THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
BOARD ACTION SUMMARY

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:7.1
AGENDA DATE: June 10, 2025

SUBJECT:
Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-2026 and Three Year Prevention Early Intervention Evaluation Report for Fiscal Years 2021-2022, 2022-2023, and 2023-2024; and Related Actions

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2025-0333**

On motion of Supervisor Withrow **Seconded by Supervisor** Grewal
and approved by the following vote,
Ayes: Supervisors: Chiesa, Withrow, Grewal, C. Condit, and Chairman B. Condit
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

1) X **Approved as recommended**
2) _____ **Denied**
3) _____ **Approved as amended**
4) _____ **Other:**

MOTION:

Kelly Rodriguez

ATTEST: KELLY RODRIGUEZ, Assistant Clerk of the Board of Supervisors

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services BOARD AGENDA:7.1
AGENDA DATE: June 10, 2025

CONSENT ☐

CEO CONCURRENCE: YES 4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-2026 and Three Year Prevention Early Intervention Evaluation Report for Fiscal Years 2021-2022, 2022-2023, and 2023-2024; and Related Actions

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2025-2026 and report actual results for Fiscal Year 2023-2024 and allow the expenditure of MHSA Funds for the services referenced in the Annual Update.
2. Authorize the Behavioral Health Director or designee to sign and submit the MHSA Annual Update for Fiscal Year 2025-2026 to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.
3. Authorize the Auditor-Controller, or designee, to sign the Mental Health Services Act County Fiscal Accountability certifying that the fiscal requirements have been met.
4. Adopt the Mental Health Services Act Prevention and Early Intervention (PEI) Three-Year Evaluation Report for Fiscal Years 2021-2022, 2022-2023, and 2023-2024.

DISCUSSION:

As the contracted Behavioral Health Plan (BHP) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services, providing integrated mental health services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also provides substance use disorder (SUD) services for adults and adolescents, supportive services, prevention and early intervention services, and serves as Stanislaus County’s Public Guardian.

Proposition 63, otherwise known as the Mental Health Services Act (MHSA), created a 1% tax on income more than $1 million to expand mental health services. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that support the public behavioral health system.

As required by Welfare and Institutions Code Section 5892(a) and State guidelines, counties must allocate and expend funds as follows:

- Innovations: 5%
- Prevention & Early Intervention (PEI): 19%
- Community Services & Supports (CSS): 76%

To expend funds, the County must:

- Prepare a Three-Year Program and Expenditure Plan.
- Gain approval of the plan through an annual stakeholder process.
- Spend in accordance with an approved plan.
- Prepare and submit MHSA Annual Revenue and Expenditure Reports (RER)

MHSA funding is not tied to demand for services, is not guaranteed, and revenue can be volatile. Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services and uses MHSA funding to provide integrated mental health and supportive services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also uses funding to strengthen prevention and early intervention efforts and to build a “help first” system of care to eliminate disparities and promote wellness, recovery, and resiliency outcomes.

Fiscal Year 2025-2026 Program and Expenditure Plan

Stanislaus County BHRS is presenting the MHSA Annual Update for Fiscal Year 2025 - 2026. This Annual Update reflects MHSA programs and activities from July 1, 2023, to June 30, 2024. The Annual Update will serve the following purposes:

- Outline programmatic changes that are being recommended, that, if approved, will become effective in Fiscal Year 2025-2026. Details of the recommended changes can be found on pages 18-19.
- Update the Three-Year Program and Expenditure Plan (PEP) for Fiscal Year 2025-2026 as required by 9 CCR § 3310. The updated funding table and individual component worksheets can be found on pages 24-32.
- Report actual results for programs and services that were funded by MHSA in Fiscal Year 2023-2024 as required by MHSA Statute (W&I Code §5847). Information can be found on pages 33-186.

This Annual Update is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 187 -192 of this document.

For Fiscal Year (FY) 2025–2026, Stanislaus County anticipates receiving approximately 1.3% of statewide Mental Health Services Act (MHSA) revenue, with projected new funding and interest earnings totaling approximately $36.9 million. These funds will be allocated as follows: $27.9 million to Community Services and Supports (CSS), $7.0 million to Prevention and Early Intervention (PEI), and $2.0 million to Innovation (INN).

The substantive changes proposed in the MHSA update for FY 2025–2026 are:

- Redirecting approximately $12 million in Adult Residential Facilities contracts from CSS to the primary Behavioral Health and Recovery Services (BHRS) Budget Unit.
- Reducing transfers from CSS to the Capital Facilities and Technological Needs (CFTN) component.
- Reallocating $1 million for the Electronic Health Record contract from CFTN to the primary BHRS Budget Unit, spread over two fiscal years.
- While BHRS continues to assess the programmatic and fiscal impacts of the new Behavioral Health Services Act (BHSA), explained in some detail later in this report, across all MHSA components—including PEI, INN, Workforce Education and Training, CFTN, and Housing—no changes to service levels are currently recommended.

These adjustments are intended to address funding shortfalls caused by recent volatility and declines in MHSA revenues. The BHSA planning process is expected to align future MHSA expenditures with the County's annual allocation.

Three-Year Prevention & Early Intervention Evaluation Report

Prevention and Early Intervention (PEI) programs strive to lower the likelihood of serious mental health conditions by offering timely support to underserved communities. Stanislaus County Behavioral Health Services (BHRS) assesses these programs every three years and shares its findings. This current evaluation covers fiscal years 2021-2022, 2022-2023, and 2023-2024. The resulting report details PEI program types, strategies used, data sources, challenges encountered, strengths identified, and suggestions for future enhancements. This evaluation aims to determine how well these programs improve accessibility, engagement, and overall community mental health. As part of the Three-Year Program and Expenditure Plan or Annual Update, this report is submitted to the Behavioral Health Services Oversight and Accountability Commission every three years. Ultimately, the Three-Year Prevention and Early Intervention Evaluation Report addresses the impact of PEI programs on individuals at risk of or experiencing early signs of serious mental illness, as well as their effects on mental health and related support systems.

Due to the Behavioral Health Services Act (BHSA) structural changes, this will be the last prevention report. Prevention funding has been restructured from county initiatives to statewide prevention initiatives. The state now retains 10% of BHSA funds, with 4% for statewide prevention programs, 3% for workforce development, and 3% for administration. Of the 90% of BHSA funds received by counties, 30% will be allocated to Housing Interventions, 35% to Full-Service Partnerships, and 35% to Behavioral Health Services and Supports.

Public Comment Period

The draft Annual Update was posted for a 30-day Public Review on April 22, 2025. Notification of the public review dates and access to copies of the draft Annual Update were made available through the following methods:

- An electronic copy of the Annual Update was posted on the County's MHSA website: www.stanislausmhsa.com.

- Paper copies of the Annual Update were delivered to Stanislaus County Public Libraries.
- Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of the Annual Update.
- MHSA Advisory Committee, Behavioral Health Board members, and community stakeholders received the Public Notice about the 30-day review and how to obtain a copy of the Annual Update.
- Public Notices were published in newspapers across Stanislaus County. These notices provided access to the Annual Update online at www.stanislausmhsa.com and included a phone number requesting a copy of the document.

A public hearing by the Stanislaus County Behavioral Health Board was held at the Stanislaus County Veterans Center, 3500 Coffee Rd, Suite 15, Modesto, CA, on May 22, 2025, at 5 p.m., concluding the public comment period.

The three-year PEI report is not subject to a public comment period.

Strategic Initiatives

BHRS Leadership continues to develop the behavioral health continuum of care, implement local impacts of California's Advancing and Innovating Medi-Cal (CalAIM) initiatives, and make strategic investments to build capacity in the Core Treatment Model (CTM) and administrative infrastructure and capabilities.

The MHSA Program and Expenditure Plan for Fiscal Year 2025-2026 is recommended to align with existing Strategic Initiatives, and where additional funding has been identified, deepen the Department's commitment to the provision of quality behavioral health treatment and supports to the community by dedicated behavioral health workers and partnerships with community-based organizations. These investments will continue to increase the capacity of the Department's core treatment services to meet the needs of the Stanislaus County Medi-Cal beneficiaries and priority underserved and unserved populations.

BHRS will continue its focus on several Strategic Initiatives for Fiscal Year 2025-2026:

- CalAIM
- One-stop shop for a supportive services facility project
- Supportive services
- Innovation
- Workforce development and training
- Building administrative infrastructure and capabilities

Behavioral Health Transformation: Introducing the Behavioral Health Services Act

In March 2024, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities. The efforts to implement Proposition 1, including the Behavioral Health Services Act (BHSA), are referred to as Behavioral Health Transformation (BHT). The BHT is a policy manual where counties, providers, and other behavioral health stakeholders will find information on county planning, reporting, and fiscal requirements on BHSA.

The Behavioral Health Services Act, Senate Bill 326:

- Reforms behavioral health care funding to provide services to individuals with serious mental illness and treat substance use disorders.
- Expands the behavioral health workforce to reflect and connect with California's diverse population.
- Focuses on outcomes, accountability, and equity.

The Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) AB 531:

- Funds behavioral health treatment beds, supportive housing, and community sites through the Department of Health Care Services (DHCS).
- Directs funding for housing for veterans with behavioral health needs through the Department of Housing and Community Development (HCD).

BHSA further replaces the Mental Health Services Act (MHSA) 2004, effective January 1, 2025.

The reforms within the BHSA expand and increase the types of behavioral health support available to Californians in need by focusing on historical gaps and emerging policy priorities.

The key opportunities for transformational change within the BHSA include:

- Reaching and serving high-need priority populations.
- Increasing access to substance use disorder treatments.
- Increasing access to housing interventions with a focus on serving the chronically homeless residing in encampments.
- Increasing access to evidence-based practices and community-defined practices.
- Building the behavioral health workforce.
- Focusing on outcomes, transparency, accountability, and equity.

The BHSA is the first major structural reform of the MHSA since it was passed in 2004. A crucial transformation under the BHSA pertains to the funding structure. The BHSA eliminates the five existing MHSA funding components, including the prevention component, and introduces a new housing component. Under the BHSA, counties are mandated to allocate funds as follows:

- 35 percent of funds for Full-Service Partnership.
- 35 percent of funds for Behavioral Health Services and Supports.
- 30 percent of funds for Housing Interventions.

Effective January 1, 2025, counties must engage the local stakeholders to develop each element of an Integrated Plan. With the revised community planning process, counties are required to demonstrate a partnership with constituents and stakeholders throughout the process, which includes meaningful stakeholder involvement in behavioral health policy, program planning and implementation, monitoring, workforce development, quality improvement, evaluation, health equity, and budget allocations. Meaningful stakeholder engagement requires that counties conduct a community planning process that is open to all interested stakeholders and that stakeholders have opportunities to provide feedback on key planning decisions.

Stanislaus County BHRS has been working with the collective California counties through the California Behavioral Health Directors Association (CBHDA) and Department of Healthcare Services (DHCS) to understand the scope of BHSA legislation and help define, clarify, and shape BHSA policy and implementation guidance.

Stanislaus County actively participates in DHCS BHSA Workgroups, CBHDA BHSA Workgroups, and internal BHRS BHSA workgroups to ensure the Department is actively engaging, advocating, and aligning programs and services with the needs of the community served and the goals of BHSA.

New BHSA Reporting Requirements

The BHSA requires counties to submit a three-year Integrated Plan and an annual Behavioral Health Outcomes, Accountability, and Transparency Report (Plans) for behavioral health services and outcomes, aligning with statewide behavioral health goals established by the Department of Health Care Services (DHCS). Whereas the 3-Year Program and Expenditure Plan and Annual Update required under the MHSA focused exclusively on MHSA funding, the BHSA establishes the Plans to serve as a global spending plan that describes how county behavioral health departments plan to use all available behavioral health funding, including BHSA, 1991 and 2011 Realignment, federal block grant programs, Substance Use Prevention, Treatment, Recovery Services Block Grant (SUBG), federal financial participation from Medi-Cal, opioid settlement funds, any other federal, state, or local funding directed towards county behavioral health department services, and other funding to meet statewide and local outcome measures, reduce disparities, and address the unmet need in their community. The County Board of Supervisors must certify within each plan that the County is meeting its realignment obligations.

In accordance with the BHSA, the Plan provides a description of how counties plan expenditures across a range of behavioral health funding sources and deliver high-quality, culturally responsive, and timely care along the Behavioral Health Care Continuum for the plan period.

Fiscal Year 2024 Actual Results

The actual results for programs and services that MHSA funded in Fiscal Year 2023-2024 are shown on pages 33-186 of the attached Annual Update**.**

POLICY ISSUE:

Welfare and Institutions Code, Section 5847 (a), requires Counties to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates (Update), adopted by the County's Board of Supervisors, to the MHSOAC and the Department of Health Care Services within 30 days of adoption. All expenditures of MHSA funds for mental health programs in a County must be consistent with a currently approved Plan or Update, as mandated by Welfare and Institutions Code, Section 5892(g).

All Plans and Updates are required to include a (1) certification by the County Mental Health Director to ensure County compliance with pertinent regulations, laws, and the status of the Mental Health Services Act, including stakeholder engagement and non-supplantation requirements (Welfare and Institutions Code, Section 5847 (b)(8)); and (2)

certification by the County Mental Health Director and the County Auditor-Controller that the County has complied with all fiscal accountability requirements and that all expenditures are consistent with the Mental Health Services Act (Welfare and Institutions Code, Section 5847 (b)(9)).

California Code of Regulations. Title. 9, § 3560.020 requires counties to submit a Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of a Three-Year Program and Expenditure Plan or Annual Update. The Three-Year Prevention and Early Intervention Evaluation Report answers questions about the impacts of Prevention and Early Intervention Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.

This Evaluation Report is in fulfillment of the requirements in Section 3560.020, 3560.010(b), and 3750 of the Prevention and Early Intervention Regulations.

FISCAL IMPACT:

The programs and expenditures described in the Annual Update are funded with MHSA funding, which leverages Medi-Cal Federal Financial Participation and several other funding streams to maximize services provided to the community. The BHRS 2026 Proposed Budget includes estimated revenue and appropriations to support the MHSA Fiscal Year 2025-2026 Program and Expenditure Plan. There is no impact to the County General Fund associated with the approval of this agenda item.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board of Supervisors' priorities of *Supporting a Healthy Community* by providing mental health and substance use disorder services in the community through vendor partnerships.

STAFFING IMPACT:

The continuation of services described in the attached Annual Update will be facilitated by existing BHRS staffing and resources.

CONTACT PERSON:

Ruben Imperial, Director (209) 525-6222
Behavioral Health and Recovery Services

ATTACHMENT(S):

1. MHSA FY 2025-26 Annual Update
2. PEI 3 Year Evaluation

Stanislaus County Behavioral Health and Recovery Services
Prevention and Early Intervention
Three-Year PEI Evaluation Report
Data for Fiscal Years 2021-2022, 2022-2023 and 2023-2024

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 Mental Health Services Act Advisory Committee (MAC), formerly known as 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

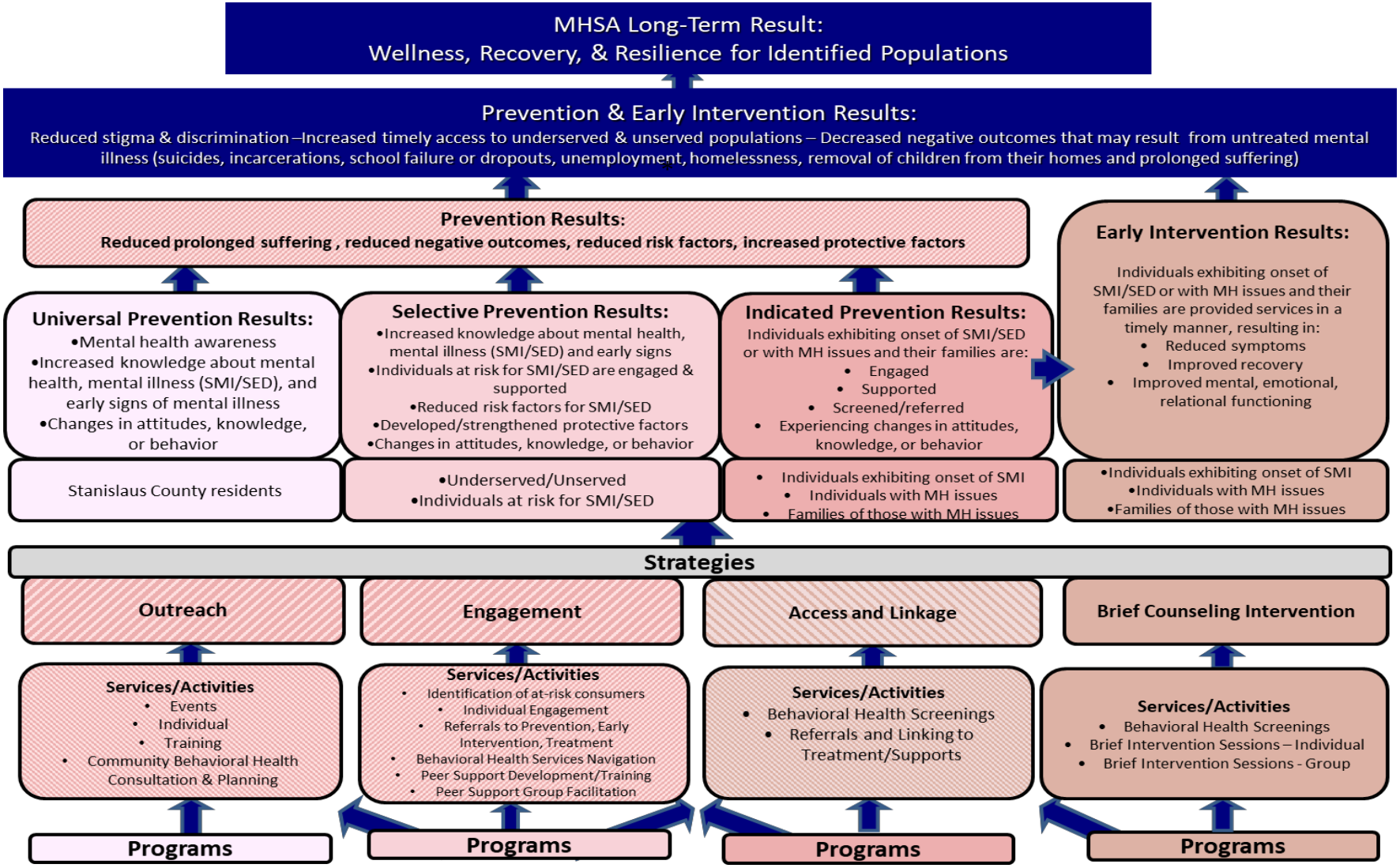
Prevention and Early Intervention partners/programs contribute to the evaluation process in the following ways:

- **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 showchange.
- 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

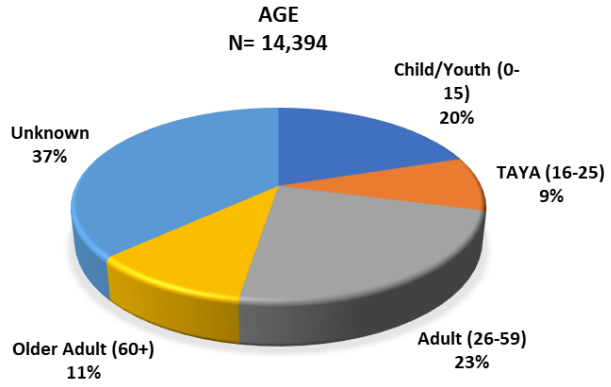
Based on the desired results/outcomes across PEI programs and the accompanying performance measures/indicators, BHRS has been developing the evaluation plan for all PEI programs, including additional details about the tools to be utilized, the methodology, the frequency, and the questions being asked. 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.

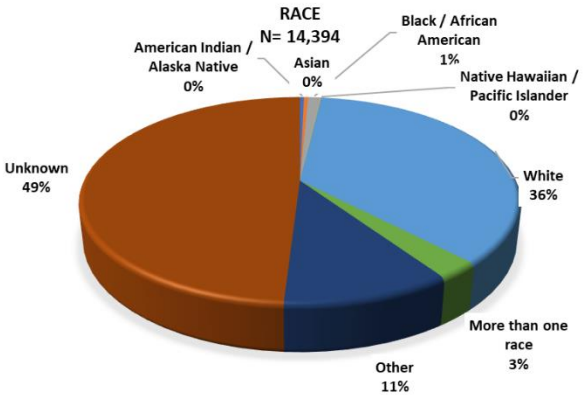
The programs have begun to implement tools that measure these outcomes in a culturally reflective manner, and with that, develop data collection and analysis protocol. For example, programs providing Brief Intervention Counseling are using the PHQ-9, to more effectively measure improved outcomes for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

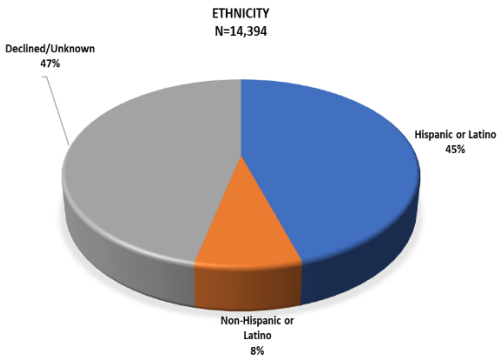
What was the overall impact of Prevention and Early Intervention Programs in Stanislaus County?

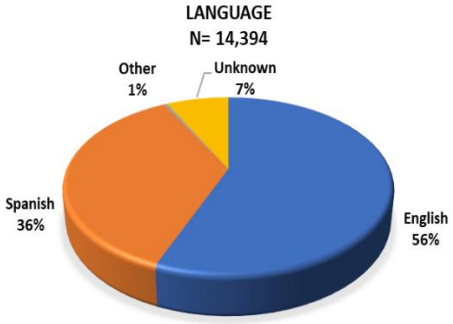
The overall impact of PEI programs in Stanislaus County is not easily quantifiable. However, through the carefully crafted outcomes and performance measures, we can begin to tell the story. One of the expected outcomes of PEI programs is to reach and serve the unserved and underserved. Programs target 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's 2021-2024.

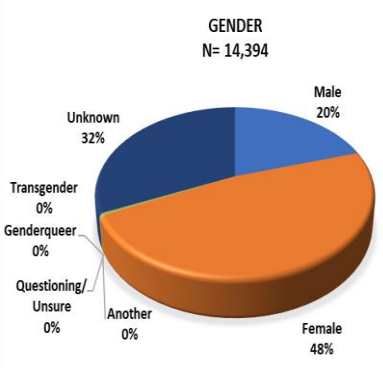
A total of 14,394 unique clients were served in PEI programs between fiscal years 2021-2024.











As indicated by the age, race, ethnicity, and primary language, PEI programs are serving demographically diverse unserved and underserved populations in Stanislaus County. About 36% are Spanish speaking, and 45% 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 improve?

During FY 2022-2023, there were 405 participants who completed the survey.
During FY 2023-2024, there were 214 participants who completed the survey.
*Due to COVID-19, surveys were not issued or collected during FY 19-20, FY 20-21, FY 21-22. *

The Wellbeing Surveys are intended to be issued once quarterly for each Fiscal Year (FY). When the surveys continued in FY 22-23 there was a change in personnel and surveys were only issued for the last two quarters of FY 22-23. Additionally, there were IRB Renewal delays which caused only 1 quarter from FY 23-24 to be able to be utilized. This is the explanation for the difference in numbers between the FYs.

Gender	FY18-19	FY 22-23	FY 23-24
Male	20.7%	14.8%	10.2%
Female	77.8%	84.2%	89.8%
Genderqueer	0.1%	0.0%	0.0%
Transgender	0.4%	0.0%	0.0%
Questioning	0.5%	5.0%	0.0%
Another Gender Identity	.4%	5.0%	0.0%

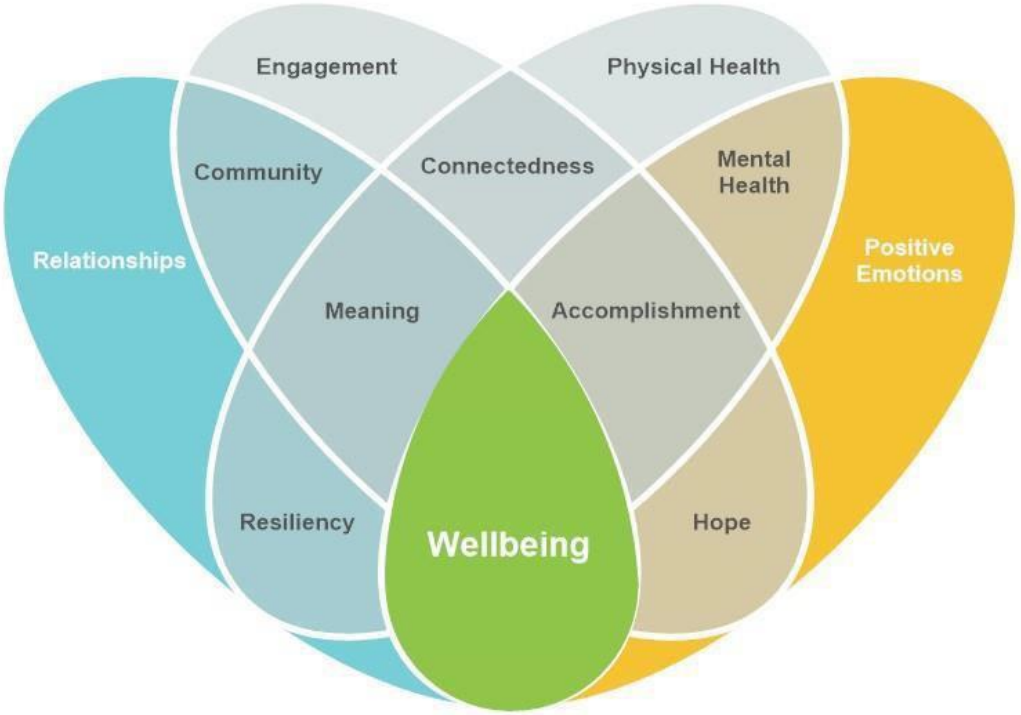
Race	FY 18-19	FY 22-23	FY 23-24
American Indian or Alaskan Native	3.1%	1.1%	0.0%
Black or African American	1.4%	0.3%	3.0%
White/Caucasian	45.5%	56.2%	65.3%
Asian	0.9%	0.0%	1.0%
Native Hawaiian or Pacific Islander	3.1%	0.8%	0.0%
Other	35%	41.6%	30.7%

Preferred Language	FY18-19	FY22-23	FY23-24
English	41.1%	22.4%	25.9%
Spanish	55.1%	76.8%	72.2%
Other	1.4%	0.5%	1.9%
Prefer not to answer	2.5%	0.3%	0.0%

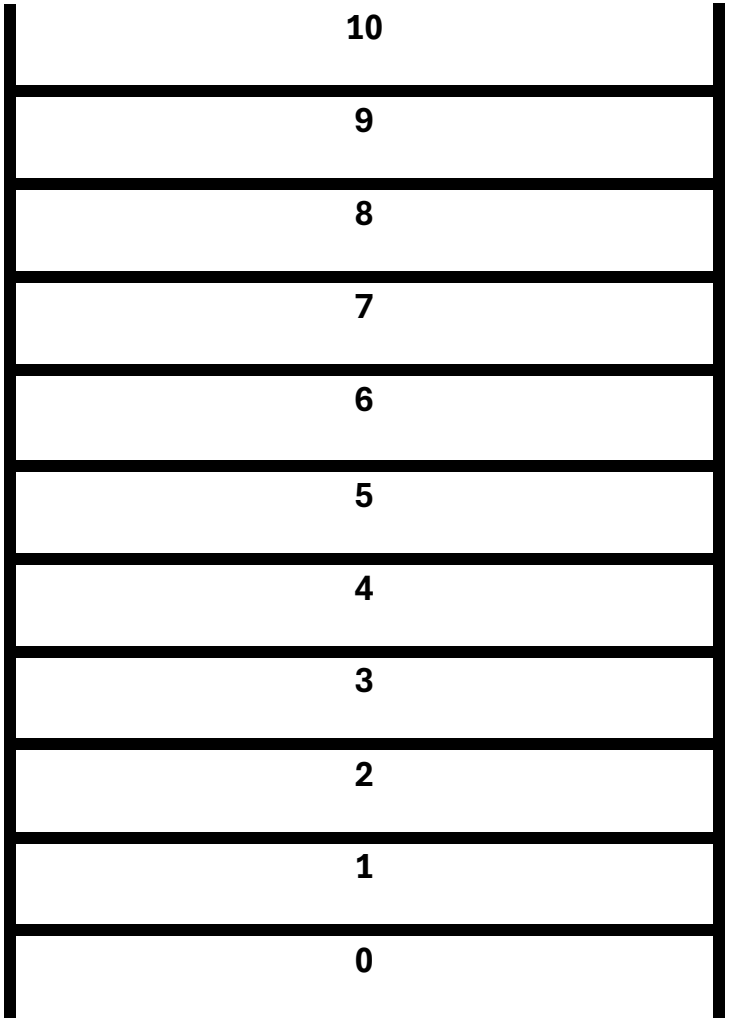
Ethnicity	FY18-19	FY 22-23	FY 23-24
Hispanic/Latino	77.3%	88.7%	93.5%
Non-Hispanic/Latino	20.8%	9.5%	5.6%
Prefer not to answer	1.9%	1.8%	0.9%

Duration of Program Involvement (Q11)	FY18-19	FY 22-23	FY 23-24
>1 Month	18.1%	12.0%	11.9%
1-3 Months	16.2%	7.1%	5.6%
4-6 Months	9.8%	8.5%	5.6%
7-12 Months	11.2%	10.7%	6.5%
1-2 Years	14.9%	10.1%	13.9%
>2 Years	29.8%	51.6%	56.5%

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). (Q1)



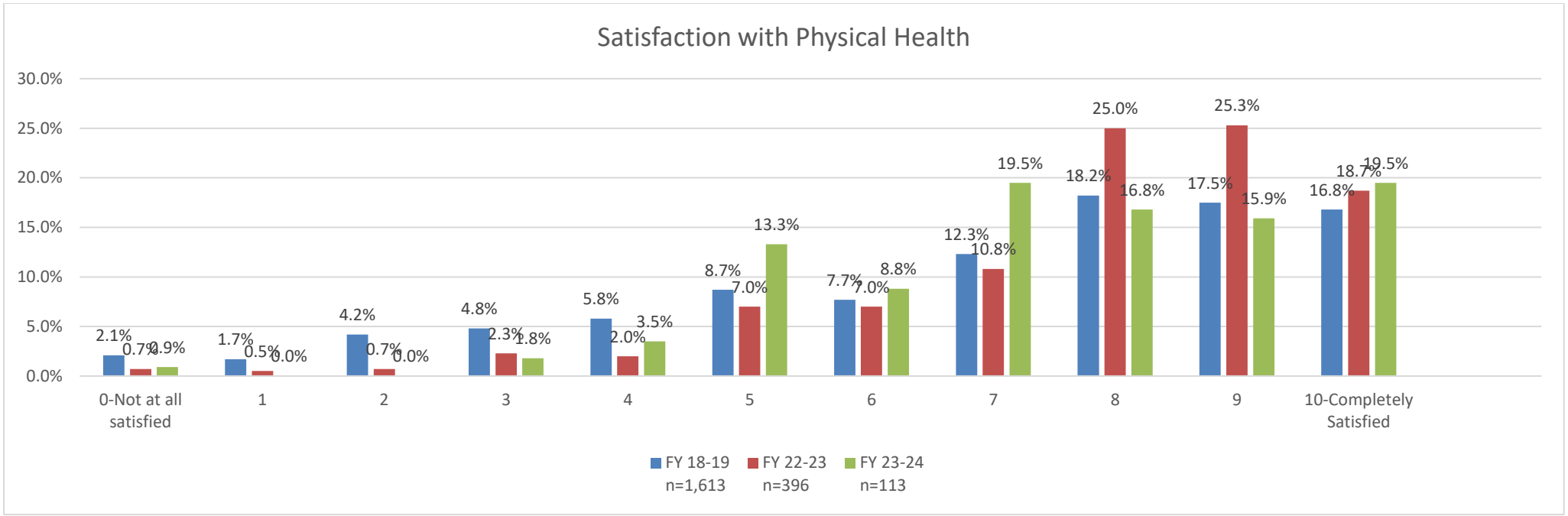
FY 18-19 N=1,665	FY 22-23 N=397	FY 23-24 N=113
13.0%	21.9%	24.8%
15.9%	19.3 %	18.6%
15.2%	24.9%	19.5%
16.3%	11.3%	8.0%
11.6%	7.1%	6.2%
11.9%	7.6%	14.2%
5.0%	4.8%	6.2%
6.5%	2.3%	0.9%
2.0%	0.3%	0.9%
1.7%	0.0%	0.0%
0.9%	0.5%	0.9%

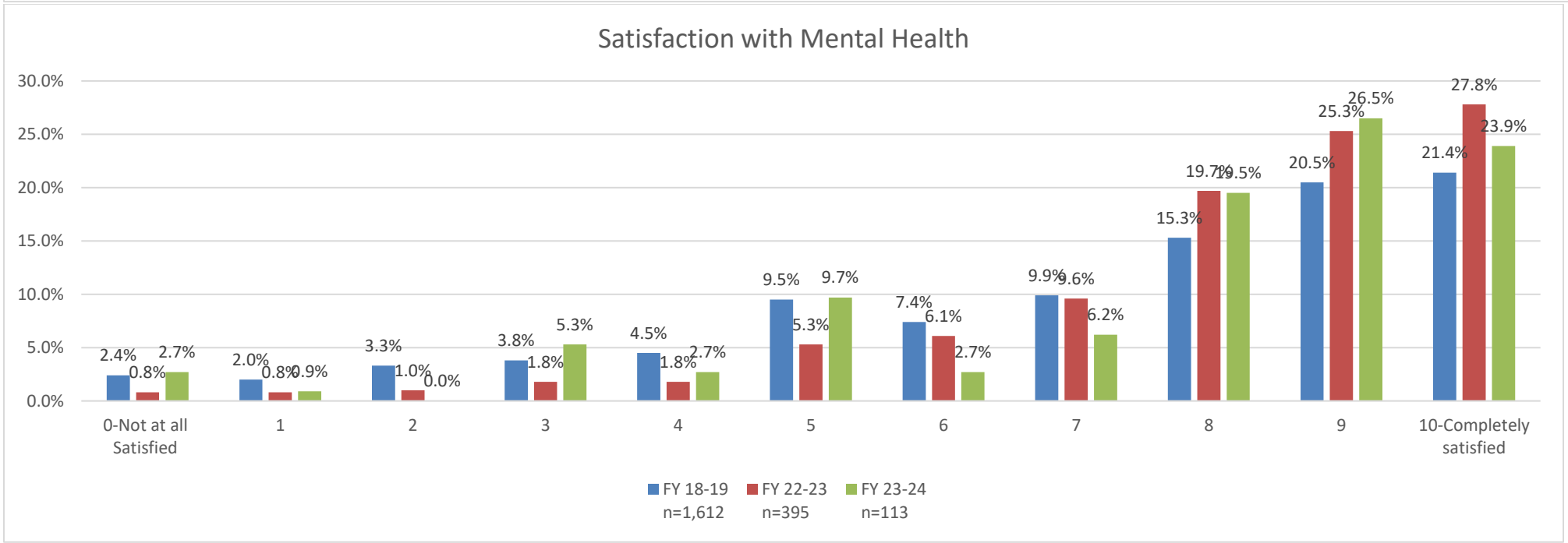
There is a common theme shown throughout each year, there are more participants that are happy with their lives then the number of participants that are not happy with their lives.

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. (Q2)

Life Satisfaction

Overall, how satisfied with your life were you five years ago?				Overall, how satisfied are you with your life these days?				Overall, how satisfied with your life do you expect to feel in five years' time?			
	N=1,620	N=395	N=113		N=1,615	N=400	N=113		N=1,611	N=392	N=113
	FY18-19	FY22-23	FY23-24		FY18-19	FY22-23	FY23-24		FY18-19	FY22-23	FY23-24
10 – Completely satisfied	15.6%	23.0%	25.7%	10 – Completely satisfied	18.2%	24.0%	26.5%	10 – Completely satisfied	42.8%	56.6%	53.1%
9	16.0%	18.7%	15.0%	9	17.6%	23.8%	15.0%	9	17.3%	22.2%	15.9%
8	17.8%	13.9%	14.2%	8	17.2%	23.0%	24.8%	8	12.0%	9.4%	9.7%
7	11.7%	8.9%	8.8%	7	10.7%	11.5%	11.5%	7	9.8%	5.4%	7.1%
6	7.3%	11.4%	10.6%	6	9.8%	5.5%	2.7%	6	2.8%	2.0%	4.4%
5	8.1%	8.4%	9.7%	5	10.2%	5.3%	8.8%	5	2.6%	2.0%	6.2%
4	6.5%	5.3%	4.4%	4	5.1%	2.0%	7.1%	4	4.8%	0.8%	0.0%
3	5.8%	4.6%	4.4%	3	3.5%	3.1%	1.8%	3	4.2%	0.5%	0.0%
2	5.1%	2.3%	2.7%	2	3.4%	0.5%	0.0%	2	2.4%	0.3%	0.9%
1	2.8%	2.0%	1.8%	1	1.9%	0.8%	0.0%	1	0.7%	0.5%	0.0%
0 – Not at all satisfied	3.2%	1.5%	2.7%	0 – Not at all satisfied	1.5%	0.5%	1.8%	0 – Not at all satisfied	0.6%	0.3%	2.7%


Satisfaction with Physical Health
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2.1%
0.7%
0.9%
1.7%
0.5%
0.0%
4.2%
0.7%
0.0%
4.8%
2.3%
1.8%
5.8%
2.0%
3.5%
8.7%
7.0%
13.3%
7.7%
7.0%
8.8%
12.3%
10.8%
19.5%
18.2%
25.0%
16.8%
17.5%
25.3%
15.9%
16.8%
18.7%
19.5%
0-Not at all satisfied
1
2
3
4
5
6
7
8
9
10-Completely Satisfied
FY 18-19 n=1,613
FY 22-23 n=396
FY 23-24 n=113


Satisfaction with Mental Health
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
2.4%
0.8%
2.7%
2.0%
0.8%
0.9%
3.3%
1.0%
0.0%
3.8%
1.8%
5.3%
4.5%
1.8%
2.7%
9.5%
5.3%
9.7%
7.4%
6.1%
2.7%
9.9%
9.6%
6.2%
15.3%
19.7%
19.5%
20.5%
25.3%
26.5%
21.4%
27.8%
23.9%
0-Not at all Satisfied
1
2
3
4
5
6
7
8
9
10-Completely satisfied
FY 18-19 n=1,612
FY 22-23 n=395
FY 23-24 n=113

Measures of Affect

The following data provides some insight into the areas of emotional state, engagement, community, support, meaning, and resiliency.
How Many Days in the Past Week …

Have you smiled or laughed?				Have you felt nervous or anxious?				Have you felt unhappy, sad, or tearful?			
	N= 1,586	N=398	N=112		N= 1,537	N=392	N=108		N= 1,543	N=392	N=108
	FY 18-19	FY 22-23	FY 23-24		FY 18-19	FY 22-23	FY 23-24		FY 18-19	FY 22-23	FY 23-24
Every Day	50.6%	67.6%	63.7%	Every Day	17.4%	8.9%	9.3%	Every Day	12.0%	7.4 %	8.3%
5-6 Days	17.2%	17.3%	19.5%	5-6 Days	16.6%	13.5%	16.7%	5-6 Days	13.6%	9.7%	11.1%
3-4 Days	17.8%	12.1%	12.4%	3-4 Days	17.6%	19.2%	20.4%	3-4 Days	18.5%	13.0%	14.8%
1-2 Days	12.5%	3.0%	2.7%	1-2 Days	37.7%	45.9%	43.5%	1-2 Days	36.9%	44.6%	43.5%
Never/0 Days	1.9%	0.0%	0.9%	Never/0 Days	10.7%	12.5%	10.2%	Never/0 Days	19.1%	25.3%	22.2%

Measures of Engagement: How Many Days in the Past Week …

			Never/0 Days	1-2 Days	3-4 Days	5-6 Days	Every Day
Have you tried something new or challenging?	N=1,617	FY 18-19	29.7%	32.2%	16.4%	11.7%	10.1%
	N=383	FY 22-23	16.5%	29.5%	24.0%	15.9%	14.1%
	N=106	FY 23-24	12.3%	24.5%	22.6%	23.6%	17.0%
			Never/0 Days	1-2 Days	3-4 Days	5-6 Days	Every Day
Have you spent time exercising?	N=1,611	FY 18-19	10.2%	24.6%	22.5%	16.6%	26.1%
	N=384	FY 22-23	9.1%	21.9%	23.7%	18.2%	27.1%
	N=108	FY 23-24	3.7%	19.4%	17.6%	25.0%	34.3%

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

Attended a meeting/event related to your child's school?	N=1,628	N=391	N=112
	FY 18-19	FY 22-23	FY 23-24
7 times or more	14.4%	20.5%	17.9%
4-6 times	17.2%	17.6%	18.8%
1-3 times	32.1%	36.3%	26.8%
Never/0 times	18.4%	9.5%	27.7%
N/A	17.8%	16.1%	8.9%

Participated in a faith/spiritual event?	N=1,604	N=394	N=109
	FY 18-19	FY 22-23	FY 23-24
7 times or more	23.2%	31.2%	2.8%
4-6 times	20.0%	19.8%	34.9%
1-3 times	27.5%	30.4%	14.7%
Never/0 times	21.8%	14.0%	33.0%
N/A	7.5%	4.6%	14.7%

Volunteered with a local service organization?	N=1,548	N=378	N=214
	FY 18-19	FY 22-23	FY 23-24
7 times or more	17.5%	30.4%	5.1%
4-6 times	18.3%	18.5%	44.9%
1-3 times	25.9%	25.4%	20.6%
Never/0 times	29.1%	23.1%	22.4%
N/A	9.2%	2.6%	7.0%

Socialized with people outside of your home?	N=1,604	N=398	N=107
	FY 18-19	FY 22-23	FY 23-24
7 times or more	40.5%	54.0%	4.7%
4-6 times	23.8%	17.8%	51.4%
1-3 times	21.2%	21.1%	22.4%
Never/0 times	9.2%	3.1%	19.6%
N/A	5.3%	4.0%	1.9%

MEASURES OF COMMUNITY

Everyone can participate in decision making.	N= 1,602	N=391	N=109
	FY 18-19	FY 22-23	FY 23-24
Strongly Disagree	5.3%	1.8%	2.8%
Disagree	7.8%	2.6%	0.0%
Neutral	27.5%	20.4%	17.4%
Agree	40.5%	38.4%	37.6%
Strongly Agree	18.9%	36.8%	42.2%

We act together to make positive change.	N= 1,537	N=385	N=110
	FY 18-19	FY 22-23	FY 23-24
Strongly Disagree	7.5%	2.1%	1.8%
Disagree	21.8%	1.8%	1.8%
Neutral	27.5%	13.2%	12.7%
Agree	20.0%	42.1%	40.9%
Strongly Agree	23.2%	40.8%	42.7%

We support each other.	N= 1,543	N=387	N=108
	FY 18-19	FY 22-23	FY 23-24
Strongly Disagree	9.2%	2.1%	2.8%
Disagree	29.1%	2.8%	1.9%
Neutral	25.9%	11.9%	12.0%
Agree	18.3%	42.9%	38.9%
Strongly Agree	17.5%	40.3%	44.4%

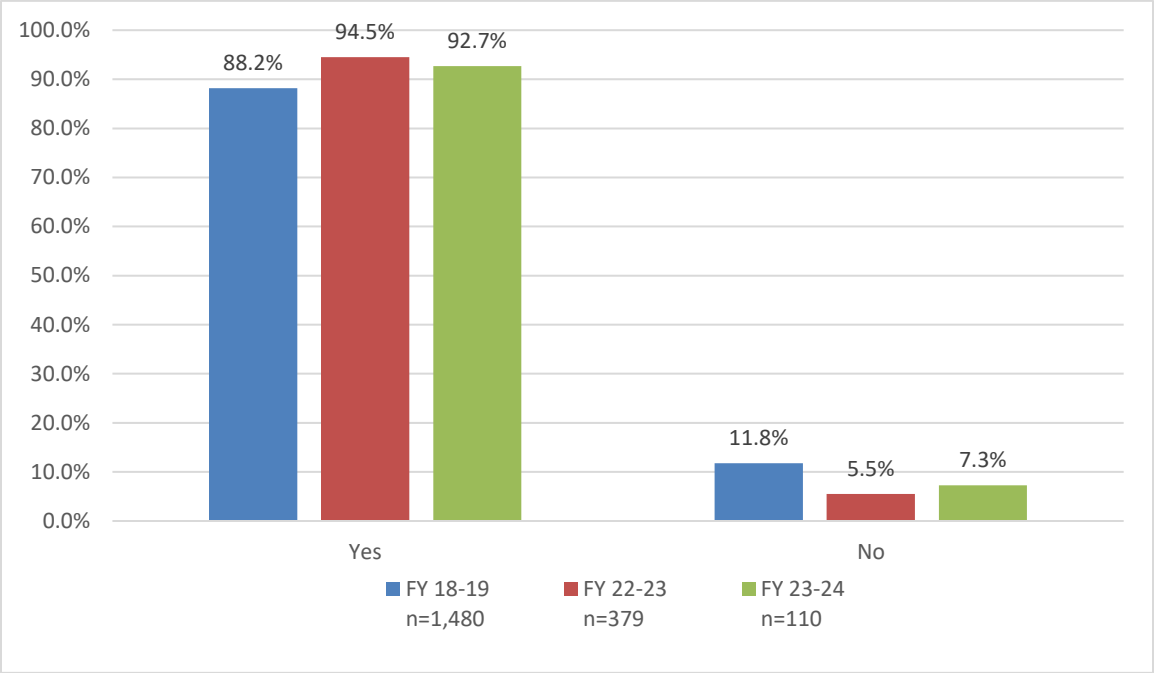
I ask for support from other community members	N=1,604	N=385	N=111
	FY 18-19	FY 22-23	FY 23-24
Strongly Disagree	17.8%	2.3%	3.6%
Disagree	18.4%	4.1%	4.5%
Neutral	32.1%	20.3%	17.1%
Agree	17.2%	40.8%	33.3%
Strongly Agree	14.4%	32.5%	41.4%

I offer support to community members	N=1,604	N=388	N=108
	FY 18-19	FY 22-23	FY 23-24
Strongly Disagree	7.5%	2.1%	3.7%
Disagree	21.8%	3.6%	0.9%
Neutral	27.5%	15.7%	16.7%
Agree	20.0%	39.4%	31.5%
Strongly Agree	23.2%	39.2%	47.2%

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%
	FY 22-23 N=392	2.3%	2.0%	11.5%	30.9%	53.3%
	FY 23-24 N=111	1.8%	0.0%	7.2%	31.5%	59.5%
I know someone who can suggest how to find help with a personal problem.	FY 18-19 N=1,581	3.4%	6.3%	14.0%	38.1%	38.3%
	FY 22-23 N=385	1.8%	1.6%	10.6%	28.8%	57.2%
	FY 23-24 N=109	0.9%	0.9%	7.3%	31.2%	59.6%
I have someone I could call at 3:00AM if I needed support.	FY 18-19 N=1,582	8.7%	8.6%	14.0%	30.9%	37.8%
	FY 22-23 N=381	5.5%	4.7%	10.2%	27.0%	52.6%
	FY 23-24 N=109	3.7%	0.9%	7.3%	32.1%	56.0%

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



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	2.0%	1.7%	2.5%	4.6%	4.3%	7.5%	5.6%	9.2%	16.7%	19.6%	26.1%
FY 22-23 N=399	0.5%	1.0%	0.0%	0.8%	2.0%	6.0%	5.8%	8.3%	15.3%	28.8%	31.5%
FY 23-24 N=113	5.3%	1.8%	1.8%	0.9%	1.8%	7.1%	5.3%	5.3%	8.8%	29.2%	32.7%

FY 18 -19	FY 22-23	FY 23-24	All program participants	FY 23-24	FY 22-23	FY 18 -19
67% smiled or laughed five or more days in the past week	85% smiled or laughed five or more days in the past week	83% smiled or laughed five or more days in the past week	**Positive Emotion**	19% felt unhappy sad or tearful five or more days during the past week	17% felt unhappy sad or tearful five or more days during the past week	25% felt unhappy sad or tearful five or more days during the past week
66% acted together to make positive change	83% acted together to make positive change	84% acted together to make positive change	**Community**	8% do not ask for support from other community members	6% do not ask for support from other community members	19% do not ask for support from other community members
70% tried something new or challenging at least one time during the past week	84% tried something new or challenging at least one time during the past week	88% tried something new or challenging at least one time during the past week	**Engagement**	48% did not participate in a faith/spiritual event in the past 3 months	19% did not participate in a faith/spiritual event in the past 3 months	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	95% reported they had relatives or friends they could count on whenever they needed them	93% reported they had relatives or friends they could count on whenever they needed them	**Connectedness**	42% reported spending less than 4days in the past 3 months socializing with people outside of their home	24% reported spending less than 4days in the past 3 months socializing with people outside of their home	30% reported spending less than 4days in the past 3 months socializing with people outside of their home
46% completely agreed that they feel accomplished with themselves.	61% completely agreed that they feel accomplished with themselves.	62% completely agreed that they feel accomplished with themselves.	**Meaning**	7% do not feel accomplished or pride in themselves	2% do not feel accomplished or pride in themselves	4% do not feel accomplished or pride in themselves.
41% reported they were completely satisfied with their mental health	53% reported they were completely satisfied with their mental health	50% reported they were completely satisfied with their mental health	**Mental Health**	4% rated their mental health as a 2 or less (on a 1- 10 scale)	3% rated their mental health as a 2 or less (on a 1- 10 scale)	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	79% expect to feel completely satisfied with their life in five years	69% expect to feel completely satisfied with their life in five years	**Hope**	4% do not think they will have any satisfaction with their life in 5 years.	1% do not think they will have any satisfaction with their life in 5 years.	4% do not think they will have any satisfaction with their life in 5 years.

What was the impact of Prevention Programs in Stanislaus County?

- ***Prevention Programs***
  - Youth Assessment Center – Youth prevention program
  - NAMI – National Alliance on Mental Illness
- **RAIZ Promotores Program** *(Latino community in each of the dedicated cities/regions)
  - AspiraNet – Turlock
  - Center for Human Services – Ceres, Newman, Patterson, Grayson/Westley, Airport
  - 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.
  - Invest in Me
  - 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.
  - LGBTQ+IA2S 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 • 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 • Patterson • 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 • Invest in Me • MoPride • NAACP • Peer Recovery Art Project • She Became • Cricket's Hope • Youth for Christ • Khmer Youth of Modesto • LGBTQ+IA2S 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

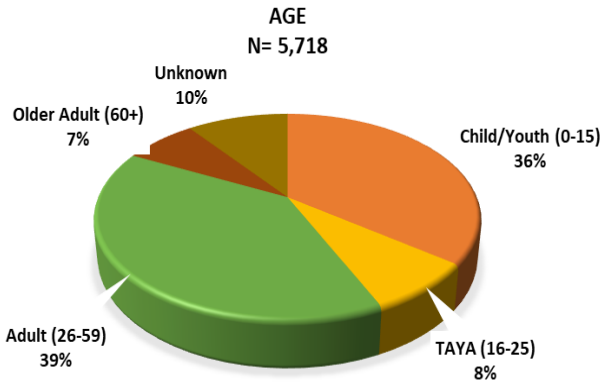
Promotores are trained in Mental Health First Aid and to recognize early warning signs of specific behavioral health issues that affect the Latino community, including post-traumatic stress disorder, depression, anxiety, and substance use. The training also helps to change perspectives about individuals 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.

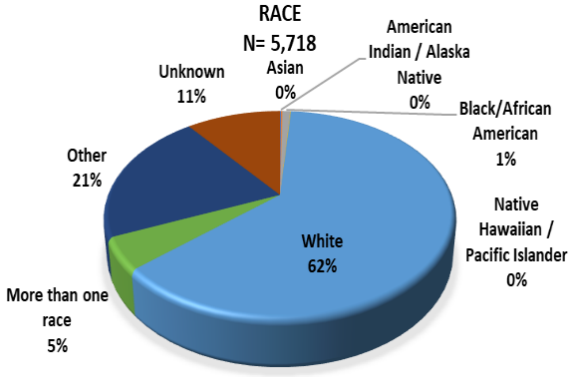
The data supports that the Prevention programs are providing the services and utilizing effective strategies.

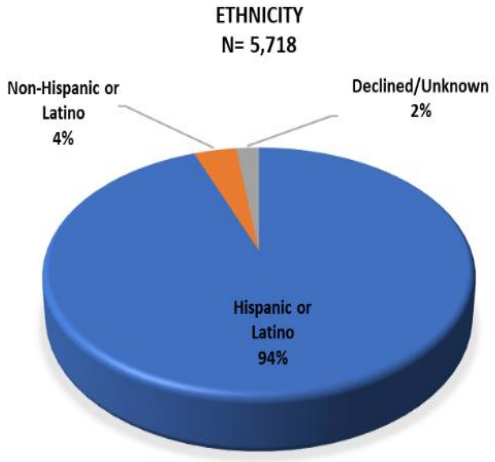
Promotores Performance Measures FY 2021-2024	**#**	**%**
# unduplicated individuals served	5,201	100.0%
# individuals at-risk	2,940	56.5%
# of individuals with early onset	5	-
# of individuals neither at-risk nor early onset (family, volunteers, etc.)	2,160	41.5%
# of family members served	858	-
# services	78,473	
Average # services per participant	15	
# services provided outside the office environment (accessibility)	49,820/55,273	90.0%
# engaged through outreach	164,522	-
# potential responders reached	27,801	-
# of referrals to appropriate mental health resource (by type of program)	268	-
# of successful referrals (at least one contact)	87	32.5%
Average time between referral and engagement with other resource	10 days	-

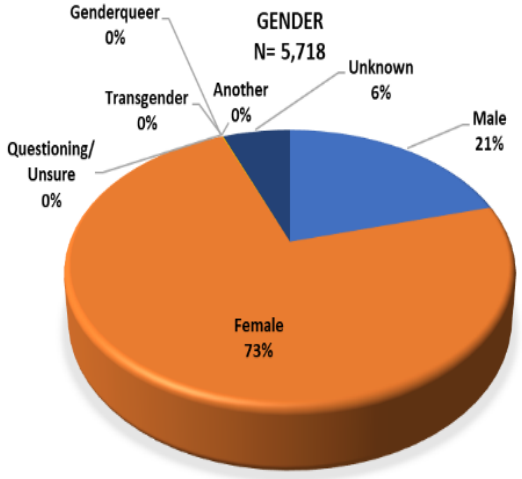
Who are Prevention programs serving?

The demographic information below depicts unique individuals that were served for FY's 2021-2024









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

Outcomes for FY 2021-2024

Prevention

How Much	How Well
• 5,201 individuals participated in Promotores programs throughout Stanislaus County	• 70 referrals were made to Early Intervention services
• Over 78,000 services provided • 1,785 dedicated to Promotora development	• 101 Potential Responders trained
• 2,929 presentations given to more than 14,000 people through all PEI programs	

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 QR code that connects you to the downloadable pdf.

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 –*** Ceres Promotores worked to strengthen relationships with city council leadership. This effort culminated in a council member championing the Promotores program and worked with the city's mayor to recognize & to officially proclaim the month of May, "Mental Health Awareness" month. Participants in the program report having experienced significant individual benefits. Numerous activities were convened in the community to help reduce stigma, increase mental health awareness and to not only encourage participants to seek professional help when needed but to educate on how to connect to those services.

- ***Denair, Hickman, Waterford Promotores*** – This community offers weekly support groups to their community. These weekly support groups offer a safe space for community members to connect and improve their mental wellbeing. Participants reported reduced stress and anxiety, increased energy, and self-esteem, as well as a sense of community and mutual support.

- ***North Modesto Promotores –*** The North Modesto staff Promotora schedules presentations in response to needs expressed by community participants. This Promotora collaborates with community organizations to provide information about services and how to access services to the community participants. The Promotora has observed that having direct exposure and contact with these agencies helps to increase comfort levels of participants which has in turn increased the level of engagement. There is cultivated an environment which makes it safe for participants to share their experiences with others in both groups & 1:1 settings.

- ***Oakdale Promotores –*** Before beginning forced to shut down, the Oakdale Promotores were intentional in building relationships with various city community leaders while continuing to nurture existing community relationships. There was a telling consistency in participation of youth which reflected the interest of their parents and their desire to be involved in their children's activities which promoted the children's social emotional wellbeing. Parents recognized the importance and value of these programming with some noting a reduction in introversion and experienced their children being more social and better able to recognize and express their emotions. Parents notice the youth being more actively engaged at home with a decrease in depressive symptoms and isolation.

- ***South Modesto Promotores –*** This program has been one that strives to empower every resident in the South Modesto community. Its groups are safe spaces intent on developing leadership in the community. These are spaces where residents can connect to groups, events and workshops that offer access to information, education, support and services.

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 which increased outreach efforts and helped the Oakdale Promotores to advocate for mental health awareness and stigma reduction becoming a strong presence within that community.

- ***North Modesto Promotores*** – The Staff Promotora continues to collaborate with various organizations identifying new potential organizations that may serve as a resource for the community. The goal remains to strengthen and maintain collaborative working relationships with organizations that strive to strengthen and support the population that we serve through education around mental health & wellbeing and efforts to reduce stigma around behavioral health.

- ***Riverbank Promotores –*** The Promotores of this community provided education & resources around mental health care and how participants could access this care. The programs encouraged open dialogues on mental health topics within various support groups, allowing for the sharing of the many County resources available for those suffering with a mental health condition. A successful collaborative partnership with El Concilio & other agencies within the county focused on accessing mental health care and counseling to community participants. There was a natural opportunity to refer individuals in the community to those agencies in a timely fashion by means of the intentionally established partnerships.

- ***Patterson Promotores*** – Patterson Promotores continue to play a critical role in Promoting Community-based health, education, and prevention and early intervention in their community. They walk and accompany others living in dark spaces and facing the shadows of depression, suicidal thoughts and creating a new look at life. The Promotora Model (Heart Felt Service -Servicio de Corazon) continues to thrive as they continue planning, organizing, and engaging their community in various presentations & events, while improving their own mental health, and those of their community. The Patterson Promotores' actions in leadership demonstrate change and families; individuals are in a better place.

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)**
  - 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)
- **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)

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 • BIC South Modesto • BIC West Modesto • BIC Hughson	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 an improvement in symptoms and functioning in multiple areas	English, Spanish	Initial, every 3 months, discharge
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	#/% of children and youth with increased resiliency and individual, relational, communal and cultural resources	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	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.

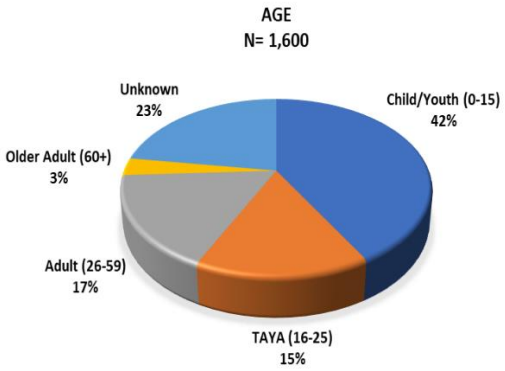
Outreach, engagement, and access and linkage activities are integrated into Early Intervention programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services - Older Adult Services has been identified 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.

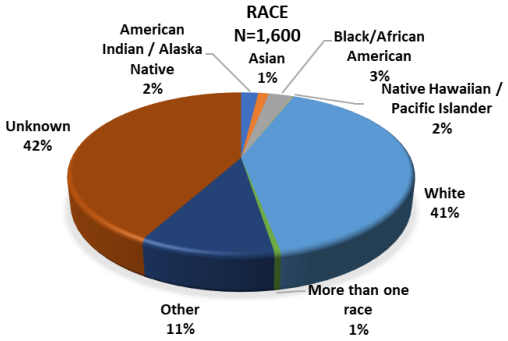
The data supports that the Early Intervention programs are providing the services and utilizing effective strategies.

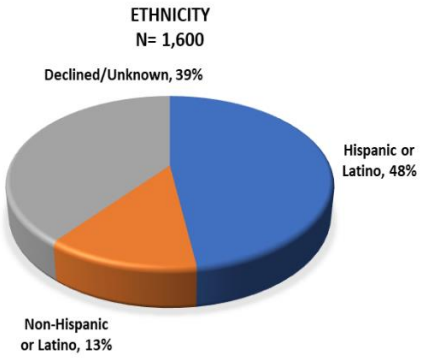
Performance Measures FY 2021-2024	**#**	**%**
# unduplicated individuals served	1,600	100.0%
# individuals at-risk	546	34%
# of individuals with early onset	399	25%
# of individuals neither at-risk nor early onset (family, volunteers, etc.)	324	20%
# of family members served	749	-
# services	8,882	
Average # services per participant	5.5	
# services provided outside the office environment (accessibility)	1,854/5,720	32%
# engaged through outreach	42,071	-
# potential responders reached	14,433	-
# of referrals to appropriate mental health resource (by type of program)	27	-
# of successful referrals (at least one contact)	4	15%
Average time between referral and engagement with other resource	days	-

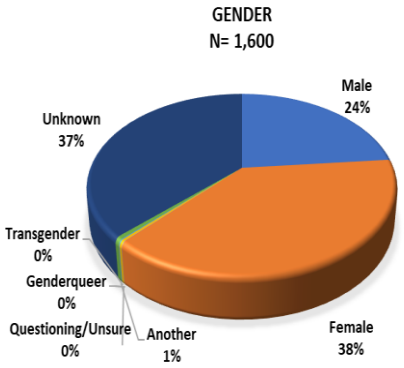
Who are Early Intervention programs serving?

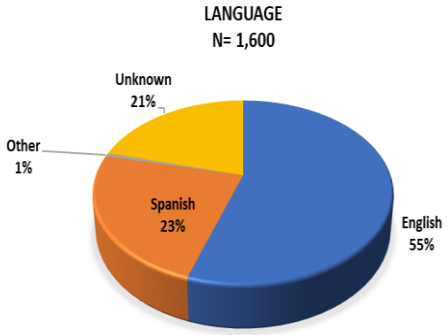
The demographic information below depicts unique individuals that were served for FY 2021-2024.











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

Outcomes for FY 2021-2024

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.

Please note: In FY 21-22 BIC programs in South Modesto, West Modesto & Hughson were active, and discontinued in FY's 22-24. BIC for AVS (Aging & Veteran's Services) is still ongoing.

Early Intervention

• 1,600 individuals served through Early Intervention programs	• 1,297 Family members were served
• 8,882 services provided	• 95% of Early Intervention services provided outside of the office environment
• 2,269 Brief Intervention Counseling services provided	• Individuals received an average of 5 counseling services
• On average, 75%of individuals Indicated a Decrease in Depression Severity using PHQ-9 After Receiving Brief Intervention Counseling	•

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

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

The Life Path Early Psychosis program measures outcomes using CANS, LOCUS, SMART objectives in treatment plans, 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 strengths, monitoring and comparing every six months to assess new issues or changes with needs and strengths.

LOCUS is used for all adult participants over 18 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.

- 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. Due to this reporting period happening during the transition to SmartCare, both CANS and LOCUS reports are unavailable for this Report.

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?

- ***BIC Hughson –*** Counseling services were provided to children, teens, and adults experiencing depression, anxiety, stress, and other mental health concerns. Clinicians provided psychoeducation and coping skills to help reduce symptoms and build trust/rapport with these clients and their families. Clients reported benefits from counseling services received and reported that counseling helped to process their emotions and thoughts In a safe and non-judgmental environment.

- ***Life Path –*** This program actively engages with the community through outreach presentations and participation in various community events. The program has been acknowledged and recognized by the UC system for having an impressive fidelity score rating the program has even created and educational YouTube video for the community explaining what “Schizophrenia is NOT…”.

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

- ***BIC-South Modesto –*** The clinician utilized Cognitive Behavioral Therapy (CBT), 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 worked with individuals to help them 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 of individuals, parents, and families. These groups consisted of psychoeducation regarding breathing exercises, skills to increase positive thinking and self-esteem.

- ***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 –*** Counseling services were provided to members of this community during a time when the world was still recovering from the COVID-19 pandemic because of this some groups & presentations were provided via Zoom as an option however there was an increase in in person events and activities such as the Harvest Festival a Trunk or Treat event and various community collaborations to help increase mental health wellness & to reduce stigma associated with reaching out for help.

- ***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.

  *The SCHBI program was transferred, and oversight was given to the Children's System of Care in the 21/22 FY.

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 StanislausCounty?

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 MentalIllness)*

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*
- **Central Valley Suicide Prevention Hotline -** *Kingsview* *(individuals with suicidal ideation or at-risk)
  - **Mental Health First Aid (Spanish)**
  - **Mental Health First Aid Youth**

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

- 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:
  - Youth Mental Health First Aid
  - Mental Health First Aid – for Spanish speakers
  - NAMI Provider Education Course

- 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 FY2021-2024.

Performance Measures FY 2021-2024	**#**
# duplicated individuals reached through outreach or training	42,079
# potential responders trained	2,691
# who received support from suicide hotline	4,846

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 2021-2024

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 2,691 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

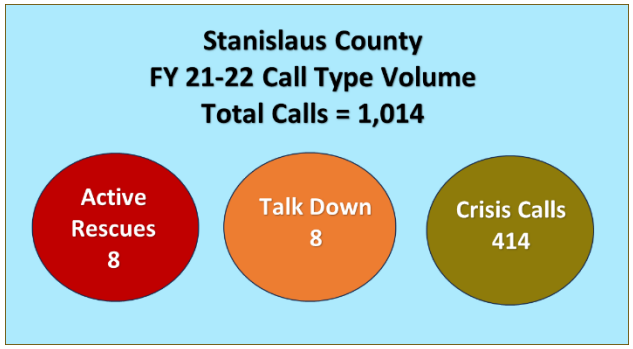
Suicide Prevention

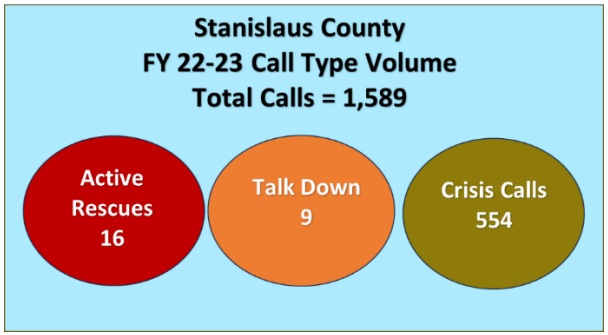
Outcomes for FY 2021-2024

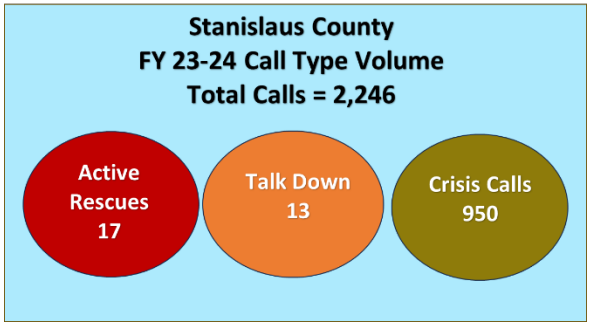
• 4,849 calls were responded to through the Central Valley Suicide Prevention Hotline	• 73% of the hotline calls were concerned with mental health, social issues or suicide
• 1,918 calls to the Central Valley Suicide Prevention Hotline were crisis calls	• 30 hotline calls were "Talk Downs" during which a high-risk caller was deterred from completing suicide; 41 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 2021-2024 and describes the impact that CVSPH had for our county's vulnerable population.







Race

Asian	13
Black African American	33
Decline to state	2188
More than one race	27
Native American or Alaska Native	7
Other	197
White/Caucasian	368
Grand Total	**2833**

Language

Armenian	8
English	3484
French	6
Other	16
Spanish	6
Grand Total	**3520**

Ethnicity

Decline to state	2135
Mexican/Mexican American/Chicano	187
None	242
Other	153
Puerto Rican	3
South American	2
Grand Total	**2722**

Age

0-15	119
16-25	556
26-59	737
60+	141
Decline	276
unknown	0
Total	**1829**

Ethnicity Non-Hispanic

African	4
Asian Indian/South Asian	4
Cambodian	2
Decline to state	2110
Eastern European	1
European	3
Filipino	1
Middle Eastern	6
None	333
Other	219
Vietnamese	5
Grand Total	**2688**

Sexual Orientation

Another Sexual Orientation	10
Bisexual	17
Decline to state	1414
Gay/Lesbian	62
Queer	10
Questioning	16
Straight	1261
Grand Total	**2790**

Veteran Status

Calling on Behalf of a U.S. Veteran	3
Decline to State	1513
No	1409
Yes	55
Grand Total	**2980**

Gender Assigned at Birth

Decline to state	122
Female	1939
Male	1440
Grand Total	**3501**

Current Gender Identity

Another Gender Identity	7
Decline to state	670
Female	1087
Male	910
Questioning	3
Transgender	9
Grand Total	**2686**

Disability

Chronic Health Condition (including but not limited to Chronic Pain)	55
Decline to State	1938
Difficulty Hearing or Having Speech Understood	5
Difficulty Seeing	2
Mental Domain-Learning Developmental Dementia	38
None	904
Other	81
Physical/Mobility	46
Grand Total	**3069**

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 4,849 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. In FY 23-24 Each Mind Matters was discontinued & replaced by Take Action 4 Mental Health
- ***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	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 Brief	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) #/% of individuals	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	Intervention Counseling; Peer Support; Specific to programs	Older Adult; Children, Youth/TAYA, Adult	Risk factors that create barriers to access are reduced	Wellbeing Survey	indicating they know how to access mental health services; #/% who do not ask for support from community members	English, Spanish	Quarterly, Annually

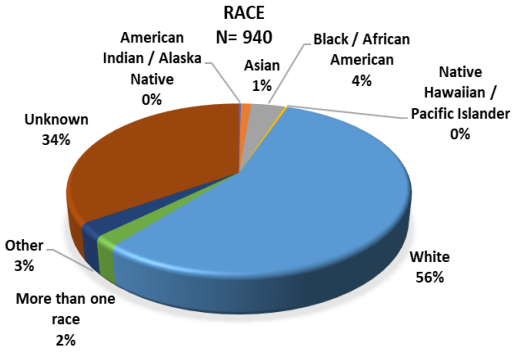
In order to reach this population given the barriers, outreach efforts are made via a network of older adult services providers, including home health agencies, adult protective services, community service organizations (home delivered meals, in-home service providers, transportation programs etc.) Presentations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

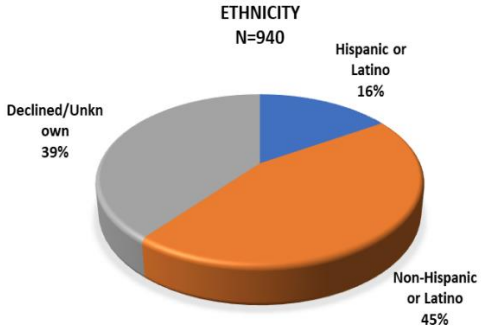
AVS uses a screening process to determine if a senior has an existing or previous diagnosis, receiving current treatment or medications that may help identify a more serious condition, need for higher level of care and/or further evaluation. The Patient Health Questionnaire (PHQ-9) is also used to gage 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.

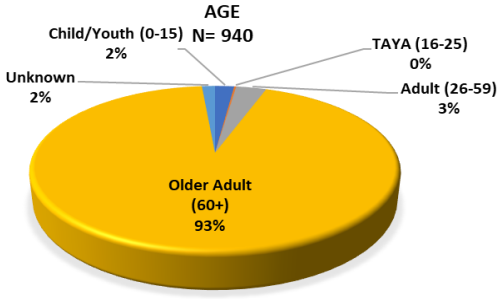
Once engaged in AVS services, they are mostly provided in the comfort of the seniors' own homes to increase access to services. Often, transportation or stigma can be barriers for seniors to access behavioral health services, and offering in-home services reduces the barriers.

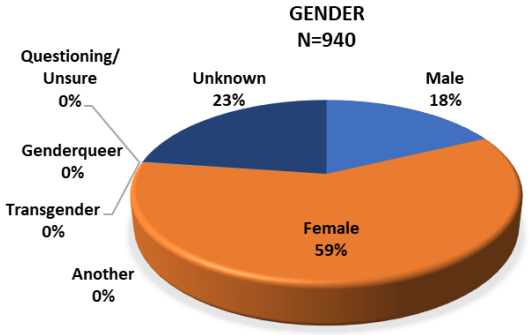
Who are the Access and Linkage program serving?

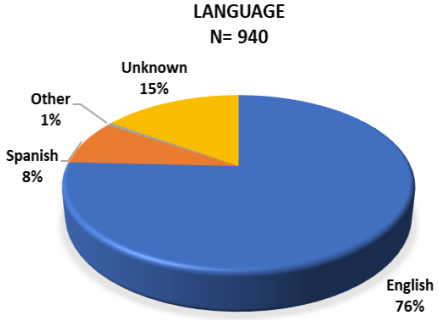
The demographic information below depicts unique individuals that were served for FY 2021-2024.











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

Outcomes for FY 2021-2024

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 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

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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: Promotores - Airport **Today's Date:** Month ___ Day ___ Year ___

First Name (2 First Letters): _____ _____ **Date of Birth:** Month ___ Day ___ Year ___

Last Name (2 First Letters): _____ _____ 1 1

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

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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 _____
○ Denair	○ Hughson	○ Newman	○ Turlock	
○ Diablo Grande	○ Keyes	○ Oakdale	○ Valley Home	

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
○ Cognitive challenges
○ Chronic health condition
○ No, I do not experience any of the above conditions

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

24) Are you currently homeless?
○ Yes ○ No ○ Not currently, but expect to be within a month
○ Prefer not to answer

25) Please mark your preferred language.
○ English ○ Spanish ○ Other ○ Prefer not to answer

Thank you for your participation!

5776333396

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: Promotores - Airport **Today's Date:** Month ___ Day ___ Year ___

First Name (2 First Letters): _____ _____ **Date of Birth:** Month ___ Day ___ Year ___

Last Name (2 First Letters): _____ _____ 1 1

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

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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 _____
○ Denair	○ Hughson	○ Newman	○ Turlock	
○ Diablo Grande	○ Keyes	○ Oakdale	○ Valley Home	

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
○ Cognitive challenges
○ Chronic health condition
○ No, I do not experience any of the above conditions

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

24) Are you currently homeless?

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

25) Please mark your preferred language.

○ English ○ Spanish ○ Other ○ Prefer not to answer

Thank you for your participation!

2827478110

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: Promotores - Airport **Today's Date:** Month ___ Day ___ Year ___

Program Initiative: _____ **Date of Birth:** Month ___ Day ___ Year ___

Event Name: _____ 1 1

First Name (2 First Letters): _____ _____ F L (Office use)

Last Name (2 First Letters): _____ _____

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

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

10) What best describes your sexual orientation?
○ Heterosexual or straight ○ Queer
○ Gay or lesbian ○ Questioning or unsure
○ Bisexual ○ 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 ○ Day/temp.employee
○ Employed part-time ○ Retired
○ Unemployed ○ Student
○ Seasonal worker ○ Outside the workforce
○ Other _____ ○ 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	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

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!

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 _____

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A2663B 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

Developed by:
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OQ30ENG Version 1.0
1/05/2007

Sample

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:

✖ ✔ ⊘

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

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YOO30ENG Version 1.0

	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

Sample

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	

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:	

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	