



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES



PREVENTION & EARLY INTERVENTION THREE-YEAR EVALUATION REPORT

FY 2018/2019, 2019/2020, & 2020/2021



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INTRODUCTION

Prevention and Early Intervention (PEI) is one of the five components of the Mental Health Services Act (MHSA). This component has its own reporting requirements, with the most updated reporting requirements being implemented in June 2018 by the California Mental Health Services Oversight and Accountability Commission (MHSOAC). PEI targets individuals of all ages prior to the onset of mental illness, except for the early onset of psychotic disorders. PEI emphasizes reducing the seven negative outcomes of untreated mental illness: (1) suicide; (2) incarceration; (3) school failure or pushout; (4) unemployment; (5) prolonged suffering; (6) homelessness; and (7) removal of children from their homes.

In June 2018, the PEI regulations were amended, and specific requirements were added that included indicators, data trackers, the explanation of a three-year evaluation plan, annual evaluation report, and the PEI component of a three-year plan.

San Mateo County Behavioral Health and Recovery Services (BHRS) funded 20 MHSA PEI programs across the fiscal years (FY) covered in this report, FY 2018-2019, FY 2019-2020, and FY 2020-2021. Most of PEI programs are delivered by community-based providers that serve children, adults, and older adults, as well as marginalized and diverse populations. Nearly 30,000 community members received services across the entire three-year period. The activities ranged from trainings, psycho-education workshops, community capacity development, advocacy, teacher and provider consultations, summer employment, early intervention and short-term treatment services, and cultural events.

PEI PROGRAM CATEGORIES

Prevention: A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Prevention program services may include relapse prevention for individuals in recovery from a serious mental illness.

Early intervention: Short-term treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including negative outcomes that may result from untreated mental illness. Early intervention program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness as applicable. Services shall not exceed 18 months, unless the individual receiving service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.

Outreach for increasing recognition of early signs of mental illness: The process of engaging, encouraging, educating, and/or training and learning from potential responders (family, school

personnel, peer providers, etc.) about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for increasing recognition of early signs of mental illness may include reaching out to individuals with signs and symptoms of a mental illness so they can recognize and respond to their own symptoms.

Stigma and discrimination reduction program: The County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of their families.

Access to linkage and treatment program: A set of related activities to connect children, adults, and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment including but not limited to care provided by county mental health programs (e.g., screening, assessment, referral, telephone help lines, and mobile response).

Suicide prevention program: Organized activities that the County undertakes to prevent suicide because of mental illness.

PEI STRATEGIES

All programs need to be designed and implemented to further at least one of these strategies:

Create access and linkage to treatment: See definition listed above.

Timely access to mental health services for individuals and families from underserved population: To increase the extent to which an individual or family from an underserved population that needs mental health services because of risk or presence of a mental illness received appropriate services as early in the onset as practicable through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services. Services shall be provided in a convenient, accessible, acceptable, culturally appropriate setting.

Non-stigmatizing and non-discriminatory practices: Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services in ways that are accessible, welcoming, and positive.

DATA SOURCES AND ANALYSIS

A mixed-methods research framework was used to conduct this evaluation plan and included both qualitative and quantitative data that was provided by our contractors and staff. While a standardization of data is our goal, currently there are some variations across programs that reflect staffing capacity, technology access, and the differences between target populations. However, all our PEI programs have been implemented and designed to work towards reaching PEI goals consistent with MHSA legislation.

The data sources that were used for the completion of this report were the following:

1) MHSA Annual Report Templates

Each contract provider is responsible for completing this report on an annual basis. Currently the report template collects metrics such as unduplicated number of clients served, demographics, and outcomes, as well as narrative regarding program activities, interventions, program successes and challenges. This template continues to be refined as we adhere to new PEI guidelines as well as customized to program needs.

2) Program Tracking Logs and Sign-In Sheets

Internal PEI programs used tracking logs and sign-in sheets to document the number of clients, outreach, and referrals made. Some tracking sheets are also online through Survey Monkey and are analyzed by an external consultant.

3) Program Tools/Surveys

Many of the PEI programs use pre-post test program surveys to collect outcome data as well as client satisfaction with the program. These surveys include Likert scales and open-ended questions and capture a variety of outcomes, such as changes in attitudes, knowledge, and behaviors. Measures also capture the increase in protective factors to mental illness as well as social-emotional wellbeing and use of new skills. The use of pre and post tests are being reviewed to make sure they align with the outcome metrics we hope to collect across programs.

CHALLENGES

San Mateo County has had extremely limited organizational capacity to support PEI program administrative and reporting requirements, due to the staff hiring constraints beyond the control of BHRS. Currently, MHSA administration is staffed only by the MHSA Manager, who contracts with external consultants to meet the minimum PEI regulations. A dedicated PEI Coordinator would provide greater capacity for ongoing day-to-day PEI program needs, monitor

PEI data collection and evaluation, as well as support adaptation to the constantly evolving MHSA PEI requirements and regulations. Contract monitoring for some PEI programs is carried out through clinical supervisors who are expected to meet with contractors regularly. However, due to increased workloads, this is not always possible and places a strain on our workforce's ability to engage in meaningful oversight.

The onset of the COVID-19 pandemic during FY 19/20 and mandates such as the stay-at-home order and social distancing proved to be challenging for staff in terms of providing excellent programs and services in ways that continue to engage, serve, and positively impact a wide range of client populations for which the PEI programs are intended. In many cases, the pandemic exacerbated many of the mental health issues and challenges experienced throughout San Mateo County. Nevertheless, in FY 19/20 and thereafter, most of the programs and supports across PEI successfully adapted to all-virtual service delivery models, while engaging and serving a similar annual number of clients comparable to the numbers served in previous fiscal years.

Additionally, standardized data collection did not exist in the period covered by this report. This has posed a challenge for data collection for various reasons. First, different contractors and internal programs had varying levels of understanding when it comes to data reporting, measurements, and the requirements for PEI-funded programs. A second reason is due to the lack of integration of PEI-required data in existing data collection and documentation systems. Furthermore, it is difficult to effectively make comparisons on a year-to-year basis, especially if programs submit different data each year. This affects our ability to report meaningful impact across PEI strategies and implement data-driven improvement strategies.

STRENGTHS

San Mateo County BHRS has implemented 20 different PEI programs that provide services to a variety of target populations located across the county and work to prevent the negative outcomes associated with mental illness and severe mental illness. The FY 20/21 PEI Budget is \$7.7 million, with 53% allocation to children and youth ages 0-25.

Over the years, PEI programs have received evaluation supports. Data collection and analysis of outreach programs are carried out through a contract with an external consultant, American Institute for Research. The Office of Diversity and Equity (ODE), which runs several PEI programs, developed standardized indicators as part of a community and stakeholder-driven Theory of Change Process. The prioritized outcomes across all ODE programs are related to developing community capacity in the areas of: (1) self-empowerment, (2) community advocacy, (3) cultural humility, (4) access to treatment/prevention programs (reducing barriers), and (5) stigma discrimination reduction.

Additionally, starting in the spring of 2021, BHRS contracted with Resource Development Associates (RDA) to support PEI data collection, evaluation and reporting across all PEI

programs to satisfy PEI-legislative reporting and evaluation requirements and support local priority outcomes. RDA has continued to work with BHRS and its contracted providers to develop a standardized, county-wide PEI data collection and reporting system that will allow the reporting of aggregate data across programs and years. Although standardization of data collection and reporting on key demographic characteristics and outcomes across programs continues to be a focus of improvement for BHRS, many PEI programs have begun to collect demographic and outcomes that align directly with PEI requirements. Moving forward, BHRS will have a greater ability to present richer amounts of data and outcomes in the PEI Three-Year Evaluation Reports.

A second strength is that PEI programs continue to be either adapted or developed based on the identified community needs. For example, providers of the Seeking Safety program were reporting limitations with the curriculum due to the strict fidelity requirements given the challenges faced by high-risk youth in attending groups with consistency. Most providers had adapted to a more client-centered approach, responding to client needs and integrating Seeking Safety modules into broader programming. The percentage of participants that met the six-session threshold deemed impactful, ranged from 25% - 56% across providers. An alternate, more flexible, and trauma-informed curriculum was piloted with providers.

Between November 2018 and May 2019, focus groups were conducted that engaged primarily marginalized ethnic, linguistic, and cultural youth and adults. Participants were asked for feedback regarding the Mindfulness-Based Substance Abuse Treatment (MBSAT) curriculum and experiences implementing the skills developed in their personal lives. The findings of the pilot were used to inform the requirements of a new Request for Proposal (RFP) for Trauma-Informed Co-Occurring Services for Youth. The RFP allowed for alternate culturally responsive curricula to be proposed for piloting, which led to the funding of both MBSAT and the Panche Be Youth Program, a comprehensive indigenous-based, youth development curriculum focused on the prevention of substance use amongst youth of color. The RFP also included a foundational trauma-informed 101 trainings for the adults that interact with the youth program participants (parents, teachers, probation officers, service providers, community, etc.) to create trauma-informed supports for youth.

This is a testament of the County's ability to listen to the needs of the community and adapts its services and supports accordingly. The ability to adapt became especially important during the pandemic, when county leadership, staff, community providers, and community members banded together to ensure that they remained connected and to continually ensure that excellent services were provided.

After the review of PEI programs in this reporting period, another strength noted is related to the effectiveness of the programs overseen by the Office of Diversity and Equity (ODE), which results in all MHSA PEI programs being designed, implemented, and evaluated with an equity lens. Having MHSA housed under ODE enables the administrative team to stay close to community partners, stakeholders, and clients/consumers and their family members. These sustained relationships have developed into meaningful partnerships that optimize BHRS'

ability to stay connected to community so that the voice of marginalized communities is always at the center of all the work that is carried out; the three-year planning process, the design and implementation of programs, needs assessments, as well as advance systems change policies.

MOVING FORWARD

Based on the findings of this report, some system improvement needs, oversight limitations, and data collection needs were identified. First, we acknowledge that currently we do not have the staffing or structure to carry out an evaluation internally. To be able to comply with PEI requirements, some action steps are being implemented starting this current FY 21/22 to make the evaluation of PEI programs sustainable, meaningful, and community centered. There are several programs in this reporting period that only use number of clients served and qualitative success stories as their outcomes. The data reporting for these programs is out of compliance with new regulations that ask for specific metrics such as number of referrals, time from initial contact to engaging in services, etc. Further, the changes to an all-virtual service delivery model due to the pandemic have also prompted staff to think about other effective ways to collect data virtually that will continue to satisfy PEI requirements. Accordingly, below are the action steps that BHRS will take to ensure that data collection of the PEI programs remains in compliance and is used meaningfully to evaluate success as well as improvement.

- *Continue to Build Data-Informed Capacity:* In early 2020, San Mateo hired RDA, an external evaluation and consulting firm, to support its data collection, evaluation, and reporting efforts. RDA continues to work with contract monitors and contracted agencies to establish and implement outcome metrics for each of the programs. RDA is currently working with specific contracted agencies to ensure that outcomes are representative of the work being done, fulfill PEI requirements, and are meaningful to the community. This further enables San Mateo County to continue to be culturally competent and includes the perspective of diverse people with lived experience.
- *Standardize PEI Data Collection:* In this reporting period, data collection is not standardized. Many programs submit annual reports with quantitative data that changes from year to year based on their capacity/turnover, and many outcomes are based on what the agencies deem to be meaningful at the time. The standardization of outcome metrics and the parameters around how and when to collect these metrics will enable us to make data driven systems improvements, compare year-to-year outcomes, and comply with PEI regulations.
- *Hold Informational Meetings with Contract Monitors:* These meetings will be held with each of the contract monitors to update and provide them with any new PEI regulations. This will enable the MHSA Manager to gain understanding as to their involvement with the contractor, familiarity with the data requirements, and establish oversight procedures for data collection.

- *Hold Regular Meetings with PEI Programs and Contract Agencies:* These meetings will be held with each of the contractors regarding implementation, data collection, and analysis. One of the recommendations from our previous evaluator was that contract agencies needed training on data collection. These meetings can serve to gauge the capacity of the agency, obtain feedback on outcome measures and tools proposed, troubleshoot data collection challenges, and review any new PEI guidelines as well as updated expectations and potential contract amendments.
- *Create Customized PEI Program Reporting Crosswalks:* Formal written protocols are needed for PEI programs that would include the communication of PEI requirements and reporting templates, clear expectations of what needs to be completed by each program, data sources, as well as timelines for submission of data.

PREVENTION AND EARLY INTERVENTION (AGES 0-25) OVERVIEW

San Mateo County BHRS has made great progress over the past three fiscal years to provide quality programs, services, and activities to youth and transition age youth (TAY) clients. Most of these programs also include the engagement of caregivers, teachers, and other stakeholders who are involved in serving youth throughout San Mateo County. Approximately 2,300 individuals were either served or participated in PEI services and activities during the past three fiscal years, which is a 38% increase in the number of individuals served in comparison to the previous reporting period. One important program that has been particularly important during the pandemic is the youth crisis and suicide prevention hotline and texting service, the first of its kind in San Mateo County. It is estimated that over 12,000 individuals have used this service annually, a great proportion of those being youth and TAY.

Another important thing to note is the increasing diversity observed in the clients served each year. After a review of the demographic data over the past three fiscal years, some programs experienced a greater participation of Spanish-speaking populations, who comprise a significant proportion of the overall county population. This is another indicator that San Mateo County is increasingly becoming successful at engaging target marginalized communities to participate in these important programs.

RECOMMENDATIONS

Based on findings across the three-year period, one recommendation is to directly engage caregivers and youth into services, as appropriate. Due to the onset of the pandemic, the stay-at-home order resulted in school closures. Therefore, youth were required to attend school virtually. This resulted in programs experiencing a significant decrease in the number of referrals for youth services that have traditionally come from teachers and school counselors. The decrease in referrals was particularly observed for substance abuse and youth at risk for co-occurring disorders in MBSAT programming. This becomes concerning, given the increase of

overdose deaths throughout the country during the pandemic. Therefore, it is imperative that direct youth outreach efforts are carried out in ways that are innovative and will compel youth to seek help if needed. The use of technology and social media can be one primary way to outreach and engage youth. These efforts should be made in conjunction with direct caregiver outreach efforts. New referral sources will need to primarily come from direct communication with youth and caregivers in collaboration with other community-based providers who address other social determinants of health (SDoH) for families (e.g., medical offices, assistance for food, housing, education, employment, etc.). Lastly, additional training should be provided to teachers and counselors on increasing their ability to virtually detect signs of youth at risk for future maladaptive behaviors.

PEI: AGES 0-25 PROGRAMS

The following programs serve children and youth ages 0-25 exclusively. There are other PEI programs that serve both children/youth and adult populations, these programs are not included in this section. The MHSA guidelines require 19% of spending to fund PEI, and 51% of the PEI budget to fund programs for children and youth ages 0-25.

In San Mateo County, there are five programs that serve this age group as their primary service population. Other programs in our PEI category also serve this age group, although not exclusively. These programs serve several special populations and are found in geographically underserved areas of the county. These programs include consultations with teachers, parents, workshops, outreach, and employment activities.

PEI Ages 0-25

- Early Childhood Community Team (ECCT)
- Project SUCCESS
- Mindfulness-Based Substance Abuse Treatment (MBSAT, formerly known as Seeking Safety)
- Teaching Pro Social
- Crisis Hotline, Youth Outreach, and Intervention Team

There was a **38%** increase in the number of clients served throughout FYs 2018-2021 compared with the previous reporting period of FYs 2016-2018

EARLY CHILDHOOD COMMUNITY TEAM (ECCT)

ECCT employs both prevention (60%) and early intervention (40%) strategies. ECCT incorporates several major components that build on current models in the community to support the healthy social emotional development of young children.

ECCT delivers three distinct service modalities that serve at-risk children and families: 1) Clinical Services, 2) Case management/Parent Education services, and 3) Mental health consultations with childcare and early child development program staff and parents served by these centers. In addition, the ECCT team conducts extensive outreach in the community to build a more collaborative, interdisciplinary system of services for infants, toddlers, and families.

ECCT focuses services in the Coastside community—a low-income, rural, geographically isolated community. To better serve this disperse community, ECCT has built strong relationships with key community partners and successfully refers families to the local school district, other StarVista services, Coastside Mental Health Clinic, and Pre-to-Three Program, among others.

METHODS

ECCT is a program with three service modalities, some of which are evidence based, and others are promising practices.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

PROGRAM HIGHLIGHTS

455 total clients served

72 teachers served

117 families received mental health services

91 children and their families received weekly child-parent psychotherapy services

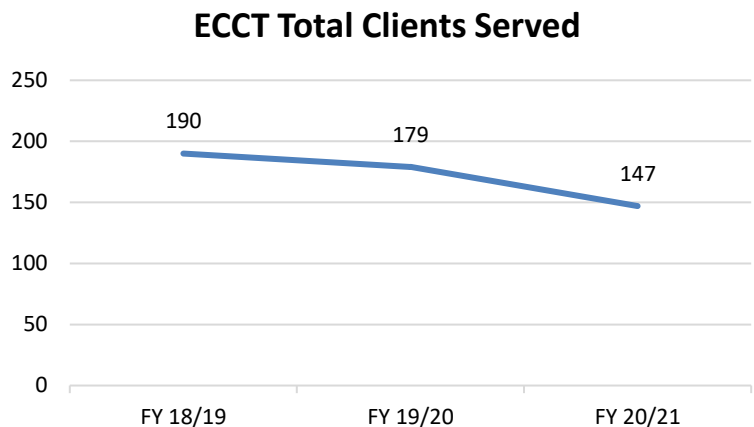
26 families received intensive case consultation

DEMOGRAPHIC DATA

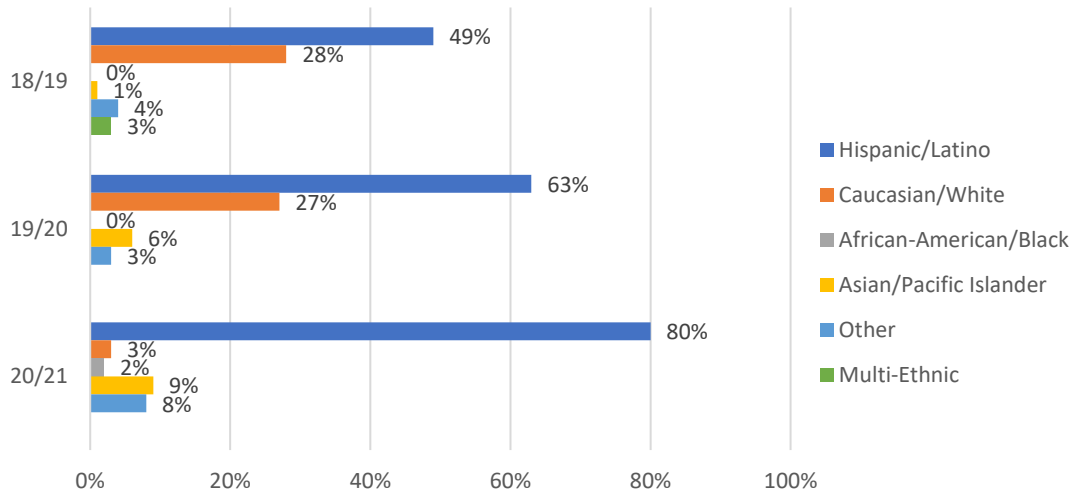
EECT served a total of 516 clients across FYs 18/19, 19/20, and 20/21. The demographic data in this section represents unduplicated data provided by those who were active in the program.

The data across the three fiscal years shows that over time, an increasing proportion of clients across various backgrounds that best represent the diverse population of San Mateo County sought services from the ECCT program. Additionally, the data shows that those who were most served were Latinos, as well as Spanish speakers. This is congruent with the program's target population, as well as county-wide

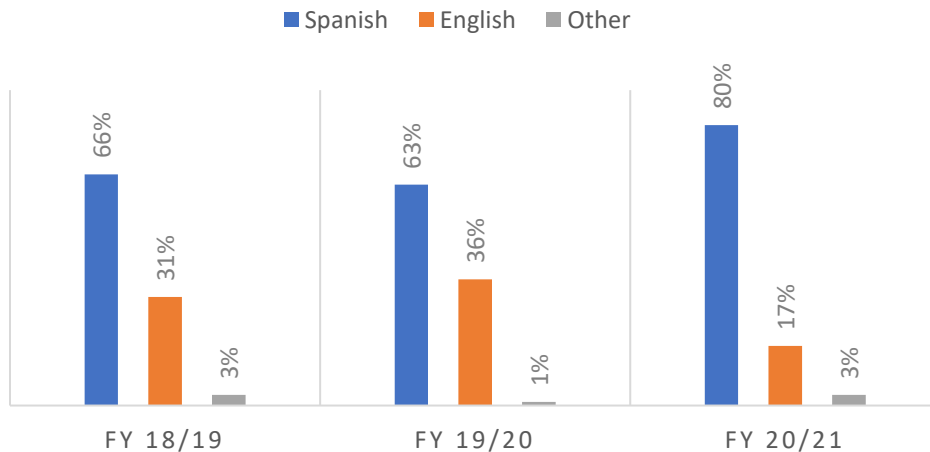
demographic data that shows that Latinos from this region experience mental health challenges at a higher rate than other ethnic groups. The increase of Latino clients served in FY 20/21 may be partially attributed to the onset of the pandemic in 2020, which may have also exacerbated these mental health challenges among the Latino population.



Clients Served, by Race/Ethnicity FY 2018-2021



LANGUAGE PREFERENCE



OUTCOMES

To assess the effectiveness of the ECCT program, various outcome measures were used throughout the previous three fiscal years, including the Child Behavioral Checklist (CBCL) that is filled out by the client’s teachers and parents. Teacher satisfaction surveys, parent satisfaction surveys, as well as informal conversation and observations are also gathered throughout each fiscal year. In FY 20/21, parents also were asked to complete the Parenting Stress Index (PSI) to assess for any ongoing chronic stress factors considering the stress brought on by the pandemic.

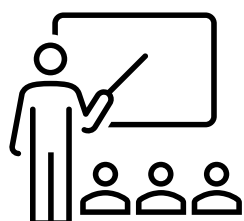
TEACHER SATISFACTION SURVEY RESULTS

Presented below are the results from teacher satisfaction surveys that are collected at the end of each fiscal year. Across all three fiscal years, a high proportion of teachers surveyed agreed that consultation services are effective in increasing their willingness to continue caring for an identified child, and in helping them think about children’s development and behavior, classroom engagement activities, and supporting students and their families. During FY 20/21, several additional survey items were added to the teacher satisfaction survey that assessed teachers’ satisfaction with consultants’ ability to provide services virtually. Most teachers reported that the telehealth services provided were useful and that consultants were effective in supporting them through the COVID-19 pandemic.

FY 18/19, 19/20, and 20/21

% of Teachers Who Reported:	FY 18/19	FY 19/20	FY 20/21
Consultation was very effective or effective in contributing to their willingness to continue caring for an identified child (i.e., specific child with challenging behaviors)	90%	87%	100%
Consultation was very effective or effective in helping them think about children’s development and behavior	100%		
Consultation was very useful or useful in helping them think about children’s engagement in classroom activities	100%		
Consultation was very useful or very useful in thinking with them about supporting all children in their classroom	100%	87%	
Consultant was effective in helping them to find services that the child and/or family need(s)		83%	
Consultant was effective in contributing to their understanding of the family’s situation and its effects on the child’s current behavior		93%	
Consultant was effective in helping them think about how to support all children in their classroom		87%	
Would recommend consultation services to other programs		100%	100%
Consultant was effective in increasing their understanding of the child’s experience and feelings		93%	100%
Consultation was very effective or effective in helping them in their relationship with this child’s family	85%		100%
Consultant was very effective or effective in helping them to think about staff relationships and how they influence their program and the children and families in their program		N/A	83%

% of Teachers Who Reported:	FY 18/19	FY 19/20	FY 20/21
Consultant was very effective or effective in supporting them through the challenges of the COVID-19 pandemic		N/A	83%
Telehealth services offered by the consultant were either very useful or useful		N/A	83%



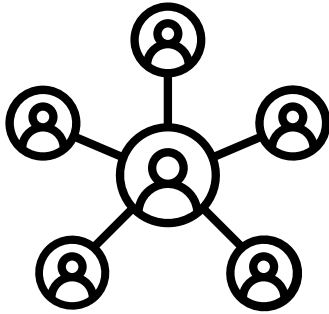
All teachers reported that they would recommend consultation services to other programs.

FAMILY CENTERED OUTCOMES

At the end of each fiscal year, parents are also invited to complete a satisfaction survey about their experiences with the ECCT program. It was a challenge obtaining high survey participation from parents, especially during FY 20/21. Due to the transition of social distancing and virtual-based services, it became even more challenging to obtain survey responses that were shared with parents at the end of the fiscal year. Therefore, no parent satisfaction surveys were returned during FY 20/21.

FY 18/19, 19/20, and 20/21 Family-Centered Outcomes

% of Respondents Who Reported:	FY 18/19	FY 19/20	FY 20/21
Consultation was effective in supporting their relationship with their child	100%	100%	N/A
Consultation effective was in increasing their understanding of their child's behaviors and needs	100%	100%	N/A
Consultation was effective in assisting the teachers in adapting and/or responding to their child's needs	100%	N/A	N/A
Consultation was effective in helping them think about their child's experience in daycare/pre-school	100%	N/A	N/A
Consultant was involved in finding additional services for their child	83%	100%	N/A
Additional services found by the consultant were helpful	N/A	100%	N/A
Consultant was effective in supporting their relationship with their child's teacher	N/A	100%	N/A



18 families have increased their capacity to understand their child's behaviors and respond effectively to their social-emotional needs.

18 families reported an improvement in multiple areas related to their child's development and/or behavior.

100% of families that engaged in parenting education in FY 18/19 reported an improvement in their child's behavior.

QUALITATIVE DATA

Mother has worked diligently in therapy on her acceptance of functioning like "a single parent" and minimizing the effects/emotional toll of her resentment and disappointment in her spouse. She has adjusted her expectations and the child and sister effectively function like a subset of the family. She sets better boundaries with child's father and her stepson.

"I have felt supported, assured, and very comfortable. I am very grateful for their work and commitment to me."

"My son knows that I am constantly here for him, I am firm and that makes him feel secure and he knows that I love him."



PROJECT SUCCESS

Project SUCCESS, or Schools Using Coordinated Community Efforts to Strengthen Students, is a research-based program that uses interventions that are effective in reducing risk factors and enhancing protective measures.

Project SUCCESS is designed for use with youth ages 9-18 and includes parents as collaborative partners in prevention through parent education programs. Clinical staff trained in culturally competent practices ran all the groups. The school district's small size provides an opportunity for every student in the district, ages 9-18, to participate in one or more Project SUCCESS activities. All groups were offered in English and in Spanish.

METHODS

Project SUCCESS is a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral problems among high risk, multi-problem youth ages 9-18. It is an evidence-based program.

PROGRAM STRATEGIES



Create Access to Linkage and Treatment

PROGRAM HIGHLIGHTS

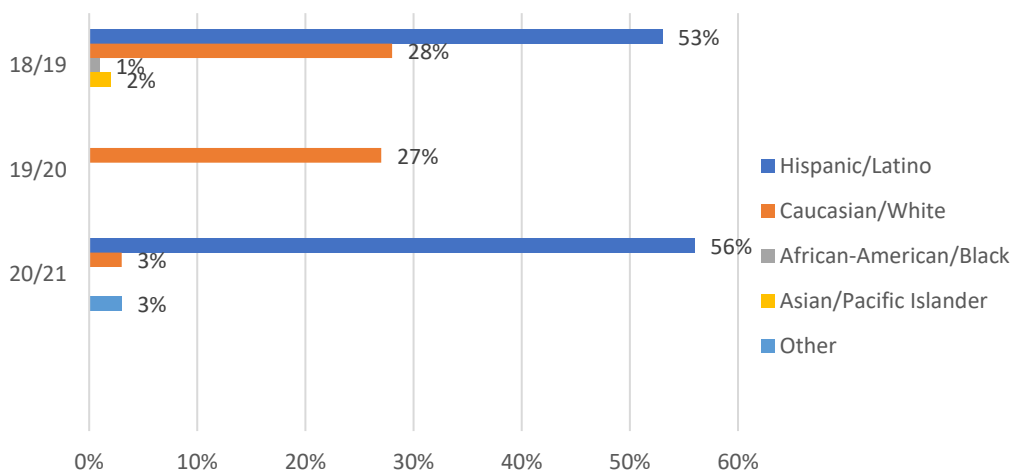
703 clients served

280 families served

DEMOGRAPHIC DATA

Project SUCCESS served 703 clients in FYs 18/19, 19/20, and 20/21. The demographic data in this section represents unduplicated data provided by those who were active in the program. The data shows that those who were most served were Latinos. This is congruent with the program's target population, as well as county-wide demographic data that shows that Latinos from this region experience mental health challenges at a higher rate than other ethnic groups.

Clients Served, by Race/Ethnicity FY 2018-2021



OUTCOMES

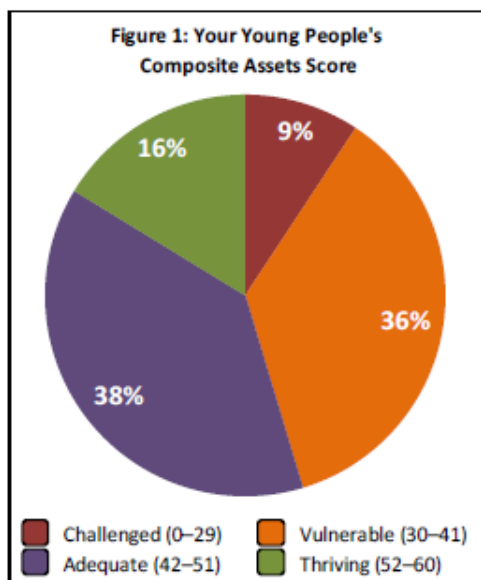
Project SUCCESS tracks outcomes via the Developmental Asset Profile (DAP) that is filled out by the students and analyzed by the Search Institute. The DAP incorporates 40 developmental assets into a framework that addresses the needs of young people in the community. This survey focuses on understanding the strengths and supports (or developmental assets) that young people experience in their lives. These assets are tied to young people making positive life choices. Research has shown that youth with higher level of assets are more likely to do better in school, be prepared for post-high school graduation and careers, contribute more to their communities and society, and avoid high risk behaviors such as violence, substance abuse, and sexual activity.

In spring of 2021, a teen who had close ties to the La Honda community overdosed and passed away. Puente’s BHRS team, parents, and educators collaboratively decided an in-person Project SUCCESS group for the La Honda 5th grade students would support community healing. This group was provided in person at La Honda Elementary School to all 5th grade students. Pre-group and post-group quantitative data were collected for this 8-week group using the Developmental Assets Profile (DAP). Given the low number (N), a proper statistical analysis could not be conducted. Following are DAP results for FY 18/19 and FY 19/20 only.

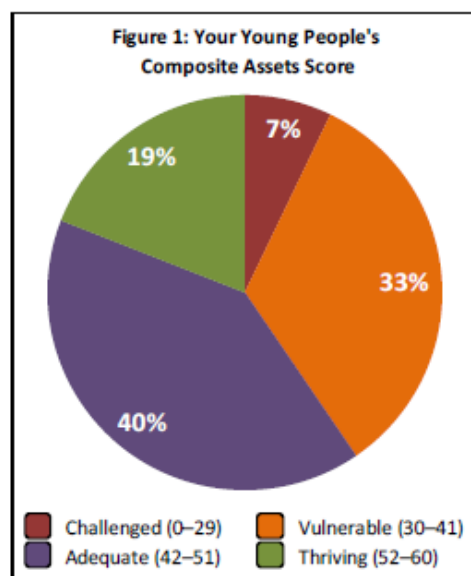
COMPOSITE ASSETS SCORE

This score shows the percentage of youth who fall into each of four levels based on their survey results. Each score is out of 60: challenged (0-29); vulnerable (30-41); adequate (42-51); and thriving (52-60).

FY 18/19 PRE

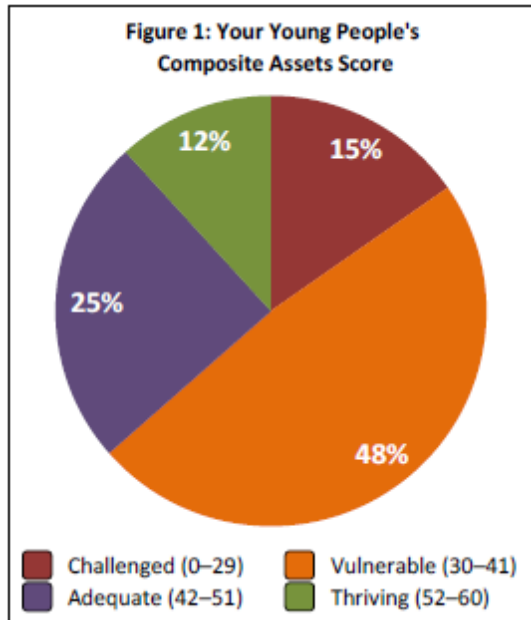


FY 18/19 POST

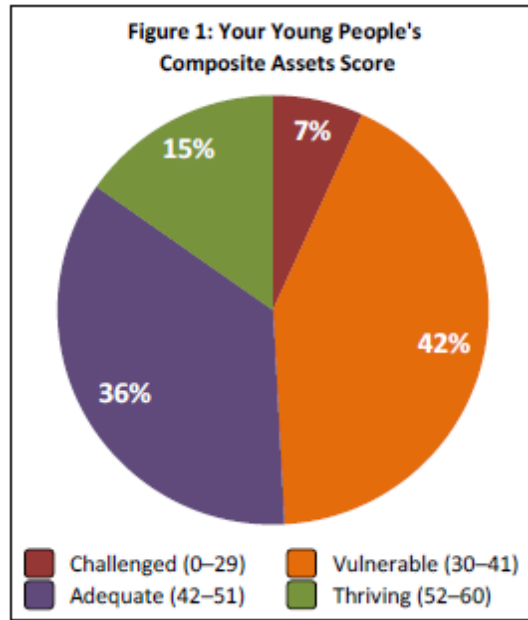


Before starting the program, 54% of the youth participants in FY 18/19 scored in the adequate or thriving level. This composite score sheds light on the foundation of assets that youth had at the beginning of program participation. After participating in the program, 57% of the youth scored in the adequate or thriving level.

FY 19/20 PRE



FY 19/20 POST











Before starting the program in FY 19/20, 37% of the youth participants scored in the adequate or thriving level. This composite score sheds light on the foundation of assets that youth had at the beginning of program participation. After participating in the program, over half (51%) of the youth participants scored in the adequate or thriving level.

Due to a low number of youths who completed a DAP during FY 20/21, a proper sample size to conduct a statistical analysis was not feasible. The data collected during FY 20/21 will be included in future data and reports.

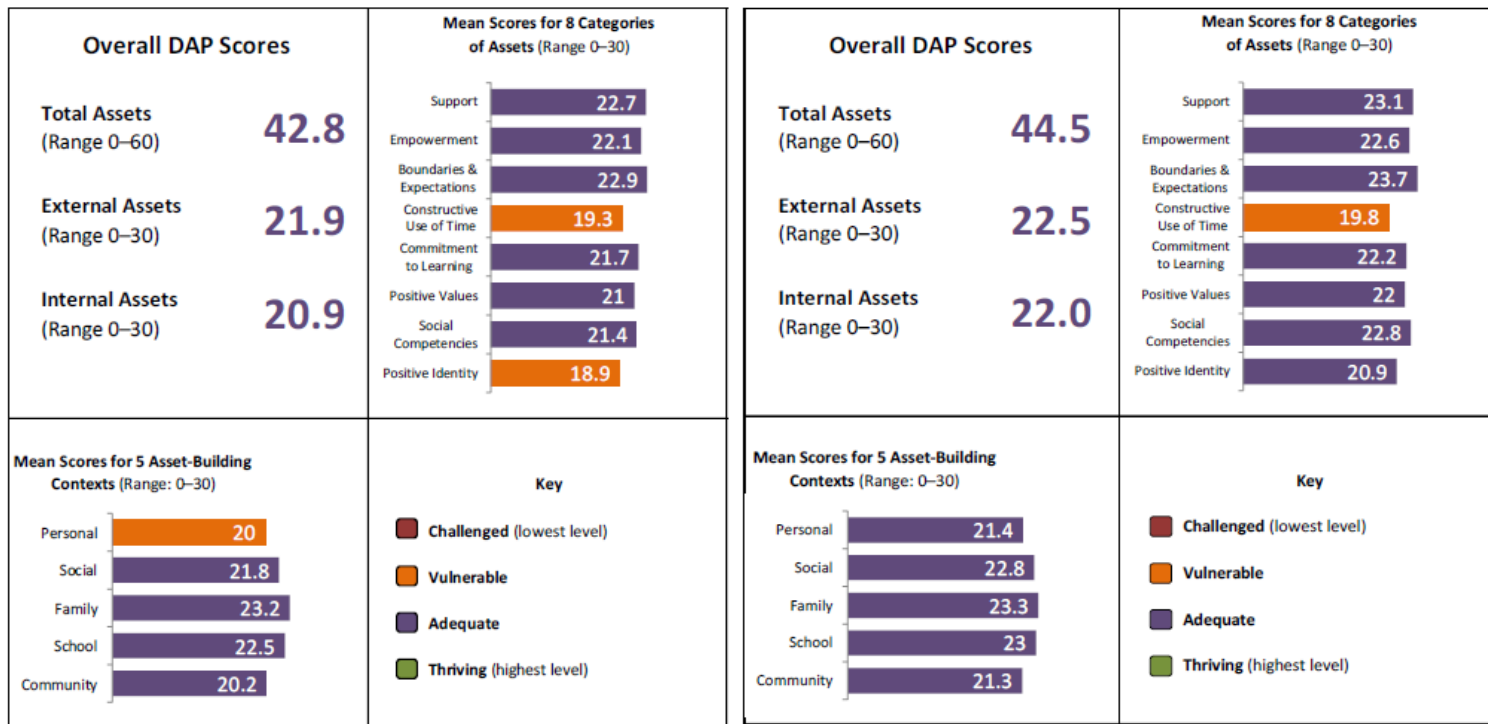
ASSET CATEGORY SCORES

The framework of the DAP is organized into eight categories, which are shown below. These categories represent key supports (external assets) and strengths (internal assets) that young people need to have and develop in order to thrive. The external assets are relationships and opportunities provided by family, school, and community. The internal assets are internal values, commitments, skills, and self-perception that young people develop within themselves that lead to self-regulation, internal motivation, and personal character. A youth who can make positive life choices needs to have both external and internal assets.

THE EIGHT CATEGORIES OF DEVELOPMENTAL ASSETS	
External Assets	Internal Assets
 <p>SUPPORT Young people need to be surrounded by people who love, care for, appreciate, and accept them.</p>	 <p>COMMITMENT TO LEARNING Young people need a sense of the lasting importance of learning and a belief in their own abilities.</p>
 <p>EMPOWERMENT Young people need to feel valued and valuable. This happens when youth feel safe and respected.</p>	 <p>POSITIVE VALUES Young people need to develop strong guiding values or principles to help them make healthy life choices.</p>
 <p>BOUDARIES AND EXPECTATIONS Young people need clear rules, consistent consequences for breaking rules, and encouragement to do their best.</p>	 <p>SOCIAL COMPETENCIES Young people need the skills to interact effectively with others, to make difficult decisions, and to cope with new situations.</p>
 <p>CONSTRUCTIVE USE OF TIME Young people need opportunities—outside of school—to learn and develop new skills and interests with other youth and adults.</p>	 <p>POSITIVE IDENTITY Young people need to believe in their own self-worth and to feel that they have control over the things that happen to them.</p>

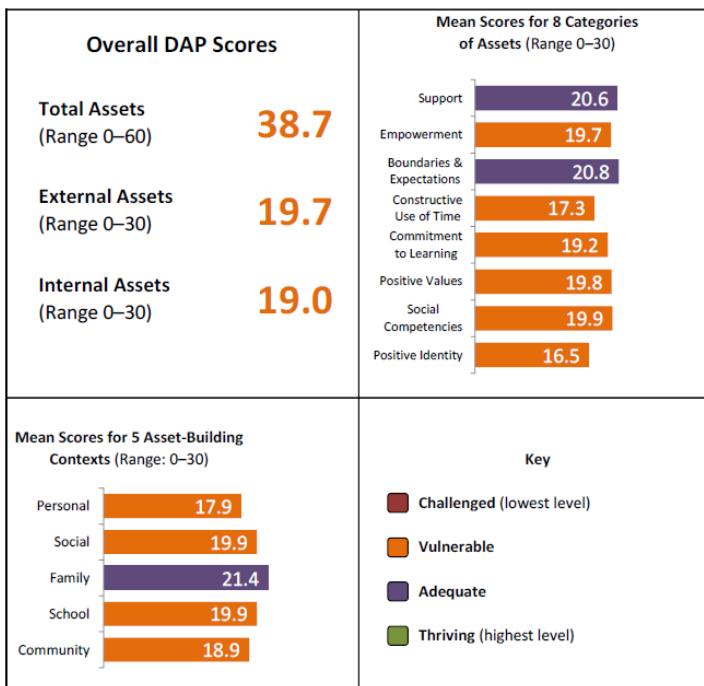
FY 18/19 PRE

FY 18/19 POST

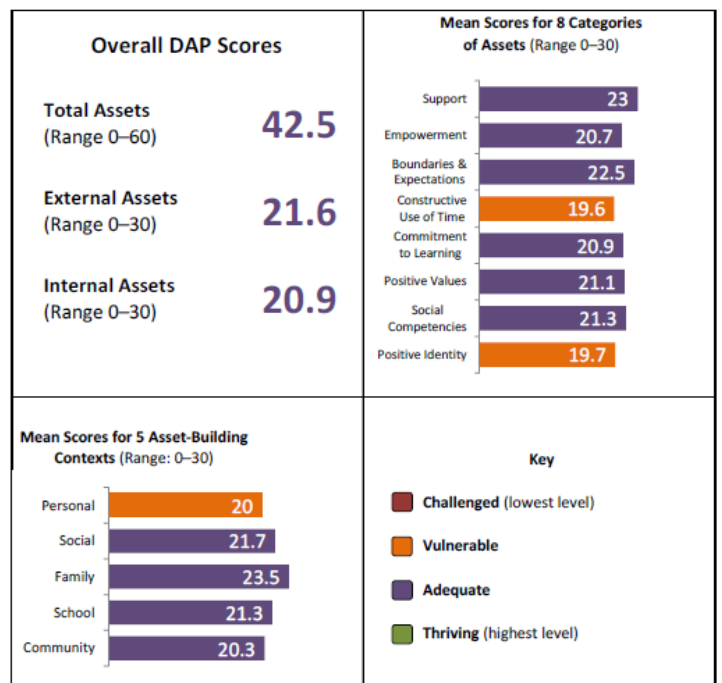


The FY 18/19 survey results show that the most youth scores fell in the adequate level across most asset types and asset-building contexts. The relative areas of strength at both pre and post survey were support, empowerment, and boundaries and expectations. Differences by age were observed, such that higher total, external, and internal asset scores were higher on average among 5th graders compared with youth who were in grades 8 and above. When analyzing the data more closely by race and ethnicity, Latino youth on average struggled with positive identity the most compared with other ethnic groups. When comparing average scores between pre and posttest, scores tended to slightly increase, remaining for the most part in the adequate level. The most notable increases observed between pre to posttest was that the personal asset-building context and the category positive identity average scores increased from the vulnerable to the adequate level.

FY 19/20 PRE



FY 19/20 POST



The FY 19/20 survey results show that at pretest, average scores fell under the vulnerable level across most asset types and asset-building contexts. The relative areas of strength at both pre and post survey were support, empowerment, and boundaries and expectations. Differences by age were observed, such that higher total, external, and internal asset scores were higher on average among 5th graders compared with youth who were in grades 8 and above. When analyzing the data more closely, Latino, male, and 8th grade youth on average struggled with positive identity the most compared with other demographic groups. When comparing average scores between pre and posttest, scores tended to increase, with posttest scores increasing from the vulnerable to adequate level. The asset categories with scores that increased from the vulnerable to adequate level were empowerment, commitment to learning, and social competencies. Among the five asset-building contexts, those that increased from the vulnerable to adequate score level were social, school, and community.

Due to a low number of youths who completed a DAP during FY 20/21, a proper sample size to conduct a statistical analysis was not feasible to attain. The data collected during FY 20/21 will be included in future data and reports.

Project SUCCESS has increased the composite asset scores as well as the asset category scores for two consecutive years. These results show that the foundations for youth assets is continuing to strengthen as youths go through the program. Puente was also able to extend their programs to all 5th to 12th graders in the school districts of Pescadero and La Honda, which gives the agency the potential to serve all the students in these school districts.

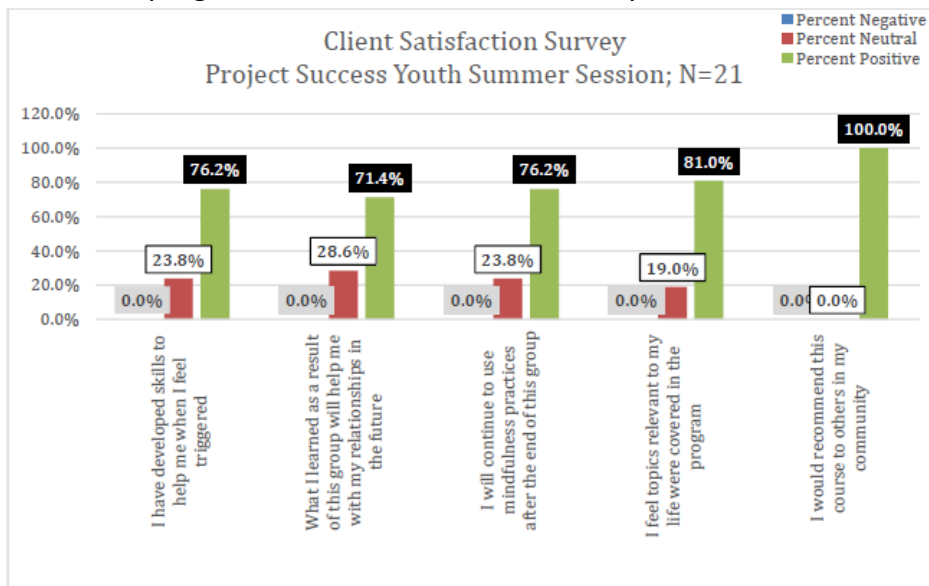
SATISFACTION SURVEY RESULTS

FY 18/20 Satisfaction Survey Results

Satisfaction surveys were administered throughout FY 18/19 after providing workshops that focused on drug and alcohol use across a variety of different at-risk populations and settings: parents, LGBTQ+ students, and elementary and middle school students. On average, 70% of participants reported that the workshop was effective in helping them understand how the use of alcohol and other drugs can have an effect.

FY 19/20 Satisfaction Survey Results

In FY 19/20, satisfaction surveys were administered among 21 youths who participated in a summer session with Project SUCCESS. Results demonstrate that most youth participants reported benefits from the program such as healthy coping skills, the practice of mindfulness, and healthy relationship skills. Most of the youths also reported that the topics covered were relevant to their individual situations. Lastly, all youths (100%) reported that they would recommend the program to others in their community.



QUALITATIVE DATA

In FY 18/19, 40 youths participated in a summer session with Project SUCCESS. One of the activities included learning about “self-love,” and the youths were invited to explore how their top love languages may differ from parents, friends, or other family members and to be mindful of how they express love to others; do their actions match that person’s needs (their top love language)? The youths were also given the chance to discover “self-love” (self-care) tools based on their top love language to be used as coping skills when they are going through hard times or feeling depressed or anxious. In addition, group leaders connected the value of love language awareness to the youth’s workplaces and discussed how appreciation in the workplace is crucial to a successful and supportive work environment. The youths were asked to recognize ways in which their colleagues and supervisors showed them appreciation throughout the summer and were given tools to problem solve and advocate for their needs if a lack of appreciation was present.

“I didn’t know what my self-love (love language) was. Turned out to be receiving gifts.”

As a representation of their newly learned relationship skills, the youths created artwork based on how they interpret love languages through their own personal experiences. The youths were given the opportunity to be creative and think outside the box to make multi-media panels, which combined to form a display of hanging umbrellas called “Love Reigns.” This display represents the many ways in which love shelters them and is a protective factor in the youths’ lives. Their art had the honor of being displayed at the town’s local “Pescadero Arts and Fun Festival” in August 2019.



In December 2019 and January 2020, a total of 32 women participated in a series of Spanish-speaking workshops for women planned primarily to improve and reinforce relationships. The classes addressed such issues as the Five Love Languages (recognizing that we all feel love and

appreciation in different ways), trauma, alcohol and drugs (focusing on vaping), and self-care. Those women who attended two or more of the workshops were able to attend an evening of art and novelty. A bus full of women congratulated each other on finding other arrangements for their children and for getting out of work early on a Friday evening. The women repeatedly chorused that they rarely have self-care time on their own as they all have day jobs, children at home, and all kinds of commitments and responsibilities. Those who have been able to attend Puente events shared that the last time they were able to break free from their pressures of daily life was when Puente has done other workshops and field trips for overextended moms in the past. The bus pulled up to a ceramics studio in San Carlos where the women sat in a large circle sharing about their past and their present, while reinforcing the creative neuro-connections of their brain to design and paint. Many chose designs to honor their families, partners, and children. After two hours in the studio, the group walked down urban streets lined with trees adorned with white lights. They expressed joy as they promenaded the small downtown. The group then entered a new Vietnamese restaurant and, for the first time in their entire lives, tried Vietnamese soups, rolls, rice plates, and vermicelli bowls. Many said that due to the easy to order from menus and the reasonable prices, apart from the delicious fare, they would be able to come back on their own. On the bus ride back home, the women requested this program continue as it helps them to have improved connections with their peers and relieves a lot of stress that can lead to depressive periods and anxiety. One woman called the series a self-improvement series, as she reported making an effort towards positive change in different relationships she has. The women chimed in that it has been so great that Puente recognizes the need for programs that bring women together, support them, informs them, and exposes them to difference experiences, encouraging them to be a bit adventurous.

TRAUMA-INFORMED CO-OCCURRING SERVICES FOR YOUTH

In FY 18/19, an MBSAT pilot and Seeking Safety were curricula used to address trauma and substance abuse among at-risk TAY throughout San Mateo County. In FY 20/21, Seeking Safety ended and MBSAT became the curriculum that was used to address substance abuse needs among the TAY population. Accordingly, this section covers both programs.



SEEKING SAFETY

Seeking Safety is a curriculum that focuses on environmental and treatment solutions for substance use and post-traumatic stress disorder and relies on strong case management direction and referrals to community resources. Seeking Safety groups address the needs of TAY by utilizing a developmental framework that provides general supports for young adults, such as safety, relationship building, youth participation,

community resources, and skill building. By incorporating these practices into the group framework, youth learned to build upon internal and external assets which are essential for a healthy transition to young adulthood. The age group for this program is 18 to 25.

METHODS

Seeking Safety is an evidence-based program that is a present-focused model to help people attain safety from trauma and/or substance abuse. It is a safe model as it addresses both trauma and substance use, but without requiring clients to delve into trauma narrative.

MBSAT

MBSAT is a group-based curriculum incorporating mindfulness, self-awareness, and substance-abuse treatment strategies for use with adolescents dealing with substance use/abuse.

METHODS

MBSAT provides adolescents with the ability to improve their decision-making skills and reduce unhealthy behaviors—such as substance use—through learning emotional awareness and choosing how to respond (versus react) to stressful situations, how specific types of drugs affect the body and the brain, and how family, peers, and the external environment can contribute to drug use. MBSAT strives to offer youth an empowered approach to substance use prevention, rather than the norm that adolescents typically meet; programs that teach “just don’t do (drugs).”

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations

PROGRAM HIGHLIGHTS

974 clients served

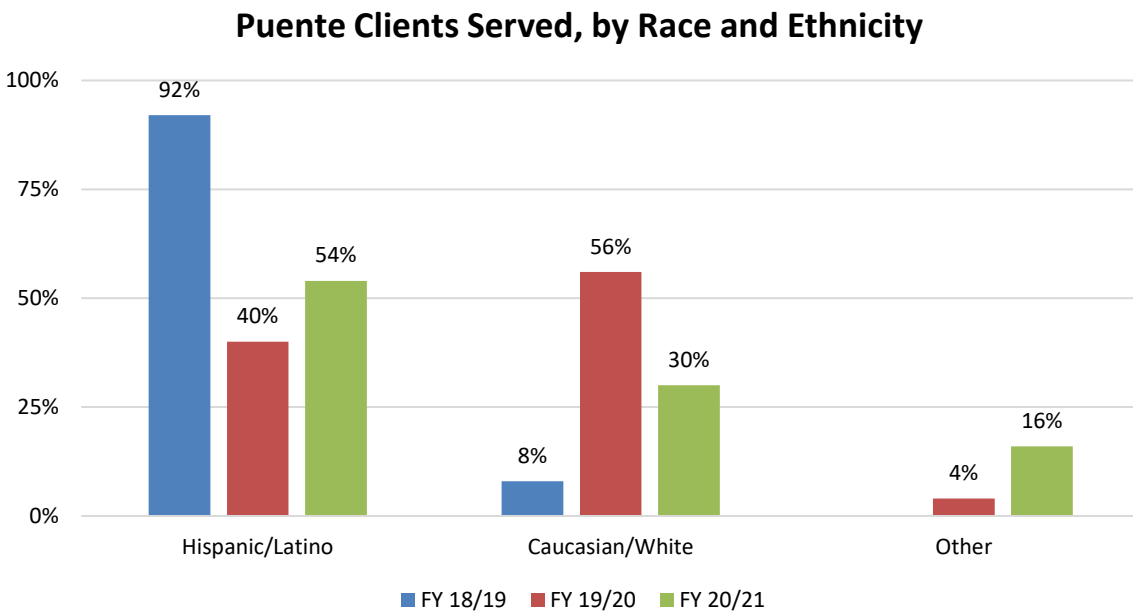
92% on average report that they would recommend the MBSAT courses to others

DEMOGRAPHIC DATA

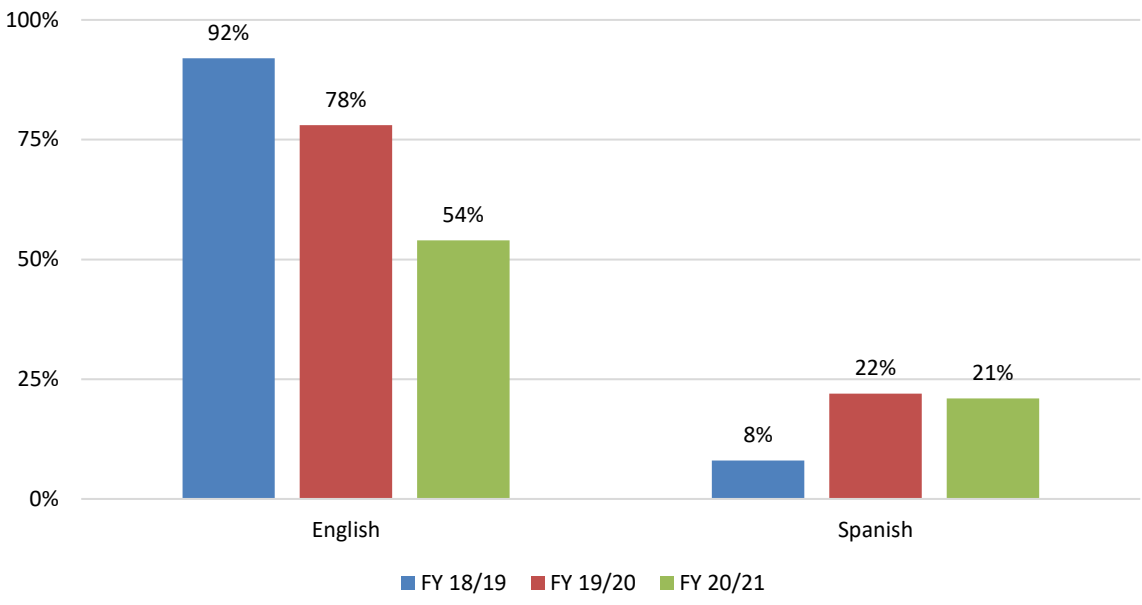
MBSAT and Seeking Safety served a total of 974 youths across FYs 18/19, 19/20, and 20/21.

For Seeking Safety, limited demographic data was collected during FY 18/19, although gender and language data were collected. 83% of participants identified as cis gender male. While the language preference data shows that most of the participants were English speaking, a significant proportion of participants were Spanish speakers and considered themselves bilingual. When looking closely at the data, most of the Spanish speakers who participated this program were from Redwood City compared with those who participated in Half Moon Bay, such that 65% of participants from Redwood City were bilingual, and 44% of participants from Half Moon Bay were bilingual.

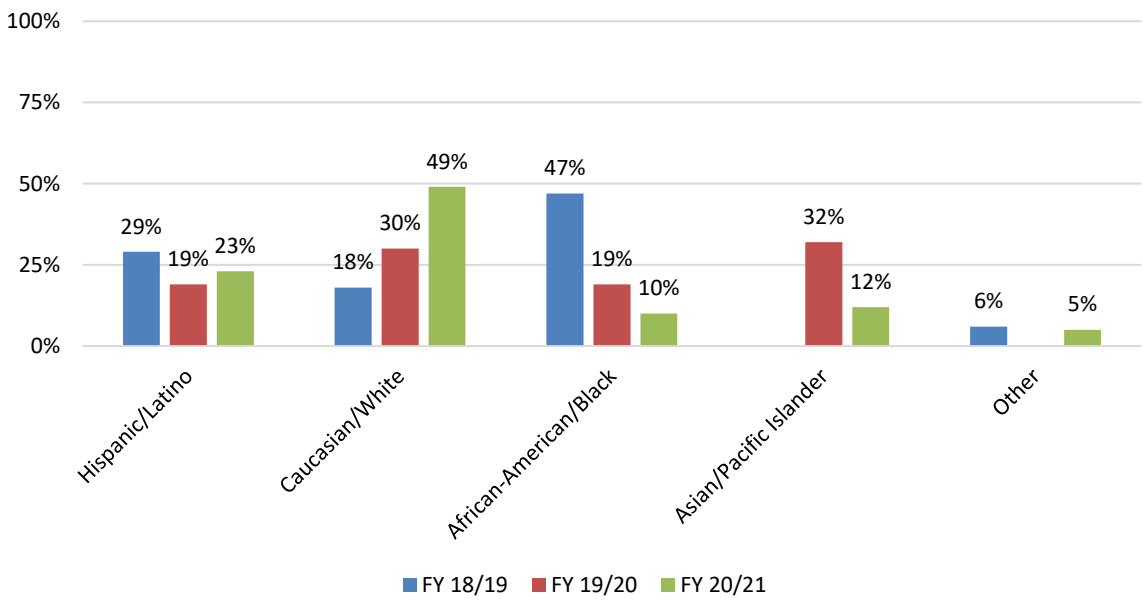
The graphs presented below present race/ethnicity and preferred language data collected across the MBSAT programs for FYs 18/19, 19/20, and 20/21.



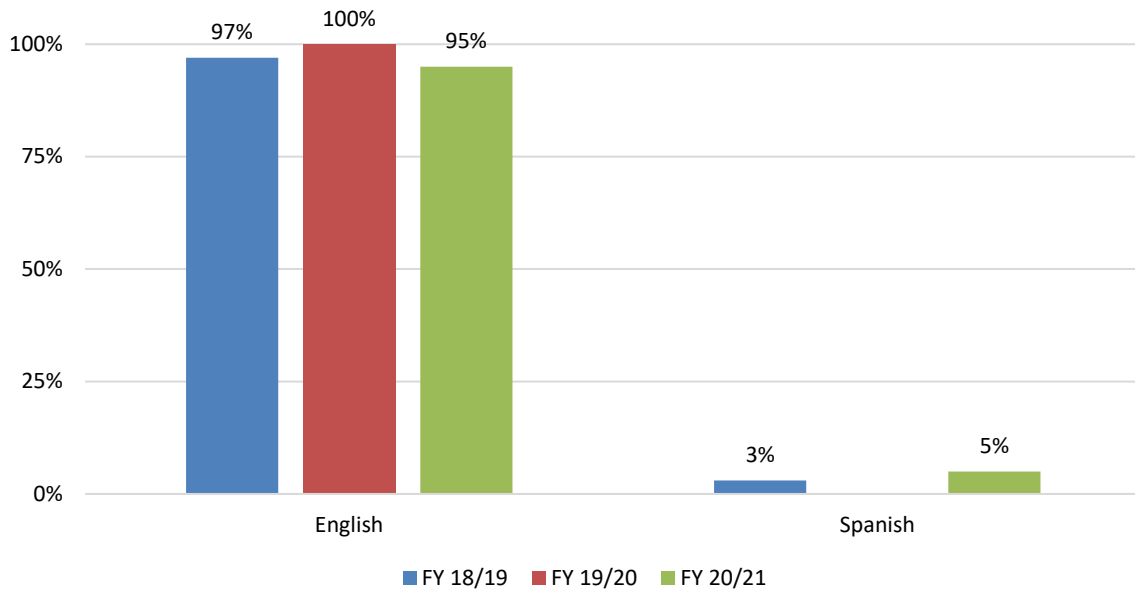
Puente Clients Served, by Preferred Language



StarVista Clients Served, by Race and Ethnicity



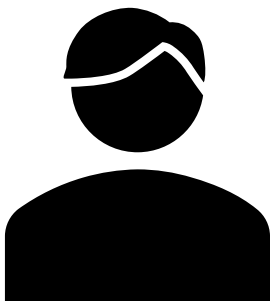
StarVista Clients Served, by Preferred Language



MBSAT OUTCOMES

The Seeking Safety program in FY 18/19 was able to provide us with only qualitative data for their evaluation in the form of a client story.

QUALITATIVE DATA



Joe* is a TAY client who had been using methamphetamines since the age of 16. He was homeless and came across the Seeking Safety program through the provider's outreach efforts.

After being MIA for 3 weeks, program staff reconnected with him, and he attended groups and individual sessions. In collaboration with the therapist, he set a treatment goal to rebuild his relationship with his family. His mother was also brought in as part of his treatment. She learned about addiction and ways to support her son in recovery.

After 6 months in treatment, Joe is now sober and continues to participate in recovery services. He has been given a place to live at home and has been working a full-time job.

*To protect client privacy and confidentiality, a pseudonym was used.

QUANTITATIVE DATA

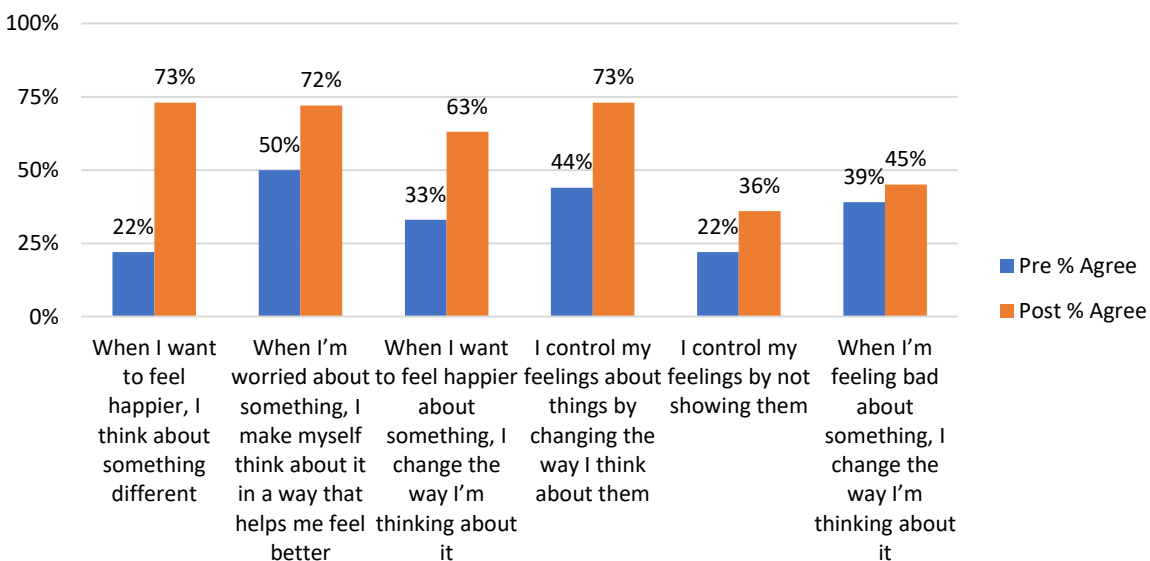
For the MBSAT programs across FYs 18/19, 19/20, and 20/21, the two contracted providers, StarVista and Puente, administered both the Emotional Regulation Questionnaire (ERQ) and the Developmental Assets Profile (DAP) both before and after program involvement to assess the effectiveness of the MBSAT program. Below are available quantitative data presented by FY and by contract provider. Due to the onset of the COVID-19 pandemic in early 2020, the amount of quantitative data that is available and presented is limited starting in FY 19/20. For FY 20/21, COVID-19 related alterations to school programming meant that standard group programming was not possible. Puente clinicians were quick to adjust and offer services virtually. The principles and practices of MBSAT were incorporated into individual sessions with adolescents. The table below provides a summary of how many services from Puente were provided and the rate at which referrals were linked to a clinician within a timely manner.

Total Individuals Provided 1:1 Counseling Services	208
Total Teen Drop-In Group Participants	12
Timely Access to Services	All (100%) of counseling referrals were linked to a clinician within one week of being received

EMOTIONAL REGULATION QUESTIONNAIRE (ERQ) RESULTS

FY 18/19 - StarVista

FY 18/19 StarVista Emotional Regulation Outcomes



These results suggest that the StarVista MBSAT program helped TAY increase their emotional regulation skills by modifying their behaviors related to expressing and coping with their emotions in healthy and productive ways.

Puente

Emotional regulation outcomes were not available for FY 18/19 from this contract provider. Puente is working with RDA to standardize and streamline their data collection and reporting processes for future PEI reports.

FY 19/20

StarVista

Due to COVID-19 related challenges during FY 19/20, most group cycles were interrupted due to shelter-in-place orders. Thus, the data collected was insignificant for analysis as it is all consisting of pre surveys with only a handful of post surveys. The resounding self-report from participants was very positive. This provider has since shifted all quantitative data tools to an online platform. Since shifting to the online version, it appears that the youth have responded much more willingly to completing the survey. During StarVista's in-person groups, staff encountered significant resistance when doing multiple surveys. Youth would report that they did not fully read the questions and they just circled answers. It appears that the online model yields a bit more thoughtfulness in reading/answering due to not feeling any pressure around completing them with other people in the room or in a limited amount of time. They are, instead, able to maintain privacy while filling out the surveys with no time constraints.

Puente

The ERQ is a 10-item scale designed to measure respondents' tendency to regulate their emotions in two ways: (1) Cognitive Reappraisal and (2) Expressive Suppression. Respondents answer each item on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree).

The ERQ consists of two domains: cognitive reappraisal (6 items) and expressive suppression (4 items). Cognitive reappraisal is considered a positive skill (higher average score is better) and expressive suppression is considered maladaptive (lower average score is better).

There were two cohorts, one in the fall and one in the spring. The data from both were combined to increase the N for analysis. The combined N for the pre-post comparisons is 17 pairs of completed ERQs.

Paired samples t-tests indicate that, although averages for both domains trended in the appropriate direction between pretest and post-test (increased cognitive reappraisal and decreased emotional repression), neither domain exhibited statistically significant change. This is likely due to the small N available for analyses. These data will be combined with those from future cohorts to develop a robust analysis that will more definitively assess the impact of the group prevention and treatment model.

		Paired Differences						t	df	Sig. (2-tailed)
		Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference					
					Lower	Upper				
Pair 1	Pretest Cognitive Reappraisal (higher is better) -									
	Post-test Cognitive Reappraisal (higher is better)	-0.206	0.548	0.133	-0.488	0.076	-1.549	16	0.141	
Pair 2	Pretest Emotional Suppression (lower is better) -									
	Post-test Emotional Suppression (lower is better)	0.221	0.690	0.167	-0.134	0.575	1.319	16	0.206	

FY 20/21

StarVista

Due to continued COVID-19 related challenges during FY 20/21, most group cycles were interrupted due to shelter-in-place orders. The data collected is insignificant for analysis as it is all consisting of pre surveys with only a handful of post surveys. TSince the survey tools had been transferred to be online, the staff found it hard to get most youths to fill out the survey as they were not physically present to assist. It is hoped that during FY 21/22 with staff back to providing in-person services with COVID precautions that the completion of pre and post surveys will increase.

Puente

For FY 20/21, COVID-19-related alterations to school programming meant that standard group programming was not possible. Puente clinicians were quick to adjust and offer services through the telehealth platform. The principles and practices of MBSAT were incorporated into individual sessions with adolescents.

DAP RESULTS

FY 18/19

Puente

The DAP data was submitted to the Search Institute for analysis and the subsequent report is presented in the Project SUCCESS section of this report. The DAP report is very detailed and breaks down the developmental assets in a way that allows the team to look at specific categories and make changes to future MBSAT groups based on the results. Overall, the statistics show that those students who participated in the MBSAT group show an increase in external and internal assets. Areas of relative strength are the categories of support, and boundaries and expectations. Areas that are not as strong compared with other categories are positive identity and the constructive use of time. The area of positive identity is something that Puente's Behavioral Health and Recovery Services (BHRS) team focuses on. The team has developed some new tools to use trauma-focused interventions that involve art therapy, recreation, and movement-based mindfulness activities. The research points to early intervention and trauma-focused treatment to reduce risk factors and to build self-esteem. Because of the small number of participants and the Search Institute's requirement that the DAP include 30 or more participants, the MBSAT DAP report includes numbers from Puente's Project SUCCESS data for FY 18/19, which is presented above in the Project SUCCESS section of this report.

StarVista

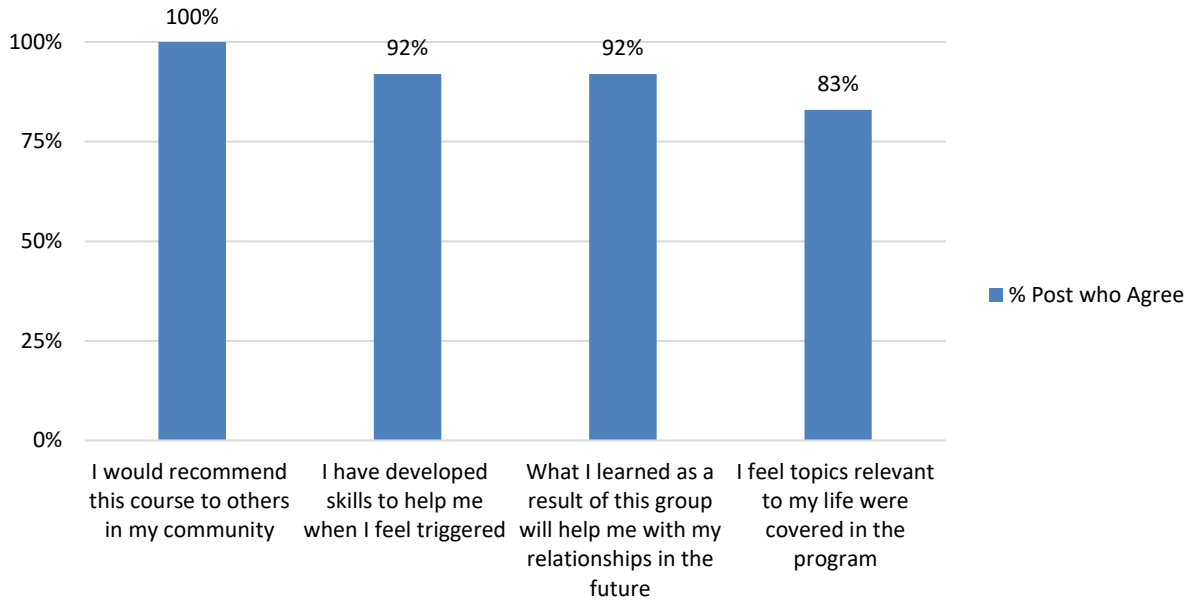
In the post surveys, participants reported developmentally appropriate responses for their age range. Results indicated that a little over half (55%) the participants who completed the survey felt they had a family that provided them with clear rules (Q#52). Participants also reported that more than half (64%) reported their parents are good at talking with them about things (Q#56). These results indicated that participants could improve in communication with their parents/caregivers. The DAP is a 58-question survey and participants did not appear to appreciate the length of the survey nor the time it took to complete; therefore, there was less interest in this survey than the ERQ.

FY 19/20 and 20/21

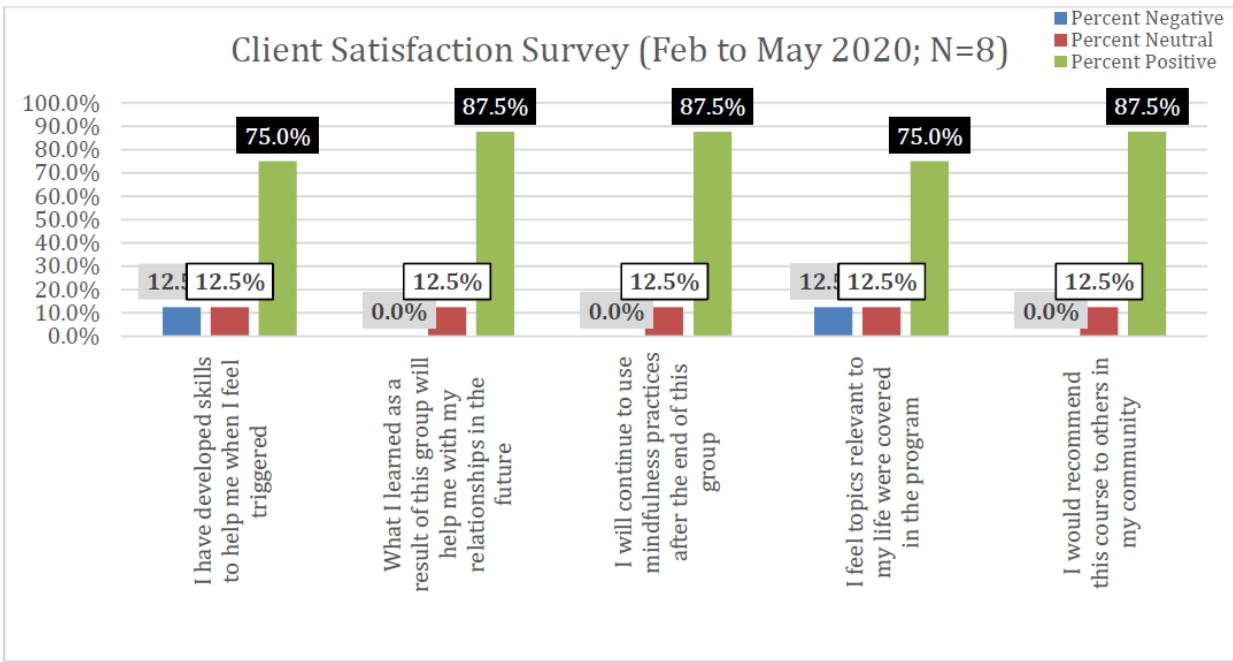
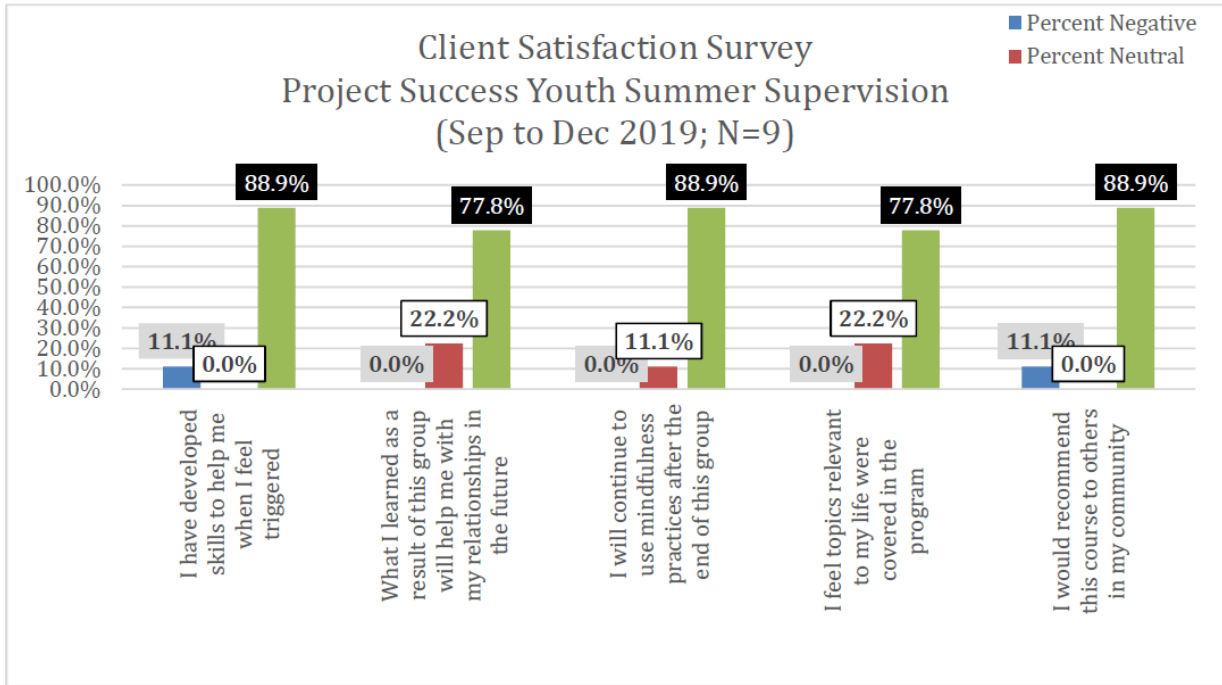
Limited outcomes data are available for FYs 19/20 and 20/21 given the transition from providing services in an in-person group setting to providing services in a virtual, one-on-one format. The transition to an all-virtual model proved to be challenging for staff to collect data, who traditionally administered surveys manually and in person. Nevertheless, BHRS is currently working with RDA and the contract providers to ensure that standardized data collection systems and processes are in place to meet PEI reporting requirements in the future.

SATISFACTION SURVEY RESULTS

FY 18/19 Puente Satisfaction Survey Results



From November 2018 through March 2019, satisfaction surveys were administered among Puente participants from various workshops that took place during this time. The graph shown above presents the percentage of participants who agreed with each statement after participating in the workshops provided by Puente. Results indicate that most participants reported that they developed skills to help when feeling triggered, that what they learned from the group will help with their future relationships, and that the topics covered were relevant to their life. Lastly, 100% of participants reported that they would recommend the course to others in their communities.



Puente’s satisfaction results indicate that most group participants reported several benefits from the program, such that they developed skills to cope with triggers, assist with their relationships in the future, and will continue to use the mindfulness practices after the group. Further, most participants reported that the topics covered in the program were relevant to them, and that they would recommend the course with others in the community.

FY 20/21

StarVista

The self-report throughout the duration with the clients was positive. The MBSAT group provided youth with coping skills to increase positive decision making. Connection to mental health services and continued support/ case management. Clinicians for most of the fiscal year have co-facilitated groups to increase screening and support for clients individually and prevent mental illness from becoming severe and disabling. Staff have utilized client's input throughout their services to better support clients personally and arrive early and leave late to give them the individual support as needed. StarVista clinicians take part in weekly training to recognize and assess untreated mental illnesses. The clinicians also ensure to have regular communication with the program/school representative to learn more about what needs/areas of growth the clinicians can benefit from.

Puente

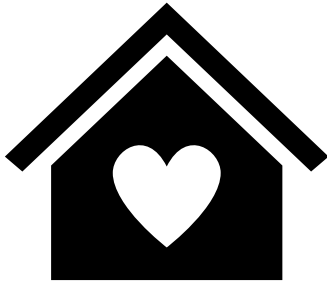
Due to the challenges related to all-virtual service delivery models, program staff were unable to collect and report on client satisfaction data for FY 20/21.

FY 20/21 YMCA Outcomes

In FY 20/21, a third contract provider, YMCA, was selected to provide MBSAT groups for the TAY population. Due to the nature of distance learning from home resulting in drastic decreases in school referrals for substance use on campus, no MBSAT groups took place during FY 20/21. Accordingly, data were not collected for MBSAT groups during this time.

The plans to collect data specifically for the MBSAT First Stop groups run on campus are ongoing. MBSAT First Stop groups are already underway for FY 21/22 and data will be captured and reported in upcoming reports.

TEACHING PRO SOCIAL (TPS)



The purpose of TPS is to help elementary school children learn prosocial skills to improve their social and behavioral functioning in school. TPS serves children in San Mateo County where Family Resource Centers (FRC) are located, and these centers include mental health programming. FRC's are available at schools that have high needs among the student population and a lack of other resources available to the broader community.

Underserved students face greater academic and social struggles and benefit from a prosocial skills group that is culturally sensitive. Beginning FY 2020-21, Human Services Agency decided to no longer provide the Teaching Pro-Social Skills (TPS). The funding for TPS will be rolled into the Trauma-Informed Co-Occurring Service for Youth strategy for the next Request for Proposal (RFP) process to allow agencies to propose culturally responsive evidence-based and/or community defined best practices.

METHODS

TPS is a 10-week program that uses “skill streaming,” an evidence-based, social skills training program designed to improve students’ behaviors, replacing less productive ones.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

PROGRAM HIGHLIGHTS

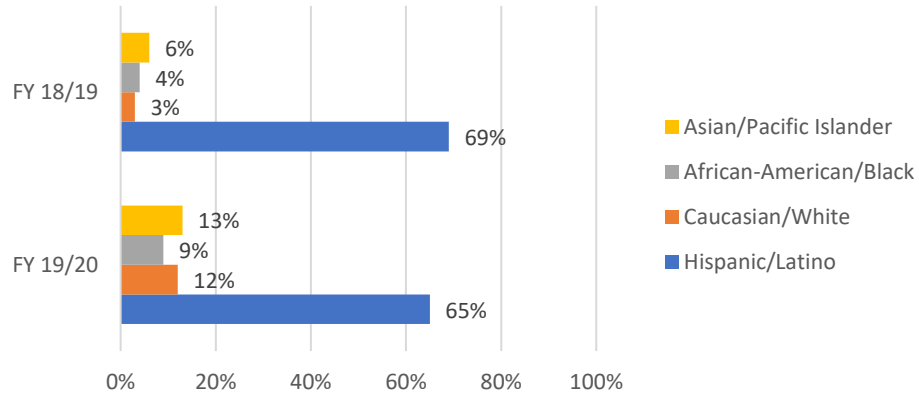
95 clients served

19 groups implemented at Family Resource Centers

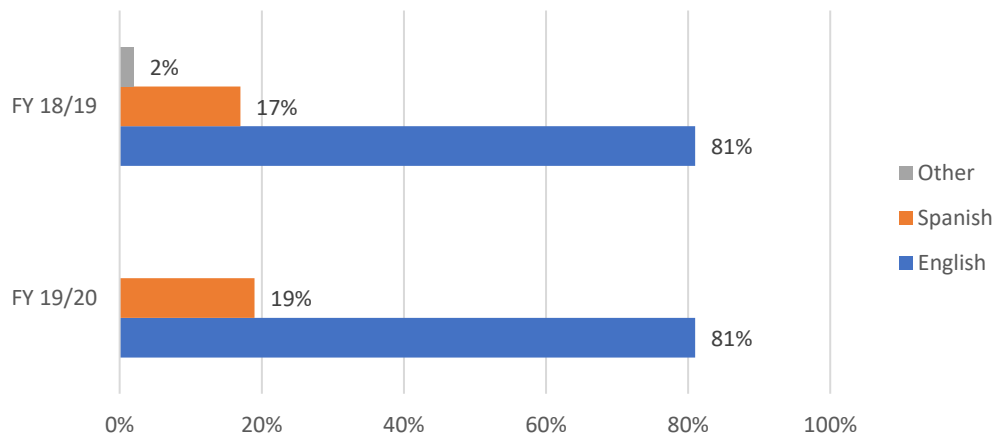
DEMOGRAPHIC DATA

TPS served 95 clients in FYs 18/19 and 19/20. The demographic data in this section represents unduplicated data provided by those who were active in the program. The data shows that those who were most served were Latinos. TPS is implemented by bilingual staff. The most prevalent special populations were homeless, risk of homelessness, and those with a disability.

Clients Served, by Race/Ethnicity FY 2018-2020



Clients Served, by Preferred Language FY 2018-2020



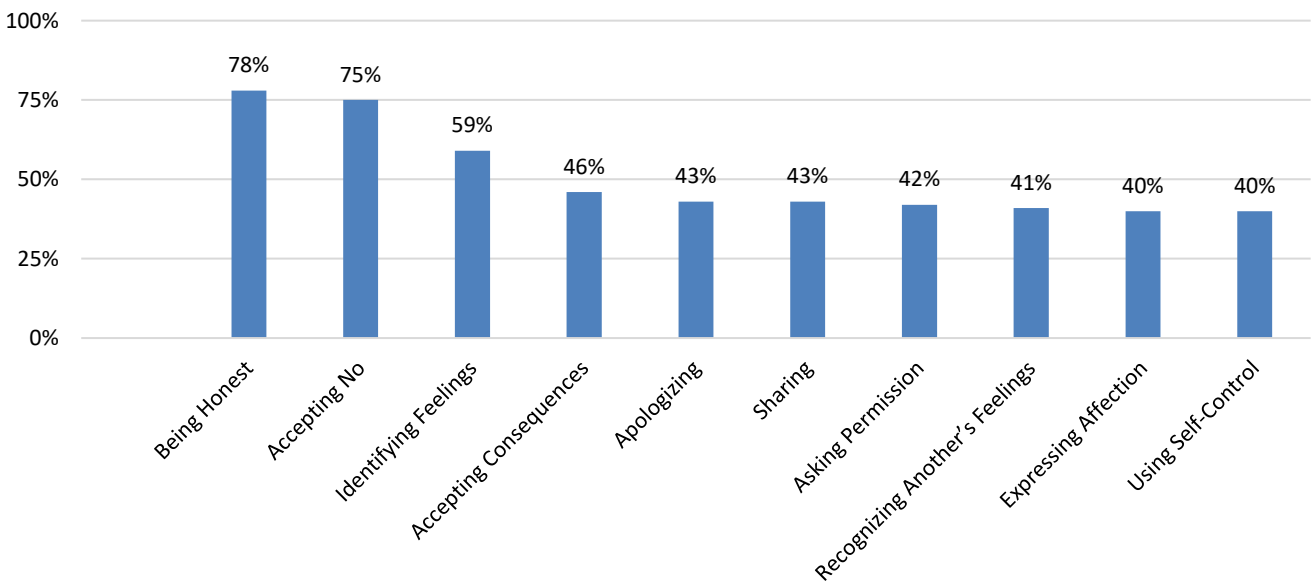
Number of groups and participants

Family Resource Center Site	Number of groups		Number of Participants	
	FY 18/19	FY 19/20	FY 18/19	FY 19/20
Bayshore	2	1	12	5
Belle	2	1	11	6
Hoover	2	2	11	7
Martin		1		4
Puente	2	2	9	12
Taft	2	1	9	5
Woodrow		1		4
Total	10	9	52	43

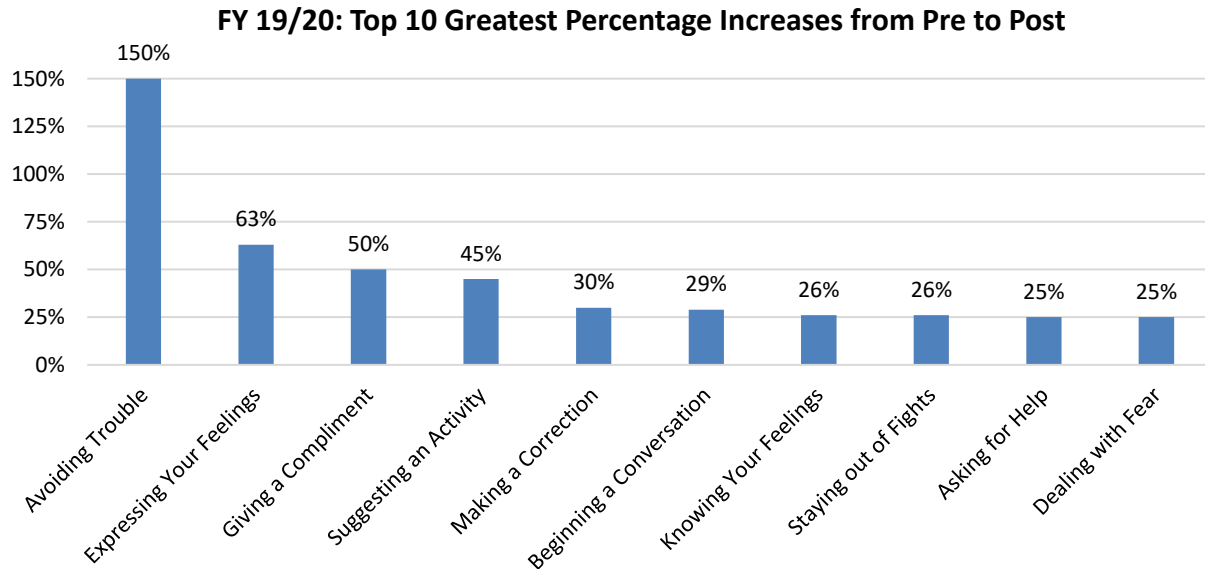
OUTCOMES

Students are referred to TPS by their teachers, who fill out the streamlining teacher behavior checklist. This tool is a 60-item survey that asks teachers to rank 60 positive behaviors. Then, based off this survey, the curriculum for the groups is implemented in a series of six to ten sessions each semester. The teachers choose their top 10 social skills from the survey and pretest their students in each skill included in the curriculum and then fill out a posttest after students’ participation in the program has concluded.

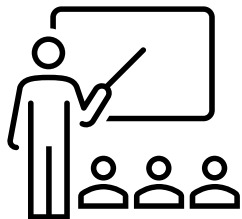
FY 18/19: Top 10 Greatest Percentage Increases from Pre to Post



Participants during FY 18/19 experienced a variety of observed positive behavioral changes after completing the program. The graph above shows the top 10 behaviors in which participants experienced the greatest increases. The highest increase observed among participants was being honest, with students experiencing a 78% increase at posttest on average.



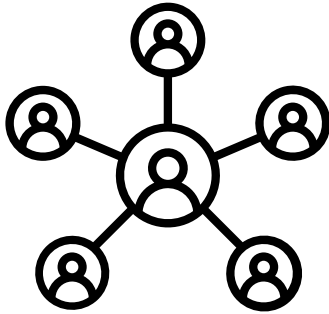
Participants during FY 19/20 experienced a variety of observed positive behavioral changes after completing the program. The graph above shows the top 10 behaviors in which participants experienced the greatest increases. The highest increase observed among participants was avoiding trouble, with students experiencing a 150% increase at posttest on average.



Positive behavior changes were demonstrated in 93% of the skills taught in the program.

27% increase in students' prosocial behavior scores after their participation in the program.

Lead facilitators observed improvements in classroom and playground behavior among students in the program as directly observed by faculty and staff.

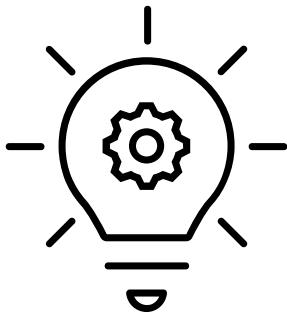


This program expanded to other schools in FY 19/20 based on increased demand after school staff saw the program's effectiveness during FYs 18/20.

Positive behavior changes such as friendship-making skills and decreases in aggression.

Greater self-awareness and self-regulation skills, such as identifying and expressing feelings, and apologizing.

FEEDBACK



- Additional support was requested that would include monthly check-in meetings and cross-training other community workers to provide back up as needed.
- The greatest challenge in FY 19/20 was the school closures due to the pandemic.

YOUTH CRISIS RESPONSE AND PREVENTION

The StarVista Crisis Intervention & Suicide Prevention Center (CISPC) has four components with the sole purpose of providing crisis and suicide support to the San Mateo County community. The four components include: a 24/7 Crisis Hotline, a youth website and teen chat service, outreach and training, and mental health services. This team employs both early intervention (70%) and prevention (30%).

METHODS

Youth Crisis Response and Prevention is an evidence-based practice with components embedded that are promising practices.

PROGRAM STRATEGIES



Create Access to Linkage and Treatment

PROGRAM HIGHLIGHTS

231 new cases for case management consultation

268 sessions provided for case management/follow up consultation

38,246 calls received and answered

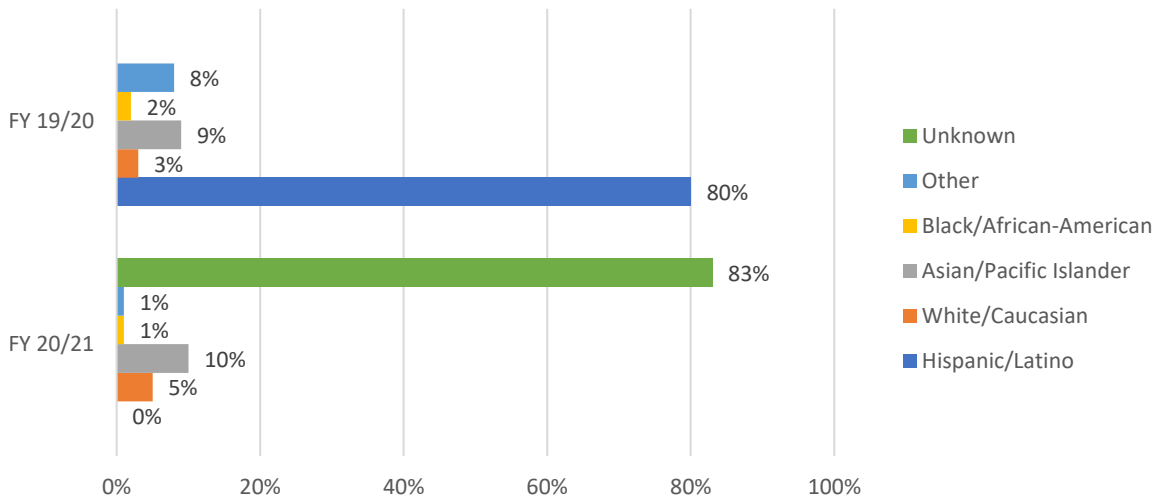
172 interventions with new youth

17% of monthly incoming crisis calls on average were related to the COVID-19 pandemic in FY 20-21

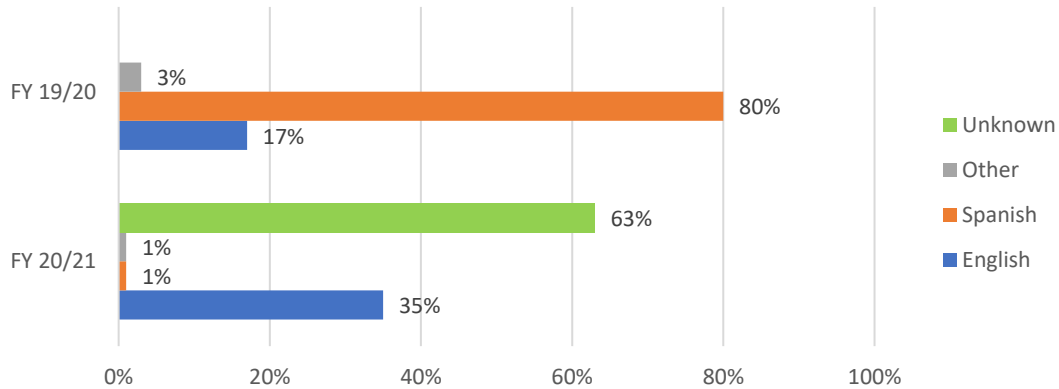
DEMOGRAPHIC DATA

Youth Crisis Response and Prevention did not report any demographic data for FY 18/19. The graphs shown below present the available demographic data that were collected among clients served during FY 19/20 and FY 20/21.

Clients Served, by Race/Ethnicity FY 2019-2021



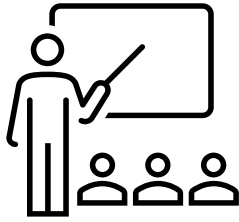
Clients Served, by Preferred Language FY 2019-2021



OUTCOMES

The CISPC program impacts the health outcomes of clients served in several ways, including the reduction of stigma, talking non-judgmentally about mental illnesses, mitigating undiagnosed mental illnesses, prevention and early recognition for youth, and suicide prevention. Below is the quantitative data recorded for delivery of each service.

CASE MANAGEMENT/FOLLOW-UP PHONE CONSULTATION (youth and adults)	FY 18/19	FY 19/20	FY 20/21
# of new cases	114	62	55
Total # of sessions provided	102	76	90
YOUTH OUTREACH INTERVENTIONS (evaluations at school sites)			
# of initial interventions (new youths served)	95	73	4
# of follow up sessions with youth	238	226	219
# of follow up contacts w/ collateral contacts	331	132	46
CLINICAL TRAINING/SUPERVISION (youth and adults)			
Hours provided (including prep. Time)	68	85	288
Number of trainings attended	43	24	44
CRISIS HOTLINE & CHAT ROOM			
Number of calls	12,255	13,515	12,476
Average monthly % of calls related to COVID-19	N/A	N/A	17%
Total number of chatters (group &/or private)	251	280	163
Teen Chat Room # of Private Chats this month	251	280	163
OUTREACH PRESENTATIONS			
# of presentations	115	62	151
# of people served	5535	2679	2861
School-community training in suicide prevention (# of presentations)	104	62	50



Reduction of stigma associated with mental illness through psychoeducational presentations, working with clients in crisis, and conversations with hotline callers.

100% of youth seen by crisis staff were successfully diverted from suicide consistently across all 3 FYs.

94% of youth on average score a 100% on post-outreach presentation assessments to test their knowledge of what they learned

QUALITATIVE DATA

A middle school student attended a virtual presentation through her school about suicide awareness, education, and prevention. This student reached out via the chat feature of the virtual call and asked about how she can support a sibling who might be thinking about suicide.

After speaking one-on-one with the Crisis Center facilitator about her concerns about her sibling, additional resources were provided, including the teen chat, where the student can express her feelings and learn additional ways to support her sibling.

A mother called the mental health clinician at the crisis center concerned about her adolescent son who was chronically suicidal.

The mother had exhausted all other options when a school partner directed her to our services. After determining that there was not an immediate danger to self, the clinician began working with the family for short-term therapy. It became apparent that a large factor for the student's suicidal ideation was school. His

mother reported having attempted to get educational assessments done in the past but felt as though the language and cultural barriers had prevented the school from following through.

The clinician worked with the mother and son to draft a formal letter of request for an Individualized Education Plan assessment. During the client's treatment, he had begun the IEP assessment process and reported that his suicidal thoughts had decreased to no thoughts of suicide in over a month.

EARLY INTERVENTION OVERVIEW

Early intervention programs are comprised of three programs that primarily focus on coordinating specialty care for clients with relatively higher acute needs compared with individuals served in Prevention programs. One program, the Early Psychosis Program – (re)MIND/BEAM program, has been particularly successful in providing data and outcomes consistently across the entire three years and has even exceeded most of their annual targets each year when it comes to preventing future occurrences of hospitalization and crises among their patients.

RECOMMENDATIONS

Because most of the programs in this category are lacking in terms of their data and outcomes, it is recommended that adequate data collection and reporting systems and processes are in place for these programs that meet PEI requirements. These systems and processes become especially important, so that staff can both simultaneously handle crises and collect the required data that appropriately describes their services and the types of clients they serve in real time.

EARLY INTERVENTION

The following programs are early intervention programs. These programs provide treatment and other services and interventions including relapse preventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Programs in this category include emergency response teams, referrals, as well as programs.

Early Intervention

- Early Psychosis Program – (re)MIND/BEAM
- Primary Care Interface
- San Mateo County Mental Health Assessment and Referral Team

EARLY PSYCHOSIS PROGRAM – (RE)MIND/BEAM



The (re)MIND®/BEAM program is a coordinated specialty care model for prevention and early intervention of severe mental illness that specializes in early intervention for schizophrenia spectrum disorders. The BEAM program is an expansion on the (re)MIND model and specializes in the early intervention of bipolar and affective psychoses.

METHODS

(re)MIND and BEAM delivers comprehensive assessment and treatment grounded in wellness, recovery and resilience to youth and young adults experiencing early symptoms of psychosis with evidence-based and culturally responsive interventions. The (re)MIND/BEAM aftercare program—(re)MIND® Alumni—was

developed to provide program graduates and caregivers with a specialized safety net to sustain gains achieved through engagement in psychosis early intervention.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

PROGRAM HIGHLIGHTS

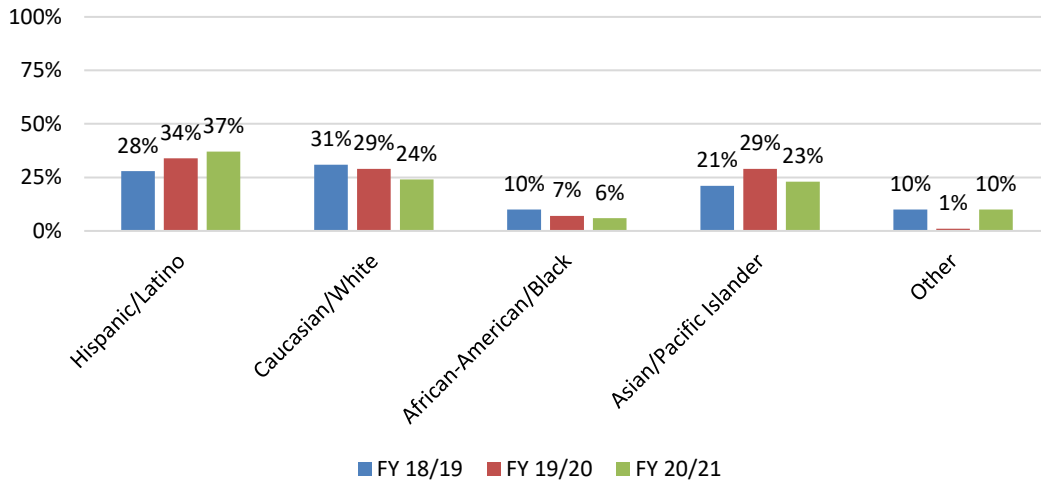
206 clients served

Met an average of over **70%** of annual program objectives across two years

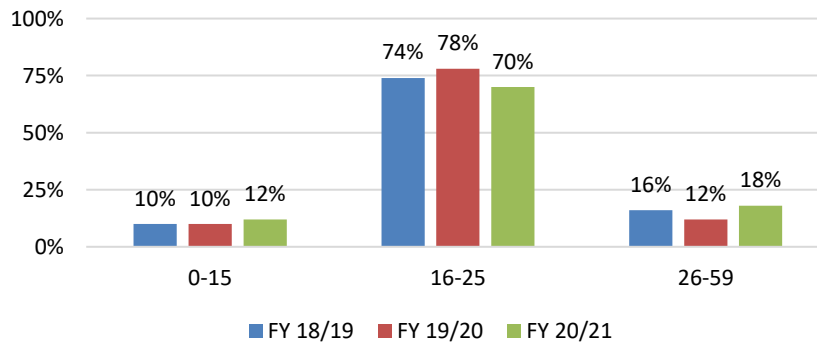
DEMOGRAPHIC DATA

(re)MIND/BEAM served 206 clients in FYs 18/19, 19/20, and 20/21. The racial group that became increasingly engaged in services over time was the Hispanic/Latino population. The greatest proportion of clients across all three fiscal years were between the ages of 16 and 25 years of age.

(re)MIND/BEAM Clients Served by Race/Ethnicity



(re)MIND/BEAM Clients Served by Age

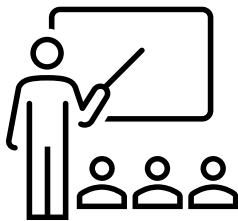
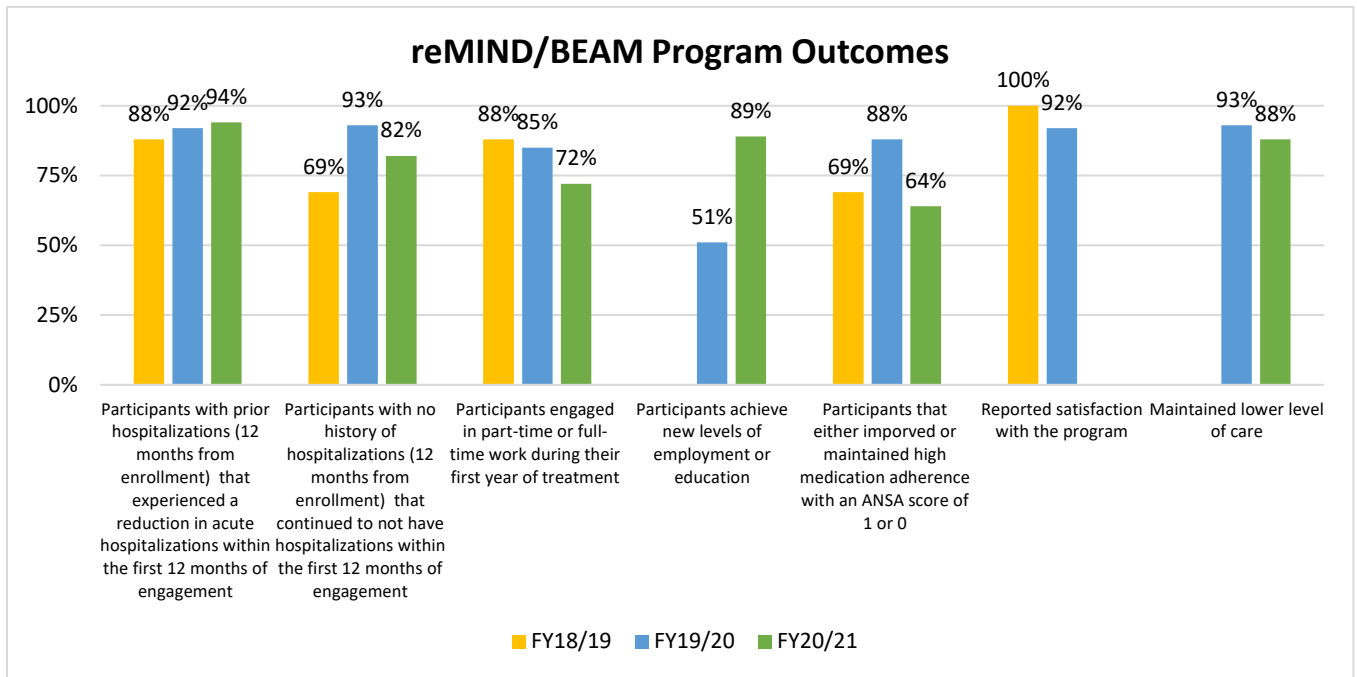


OUTCOMES

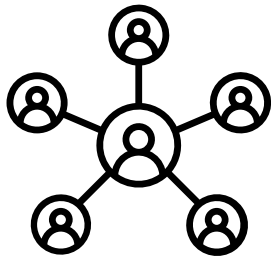
The BEAM program is evaluated via a series of surveys that include, California Department of Health Care Services (DHCS) Consumer Perception Survey (CPS) to evaluate participants satisfaction and quality of life. Hospitalization data are collected through the county database (AVATAR) and entered into Felton’s EHR database. Medication adherence and symptom reduction data is collected using the Adult Needs and Strengths Assessment (ANSA). Supportive Employment and Education Services (SEES) are tracked via an internal tracker to provide education and employment data for participants. SEES staff and director work to update the spreadsheets and database monthly. Due to the onset of the COVID-19 pandemic, data collection of the DHCS CPS was put on hold and therefore unable to assess these survey results against the program’s measurable objectives that pertain to clients’ satisfaction and quality of

life. However, this program saw positive outcomes in hospitalization reduction, medication adherence increase, vocational and educational engagement, and service satisfaction.

Overall, the outcomes show that clients who participate in this program experience reduced acute hospitalizations, increase their medication adherence, and can engage in part time or full-time school or work. Additionally, the great majority are satisfied with services and report an increase in quality of life due to this program.



In FY 19/20, the (re)MIND®/BEAM Alumni Care program was launched, which provides ongoing care and support for program participants and family members who have completed the program and would benefit from additional safety net services as they journey forward into their recovery.



Program staff are now engaged in virtual outreach to promote access to the program and educate the community on serious mental illness while simultaneously reducing stigma. Staff are generating presentations for specific populations, including community members, families, students in middle and high school and clinical members to help everyone recognize psychosis signs and refer early.

PRIMARY CARE INTERFACE

Primary care interface focuses on identifying persons in need of behavioral health services in the primary care setting. BHRS clinicians are embedded in primary care clinics to facilitate referrals, perform assessments, and refer to appropriate behavioral health services if deemed necessary. The model utilizes essential elements of the IMPACT model to identify and treat individuals in primary care who do not have serious mental illness (SMI) and are unlikely to seek services from the formal mental health system. This program also provides services to those with Access and Care for Everyone (ACE) healthcare coverage, a locally funded program for low-income adults who do not qualify for other health insurance and who otherwise would not be able to access these services. Services include harm reduction, psychoeducation, and motivational interviewing by case manager.

METHODS

Primary care interface is an evidence-based practice that uses elements of the IMPACT model.

PROGRAM STRATEGIES



Create Access to Linkage and Treatment

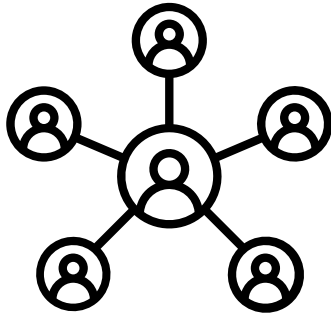
PROGRAM HIGHLIGHTS

2,566 clients served

DEMOGRAPHIC DATA

Demographic data was not collected for this program during FYs 18/19, 19/20, and 20/21.

OUTCOMES



In FY 16/17, **620** clients were referred for co-occurring case management directly from their primary care physician and assessed by an interface IMAT case manager.

As a result of this service, clients were able to reduce or abstain from the use of substances, reconnect with family, secure housing or employment, and reduce symptoms of anxiety.

In FY 16/17, 21 SMI clients were transferred to BHRS regional clinics.

SAN MATEO COUNTY MENTAL HEALTH ASSESSMENT AND REFERRAL TEAM (SMART)

The SMART team is comprised of specially trained paramedics who are a part of the American Medical Response (AMR) West. They are trained to respond to law enforcement Code 2EMS which are requests for individuals having a behavioral health emergency. The SMART paramedic performs the mental health assessment, places a 5150 hold if needed, and transports the client to Psychiatric Emergency Services (or, if they do not meet criteria, another community resource such as a crisis residential facility, doctor's office, detox, shelter, home, etc.). This ensures increased connectivity and treatment for community members. Additionally, many individuals are more likely to be forthcoming with a psychologically trained medic about what they are experiencing as compared to law enforcement. This resource can only be accessed through the county's 911 system.

METHODS

SMART is a promising practice that provides the San Mateo County community with an alternative to law enforcement and having to go to the hospital for an assessment.

PROGRAM STRATEGIES



Create Access to Linkage and Treatment

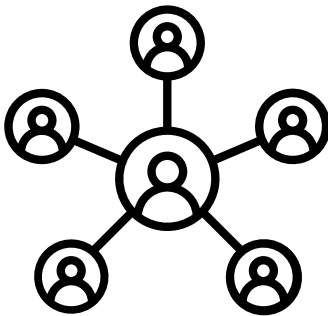
PROGRAM HIGHLIGHTS

5,194 community members served

DEMOGRAPHIC DATA

The SMART program did not report demographic data for FYs 18/19, 19/20, and 20/21. The demographic data that is collected is inputted into a database that is not readily accessible.

OUTCOMES



AMR consistently exceeded the annual target of diverting at least 10% of calls where a 5150 was not placed. Over the three fiscal years, AMR has successfully diverted nearly 40% of calls on average.

SMART evaluates people in the field and are able to connect people to behavioral health services that would otherwise not have occurred.

SMART is continuing to work and train law enforcement to wait before they place a 5150 hold.

SYSTEM TRANSFORMATION

SMART evaluates people in the field and are able to connect people to behavioral health services that would otherwise not have occurred. Being able to transport people right on the spot to the appropriate services has increased connectivity and treatment for many people. More people are likely to be forthcoming with a psychologically trained medic about what is going on than law enforcement.

SMART medics can evaluate both physical and mental health issues, including suicidal ideation, and direct people to the appropriate resources. SMART responds to many people under the age of 18 who are in crisis—often experiencing peer-related problems in school. By addressing the youth’s concerns and getting supportive and protective factors in place, the youth is much more likely to remain in school. Getting supportive services to the youth’s family helps the family unit to stay intact. This is also achieved when SMART responds to parents and get them directly involved in services so they can provide for their children.

SMART responds to many homeless and severely mentally ill adults. By getting them evaluated and getting the right level of medications and placements, this assists in reducing homelessness.

ACCESS AND LINKAGE TO TREATMENT OVERVIEW

The Access and Linkage to Treatment component across the three FYs comprises of five programs: Ravenswood Family Health Center, Senior Peer Counseling, LGBTQ Community Outreach Worker, North County Outreach Collaborative, East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)/East Palo Alto Behavioral Health Advisory Group (EPABHAG). These programs are specifically designed to connect individuals from underserved populations with severe mental illness to medically necessary care and treatment, and to decrease stigma of seeking mental health care among these populations.

RECOMMENDATIONS

Recommendations for programs providing Access and Linkage services include the following:

Enhance Outreach

Continue to conduct outreach in languages other than English. In the most recent reporting year of FY 20/21, outreach events were conducted in languages that represented the residents served by the participating providers. For example, the EPAPMHO collaborative conducted outreach in Spanish, as the Mexican population was the largest racial/ethnic population attending these events. Similarly, EPAPMHO group sessions were offered in Tongan, as participants indicated it as their preferred language. Conducting outreach in languages other than English can ensure that the SMC BHRS outreach program is serving the needs of the county’s non-English speaking population.

Continue to offer non-office locations for group and individual outreach events. The data for this year show that many outreach events were conducted in communities, in non-traditional locations such as virtual meetings, and through telehealth services. Although this may have been in response to the pandemic, the county should consider continuing to provide alternative locations or venues, including a virtual option. This will help with the outreach efforts and also

give county residents multiple options to avail themselves of the services offered through the program.

Improve Data Collection

Make “other”/unspecified categories clearer. Outreach staff have made an effort to provide better data collection and minimize missing data. For example, participants who selected the “other community location” were able to indicate the other locations in an open text field provided by the survey. The data show that, in many cases, attendees reported Zoom calls or similar virtual platforms for other locations. However, in some cases, it is difficult to assess the nature of the responses that fall under the “other” category. For example, for referrals, the “other” category (17%) included common responses such as “communication” or “check-ins” without any further detail. A next step could be providing more information related to these responses to better understand the nature of the referral. It will also be beneficial to offer more categories for respondents to use when describing the “location” of individual outreach events, as up to 13 percent of respondents served by the EPAPMHO collaborative selected “unspecified” field locations.

Improve efforts to collect outcomes. Program staff should follow through with the clients who received referrals and report back as to whether those linkages were deemed successful based on client self-report. For instance, did clients successfully get their mental health needs met because of the mental health referrals provided to them after attending an outreach event? If so, what is the success rate? The outcomes data that answers these questions will help to provide more evidence of Access and Linkage program effectiveness.

ACCESS AND LINKAGE TO TREATMENT OVERVIEW

The following programs provide access and linkage to treatment, connecting individuals with severe mental illness to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

Access and Linkage to Treatment

- Ravenswood Family Health Center (40% CSS; 60% PEI)
- Senior Peer Counseling (50% CSS; 50% PEI)
- LGBTQ Community Outreach Worker
- North County Outreach Collaborative
- East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG)

RAVENSWOOD FAMILY HEALTH CENTER

Ravenswood Family Health Center is a community based Federally Qualified Health Center (FQHC) that serves East Palo Alto residents. Ravenswood provides outreach and engagement services to individuals presenting for healthcare services who have significant behavioral health needs. Many of the diverse populations that are underserved will more likely visit the doctor for a physical health concern. If Ravenswood identifies someone who could benefit from services, they provide them with a referral to be seen in the county clinic.

METHODS

This practice is evidenced based and a promising practice; it is not uncommon to see that physical and mental health services are integrated or offered in coordination with each other.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

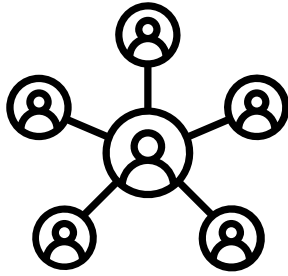
PROGRAM HIGHLIGHTS

1095 clients served

DEMOGRAPHIC DATA

Ravenswood Family Health Center did not report demographic data for FYs 18/19, 19/20, and 20/21.

OUTCOMES



1095 clients served in FYs 18/19, 19/20, and 20/21

POSSIBLE OUTCOME METRICS

- Increase access to care
- Increase awareness of mental health, wellness, and recovery
- Improve participant engagement in services

SENIOR PEER COUNSELING

The Senior Peer Counseling program recruits and trains volunteers to serve homebound seniors with support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to appointments, assisting with transportation, and supporting social activities.

METHODS

This practice is evidenced based and a promising practice; it is not uncommon to see that physical and mental health services are integrated or offered in coordination with each other.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

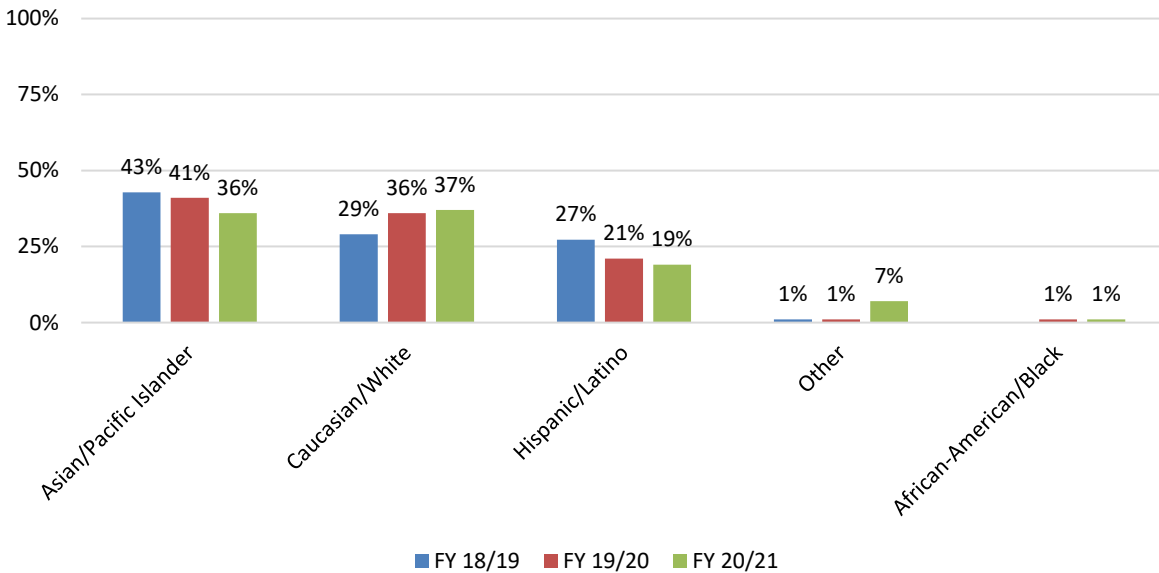
PROGRAM HIGHLIGHTS

1,579 clients served

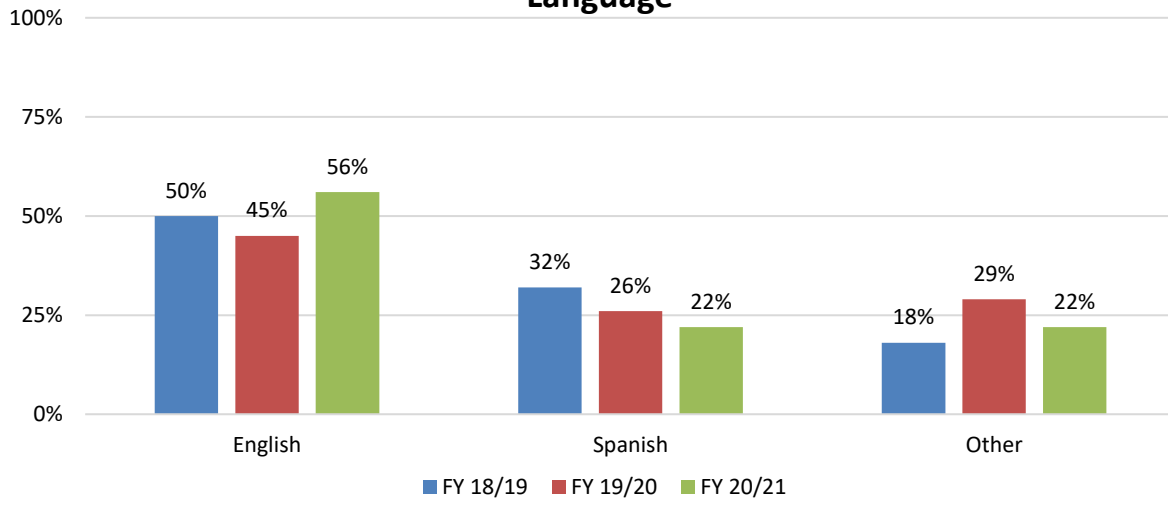
DEMOGRAPHIC DATA

The Senior Peer Counseling program served a diverse population for FYs 18/19, 19/20, and 20/21 with the largest groups served being Latino, Chinese, Filipino, and Caucasian. The preferred languages included English, Spanish, Mandarin, and Tagalog. The largest age group served were those who were 60 years and older.

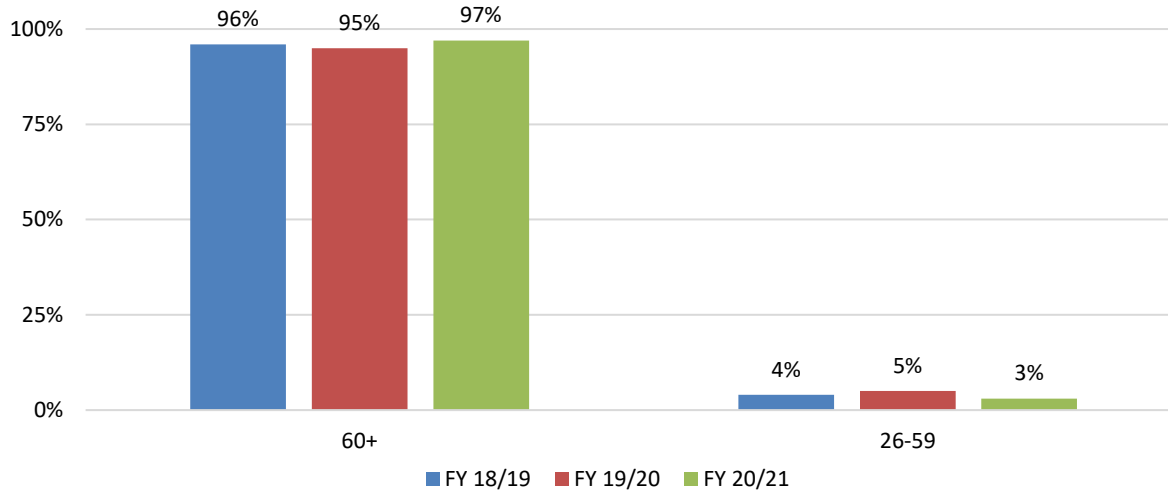
Senior Peer Counseling Number Served, by Race/Ethnicity



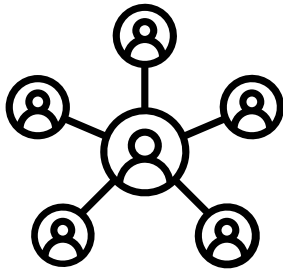
Senior Peer Counseling Number Served, by Preferred Language



Senior Peer Counseling Number Served, by Age



OUTCOMES



85% felt connected to others after the program

Trained **177** new peer counselors

88% of volunteers report feeling satisfied with the program on average

LGBTQ COMMUNITY OUTREACH WORKER

The LGBTQ Community Outreach worker program was designed to provide trainings, consultation, and to participate in collaborations that raise awareness of important issues in the LGBTQ+ community.

METHODS

The outreach methods used for the LGBTQ Community Outreach Worker program is rooted in promising practices of raising awareness in various community stakeholder groups and venues, as well as maintaining and fostering strong relationships throughout the community. This program increases the number of individuals receiving public health services and reduces disparities in access to care by creating greater awareness of the needs of LGBTQ+ clients, providing pathways and consultation in how to implement best practices, greater inclusivity and visibility of LGBTQ+ clients in brochures and publications, as well as by encouraging providers to display affirming symbols and LGBTQ+ specific resources within client settings. As public health services actively work to evolve the ways in which they provide services to be inclusive and affirming of LGBTQ+ experiences, community members are more likely to stay engaged in services and be open to additional public health services that are indicated for their care.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

Y

Total of **545** clients served

Participated in many countywide planning events, such as Transgender Day of Remembrance and the San Mateo Pride Celebration to represent and to bring awareness of the mental health needs within the LGBTQ+ community

In FY 19/20 outreach efforts expanded to a variety of other community settings across the county: school-based, countywide event planning, and criminal justice-based staff

In FY 19/20, **16** direct referrals were provided to community members to get connected to services such as: gender affirming medical care, housing resources, and the San Mateo County Pride Center

DEMOGRAPHIC DATA

Due to staffing limitations, the LGBTQ Community Outreach Worker Program did not collect and report demographic data during FYs 18/19 and 19/20 (the 2 fiscal years in which the program was active). The demographic data for the community members that this program worked closely with are contained within the PRIDE Initiative's annual report (funded by MHSAs Innovation), given the close working relationship and collaboration on events. Please refer to the PRIDE Initiative's annual reports from FY 18/19 and 19/20 for demographic information.

OUTREACH COLLABORATIVES

Community outreach collaboratives include the East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and the North County Outreach Collaborative (NCOC). These collaboratives provide services in community advocacy, resident engagement, expansion of local resources, and education and outreach to decrease stigma related to mental illness and substance use. The collaboratives increase awareness of and access and linkages to behavioral health and social services and promote and facilitate resident input into the development of MHSAs-funded services.

PROGRAM STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

PROGRAM HIGHLIGHTS

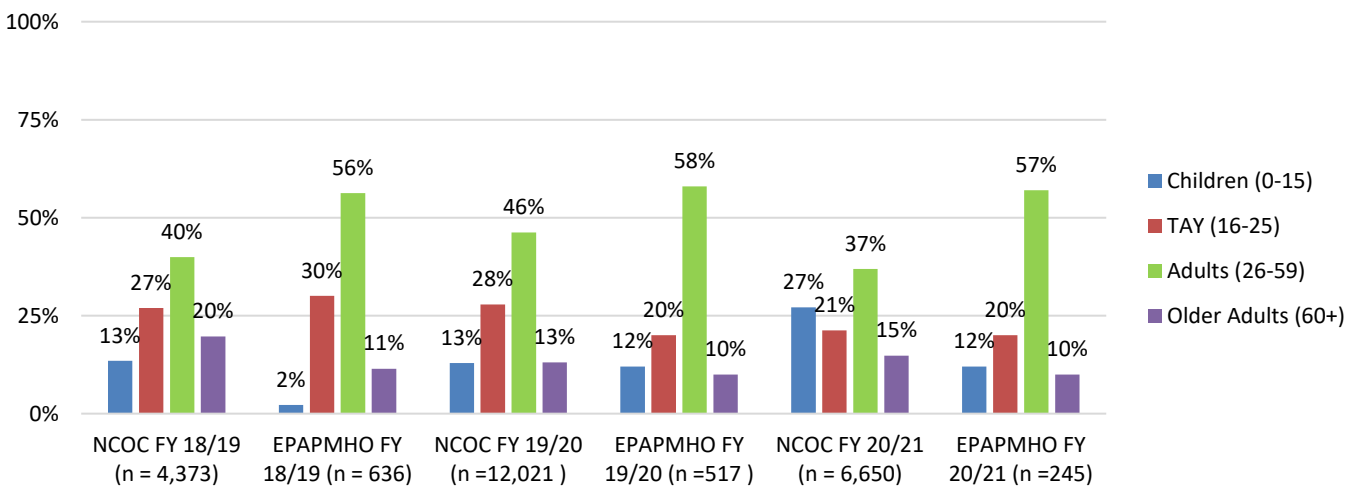
28,810 clients served

1,051 referrals to mental health services

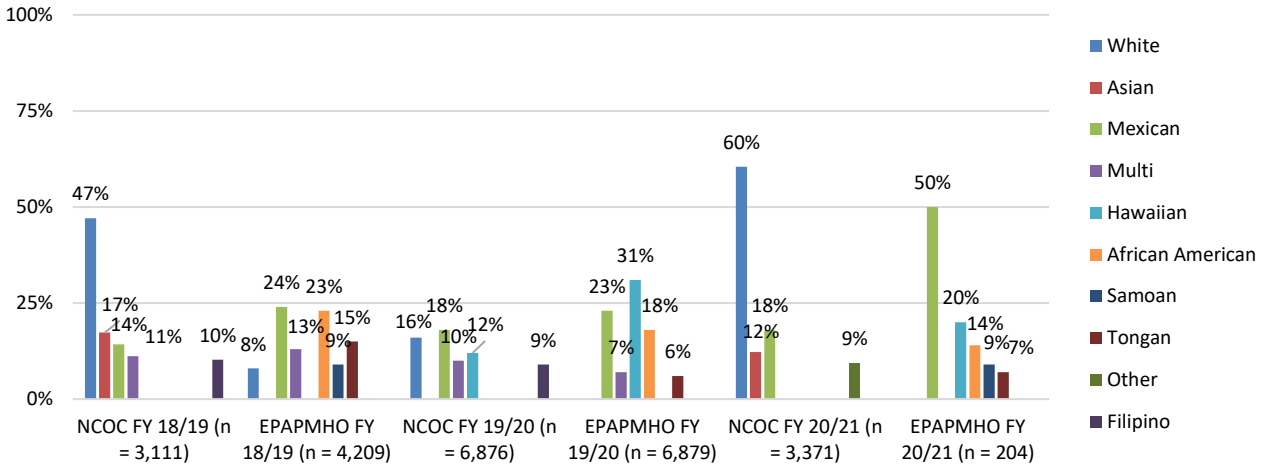
300 substance abuse referrals

DEMOGRAPHIC DATA

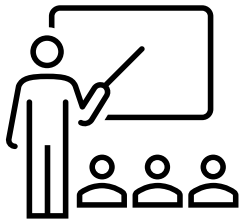
Outreach Attendees by Age Group



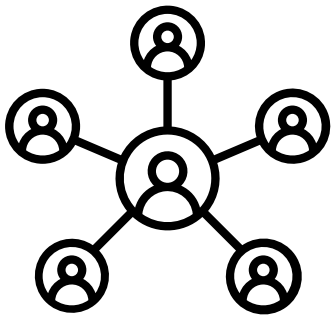
Outreach Attendees by Race/Ethnicity



OUTCOMES



Providers have adapted their model of service to virtual and have been able to maintain connections with residents in the community. For instance, Anamotongi Polynesian Voices from the EPAPMHO program pivoted their outreach and referral process to include providing wellness checks via phone and email, delivering wellness packages to homes and providing referrals and warm hand-offs to community resources and assistance programs. They will continue to develop and adapt programming as the pandemic continues in order to meet the growing need in the community.

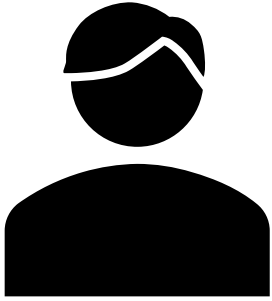


In FY 20/21, **78%** of individual outreach events provided by NCOC resulted in mental health referrals.

The top three types of social service referrals provided by EPAPMHO in FY 20/21 after providing individual outreach events were: housing (20%), food (17%), and Other (14%), most of which included the Housing Energy Assistance Program (HEAP).

Special populations served by NCOC were those at-risk of homelessness, currently homeless, veterans, and disabled. Special populations served by EPAPMHO were homeless and those at-risk of homelessness.

QUALITATIVE DATA



Client 'N' was a victim of domestic violence, which led the client and her children to seek shelter. After temporary refuge, the client found a new home with her children. Subsequently, the client had challenges maintaining her rent and providing for her family due to medical issues, taking time off work, and car repair expenses. The case worker worked with the client to find employment, obtain supplemental income to help support her monthly financial obligations, and connected her with ongoing therapy for her trauma. The client states, "I finally realized that I am no longer a victim but am a survivor. I realize that I am not alone. COVID-19 has me really scared and I think the world is coming to an end, but I am glad I have you to talk to."

SYSTEM TRANSFORMATION

The outreach collaboratives are the front line to the community; many times they are from the community in which they work, they have rapport with the community, and they culturally identify with the population that they serve. Through the outreach collaboratives' data collection, the most pressing social service referrals identified are around mental health as depression and anxiety have significantly increased because of the challenges faced by the ongoing pandemic. Other challenges related to the pandemic include lost jobs and the negative economic impact on low-income households. Program staff continue to put forth their best effort to conduct outreach and referral activities virtually and in-person settings when appropriate and safe to do so. The information gathered from the community by program staff is vital to MHSA because it allows us to think of prevention in an upstream approach and see the social determinants of health such as housing, food access/insecurity, political climate, and public health as factors that affect the mental health of the community. It guides our efforts as we expand our programs and provides ideas for new programming.

PREVENTION OVERVIEW

EXECUTIVE SUMMARY

Most of the programs categorized as prevention fall under the purview of the Office of Diversity and Equity (ODE). Based on the findings among these programs, we found that a rich amount of supportive evidence was provided that shows that the ODE and their programs are meeting their goals to reduce stigma and discrimination against mental illness, increase self-empowerment, community advocacy, access and linkage to mental health services, and cultural humility among San Mateo County's marginalized populations.

RECOMMENDATIONS

From the data collection and evaluation perspective, it is important that data collection processes continue to be refined and standardized in relation to the types of services and activities that have taken place, as many of the programs and activities under the ODE vary in terms of duration and subject matter. For example, an outreach event that takes place during a single session may entail conducting an expedited, shorter version of a PEI survey compared with a service or activity that entails several sessions over the course of a given timeframe.

Additionally, it is recommended that outreach, engagement, and education into and about mental health services is carried out among marginalized populations in spaces where they seek other types of services that address their various SDoH. For example, outreach and prevention efforts could take place in partnership with employment offices and public assistance centers. Additionally, as the pandemic, virus variants, and social distancing mandates continue, it is imperative that participants are engaged in mental health services and activities in innovative ways, using the power of technology and social media (TikTok, IG Live, Facebook) to hold virtual events around Prevention. The use of these various platforms could also facilitate some of the outcome data collection requirements for PEI (e.g., TikTok, IG, or Facebook polls).

PREVENTION



OFFICE OF DIVERSITY AND EQUITY (ODE)

ODE is committed to advancing health equity in behavioral health outcomes of marginalized communities. The office was established in 2009 via dedicated MHSA funding allocated to address cultural competence and access to mental health services to underserved communities. This office demonstrates a commitment to understanding and addressing how health disparities, health inequities, and stigma impact an individual's ability to access and receive behavioral health and recovery services. ODE works to promote cultural humility and inclusion with the county's behavioral health service system and in partnership with communities. The following programs are housed under ODE:

Prevention

- Health Equity Initiatives
- Health Ambassador Program (HAP and HAP-Y)
- Parent Project

Recognition of Early Signs of MI

- Adult Mental Health First Aid (AMHFA)

Stigma Discrimination and Suicide Prevention

- Storytelling Program
- Mental Health Awareness - Be the ONE Campaign
- San Mateo County Suicide Prevention Committee (SPC)

5,668 community members served

METHODS

The **evidence-based curricula** found under ODE are the following:

- Adult and Youth Mental Health First Aid
- Parent Project
- The Storytelling Program: Digital Storytelling and Photovoice

These three programs are curriculum-based with extensive research, validating their effectiveness and with minimum modifications from the originally designed curricula.

Programs that are a **promising practice** are the following:

- Health Ambassador Program: This program follows the ideology and evidence-based practice of a Promotora program with added trainings, workshops, and leadership development.
- Health Equity Initiatives: There are nine initiatives under ODE, each representing groups that are typically underserved in mental health services. These nine meeting groups allow for community, providers, and contractors to come together and decrease stigma, educate, and empower community members, support wellness and recovery, and build culturally responsive services.
- Stigma Free San Mateo County: An online social media campaign to raise awareness of mental health and substance use.

- Suicide Prevention Committee: A workgroup that coordinates efforts to prevent suicide in San Mateo County.

STRATEGIES



Timely Access to Mental Health Services for Individuals and Families from Underserved Populations



Non-Stigmatizing and Non-Discriminatory Practices

PROGRAM HIGHLIGHTS

Over **10,000** individuals were estimated to have come into contact with efforts put forth by the ODE across a three-year period

Nearly **6,000** community members served by the Health Equity Initiatives

Parent Project reached **286** graduates

96% of Parent Project graduates feel confident about their parenting skills because of their participation in the program

Adult Mental Health First Aid reached over **400** graduates

99% of Adult Mental Health First Aid graduates feel confident to recognize and correct misconceptions about mental health, substance use, and mental illness as they encounter them

DEMOGRAPHIC DATA

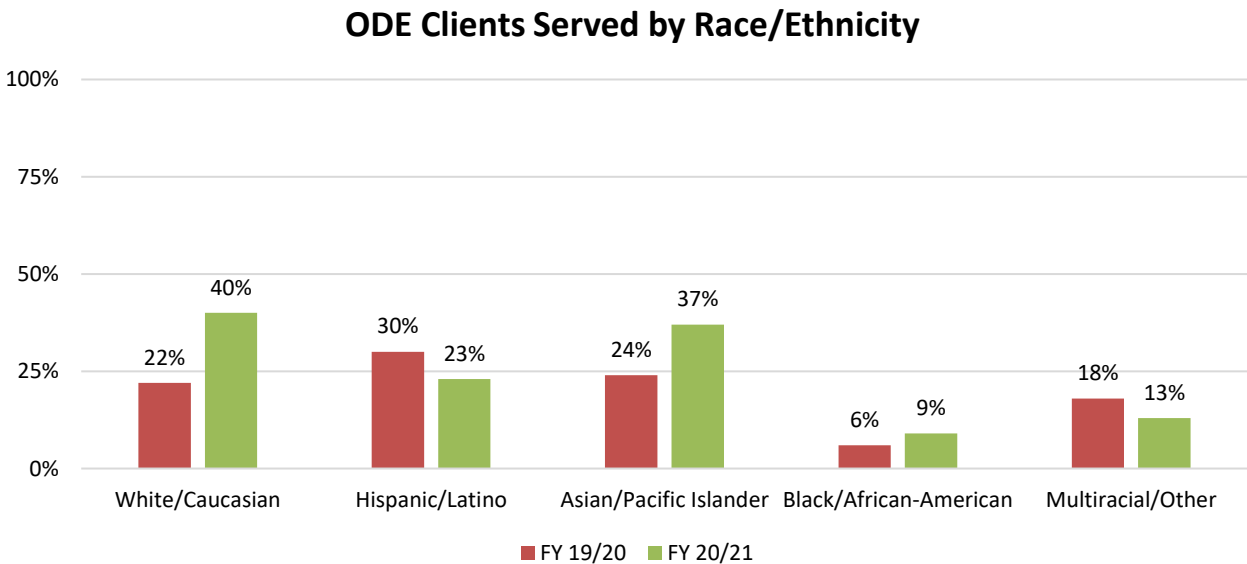
Available demographic data by each program and FY is presented in the section below.

Health Ambassador Program (HAP and HAP-Y)

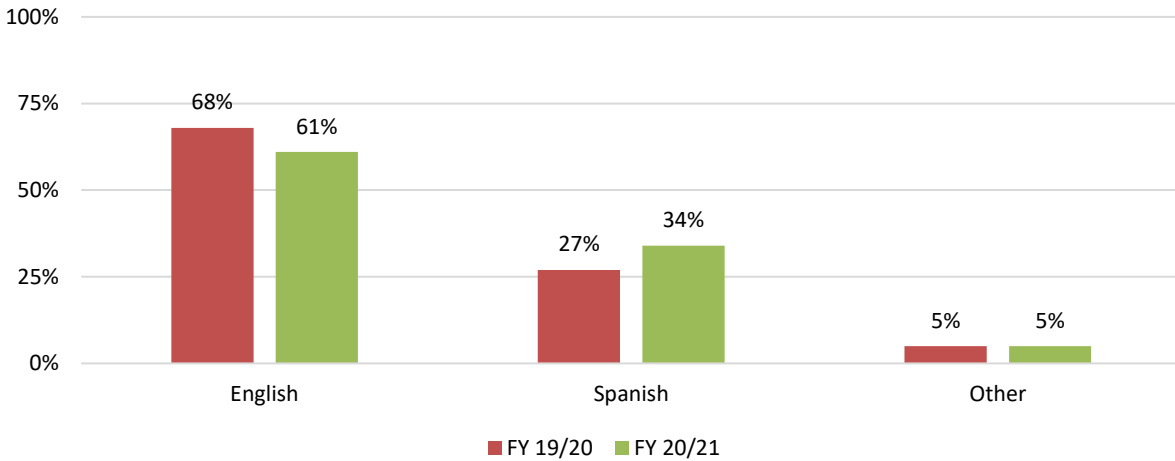
Although demographic information was collected during various events that took place across all three fiscal years for the Health Ambassador Program, the way in which various demographic characteristics were not always categorized nor reported in the same way. Therefore, demographic data was difficult to obtain and aggregate in a standardized way across all events that took place across all three fiscal years for the Health Ambassador Program. However, when examining demographic characteristic trends of Health Ambassador Program participants across events and fiscal years, most participants identified as Hispanic or Latino, female, were from the City of San Mateo, represented either a consumer/client or a family member of a consumer/client, and were between 26-59 years of age. In FY 20/21, the Health Ambassador Program focused on the youth population (HAP-Y) where 100% of participants were TAY age (i.e., between 16 to 25 years of age). In this youth population, most HAP-Y participants identified as Hispanic or Latino, female, and represented either a consumer/client, family member of a consumer/client, or community member.

ODE Demographics

Demographics for the ODE was not collected during FY 18/19. However, demographic data collection began in FY 19/20 and was collected across all individuals who participated in ODE activities, which includes those who participated in and completed Parent Project and Adult Mental Health First Aid curricula.



ODE Served by Preferred Language

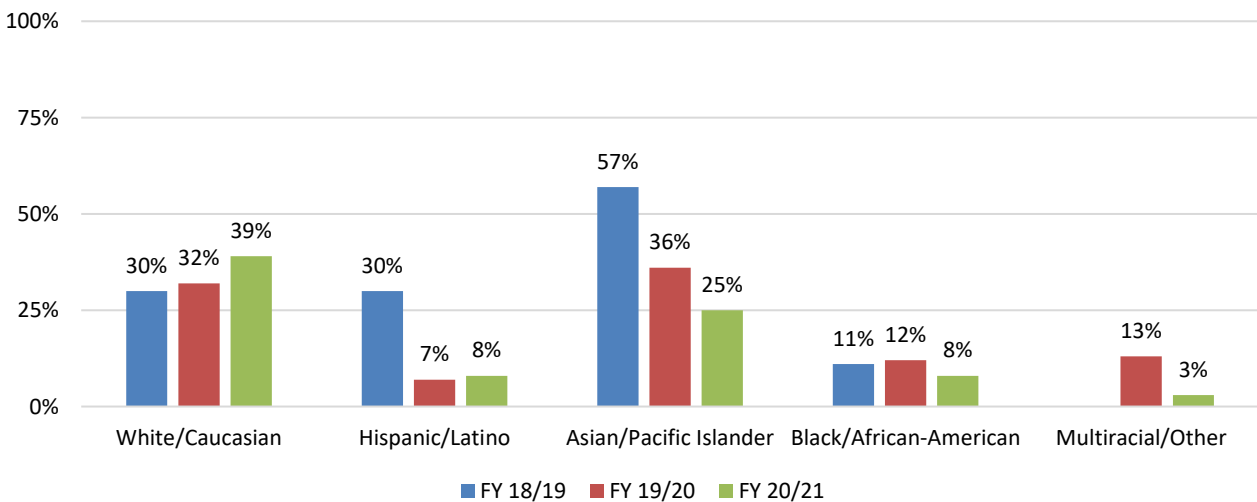


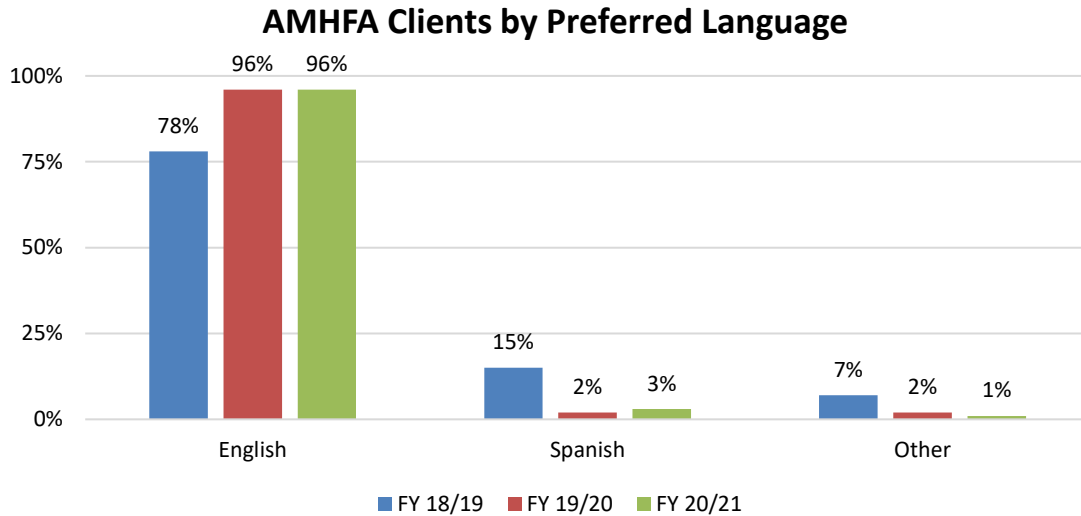
One interesting difference observed between clients served from FY 19/20 to FY 20/21 is that a greater proportion of Spanish-speaking clients participated in either the Parent Project or the Adult Mental Health First Aid curricula during FY 20/21 compared with FY 19/20.

Adult Mental Health First Aid (AMHFA)

The demographic information presented below represents participants who specifically completed the AMHFA curricula across FYs 18/19, 19/20, and 20/21.

AMHFA Clients Served by Race/Ethnicity

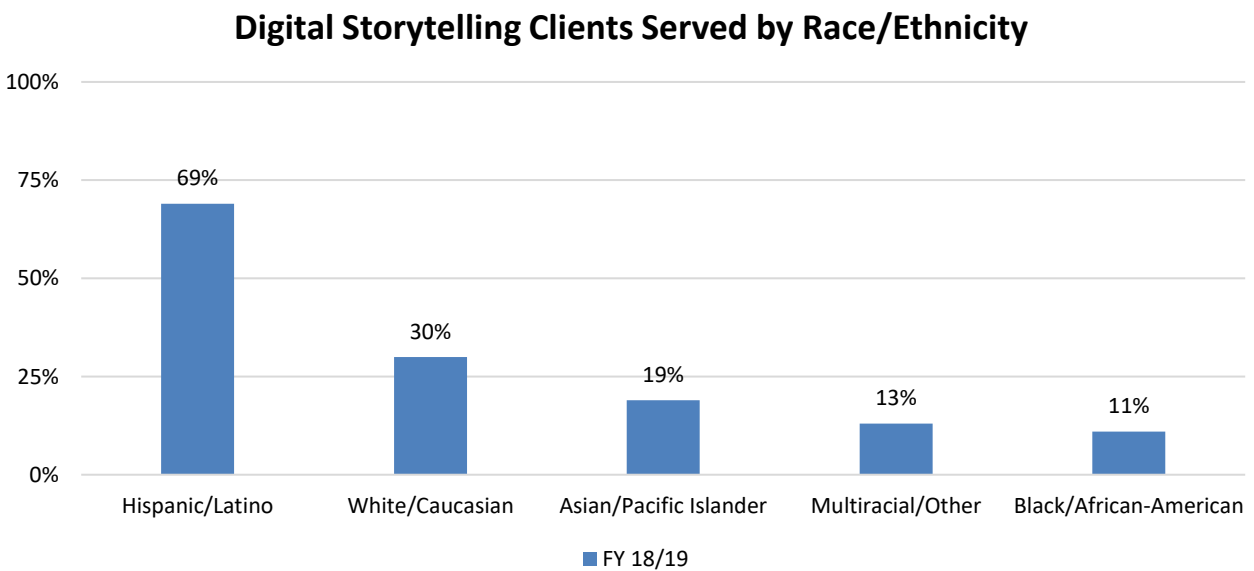




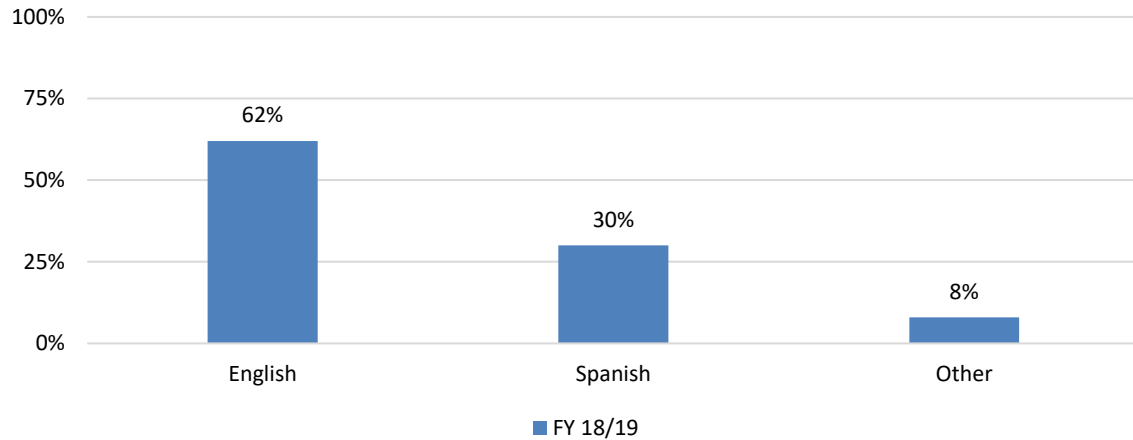
These data show that the proportion of English-speaking clients who participated in the AMHFA curriculum increased in the most recent FY 20/21. However, one caveat to the FY 20/21 demographic data is that a smaller percentage of clients responded to the demographic surveys and outcome measures due to the ongoing challenges of transitioning to an all-virtual service delivery model due to the pandemic.

Storytelling Program: Digital Storytelling and Photovoice

The Storytelling Program, which consisted of both Digital Storytelling and Photovoice temporarily ended after FY 18/19 due to staff hiring constraints. Accordingly, data for this program will only cover FY 18/19.



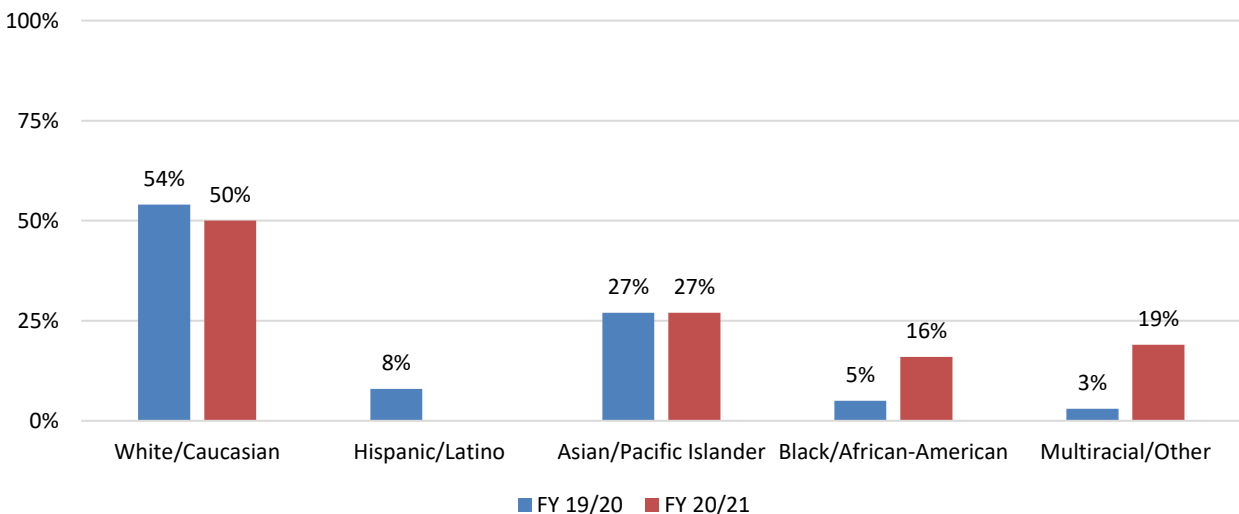
Digital Storytelling Clients by Preferred Language



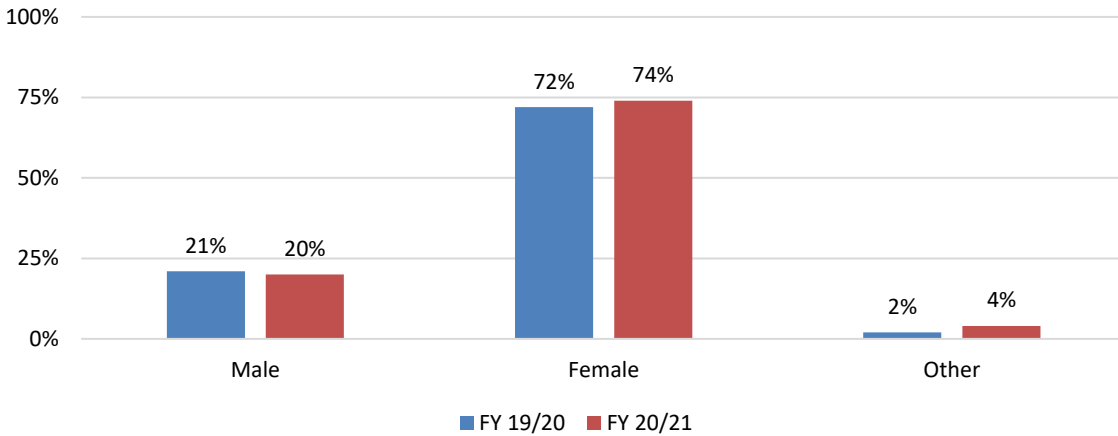
Mental Health Awareness – Be the One Campaign

Demographic data was not collected during FY 18/19 for the Mental Health Awareness – Be the One Campaign. However, demographic data collection began in FY 19/20 for participants who were willing to respond to the survey. Below are graphs that present some of the demographic characteristics reported among a portion of the clients who attended at least one of the Mental Health Awareness – Be the One Campaign events in FYs 19/20 and 20/21.

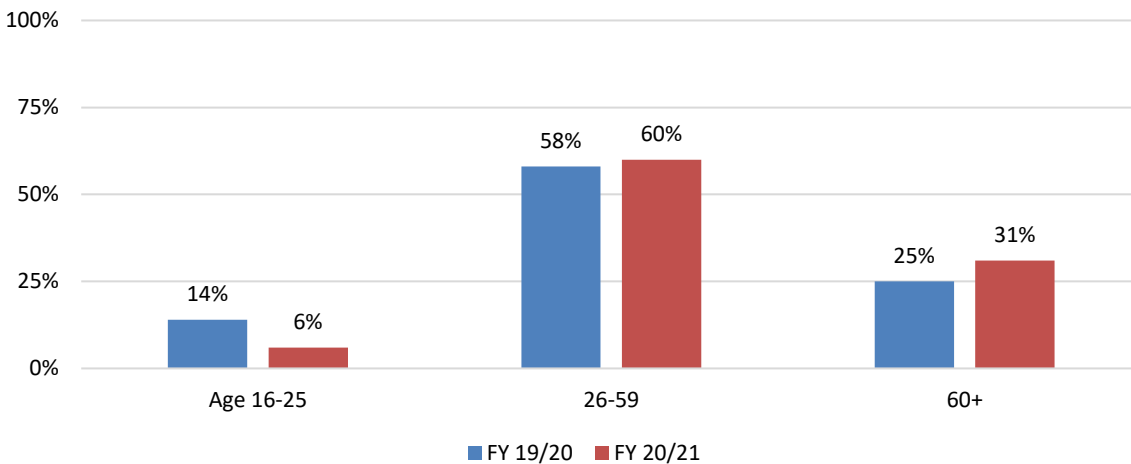
Mental Health Awareness Attendees by Race/Ethnicity



Mental Health Awareness Attendees by Gender Identity



Mental Health Awareness Attendees by Age Group



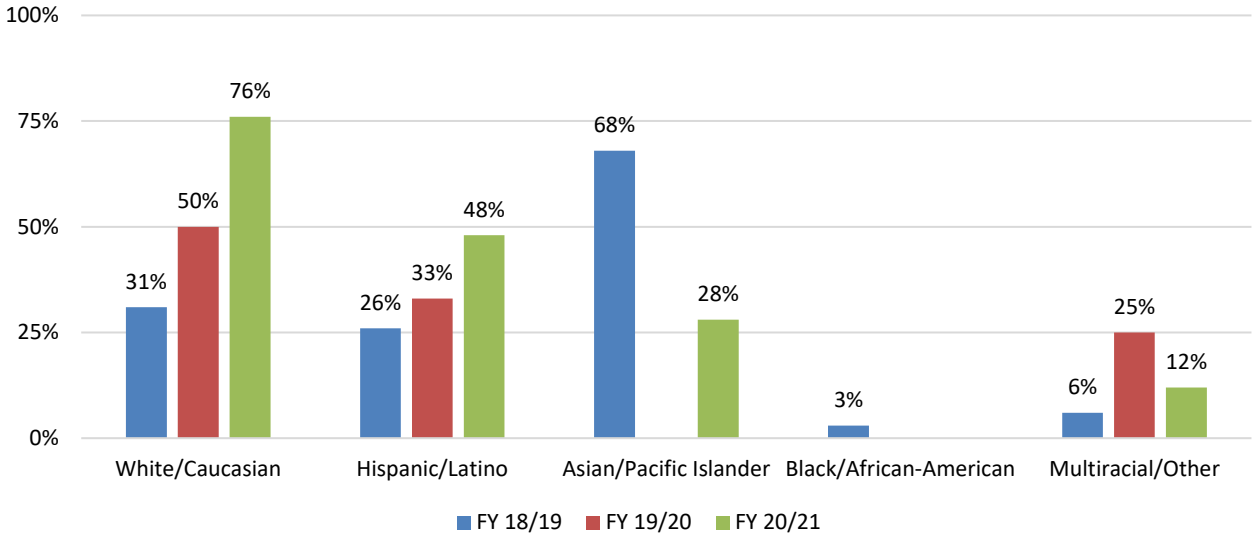
In comparing race/ethnicity, gender identity, and age groups across the two fiscal years, a slightly more ethnically diverse group was represented in FY 20/21, with a slightly higher proportion of attendees who identified as another gender aside from male or female, as well as seeing a slightly older group who represented the population that attended these events during FY 20/21.

San Mateo Suicide Prevention Committee

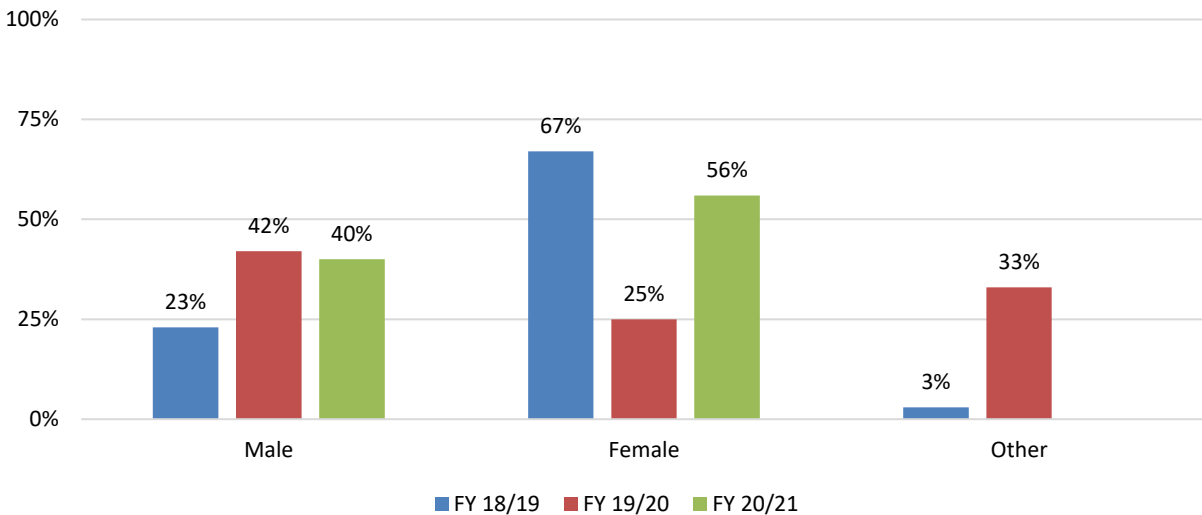
This program collected demographic data across all three fiscal years during the reporting period. Challenges related to collecting demographic data in FYs 19/20 and 20/21 decreased the sample size of those who responded to the demographic survey. Nevertheless, comparisons across fiscal years indicate that a growing number of the Hispanic/Latino Spanish-speaking population make up a higher percentage of attendees over a three-year period. This could be

an indicator that stigma reduction efforts are effective in engaging this historically underserved population.

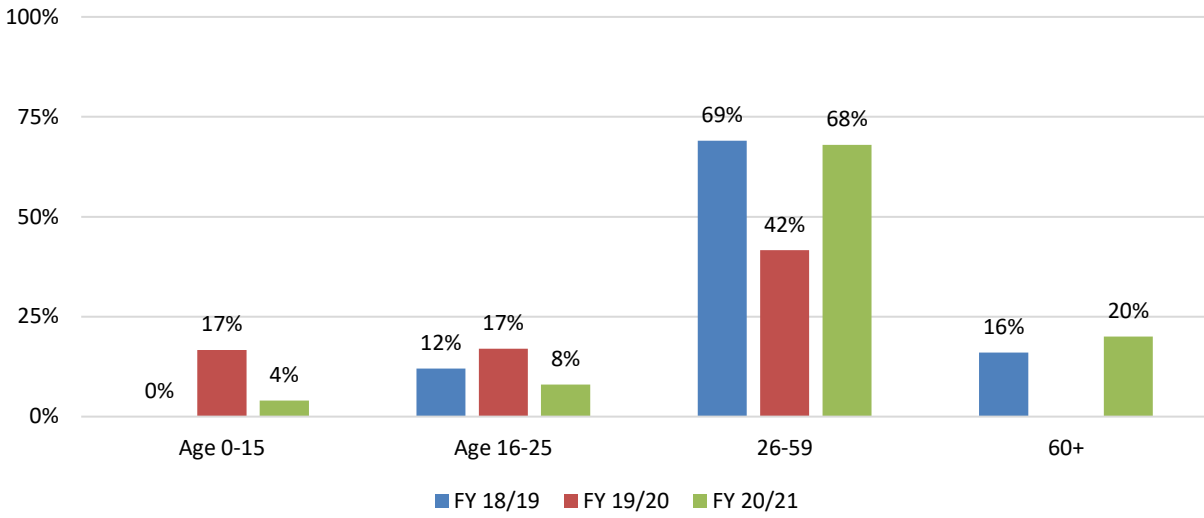
Suicide Prevention Event Attendees by Race/Ethnicity



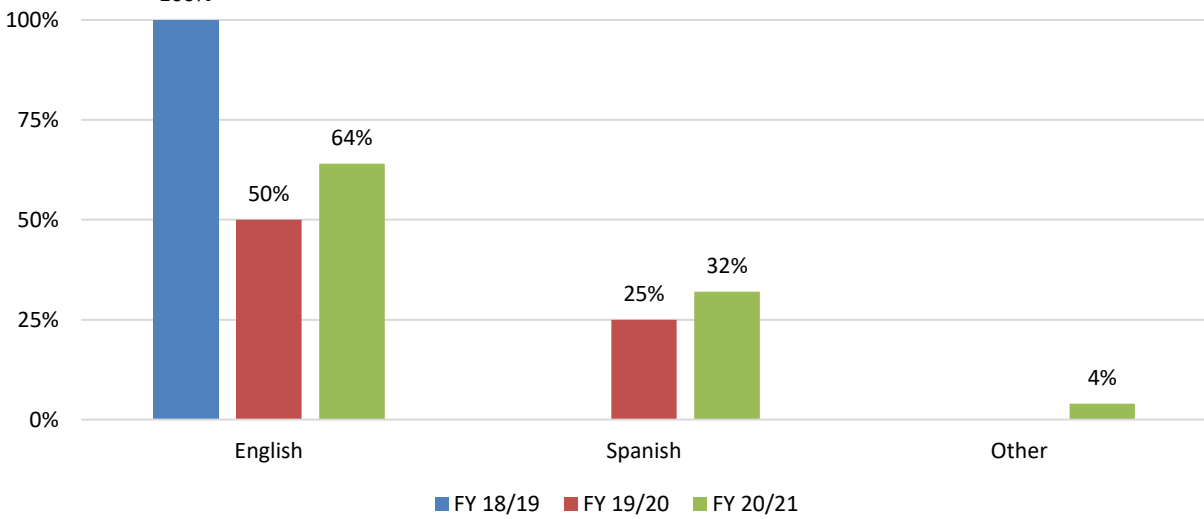
Suicide Prevention Event Attendees by Gender Identity



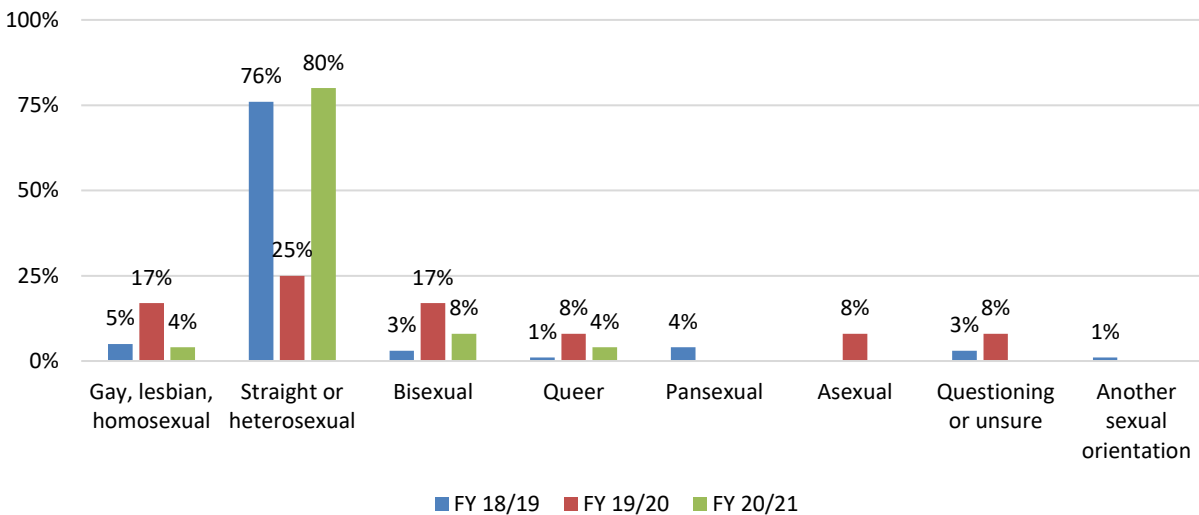
Suicide Prevention Event Attendees by Age Group



Suicide Prevention Event Attendees by Preferred Language



Suicide Prevention Event Attendees by Sexual Orientation



EVALUATION FRAMEWORK

The ODE measures progress along five evaluation indicators with definitions that are influenced by (1) public health frameworks and (2) ODE's mission, values, and strategy.

1. **Self-Empowerment** - enhanced sense of control and ownership of the decisions that affect your life
2. **Community Advocacy** - increased ability of a community (including peers and family members) to influence decisions and practices of a behavioral health system that affect their community
3. **Cultural Humility**
 - heightened self-awareness of community members' culture impacting their behavioral health outcomes
 - heightened responsiveness of behavioral health programs and services for diverse cultural communities served
4. **Access to Treatment/Prevention Programs (Reducing Barriers)** - enhanced knowledge, skills, and ability to navigate and access behavioral health treatment and prevention programs despite potential financial, administrative, social, and cultural barriers
5. **Stigma Discrimination Reduction** - reduced prejudice and discrimination against those with mental health and substance use conditions

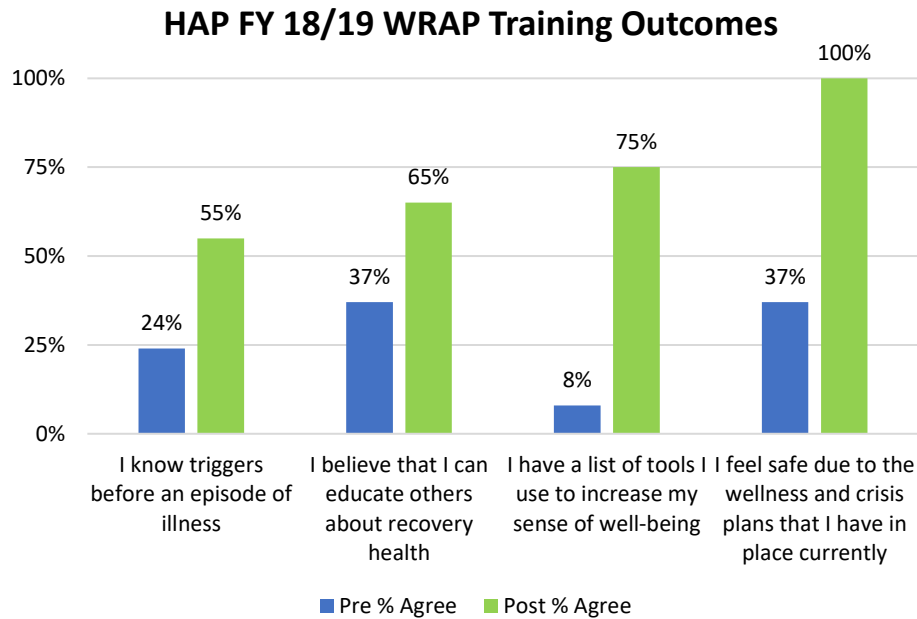
Implementation of the five evaluation indicators were implemented with Adult Mental Health First Aid, the Parent Project, Digital Storytelling and Photovoice, Mental Health Awareness, and the Be the One Campaign.

Below are the results for the aggregated survey results across three of our evidence-based programs: HAP, Parent Project, and AMHFA. All the programs will ultimately feed into these five indicators to measure impact of the ODE as a whole.

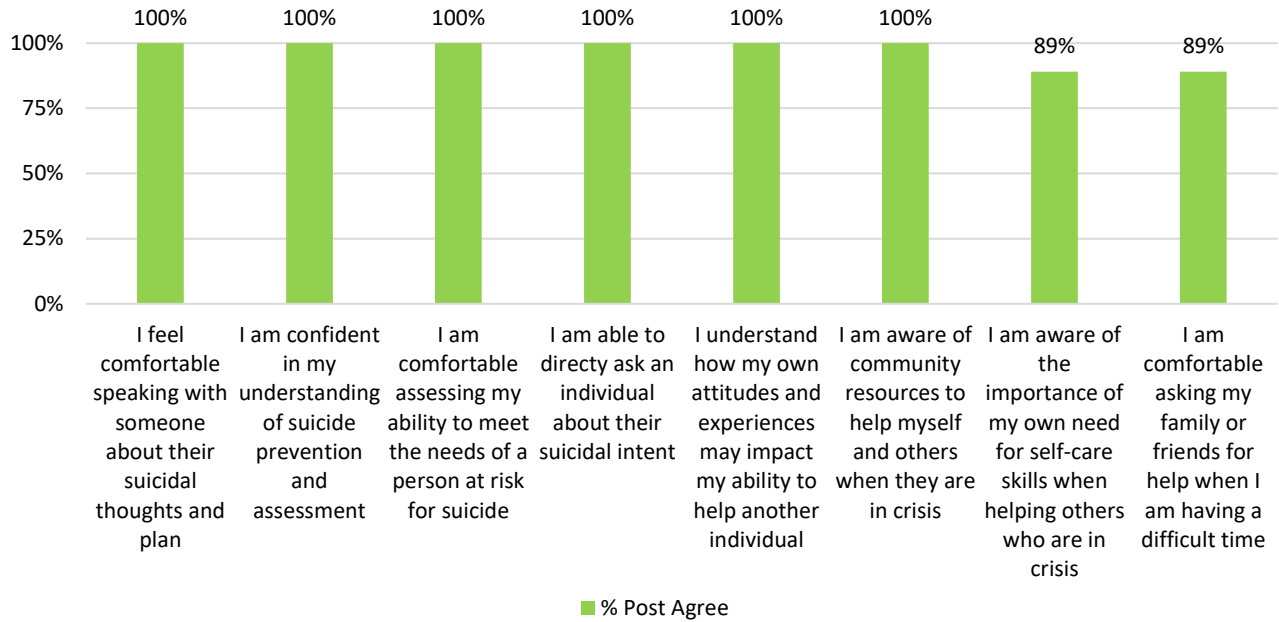
ODE OUTCOMES

HEALTH AMBASSADOR PROGRAM OUTCOMES

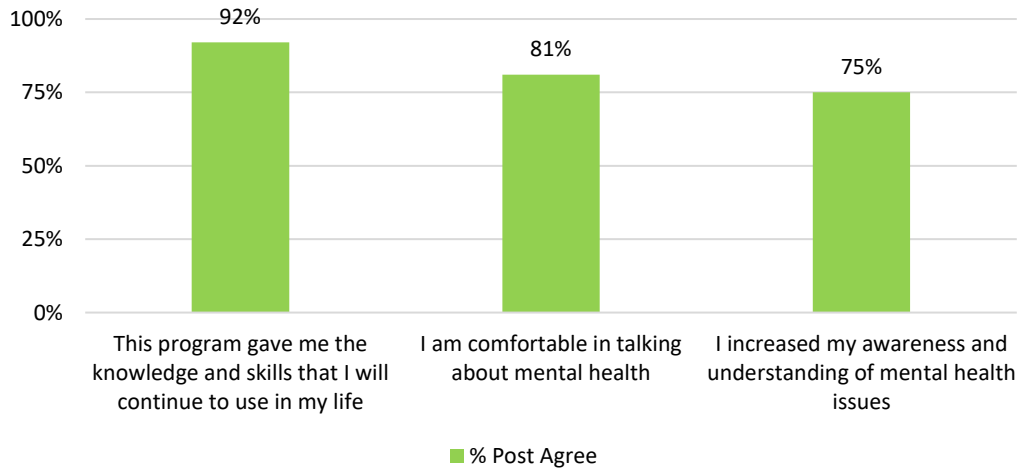
Outcomes are presented based on survey data that were collected across a variety of events and activities that took place across a three-year period. Results suggest that the various HAP trainings, workshops, and events helped participants gain greater knowledge and skills around coping and educating others about wellness.



NAMI Basics Course FY 19/20 Post Course Results



HAP Family and Wellness during COVID-19 Workshop Post Presentation Results FY 20/21



PARENT PROJECT OUTCOMES

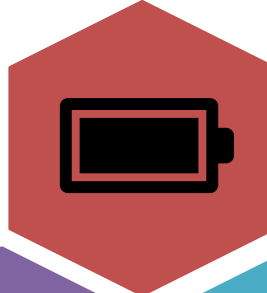
Cultural Humility

67% agreed that the the Parent Project they participated in was sensitive/relevant to their cultural background.



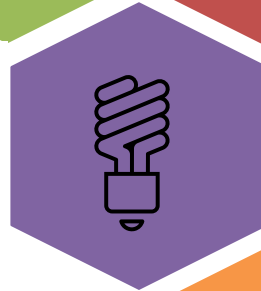
Self-Empowerment

96% feel confident about their parenting skills as a result of taking Parent Project



Stigma Discrimination Reduction

75% agree that they are now more willing to seek behavioral health services for themselves and/or a loved one if needed.



Access to Treatment/Prevention Programs

83% reported that they now know where to go to receive behavioral health services.



Community Advocacy

68% feel that they can positively help their community after taking Parent Project



Results from the surveys completed among individuals after completing the Parent Project course indicate that most participants found the curriculum to be effective in building their parenting skills, gaining knowledge about where to seek behavioral health services if needed, increasing their willingness to receive behavioral health services if needed, and increasing their overall sense of connectedness to their community.

ADULT MENTAL HEALTH FIRST AID OUTCOMES

Cultural Humility

90% agreed that the program they participated in was sensitive/relevant to their cultural background.



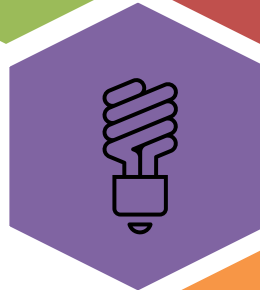
Self-Empowerment

99% report confidence in recognizing the signs that someone may be dealing with a mental health problem, substance use challenge or crisis



Stigma Discrimination Reduction

83% agree that they are more willing to take action to prevent discrimination against people with mental health conditions.



Access to Treatment/Prevention Programs

96% feel confident to offer a distressed person basic "first aid" level information and reassurance about mental health and substance use challenges.



Community Advocacy

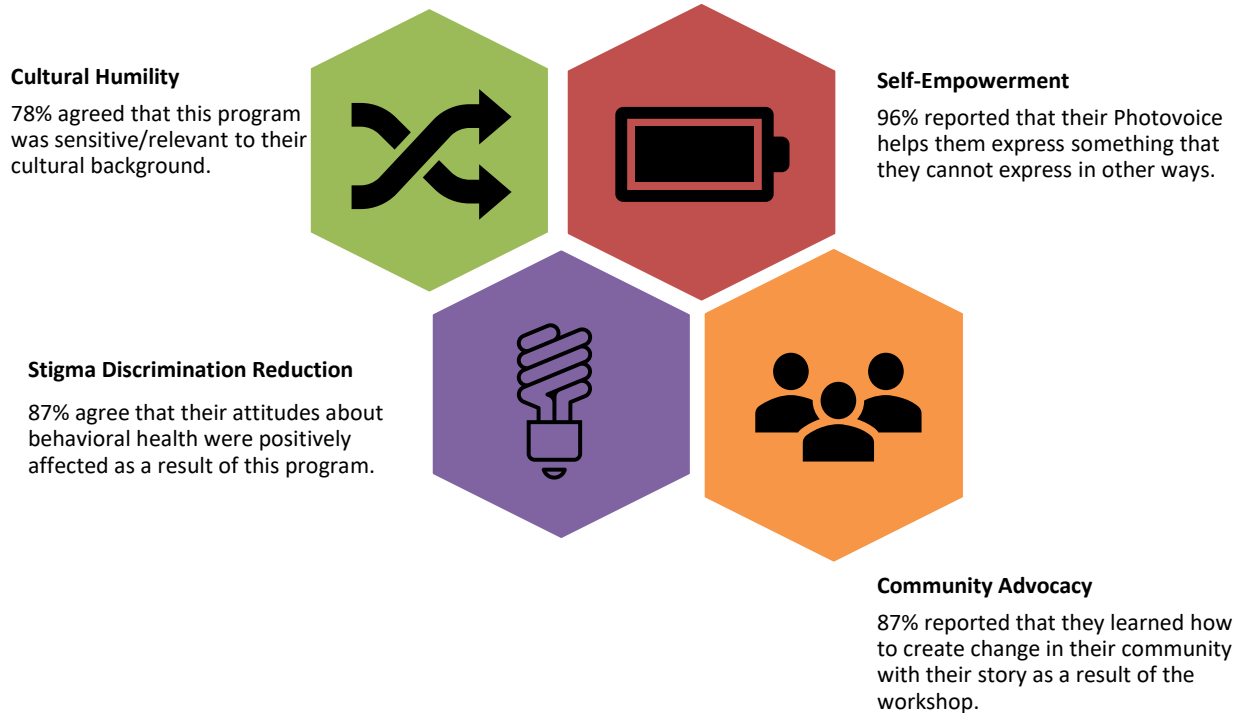
99% feel confident to recognize and correct misconceptions about mental health, substance use and mental illness as they encounter them



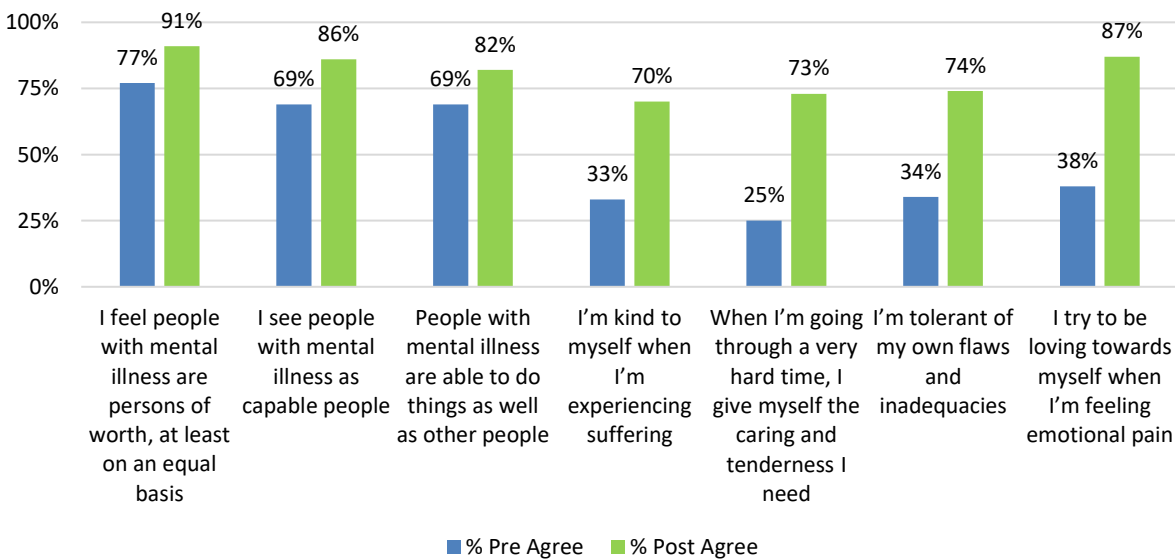
Results from the surveys completed among individuals after completing the AAMHFA course indicate that most participants found the curriculum to be effective in building their skills to recognize early signs of mental illness and assist others who may be dealing with challenges related to mental health and/or substance use.

STORYTELLING OUTCOMES

Results from the surveys completed among individuals after completing Digital Storytelling and Photovoice workshop indicates that most participants found the workshop to be effective in improving their attitudes towards behavioral health, increased their coping skills, and how to create change in their communities using their stories.



Storytelling Pre and Post Workshop Results



#BETHEONESMC STIGMA REDUCTION OUTCOMES

Results from the surveys completed among individuals who participated in various stigma reduction activities over a three-year period indicate that most participants found the workshop to be effective in improving their attitudes towards seeking behavioral health services if needed, taking action against discrimination against people with mental illness, and learning how to take better care of their mental health and seek help if needed.

Cultural Humility

88% were more likely to report that this program was relevant to them and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc).



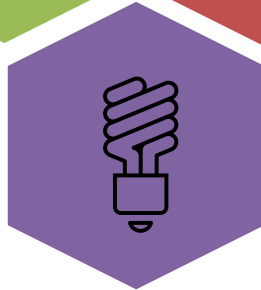
Self-Empowerment

85% report that they learned how to better care for their mental health and seek help if they need it.



Stigma Reduction

88% report that they are more willing to take action to prevent discrimination against people with mental illness.



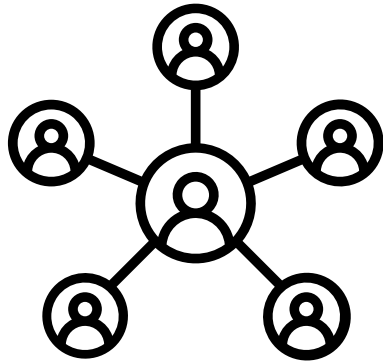
Access to Treatment Prevention Programs

83% are more willing to seek support from a mental health professional if they thought they needed it.



SUICIDE PREVENTION OUTCOMES

Outcomes from the suicide prevention program is presented in the form of success stories.



More than **400** individuals have been trained in Adult Mental Health First Aid. Those trained have been teachers, leadership from Family Health services, Second Harvest Food Bank, Peninsula Library System, and students from San Mateo Adult School.

The Suicide Prevention Committee held approximately 61 events across three fiscal years, touching over 2,100 lives.

The #BetheONE Campaign held 70 events across three fiscal years, touching an estimated 7,000 lives.

QUALITATIVE DATA

#BetheONE Campaign Trauma to Triumph Event
 “Thank you all for hosting this inspirational event - I hope we can continue this broader conversation around mental health, including trauma and healing, with our loved ones and our communities. Thanks to each of you for having the courage to share your stories!”

Suicide Prevention Program Directing Change
 “I started this project with a lot of pain and grief in my life because of how suicide had personally rocked my world in October because of my friend. This project helped me channel that grief into something that will make an impact and bring a little bit of closure and healing to the wound suicide had opened in me. I cannot thank you enough for that.”

Health Equity Initiatives
 Despite the pandemic, a virtual Drumming Event in collaboration with NIPI was hosted in May. Out of the chaos of the pandemic, the SI members kept their focus and continued to work with other HEI’s. Finally, because of the more recent racist acts towards the Chinese community, a collaborative with CHI was created to present a virtual training on what they are facing as a community.



HAP Program
 “Immediately after taking Parent Project, I was suggested to take Adult Mental Health First Aid and then other courses related to alcohol and other drugs offered by (BHRS), all trainings at no cost. I got hooked! This was the path I needed to take to understand and accept that life can be enjoyable while parenting two children with learning and behavioral challenges.”

SYSTEM TRANSFORMATION

ODE is an integral part of BHRS in San Mateo County. It is the driver for many system transformation initiatives including the Government Alliance on Race and Equity (GARE), which is an initiative currently being carried out County departments. ODE is also tasked with leading the Multi-Cultural Organizational Development (MCOD) process within BHRS. Additionally, the ODE Director has oversight of MHSA administration, planning and evaluation activities. The MHSA Manager and staff integrate an equity lens in all MHSA decision-making and community program planning processes. This impacts the way we conduct our needs assessments, hours of operation and events, and co-location of services, and decision-making processes.