Stanislaus County Behavioral Health and Recovery Services
Prevention and Early Intervention
Three-Year PEI Evaluation Report
Data for Fiscal Years 2018-2019, 2019-2020 and 2020-2021

In fulfillment of the requirements in Section 3560.020, 3560.010(b), and 3750 of the Prevention and Early Intervention Regulations

Prevention and Early Intervention Evaluation Planning and Process for Selecting Outcomes and Indicators

As Prevention and Early Intervention is an important component of the Stanislaus County Behavioral Health and Recovery Services (BHRS) Mental Health Services Act, the Community Stakeholder planning and review of programs and PEI Program input are integral ways that program evaluation and outcomes are determined. As indicated in the Annual Update, the community program planning and local review processes were in accordance with Title 9 of the California Code of Regulations, sections 3300 and 3315, and WIC 5848. Through the process, BHRS engages individuals with diverse perspectives with the overarching goal of creating transparency, facilitating an understanding of outcomes progress and accomplishments, and promoting dialogue about present and future opportunities. PEI outcomes and indicators are informed through these dialogues, and even more specifically through the engagement with the PEI programs representing the unserved and underserved community they serve.

The Community Stakeholder planning and local review process contributes to the evaluation process in the following ways:

- The Representative Stakeholder Steering Committee (RSCC) provides key input on annual updates as well as share information about MHSA activities with members of their represented sector or group. There is opportunity to provide feedback and suggestions about the results of the programs, thereby guiding changes in evaluation and/or measurement.
- Since BHRS continuously seeks input from individuals with diverse cultural experience and lived experience perspectives, as well as partner agencies throughout the county, evaluation is guided through these perspectives. These community members and agency partners represent the following:
    - Adults and seniors with severe mental illness
    - Families of children, adults, and seniors with serious mental illness
    - Providers of mental health services
    - Law enforcement agencies
    - Social services agencies
    - Veterans community
    - Providers of alcohol and drug services

- County mental/behavioral health staff
- Health care organizations – private and public
- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations
- Diverse under-represented groups

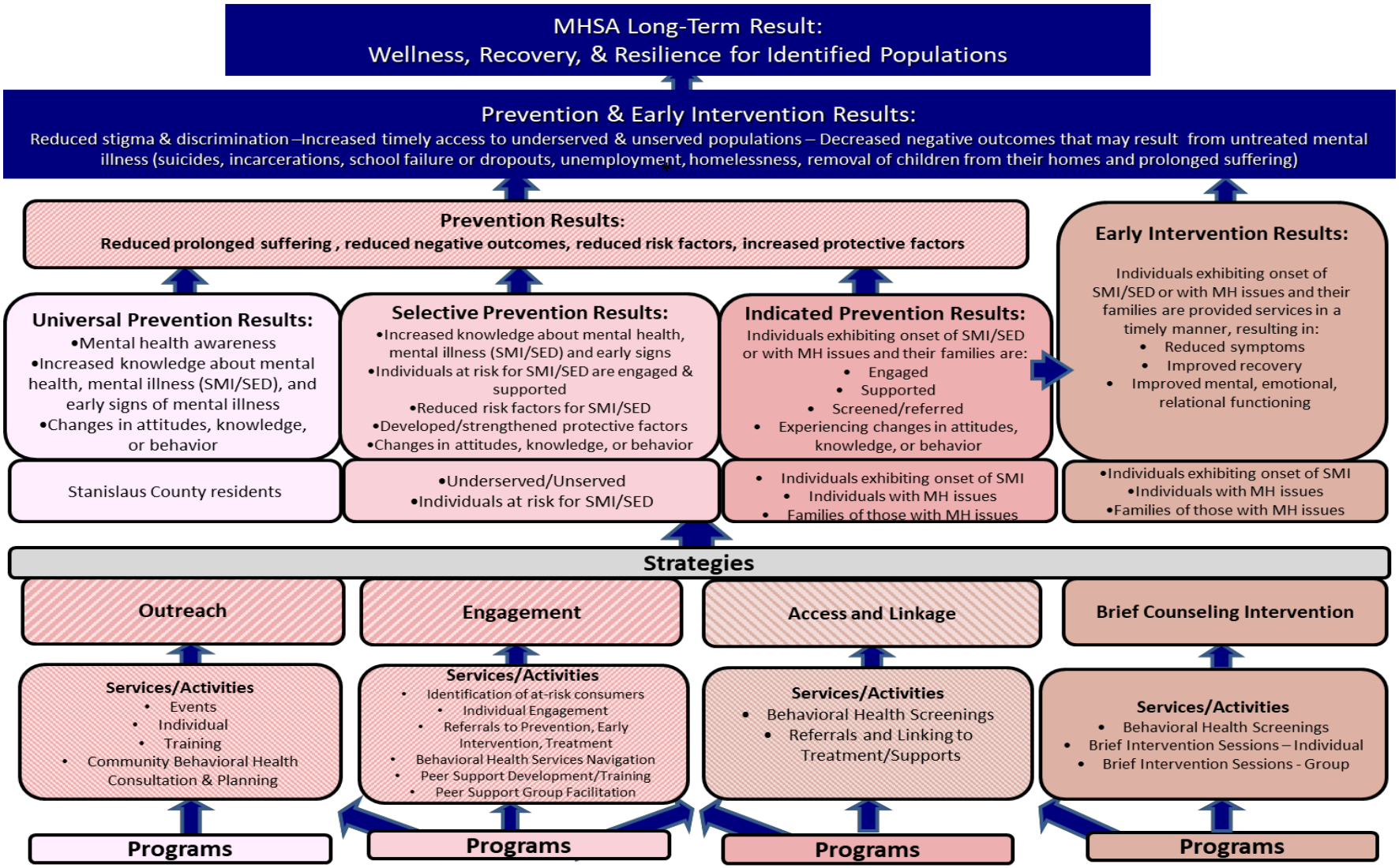
Prevention and Early Intervention partners/programs contribute to the evaluation process in the following ways:

- **PEI Partner Meetings:** PEI partners convene every other month for a two-hour meeting. During this meeting, programs share information, updates, resources, best practices, review regulations, and explore opportunities for collaboration. During this time, data and results are also discussed broadly, and help guide the establishment of outcomes, indicators, tools, and methodology for evaluation.
- **Contract Development and Renewal:** During the development and renewal of contracts, BHRS and programs work together to create meaningful outcomes and indicators, as well as the tools and methodology to be used to measure success. We are still exploring ways to best exhibit the impact of programs in the community, and this will be an ongoing process, especially during the next several years as the meaning of regulations and other legislation unfolds.
- **Contract Monitoring and Periodic Discussions:** Dialogue about measurements often inform how well we are capturing the intended results of programs and the services provided. There are numerous times that program providers have commented how we might better "tell the story" of participant success. Since providers most closely work with participants, this part of the process is invaluable.
- **Program Semi-Annual and Annual Reports:** Similar to contract monitoring, programs provide information that helps determine what is going well and what we can improve upon, including the way we are measuring participant results. We have made changes to our measurements based on this key input.
- **Outcomes Consultations:** There have been multiple ways that BHRS has utilized consultation to develop outcomes, indicators and tools, and methodology for evaluation. These specific consultation processes will be discussed further in the appropriate sections of this report.
  - California State University, Stanislaus – partnership for UIRB review and support of ongoing use of the Stanislaus County PEI Wellbeing Survey
  - Program convenings with specific groups of programs (e.g., Early Intervention programs utilizing "Brief Intervention Counseling") to gather feedback and make decisions about outcomes, indicators, and tools
  - Multiple meetings were assembled to gather program feedback from Early Intervention programs utilizing "Brief Intervention Counseling". During these meetings, several well researched evaluation tools were explored, and the challenges and benefits of implementing each were examined. A consensus was reached, and the *Outcomes Question – 30.2 (OQ-30.2)* was decided upon.

Stanislaus County Behavioral Health and Recovery Services (BHRS) recognizes and acknowledges both the challenges and opportunities for measuring outcomes for Prevention and Early Intervention programs. Prevention and early intervention efforts are difficult to measure for a variety of reasons:

- The ultimate outcome of a negative “not happening” is not easily measurable;
- Difficulty measuring long-term changes of norms that influence the prevention of a negative from occurring;
- Multiple environmental contributing factors may have influence on prevention and early intervention results, including social, community, and economic factors;
- The effects of prevention and early intervention are often not realized quickly, and may take years to show change;
- Individual level data is challenging to collect when interventions are on a community level;
- Combinations of strategies often play a role in effectiveness of prevention and early intervention efforts.

For many of these reasons, BHRS researched ways that programs focused on prevention and early intervention of mental illness could effectively capture intended results. Early in the development of PEI programs, it was clear how important it was to establish what the intended desired results for PEI programs were. Then, programs were molded by the intended results along with the strategies, services, and activities that would lead to those results. The graphic below depicts a high-level view of how programs were developed to achieve those desired results.



**All strategies must 1) Help create access and linkage to treatment; 2) Improve timely access to mental health services; 3) Be provided in convenient, accessible, acceptable, and culturally appropriate settings; 4) Be designed, implemented, and promoted to be non-stigmatizing and non-discriminatory*

***Programs that are focused on Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma Discrimination Reduction, and Suicide Prevention are part of the Prevention categories in this diagram. Further, all prevention programs also include strategies in these areas.*

The goal of all Prevention and Early Intervention programs is to ultimately decrease the negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes. Whenever possible, Prevention and Early Intervention programs provide services before the onset of mental illness, increasing protective factors and decreasing risk factors for both adults and youth. Functional outcomes may also include improving sleep, appetite, motivation, confidence, self-worth, and joy, which in turn lead to improving the negative outcomes listed above.

Stanislaus County continues to build out a theory of change for both prevention and early intervention that incorporates how the negative outcomes, including prolonged suffering, that can be a consequence of untreated mental illness will be addressed and affected through each of the Prevention and Early Intervention programs. Underlying this theory of change are assumptions and measurements. In the spirit of Results Based Accountability, the results/outcomes and measurements/indicators are categorized by "How Much?", "How Well?", and "Is Anyone Better Off?". The chart below provides the details within those categories, including the data source, method of submission, level, and time frame. It also indicates whether that particular outcome and indicator are currently being measured or being planned. There are some cases where some programs within a category are collecting the data for the measurement, while some have not yet implemented the data collection. For some outcomes and indicators, multiple programs will be utilizing the same methodology and instrument; for others, each program may use a different methodology and instrument for the same measurement that is appropriate for that particular program and population it serves. For example, Early Intervention programs measure "% of individuals with reduced symptoms and/or improved functioning or support", but Life Path – Early Psychosis will use a different instrument for the Youth/TAYA population it is serving than Aging and Veteran Services Brief Intervention Counseling that serves the Older Adult population. This detail will be found in each program category section later in this report.

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
All Programs							
How Much	Individuals at risk for or displaying signs of early onset of SMI/SED are provided PEI services	# of unduplicated individuals served (Outreach and Engagement will be duplicated)	Intake Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Underserved and unserved individuals are provided PEI services	Demographics of unduplicated individuals: age, race, ethnicity, language, sexual orientation, disability, veteran status, gender, housing status	Intake Forms	PEI Database	Individual	Quarterly, Annually	Current

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
How Well	Evidence-based, promising practice, or community/practice-based models are used	Implementation of evidence-based, promising practice, community/practice-based model	Program Report	Annual Report	N/A	Annually	Current
Outreach for Increasing Recognition of Early Signs of Mental Illness Programs							
Better Off	Individuals are able to identify signs and symptoms of mental illness	#/% of individuals able to identify signs and symptoms of mental illness	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Partial
Better Off	Individuals know how to respond to signs and symptoms of potential mental illness	#/% of individuals who know how to respond to signs and symptoms of potential mental illness	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Partial
Stigma and Discrimination Reduction Programs							
Better Off	Individuals increase their knowledge regarding diagnosis and or having a mental illness	#/% of individuals who report change in knowledge regarding diagnosis and or having a mental illness	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Partial
Better Off	Individuals change their attitudes regarding diagnosis and or having a mental illness	#/% of individuals who report change in attitudes regarding diagnosis and or having a mental illness	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Partial
Better Off	Individuals change their behaviors regarding diagnosis and or having a mental illness	#/% of individuals who report change in behaviors regarding diagnosis and or having a mental illness	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Partial
Suicide Prevention Programs							
Better Off	Individuals increase their knowledge regarding mental illness related suicide	#/% of individuals who report change in knowledge regarding mental illness related suicide	Survey	Outcome Instrument	Aggregate	Quarterly Annually,	Planned

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
Better Off	Individuals change their attitudes regarding mental illness related suicide	#/% of individuals who report change in attitudes regarding mental illness related suicide	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Planned
Better Off	Individuals change their behavior regarding mental illness related suicide	#/% of individuals who report change in behavior regarding mental illness related suicide	Survey	Outcome Instrument	Aggregate	Quarterly, Annually	Planned
Prevention Programs							
How Much	Individuals at risk for SMI/SED are provided PEI services	#/% of individuals at risk	Intake Form	PEI Database	Individual	Quarterly, Annually	Current
How Much	Individuals displaying signs of early onset of SMI/SED are provided PEI services	#/% of individuals with early onset	Intake Form	PEI Database	Individual	Quarterly, Annually	Current
How Much	Family members of Individuals at risk for or displaying signs of early onset of SMI/SED are provided PEI services	# of family member contacts	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are referred to appropriate mental health resources	# of referrals to appropriate mental health resource (by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are successfully linked to appropriate mental health resources	#/% of individuals linked to appropriate mental health resource successfully (at least one contact, by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are successfully engaged in appropriate mental health services in a timely manner	Average time between referral and engagement with to appropriate mental health resource (by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
Better Off	The time between untreated mental illness and treatment is minimized to reduce prolonged suffering	Average duration of untreated mental illness (onset to treatment)	Tracking Forms	PEI Database	Individual	Annually	Planned
Better Off	Individuals experience reduced risk factors and/or increased protective factors	% of individuals with reduced risk factors and/or increased protective factors	Various Outcome Tools	Outcome Instrument	Individual	Quarterly, Annually	Partial
Better Off	Wellness and resilience is increased for individuals participating in PEI programs	% of individuals with increased wellbeing	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will experience meaningful relationships as a result of participating in PEI programs	% of individuals with meaningful relationships	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will know how to talk to others about important things as a result of participating in PEI programs	% of individuals who know how to talk to others about important things	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will know how to access mental health services as a result of participating in PEI programs	% of individuals who know how to access mental health services	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will be more hopeful about their future as a result of participating in PEI programs	% of individuals who are more hopeful about their future	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Early Intervention Programs							
How Much	Individuals at risk for SMI/SED are provided PEI services	# of individuals at risk	Intake Form	PEI Database	Individual	Quarterly, Annually	Current
How Much	Individuals displaying signs of early onset of SMI/SED are provided PEI services	# of individuals with early onset	Intake Form	PEI Database	Individual	Quarterly, Annually	Current

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
How Much	Family members of Individuals at risk for or displaying signs of early onset of SMI/SED are provided PEI services	# of family member contacts	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are referred to appropriate mental health resources	# of referrals to appropriate mental health resource (by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are successfully linked to appropriate mental health resources	# of individuals linked to appropriate mental health resource successfully (at least one contact, by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
How Well	Individuals are successfully engaged in appropriate mental health services in a timely manner	Average time between referral and engagement with to appropriate mental health resource (by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually	Current
Better Off	The time between untreated mental illness and treatment is minimized to reduce prolonged suffering	Average duration of untreated mental illness (onset to treatment)	Tracking Forms	PEI Database	Individual	Annually	Planned
Better Off	Individuals will experience fewer negative outcomes and/or improved functioning or support	% of individuals with reduced symptoms and/or improved functioning or support	Various Tools	Outcome Instrument	Individual	Quarterly, Annually	Planned
Better Off	Wellness and resilience is increased for individuals participating in PEI programs	% of individuals with increased wellbeing	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will experience meaningful relationships as a result of participating in PEI programs	% of individuals with meaningful relationships	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current

Outcome Type	Result/Outcome	Performance Measurement/ Indicator	Data Source	Method of Data Submission	Individual/ Aggregate Level Data	Data Collection and Reporting Time Frame	Current, Partial*, or Planned Collection *Some programs
Better Off	Individuals will know how to talk to others about important things as a result of participating in PEI programs	% of individuals who know how to talk to others about important things	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will know how to access mental health services as a result of participating in PEI programs	% of individuals who know how to access mental health services	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current
Better Off	Individuals will be more hopeful about their future as a result of participating in PEI programs	% of individuals who are more hopeful about their future	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually	Current

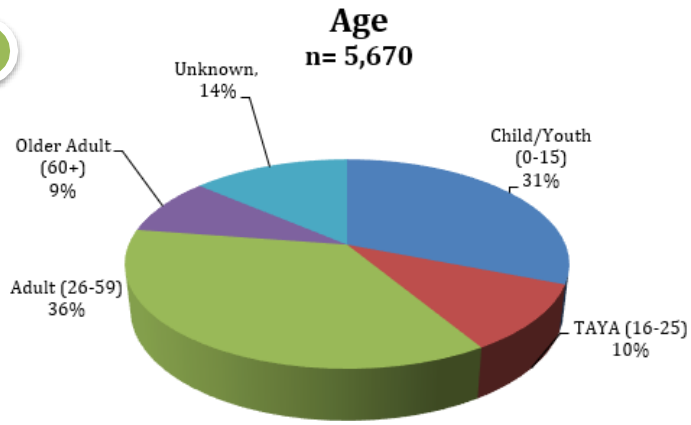
Based on the desired results/outcomes across PEI programs and the accompanying performance measures/indicators, BHRS has been developing the evaluation plan for all PEI programs, including additional details about the tools to be utilized, the methodology, the frequency, and the questions being asked. This is a lengthy process that involves multiple stakeholders and perspectives since consideration of the variances in programs, activities, capacity, and population all affect the ability to collect data in a sensitive, culturally sensitive, and effective manner. In each program section below is a grid depicting the development of the evaluation/outcomes plan for each category of programs.

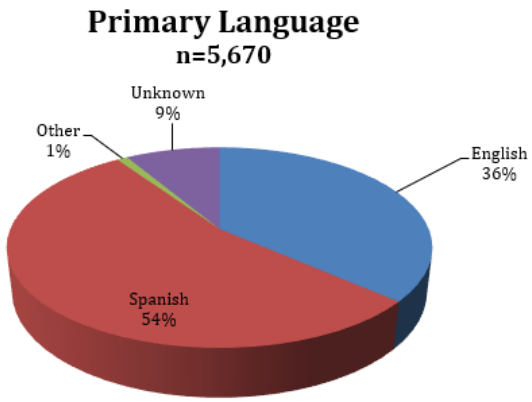
The programs have begun to implement tools that measure these outcomes in a culturally reflective manner, and with that, develop data collection and analysis protocol. For example, programs providing Brief Intervention Counseling are using the PHQ-9, to more effectively measure improved outcomes for other treatment focus.

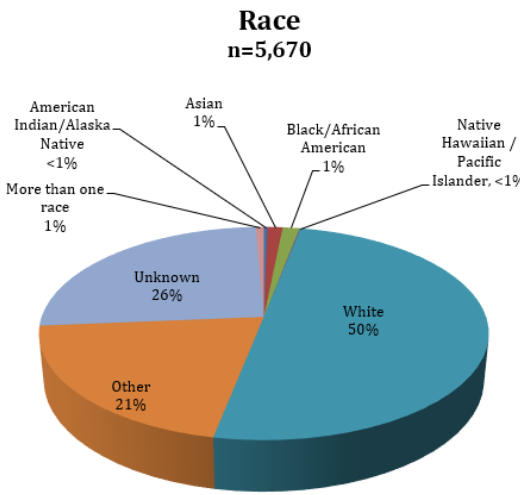
What was the overall impact of Prevention and Early Intervention Programs in Stanislaus County?

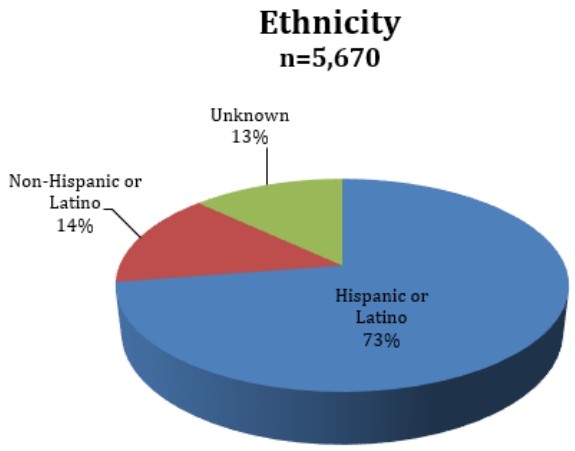
The overall impact of PEI programs in Stanislaus County is not easily quantifiable. However, through the carefully crafted outcomes and performance measures, we can begin to tell the story. One of the expected outcomes of PEI programs is to reach and serve the unserved and underserved. Programs target a variety of the unserved and underserved in Stanislaus County: The demographic information below depicts unique individuals that were served in PEI programs for FY 2020-2021.

5,670 Total Unique Individuals Served









Demographic details, including sexual orientation, disability, veteran status, assigned sex at birth, and current gender identity are included in the spreadsheet. As indicated by the age, race, ethnicity, and primary language, PEI programs are serving demographically diverse unserved and underserved populations in Stanislaus County. More than half (54%) are Spanish speaking, and 73% Hispanic/Latino. In addition, program participants represent multiple other races and span the age range from children to older adults. The collection of demographics continues to be a challenge for programs as participants are hesitant to provide information for a variety of reasons. However, the importance of collecting this information is stressed to understand if we are truly reaching the unserved and underserved in the community.

When assessing the overall impact of PEI programs, one outcome tool, the Stanislaus County Community Wellbeing Survey ("Wellbeing Survey") extends across the entire spectrum of PEI programs and warrants attention due its broad implications. As previously discussed, prevention and early intervention impacts can be difficult to measure. BHRS began working with a consultant specializing in evaluation in 2013 to develop a Community Wellbeing Survey. The intention was to create a tool that could capture the outcomes deemed important for prevention and early intervention. The overarching intended results for PEI participants are reduced stigma and discrimination; Increased timely access; and decreased negative outcomes that may result from untreated mental illness. These outcomes, in turn, will lead to Wellness, Recovery, and Resilience for identified unserved and underserved populations. With these results in mind, the focus of the tool was measuring wellbeing. The initial focus was on aspects of positive psychology and the adoption of Seligman's PERMA (Positive emotion, Engagement, Relationships, Meaning and Accomplishment) model as the starting point for discussions. The creation of the survey began with the integration of best practice measures of wellbeing and the PERMA model; and adapted them to the needs of community-based programs. The tool includes national and international indicators of wellbeing, measures of resiliency and strengths, and protective factors. The tool includes adult, youth, and event surveys in both English and Spanish, and they all help assess the subjective wellbeing and health of PEI program participants, measuring point-in-time individual, as well as community wellbeing.

Always with the participant's protection and safety in mind, BHRS participated in a rigorous Institutional Review Board (IRB) process and has been administering the survey quarterly since that time at programs and events held by PEI programs. The survey also gathers a small amount of identifying information with the intent to track client outcomes over time. It is the goal of BHRS to continue utilizing the survey with an added emphasis on more rigorous analysis and effective use of the information garnered. BHRS has since established a partnership with California State University, Stanislaus faculty to partner on this project. University faculty role will be to assist with data analysis and interpretation. Additionally, CSU Stanislaus faculty will be helping to look at data over time. We hypothesize that the measured wellbeing of program participants will increase as they connect to services, expand their social support networks, and increase leadership and other skills, and anticipate that the information gleaned from the study will inform efforts to enhance PEI programs to better meet the needs of program participants and the community as a whole. We are looking forward to answering the following questions as we work with Stanislaus State:

1. Is there a relationship between type of program and participant satisfaction, connections, skills, and/or overall wellbeing?
2. Is there a relationship between time in programs and participant satisfaction, connections, skills, and/or overall wellbeing?
3. What areas of community wellbeing are strong and what areas can be improved?

In the meantime, the following data provides some unique insight into the wellbeing of PEI participants during FY2018-2019. It is important to note that due to the Covid-19 Pandemic, programs did not participate in the Wellbeing Survey for FY 2019-2020 and FY2020-2021.

During FY2018-2019, there were 1,665 participants who completed the survey.

Gender	FY18-19
Male	20.7%
Female	77.8%
Genderqueer	0.1%
Transgender	0.4%
Questioning	0.5%
Another Gender Identity	.4%

Race	FY18-19
American Indian or Alaskan Native	3.1%
Black or African American	1.4%
White/Caucasian	45.5%
Asian	.9%
Prefer not to answer	7%
Native Hawaiian or Pacific Islander	3.1%
Other	35%

Ethnicity	FY18-19
Hispanic/Latino	77.3%
Non Hispanic/Latino	20.8%
prefer not to answer	1.9%

Preferred Language	FY18-19
English	41.1%
Spanish	55.1%
Other	1.4%
Prefer not to answer	2.5%

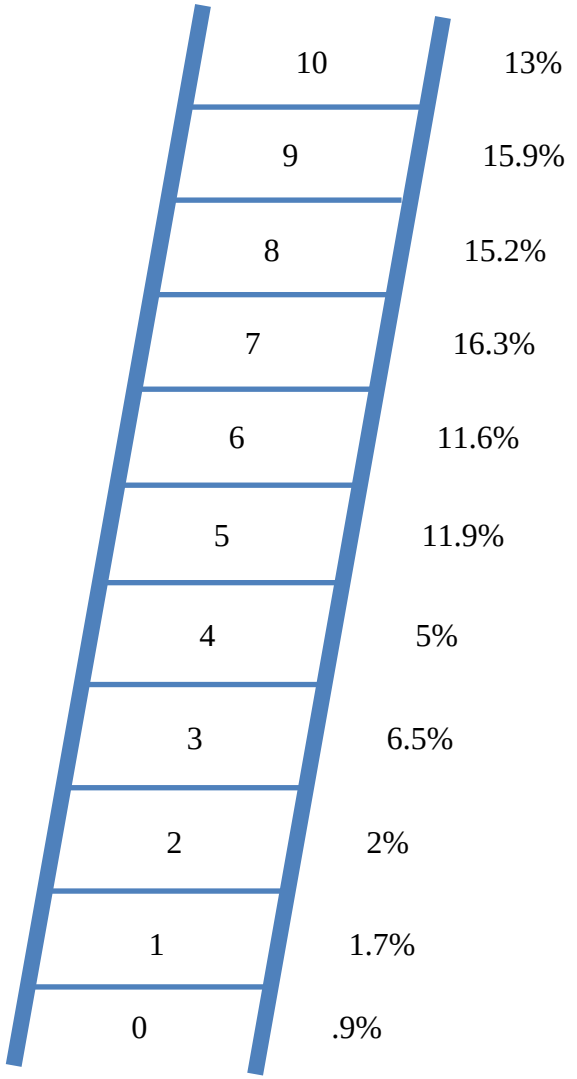
Duration of Program Involvement	FY18-19
>1 Month	18.1%
1-3 Months	16.2%
4-6 Months	9.8%
7-12 Months	11.2%
1-2 Years	14.9%
>2 Years	29.8%

The survey is based on multiple elements of wellbeing, all of which play important roles in an individual's overall wellbeing, as illustrated below. The subsequent sections of results demonstrate effectiveness of PEI programs in these areas.

The Cantril Ladder Scale is a well-known international instrument that measures individuals' attitudes towards their lives and is used to assess wellbeing. The respondent is asked to think of themselves on an imaginary ladder with rungs ranging from 0 (worst life possible) to 10 (best life possible).

n = 1,665

Fiscal Year 18/19

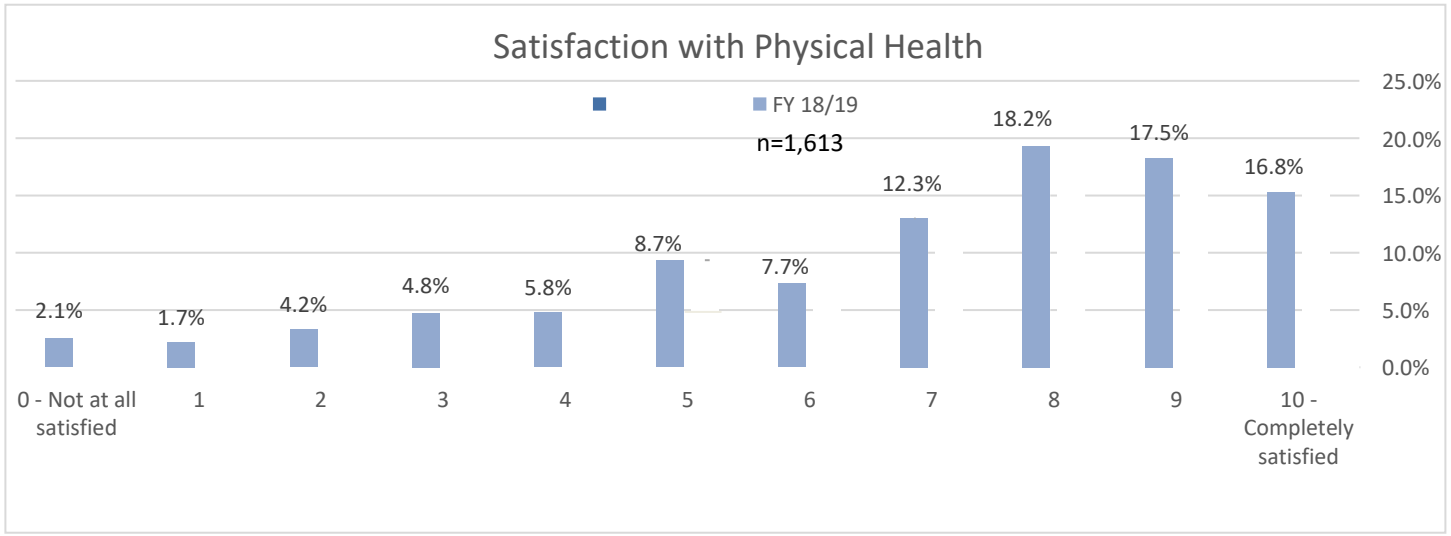


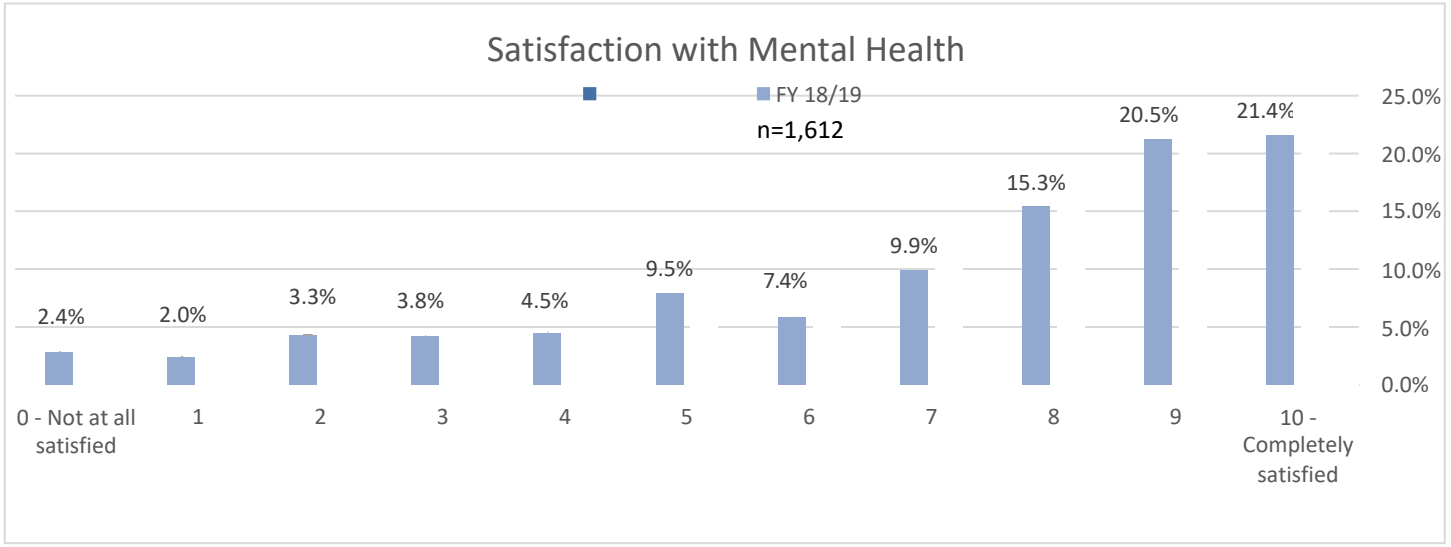
While 60.4% rated their level of life satisfaction as a 7 or higher, 16.1 % indicated their life satisfaction as 4 or below.

Respondents were less satisfied with their life five years ago than today; they were also more hopeful about the future with almost half expecting to be completely satisfied in five years. When responding to satisfaction with physical and mental health, respondents yielded consistent responses, being more satisfied with mental health than physical health.

Life Satisfaction

Overall, How Satisfied with Your Life Were You Five Years Ago? n=1,620	FY 18/19	Overall How Satisfied Are You with Your Life These Days? n=1,615	FY 18/19	Overall, How Satisfied with Your Life Do You Expect to Feel in Five Years' Time? n= 1,611	FY 18/19
10 - Completely satisfied	15.6%	10 - Completely satisfied	18.2%	10 - Completely satisfied	42.8%
9	16%	9	17.6%	9	17.3%
8	17.8%	8	17.2%	8	12%
7	11.7%	7	10.7%	7	9.8%
6	7.3%	6	9.8%	6	2.8%
5	8.1%	5	10.2%	5	2.6%
4	6.5%	4	5.1%	4	4.8%
3	5.8%	3	3.5%	3	4.2%
2	5.1%	2	3.4%	2	2.4%
1	2.8%	1	1.9%	1	0.7%
0 - Not at all satisfied	3.2%	0 - Not at all satisfied	1.5%	0 - Not at all satisfied	0.6%


Satisfaction with Physical Health
FY 18/19
n=1,613
2.1%
1.7%
4.2%
4.8%
5.8%
8.7%
7.7%
12.3%
18.2%
17.5%
16.8%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0 - Not at all satisfied
1
2
3
4
5
6
7
8
9
10 - Completely satisfied


Satisfaction with Mental Health
FY 18/19
n=1,612
2.4%
2.0%
3.3%
3.8%
4.5%
9.5%
7.4%
9.9%
15.3%
20.5%
21.4%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
0 - Not at all satisfied
1
2
3
4
5
6
7
8
9
10 - Completely satisfied

The following data provides some insight into the areas of emotional state, engagement, community, support, meaning, and resiliency.

Measures of Affect (feelings/emotional state)

How Many Days in the Past Week …

Have You Smiled or Laughed? n=1,586 FY 18/19		Have You Felt Nervous or Anxious? n=1,537 FY 18/19		Have You Felt Unhappy, Sad or Tearful? n=1,543 FY 18/19	
Every Day/7 Days	50.6%	Every Day/7 Days	17.4%	Every Day/7 Days	12%
5-6 Days	17.2%	5-6 Days	16.6%	5-6 Days	13.6%
3-4 Days	17.8%	3-4 Days	17.6%	3-4 Days	18.5%
1-2 Days	12.5%	1-2 Days	37.7%	1-2 Days	36.9%
Never/0 Days	1.9%	Never/0 Days	10.7%	Never/0 Days	19.1%

Measures of Engagement

			Never/0 Days	1-2 Days	3-4 Days	5-6 Days	Everyday/7 Days
Have You Tried Something New or Challenging?	FY 18/19	n=1,617	29.7%	32.2%	16.4%	11.7%	10.1%
			Never/0 Days	1-2 Days	3-4 Days	5-6 Days	Everyday/7 Days
Have you Spent time Exercising?	FY 18/19	n=1,611	10.2%	24.6%	22.5%	16.6%	26.1%

Measures of Engagement

In the Past Three Months, how many times Have You…

Attended a Meeting/ Event Related to Your Child's School?	n=1,628 FY 18/19	Participated in a Faith/ Spiritual Event?	n=1,604 FY 18/19	Volunteered with a Local Service Organization?	n=1,548 FY 18/19
7 Times or more	14.4%	7 Times or more	23.2%	7 Times or more	17.5%
4-6 Times	17.2%	4-6 Times	20%	4-6 Times	18.3%
1-3 Times	32.1%	1-3 Times	27.5%	1-3 Times	25.9%
Never/0 Times	18.4%	Never/0 Times	21.8%	Never/0 Times	29.1%
N/A	17.8%	N/A	7.5%	N/A	9.2%

In the Past Three Months, how many times Have You…

Socialized with People Outside of Your Home?	n=1,604 FY 18/19
7 Times or more	40.5%
4-6 Times	23.8%
1-3 Times	21.2%
Never/0 Times	9.2%
N/A	5.3%

MEASURES OF COMMUNITY

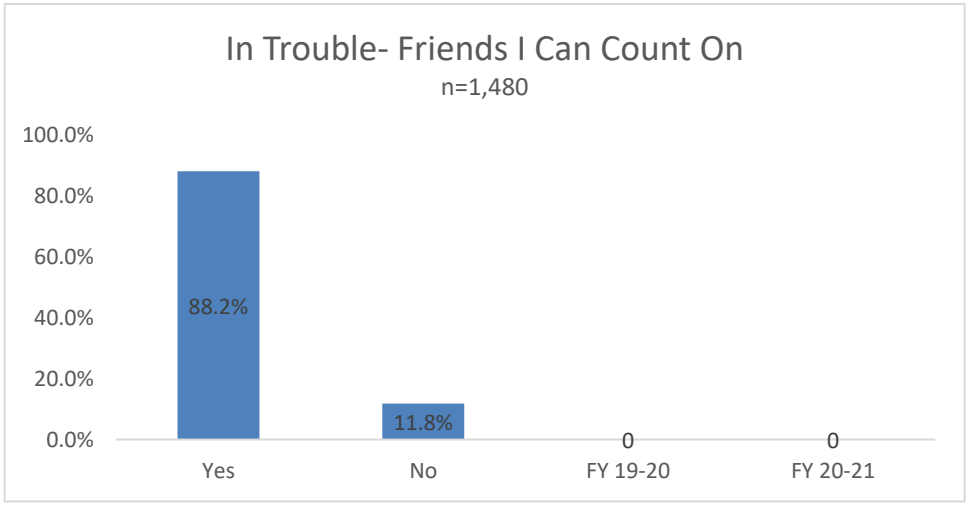
Everyone can participate in decision making	n=1,602 FY 18/19	We act together to make positive change	n=1,604 FY 18/19	We support each other	n=1,548 FY 18/19
Every Day/7 Days	18.9%	7 Times or more	23.2%	7 Times or more	17.5%
5-6 Days	40.5%	4-6 Times	20%	4-6 Times	18.3%
3-4 Days	27.5%	1-3 Times	27.5%	1-3 Times	25.9%
1-2 Days	7.8%	Never/0 Times	21.8%	Never/0 Times	29.1%
Never/0 Days	5.3%	N/A	7.5%	N/A	9.2%

I ask for support from other community members	n=1604 FY 18/19	I offer support to community members	n=1,604 FY 18/19
7 Times or more	14.4%	7 Times or more	23.2%
4-6 Times	17.2%	4-6 Times	20%
1-3 Times	32.1%	1-3 Times	27.5%
Never/0 Times	18.4%	Never/0 Times	21.8%
N/A	17.8%	N/A	7.5%

Measures of Support

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I Have Someone I Can Confide in or Talk to When I Need Support	FY 18/19 n=1,628	2.9%	6.6%	14.6%	37.7%	38.1%
I know someone who can suggest how to help find help with a personal problem	FY 18/19 n=1,581	3.4%	6.3%	14.0%	38.1%	38.3%
I Have Someone I Can Call at 3:00 a.m. If I Need Help or Support	FY 18/19 n=1,582	8.7%	8.6%	14%	30.9%	37.8%

Please note: Due to Covid-19, programs did not participate in Wellbeing Survey for FY 2019-2020 & 2020-2021.



Measures of Meaning

Accomplishment

Most Days I Get a Sense of Accomplishment from What I do											
	0 - Disagree Completely	1	2	3	4	5	6	7	8	9	10 - Agree Completely
FY 18/19 n=1,615	2%	1.7%	2.5%	4.6%	4.3%	7.5%	5.6%	9.2%	16.8%	19.6%	26.1%

The table below highlights some outcomes for FY 18-19. While 41% reported they were completely satisfied with their mental health, 10% rated their mental health as a 2 or less on a 1-10 scale. While it is good to note that 60% expect to feel completely satisfied with their life in five years, 4% do not have goals or plans for their future.

All Participating Programs FY 2018-2019		
67% smiled or laughed five or more days in the past week	Positive Emotion	25% felt unhappy sad or tearful five or more days during the past week
66% acted together to make positive change	Community	19% do not ask for support from other community members
70% tried something new or challenging at least one time during the past week	Engagement	21% did not participate in a faith/spiritual event in the past 3 months
88% reported they had relatives or friends they could count on whenever they needed them	Connectedness	30% reported spending less than 4days in the past 3 months socializing with people outside of their home
50% completely agreed that there are many things they do well	Meaning	4% do not feel valued by others
41% reported they were completely satisfied with their mental health	Mental Health	10% rated their mental health as a 2 or less (on a 1-10 scale)
60% expect to feel completely satisfied with their life in five years	Hope	4% do not have goals or plans for their future

What was the impact of Prevention Programs in Stanislaus County?

- ***Prevention Programs***
  - Youth Assessment Center – Youth prevention program
  - NAMI – National Alliance on Mental Illness
  - Afghan Path to Wellness – Assyrian community including male and female adults, youth, new-status refugees

- **RAIZ Promotores Program** *(Latino community in each of the dedicated cities/regions)
  - AspiraNet – Turlock
  - Center for Human Services – Ceres, Newman, Patterson, Grayson/Westley, Airport
  - Oak Valley Hospital District – Oakdale, Riverbank
  - Sierra Vista Child and Family Services – North Modesto/Salida, South Modesto, Hughson/Waterford/Denair/Empire/Hickman
  - Parent Resource Center – West Modesto

- **Collaboratives**
  - Assyrian Wellness Collaborative - Assyrian community including male and female adults, youth, new-status refugees and people with disabilities.
  - Boys & Girls Club
  - Invest in Me
  - Jakara Movement
  - MoPride
  - NAACP
  - Peer Recovery Art Project
  - She Became
  - Cricket's Hope
  - Youth for Christ
  - Khmer Youth of Modesto- Supports youth ages 5 and up, including adults. Majority of members are Cambodian, but has historically served Hispanic, Laotian, Caucasian, and African-American.
  - Manos Unidas- Youth in South Modesto
  - LGBTQ-A Collaborative – LGBTQ-A Community
  - Stanislaus Asian American Community Resource-SAACR – Asian Americans

- **Friends are Good Medicine** - Peer support resource directory

Prevention programs provide a set of related activities that are intended to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of prevention programs is to bring about mental health. This includes the reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly greater than average and, as applicable, their parents, caregivers, and other family members. Therefore, the evaluation of these programs focusses on assessing how well the programs that are categorized as Prevention reach those intended results. Below is a chart that depicts how the programs were evaluated, i.e., the focus, what type of practice was evaluated, the population, the indicators, the tools and languages the tools were available, and the mode/frequency.

Below is a chart describing the focus, practices, indicators, measures, and mode/frequency utilized by Stanislaus County Prevention programs. This chart continues to develop.

Prevention
Outcomes, Indicators, Tools, and Frequency

Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
• Youth Assessment Center • Afghan Path to Wellness • NAMI	Mental Health Stigma and Awareness Protective Factors/ Resilience	Peer Support	Youth, TAYA, Adult, Older Adult	Increased access and support	Qualitative data	#/% of individuals who report change in knowledge, attitude, and/or behavior regarding mental illness;	English	Quarterly

Prevention
Outcomes, Indicators, Tools, and Frequency

Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
Raiz Promotores • Airport • Ceres • Hughson • Newman • North Modesto • Oakdale • Patterson • Riverbank • South Modesto • Turlock • West Modesto • Westley Grayson	Mental Health Stigma and Awareness Protective Factors/ Resilience Suicide	Promotores	Youth/TAYA, Adult, Older Adult	Increased mental health, resiliency, engagement, connectedness, accomplishment, positive emotions, hope	Community Wellbeing Survey	#/% of individuals with increased wellbeing; #/% with meaningful relationships; #/% who know how to talk to others about important things; #/% who know how to access mental health services; #/% who are more hopeful about their future	English, Spanish	Quarterly
Collaboratives • Assyrian Wellness Collaborative • Boys & Girls Club • Invest in Me • Jakara Movement • MoPride • NAACP • Peer Recovery Art Project • She Became • Cricket's Hope • Youth for Christ • Khmer Youth of Modesto • Manos Unidas • LGBTQ-A Collaborative • SAACR)	Mental Health Stigma and Awareness Protective Factors/ Resilience	Wellness Community Collaborative	Youth/TAYA, Adult, Older Adult	Reduction of stigma Increased mental health, resiliency, engagement, connectedness, accomplishment, positive emotions, hope;	Qualitative data Wellbeing Survey	#/% of individuals who report change in knowledge, attitude, and/or behavior regarding mental illness; #/% who have meaningful relationships; #/% who acted together to make positive change	Stigma and Discrimination Reduction Survey – 11 languages Wellbeing Survey – English and Spanish	Post Quarterly

Prevention Outcomes, Indicators, Tools, and Frequency								
Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
Friends Are Good Medicine	Mental Health Stigma and Awareness Protective Factors/ Resilience	Peer Support	TAYA, Adult, Older Adult	Increased access and support	Tracking of website hits and booklet distribution	# of website hits and Resource Books distributed	English, Spanish	Annual Data

*EBP – Evidence-Based Practice; CDE – Community-Defined Evidence; PP – Promising Practice

As previously stated, prevention programs provide services that reduce risk factors and increase protective factors. These services include one-to-one support, screenings, referral and behavioral health navigation assistance, presentations, trainings, and other engagement and outreach activities. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory, contributing to successful engagement and better outcomes.

All Prevention programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved populations when appropriate. Prevention programs use a variety of methods to determine if a program participant could benefit from a behavioral health referral. Most methods center on outreach, and then establishing rapport, trust, and relationships in a non-stigmatizing environment in which participants feel safe to discuss and disclose mental health issues. The following are venues through which this occurs:

- Mental health support groups where a variety of mental health topics are discussed, allowing for open conversations about mental health and wellbeing
- Other group activities that support health and wellbeing
- One-to-one support sessions that provide opportunities to assess and identify if referrals/services are appropriate

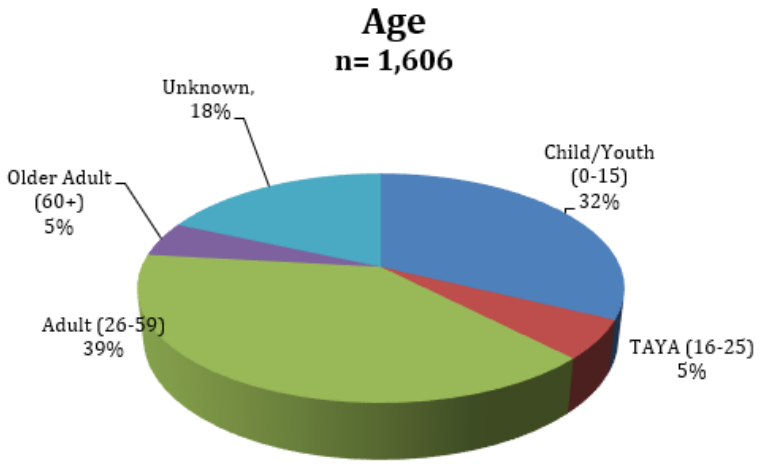
Promotores are trained in Mental Health First Aid and to recognize early warning signs of specific behavioral health issues that affect the Latino community, including post-traumatic stress disorder, depression, anxiety, and substance use. The training also helps to change perspectives about individuals with mental illness, often shifting to compassion and empathy. Promotores facilitate and support the referral process, providing information and referrals when appropriate and following up and maintaining communication and support to ensure engagement in services. Translation services and assistance with scheduling appointments are also often utilized as well to increase access to behavioral health services. In addition, Community Promotores are trained in the RAIZ Basic Mental Health where they learn to recognize mental illnesses and early signs of mental illnesses. Community Promotores who facilitate their support groups throughout the community are trained to provide resources to participants in need of extra support, including the Stanislaus County WarmLine and The National Suicide Prevention Lifeline.

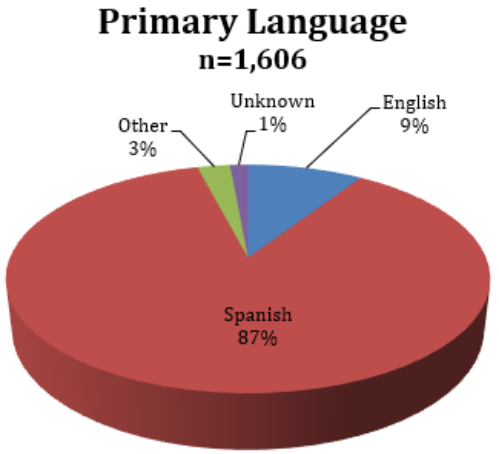
The data supports that the Prevention programs are providing the services and utilizing effective strategies.

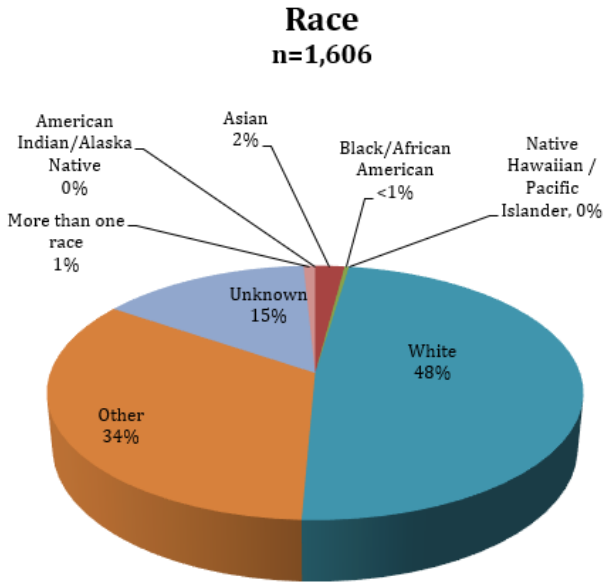
Promotores Performance Measures FY 2020-2021	**#**	**%**
# unduplicated individuals served	1,520	100.0%
# individuals at-risk	1,029	67.6%
# of individuals with early onset	2	.1%
# of individuals neither at-risk nor early onset (family, volunteers, etc.)	513	33.0%
# of family members served	121	-
# services	33,056	
Average # services per participant	21	
# services provided outside the office environment (accessibility)	32,625/33,056	98.6%
# engaged through outreach	66,151	-
# potential responders reached	11,525	-
# of referrals to appropriate mental health resource (by type of program)	83	-
# of successful referrals (at least one contact)	38	45.7%
Average time between referral and engagement with other resource	17 days	-

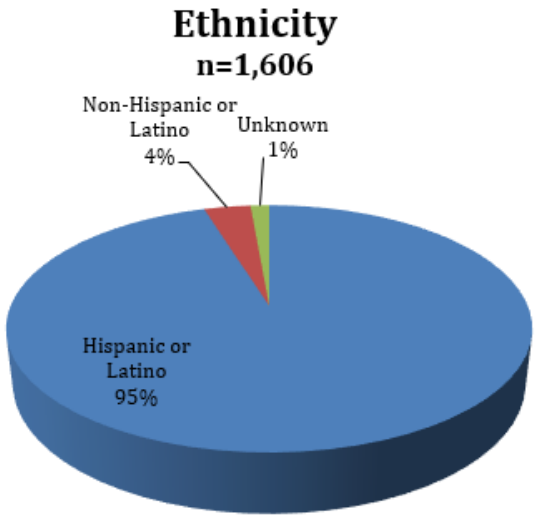
Who are Prevention programs serving?

The demographic information below depicts unique individuals that were served for FY 2020-2021.









What other performance measures support the effectiveness of the Prevention programs?

Outcomes for FY 2020-2021

Prevention

How Much	How Well
• 1,520 individuals participated in Promotores programs throughout Stanislaus County	• 73 referrals were made to Early Intervention services
• Over 34,000 services provided • 1,785 dedicated to Promotora development	• 573 Potential Responders trained
• 828 presentations given to more than 37,000 people through all PEI programs	• 76% of presentations covered the topic of accessing behavioral health services • 40 % discussed stigma and discrimination reduction

Wellness Community Collaboratives

As previously stated, some programs continue to develop evaluation approaches and tools. The Wellness Community Collaboratives currently provide qualitative information, included in sections below, but will also be implementing other tools to illustrate effectiveness. BHRS has joined the MOQA-3 (Measurement, Outcomes, and Quality Assurance) statewide efforts spearheaded by CBHDA (California Behavioral Health Directors Association) to implement tools to capture data regarding the effectiveness of Stigma and Discrimination and Suicide Prevention activities. Some of the Collaboratives are utilizing these tools and BHRS will report on these outcomes.

Friends are Good Medicine

Friends Are Good Medicine is a provider of resources available to all Stanislaus County residents. It is a resource directory that provides information about Self-Help (peer led) and Support Groups (professional or paraprofessional led), making "mutual aid" available across the county. The information is available both in hard copy booklet and through a website - http://www.friendsaregoodmedicine.com/index.shtm. Aggregate data regarding range of information distribution is illustrated here illustrates the reach of this information:

Friends are Good Medicine								
FY18-19	Total Page Views	Total Visitors	FY19-20	Total Page Views	Total Visitors	FY20-21	Total Page Views	Total Visitors
July	18,863	9,602	July	16,027	2,833	July	5,705	3,049
August	14,769	7,234	August	11,454	2,751	August	8,330	3,138
September	15,690	6,207	September	9,057	2,816	September	65,710	3,284
October	13,924	6,262	Octobe	11,149	2,812	October	67,178	3,688
November	19,146	6,306	November	12,923	3,203	November	46,299	3,498
December	16,792	5,702	December	7,856	2,830	December	41,783	3,365
January	21,266	5,001	Januar	5,815	2,754	January	50,056	3,371
February	12,419	3,228	February	5,477	2,674	February	21,611	3,281
March	14,938	3,830	March	5,139	3,779	March	22,622	3,559
April	12,721	3,025	April	5,968	3,045	April	24,756	3,238
May	10,819	2,949	May	6,844	3,204	May	66,016	3,533
June	11,512	2,742	June	7,437	3,084	June	82,003	3,741
Total FY18-19	182,859	62,088	Total FY 19-20	105,146	35,785	Total FY 20-21	502,068	40,745

How effectively are program services resulting in the positive outcomes of reducing risk factors and increasing protective factors?

The Promotora programs were highly successful in the areas of Resiliency, Relationships, Community, Engagement, Meaning, and Overall Wellbeing. Although there were some differences between the fiscal years, many areas of wellbeing remained consistent with strong outcomes.

➢ Because of their involvement with PEI programs:

- **76%** in **FY18-19** reported their wellbeing improved
- **74%** in **FY18-19** created meaningful relationships
- **65%** in **FY18-19** know how to talk to others about important things
- **69%** in **FY18-19** know how to access mental health services
- **76%** in **FY18-19** are more hopeful about their future

The Wellbeing survey highlighted some positive results for individuals participating in Promotora programs. It also pointed to some areas that could be stronger, and that programs could focus on.

Promotores FY 2018-2019		
80% smiled or laughed five or more days in the past week	Positive Emotion	16% felt unhappy sad or tearful five or more days during the past week
81% acted together to make positive change	Community	31% do not ask for support from other community members
79% tried something new or challenging at least one time during the past week	Engagement	14% did not participate in a faith/spiritual event in the past 3 months
89% reported they had relatives or friends they could count on whenever they needed them	Connectedness	19% reported they had visited with people fewer than four times in the past 3 months
43% completely agreed that there are many things they do well	Meaning	3% do not feel valued by others
36% reported they were completely satisfied with their mental health	Mental Health	3% rated their mental health as a 4 or less (on a 1-10 scale)
65% expect to feel completely satisfied with their life in five years	Hope	2% do not have goals or plans for their future

In comparison to the results from other program participants, the data in specific areas for Promotores is substantially different. A focus for Promotores is building community and support. Comparing positive emotion, Promotores smiled or laughed 5 or more days in the past week as **80%** vs **67%** for all programs. While **66%** of all respondents acted together to make positive change, **81%** of Promotores responded that they acted together.

How well are programs delivering services in the spirit of MHSA standards?

When evaluating effectiveness of services, there is evidence to suggest that all Prevention programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration
(2) Cultural Competence
(3) Client Driven
(4) Family Driven
(5) Wellness, Recovery, and Resilience Focused
(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Do program practices and results illustrate mental health and related functional outcomes and demonstrated effectiveness for the intended populations?

- ***Ceres Promotores –*** In response to the pandemic new groups have developed that are self-led by participants with support of Staff promotor, including a prayer group for spiritual support, a reading club for continued learning around self-improvement and to foster social connections, friendship and resource sharing in the What's App groups, and text group serving mature adults.

- ***Denair, Hickman, Waterford Promotores*** – The adopt a family program provided gifts and essential items to fifteen families in need. This year the need was very high. The center provided toys and pajamas to the families that did not get selected to adopt a family. The families selected had been struggling financially, therefore the assistance helped them during the holidays. Community Promotores were amongst the families that were adopted and received gifts.

- ***North Modesto Promotores –*** With the onset of COVID-19, many children and youth experienced difficulty in maintaining a positive social network. Mind Over Matter was developed to provide a healthy outlet for children 8 – 12 years of age. This group provides youth with positive social connections while introducing coping strategies that can help them deal with daily stressors. A clear understanding about mental health can provide children with the opportunity to recognize mental health needs in themselves and friends. Additionally, when they practice and learn new skills, they are more likely to implement them in times of need. Additionally, good friends and encouraging words from adults are all important for helping children develop self-confidence, high self-esteem, and a healthy emotional outlook on life. These groups take place on the last Friday of the month and have an average of 5 - 7 participants.

- ***Oakdale Promotores –*** With the shortage of food and supplies during the beginning of COVID-19, many of our families struggled to find simple food staples in stores. This initially brought on fear and panic within our Latino families, especially to the migrant families, living such far distances from the grocery stores. In partnership with our local churches, community members, produce stands and food banks, we were able to distribute healthy weekly food boxes to each family in need, thus helping to lighten their stress load.

- ***South Modesto Promotores –*** Sierra Vista Family Resource Centers received a financial relief fund to provide to clients or community members. As a result, Promotor was able to assist several clients who were facing financial hardship. Some examples of the hardship were due to COVID-19, disability, and unemployment.

Do program practices and results illustrate improved access to services for underserved populations?

- ***Oakdale Promotores –*** Providing mental health information in Spanish was a very good tool for increased outreach efforts. Continuing to be a strong advocate for mental health awareness and stigma reduction, as well as being a strong presence within our local community gave us additional methods in which to connect with potential responders.

- ***North Modesto Promotores*** – The Staff Promotor collaborates with various organizations and continuously identifies new potential organizations that can serve as a referral source for Community Promotores. The goal is to strengthen and maintain collaborative working relationships with organizations that strive to strengthen and support the population that we serve. Partnerships established include, but are not limited to; Catholic Charities, Health Plan of San Joaquin, Salida Union School District, El Concilio, International Rescue Committee (IRC).

- ***Riverbank Promotores –*** Our programs provide education, resources and access to next level mental health care for participants. Our programs encourage an open dialogue on mental health topics within the support groups, which allow us to share the many County resources available for those suffering with a mental health condition. We have maintained a successful partnership with El Concilio and other Stanislaus County agencies that focus on providing next level mental health care and counseling to our participants. We have had the opportunity to refer these individuals to these established partnerships in a timely fashion.

- ***Patterson Promotores*** – September is National Suicide Prevention Awareness Month a time to share resources and stories in an effort to shed light on this highly taboo and stigmatized topic. This month is used to raise awareness and connect individuals with suicidal ideation to treatment services. Awareness is raised by placing line green ribbons downtown and providing local business material from the campaign Each Mind Matters “Know the Signs” and index card to the warm line. Due to COVID- 19, all 8 school sites were closed and could not distribute material to students nor school staff. Promotores used Facebook as a way to promote awareness during this month. The City Manager and Mayor of Patterson supported the Promotores and allowed placing lime green ribbons downtown.

Do program results illustrate non-stigmatizing and non-discriminatory practices and services?

- ***All Promotores Programs*** implemented at least one large-scale Stigma and Discrimination Reduction event that was relevant and appropriate for their communities.

- ***All Promotores Programs*** offered activities and groups, many through cultural traditions and customs (such as dance groups), that focused on increasing mental health and wellbeing, as well as provided access to information to mental health treatment services when appropriate.

- ***All Promotores Programs*** partnered with community entities such as agencies, organizations, faith-based groups and churches, and schools to bring information about mental health to the community through venues that are non-stigmatizing and non-discriminatory.

What was the impact of Early Intervention Programs in Stanislaus County?

Early Intervention Programs:

- **Brief Intervention Counseling (BIC)**
  - Catholic Charities *(adults and older adults, age 60+, including Spanish speaking)
  - El Concilio *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - Brief Intervention Counseling South Modesto *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - Brief Intervention Counseling West Modesto *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - Brief Intervention Counseling Hughson *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - Golden Valley Health Center
    - Integrated Behavioral Health *(adults and older adults, age 60+, including Spanish speaking)
    - Corner of Hope *(homeless adults and older adults, age 60+, including Spanish speaking)
- **Parents United- Child Sexual Abuse Treatment Services** *(trauma exposed individuals, adults sexually abused as children, and sexual abuse offenders, including Latino and Spanish speaking)
- **Sierra Vista- LIFE Path, Early Psychosis** *(youth and TAYA exhibiting signs of early psychosis and potential responders)
- **School Behavioral Health Integration**
  - BHRS-School Based Services, School Consultation *(youth and potential responders in underserved schools, including Spanish-speaking)
  - BHRS- Aggression Replacement Training (ART) *(youth and TAYA, including Spanish-speaking)
  - CHS- Resiliency and Prevention Program (RaPP) *(youth and potential responders in underserved Modesto schools, including Spanish-speaking)

Early Intervention (EI) programs provide treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence. The services can include relapse prevention and outcomes encompass the applicable negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes. Therefore, the evaluation of these programs focusses on assessing how well the programs that are categorized as Early Intervention reach those intended results.

Below is a chart that depicts how the programs were evaluated, i.e., the focus, what type of practice was evaluated, the population, the indicators, the tools and languages the tools were available, and the mode/frequency. This chart continues to develop.

Early Intervention Outcomes, Indicators, Tools, and Frequency								
Program(s)	**Focus**	**EBP, CDE, or PP***	**Age Population**	**Expected Outcome**	**Outcome Measure/Tool**	**Indicators**	**Available Languages**	**Mode/ Frequency**
Brief Intervention Counseling • Aging & Veteran Services – BIC • Catholic Charities • El Concilio • Golden Valley-IBH • Golden Valley-CoH • BIC South Modesto • BIC West Modesto	Depression and Anxiety	Brief Intervention Counseling (BIC)	Youth/TAYA Adult, Older Adult	Decreased Depression Symptoms	Patient Health Questionnaire (PHQ-9)	#/% of individuals indicating mild, moderate, moderately severe, or severe depression at initial engagement in services; #/% of individuals who indicated a decrease in depression symptoms/severity	English, Spanish	Initial, every 3 months, discharge
				Improved Functioning	Outcomes Questionnaire – 30.2	#/% of individuals indicating a improvement in symptoms and functioning in multiple areas	English, Spanish	Initial, every 3 months, discharge
• BIC Hughson Life Path – Early Psychosis	Early Psychosis/First Break	Life Path – EASA (Early Assessment & Support Alliance)	Youth/TAYA	Decreased prodromal symptoms	Structured Oversight of Prodromal Symptoms (SOPS)	#/% of individuals indicating a improvement in symptoms and functioning	English, Spanish	Initial, follow up
				Decreased Needs; Increased Functioning	Child & Adolescent Strengths and Needs	#/% of individuals indicating improvement in critical needs categories	English, Spanish	Initial, every 6 months, discharge

Early Intervention Outcomes, Indicators, Tools, and Frequency								
• School Behavioral Health Integration • BHRS-School Based Services, School Consultation**	Mental Health and Wellbeing/Risk Factors/ Protective Factors	School Behavioral Health Integration/ Consultation	Youth/TAYA	Increased mental health, functioning, and resiliency	Child and Youth Resilience Measure (CYRM) – Child and Youth Versions	#/% of children and youth with increased resiliency and individual, relational, communal and cultural resources	English, Spanish	Pre/Post
• BHRS- Aggression Replacement Training (ART)	Disruptive Behavior Disorders	Aggression Replacement Training (ART)	Youth/TAYA	Decreased Aggression	Aggression Questionnaire	#/% of students with improvement in overall aggression, physical, verbal, anger, hostility, and indirect aggression	English, Spanish	Pre/Post
• Aging & Veteran Services – BIC • Catholic Charities • El Concilio • Golden Valley-IBH • Golden Valley-CoH • Aggression Replacement Training • Life Path – Early Psychosis	Wellbeing/ Risk Factors/ Protective Factors	ART, BIC, Life Path - EASA	Youth/TAYA, Adult, Older Adult	Increased mental health, resiliency, engagement, connectedness, accomplishment, positive emotions, hope	Community Wellbeing Survey	#/% of individuals with increased wellbeing; #/% with meaningful relationships; #/% who know how to talk to others about important things; #/% who know how to access mental health services; #/% who are more hopeful about their future	English, Spanish	Quarterly

Outcomes and indicators for Early Intervention programs focus on alleviating the effects of mental illness early in its detection, preventing prolonged suffering. There is also a focus on outreach and education of potential responders, including family and community members.

Early Intervention services do not exceed 18 months, with the exception of first onset of SMI/SED with psychotic features (4 years). EI can also include services to parents, caregivers, and other family members of the person with early onset of a mental illness. In addition, all EI

programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non- discriminatory.

One of the primary services in all of the Stanislaus County EI programs is Brief Intervention Counseling (BIC). Brief Intervention Counseling is short duration and low intensity, and can be provided via individual sessions or group sessions. Collateral services to parents or other family members may also be part of BIC.

All BIC participants are screened for early signs of mental illness through various methods, including Patient Health Questionnaire 2 (PHQ2), Patient Health Questionnaire 9 (PHQ9), Pediatric Symptom Checklist for Children and Adolescents, clinical observation, historical review of mental health, and consultation. Once it is determined that an individual is in need of more intensive services, a referral and/or warm hand-off is made.

Most Early Intervention programs provide services focusing on depression and anxiety through Brief Intervention Counseling, and the Patient Health Questionnaire-9 (PHQ-9) is used to help determine depression symptoms and to measure improvement in depression symptoms. In addition, programs use satisfaction surveys and self-report of improvement. The following programs also utilize different tools to measure improvement for different targeted populations:

- ***LIFE Path*** services target those with early onset of psychosis (prodromal). LIFE Path uses the Structured Interview for Prodromal Symptoms and Scale of Prodromal Symptoms (SIPS/SOPS) to determine early onset of psychosis.
- The ***Aggression Replacement Training (A.R.T.)*** program specifically targets chronically aggressive children and adolescents and those with early onset of SED. It is a cognitive behavioral gap intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. ART started to utilize the Aggression Questionnaire to measure the pre and post levels of aggression for participants, which includes an overall aggression measurement and five subscales of aggression (physical, verbal, anger, hostility, and indirect).

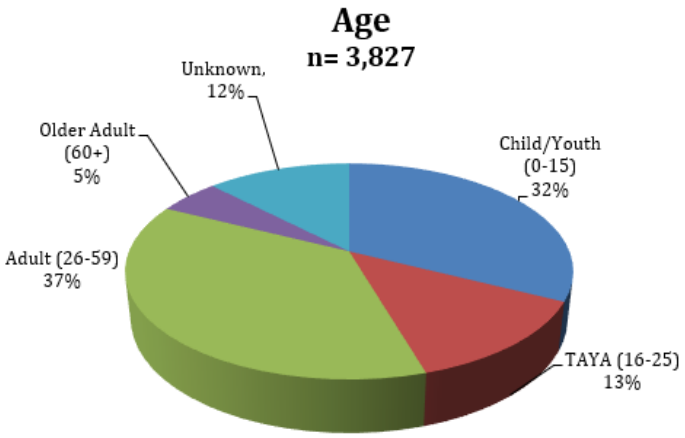
Outreach, engagement, and access and linkage activities are integrated into Early Intervention programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services - Older Adult Services has been identified as the program with this focus, and is described in the next section. However, all Early Intervention programs incorporate access and linkage activities and strategies.

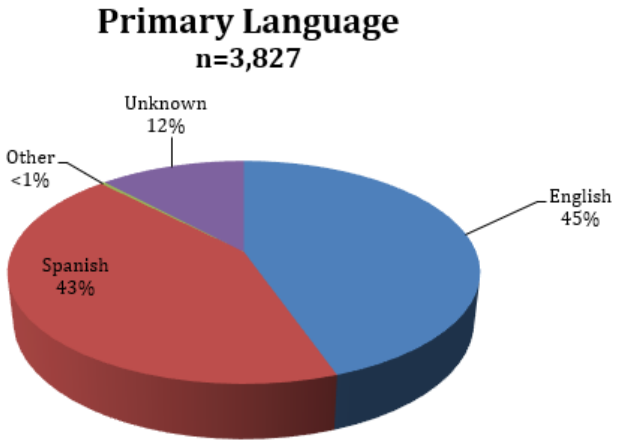
The data supports that the Early Intervention programs are providing the services and utilizing effective strategies.

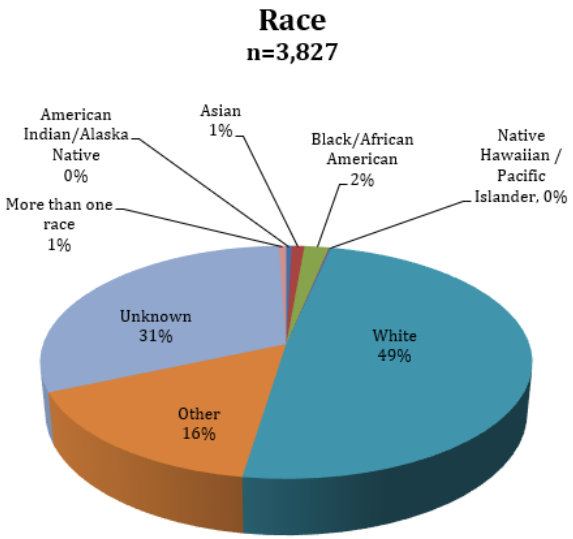
Performance Measures FY 2020-2021	#	%
# unduplicated individuals served	3,827	100.0%
# individuals at-risk	976	25.5%
# of individuals with early onset	424	11%
# of individuals neither at-risk nor early onset (family, volunteers, etc.)	12	.3%
# of family members served	961	-
# services	19,768	
Average # services per participant	5.2	
# services provided outside the office environment (accessibility)	13,653/19,768	69%
# engaged through outreach	32,745	-
# potential responders reached	16,262	-
# of referrals to appropriate mental health resource (by type of program)	536	-
# of successful referrals (at least one contact)	54	10%
Average time between referral and engagement with other resource	35 days	-

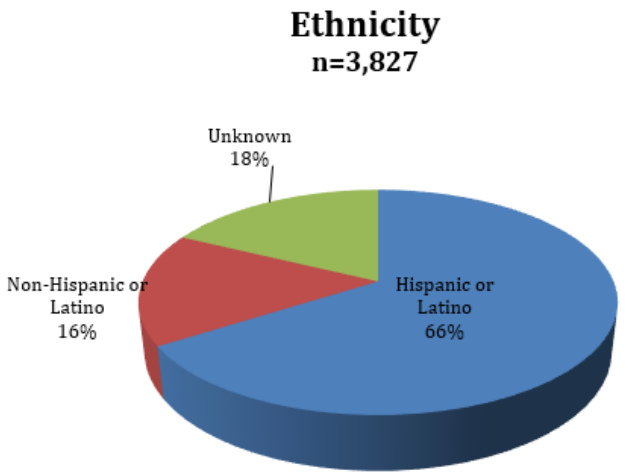
Who are Early Intervention programs serving?

The demographic information below depicts unique individuals that were served for FY 2020-2021.









What other performance measures support the effectiveness of the Early Intervention programs?

Outcomes for FY 2020-2021

Early Intervention

• 3,827 individuals served through Early Intervention programs	• Family members were served with 961 services
• Over 19,500 services provided	• 69% of Early Intervention services provided outside of the office environment
• 6,412 Brief Intervention Counseling services provided	• Individuals received an average of 4 counseling services

Brief Intervention Counseling

One of the primary services in all of the Stanislaus County EI programs is Brief Intervention Counseling (BIC). Brief Intervention Counseling is short duration and low intensity, and can be provided via individual sessions or group sessions. Collateral services to parents or other family members may also be part of BIC.

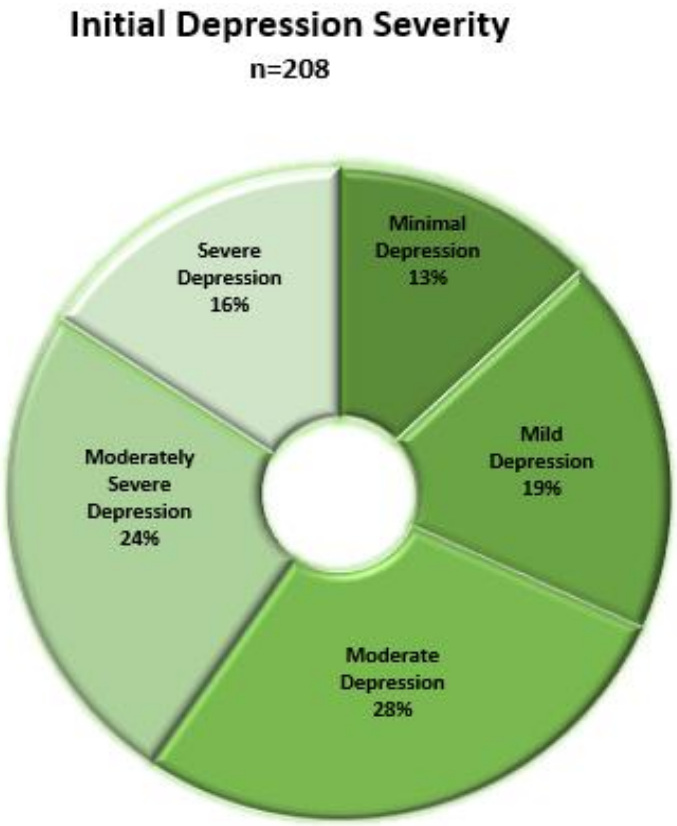
All BIC participants are screened for early signs of mental illness through various methods, including Patient Health Questionnaire 2 (PHQ2), Patient Health Questionnaire 9 (PHQ9), Pediatric Symptom Checklist for Children and Adolescents, clinical observation, historical review of mental health, and consultation. Once it is determined that an individual is in need of more intensive services, a referral and/or warm hand-off is made.

Most Early Intervention programs provide services focusing on depression and anxiety through Brief Intervention Counseling, and the Patient Health Questionnaire-9 (PHQ-9) is used to screen and monitor the severity of depression, and response to treatment/clinical improvement, helping determine depression symptoms and to measure improvement in depression symptoms. The tool is used for screening, and is also administered at the first counseling session, every three months during counseling, and at last session. Improvement in PHQ-9 scores indicates a decrease in depression severity (a decrease of 5 or more points is a standard for clinical improvement). The following illustrates the FY20-21 results obtained through the PHQ-9.

n=208 individuals
includes matched pairs only (initial and most recent scores)

74% of the individuals indicated a decrease in depression severity after receiving Brief Intervention Counseling.

52% of the initial screenings indicated moderate or moderately severe depression.



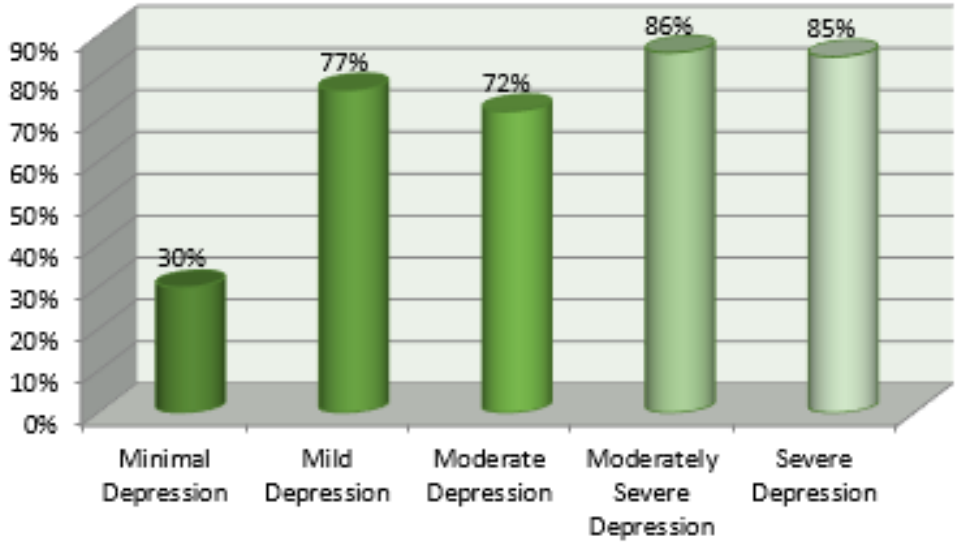
The goal of Early Intervention programs is to address mental illness early in its emergence. The chart to the left illustrates the severity of depression that individuals indicate initially upon engaging in Early Intervention services. These results are derived from individual's initial PHQ-9. About 40% of the individuals indicated moderate to severe depression at the outset of beginning brief intervention counseling.

a
r
l
y
I
n
t
e
r
v
e

The chart to the right shows the percentage of individuals who started early intervention services with minimal to severe depression symptoms, and the percentage in each category who improved. The category with the greatest percentage of individuals who improved was those who started with moderately severe depression – ***86% of individuals who started with moderately severe depression symptoms improved*** after brief intervention counseling.

% Individuals Who Improved by Initial Depression Severity

n=152



The PHQ-9 tool asks individuals to rate how often they have been bothered by specific problems over the last 2 weeks using the following scale:

Not at all	Several Days	More than half the days	Nearly every day

BIC programs help participants decrease the number of days that participants experience the problems, working towards “Not at all”. These programs positively impacted the frequency of negative symptoms, indicating improvement. The illustration below indicates individuals who were bothered by specific problems nearly every day and saw improvements after Brief Intervention Counseling.

Negative Symptom	% who improved after BIC*
Little interest or pleasure in doing things	**35%**
Feeling down, depressed, or hopeless	**51%**
Feeling bad about yourself or that you are a failure or have let yourself or your family down	**41%**
Thoughts that you would be better off dead, or of hurting yourself	**50%**

*% of individuals who initially experienced the negative symptom *nearly every day* who experience it less frequently (or not at all) after Brief Intervention Counseling

How effectively are program services resulting in the positive outcomes of reducing risk factors and increasing protective factors?

Wellbeing Survey – All Early Intervention programs

The Early Intervention program participants made up approximately **41%** (680/1,665) of the surveys in FY18-19.

The Early Intervention programs showed some success in the areas of Resiliency, Relationships, Community, Engagement, Meaning, and Overall Wellbeing. However, there is still work to be done, and room for improvement as this group of participants represents those with higher risk or early onset of mental illness.

➢ Because of their involvement with PEI programs during FY18-19:

- **54%** reported their wellbeing improved
- **56%** created meaningful relationships
- **51%** know how to talk to others about important things
- **62%** know how to access mental health services
- **63%** are more hopeful about their future

The Wellbeing survey highlighted some positive results for individuals participating in Early Intervention programs. It also pointed to some areas that could be stronger, and that programs could focus on.

Early Intervention FY 2018-2019		
51% smiled or laughed five or more days in the past week	Positive Emotion	36% felt unhappy sad or tearful five or more days during the past week
52% acted together to make positive change	Community	65% do not ask for support from other community members
65% tried something new or challenging at least one time during the past week	Engagement	32% did not participate in a faith/spiritual event in the past 3 months
82% reported they had relatives or friends they could count on whenever they needed them	Connectedness	47% reported they had visited with people fewer than four times in the past 3 months
22% completely agreed that there are many things they do well	Meaning	31% do not feel valued by others
12% reported they were completely satisfied with their mental health	Mental Health	41% rated their mental health as a 4 or less (on a 1-10 scale)
29% expect to feel completely satisfied with their life in five years	Hope	17% do not have goals or plans for their future

In comparison to the results from other program participants, the data in specific areas for Early Intervention is substantially different. Part of the reason for this could be due to the population being served as mentioned before. For example, while **67%** of all participants smiled or laughed five or more days in the past week**,** for Early Intervention, that percentage is **51%.** Conversely, while **25%** of all participants felt unhappy, sad or tearful five or more days during the past week, **36%** of Early Intervention respondents experienced these negative feelings. Since these measures can be related to depression and anxiety, it is not surprising that this group's data illustrates this difference. In addition, this population demonstrates less positive percentages in the areas of Community, Engagement, Meaning, Mental Health, and Hope. These represent areas for which programs can concentrate even further efforts.

What are other outcome tools that Early Intervention programs utilize or plan to implement to evaluate effectiveness?

Outcomes Questionnaire 30.2 (OQ-30.2) and Youth Outcomes Questionnaire 30.2 (YOQ-30.2)

Although the PHQ-9 is a useful tool for measuring improvement in depression symptoms, BHRS and Early Intervention programs worked together extensively to research and decide upon a common outcomes tool for Brief Intervention Counseling. With the clients at the center of the discussion and decision, the programs and BHRS collectively selected the OQ-30.2 for adults/older adults and the YOQ-30.2 for youth outcomes measurement. Both instruments are highly sensitive to outcomes and improvement measurement throughout therapy. It is designed for measurement of progress and at the end of services, and tested for use with multiple populations and treatment modalities in an unobtrusive and brief manner. The tools have been researched extensively and has strong reliability and validity for a brief outcomes measurement. Utilizing a reliable change index (RCI), the tools will allow programs and BHRS across the system to understand how they are impacting client change overall, as well as by subscales, including symptom distress, interpersonal relations, relationships, and Intrapersonal distress. Clinically significant changes that indicate recovery, improvement, no change, or deterioration are defined and standardized for clinical use and outcome analysis.

Child and Adolescent Needs and Strengths (CANS), Level of Care Utilization System (LOCUS), SMART objectives in treatment plans, Stages of Change, and Scale of Psychosis-Risk Symptoms (SOPS)

The Life Path Early Psychosis program measures outcomes using CANS, LOCUS, SMART objectives in treatment plans, Stages of Change, and SOPS. Each serves a different function in the cycle of the client in the program.

CANS is administered for all participants under 18 years of age and gauges a client's needs and strengthens, monitoring and comparing every six months to assess new issues or changes with needs and strengths. Below are examples of some outcomes for clients in the Referral/After Care part of the program and Engagement. All data encompasses FY2018-2019, 2019-2020 and FY2020- 2021.

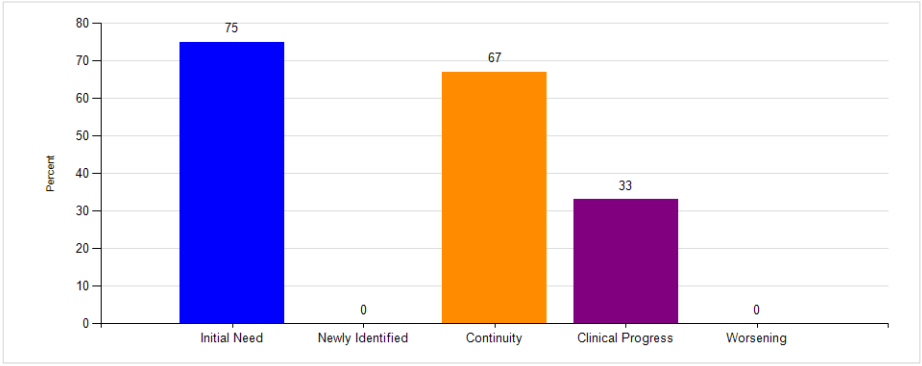
CANS
Progress Breakout
Child Behavioral/Emotional Needs

3_Depression
Sub Unit: 5621 - Client Category: all

Report Generated on 11/12/2021 10:05:44 AM

Date Range: 7/1/2018 through 6/30/2021

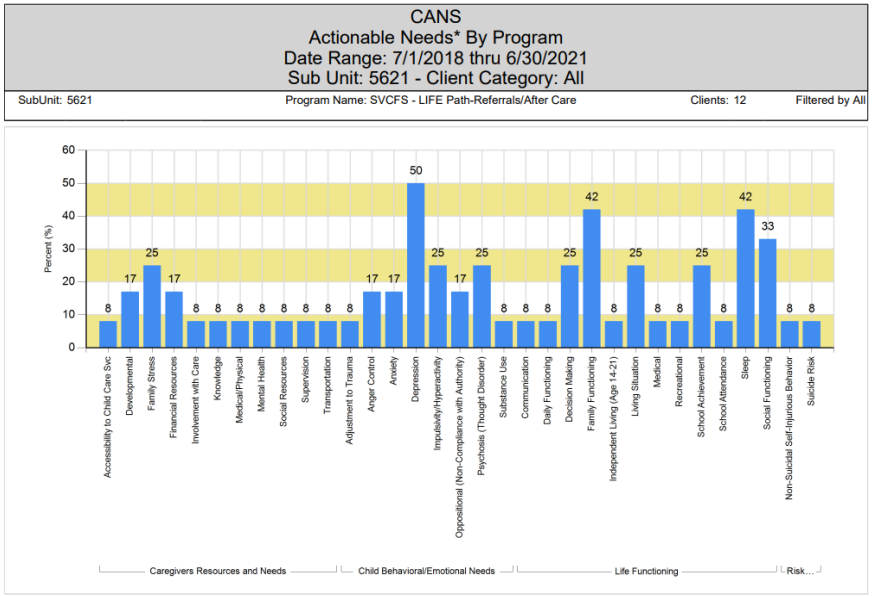
Clients: 8 | Number of clients with 2 CANS within the date range | Program Name: SVCFS - LIFE Path-Referrals/After Care | Sub Unit: 5621 | Filtered by All

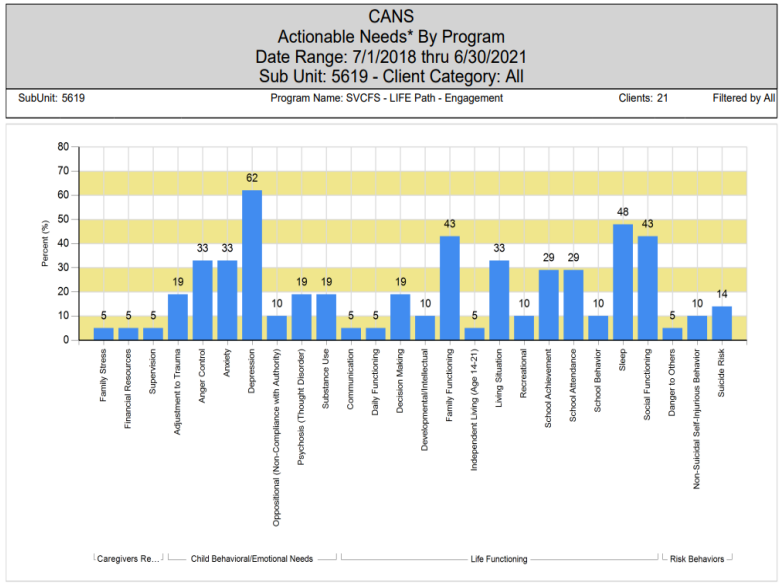


Initial Need	A treatment need (2 or 3) on 1st CANS during time period	6 / 8	=	75%
Newly Identified	No treatment need (2 or 3) on 1st CANS during time period, but did have a 2 or 3 on the last CANS of period	0 / 8	=	0%
Continuity	A treatment need (2 or 3) on 1st CANS during time period and remained a 2 or 3 on last CANS of period	4 / 6	=	67%
Clinical Progress	A treatment need (2 or 3) on 1st CANS during time period and improved at least 1 point on last CANS of period	2 / 6	=	33%
Worsening	A client with any rating on 1st CANS during time period but increased at least 1 point on last CANS of period	0 / 8	=	0%

This graphic to the left illustrates how 2 of the 6 clients having an actionable need in the area of “Depression” improved during the time period.

This chart to the right displays the actionable needs (those scoring a 2 or 3 on the CANS) for the 12 clients in this part of the program. The greatest needs for these clients are “Depression”, “Family Functioning”, and “Sleep”.





The data for the Life Path Engagement displays some actionable needs including “Depression”, “Sleep”, and “Family Functioning”.

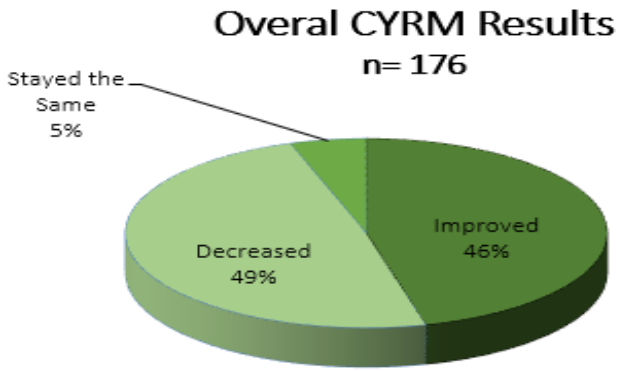
- LOCUS is used for all adult participants and identifies the correct level of treatment based on six dimensions related to mental health and risk. The composite score and level of care are monitored and reassessed every six months for changes.
- The 6 Stages of Change utilizes consistent and specific definitions and are monitored for monthly progress for each treatment plan objective.
- Progress is also reviewed for each objective at each session, and these SMART objectives are based on client goals.
- SOPS is administered every six months for clients with prodromal classification. It is compared to the initial Structured Interview for Psychosis-Risk Syndrome (SIPS) to assess if symptoms are increasing or decreasing. This tool can also be used to 'continue to screen' a client who has an inconclusive initial SIPS.

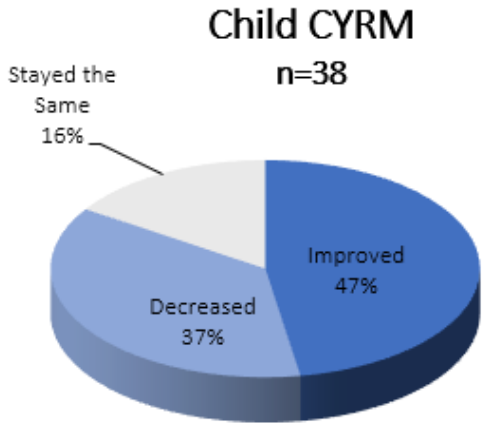
Clients who are actively working toward objectives seem to stay in the program longer and achieve better outcomes. BHRS and Life Path continue to work on a comprehensive evaluation for the program.

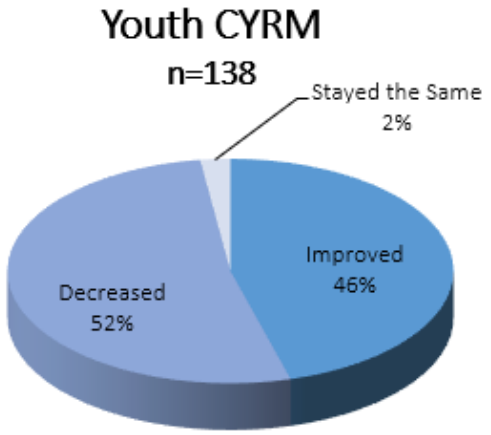
Child and Youth Resilience Measure (CYRM)

Early Intervention programs serving children and youth through school behavioral health services and consultation began using the Child and Youth Resilience Measure (CYRM) during the FY2018-2019. Currently the programs in two schools have utilized the tool, which is a measure of the resources (individual, relational, communal and cultural) available to individuals that may bolster their resilience. Resilience can be defined as an individual's capacity to navigate to health-enhancing resources that nurture individual, relational, and community assets, as well as the capacity of individuals to negotiate with others for these resources to be provided to them in culturally meaningful ways. When faced with adversity and risk, some will survive and even thrive while others will succumb to risky and possibly self-destructive behavior. Those who thrive under adversity (e.g., poverty, maltreatment, loss of a parent) exhibit engagement in processes described as resilience.

The Child Youth Resilience Measure (CYRM) was designed to measure resilience while accounting for diverse social contexts across numerous cultures along with also becoming a screening tool in order to explore resources available that may encourage resilience. There is a child version intended for students in kindergarten through 3rd grade and a youth version for students 4th grade through 6th grade. It is administered at the program start and again at the end. Below is a brief analysis of the data collected through the CYRM. Due to Covid-19, CYRM was not administered for FY 19-20 & FY 20-21. The illustrations below highlight FY 18-19 results.







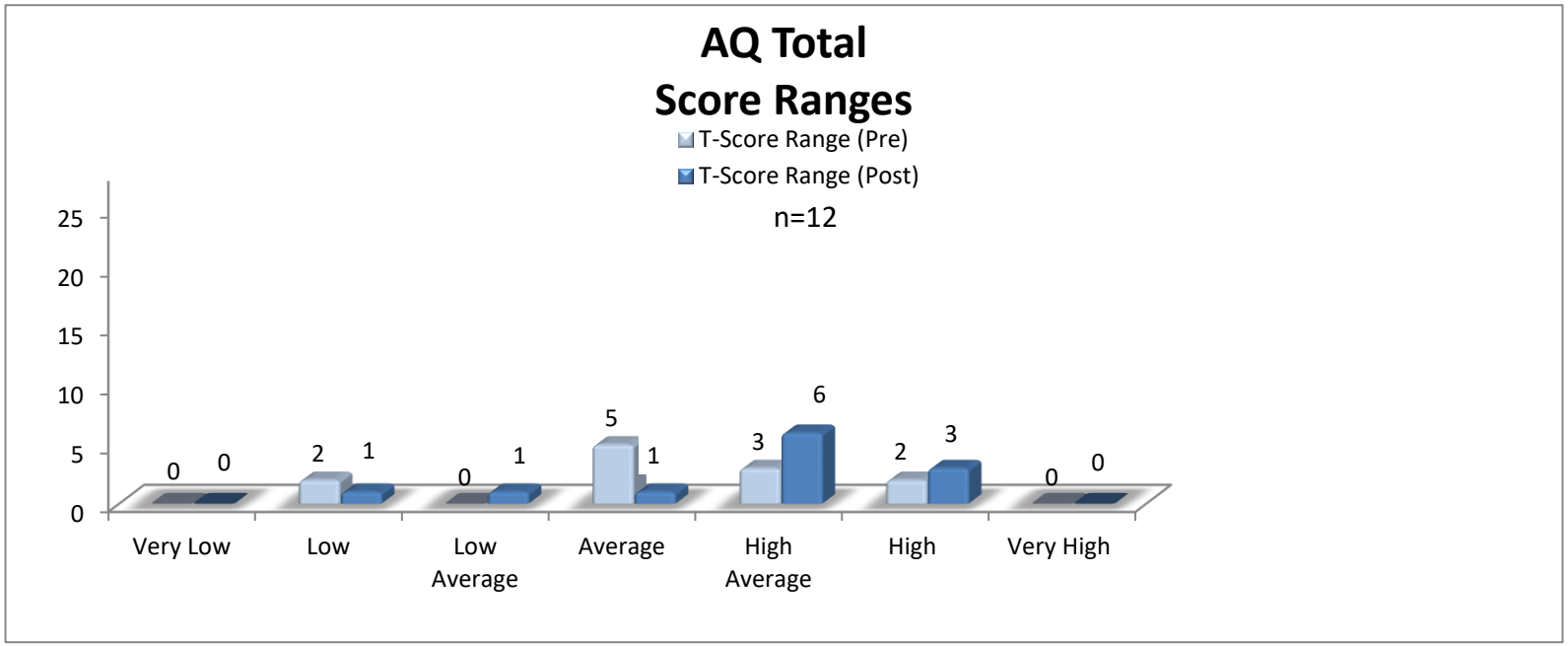
The data indicates that of the 176 students for which resilience was measured, 46% showed increased overall resiliency after participating in the program. The child and youth population results were similar with slightly better results for children compared to youth. There were some students who indicated their overall resiliency declined. A deeper exploration into the data, including specific areas of decline and improvement is warranted, and there are plans to further analyze the data and provide recommendations for possible improvement and understanding what is working.

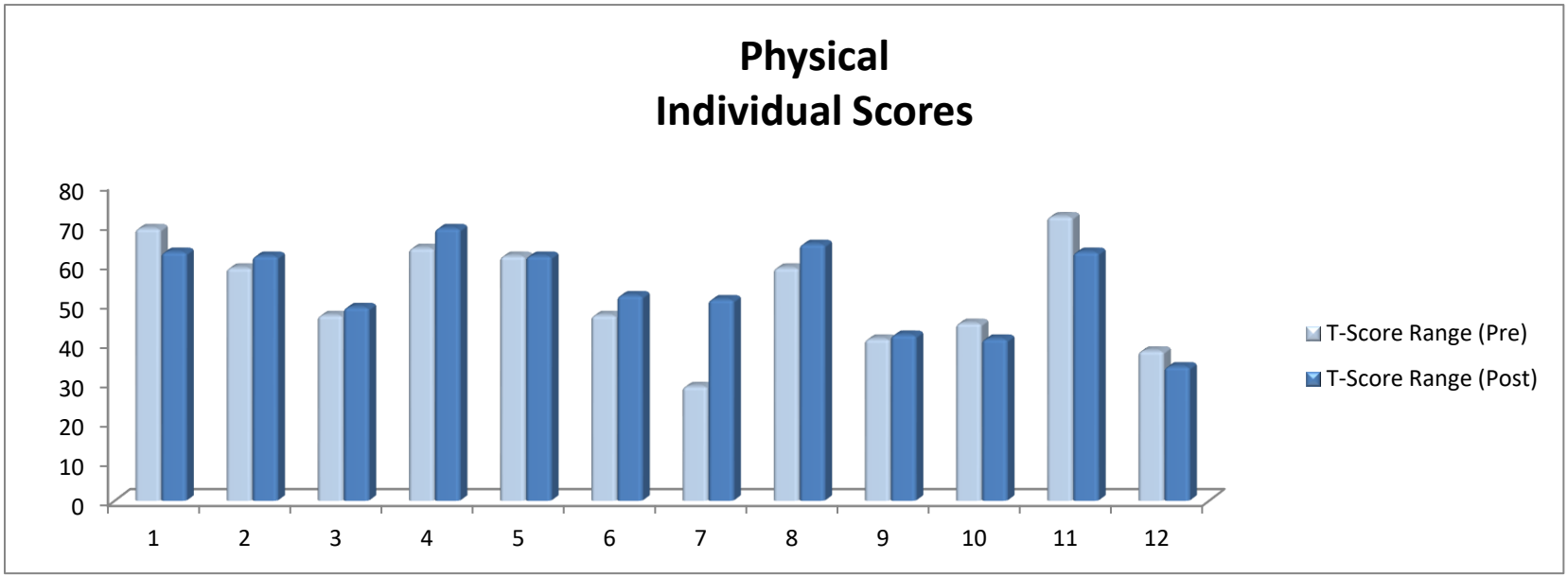
Aggression Questionnaire

The Aggression Replacement Training program is using the Aggression Questionnaire (AQ) instrument to measure impact and outcomes. It is one of the recommended tools for this evidence-based program, and measures the difference between pre and post program aggression. Overall aggression, as well as subscales of physical, verbal, anger, hostility, and indirect aggression are measured and reported. Five school programs with 12students provided data for this report.

- The AQ Total score is a summary measure of the overall level of anger and aggression indicated by the AQ.
- The Physical Aggression score is a measure of the tendency to use physical force when expressing anger or aggression.
- The Verbal Aggression score measures the tendency to be verbally argumentative.
- The Anger score measures anger-related arousal and sense of control.
- The Hostility score is a measure of feelings of resentment, suspicion, and alienation—feelings that seriously undermine both physical and psychological health.
- The Indirect Aggression score is a measure of the tendency to express anger in actions that avoid direct confrontation
- Students completed the AQ within 2 weeks of the start of session (pre) and during last 2 sessions (post).
- Total of 12 students completed AQ; this report summarizes only those with pre and post completed (n=12).

Score range categories are determined by using T-Score values. T-Scores are all placed on a scale that has a mean of 50 and a standard deviation of 10. Thus, scores on every scale are interpreted in the same way. For all AQ scales, higher scores indicate relatively higher levels of anger and aggression, and lower scores reflect lower levels of these characteristics T-Scores range from <30 (considered very low) to >70 (considered very high).The Aggression Questionnaire was not administered for FY 19-20 & FY 20-21 due to Covid-19. The results below highlight FY 18-19 results.


AQ Total
Score Ranges
T-Score Range (Pre)
T-Score Range (Post)
n=12
25
20
15
10
5
0
0
0
2
1
0
1
5
1
3
6
2
3
0
0
Very Low
Low
Low Average
Average
High Average
High
Very High


Physical
Individual Scores
80
70
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
9
10
11
12
T-Score Range (Pre)
T-Score Range (Post)

This chart illustrates the percentage of students' scores that increased (worsened), decreased (improved), or stayed the same. It displays the AQ total score percentages, and also the subscale scores percentages. Physical Aggression showed the highest percentage of improvement, followed by Indirect Aggression, while Verbal Aggression showed the lowest percentage of improvement.

Aggression Questionnaire	Number of Individuals	Improved	Stayed Same	Worsened
AQ Total	12	25%	25%	50%
Physical	12	33.3%	8.3%	58.3%
Verbal	12	33.3%	16.6%	50.0%
Anger	12	50.0%	8.3%	41.6%
Hostility	12	41.6%	8.3%	50.0%
Indirect Aggression	12	33.3%	16.6%	50.0%

This information can be used by program to guide in areas where emphasis may need to be added. Conversely, the data is illustrating areas in which improvements are occurring.

How well are programs delivering services in the spirit of MHSA standards?

When evaluating effectiveness of services, there is evidence to suggest that all Early Intervention programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration
(2) Cultural Competence
(3) Client Driven
(4) Family Driven
(5) Wellness, Recovery, and Resilience Focused
(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Do program practices and results illustrate mental health and related functional outcomes and demonstrated effectiveness for the intended populations?

- ***CHS RaPP –*** The Program Specialist engaged in outreach activities for parents and school staff during the school year by creating a Support Plan Activity that was shared with students, parents and school staff. The Program Specialist handed out Each Mind Matters materials to parents during lunch pickups at school and at the conclusion of Wellbeing Circles to each participating classroom. This innovation enabled RaPP to assist in reaching an increased amount of people to distribute information regarding reducing stigma and increasing awareness of mental health issues and services.

- ***CHS SBHI –*** SCHBI participated in mental health awareness week, worked with Turlock FRC and the Promotores for presentations/outreach, on-campus projects and learning opportunities with parents, in-person counseling services, and support for classroom teachers and administration, especially during transition back to in-person learning, where differing needs were identified and social adjustments were challenged.

- ***BIC Hughson –*** Strong minds, a weekly bilingual wellness support group that provides mental health topics to reduce risks for serious mental illnesses. The facilitator provided psychoeducation on topics that included depression, stress, anxiety, grieving, controlling negative thoughts, and suicide prevention. Participants have shared how much they have gained from attending this group. They have shared they have learning new ways to cope with their daily stressors and new coping skills to deal with their depression.

- ***El Concilio –*** Outreach in mental health was strong in the community, increasing the attendance in the presentations and later some participants engaged in counseling services. Latino Male were requesting mental health services. Finally, Hispanic people with disabilities requested mental health services. Furthermore, for over a year the communities were requesting culturally appropriate mental health workshops.

- ***Golden Valley CoH –*** The pandemic created an increased need for mental health services as our community became highly impacted. In these trying times, Golden Valley Health Centers immediately responded via Telehealth. Telehealth has also proven successful in crisis intervention to patients who are not open to BHS.

- ***Golden Valley IBH –*** The ability to offer free services to noninsured/underinsured patients through the PEI Grant was another success. When patients learned that BHS were free of charge or co-payments were waived, they expressed feeling relieved and motivated to pursue BHS.

- ***Life Path –*** Despite the pandemic, LIFE Path was still able to provide both Multi-Family Group and Social Skills/Life Skills Groups via telehealth during the past fiscal year. Interesting, our Social Skills/Life Skills group remained fairly consistent throughout the year. Our Multi-Family Group was able to be conducted most often but at times, would be cancelled or moved to a Single-Family Group due to lack of attendance. We do provide Single-Family Group for those families that are unable to attend Multi-Family Group. The Single-Family Group follows the MFG format only within a single-family session, so the same skills are learned.

Do program practices and results illustrate improved access to services for underserved populations?

- ***BIC-South Modesto –*** The clinician uses Cognitive Behavioral Therapy (CBT). CBT is a short-term treatment strategy that focuses on exploring relationships among a person's thoughts, feelings, and behaviors. CBT has been demonstrated by many research studies to be the most effective approach for a variety of psychological problems. The clinician actively works with individuals to understand the connection between their thoughts, emotions, and behaviors.

- ***BIC-West& Central Modesto –*** Clinician established groups regarding Mindfulness and self-care to increase self-motivation to individuals, parents, and families. These groups consisted of psychoeducation regarding breathing exercises, skills to increase positive thinking and self-esteem due to the hardships families were facing during the pandemic.

- ***CHS RaPP –*** The Program Specialist utilized presentations at school staff meetings, teacher capacity building during Wellbeing Circles, individual parent and teacher support, parent groups, and community event participation to increase outreach and engagement to potential responders and public mental health service providers. Additionally, the Program Specialist worked to build partnerships and communication with school and community based mental health organizations.

- ***El Concilio –*** The process to determine if a participant suffers from a mental illness begins with the client's narrative, followed by the mental health assessment, using the Burn Depression Checklist, OQ-30 Spanish, and the client's observed behavior, the client's mental health symptoms, and mental health history.

- ***Golden Valley –*** The Primary Care Team screens all GVHC patients for early signs of mental health illness. Patients complete the Patient Health Questionnaire 2 (PHQ2) or the Patient Health Questionnaire 9 (PHQ9), the Adult Health History Form, which includes seven BH questions that screen for mood and anxiety issues, the Screening, Brief Intervention, and Referral to Treatment (SBIRT), and the Pediatric Symptom Checklist for Children and Adolescents ages 4-17. The score on these screening tools trigger BH referrals.

- ***Life Path –*** LIFE Path utilizes the BHRS tools of the CANS and the LOCUS. The CANS is utilized for those under age 21 and the LOCUS is for those 18 and above. The CANS measures clients' needs and strengths that fall within the severe range. The LOCUS measures appropriate level of care for the client. In addition, for those clients that enter the program under clinically high-risk standards, the evidence-based Scale of Psychosis-Risk Symptoms (SOPS) portion of the SIPS is utilized to measure progression of symptoms

Do program results illustrate non-stigmatizing and non-discriminatory practices and services?

- ***BIC Hughson*** – Mental Health presentations were provided in various Zoom groups from Hughson Family Resource Center. Staff collaborated with the case managers and provided mental health topics to the children's group, pregnancy group, and parenting group. An ongoing monthly psychoeducation class was also provided to the Promotor support group. All presentations emphasized how to reduce risk factors for developing mental illness, build protective factors, and reduce negative outcomes that may result from untreated mental illness. Topics included mindfulness, depression, suicide awareness, and communicating with children.

- ***BIC South Modesto –*** Due to COVID-19 the manner of delivering or providing information to clients and community members has changed to telehealth, ZOOM and Facebook Live. Clinician has created videos on how to download apps to receive information regarding mental health, stigma reduction and suicide awareness. Presentations focused on increasing knowledge of and destigmatizing mental illness have also been conducted at Head Starts and elementary schools. The Zoom presentations included "Know the Signs" which created a great dialogue between the parents and the Staff Clinician/Case manager regarding their children's mental health and well-being. Information about COVID-19 and vaccinations were also distributed to the South Modesto Community to enhance their well-being and health.

- ***CHS RaPP –*** Due to the COVID-19 Pandemic, the RaPP Program Specialist provided services virtually. The RaPP Program Specialist facilitated Wellbeing Circles through Schoology or Microsoft Teams virtual classrooms.

- ***CHS SBHI –*** The SCHBI program as contracted to provide services primarily within the school setting of elementary and junior high school aged students focused prevention and early intervention topics per age demographic to include suicide prevention, community safety, and school achievement/attendance. SCHBI provided resources to students and families experiencing homelessness and provided linkage to resources pertaining to legal and employment difficulties.

- ***El Concilio –*** Presentations and outreaches are used as tools for participation and engagements. Events are held via zoom meetings in various community settings, such as schools and church settings, and parent resource centers. In addition, brochures are distributed in English and Spanish at various locations in the Riverbank, Oakdale and Waterford communities mentioning the mental health services provided by El Concilio. Due to COVID-19, zoom presentations are used as an engagement tool.

What was the impact of Outreach Programs for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction Programs, and Suicide Prevention Programs in Stanislaus County?

Outreach Programs for Increasing Recognition of Early Signs of Mental Illness:

- **Each Mind Matters Campaign/Know the Signs**
- **Community Trainings -** *BHRS*
  - Mental Health First Aid (MHFA) *(potential responders/gatekeepers)
  - Youth Mental Health First Aid *(potential responders/gatekeepers)
  - Mental Health First Aid – for Spanish speakers *(Spanish speaking community)
- **In Our Own Voice and Ending the Silence -** *NAMI (National Alliance on Mental Illness)*

Stigma Discrimination Reduction Programs

- **Each Mind Matters Campaign/Know the Signs**
- **CalMHSA Contribution**

Suicide Prevention Programs

- **Each Mind Matters Campaign/Know the Signs**
- **Community Trainings -** *BHRS*
  - ASIST (Applied Suicide Intervention Skills Training) *(potential responders/gatekeepers)
  - Safe Talk *(potential responders/gatekeepers)
- **Central Valley Suicide Prevention Hotline -** *Kingsview* *(individuals with suicidal ideation or at-risk)

The PEI programs in these three categories are overlapping and are also addressed by multiple programs categorized as Early Intervention and Prevention.

- Programs and strategies focused on ***outreach for increasing recognition of early signs of mental illness*** utilize ***Outreach,*** which is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- ***Stigma and discrimination reduction programs*** encompass the 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 programs*** are those that organize activities to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

- The ***statewide initiative*** is a contribution to CalMHSA, the statewide organization that provides support and liaison activities across counties.

In addition, the *Outreach Programs for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction Programs, and Suicide Prevention Programs* reach potential responders within the specific target populations, including family members, school personnel, community service providers, and faith-based leaders. The settings also vary, including schools, Family Resource Centers, healthcare centers, and shelter. Therefore, the evaluation of these programs focuses on assessing how well they reach potential responders and the changes in knowledge, attitudes, and behaviors in those critical areas.

Below is a chart that depicts how the programs were or will be evaluated, i.e., the focus, what type of practice was evaluated, the population, the indicators, the tools and languages the tools were available, and the mode/frequency. This chart continues to develop.

Outreach Programs for Increasing Recognition of Early Signs of Mental Illness
Stigma and Discrimination Reduction Programs
Suicide Prevention Programs
Outcomes, Indicators, Tools, and Frequency

Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
• Community Trainings	Mental Health Stigma and Awareness	In Our Own Voice; Mental Health First Aid (MHFA)	Youth/TAYA Adult, Older Adult	Increased understanding of mental illness; decreased stigma	In Our Own Voice Assessment/ Survey	#/% with increased understanding of mental illness	English, Spanish	Pre/Post
				Increased understanding of mental illness; decreased stigma; increased ability to assist someone in crisis or needing help	MHFA Assessment/ Survey	#/% with increased understanding of mental illness; #/% who feel they can assist someone in crisis or needing help	English, Spanish	Post

Outreach Programs for Increasing Recognition of Early Signs of Mental Illness Stigma and Discrimination Reduction Programs
Suicide Prevention Programs Outcomes, Indicators, Tools, and Frequency

Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
Central Valley Suicide Prevention Hotline	Suicide	Suicide hotline accredited by the American Association of Suicidology	Youth/TAYA Adult, Older Adult	Decreased suicides, increased safety	Disposition/ follow-up questions	#/% who were averted from crisis	English, Spanish, interpreters in 150 languages	Post
Each Mind Matters Campaign/Know the Signs	Increasing recognition of signs of mental illness; awareness	Each Mind Matter/Know the Signs	Youth/TAYA, Adult, Older Adult	Increase understanding of mental illness; decreased stigma	Stigma and Discrimination Reduction Survey	#/% with increased understanding of mental illness, and changes in attitude and behavior	English, Spanish	Post
Community Trainings	Suicide	ASIST and Safe Talk	Youth/TAYA, Adult, Older Adult	Increase knowledge, changes in attitude, and behavior in relation to suicide; decreased stigma; increased ability to assist someone in crisis	Pre/Post Test; Suicide Awareness Survey	#/% with increased understanding, and changes in attitude and behavior; #/% who can assist someone in crisis; #	English, Spanish	Pre/Post; Post

- Outreach includes such activities as presentations, trainings, and events that encourage, educate, or train individuals and potential responders about ways to recognize and respond effectively to early signs of mental illness. Outreach services are provided throughout all PEI programs at varying degrees.

- PEI staff, other BHRS staff, and contracted partners are trainers for the following trainings that are provided free of cost to the community and targeted populations across the county:
  - Mental Health First Aid (MHFA)
  - Youth Mental Health First Aid
  - Mental Health First Aid – for Spanish speakers
  - Applied Suicide Intervention Skills Trainings (ASIST)
  - NAMI Provider Education Course
  - Toward Effective Self-Help Group Facilitator training

- PEI also provides staff support to several cross-cultural community-based collaboratives/partnerships that help promote emotional health and wellbeing by decreasing stigma, disparities, and barriers to mental health resources.

- Stigma and discrimination reduction activities also include presentations, trainings, and events, marketing campaigns, speakers' bureaus, and efforts to encourage self-acceptance for individuals with a mental illness. All PEI programs integrate one or more of these activities in their program delivery.

- A primary suicide prevention service offered through PEI is the suicide hotline provided by the Central Valley Suicide Prevention Hotline (CVSPH). CVSPH is nationally accredited by the American Association of Suicidology and operates the hotline 24 hours a day, 7 days a week, ensuring that our county residents have access to suicide prevention support and emergency services when appropriate.

- Other suicide prevention activities include campaigns, training, and education focused on suicide information and prevention.

- CalMHSA provides support in the areas of suicide prevention and stigma and discrimination reduction, and also is the fiscal agent for CVSPH.

Outreach, engagement, and access and linkage activities are integrated into these programs to increase the effectiveness of the services.

Outcomes and indicators for these programs focus on reaching community members and on outreach and education of potential responders, including family and community members. This in turn will lead to increased understanding, decreased stigma, and changed behavior (either assisting others or changing one's own behavior).

The data supports that the programs are providing the services and utilizing effective strategies. The information below depicts information captured for FY2020-2021.

Performance Measures FY 2020-2021	**#**
# duplicated individuals reached through outreach or training	107,641
# potential responders trained	671
# who received support from suicide hotline	1,977
# trainings to increase recognition, decrease stigma, or increase awareness	38

What other performance measures support the effectiveness of the Outreach Programs for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction Programs, and Suicide Prevention Programs?

Outcomes for FY 2020-2021

Outreach for Increasing Recognition of Early Signs of Mental Illness & Stigma/Discrimination Reduction

• 68 trainings and 27 NAMI presentations were provided, specifically focused on recognizing early signs of mental illness and reducing stigma and discrimination	• 845 were reached through NAMI presentations, averaging 31 per presentation
• Over 37,000 community members were reached through presentations, which included topics ranging from accessing behavioral health services to recognizing early signs of mental illness to stigma/discrimination reduction	• 40 % of all presentations covered issued of stigma and 76% discussed access of information
• Over 29,500 potential responders attended presentations about behavioral health	• 74% of the presentations were outside of the office environment (e.g., schools, places of worship, shelters) and potential responders were reached across all areas of the County

Suicide Prevention

Outcomes for FY 2020-2021

• 1,977calls were responded to through the Central Valley Suicide Prevention Hotline	• 73% of the hotline calls were concerned with mental health, social issues or suicide
• 569 calls to the Central Valley Suicide Prevention Hotline were crisis calls	• 7 hotline calls were “Talk Downs” during which a high-risk caller was deterred from completing suicide; 10 calls were “Active Rescues” when emergency services were contacted for the caller’s safety

Central Valley Suicide Prevention Hotline (CVSPH)

As noted previously, Central Valley Suicide Prevention Hotline (CVSPH) provides our county with a suicide hotline, operating 24 hours a day, 7 days a week. The following data provided by CVSPH is for Fiscal Year 2020-2021 and describes the impact that CVSPH had for our county’s vulnerable population.

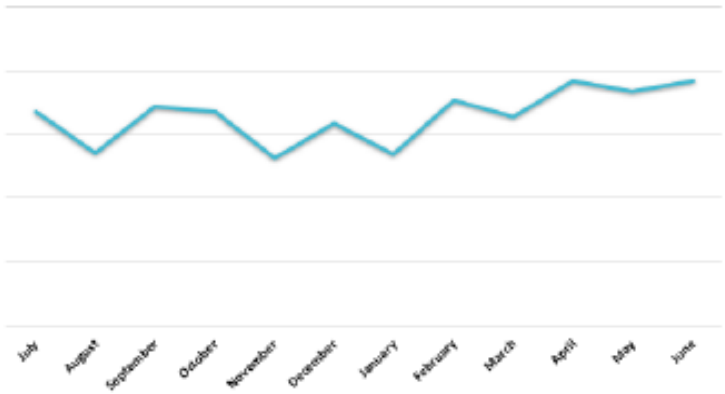
Central Valley Suicide Prevention Hotline

Stanislaus County Call Volume Report Fiscal Year 2020-2021

1,977 Calls from Stanislaus County

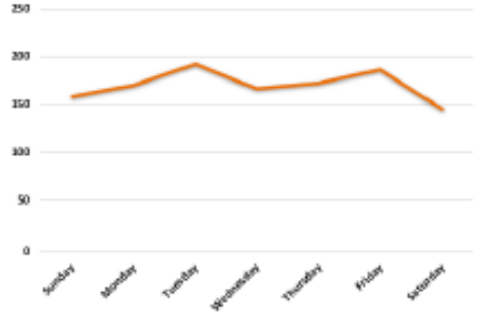
July 1, 2020—June 30, 2021

Call Volume Trends



Hour of the Day

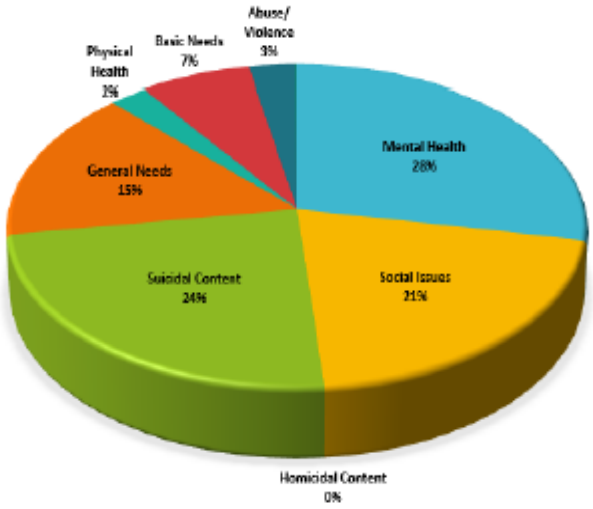
Day of the Week



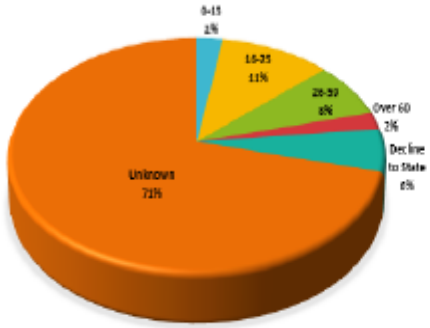
Central Valley Suicide Prevention Hotline

Stanislaus County Caller Demographics Fiscal Year 2020-2021

Caller Concerns



Caller Age Group



Caller Gender

Gender Assigned at Birth

Gender Assigned at Birth	Number of Callers
Female	637
Male	379
Decline to State	38
Unknown	923

Age Groups

Age Groups	Number of Callers
0-15	50
16-25	212
26-59	151
Over 60	46
Decline to State	116
Unknown	1,402

Race

Race	Number of Callers
White/ Caucasian	115
American Indian or Alaska Native	1
Black African American	19
Native Hawaiian or Other Pacific Islander	3
Asian	8
Other	35
More than One Race	19
Decline to State	424
Unknown	1,353

Ethnicity: Hispanic or Latino

Ethnicity: Hispanic or Latino	Number of Callers
Mexican/Mexican American/Chicano	48
Caribbean	0
Central American	1
Puerto Rican	0
South American	0
Other	39
None	85
Decline to State	425
Unknown	1,379

Ethnicity: Non Hispanic or Non Latino

Ethnicity: Non Hispanic or Non Latino	Number of Callers
European	2
Eastern European	8
African	2
Vietnamese	0
Japanese	0
Filipino	0
Cambodian	0
Asian Indian/ South Asian	2
Chinese	0
Korean	0
Middle Eastern	1
None	91
Other	55
Decline to State	422
Unknown	1,394

Language

Language	Number of Callers
English	1,078
Other	6
Spanish	2
Decline to State	0
Unknown	891

Sexual Orientation

Sexual Orientation	Number of Callers
Heterosexual or Straight	336
Gay/Lesbian	16
Another Sexual Orientation	3
Bisexual	4
Questioning	8
Queer	1
Decline to State	315
Unknown	1,294

Disability

Disability	Number of Callers
Chronic Health Condition	15
Physical/Mobility	7
Mental Domain-Learning, Developmental, Dementia	8
Difficulty Hearing, or Having Speech Understood	1
Difficulty Seeing	1
Other	12
None	393
Decline to State	380
Unknown	1,160

Veteran Status

Veteran Status	Number of Callers
No	476
Yes	23
Decline to State	304
Unknown	1,174

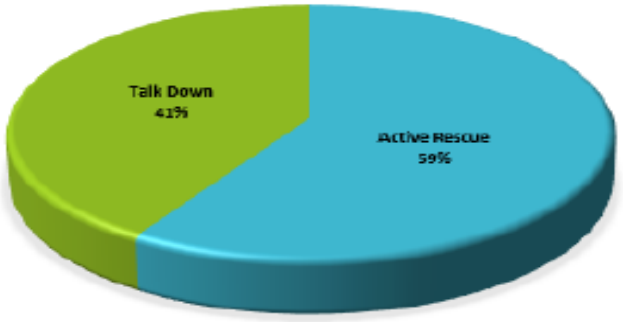
Homelessness Status

Homelessness Status	Number of Callers
No	557
Yes	17
Other	10
Decline to State	192
Unknown	1,201

Current Gender Identity

Current Gender Identity	Number of Callers
Female	313
Male	192
Transgender	6
Gender-queer	0
Questioning - Unsure of Gender Identity	0
Another Gender Identity	3
Decline to State	118
Unknown	1,345

7 Talk Down Calls and 10 Active Rescues



Community Resources Costs	Cost	Talk Down	Cost Savings
ED Visit	$2,000.00	100%	$2,000.00
Ambulance Dispatch	$890.00	100%	$890.00
Law Enforcement Dispatch	$128.16	100%	$128.16
Jail Booking			
Inmate Jail Day	$91.95	5%	$4.60
Crisis Stabilization Stay	$1,106.12	10%	$110.61
Totals	$4,216.23		$3,133.37

Fiscal Year 2020-2021 Estimated Cost Savings to Stanislaus County for

7 Talk Down Calls

$21,933.59

Fiscal Year 2020-2021 Estimated Cost Savings to Stanislaus County for

569 Crisis Calls

$1,525,289.85

Community Resources Costs	Cost	Crisis Calls	Cost Savings Per Call
ED Visit	$2,000.00	85%	$1,700.00
Ambulance Dispatch	$890.00	85%	$756.50
Law Enforcement Dispatch	$128.16	85%	$108.94
Jail Booking			
Inmate Jail Day	$91.95	5%	$4.60
Crisis Stabilization Stay	$1,106.12	10%	$110.61
Totals	$4,216.23		$2,680.65

Fiscal Year 2020-2021 Estimated Cost Savings to Stanislaus County for

7 Talk Down Calls and 569 Crisis Calls

$1,547,223.44

How well are programs delivering services in the spirit of MHSA standards?

When evaluating effectiveness of services, there is evidence to suggest that all Early Intervention programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration
(2) Cultural Competence
(3) Client Driven
(4) Family Driven
(5) Wellness, Recovery, and Resilience Focused
(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Do program practices and results illustrate mental health and related functional outcomes and demonstrated effectiveness for the intended populations?

- Over 37,000 community members were reached through presentations, which included topics ranging from accessing behavioral health services to recognizing early signs of mental illness to stigma/discrimination reduction.

- Over 29,500 potential responders attended presentations about behavioral health. Potential responders were in attendance, including teachers, school administration, peer providers, law enforcement, community service providers, people providing services to the homeless, and faith-based leaders.

- Over 74% of the presentations were outside of the office environment (e.g., schools, places of worship, shelters) and potential responders were reached across all areas of the County.

Do program practices and results illustrate improved access to services for underserved populations?

- ***Central Valley Suicide Prevention Hotline*** staff are trained to provide resources and referrals to local mental health services when appropriate.
- ***Central Valley Suicide Prevention Hotline*** staff responded to 1,977 calls, listening to and assisting callers who needed to be heard.

Do program results illustrate non-stigmatizing and non-discriminatory practices and services?

- ***Central Valley Suicide Prevention Hotline*** operated 24 hours a day, 7 days a week and provided services in Spanish, and interpreters in over 150 languages.
- ***All PEI programs*** were contracted to distribute ***Each Mind Matters/Know the Signs*** materials and continued to present relevant information to their communities.
- ***NAMI*** speakers presented 16 “In Our Own Voice” and 11 “Ending the Silence” presentations in places of worship and faith-based organizations, schools, colleges, community groups, shelters, and to law enforcement in non-stigmatizing environments. NAMI continued to develop relationships with community leaders to reach additional individuals in a non- stigmatizing manner.
- ***NAMI “In Our Own Voice”*** presentations seek to decrease stigma and increase recognition of early signs.
- ***Central Valley Suicide Prevention Hotline*** Recognized as a best-practices call center by the American Association of Suicidology.

What was the impact of the Access and Linkage Program in Stanislaus County?

Access and Linkage Program: Aging and Veteran Services (AVS)

Access and Linkage to Treatment means connecting individuals with severe mental illness, 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. Examples include focusing on screening, assessment, referral, and/or mobile response.

All PEI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

Outreach, engagement, and access and linkage activities are also integrated into all programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services has been identified as the program with this focus. However, all PEI programs incorporate access and linkage activities and strategies, and Aging and Veteran Services is also a program providing Brief Intervention Counseling (BIC) services.

It is critical that AVS focuses on access and linkage as older adults have specific access barriers. Older adults are also at high risk for having or developing mental illness due to risk factors:

- Isolation - social, geographic, cultural, linguistic
- Losses - deaths, financial, independence
- Multiple chronic medical conditions including substance abuse
- Elder abuse & neglect

These risk factors also contribute to barriers to access services. The older adult population faces multiple other barriers to receiving behavioral health services:

- Limited Resources -Availability of clinicians
- Stigma - resistance to accepting assistance
- Difficult referral process/Navigating the system
- Transportation
- Cost/Insurance

Due to these multiple factors, the evaluation of this type of program and access and linkages strategies also can focus on the risk factors that contribute to the barriers to access.

Below is a chart that depicts how the programs were or will be evaluated, i.e., the focus, what type of practice was evaluated, the population, the indicators, the tools and languages the tools were available, and the mode/frequency. This chart continues to develop.

Access and Linkage
Outcomes, Indicators, Tools, and Frequency

Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
Aging and Veteran Services	Timely access to appropriate mental health services or resources	Brief Intervention Counseling; Peer Support	Older Adult	Individuals are referred to appropriate mental health services or resources in a timely manner	Tracking Forms; Database	# and type of referrals to appropriate mental health services or resources; #/% engaged in referred services (engaged at least once); Average time from referral to engagement	English, Spanish	Quarterly, Annually
All Prevention and Early Intervention programs (as a strategy)	Timely access to appropriate mental health services or resources	Specific to programs	Children, Youth/TAYA, Adult, Older Adult	Individuals are referred to appropriate mental health services or resources	Tracking Forms; Database	# and type of referrals to appropriate mental health services or resources; #/% engaged in referred services (engaged at least once); Average time from referral to engagement	English, Spanish	Quarterly, Annually
All Prevention and Early Intervention programs (as a strategy)	Untreated mental illness	Specific to programs	Children, Youth/TAYA, Adult, Older Adult	Reduced duration of untreated mental illness	Tracking Forms; Database	Average length of time between onset of symptoms of mental illness to treatment services (not collecting yet)	English, Spanish	Annually

Access and Linkage Outcomes, Indicators, Tools, and Frequency								
Program(s)	Focus	EBP, CDE, or PP*	Age Population	Expected Outcome	Outcome Measure/Tool	Indicators	Available Languages	Mode/ Frequency
Aging and Veteran Services and all PEI programs (as a strategy)	Risk factors that create barriers to access	Brief Intervention Counseling; Peer Support; Specific to programs	Older Adult; Children, Youth/TAYA, Adult	Risk factors that create barriers to access are reduced	Wellbeing Survey	#/% of individuals indicating they know how to access mental health services; #/% who do not ask for support from community members	English, Spanish	Quarterly, Annually

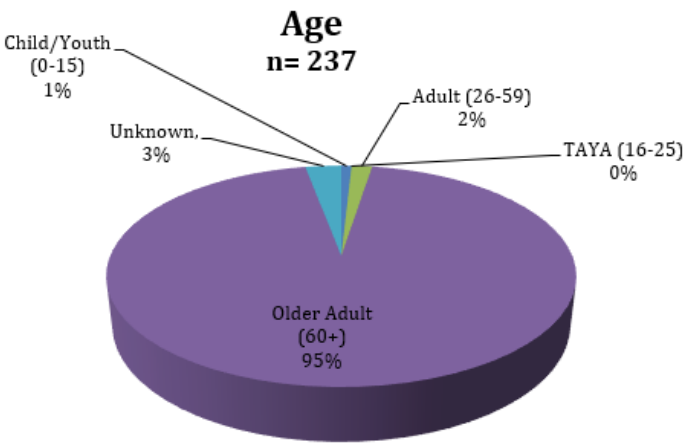
In order to reach this population given the barriers, outreach efforts are made via a network of older adult services providers, including home health agencies, adult protective services, community service organizations (home delivered meals, in-home service providers, transportation programs etc.) Presentations are also made to older adults directly at senior residential communities and public events.

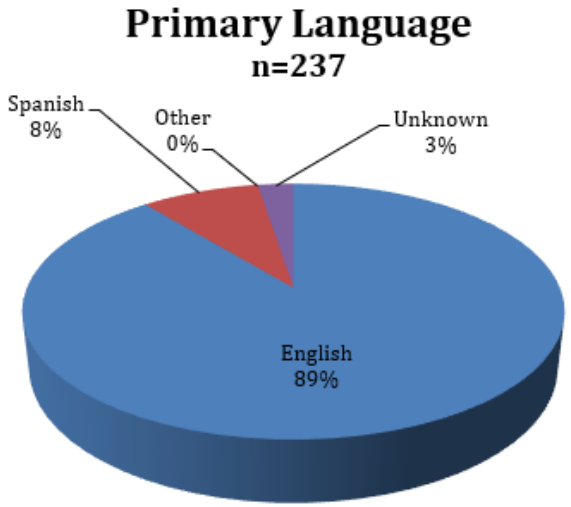
AVS uses a screening process to determine if a senior has an existing or previous diagnosis, receiving current treatment or medications that may help identify a more serious condition, need for higher level of care and/or further evaluation. The Patient Health Questionnaire (PHQ-9) is also used to gage any level of depression, anxiety and suicidal ideation. This tool can help determine if a higher level of care and/or a referral is needed (see outcomes for PHQ-9). In addition, clients presenting with co- occurring conditions or undiagnosed symptoms that need further evaluation will be referred to an appropriate service or program and offered follow-up to verify they were able to connect.

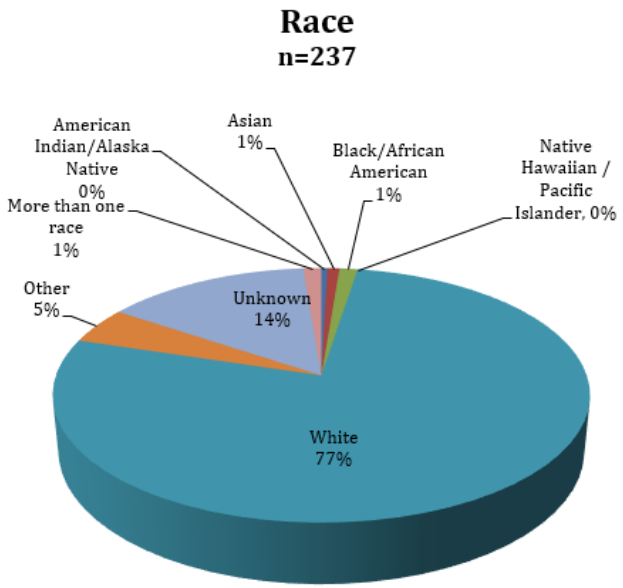
Once engaged in AVS services, they are mostly provided in the comfort of the seniors' own homes to increase access to services. Often, transportation or stigma can be barriers for seniors to access behavioral health services, and offering in-home services reduces the barriers.

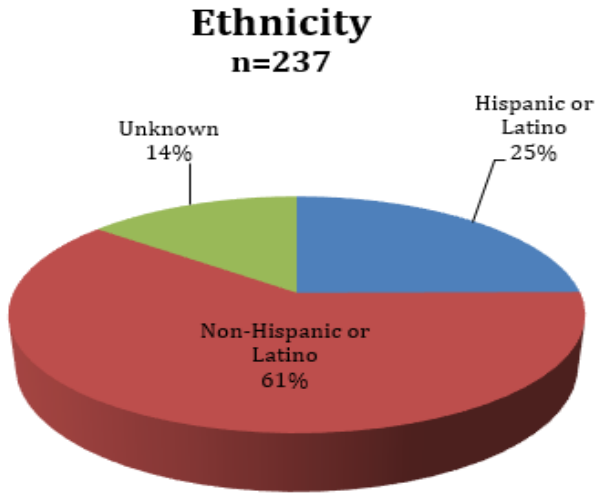
Who are the Access and Linkage program serving?

The demographic information below depicts unique individuals that were served for FY 2020-2021.









What other performance measures support the effectiveness of the Access and Linkage Programs?

Outcomes for FY 2020-2021

Access and Linkage

• 55 trainings and 27 NAMI presentations were provided, specifically focused on recognizing early signs of mental illness and reducing stigma and discrimination	• 938 People were reached through BHRS trainings, averaging 13 per training;
• Over 37,000 community members were reached through presentations, which included topics ranging from accessing behavioral health services to recognizing early signs of mental illness to stigma/discrimination reduction	• 40 % of the presentations covered issued of stigma and 34 % discussed recognition of mental illness
• Over 670 potential responders attended presentations about behavioral health	• 74% of the presentations were outside of the office environment (e.g., schools, places of worship, shelters) and potential responders were reached across all areas of the County

How effectively are program services resulting in the positive outcomes of reducing risk factors and increasing protective factors?

Wellbeing Survey – AVS (Older Adults)

The older adult program participants made up approximately **6%** of the surveys in FY18-19.

AVS demonstrated some success in the areas of Resiliency, Relationships, Community, Engagement, Meaning, and Overall Wellbeing. The results of the Wellbeing Survey can also be used to concentrate on areas for improvement as this group of participants represent those with some unique risks such as higher rates of isolation, loneliness, and being undervalued.

➢ Because of their involvement with PEI programs during FY18-19:

- **64%** reported their wellbeing improved
- **51%** created meaningful relationships
- **78%** know how to talk to others about important things
- **88%** know how to access mental health services
- **69%** are more hopeful about their future

The Wellbeing survey highlighted some positive results for individuals participating in Early Intervention programs. It also pointed to some areas that could be stronger, and that programs could focus on.

Older Adult Programs FY 2018-2019		
63% smiled or laughed five or more days in the past week	Positive Emotion	36% felt unhappy sad or tearful five or more days during the past week
52% acted together to make positive change	Community	59% do not ask for support from other community members
57% tried something new or challenging at least one time during the past week	Engagement	30% did not participate in a faith/spiritual event in the past 3 months
91% reported they had relatives or friends they could count on whenever they needed them	Connectedness	34% reported they had visited with people fewer than four times in the past 3 months
23% completely agreed that there are many things they do well	Meaning	21% do not feel valued by others
11% reported they were completely satisfied with their mental health	Mental Health	11% rated their mental health as a 4 or less (on a 1-10 scale)
26% expect to feel completely satisfied with their life in five years	Hope	18% do not have goals or plans for their future

In comparison to the results from other program participants, the data in specific areas for AVS is substantially different. Part of the reason for this could be due to the unique population served as mentioned before. For example, while **25%** of all participants felt unhappy, sad or tearful five or more days during the past week, **36%** of AVS respondents experienced these negative feelings. These measures can be related to depression and anxiety or isolation and loneliness. While **19%** of all respondents do not ask for support from other community members, **59%** of AVS respondents do not ask for support. In addition, this population demonstrates less positive percentages in the areas of Community, Engagement, Meaning, Mental Health, and Hope. These represent areas for which programs can concentrate even further efforts. The one area for which this population did have a higher percentage of **91%** was that they had friends or relatives they could count on whenever they needed them, compared to **88%** of all respondents.

How well are programs delivering services in the spirit of MHSA standards?

When evaluating effectiveness of services, there is evidence to suggest that the Access and Linkage program is committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration
(2) Cultural Competence
(3) Client Driven
(4) Family Driven
(5) Wellness, Recovery, and Resilience Focused
(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Do program practices and results illustrate mental health and related functional outcomes and demonstrated effectiveness for the intended populations?

- Program's ability to connect our clients to additional/alternate services as needed. Our PEI staff continued to stay connected to our clients and ensure the seniors were referred to supportive services when needed. Dialogue and collaboration between the program and referral sources, senior independent living complexes and local hospitals have increased as a response to COVID-19 and its effect on the senior population.

- Various interventions were utilized to prevent suicide (depression, anxiety, and isolation), homelessness, and prolonged suffering: Problem solving treatment, CBT (behavioral activation), and motivational interviewing which focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitates change.

- The Friendly Visitor Program provided in-home social visits to improve seniors' sense of well-being. Isolation and loneliness of high-risk elderly are reduced by increasing socialization with an adult volunteer "Friendly Visitors".

Do program practices and results illustrate improved access to services for underserved populations?

- To strengthen treatment effectiveness and outcomes for individuals, a screening process is used. This screening process helps

determine if seniors referred have an existing or previous diagnosis, receiving current treatment or medications that may help identify a more serious condition, or need for higher level of care/further evaluation. In addition, it helps identify clients that may present with co-occurring conditions, undiagnosed symptoms that need further evaluation. These clients will be referred to an appropriate service or program and offered follow-up to verify they were able to connect.

- Program's counseling sessions techniques/objectives are to demonstrate reduction in depressive symptoms and/or suicidal ideation with pre-post PH-Q9 scores. Well-being survey results have been positive. Counselor and volunteers also assist with access and linkage to services by utilizing the Senior Information Line and/or referring to short term case management program referrals to improve access to services.

- Multiple no cost services were readily accessible: The Senior Information Line, short-term case management, Medicare advocacy, and caregiver support. The offices are also home to the Veterans Service Office to help clients access potential veterans' benefits, and the MOVE transportation training and Dial a Ride certification program. The program is also adjacent to the County's older adult programs with Adult Protective Services (APS) and the Link to Care Public Authority provider training.

- The three components of AVS (Brief Intervention Counseling, Senior Peer Support/Navigation, and Friendly Visitor) allow for multiple access points for behavioral health services depending on the needs of the participant.

Do program results illustrate non-stigmatizing and non-discriminatory practices and services?

- Outreach efforts, including presentations, were made in a manner to decrease stigma. Venues that older adults were already familiar with, such as community service organizations and senior housing, were used to provide information about mental health services.

- The Friendly visitor visits every 1-2 weeks help improve a sense of well-being by increasing socialization by matching adult volunteer "Friendly Visitors" with high risk (usually live alone, elderly) with hopes of reducing feelings of isolation/loneliness. Well-being results and satisfaction surveys have been utilized to gauge the outcome of receiving these services.

Appendix
Tools Utilized for PEI Program Evaluation

2036520671

Stanislaus Wellbeing Survey - For Programs (Adult)

This survey asks questions about you, your relationships, and your community. All of your answers to the survey questions are completely confidential. This is not a test, so there are not right or wrong answers. You do not need to answer any questions that you do not want to and you can stop taking the survey at any time.

Program Name: _____ **Today's Date:** Month_____Day_____Year _____

First Name (2 First Letters): _____ **Date of Birth:** Month____Day_____Year _____

Last Name (2 First Letters): _____ _____

About you...

1) Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

	0	1	2	3	4	5	6	7	8	9	10
a) On which step of the ladder would you say you personally feel you stand on at this time?	○	○	○	○	○	○	○	○	○	○	○

2) The following questions ask how satisfied you feel, on a scale from 0-10. Zero means you feel "not at all satisfied" and 10 means "completely satisfied."

	0	1	2	3	4	5	6	7	8	9	10
a) Overall, how satisfied are you with your life these days?	○	○	○	○	○	○	○	○	○	○	○
b) Overall, how satisfied with your life were you 5 years ago?	○	○	○	○	○	○	○	○	○	○	○
c) As your best guess, overall how satisfied with your life do you expect to feel in 5 years time?	○	○	○	○	○	○	○	○	○	○	○
d) How satisfied are you with your health?	○	○	○	○	○	○	○	○	○	○	○
e) How satisfied are you with your mental health?	○	○	○	○	○	○	○	○	○	○	○

3) Please rate your level of agreement to the following statement. Zero means you "disagree completely" and 10 means you "agree completely."

	0	1	2	3	4	5	6	7	8	9	10
a) I have goals or plans for my future	○	○	○	○	○	○	○	○	○	○	○
b) I can do most things if I try	○	○	○	○	○	○	○	○	○	○	○
c) There are many things that I do well	○	○	○	○	○	○	○	○	○	○	○
d) I feel valued by others	○	○	○	○	○	○	○	○	○	○	○
e) I take the initiative to do what needs to be done, even if no one asks me to	○	○	○	○	○	○	○	○	○	○	○
f) Most days I get a sense of accomplishment from what I do	○	○	○	○	○	○	○	○	○	○	○

4) <u>During the past 3 months</u>, how many times have you participated in the following activities?

	Never/ 0 Times	1 - 3 Times	4 - 6 Times	7 + Times	Not Applicable
a) Attended meetings/events related to my child's school	○	○	○	○	○
b) Participated in faith/spirituality based events	○	○	○	○	○
c) Volunteered with a local group/organization	○	○	○	○	○
d) Spent time socializing with people outside of my home (people who do not live with me)	○	○	○	○	○

5) How many days in the <u>past week</u> have you done the following?

	Never/ 0 Days	1 - 2 Days	3 - 4 Days	5 - 6 Days	Everyday/ 7 Days
a) Smiled or laughed	○	○	○	○	○
b) Felt nervous or anxious	○	○	○	○	○
c) Felt unhappy, sad, or tearful	○	○	○	○	○
d) Tried something new or challenging	○	○	○	○	○
e) Spent time exercising (walking, dancing, etc.)	○	○	○	○	○
f) Felt a sense of accomplishment or pride in myself	○	○	○	○	○

About your relationships with other people...

6) If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?

○ Yes ○ No

For Office use only: First Last Date Birth

3222520679

7) How much do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I have someone I can confide in or talk to when I need support	○	○	○	○	○
b) I know someone who can suggest how to find help with a personal problem	○	○	○	○	○
c) I have someone I could call at 3 a.m. if I needed help or support	○	○	○	○	○

About Community...

By community we mean a group of people who know each other well enough that they can act together and support each other.

8) Do you feel that you are a member of a community? Yes ○ No ○

9) How much do you agree with the following statements about your community?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) Everyone can participate in making decisions that will help us	○	○	○	○	○
b) We act together to make positive change	○	○	○	○	○
c) We support each other	○	○	○	○	○
d) I ask for support from other community members	○	○	○	○	○
e) I offer support to other community members	○	○	○	○	○

About your experience with_____...

10) How much do you agree with the following statements? Because of my involvement with_____:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I know how to talk to others about important things	○	○	○	○	○
b) I am more involved in my community	○	○	○	○	○
c) I do things I didn't think I could do	○	○	○	○	○
d) I now know how to access mental health services	○	○	○	○	○
e) I am more hopeful about my future	○	○	○	○	○
f) My wellbeing has improved	○	○	○	○	○
g) I have identified my gifts/talents	○	○	○	○	○
h) I have created meaningful relationships/friendships	○	○	○	○	○

11) How long have you been involved with this program?

○ Less than 1 month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 1-2 years ○ More than 2 years

12) Which area of the County do you live in?

○ Ceres ○ Empire ○ Knights Ferry ○ Patterson ○ Waterford
○ Crows Landing ○ Grayson ○ La Grange ○ Riverbank ○ Westley
○ Del Rio ○ Hickman ○ Modesto ○ Salida ○ Other

13) Have you ever served in the U.S. Armed Forces?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

14) Were you activated, into active duty, as a member of the National Guard or as a Reservist?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

15) Are you an immediate family member of someone who has served in the U.S. Armed Forces?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

16) What best describes your gender identity?

○ Male ○ Transgender
○ Female ○ Questioning or unsure
○ Genderqueer ○ Another gender identity

17) What best describes your sexual orientation?

○ Heterosexual or straight ○ Queer
○ Gay or lesbian ○ Questioning or unsure
○ Bisexual ○ Another sexual orientation

18) Do you experience any of the following conditions which have lasted at least six months and limit your ability to do everyday activities?

○ Difficulty seeing
○ Difficulty hearing or having speech understood
○ Physical disability or mobility challenge

19) Do you consider yourself?

○ Employed full-time ○ Day/temp.employee
○ Employed part-time ○ Retired
○ Unemployed ○ Student
○ Seasonal worker ○ Outside the workforce
○ Other_____ ○ Prefer not to answer

20) Have you recently lost employment?

○ Yes ○ No ○ Prefer not to answer

21) What best defines your race?

○ American Indian or Alaskan Native
○ Black or African American
○ Native Hawaiian or other Pacific Islander
○ Asian ○ White ○ Other ○ Prefer not to answer

22) What best identifies your ethnicity?

○ Hispanic/Latino ○ Non-Hispanic/Latino ○ Prefer not to answer

23) Please specify your ethnic origin.

Hispanic/Latino	Non Hispanic/Latino	
○ Caribbean	○ South Asian	○ African
○ Central American	○ Korean	○ Cambodian
○ Mexican/Chicano	○ Filipino	○ Chinese
○ Puerto Rican	○ Japanese	○ Eastern European
○ Southern American	○ Middle Eastern	○ European
○ Other Hispanic Latino	○ Vietnamese	○ Other

Thank you for your participation!

9080009589

Stanislaus Wellbeing Survey - For Programs (Youth)

This survey asks questions about you, your relationships, and your community. All of your answers to the survey questions are completely confidential. This is not a test, so there are not right or wrong answers. You do not need to answer any questions that you do not want to and you can stop taking the survey at any time.

Program Name: _____ **Today's Date:** Month_____Day_____Year _____

First Name (2 First Letters): _____ **Date of Birth:** Month____Day_____Year _____

Last Name (2 First Letters): _____ _____

About you...

1) Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

	0	1	2	3	4	5	6	7	8	9	10
a) On which step of the ladder would you say you personally feel you stand on at this time?	○	○	○	○	○	○	○	○	○	○	○

2) The following questions ask how satisfied you feel, on a scale from 0-10. Zero means you feel "not at all satisfied" and 10 means "completely satisfied."

	0	1	2	3	4	5	6	7	8	9	10
a) Overall, how satisfied are you with your life these days?	○	○	○	○	○	○	○	○	○	○	○
b) Overall, how satisfied with your life were you 5 years ago?	○	○	○	○	○	○	○	○	○	○	○
c) As your best guess, overall how satisfied with your life do you expect to feel in 5 years time?	○	○	○	○	○	○	○	○	○	○	○
d) How satisfied are you with your health?	○	○	○	○	○	○	○	○	○	○	○
e) How satisfied are you with your mental health?	○	○	○	○	○	○	○	○	○	○	○

3) Please rate your level of agreement to the following statement. Zero means you "disagree completely" and 10 means you "agree completely."

	0	1	2	3	4	5	6	7	8	9	10
a) I have goals or plans for my future	○	○	○	○	○	○	○	○	○	○	○
b) I can do most things if I try	○	○	○	○	○	○	○	○	○	○	○
c) There are many things that I do well	○	○	○	○	○	○	○	○	○	○	○
d) I feel valued by others	○	○	○	○	○	○	○	○	○	○	○
e) I take the initiative to do what needs to be done, even if no one asks me to	○	○	○	○	○	○	○	○	○	○	○
f) Most days I get a sense of accomplishment from what I do	○	○	○	○	○	○	○	○	○	○	○

4) <u>During the past 3 months</u>, how many times have you participated in the following activities?

	Never/ 0 Times	1 - 3 Times	4 - 6 Times	7 + Times	Not Applicable
a) Attended meetings/events related to my school	○	○	○	○	○
b) Participated in faith/spirituality based events	○	○	○	○	○
c) Volunteered with a local group/organization	○	○	○	○	○
d) Spent time socializing with people outside of my home (friends, classmates, etc.)	○	○	○	○	○

5) How many days in the <u>past week</u> have you done the following?

	Never/ 0 Days	1 - 2 Days	3 - 4 Days	5 - 6 Days	Everyday/ 7 Days
a) Smiled or laughed	○	○	○	○	○
b) Felt nervous or anxious	○	○	○	○	○
c) Felt unhappy, sad, or tearful	○	○	○	○	○
d) Tried something new or challenging	○	○	○	○	○
e) Spent time exercising (walking, dancing, etc.)	○	○	○	○	○
f) Felt a sense of accomplishment or pride in myself	○	○	○	○	○

About your relationships with other people...

6) If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them?

Yes No

For Office use only: First Last Date Birth

4124009583

7) How much do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I have someone I can confide in or talk to when I need support	○	○	○	○	○
b) I know someone who can suggest how to find help with a personal problem	○	○	○	○	○
c) I have someone I could call at 3 a.m. if I needed help or support	○	○	○	○	○

About Community...

By community we mean a group of people who know each other well enough that they can act together and support each other.

8) Do you feel that you are a member of a community? ○ Yes ○ No

9) How much do you agree with the following statements about your community?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) Everyone can participate in making decisions that will help us	○	○	○	○	○
b) We act together to make positive change	○	○	○	○	○
c) We support each other	○	○	○	○	○
d) I ask for support from other community members	○	○	○	○	○
e) I offer support to other community members	○	○	○	○	○

About your experience with_____...

10) How much do you agree with the following statements? Because of my involvement with_____:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I know how to talk to others about important things	○	○	○	○	○
b) I am more involved in my community	○	○	○	○	○
c) I do things I didn't think I could do	○	○	○	○	○
d) I now know how to access mental health services	○	○	○	○	○
e) I am more hopeful about my future	○	○	○	○	○
f) My wellbeing has improved	○	○	○	○	○
g) I have identified my gifts/talents	○	○	○	○	○
h) I have created meaningful relationships/friendships	○	○	○	○	○

11) How long have you been involved with this program?

○ Less than 1 month ○ 1-3 months ○ 4-6 months ○ 7-12 months ○ 1-2 years ○ More than 2 years

12) Which area of the County do you live in?

○ Ceres ○ Empire ○ Knights Ferry ○ Patterson ○ Waterford
○ Crows Landing ○ Grayson ○ La Grange ○ Riverbank ○ Westley
○ Del Rio ○ Hickman ○ Modesto ○ Salida ○ Other

13) Have you ever served in the U.S. Armed Forces?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

14) Were you activated, into active duty, as a member of the National Guard or as a Reservist?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

15) Are you an immediate family member of someone who has served in the U.S. Armed Forces?

○ Yes ○ No ○ Don't know ○ Prefer not to answer

16) What best describes your gender identity?

○ Male ○ Transgender
○ Female ○ Questioning or unsure
○ Genderqueer ○ Another gender identity

17) What best describes your sexual orientation?

○ Heterosexual or straight ○ Queer
○ Gay or lesbian ○ Questioning or unsure
○ Bisexual ○ Another sexual orientation

18) Do you experience any of the following conditions which have lasted at least six months and limit your ability to do everyday activities?

○ Difficulty seeing
○ Difficulty hearing or having speech understood
○ A physical disability or mobility challenge

19) Do you consider yourself?

○ Employed full-time ○ Day/temp.employee
○ Employed part-time ○ Retired
○ Unemployed ○ Student
○ Seasonal worker ○ Outside the workforce
○ Other_____ ○ Prefer not to answer

20) Have you recently lost employment?

○ Yes ○ No ○ Prefer not to answer

21) What best defines your race?

○ American Indian or Alaskan Native
○ Black or African American
○ Native Hawaiian or other Pacific Islander
○ Asian ○ White ○ Other ○ Prefer not to answer

22) What best identifies your ethnicity?

○ Hispanic/Latino ○ Non-Hispanic/Latino ○ Prefer not to answer

23) Please specify your ethnic origin.

Hispanic/Latino	Non Hispanic/Latino	
○ Caribbean	○ South Asian	○ African
○ Central American	○ Korean	○ Cambodian
Mexican/Chicano	Filipino	Chinese
Puerto Rican	Japanese	Eastern European
Southern American	Middle Eastern	European
Other Hispanic Latino	○ Vietnamese	Other

Thank you for your participation!

2171135460

Stanislaus Wellbeing Survey - For Events -

This survey asks questions about you, your relationships, and your community. All of your answers to the survey questions are completely confidential. This is not a test, so there are not right or wrong answers. You do not need to answer any questions that you do not want to and you can stop taking the survey at any time. Please write clearly and fill in the bubbles that correspond to your response.

Program Name: _____ **Today's Date:** Month_____Day_____Year _____

Program Initiative: _____ **Date of Birth:** Month_____Day_____Year_____

Event Name: _____

First Name (2 First Letters): _____ _____

Last Name (2 First Letters): _____ _____

F L (Office use)

1) Please imagine a ladder with steps numbered from 0 at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.

a) On which step of the ladder would you say you personally feel you stand on at this time?

0	1	2	3	4	5	6	7	8	9	10
○	○	○	○	○	○	○	○	○	○	○

2) Thinking about your experience at this event, please rate your level of agreement with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I enjoyed participating in this event	○	○	○	○	○
b) I would participate in an event like this again	○	○	○	○	○
c) Because of this event I feel a greater sense of connection to my community	○	○	○	○	○

3) How often do you participate in events with _____

○This is my first time ○Rarely ○Sometimes ○Often ○Always

4) How much do you agree with the following statements? Because of my involvement with _____:

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a) I know how to talk to others about important things	○	○	○	○	○
b) I am more involved in my community	○	○	○	○	○
c) I do things I didn't think I could do	○	○	○	○	○
d) I now know how to access mental health services	○	○	○	○	○
e) I am more hopeful about my future	○	○	○	○	○
f) My wellbeing has improved	○	○	○	○	○
g) I have identified my gifts/talents	○	○	○	○	○
h) I have created meaningful relationships/friendships	○	○	○	○	○

5) Which area of the County do you live in?

○Ceres ○Crows Landing ○Del Rio ○Denair ○Diablo Grande ○Empire ○Grayson ○Hickman ○Hughson ○Keyes ○Knights Ferry ○La Grange ○Modesto ○Newman ○Oakdale ○Patterson ○Riverbank ○Salida ○Turlock ○Valley Home ○Waterford ○Westley ○Other _____

6) Have you ever served in the U.S. Armed Forces?

○Yes ○No ○Don't know ○Prefer not to answer

7) Were you activated, into active duty, as a member of the National Guard or as a Reservist?

○Yes ○No ○Don't know ○Prefer not to answer

8) Are you an immediate family member of someone who has served in the U.S. Armed Forces?

○Yes ○No ○Don't know ○Prefer not to answer

9) What best describes your gender identity?

○Male ○Female ○Genderqueer ○Transgender ○Questioning or unsure ○Another gender identity

10) What best describes your sexual orientation?

○Heterosexual or straight ○Gay or lesbian ○Bisexual ○Queer ○Questioning or unsure ○Another sexual orientation

11) Do you experience any of the following conditions which have lasted at least six months and limit your ability to do everyday activities?

○Difficulty seeing
○Difficulty hearing or having speech understood
○A physical disability or mobility challenge
○Cognitive challenges
○Chronic health condition
○No, I do not experience any of the above conditions

12) Do you consider yourself?

○Employed full-time ○Employed part-time ○Unemployed ○Seasonal worker ○Other _____ ○Day/temp employee ○Retired ○Student ○Outside the workforce ○Prefer not to answer

13) Have you recently lost employment?

○Yes ○No ○Prefer not to answer

14) What best defines your race?

○American Indian or Alaskan Native
○Black or African American
○Native Hawaiian or other Pacific Islander
○Asian ○White ○Other ○Prefer not to answer

15) What best identifies your ethnicity?

○Hispanic/Latino ○Non-Hispanic/Latino ○Prefer not to answer

16) Please specify your ethnic origin.

Hispanic/Latino
○Caribbean ○Central American ○Mexican/Chicano ○Puerto Rican ○Southern American ○Other Hispanic Latino

Non-Hispanic/Latino
○South Asian ○Korean ○Filipino ○Japanese ○Middle Eastern ○Vietnamese ○African ○Cambodian ○Chinese ○Eastern European ○European ○Other

17) Are you currently homeless?

○Yes ○No ○Not currently, but expect to be within a month ○Prefer not to answer

18) Please mark your preferred language.

○English ○Spanish ○Other ○Prefer not to answer

Thank you for your participation!

2018-2019 Wellbeing Survey Programs

AVS - Brief Intervention Counseling (BIC)

AVS - Friendly Visitor (FV)

AVS - Senior Peer Counseling (SPC)

Catholic Charities (EI)

ECSAPEI

GVHC - Corner of Hope (CoH)

GVHC - Integrated Behavioral Health (IBH)

LIFE Path

NAMI - IOOV & Ending the Silence

Raiz Promotores - Ceres

Raiz Promotores - Hughson

Raiz Promotores - Newman

Raiz Promotores - North Modesto

Raiz Promotores - Oakdale

Raiz Promotores - Patterson

Raiz Promotores - Riverbank

Raiz Promotores - Turlock

Raiz Promotores - West Modesto

WMKKNC (EI)

Promotores-South Modesto

Raiz Promotores-Westley Grayson

Raiz Promotores-Airport

*Due to Covid 19 Pandemic, programs did not participate in Wellbeing Survey in FY 19-20 & FY 20-21.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
		add columns	+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. 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?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

A2663B 10-04-2005

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

A2662B 10-04-2005

Outcome Questionnaire Name: _____ ID: _____ Date: ___/___/_____

OQ®-30.2 English Adult Self Report

INSTRUCTIONS: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and fill the circle completely under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Please mark your answers like this:

O ● O

Not like this:

	Never	Rarely	Sometimes	Frequently	Almost Always
1. I have trouble falling asleep or staying asleep.	O	O	O	O	O
2. I feel no interest in things.	O	O	O	O	O
3. I feel stressed at work, school or other daily activities.	O	O	O	O	O
4. I blame myself for things.	O	O	O	O	O
5. I am satisfied with my life.	O	O	O	O	O
6. I feel irritated.	O	O	O	O	O
7. I have thoughts of ending my life.	O	O	O	O	O
8. I feel weak.	O	O	O	O	O
9. I find my work/school or other daily activities satisfying.	O	O	O	O	O
10. I feel fearful.	O	O	O	O	O
11. I use alcohol or a drug to get going in the morning.	O	O	O	O	O
12. I feel worthless.	O	O	O	O	O
13. I am concerned about family troubles.	O	O	O	O	O
14. I feel lonely.	O	O	O	O	O
15. I have frequent arguments.	O	O	O	O	O
16. I have difficulty concentrating.	O	O	O	O	O
17. I feel hopeless about the future.	O	O	O	O	O
18. I am a happy person.	O	O	O	O	O
19. Disturbing thoughts come into my mind that I cannot get rid of.	O	O	O	O	O
20. People criticize my drinking (or drug use). (If not applicable, mark "never".)	O	O	O	O	O
21. I have an upset stomach.	O	O	O	O	O
22. I am not working/studying as well as I used to.	O	O	O	O	O
23. I have trouble getting along with friends and close acquaintances.	O	O	O	O	O
24. I have trouble at work/school or other daily activities because of drinking or drug use. (If not applicable, mark "never".)	O	O	O	O	O
25. I feel that something bad is going to happen.	O	O	O	O	O
26. I feel nervous.	O	O	O	O	O
27. I feel that I am not doing well at work/school or in other daily activities.	O	O	O	O	O
28. I feel something is wrong with my mind.	O	O	O	O	O
29. I feel blue.	O	O	O	O	O
30. I have thoughts of ending my life.	O	O	O	O	O

Developed by:
Michael J. Lambert, Ph.D.
and
Gary M. Burlingame, Ph.D.

For More Information Contact:

OQ Measures, LLC
P.O. Box 521047
Salt Lake City, UT 84152

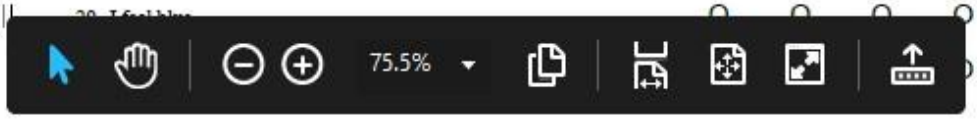
Toll-Free USA:
1-888-MH-SCORE
(1-888-647-2673)

Phone: (801) 990-4235
Fax: (801) 990-4236

Email:
INFO@OQMEASURES.COM

Website:
WWW.OQMEASURES.COM

OQ30ENG Version 1.0
1/05/2007



Youth Outcome Questionnaire **Name:** _____ **ID:** _____ **Date:** ___/___/_____

Y-OQ®-30.2 English Youth Omni-Form

PURPOSE: The Y-OQ® 30.2 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but mark the "Never or almost never" category. When you begin to complete the Y-OQ® 30.2 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:

- Read each statement carefully.
- Decide how true this statement is during the **past 7 days.**
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

DIRECTIONS FOR PARENTS OR GUARDIANS: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with "My child…" or "My child's…" rather than "I…" or My…." It is important that you answer as accurately as possible based on your personal observation and knowledge.

Please mark your answers like this:

O ● O

Not like this:

✖ ✔ ⊘

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
1. I have headaches or feel dizzy.	O	O	O	O	O
2. I don't participate in activities that used to be fun……	O	O	O	O	O
3. I argue or speak rudely to others.	O	O	O	O	O
4. I have a hard time finishing my assignments or I do them …….. carelessly.	O	O	O	O	O
5. My emotions are strong and change quickly.	O	O	O	O	O
6. I have physical fights (hitting, kicking, biting, or scratching) …….. with my family or others my age.	O	O	O	O	O
7. I worry and can't get thoughts out of my mind.	O	O	O	O	O
8. I steal or lie……..	O	O	O	O	O
9. I have a hard time sitting still (or I have too much energy).	O	O	O	O	O
10. I use alcohol or drugs……	O	O	O	O	O
11. I am tense and easily startled (jumpy).	O	O	O	O	O
12. I am sad or unhappy……	O	O	O	O	O
13. I have a hard time trusting friends, family members, or other adults.	O	O	O	O	O
14. I think that others are trying to hurt me even when they are not…..	O	O	O	O	O
15. I have threatened to, or have run away from home.	O	O	O	O	O
16. I physically fight with adults……	O	O	O	O	O
17. My stomach hurts or I feel sick more than others my same age.	O	O	O	O	O
18. I don't have friends or I don't keep friends very long……	O	O	O	O	O
19. I think about suicide or feel I would be better off dead.	O	O	O	O	O
20. I have nightmares, trouble getting to sleep, oversleeping, or …….. waking up too early.	O	O	O	O	O
21. I complain about or question rules, expectations, or responsibilities.	O	O	O	O	O
22. I break rules, laws, or don't meet others' expectations on purpose.	O	O	O	O	O
23. I feel irritated.	O	O	O	O	O
24. I get angry enough to threaten others……..	O	O	O	O	O
25. I get into trouble when I'm bored.	O	O	O	O	O
26. I destroy property on purpose……	O	O	O	O	O
27. I have a hard time concentrating, thinking clearly, or sticking to tasks.	O	O	O	O	O
28. I withdraw from my family and friends……..	O	O	O	O	O
29. I act without thinking and don't worry about what will happen.	O	O	O	O	O

Developed by:
GARY M. BURLINGAME, PH.D., M. GAWAIN WELLS, PH.D., MICHAEL J. LAMBERT, PH.D., AND CURTIS W. REISINGER, PH.D.

For More Information Contact:

OQ Measures, LLC
P.O. Box 521047
Salt Lake City, UT 84152

Toll-Free USA: 1-888-MH-SCORE
(1-888-647-2673)

Phone: (801) 990-4235
Fax: (801) 990-4236
Email: INFO@OQMEASURES.COM
Website:
HTTP://WWW.OQMEASURES.COM

YOQ30ENG Version 1.0
1/05/2007

AQ™

PC Answer Form

Arnold H. Buss, Ph.D.

Directions

The statements on this form ask you to describe how you interact with other people. There are no right or wrong answers, so please just describe yourself as honestly as you can. When you are ready to begin, read each statement carefully and decide how well it describes you, using the following response scale. Then circle the number of the one response that best fits your answer.

1 Not at all like me
2 A little like me
3 Somewhat like me
4 Very much like me
5 Completely like me

Please circle only one response for each statement. If you want to change an answer, draw an ✕ through your first response. Then circle the number that shows your new choice.

Name

ID *(Ask your examiner what to write in this space.)*

Date

Age

Gender:
☐ Male
☐ Female

Ethnicity:
☐ Asian
☐ Black
☐ Hispanic
☐ Native American
☐ White
☐ Other

Last Grade Completed:
(Mark one.)

1 ☐	9 ☐
2 ☐	10 ☐
3 ☐	11 ☐
4 ☐	12 ☐
5 ☐	13 ☐
6 ☐	14 ☐
7 ☐	15 ☐
8 ☐	16 ☐
	>16 ☐

Examiner Name

Examiner ID *(Ask your examiner what to write in this space.)*

W-371C

Circle one response number for each statement.

Not at all like me	A little like me	Somewhat like me	Very much like me	Completely like me	
1	2	3	4	5	1. My friends say that I argue a lot.
1	2	3	4	5	2. Other people always seem to get the breaks.
1	2	3	4	5	3. I flare up quickly, but get over it quickly.
1	2	3	4	5	4. I often find myself disagreeing with people.
1	2	3	4	5	5. At times I feel I have gotten a raw deal out of life.
1	2	3	4	5	6. I can't help getting into arguments when people disagree with me.
1	2	3	4	5	7. At times I get very angry for no good reason.
1	2	3	4	5	8. I may hit someone if he or she provokes me.
1	2	3	4	5	9. I wonder why sometimes I feel so bitter about things.
1	2	3	4	5	10. I have threatened people I know.
1	2	3	4	5	11. Someone has pushed me so far that I hit him or her.
1	2	3	4	5	12. I have trouble controlling my temper.
1	2	3	4	5	13. If I'm angry enough, I may mess up someone's work.
1	2	3	4	5	14. I have been mad enough to slam a door when leaving someone behind in the room.
1	2	3	4	5	15. When people are bossy, I take my time doing what they want, just to show them.
1	2	3	4	5	16. I wonder what people want when they are nice to me.
1	2	3	4	5	17. I have become so mad that I have broken things.
1	2	3	4	5	18. I sometimes spread gossip about people I don't like.
1	2	3	4	5	19. I am a calm person.
1	2	3	4	5	20. When people annoy me, I may tell them what I think of them.
1	2	3	4	5	21. I sometimes feel that people are laughing at me behind my back.
1	2	3	4	5	22. I let my anger show when I do not get what I want.
1	2	3	4	5	23. At times I can't control the urge to hit someone.
1	2	3	4	5	24. I get into fights more than most people.
1	2	3	4	5	25. If somebody hits me, I hit back.
1	2	3	4	5	26. I tell my friends openly when I disagree with them.
1	2	3	4	5	27. If I have to resort to violence to protect my rights, I will.
1	2	3	4	5	28. I do not trust strangers who are too friendly.
1	2	3	4	5	29. At times I feel like a bomb ready to explode.
1	2	3	4	5	30. When someone really irritates me, I might give him or her the silent treatment.
1	2	3	4	5	31. I know that "friends" talk about me behind my back.
1	2	3	4	5	32. Some of my friends think I am a hothead.
1	2	3	4	5	33. At times I am so jealous I can't think of anything else.
1	2	3	4	5	34. I like to play practical jokes.

wps®

For office use only	
Participant Number:	
Site:	
Date of administration:	

Child and Youth Resilience Measure (CYRM)

DIRECTIONS

Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to help us better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges.

There are no right or wrong answers.

Please complete the questions below.

1. What is your date of birth? _____
2. What is your sex? _____
3. What is the highest level of education you have completed? _____
4. Who do you live with? _____
5. How long have you lived with these people? _____
6. How many times have you moved homes in the past 5 years? _____
7. Please describe who you consider to be your family (for example, 1 or 2 biological parents, siblings, friends on the street, a foster family, an adopted family, etc.).

_____

_____

For office use only
Participant Number:
Site:
Date of administration:

To what extent do the sentences below describe you? Circle one answer for each statement.

	Not at All	A Little	Some-what	Quite a Bit	A Lot
1. I have people I look up to	1	2	3	4	5
2. I cooperate with people around me	1	2	3	4	5
3. Getting an education is important to me	1	2	3	4	5
4. I know how to behave in different social situations	1	2	3	4	5
5. My parent(s)/caregiver(s) watch me closely	1	2	3	4	5
6. My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
7. If I am hungry, there is enough to eat	1	2	3	4	5
8. I try to finish what I start	1	2	3	4	5
9. Spiritual beliefs are a source of strength for me	1	2	3	4	5
10. I am proud of my ethnic background	1	2	3	4	5
11. People think that I am fun to be with	1	2	3	4	5
12. I talk to my family/caregiver(s) about how I feel	1	2	3	4	5
13. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5
14. I feel supported by my friends	1	2	3	4	5
15. I know where to go in my community to get help	1	2	3	4	5
16. I feel I belong at my school	1	2	3	4	5
17. My family stands by me during difficult times	1	2	3	4	5
18. My friends stand by me during difficult times	1	2	3	4	5
19. I am treated fairly in my community	1	2	3	4	5
20. I have opportunities to show others that I am becoming an adult and can act responsibly	1	2	3	4	5
21. I am aware of my own strengths	1	2	3	4	5
22. I participate in organized religious activities	1	2	3	4	5
23. I think it is important to serve my community	1	2	3	4	5
24. I feel safe when I am with my family/caregiver(s)	1	2	3	4	5
25. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
26. I enjoy my family's/caregiver's cultural and family traditions	1	2	3	4	5
27. I enjoy my community's traditions	1	2	3	4	5
28. I am proud to be a citizen of_____ (insert country)	1	2	3	4	5

Child and Youth Resilience Measure (CYRM)
Child Version

DIRECTIONS

Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to help us better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges.

There are no right or wrong answers.

Please complete the questions below

1. How old are you now?_____

2. Are you a boy or a girl? _____

3. Who do you live with? (For example: mother, father, aunt, uncle, grandparent, friends, etc.)

   _____

   _____

4. Who is your family? (For example: mother, father, brothers or sisters, foster or adopted)

   _____

   _____

Please circle one answer for each question.

	No	Sometimes	Yes
1. Do you have people you want to be like?			
2. Do you share with people around you?			
3. Is doing well in school important to you?			
4. Do you know how to behave/act in different situations (such as school, home and church or mosque)?			
5. Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?			
6. Do you feel that your parent(s)/ caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?			
7. Is there enough to eat in your home when you are hungry?			
8. Do you try to finish activities that you start?			
9. Do you know where your family comes from or know your family's history?			
10. Do other children like to play with you?			
11. Do you talk to your family about how you feel (for example when you are hurt or feeling scared)?			
12. When things don't go your way, can you fix it without hurting yourself or other people (for example, without hitting others or saying nasty things)?			

Name of Program:_____ County Name:_____ Date_____

Stigma and Discrimination Reduction Program
Participant Questionnaire

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary
Please select the box which best represents how you feel about your experiences in this program:

As a direct result of this training I am MORE willing to:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
...live next door to someone with a serious mental illness.					
...socialize with someone who had a serious mental illness.					
...start working closely on a job with someone who had a serious mental illness.					
...take action to prevent discrimination against people with mental illness.					
...actively and compassionately listen to someone in distress					
...seek support from a mental health professional if I thought I needed it.					
...talk to a friend or a family member if I thought I was experiencing emotional distress.					

As a direct result of this training I am MORE likely to believe:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
...people with mental illness are different compared to everyone else in the general population.					
...people with mental illness are to blame for their problems.					
...people with mental illness can eventually recover.					
...people with mental illness are never going to contribute much to society.					
...people with mental illness should be felt sorry for or pitied.					
...people with mental illness are dangerous to others.					

Please tell us how much you agree with the following statements:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The presenters demonstrated knowledge of the subject matter.					
The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
The training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

Demographic Information

If you prefer not to answer any of the questions, please mark "decline to answer" or leave the question blank.

What is your race? (Check only one box)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other: _____	
More than one race	
Decline to answer	

What language do you most often speak at home? (Check only one box)	
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
American Sign Language	
Other:_____	
Decline to answer	

What is your current gender identity? (You may check more than one box)	
Male	
Female	
Transgender	
Genderqueer/Non-Binary	
Questioning or unsure of gender identity	
Another gender identity:_____	
Decline to answer	

What sex were you assigned at birth? (Check only one box)	
Male	
Female	
Decline to answer	

What is your sexual orientation? (Check only one box)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation:_____	
Decline to answer	

What is your ethnicity? (Check only one box. If you are multi-ethnic, please check "more than one ethnicity")	
Hispanic or Latino ethnicities:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other:_____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other:_____	
More than one ethnicity	
Decline to answer	

What is your age? (Check only one box)	
Age 15 and under	
Between 16 and 25	
Between 26 and 59	
Older than 60	
Decline to answer	

Do you have a disability?*	
Yes	
No	
Decline to answer	
If Yes, what type of disability do you have? (You may check more than one box)	
A mental disability	
A physical/mobility disability	
A chronic health condition, such as chronic pain	
Difficulty seeing	
Difficulty hearing	
Another communication disability:_____	
Another type of disability:_____	
Decline to answer	
* For this questionnaire, disability is defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness.	

Are you a veteran? (Check only one box)	
Yes	
No	
Decline to answer	

Name of Program:_____ County Name:_____ Date_____

Suicide Prevention Program
Participant Questionnaire

Thank you for taking the time to help us improve our program. This survey is anonymous and voluntary.
Please select the box which best represents how you feel about your experiences in this program:

As a direct result of this training:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree	Not Applicable
I am better able to recognize the signs, symptoms and risks of suicide.						
I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.						
I am more willing to reach out and help someone if I think they may be at risk of suicide.						
I know more about how to intervene (I've learned specific things I can do to help someone who is at risk of suicide.).						
I've learned how to better care for myself and seek help if need it.						

Please tell us how much you agree with the following statements:	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The presenters demonstrated knowledge of the subject matter.					
The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.).					
The training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).					

What is your race? (Check only one box)	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other: _____	
More than one race	
Decline to answer	

What language do you most often speak at home? (Check only one box)	
Arabic	
Armenian	
Cambodian	
Cantonese	
English	
Farsi	
Hmong	
Korean	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
American Sign Language	
Other:_____	
Decline to answer	

What is your current gender identity? (You may check more than one box)	
Male	
Female	
Transgender	
Genderqueer/Non-Binary	
Questioning or unsure of gender identity	
Another gender identity:_____	
Decline to answer	

What sex were you assigned at birth? (Check only one box)	
Male	
Female	
Decline to answer	

What is your sexual orientation? (Check only one box)	
Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation:_____	
Decline to answer	

What is your ethnicity? (Check only one box. If you are multi-ethnic, please check "more than one ethnicity")	
Hispanic or Latino ethnicities:	
Caribbean	
Central American	
Mexican/Mexican-American/Chicano	
Puerto Rican	
South American	
Other:_____	
Non-Hispanic ethnicities:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other:_____	
More than one ethnicity	
Decline to answer	

What is your age? (Check only one box)	
0-15 (children/youth)	
16-25 (transition age youth)	
26-59 (adult)	
ages 60+ (older adult)	
Decline to answer	

Do you have a disability?*	
Yes	
No	
Decline to answer	
If Yes, what type of disability do you have? (You may check more than one box)	
A mental disability	
A physical/mobility disability	
A chronic health condition (including chronic pain)	
Difficulty seeing	
Difficulty hearing	
Another communication disability:_____	
Another type of disability:_____	
Decline to answer	
* For this questionnaire, disability is defined as a mental or physical impairment lasting more than 6 months and limiting major life activity but is not the result of a severe mental illness	

Are you a veteran? (Check only one box)	
Yes	
No