE AND ETHNICITY

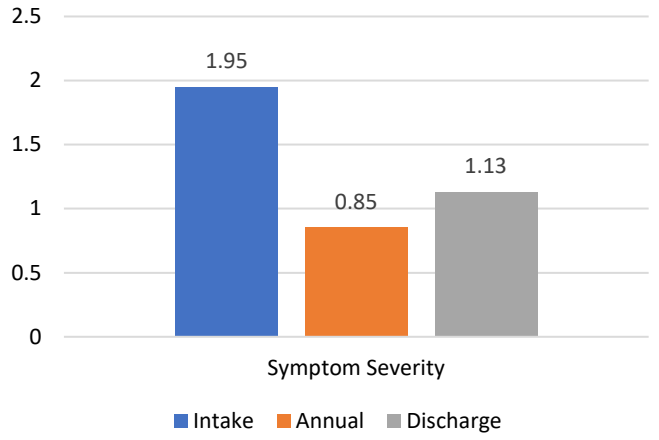
	FY17-18
Race	**(n=10)**
American Indian or Alaska Native	0
Asian or Pacific Islander	0
Black or African American	1
Filipino	1
White or Caucasian	4
Other	3
Unknown/Not Reported	1
Ethnicity	**(n=10)**
Hispanic or Latino	6
Not Hispanic or Latino	4
Primary Language	**(n=10)**
English	10
Spanish	0

TABLE 87. VIPS REGION OF RESIDENCE

	FY17-18 (n=10)
Oxnard Plains	7
Santa Clara Valley	1
Ventura	1
Other	1

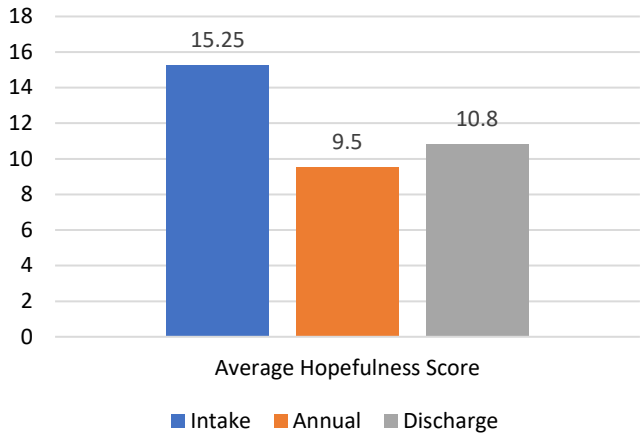
Participant Outcomes

FIGURE 9. VIPS PARTICIPANT SYMPTOM FREQUENCY AND SEVERITY*



*Higher scores indicate greater symptom frequency and severity.

FIGURE 10. VIPS PARTICIPANT HOPEFULNESS*



*Lower hopefulness scores indicate more hopeful outlooks.

Participant Satisfaction

TABLE 88. VIPS PARTICIPANT SATISFACTION AT DISCHARGE

	FY17-18 (n=13)
Would recommend the outpatient services to someone who needed mental health or substance abuse treatment.	62%
	% Always or Usually
The clinician treats me with respect and dignity.	100%
I was taught to deal with my problems myself.	85%
I am involved in decisions about my treatment.	92%
	% Agree or Strongly Agree
Staff believe I can grow and recover.	85%
Staff are sensitive to my cultural/ethnic background.	77%
Written materials (forms, brochures, paperwork, etc.) were provided to me in my preferred language.	100%
I am connected to services that are appropriate.	69%
	% A Great Deal or Quite a Bit
How much I was helped by the care received.	69%
	Average Rating of Care
Overall rating of care, on scale of 1 (worst) to 10 (best).	9

Participant Feedback and Recommendations

Helpful/Positive Experiences

Of 36 FY17-18 VIPS Adult Self Report respondents, 15 (42%) provided comments about what was most helpful and positive about their experience. Key themes included:

- Support (n=7)
- Communication (n=3)
- Therapy/Counseling (n=3)
- Flexibility of services (n=1)
- Other (n=3)

"…keep being nice and awesome!"

"Explaining that I could switch therapy at any time."

"They were here for me when I needed help."

Negative Experiences/Recommendations

Of 36 FY17-18 VIPS Adult Self Report respondents, 14 (39%) provided comments about negative experiences/areas for improvement. Nine stated they had no negative experiences/did not have any suggestions. Of the remaining respondents, themes included:

- Suggestion (n=1)
  - Better explanations about therapy policy (n=1)
- Negative Experiences (n=4)
  - Inflexibility with changing appointment times (n=2)
  - Problems with medications (n=1)
  - Negative interactions with staff (n=1)

"Understanding what could be creating mental distress."

"Sitting down and having the help to figure out exactly what I need to do and how to get it done…"

"The medication I received did nothing to my wellness."

Other Programs

Crisis Intervention Team (CIT)

Program Category: Access and Linkage to Treatment and Outreach for Increasing Recognition of Early Signs of Mental Illness

Provider: Ventura County Law Enforcement

Population Served: Law enforcement personnel

Program Overview:
The Crisis Intervention Team (CIT) is a mental health training program for law enforcement personnel throughout Ventura County. It provides training 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 with regard to the mentally ill 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 mentally ill individuals by increasing their lawful self-reliance and health-enhancing behaviors.

Program Outcome Indicators:
As a result of participating in CIT…

- 92% of law enforcement felt they were more knowledgeable about mental health issues and related crises
- 86% of law enforcement officers felt more confident in responding effectively to a mental health problem or crisis
- 86% used the non-verbal and verbal de-escalation techniques taught during training, and 96% found that the techniques helped to decrease tension in a mental health crisis situation
- 74% have more skills useful for managing a mental health crisis effectively
- 74% feel more prepared to respond to an incident involving a person engaging in self-harming behavior or attempting suicide
- 70% can more effectively communicate with persons displaying signs of mental illness
- 66% are better able to recognize signs and symptoms of mental illness
- 63% believe treatment can help people with mental illness lead normal lives
- 58% are better able to defuse aggression before it becomes violence

Program Impacts:

- Improves timely access and linkages to medically necessary care for underserved populations interacting with law enforcement
- Works to implement non-stigmatizing and non-discriminatory practices by educating law enforcement officers

Program Highlights: FY17-18

Program Activities and Reach

- **3** CIT Academies trained **137** individuals
- **89** additional trainings/ outreaches/ presentations conducted with **8,902** total participants

CIT Card Information

- **2,137** CIT Cards submitted
- **25%** of incidents in Thousand Oaks
- **44%** contact only
- **53%** male
- **60%** White

Data Notes

- Though demographic data not collected in alignment with State regulations, VCBH is not required to collect demographic data on trainees

Participant Demographics

TABLE 89. CIT TRAINING PARTICIPANT DEMOGRAPHICS

	FY17-18
Gender	**(n=133)**
Female	16%
Male	84%
Age	**(n=133)**
18 to 21	0%
22 to 29	28%
30 to 39	41%
40 to 49	22%
50 to 59	8%
60 & older	1%
Years in Career	**(n=126)**
Average	10
Range	<1-31
Current Employer	**(n=132)**
Federal Police Agency	1%
Mental Health	0%
Municipal Police Department	27%
Probation Office/Parole Agency	1%
Sheriff's Office	69%
State Police Agency	2%
Other	0%
Rank/Classification	**(n=133)**
Captain	0%
Commander	0%
Corporal/Sr. Officer/Sr. Deputy	8%
Dispatcher	1%
Lieutenant	0%
Officer/Deputy	76%
Probation Officer/Parole Agent	1%
Reserve Officer/Deputy	0%
Sergeant	14%
Other	0%
Current Assignment	**(n=132)**
Administration	1%
Community Resources	0%
Custody	11%
Courts	2%
Dispatch	1%
Investigation	10%
Patrol	65%
Probation/Parole	2%
School Officer/School Deputy	1%
Traffic	4%
Other*	3%

*Other: CIT/Community Action Team; SWAT

TABLE 90. LAW ENFORCEMENT AGENCIES OF CIT TRAINING PARTICIPANTS

	FY17-18 (n=137)
Naval Base Ventura County PD	1%
Oxnard Police Department	19%
Port Hueneme Police Department	1%
Santa Paula Police Department	1%
Simi Valley Police Department	2%
San Luis Obispo Sherriff	1%
Ventura County Probation Agency	1%
Ventura County Sheriff	66%
Ventura Police Department	8%

Program Activities and Reach

TABLE 91. CIT ACADEMY PARTICIPATION

# Trained & Certified			
Academy #45 Dec 17	Academy #46 Mar 2018	Academy #47 Apr 2018	FY17-18 Total
41	49	47	137

TABLE 92. REASONS FOR PARTICIPATING IN CIT TRAINING

	FY17-18 (n=132)
I was told to take it, but I didn't mind.	78%
I asked to take it.	8%
I was told to take it, against my wishes.	14%

Participant Satisfaction

The CIT Academy Evaluation Form administered at the conclusion of the five-day training asked participants to indicate their level of experience with people affected by mental illness.

TABLE 93. CIT TRAINING PARTICIPANT EXPERIENCE WITH PEOPLE AFFECTED BY MENTAL ILLNESS

FY17-18 (n=131-133)				
	None	**Small**	**Medium**	**Extensive**
My experience working with those affected by mental illness.	4%	19%	48%	29%
My experience knowing someone close to me (family member, friend, etc.) affected by mental illness.	24%	44%	21%	11%
Prior to this class, my level of education about mental illness.	2%	42%	50%	6%

The CIT Academy Evaluation Form also assessed participant satisfaction with the class content and instructors.

TABLE 94. OVERALL EVALUATION OF CIT

	FY17-18 (n=133)
	% Agree or Strongly Agree
The instructors for this class were knowledgeable.	96%
I will use what I learned from this class in my job.	91%
As a result of this class, I feel more confident in responding effectively with a mental health problem or crisis.	86%
As a result of this class, I am more knowledgeable about mental health issues and related crises.	92%
	% Yes
Would recommend the CIT Academy to a peer?	91%

CIT Card Information

Ventura County law enforcement 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, and disposition, and city of incident. There was a total of 2,137 CIT cards submitted in FY17-18.

TABLE 95. CIT CARD SUBJECT GENDER AND AGE

	FY17-18
Gender	**(n=2,137)**
Female	47%
Male	53%
Race	**(n=2,075)**
American Indian/Alaskan Native	>1%
Asian/Pacific Islander	4%
African American/Black	6%
Hispanic/Latin/Mexican	22%
White	60%
Other	8%

TABLE 96. CIT CARD INCIDENT CITY

	FY17-18
City	**(n=2,137)**
CSUCI	2%
Camarillo	14%
Fillmore	3%
Moorpark	4%
Oak Park	>1%
Ojai	3%
Oxnard	10%
Port Hueneme	3%
Santa Paula	2%
Simi Valley	22%
Thousand Oaks	25%
Ventura	12%

TABLE 97. CIT CARD SUBJECT DISPOSITION

	FY17-18 (n=1,280)
5150/5585	33%
Arrest	1%
Contact only	40%
Emergency Room	19%
Voluntary	4%
Other	3%

Training Outcomes

Findings from the CIT Follow-Up Survey administered in June 2018 are presented below. The survey was completed online by individuals participating in CIT training between January 2017 and May 2018. The overall response rate for the survey was 77% (101 individuals completed the survey out of 132 asked to participate).

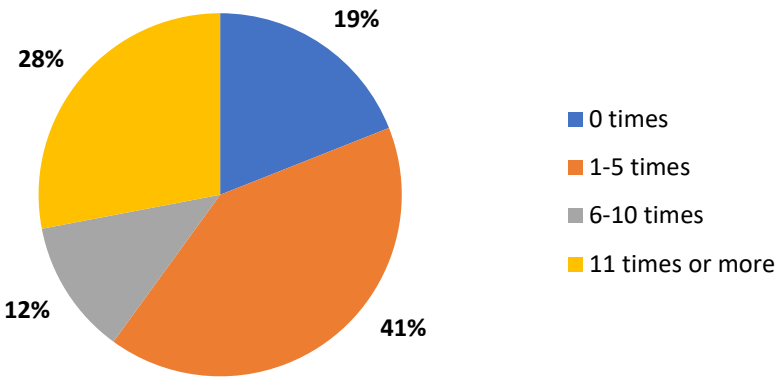
TABLE 98. CIT RESPONDENT EMPLOYER, RANK, AND ASSIGNMENT

	% of Respondents
Current Employer	**(n=101)**
Federal Police Agency	1%
Mental Health	0%
Municipal Police Department	45%
Probation Office/Parole Agency	5%
Sheriff's Office	44%
State Police Agency	3%
Other (social worker; college officer)	2%
Rank/Classification	**(n=101)**
Captain	0%
Commander	1%
Corporal/Sr. Officer/Sr. Deputy	6%
Dispatcher	2%
Lieutenant	0%
Officer/Deputy	73%
Probation Officer/Parole Agent	5%
Sergeant	11%
Other (crisis team clinician; social worker; psychologist; technician)	2%
Current Assignment*	**(n=101)**
Administration	0%
Community Resources	1%
Courts	2%
Custody	10%
Dispatch	2%
Investigation	14%
Patrol	60%
Probation/Parole	5%
School Officer/School Deputy	3%
Traffic	2%
Other (behavioral sciences unit; civil; crisis team; social worker; neighborhood policing team)	5%

*Percentages sum to over 100% as multiple response options could be selected.

Most (81%) 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 six or more times since being trained (**Figure 11**).

FIGURE 11. CIT FREQUENCY OF DE-ESCALATION TECHNIQUE USE (n=108)



Of those who used the de-escalation techniques at least once since training (n=81), almost all (95%) reported that the techniques helped to decrease tension in mental health crisis situations (**Table 99**).

TABLE 99. CIT UTILITY OF DE-ESCALATION TECHNIQUES

Did the de-escalation techniques help to:	(n=77-81)
	% Yes
Decrease the tension in mental health crisis situations?	95%
Reduce the duration of mental health crisis situations?	76%
Return the person displaying signs of mental illness to a competent level of functioning?	70%

Multiple survey items were asked to assess the impact of CIT training on participant ability to effectively assess and assist those experiencing a mental health crisis (**Table 100**). Overall, more than 5 out of 10 agreed or strongly agreed with all survey items regarding the effect CIT training had on their knowledge and skill levels. Moreover, 7 out of 10 agreed or strongly agreed that CIT training better prepares officers to handle crises effectively and improves communication skills.

TABLE 100. CIT PARTICIPANT KNOWLEDGE AND SKILLS

	(n=98-100)		
	% Agree or Strongly Agree	% Neutral	% Disagree or Strongly Disagree
CIT training better prepares law enforcement officers to handle crises involving individuals with mental illness.	71%	14%	15%
I have more skills useful for managing any type of mental health crisis effectively.	74%	16%	10%
I can more effectively communicate with persons displaying signs of mental illness.	70%	20%	10%
I am better able to recognize signs and symptoms of mental illness among individuals that I encounter in the community.	66%	21%	13%
CIT training increases mental health consumer safety.	68%	25%	7%
I feel more prepared to respond to an incident involving a person engaging in self-harming behavior or threatening suicide.	74%	19%	7%
I am more comfortable interacting with persons displaying signs of mental illness.	65%	20%	15%
I am better able to defuse aggression before it becomes violence.	58%	27%	15%
CIT training increases law enforcement officer safety.	60%	25%	15%
I believe treatment can help people with mental illness lead normal lives.	63%	28%	9%
I believe people are generally caring and sympathetic to people with mental illness.	51%	36%	13%

CIT Event Card Completion

Over half (57%) of respondents indicated that 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=43), key reasons provided were:

- Specific department, agency, or position not required to complete CIT Cards (e.g., Custody, Supervisor, Probation, Dispatch, Investigations) (n=17)
- Did not feel it was necessary given the situation, indicating that CIT cards are reserved for when situations meet specific criteria (n=8)
- Has not encountered a situation that required a card (n=3)
- Forgot to complete a Card (n=3)
- Time-consuming due to frequent encounters (n=2)
- Someone else (e.g., a partner) filled out a Card (n=2)

Respondents were asked about their perceptions of CIT training. Overall, nine out of ten expressed satisfaction with the training, and over two-fifths indicated having shared skills or strategies they learned with other officers (**Figure 12**).

Additional Training Desired

When asked about additional or follow-up training, 25 respondents provided suggestions, including:

- Periodic refresher training course (n=10)
- Additional trainings about specific mental illnesses (e.g., symptoms) and treatment protocol (e.g., medications) (n=5)
- Current crisis and mental health resources available in county and updated policies or procedures (n=2)
- Additional real-life scenario discussions (e.g., how to find appropriate assistance, bed availability for juveniles, body camera video presentations) (n=4)
- Additional team members with education/experience in mental health and/or therapy to assist with responding to calls (n=2)
- Additional guest speakers with real-life experiences with mental illness (n=1)

Success Stories

"Nearly every contact with someone displaying signs of mental illness, I've been able to use skills and techniques learned in CIT that have helped diffuse or make the situation more comforting for both sides."

"CIT training has been helpful in multiple situations. I have been able to recognize when someone is in a crisis or has a mental health issue over the phone and help calm them down to make the deputies jobs a little easier when they go on scene."

"I responded to a suicidal teenager that was depressed. I was able to talk to her and explain that there was available resources she could take advantage of in the county in order to get treatment. I was able to talk to her and avoid putting her on a 5150 Hold. I felt comfortable that she was not going to harm herself and was going to take advantage of the available resources."

"I have used CIT when I worked in the psychiatric housing unit in the jail and managed to deescalate situations verbally instead of having to use physical force on the inmates. One inmate became irate and refused to return to his cell. I initially thought I might have to tase him if he became combative but I was able to talk to him and gain his compliance using CIT techniques I learned."

Mental Health First Aid

Program Category: Outreach for Increasing Recognition of Early Signs of Mental Illness, Prevention, and Suicide Prevention

Provider: Trainers certified by Mental Health First Aid, USA

Population Served: Community members who work or interact with individuals who may experience a mental health problem

Program Overview: Mental Health First Aid (MHFA) is a national program that teaches trainees how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps identify, understand, and respond to signs of addiction and mental illness.

Program Outcome Indicators:
After participating in MHFA Training,

- 99% were aware of their own views and feelings about mental health problems and disorders
- 99% could recognize and correct misconceptions about mental health and mental illness
- 99% could actively and compassionately listen to someone in distress
- 98% could assist a person who might be dealing with a mental health problem or crisis to seek professional help
- 97% could assist a person who might be dealing with a mental health problem or crisis to connect with community, peer and personal supports
- 97% could offer a distressed person basic "first aid" level information and reassurance about mental health problems
- 97% could reach out to someone who may be dealing with a mental health problem or crisis
- 97% could recognize the signs that someone may be dealing with a mental health problem or crisis
- 95% could ask a person whether they are considering killing themselves

Program Impacts:

- By training community members in basic mental health first aid, this program may help reach underserved populations and improve timely access and create linkages to appropriate services because community members are able to identify those at risk and connect them with sources of professional and community supports.
- MHFA training teaches trainees to listen nonjudgmentally and give reassurance and support, which are non-stigmatizing and non-discriminatory practices. Additionally, the information provided to trainees may reduce stigma about mental illness in themselves and others.

Program Highlights: FY17-18

Program Activities and Reach

- **381** individuals (duplicated) trained in **7** regions
- **343** individuals certified
- **14** English language trainings
- **5** Spanish language trainings

Trainee Demographics

- **79%** age 26 to 59
- **77%** female (current gender identity)
- **58%** Hispanic/Latino
- **60%** White or Caucasian
- **4%** Veterans

Data Notes

- Participant counts were inconsistent across the VCBH template and may be duplicated
- Demographic data was collected in accordance with evidence-based practices, but not required

Trainee Demographics

TABLE 101. MHFA TRAINEE AGE AND GENDER

	FY17-18
Age	**(n=305)**
0 to 15	1%
16 to 25	10%
26 to 59	79%
60 & older	10%
Declined to Answer	0%
Gender Assigned at Birth	**(n=270)**
Female	78%
Male	21%
Declined to Answer	<1%
Current Gender Identity	**(n=256)**
Female	77%
Genderqueer	0%
Male	21%
Questioning or Unsure	0%
Transgender	0%
Another Gender Identity	0%
Declined to Answer	2%

FY17-18 Jan-Jun
Primary Language*
(n=287)

- **n= 201** English
- **n= 93** Spanish
- **n= 1** Indigenous

* Trainees were allowed to selected multiple

TABLE 102. MHFA TRAINEE RACE AND ETHNICITY

	FY17-18
Race	**(n=265)**
American Indian or Alaska Native	3%
Asian	5%
Black or African American	1%
Native Hawaiian or other Pacific Islander	2%
White	60%
Other	10%
More than one Race	12%
Declined to Answer	7%
Ethnicity	**(n=281)**
Hispanic or Latino (all)	58%
Non-Hispanic or Non-Latino (all)	27%
More than one Ethnicity	13%
Declined to Answer	2%

FY17-18
Hispanic Ethnicities
(n=187)

- **n= 158** Mexican
- **n= 5** Central American
- **n= 4** South American
- **n= 1** Puerto Rican
- **n= 19** Other

FY17-18
Non-Hispanic Ethnicities
(n=93)

- **n= 32** European
- **n= 10** Filipino
- **n= 5** Eastern European
- **n= 4** African
- **n= 3** Asian Indian/South Asian
- **n= 3** Vietnamese
- **n= 2** Japanese
- **n= 34** Other

TABLE 103. MHFA TRAINEE SEXUAL ORIENTATION

	FY17-18 (n=236)
Bisexual	3%
Gay or Lesbian	2%
Heterosexual or Straight	85%
Queer	<1%
Questioning or Unsure	<1%
Another Sexual Orientation	<1%
Declined to Answer	9%

Disabilities FY17-18 (n=265)

56 trainees reported having one or more disabilities

Communication
- Seeing (n=24)
- Hearing/Speech (n=9)
- Other (n=5)

Cognitive
- Learning (n=5)
- Developmental (n=5)
- Dementia (n=3)

Physical
- Physical/mobility (n=11)

Health
- Chronic (n=32)
- Other (n=5)

Program Activities and Reach

Mental Health First Aid trainings were conducted in English and Spanish in multiple locations throughout Ventura County.

TABLE 104. MHFA TRAININGS

	FY17-18
Total # of MHFA Trainings	19
# of English-Only Trainings	14
# of Spanish-Only Trainings	5
# of Adult Trainings	13
# of Youth Trainings	6
# of Trainees (duplicated)	381
# of Manuals Distributed	367
# of Trainees Certified	343

TABLE 105. MHFA TRAINEES BY GEOGRAPHIC LOCATION

	FY17-18 (n=381)
Camarillo	24%
Fillmore	5%
Oxnard	38%
Santa Paula	7%
Simi Valley	5%
Thousand Oaks	10%
Ventura	11%

Trainee Satisfaction

Tables 106 and **107** display the results of a Post-Training Evaluation Form administered at the end of the MHFA training session.

TABLE 106. MHFA OVERALL COURSE EVALUATION

	FY17-18 (n=304-310)
	% Agree or Strongly Agree
Course goals were clearly communicated.	99%
Course goals and objectives were achieved.	97%
Course content was practical and easy to understand.	98%
There was adequate opportunity to practice the skills learned.	97%
	% Yes
Would you recommend this course to others?	100%

TABLE 107. EVALUATION OF MHFA COURSE INSTRUCTORS*

	FY17-18 (n=536-538)
	% Agree or Strongly Agree
Instructor demonstrated knowledge of the material presented.	98%
Instructor's presentation skills were engaging and approachable.	99%
Instructor facilitated activities and discussion in a clear and effective manner.	98%

*ns are larger than total survey respondents, as some trainings had multiple instructors and respondents provided evaluations for each instructor separately. Data provided reflects the aggregate across all instructors evaluated.

Trainee Outcomes

The Post-Training Evaluation Form also asked trainees to report on their skills and confidence gained as a result of the training. Self-reported trainee outcomes are summarized in **Table 108**.

TABLE 108. MHFA TRAINEE SELF-REPORTED SKILLS/CONFIDENCE GAINED

As a result of this training, I feel more confident that I can…*	FY17-18 (n=310)
	% Agree or Strongly Agree
Recognize the signs that someone (a young person) may be dealing with a mental health problem or crisis.	97%
Reach out to someone (a young person) who may be dealing with a mental health problem or crisis.	97%
Ask a person (a young person) whether s/he is considering killing her/himself.	95%
Actively and compassionately listen to someone (a young person) in distress.	99%
Offer a distressed person (a young person) basic "first aid" level information and reassurance about mental health problems.	97%
Assist a person (a young person) who may be dealing with a mental health problem or crisis to seek professional help.	98%
Assist a person (a young person) who may be dealing with a mental health problem or crisis to connect with community, peer, and personal supports.	97%
Be aware of my own views and feelings about mental health problems and disorders.	99%
Recognize and correct misconceptions about mental health and mental illness as I encounter them.**	99%

*Some items differed between Adult and Youth Post-Training surveys. Variations for Youth Training items are in parentheses.

**This item was only asked of participants in the Adult Trainings, n=217.

Trainee Feedback and Recommendations

Course Strengths

Of 310 FY17-18 Post-Training Evaluation Forms, 238 (77%) trainees provided comments about the course strengths. Key themes across training types were similar and included:

- ***The knowledge and skills acquired during the training***. ALGEE (mnemonic device for the MHFA Action Plan) (n=45), assessment of and follow-up steps for individuals thinking about suicide (n=23), approaching and interacting with individuals experiencing mental illness (n=14), and the risk signs of mental illness (n=10) were the most common pieces of information/skills mentioned by respondents.

> *"The fact that the presenters were so knowledgeable and passionate about what they do."*
>
> *"Going over ALGEE again and again."*
>
> *"The activities and role plays help to practice what we learned."*

- ***Specific aspects of the course/structure and techniques/strategies to reinforce skills and knowledge acquired***. Trainees reported that the opportunities to practice the skills through group exercises, scenarios, and role playing was highly valued (n=48) and other trainees noted that the qualities of the instructors (e.g., engaging, compassionate, encouraging) (n=31) were the course's greatest strength. Trainees also noted that the course materials (e.g., videos, book) (n=20) were course strength and a number of others felt that the course content itself was a strength (n=14).

- ***General information presented on mental health (n=10).*** Some trainees also noted that they valued the information presented on specific mental health problems including depression, bipolar disorder, psychosis, and substance use disorder.

Course Weaknesses

Of 310 FY17-18 Post-Training Evaluation Forms, 184 (59%) trainees provided comments about the course weaknesses. 5 responses could not be coded. 84 respondents stated that the course did not have any weaknesses. Key themes across the Adult and Youth training types were similar and included:

- ***Comments about the timing or the length of the course***. Some respondents felt that the course was too long (n=14). Others stated that the course should be longer (n=5) or include additional time to allow for deeper discussion of the materials or more practice (n=13). Some trainees reported that too much information was presented in too short of a time period (n=11), and other respondents noted general concerns about time as the most significant course weakness (n=8).

> *"The course was too short and I needed more time to practice what I learned."*
>
> *"Sometimes afraid to ask question about scenario - felt attached [attacked] for asking questions."*

- ***Recommendations about enhancements to the course materials and/or structure***. Respondents wanted more scenarios and opportunities to practice first aid skills (n=8), as well as, more videos, examples, activities, and group exercises (n=6). A few trainees noted concerns about the sequencing of the presentation and the presentation's lack of alignment with the course materials (e.g., book) (n=4).

- ***Concerns about the course instructors (n=12***). Comments varied but some respondents reported that the instructors were critical of student comments and questions, or noted concerns about the delivery of the course materials.

- ***Other weaknesses identified.*** Comments included concerns about the physical space (e.g., temperature, lack of refreshments/snacks) and specific topics that were covered in the course (e.g., suicide).

Positive Behavior Interventions & Supports (PBIS)

Program Category: Prevention

Provider: Ventura County Office of Education (VCOE)

Population Served: Ventura County school administrators, teachers, and staff

Program Overview:
PBIS provides training for educators in classroom management competencies and techniques including teaching expectations, designing schedules, using positive interactions, and establishing consequences for misbehavior. The program utilized the evidence-based CHAMPS (Conversation, Help, Activity, Movement, Participation, and Success) model as the school and classroom behavior management approach to train and encourage desired behaviors among students through school-wide goals and guidelines.

Program Outcome Indicators:
As a result of participating in PBIS,

- 100% of teachers have a better rapport with students
- 100% of administrators and counselors agree that their teachers are better able to teach students because of fewer behavioral disruptions
- 100% of teachers experienced a reduction in sending students to the principal's office

Program Impacts:

- This program promotes timely access to mental health services in schools by educating administrators and teachers on healthy behaviors and how to recognize signs of mental illness in their students.

Program Highlights: FY17-18

Outcomes

- **93%** of administrators experienced a reduction in suspensions
- **86%** of teachers experienced a reduction of suspensions

Outreach

- **61** PBIS trainings with **1,346** total participants

Data Notes

- Only 23 individuals' responses are reflected in the outcome data

Program Activities

- PBIS: Positive Behavior Interventions and Supports (PBIS) supports schools, districts, and states to build systems capacity for implementing a multi-tiered approach to social, emotional, and behavior support. The broad purpose of PBIS is to improve the effectiveness, efficiency, and equity of schools and other agencies. PBIS improves social, emotional, and academic outcomes for all students, including students with disabilities and students from underrepresented groups.
- CHAMPS: This classroom management system helps teachers teach students to be responsible, motivated, and highly engaged by promoting conversation, seeking help, clear objectives, movement, and participation.

Outreach Activities

TABLE 109. PBIS TRAINING SITES

Location	# of Trainings/Visits (n=61)
School/School District	30
Interagency meeting	2
Speaking Event/Presentation	23
Other	6

TABLE 110. PBIS TRAINING PARTICIPANTS

Audience	# of Participants (n=1190)
Parent	2
Educators and Teachers	1187
Community Member	1

Outcomes

TABLE 111. PBIS TRAINING OUTCOMES

As a result of the PBIS Training…	% Agree or Strongly Agree
	FY17-18
District Administrators/Principals/Assistant Principals/Counselors	**(n=15)**
My district/school has been motivated to create a PBIS plan.	100%
I feel confident implementing PBIS in my district/school.	100%
I feel confident providing PBIS training to my colleagues.	100%
My teachers have demonstrated a better understanding of their students.	100%
My teachers demonstrate a better rapport with students.	100%
Teachers are better able to teach students because of fewer behavioral disruptions.	100%
Teachers	**(n=8)**
I have been motivated to create a PBIS plan for my classroom.	100%
I feel confident implementing PBIS in my classroom.	100%
I feel confident providing PBIS training to my colleagues.	100%
I have a better understanding of my students.	100%
I have a better rapport with my students.	100%
I am better able to teach my students because of fewer behavioral disruptions.	100%

TABLE 112. PBIS IMPLEMENTATION OUTCOMES

Since beginning this training, to what extent have you experienced a reduction in…	% To a great extent or Somewhat
	FY17-18
District Administrators/Principals/ Assistant Principals/Counselors	**(n=7)**
Tardies	69%
Absences	92%
Office Referrals	78%
Suspensions	93%
Expulsions	57%
Teachers	**(n=8)**
Tardies	86%
Absences	86%
Office Referrals	100%
Suspensions	86%
Expulsions	72%

Success Stories

"Outstanding work and support from the VCOE team to schools."

"In September 2017, Gateway Community School reported a decrease in suspension discipline and reports it is due to PBIS – CHAMPS (and Restorative Justice) practices."

"Thank you for having [PBIS] come and work with us. It is so inspiring to hear from others in our county. It always renews my commitment to PBIS and [PBIS] MTSS [Multi-Tiered System of Support] intervention because it is what is best for our students and our communities."

Restorative Justice (RJ)

Program Category: Prevention

Provider: Ventura County Office of Education (VCOE)

Population Served: Ventura County school staff, students, parents, and community members

Program Overview:
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. 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 Outcomes:
VCOE's Leadership Support Services Restorative Justice Program implemented major changes during Fiscal Year 2017-18. They transitioned from trainer-led classes to a coaching model due to the increasing need for personalized implementation. The RJ Program developed a coaching brochure and began offering services to districts. They also strengthened and further personalized data collection and evaluation in each school. Due to this transition, demographic and outcome data are not able to be reported for FY17-18, but these changes should allow for greater impacts in schools moving forward.

Program Impacts:
- RJ helps improve timely access to mental health services by teaching teachers and administrators to recognize and address unhealthy behaviors before allowing them to escalate.

Program Highlights: FY17-18

Program Activities
- **2** RJ Network Facilitator Trainings with **54** total participants

Training Feedback
- **96%** of trainees said training content will contribute to improving the practices or systems in their work

Data Notes
- Due to the transition occurring in FY17-18, implementation data and demographic data were not collected. RJ will continue developing their evaluation infrastructure for RJ coaching in FY18-19 and beyond.

Program Activities and Participation

Program Activities include Network Facilitator Meetings and RJ Training facilitated by program staff.

TABLE 113. RJ NETWORK FACILITATOR MEETINGS

FY17-18	
Date	**# of Participants**
August 2017	98
September 2017	13
October 2017	52
January 2018	105
February 2018	93
March 2018	26
April 2018	28
June 2018	48
Total	463

TABLE 114. RJ TRAINING PARTICIPATION

FY17-18		
Date	**Topic**	**# of Participants**
January 18, 2018	Restorative Justice and Bullying Prevention	19
June 26, 2018	Restorative Justice Facilitator Training	35

FY17-18
RJ Training Types of Responders
(n=162)

- **n= 122** Educators
- **n= 36** Community Members
- **n= 3** Parents
- **n= 1** Students

Training Participant Feedback

Evaluative surveys were administered to training participants at the completion of four FY17-18 RJ Trainings to assess satisfaction with training content and presenter.

TABLE 115. RJ TRAINING EVALUATION FINDINGS

	FY17-18	
	Restorative Justice and Bullying Prevention	**Restorative Justice Facilitator Training**
Survey Response		
# of Surveys Received	19	35
Training Component	**% Rated Above Average or High**	
Presenter's knowledge and expertise level	100%	100%
Presentation was clear, engaging, and effective	100%	91%
Relevance and quality of materials and resources	95%	92%
Content knowledge will assist me to do my job more effectively	100%	94%
Content will contribute to improving the practices/systems in my work	100%	94%
Overall rating of the workshop	100%	97%

Participants were asked to provide key learnings and strategies gained from training. Sample comments from two trainings are provided below.

"As a classroom teacher, I will use these practices on a small scale to establish a culture of respect, communication, and trust in my class."

"I will plan to incorporate community building strategies on the 1st day of class to set the tone of the year and start building relationships with my students."

"Working through the prep work and circle with my group and being able to ask questions about the process was extremely effective. This will be very helpful for addressing large scale issues when I become an admin in the future."

"Being a new teacher, this course reinforced the ideas of being non-judgmental and inquisition when trying to figure out what the problem is."

"I will definitely research more on the restorative justice topic and implement circles as ice-breakers for my parent meetings."

safeTALK
(suicide alertness for everyone: Talk, Ask, Listen, Keepsafe)

Program Category: Suicide Prevention, Access and Linkage to Treatment, and Outreach for Increasing Recognition of Early Signs of Mental Illness

Provider: Ventura County Office of Education (VCOE)

Population Served: Ventura County school staff, students, parents, and community members

Program Overview:
safeTALK provides free suicide alertness trainings to schools and community members, preparing participants age 15 years or older to identify persons with thoughts of suicide and connect them with suicide first aid resources. School districts were provided resources for completing and implementing suicide prevention policies. safeTALK is an evidence-based suicide intervention training program developed by LivingWorks© and grounded in a theory of change and the gatekeeper training suicide prevention strategy, which has been found to positively impact "declared" and "perceived" suicide intervention knowledge. Additionally, emerging evidence has found such training to be valuable in overcoming participants reluctance to intervene, promoting adaptive beliefs conducive to intervention, and increasing participants' intervention self-efficacy.

Training Participant Outcome Indicators:
As a result of participating in safeTALK…

- 99% agreed that their trainer was well prepared and familiar with material
- 99% agreed that their trainer encouraged participation and respected all responses
- 94% felt mostly prepared or well prepared to talk directly and openly with a person about their thoughts of suicide
-

Program Impacts:

- The safeTALK program provided community members with tools to identify persons with suicidal ideations and to connect them to appropriate resources therefore increasing timely access and providing linkages to mental health services.
- Program trains community members on non-stigmatizing and non-discriminatory practices for suicide prevention

Program Highlights: FY17-18

Training Activities

- **30** trainings with **700** total participants
- **30%** post-training survey response rate

Participant Feedback

- On average, participants rated the program **9.31 out of 10**, with over 80% assigning a score of 9 or more

Data Notes

- Trainee demographic data not collected according to State Regulation Requirements

Training Participant Demographics

TABLE 116. safeTALK PARTICIPANT DEMOGRAPHICS

	FY17-18
Age	**(n=563)**
15 to 17	16%
18 to 24	12%
25 to 64	71%
65 or older	1%
Gender	**(n=563)**
Female	74%
Male	26%
Race/Ethnicity*	**(n=551)**
African American	3%
Asian/Pacific Islander	4%
Caucasian	46%
Latino	45%
Native American	1%
Other	5%

*Respondents could select more than one option

Training Activities and Participation

TABLE 117. safeTALK TRAINING SITES AND PARTICIPATION

	FY17-18 (n=700)
Blackstock Junior High	65
Camarillo Career Education Center	37
Camarillo Health Care District	27
CAPE Charter School	31
Chaparral Middle School	61
CMCD	15
The Coalition for Family Harmony	35
Conejo Boys and Girls Club	32
Dorothy Boswell School, Ventura	33
E.O. Green, Oxnard	61
Filmore Unified School District	25
Moorpark Career Education Center	28
Moorpark High School	73
Oxnard College	15
Oxnard Union High School District	20
Pacifica High School	30
Santa Barbara Bus College	16
VCOE	83
Whole Person Care Program, Ventura	13

TABLE 118. safeTALK TRAINING SETTINGS

	FY17-18 (n=29)
Community-Based Organization	9
School	19
Speaking event/ Presentation	1

TABLE 119. safeTALK TRAINING TYPE*

	FY17-18 (n=701)
Clinician	20
Community Member	19
Educator	396
Nurse	2
Parent	1
Student	131
Other	132

*Respondents could select more than one option

Training Participant Feedback

safeTALK evaluation surveys were administered after each training in FY17-18 to assess participant satisfaction and areas for improvement.

TABLE 120. SAFETALK TRAINING EVALUATION FINDINGS

	FY17-18
% Agree or Strongly Agree	**(n=533-534)**
My trainer was prepared and familiar with the material	99%
My trainer encouraged participation and respected all responses	99%
% Mostly Prepared or Well Prepared	**(n=523)**
How prepared do you now feel to talk directly and openly to a person about their thoughts of suicide?	94%

Average Rating of Training by Participants
(1= very bad; 10=very good)

9.31

Training Participant Outcomes

Participants made recommendations on how the training could be improved to make it more effective in preparing suicide alert helpers. VCOE provided responses from 29 FY17-18 safeTALK trainings for a total of 319 responses, of these responses 87 respondents indicated no improvement was necessary.

Of respondents commenting on areas of improvement, key themes included:

- More opportunities for participant interaction, role-playing, and real-life scenarios (n=77)
- Additional training on other topics, such as school-specific protocol, follow-up procedures on what to do after suicidal thoughts are revealed, what to do if someone refuses help, recognizing suicidal thoughts in student writing, more age-specific and grade-specific material, resources to provide to youth, and a discussion of suicide in the context of social media and cyber bullying (n=33)
- Addition of more up-to-date and engaging videos depicting people who have benefited from the techniques taught in the training and illustrating more updated social contexts such as social media (n=18)
- Addition of guest speakers with personal experience and the opportunity to share their own personal experiences (n=8)
- Additional promotion of training course and suggested training audiences (n=5)

Success Stories

"I'm so fortunate to have been part of this training. Suicide is a serious issue and one we need to feel ready to talk about."

"This was one of the rare trainings that provide reasonable steps to help those who may be in need. The resources sheet and wallet card are especially helpful."

"I thought that the presentation was excellent and I really appreciated how safeTALK is working to eliminate the stigma of talking openly about suicide."

"Great training - Gabe and Kelly were well prepared, videos were interesting and practical and safeTALK was very practical for use as a teacher. One of better trainings I have attended. Will recommend to other teachers."

"I am very glad to have the opportunity to discuss these experiences and learning the acronyms that help us be aware to "tells" that invite us to be more direct in asking what they are experiencing and if they need help."

Appendix A. Categories of Ventura County MHSA Programs

Program/Provider(s)	State 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***
One Step a la Vez							
Project Esperanza							
Tri-County GLAD							
MICOP							
PYPF							
Rainbow Umbrella							
Adult Wellness and Recovery Center							
TAY Wellness and Recovery Center							
Wellness Everyday							
Primary Care Program							
Ventura Intervention and Prevention Services (VIPS)							
Crisis Intervention Team (CIT)							
Mental Health First Aid Training (MHFA)							
Positive Behavior Interventions & Supports (PBIS)							
Restorative Justice (RJ)							
safeTALK							

*There are no programs categorized as Stigma and Discrimination Reduction for FY17-18, but the county plans to address this gap in FY18-19

**There are no programs categorized as Access and Linkage to Treatment for FY17-18, , County funds 2 programs for access and linkage, along with improving timely access to services using another funding source. This area will be revisited as the County has just completed a Needs Assessment in the community.

***Optional program category according to PEI regulations

Appendix B. FY17-18 PEI Program Participation

Ventura County Behavioral Health (VCBH) PEI programs include those that deliver services (e.g., one-on-one and group therapy, referrals) to individuals and families in the early stages of or at risk for mental illness, as well as programs that offer trainings to service providers or community members. VCBH provides program services equitably throughout the County to ensure that all residents have access. In order to examine the number of individuals served or trained by PEI program, data provided by PEI programs were tabulated and reported in **Table 121**. In addition, the number of individuals served by region is reported in **Table 122.** Training program recipients were not included in numbers served by region.

Data limitations identified in the methodology section (pages IX to X) and individual program sections of this report also apply to the data in **Tables 121** and **122.** For example, program participation counts may be duplicated within and across programs and regions, potentially inflating the number of individuals served or trained. In addition, the total number of individuals served reported in **Tables 121** and **122** are different (i.e., 5,020 vs. 2,130), due to missing city of residence data from training recipients.

TABLE 121. FY17-18 NUMBER OF PARTICIPANTS SERVED BY PROGRAM*

	# of Unduplicated Participants
One Step A La Vez	225
Project Esperanza	187
Tri-County GLAD	6
Mixteco Inigena Community Organizing Project- Promotoras	380
Promotoras Y Promotroes Foundation- Promotoras	209
Rainbow Umbrella	142
Adult Wellness Center	468
TAY Wellness Center	285
Primary Care Program	430
Ventura Intervention and Prevention Services	70
Crisis Intervention Team (CIT)	137
Mental Health First Aid (MHFA)**	381
Positive Behavior and Intervention Supports (PBIS)	1,346
Restorative Justice (RJ)	54
safeTALK	700
Total Number of Participants Served Across Programs	**5,020**

*Wellness Everyday, a public education campaign, is not included.

**May be duplicated.

TABLE 122. FY17-18 NUMBER OF PARTICIPANTS SERVED BY REGION* (n=2,130)

	# of Participants	% of Total
Camarillo	51	2%
El Rio	67	3%
Fillmore	119	6%
Moorpark	36	2%
Ojai	23	1%
Oxnard	1,180	55%
Piru	9	>1%
Port Hueneme	31	1%
Santa Paula	295	14%
Simi Valley	63	3%
Thousand Oaks	62	3%
Ventura	145	7%
Other	49	2%

*City of residence data for PBIS, RJ, CIT, and safeTALK not included.

Appendix C. FY17-18 PEI Population Served by Program Category

Ventura County Behavioral Health (VCBH) Prevention and Early Intervention (PEI) Programs deliver services to individuals and families in early stages of or at risk for mental illness and offer trainings to service providers and community members to increase awareness of mental illness. PEI dollars are allocated to sixteen (16) programs that provide services to communities across the county to ensure that all residents have equitable access to services. Data provided by PEI programs on demographics and cities served were tabulated and are reported below according to program category: Prevention, Early Intervention, and Other. A total of 4,960 individuals were served in Fiscal Year 2017-2018, including clients and trainees.

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 2,283 participants were served by Prevention programs in Fiscal Year 2017-2018, not including those outreached to by Wellness Everyday campaigns.

Description of Programs

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.

TC 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.

Promotoras - Mixteco Indigena Community Organizing Project: 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.

Promotoras - Promotoras Y Promotores Foundation: 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.

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.

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.

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

Wellness Everyday: Provides prevention, suicide prevention, and coping with trauma messaging via online channels.

Prevention Program Successes

"The most important thing I learned was the confidence in myself to be able to make good changes in my life."- Project Esperanza participant

"I learned a great deal from today's presentation. Learning about isolation and how it negatively affects and impacts deaf and hard of hearing communities. Helpful reminder that these communities also need mental health services. I will no doubt benefit from what I learned in my career as a therapist." -TC GLAD

"Rainbow Umbrella started because a group of people saw queer kids in their community hurting and believed that these kids were too important to be left unsupported. And they were so right. Every day Rainbow Umbrella reaches out to their LGBTQ+ community, empowering and walking alongside young people in their journey, and gives of themselves to others because those 'others' are worth it. On my first day it became clear that Rainbow Umbrella had something to teach me and the world. I cherish the time I got to spend with this beautiful group and wish every queer kid like me could have a space like this."- Rainbow Umbrella participant

Prevention Program Challenges/Lessons Learned

"A major barrier that we come across often is the lack of housing for Transitional Aged Youth (TAY) in our county. When TAY are unable to find shelter, they resort to having to be on the streets or couch surfing. This lack of housing stability becomes a barrier to the individuals' goals." – TAY

"A lesson we have learned through this year of Conexion con Mis Compañeras is recognizing it is difficult to receive trust from the community when you have not built a bond with them. It is our mission to make that conexion (connection) with our participants in order for them to believe we are here for them, not only to pass on knowledge about mental health, but also be here for them when they need any kind of assistance." – Promotoras MICOP

Prevention Program Demographics

TABLE 123. ETHNICITY	
Hispanic	65%
Non-Hispanic	17%
More than one	7%
Decline to answer	11%

TABLE 124. HISPANIC ETHNICITIES			
Mexican	78%	South American	1%
Central American	3%	Caribbean	0%
Puerto Rican	1%	Other	16%

TABLE 125. NON-HISPANIC ETHNICITIES			
European	20%	Korean	1%
Eastern European	3%	African	7%
Japanese	2%	Vietnamese	1%
Filipino	6%	Other	34%
Middle Eastern	1%	More than one	0%
Asian Indian	1%	Declined to answer	24%

TABLE 126. AGE	
0-15	10%
16-25	31%
26-59	47%
60+	6%
Decline to answer	6%

TABLE 127. PRIMARY LANGUAGE**	
English	58%
Spanish	34%
Indigenous	3%
Other	1%
Decline to answer	6%

TABLE 128. RACE	
American Indian/Alaska Native	3%
Asian	2%
Black	3%
Native Hawaiian/Pacific Islander	1%
White	40%
Other	17%
More than one	11%
Decline to answer	21%

TABLE 129. SEX ASSIGNED AT BIRTH	
Female	55%
Male	36%
Decline to answer	9%

TABLE 130. CURRENT GENDER	
Female	50%
Male	37%
Genderqueer	1%
Questioning	0%
Transgender	1%
Another gender	0%
Decline to answer	11%

TABLE 131. SEXUAL ORIENTATION	
Bisexual	4%
Gay or Lesbian	3%
Heterosexual	59%
Queer	2%
Questioning	1%
Another orientation	2%
Decline to answer	29%

TABLE 132. NUMBERS SERVED BY CITY*					
Oxnard	53%	Santa Paula	17%	Fillmore	7%
Ventura	7%	El Rio	4%	Camarillo	3%
Port Hueneme	2%	Simi Valley	2%	Thousand Oaks	2%
Moorpark	1%	Ojai	1%	Piru	1%

*1% of program participants served were from other cities

***percentages may sum to more than 100% at respondents could select more than one response option

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 500 individuals were served in Early Intervention programs in FY 17-18.

Description of Programs

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/Lessons Learned

Neither program collects data regarding program successes, challenges, or lessons learned.

Early Intervention Program Demographics

TABLE 133. ETHNICITY	
Hispanic	87%
Non-Hispanic	13%
More than one	0%
Decline to answer	0%

TABLE 134. PRIMARY LANGUAGE	
English	37%
Spanish	55%
Indigenous	1%
Other	7%
Decline to answer	0%

TABLE 135. RACE	
American Indian/Alaska Native	0%
Asian	1%
Black	1%
Native Hawaiian/Pacific Islander	0%
White	95%
Other	1%
More than one	2%
Decline to answer	0%

TABLE 136. SEX ASSIGNED AT BIRTH	
Female	70%
Male	30%
Decline to answer	0%

TABLE 137. CURRENT GENDER	
Female	84%
Male	16%
Genderqueer	0%
Questioning	0%
Transgender	0%
Another gender	0%
Decline to answer	0%

TABLE 138. SEXUAL ORIENTATION	
Bisexual	1%
Gay or Lesbian	3%
Heterosexual	95%
Queer	0%
Questioning	1%
Another orientation	0%
Decline to answer	0%

TABLE 139. AGE	
0-15	1%
16-25	12%
26-59	83%
60+	4%
Decline to answer	0%

TABLE 140. NUMBERS SERVED BY CITY*	
Oxnard	62%
Ventura	8%
Thousand Oaks	7%
Moorpark	6%
Simi Valley	5%
Ojai	3%
Other	9%

Specific ethnicity data was not collected by these programs during FY 17-18.

* The cities of Camarillo, El Rio, Fillmore, Piru, Port Hueneme, and Santa Paula were not served by these programs.

Other Programs

A total of 2,237 individuals were served by Other PEI Programs during FY 17-18. Other PEI Programs include the following 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.

Description of Programs

Crisis Intervention Team: Provides training for law enforcement officers 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.

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.

Mental Health First Aid: National program that teaches how to identify and help someone who is developing a mental health problem or experiencing a mental health crisis.

safeTALK: 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 Program Successes

"I never knew how to handle suicide. Now I have some tools to help me and others around me."
– safeTALK participant

One of our VCOE trained Middle schools in the Simi USD have expanded their RJ Peer Program and have built capacity by hiring a coordinator and having time for meetings/trainings during the school day. This program is strongly supported by administration, students and parents. They have lowered suspension rates significantly and have increased positive behavior and student engagement. – Restorative Justice

Other Challenges/Lessons Learned

High Schools would like to hold a safeTALK training but it is very difficult to pull students for the 3 consecutive hours that the safeTALK program requires. – safeTALK

Developing staff's growth mindset about RJ and alternative discipline. – Restorative Justice

Other Program Demographics

TABLE 141. SEX ASSIGNED AT BIRTH	
Female	63%
Male	37%
Decline to answer	0%

TABLE 142. CURRENT GENDER	
Female	16%
Male	84%
Genderqueer	0%
Questioning	0%
Transgender	0%
Another gender	0%
Decline to answer	0%

TABLE 143. RACE*	
American Indian/Alaska Native	1%
Asian	4%
Black	3%
Native Hawaiian/Pacific Islander	0%
White	46%
Other	50%
More than one	0%
Decline to answer	0%

TABLE 144. AGE	
0-15	13%
16-25	14%
26-59	71%
60+	2%
Decline to answer	0%

Sexual orientation, language, ethnicity, and city of residence data were not collected from participants during FY17-18.
*percentages may sum to more than 100% at respondents could select more than one response option