

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)**  
**REGULAR MEETING**  
**Minutes**  
**November 7, 2018**

Members: Charles Menoher, Michele Wright, Sam Major, Sonny Stupek, Ron Henninger, Kerrie Hoppes, Marvin Peterson, Connie Webber, Ron Vigil and Kari Hess

Absent Members: Steve Smith, David Kehoe and Dale Marlar

Shasta County Staff: Donnell Ewert, Nancy Bolen, Dean True, Kerri Schuette, Carrie Jo Diamond and Teri Linson

Guests: Julie Boswell

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	<ul style="list-style-type: none"> <li>➤ Chair extended a warm welcome to all attendees. Chair also read the Public Comment requirements.</li> <li>➤ Board members and staff introduced themselves.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Charlie Menoher, MHADAB Chair</li> </ul>
II. Public Comment Period	<ul style="list-style-type: none"> <li>➤ Guest informed the Board that there is a new community program “Out for Mental Health” which is a program designed to provide resources for the LGBTQ population. It is just getting off the ground with plans of a low/no cost counseling center to provide a safe place for people to be able to express themselves.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Julie Boswell</li> </ul>
III. Provider Reports	<ul style="list-style-type: none"> <li>➤ None.</li> </ul>		
IV. Approval of Minutes	<ul style="list-style-type: none"> <li>➤ Minutes from the September 5, 2018 meeting were presented in written form.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Approved the September 5, 2018 minutes as submitted.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Kari Hess (Motion) Marvin Peterson (Second)</li> </ul>
V. Announcements and Review of Correspondence	<ul style="list-style-type: none"> <li>➤ Recognition of Kerrie Hoppes and Michele Wright</li> </ul>		<ul style="list-style-type: none"> <li>➤ Charlie Menoher, MHADAB Chair</li> </ul>
VI. Action Items	<ul style="list-style-type: none"> <li>A. Consider approving the Nominating Committee’s recommendation for 2019 Mental Health, Alcohol and Drug Advisory Board Chair Charlie Menoher and Vice Chair Kari Hess.</li> <li>B. Consider recommending to the Board of Supervisors the following member for reappointment to a three-year term: Samuel Major.</li> <li>C. Consider recommending to the Board of Supervisors the Membership Committee’s nomination of the following new member to fill the vacant MHADAB position: Elizabeth Jarrett – term to expire 12/31/2021.</li> <li>D. Approve Mental Health, Alcohol and Drug Advisory Board 2019 meeting dates.</li> </ul>	<ul style="list-style-type: none"> <li>A. Approved the Nominating Committee’s recommendation for 2019 Mental Health, Alcohol and Drug Advisory Board Chair, Charlie Menoher and Vice Chair, Kari Hess.</li> <li>B. Recommend to the Board of Supervisors the following member for reappointment to a three-year term: Samuel Major.</li> <li>C. Recommend the Board of Supervisors the Membership Committee’s nomination of the following new member to fill the vacant MHADAB position: Elizabeth Jarrett – term to expire 12/31/2021.</li> <li>D. Approved Mental Health, Alcohol and Drug Advisory Board 2019 meeting dates.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Michele Wright (Motion) Kerrie Hoppes (Second)</li> <li>➤ Marvin Peterson (Motion) Kari Hess (Second)</li> <li>➤ Kari Hess (Motion) Sonny Stupek (Second)</li> <li>➤ Kari Hess (Motion) Connie Webber (Second)</li> </ul>

VII. Presentations	<p>A. <u>CENTER FOR BEHAVIORAL HEALTH:</u> The Board was notified that Stephanie Peterson would not be able to present at the meeting today, but will present at the next MHADAB meeting scheduled for January 2, 2019.</p> <p>B. <u>AB 109 ALCOHOL AND DRUG SCREENINGS:</u> A presentation regarding a basic overview of the AB 109 Alcohol and Drug Screenings was provided by Tonya Clarke, Alcohol and Drug Counselor II [See attachment A] Discussion followed.</p>		<p>➤ Stephanie Peterson, Director of Behavioral Health – SRMC</p> <p>➤ Tonya Clarke, Alcohol and Drug Counselor II</p>
VIII. Discussions/Updates	<p>A. <u>MHADAB YOUTH SERVICES GOALS UPDATE:</u></p> <ul style="list-style-type: none"> <li>• 2-1-1 United Way - creating a link to their website, the idea of having a phone app is going to be too involved and too expensive.</li> <li>• The Social Media Campaign - It is going to be easier than expected to place advertising on Pandora and Spotify, and possibly Snapchat. Kerri Schuette will bring proposal to next meeting. The advertising will be directed at both youth and parents.</li> <li>• Schools - The superintendent is very receptive to having our information available to share and to be linked to the Shasta County web page.</li> <li>• Rack Cards - Children’s Services is still working on the wording for the Rack Cards.</li> <li>• There will be a survey for parents when they come in to seek services for youth, to find out how they learned of our services.</li> </ul>		<p>➤ Charlie Menoher, MHADAB Chair</p>
IX. Director’s Report	<p>➤ The Director’s Report was sent out prior to the meeting for the Board and guests to review. [see Attachment B] Discussion took place.</p>		<p>➤ Donnell Ewert, HHS Director</p>
X. MHADAB Standing Committee Report	<p>➤ <u>MHADAB EXECUTIVE COMMITTEE MEETING:</u> At the last meeting, discussed planning a New Member Orientation, to be scheduled in January. Also, discussed the calendar of meetings for 2019 and the next steps for the Youth Services Goals. The next Executive Committee Meeting will be held December 10, 2018 at 11:00 am.</p>		<p>➤ Charlie Menoher, MHADAB Chair</p>

XI. Other Reports	<ul style="list-style-type: none"> <li>➤ <u>STAND AGAINST STIGMA COMMITTEE:</u> Carrie Jo Diamond discussed the Brave Faces: Pre/Post Survey Analysis [see attachment C]</li> <li>➤ <u>SUICIDE PREVENTION WORKGROUP:</u> No report.</li> <li>➤ <u>ADP PROVIDER MEETING:</u> Next meeting scheduled for November 28, 2018 at 10:00 am.</li> <li>➤ <u>HOMELESSNESS MEETING:</u> In January, they will be doing the Homeless Point-in-Time Count and will need volunteers.</li> </ul>		<ul style="list-style-type: none"> <li>➤ Carrie Jo Diamond, Community Education Specialist</li> <li>➤ Steve Smith, MHADAB Member</li> <li>➤ Kari Hess, MHADAB Member</li>   <li>➤ Charlie Menoher, MHADAB Chair</li> </ul>
XII. Reminders	➤ See Agenda.		
XIII. Adjournment		➤ Adjournment (6:10 p.m.)	

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Charlie Menoher, Chair

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Teri Linson, Secretary

## **AB 109 Alcohol and Drug Screenings- A Basic Overview**

-All clients are referred thru the Probation Department at Community Corrections Center (CCC)

-All clients complete a triage with Alcohol and Drug Counselor and Mental Health Clinician on orientation day at the CCC. Orientation is for newly released offender/clients who are entering the Probation system.

-During triage clients are screened for any mental health challenges, substance use challenges, what their legal challenges are, and any medical issues they might have. We also assess their individual needs like housing, clothing, food, medical care, medical insurance, transportation, employment, school, CA ID, Social Security Card, Birth Certificate. There are also recommendations for (MRT} Moral Recognition Therapy, (ART} Anger Replacement Therapy and the (DRC} Daily Reporting Center and PPP Parenting programs that might benefit the offender/client. The Triage is to determine if there are any needs that the clients to have referrals and recommendations in order for them to be successful on Probation.

-If the client has any substance use challenges or any legal charges that are substance related they are given an appointment with Alcohol and Drug Counselor to complete a alcohol and drug screening with the Alcohol and Drug Counselor.

-The alcohol and drug screening is the ASAM Rating Chart that scores in the 6 categories indicating a level of care required for substance abuse treatment and support.

-Once the alcohol and drug screening is complete a recommendation form is completed and given to the Probation Officer.

-Alcohol and drug screening can also be completed at the jail, so that the Probation Officer has an established recovery plan for the offender/client once they are released onto Probation.

-Probation Officers can also request an alcohol and drug screening and make appointments on the Alcohol and Drug Counselors shared calendar for probation.



# Health and Human Services Agency

Donnell Ewert, MPH, Director

Dean True, RN, MPA, Adult Services Branch Director and Alcohol and Drug Program Administrator

Dianna Wagner, MS, LMFT, Children's Services Branch Director

## **Directors' Report – November 7, 2018** **Mental Health, Alcohol and Drug Advisory Board (MHADAB)**

### **Adult Services Branch Update**

- **Contracts to Improve the County's Continuum of Care for both Mental Health and Substance Use Disorders:**
  - A contract for a Mobile Crisis Team with Hill County Health & Wellness has been approved by the Shasta County Board of Supervisors. As with any new program, it will take time for services to begin, but Hill Country has indicated they are anxious to get this much need service going, and they are hoping for a start date before the end of this year. Meetings between Hill Country, HHSA, and the law enforcement community are being arranged.
  - A contract for involuntary psychiatric inpatient services (5150) with Shasta Regional Medical Center (SRMC), has now been approved by the Shasta County Board of Supervisors, and they are beginning to accept clients.
  - The Mental Health Rehabilitation Center (MHRC) project in Anderson that Restpadd was working on will not go forward as originally planned. Limitations on bed capacity prevent the project from being financially sustainable. Restpadd has invested time and money into the proposed building, and is currently exploring other program options, including a higher-level Board and Care facility.
  - HHSA has renewed a dialogue with a local Medi-Cal Drug/Alcohol provider with regards to operating a Sobering Center. There is renewed interest, and time is limited if Whole Person Care dollars are to be utilized. More information will be shared as discussions progress.
- **Ridgeview Upstairs Independent Apartments:** The County continues to work with Ridgeview to fully utilize this valuable resource.
- **Medication Assisted Treatment (MAT) in the jail:** HHSA continues discussions with both Jail staff, contractor who provides medical services in the jail (California Forensic Medical Group), and Aegis who is willing to provide funding and support through its 'Hub & Spoke' grant.
- **Learning Collaborative targeting opioid treatment within the criminal justice system:** HHSA continues to participate in the learning collaborative to explore options, with discussions centering on making both Vivitrol injections, and/or Suboxone, available to identified incarcerated individuals.
- The next ADP Provider meeting is scheduled for Wednesday, November 28, 2018, 10:00 am at the Mae Helene Bacon Boggs Conference Center.

### **Children's Branch Update:**

- **Youth Substance Use Treatment Collaborative:** The collaborative is finishing up trainings and will be working towards the implementation of a youth screening tool in January 2019. The purpose of these trainings is to increase the knowledge of Mental Health Staff internally and in the community in order to provide dual diagnosis treatment to youth.

- **At-Risk and Homeless Youth Initiative:** Community members and service providers meet on November 16, 2018, to discuss a youth facilitated meeting to identify needs of homeless youth. The Youth Needs Assessment will go out to high school youth this month.
- **AB 1299 (Presumptive Transfer):** Children's is working towards finalizing a contract with the California Mental Health Services Authority (CalMHSA) to utilize the reimbursement bank being established by Joint Power Authority (JPA) so that we will be reimbursed for the mental health services we provide to out-of-county foster youth residing in Shasta County.
- **At Risk Middle School:** The county will be having Botvin Life Skills staff come to Shasta County in January to complete a training for Kings View, Gateway Unified School District, and Cascade Elementary School District so that they can begin their full implementation of Botvin Life Skills into the 6<sup>th</sup> grade classrooms.

### **Board of Supervisor Staff Reports (September-October)**

- First Amendment to the Agreement with Vista Pacifica for Mental Health Treatment Services.
- Agreement with Northern Valley Catholic Social Service for Crisis Counseling Program
- 5150 Resolution and Agreement with Prime Healthcare Services, Inc.
- Homeless Mentally Ill Outreach & Treatment Program (HMIOT)
- Agreement with Cascades Management Inc., dba Ridgeview Residential Care Home
- Agreement with Kathaleen Waltz, dba LeBrun Adult Residential Care Facility
- Partnership HealthPlan Of California Memorandum of Understanding
- CARE Center Extension Letter
- Amendment to Agreement with Hill Country Community Clinic for Whole Person Care to Add Mobile Crisis Team
- Amendment with J. Reid McKellar, PH. D
- Renewal agreement with North Valley Catholic Social Service
- Amendment with Northern Valley Catholic Social Service-Triple P
- First Amendment with Andrew J. Wong Incorporated

# Brave Faces: Pre/Post Survey Analysis

Brave Faces is a part of Shasta County's Stigma and Discrimination Reduction project

Report Date: 9/12/2018

## *Introduction*

"Brave Faces" is an event where a person who has experienced a serious mental illness shares their story with others to promote recovery, hope, and wellness. At the event, viewers are given surveys to assess their attitudes towards mental illness before and after listening to the Brave Faces speaker. The purpose of this analysis is to explore any changes in the attitudes attendees had towards mental illness before and after viewing the presentation using their pre/post-surveys.

## *Methods*

### Survey Tool

The survey listed 18 statements about mental illness and the respondent was instructed to indicate how strongly they agreed or disagreed with each statement using a Likert Scale from 1-9 where selecting "1" meant "strongly agree" and selecting "9" meant "strongly disagree."

Statements on the survey were divided into four subjects: Attitudes towards a character with a serious mental illness (7 statements), their overall opinion about people with mental illness (2 statements), their overall perspective on the value of people with mental illness (3 statements), and their willingness to seek help if they themselves became mentally ill (6 statements). The survey also collected demographic information on the respondent such as their age, gender, level of education, race, sexual orientation, and employment status. Their completed pre/post-surveys were collected to assess any changes in attitudes. This analysis looks at the change in pre/post-survey scores by age group (Youth, ages 1-15, Transition Age Youth, ages 16-25, Adult, ages 26-59, and Older Adult, ages 60+) as well as by fiscal year (Fiscal Year 15/16, Fiscal Year 16/17, and Fiscal Year 17/18).

### Analysis

Statistically significant differences between the pre-and post-score averages for each group were assessed using a paired t-test at a 95% confidence interval.

## *Results*

This analysis excluded participants who were missing either a pre- or post-survey. If post-survey scores moved closer to the "1" side of the Likert Scale, this means that participants, on average, agreed more strongly than before with each survey statement. Stronger agreement than before represents an increase in positive outlook. Each group averaged a statistically significant increase in positive outlook on one or more survey statements after viewing the presentation. None of the groups averaged a statistically significant decrease in positive outlook post-presentation.

In the table below, the age groups include combined responses for all fiscal years. For each fiscal year, all age groups are combined. The “N” column refers to the maximum number of completed pre/post-surveys received from that group.

Group	N	Total number of survey statements averaging a statistically significant increase in positive outlook (CI = 95%)
Youth (ages 1 – 15)	13	3 out of 18
Transition Age Youth (ages 16-25)	137	18 out of 18
Adult (ages 26-59)	141	18 out of 18
Older Adult (ages 60+)	10	4 out of 18
Fiscal Year 15/16	97	17 out of 18
Fiscal Year 16/17	99	17 out of 18
Fiscal Year 17/18	101	18 out of 18

## *Conclusions and Recommendations*

### Limitations

There were very few pre/post-surveys collected from Youth (13 surveys) and from Older Adults (10 surveys), which increased the amount of error in their samples. One survey statement from the Older Adult group averaged no statistically significant increase in positive outlook because the average score for this statement was as positive as the scale would allow on both their pre- and post-surveys. If a group did not show a statistically significant improvement in average score on a statement this does not mean that they did not have a positive outlook overall.

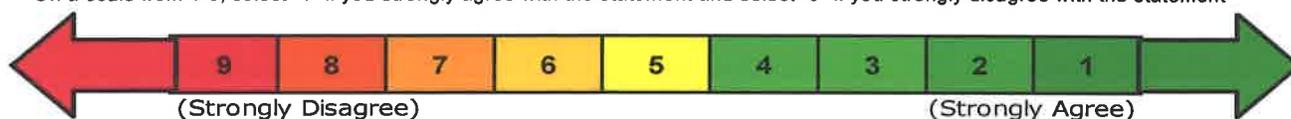
### Conclusions

Brave Faces presentations have had a statistically significant impact on their audience’s attitudes towards mental illness, most notably among people ages 16-59. Brave Faces presentations have also had a wide impact on its viewers every fiscal year, with 17 out of 18 survey statements averaging a statistically significant increase in positive outlook in FY 15/16 and FY/16/17 and all statements averaging a statistically significant increase in positive outlook in FY 17/18. These results seem to indicate that this presentation format is effective and beneficial for stigma and discrimination reduction efforts.

### Recommendations

Overall, the data indicates that this program has been successful in changing people’s attitudes towards mental illness. Efforts should be made to encourage more attendance and participation from viewers in the “Youth” and “Older Adult” age groups. This might be accomplished by targeting presentations to audiences specifically in these age groups. Cultivating speakers who are members of these age groups may be another tactic for this program to explore. Also of note, across all years and age groups, the questions showing the least amount of positive change were in the “Willingness to seek help” category. Perhaps additional focus could be paid to presentations and discussions reflecting the positive aspects of looking for and obtaining assistance with mental health issues.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Youth (1-15)

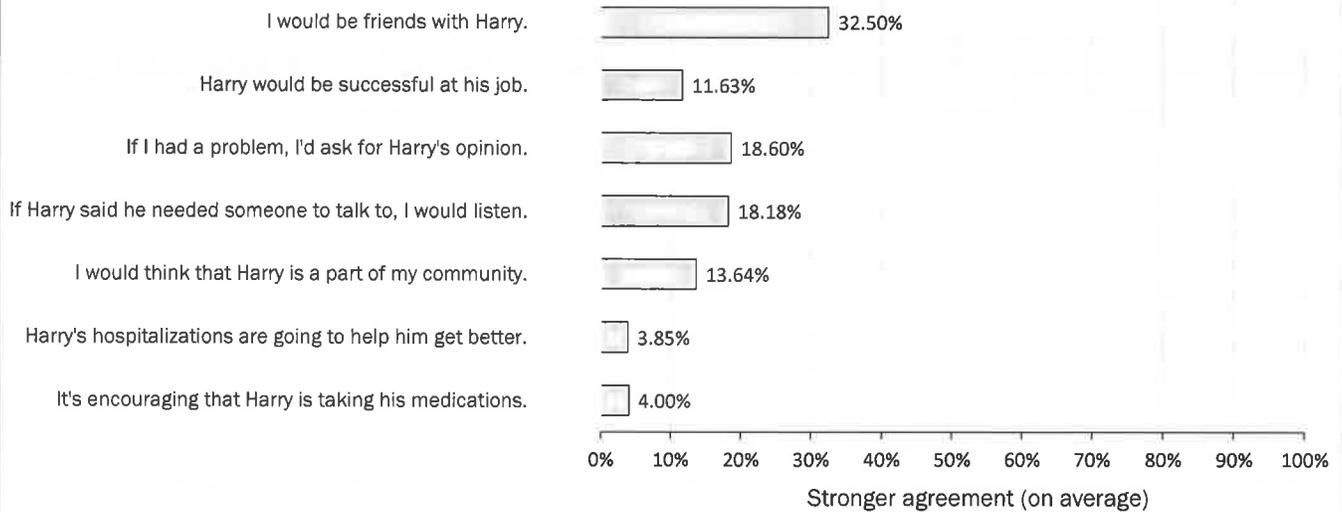
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	4.0	2.7	➔ 1.31	✓	13
Harry would be successful at his job.	4.3	3.8	➔ 0.54	⊘	13
If I had a problem, I'd ask for Harry's opinion.	4.3	3.5	➔ 0.85	✓	13
If Harry said he needed someone to talk to, I would listen.	2.2	1.8	➔ 0.38	⊘	13
I would think Harry is a part of my community.	2.2	1.9	➔ 0.30	⊘	13
Harry's hospitalizations are going to help him get better.	2.6	2.5	➔ 0.16	⊘	13
It's encouraging that Harry is taking his medications.	2.5	2.4	➔ 0.08	⊘	13

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.1	➔ 0.50	⊘	12
Coping with mental illness is not the main focus of the lives of people with mental illness.	3.8	3.2	➔ 0.58	⊘	12

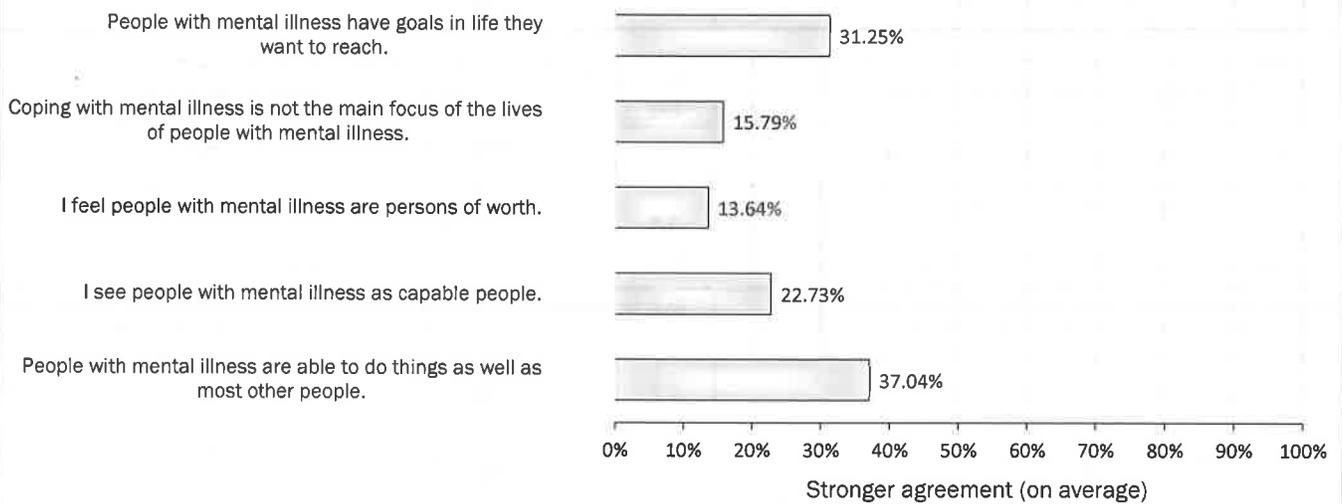
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	2.2	1.9	➔ 0.25	⊘	12
I see people with mental illness as capable people.	2.2	1.7	➔ 0.50	⊘	12
People with mental illness are able to do things as well as most other people.	2.7	1.7	➔ 1.00	⊘	12

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	3.3	3.2	➔ 0.16	⊘	12
I would speak to a psychiatrist if I were significantly anxious or depressed.	3.1	3.2	➔ -0.09	⊘	12
I would speak to a counselor if I were significantly anxious or depressed.	3.6	3.2	➔ 0.41	⊘	12
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	4.7	4.6	➔ 0.09	⊘	12
I would speak to a friend or family member if I were significantly anxious or depressed.	1.8	1.6	➔ 0.17	⊘	12
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	3.9	3.4	➔ 0.50	✓	12

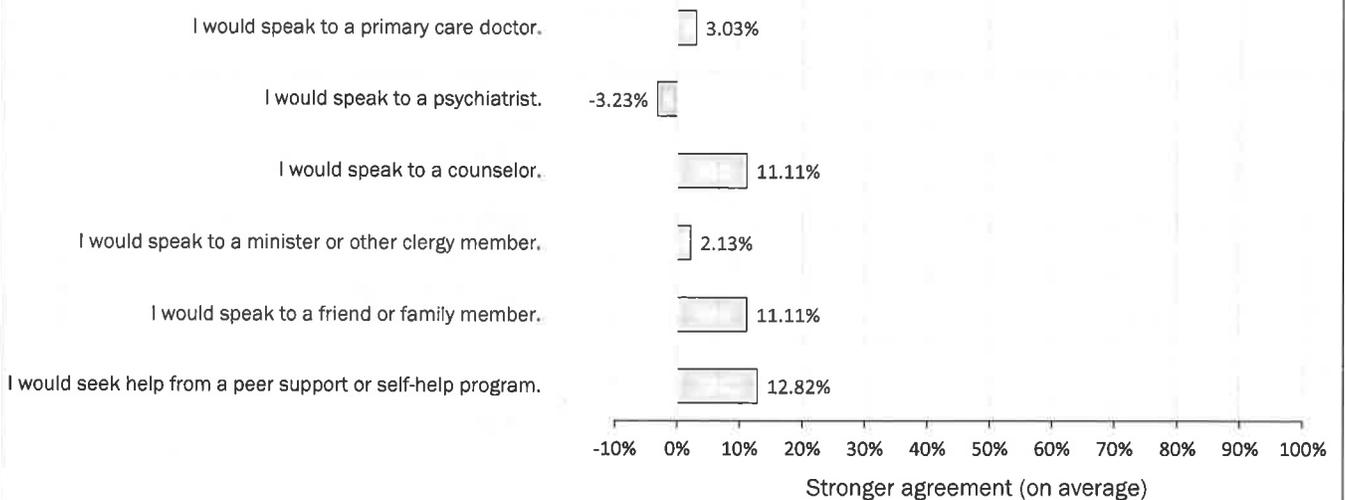
### Harry's Story - Youth



### Perspectives on people with mental illness - Youth



### Willingness to seek help (if significantly anxious or depressed) - Youth



## *Youth (1-15)*

### Findings

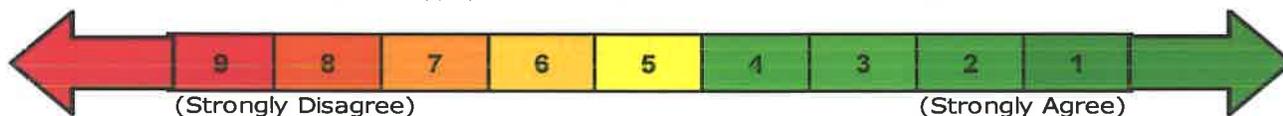
Youth, on average, agreed with each statement before and after viewing the presentation. Youth agreed more strongly with each statement after viewing the presentation except for one: willingness to speak to a psychiatrist if significantly anxious or depressed. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. Most of the pre/post-results were not statistically significant at a 95% confidence interval. Post-presentation, however, average agreement on 3 of the statements were stronger to the point of statistical significance: being friends with Harry (down from 4.0 to 2.7), asking for Harry's opinion if confronted with a problem (down from 4.3 to 3.5), and seeking help from a peer support or self-help program if significantly anxious or depressed (down from 3.9 to 3.4).

The largest improvement between pre- and post-survey scores was on the statement about people with mental illnesses doing things as well as most other people (37.04% increase in positive outlook). The lowest improvement was on the statement about speaking to a psychiatrist if significantly anxious or depressed (3.23% decrease in positive outlook).

### Sample Size

There were only 13 participants in this group who completed both pre/post-surveys for statements about Harry and only 12 participants in this group who completed both pre/post-surveys for the remaining statements.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## TAY (16-25)

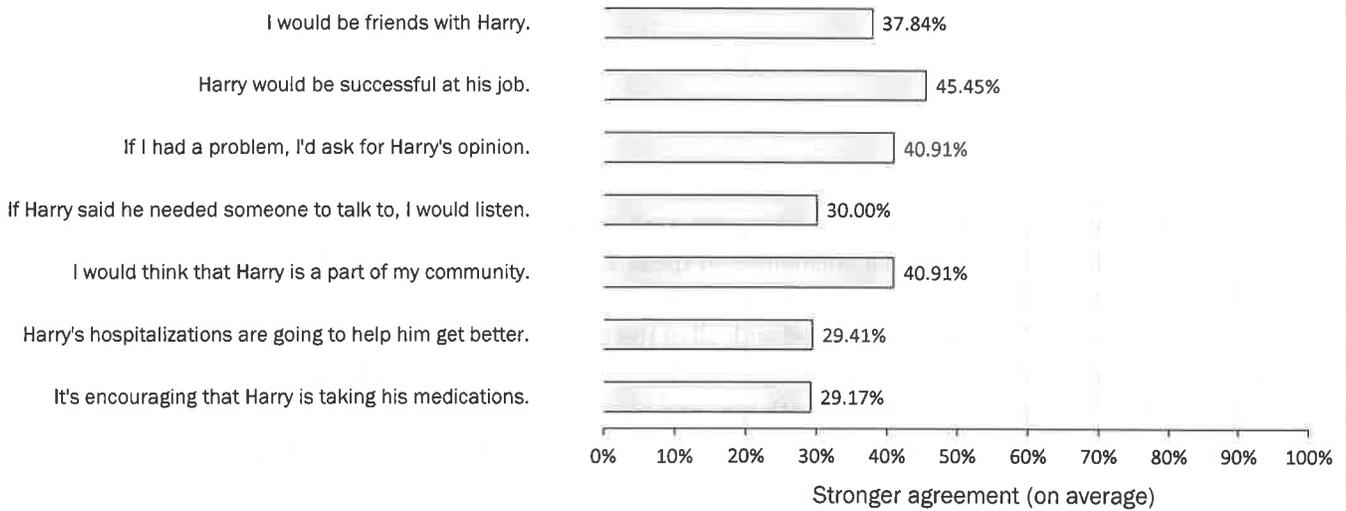
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	3.7	2.3	→ 1.44	✓	136
Harry would be successful at his job.	4.4	2.4	→ 2.01	✓	136
If I had a problem, I'd ask for Harry's opinion.	4.4	2.6	→ 1.76	✓	137
If Harry said he needed someone to talk to, I would listen.	2.0	1.4	→ 0.66	✓	133
I would think Harry is a part of my community.	2.2	1.3	→ 0.85	✓	136
Harry's hospitalizations are going to help him get better.	3.4	2.4	→ 0.97	✓	135
It's encouraging that Harry is taking his medications.	2.4	1.7	→ 0.67	✓	137

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.2	→ 0.40	✓	137
Coping with mental illness is not the main focus of the lives of people with mental illness.	4.1	2.9	→ 1.14	✓	134

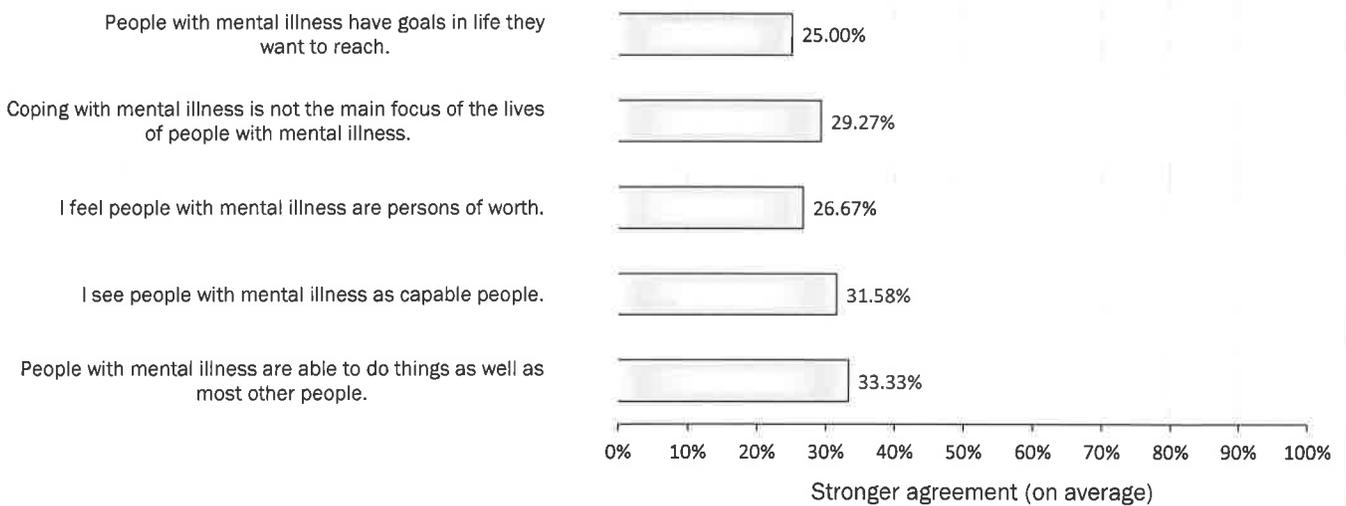
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.5	1.1	→ 0.45	✓	136
I see people with mental illness as capable people.	1.9	1.3	→ 0.64	✓	136
People with mental illness are able to do things as well as most other people.	2.4	1.6	→ 0.79	✓	136

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	3.7	2.9	→ 0.84	✓	135
I would speak to a psychiatrist if I were significantly anxious or depressed.	3.5	3.0	→ 0.58	✓	135
I would speak to a counselor if I were significantly anxious or depressed.	3.2	2.7	→ 0.54	✓	135
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	5.5	4.7	→ 0.81	✓	134
I would speak to a friend or family member if I were significantly anxious or depressed.	2.3	2.0	→ 0.30	✓	135
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	4.0	3.1	→ 0.90	✓	135

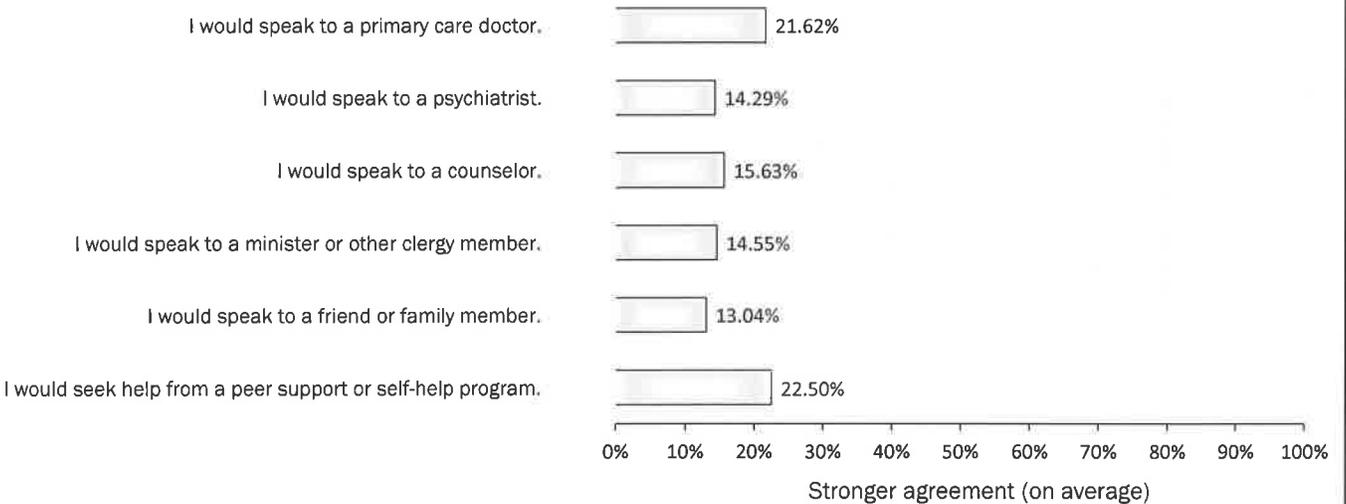
### Harry's Story - TAY



### Perspectives on people with mental illness - TAY



### Willingness to seek help (if significantly anxious or depressed) - TAY



## *Transition Age Youth (TAY) (16-25)*

### Findings

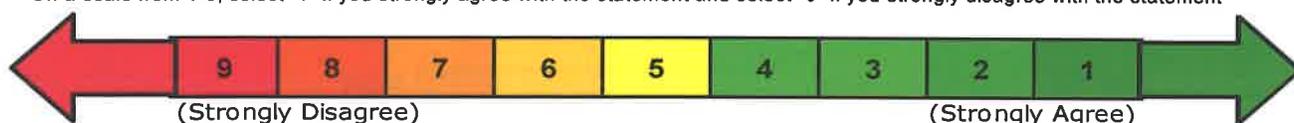
Transition age youth (TAY), on average, agreed with each statement before viewing the presentation except for the statement about their willingness to speak with a minister or clergy if significantly anxious or depressed (the average score on this statement before viewing the presentation was 5.5, which is in 'neutral' territory). TAY, on average, agreed with all of the statements after viewing the presentation and agreed with each statement more strongly than before. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. All of the pre/post-results were statistically significant at a 95% confidence interval.

The largest improvement between pre- and post-survey scores was on the statement about Harry being successful at his job (45.45% increase in positive outlook). The lowest improvement was on the statement about speaking to a friend or family member if significantly anxious or depressed (13.04% increase in positive outlook).

### Sample Size

Every statement received a minimum of 134 completed pre/post-surveys.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Adult (26-59)

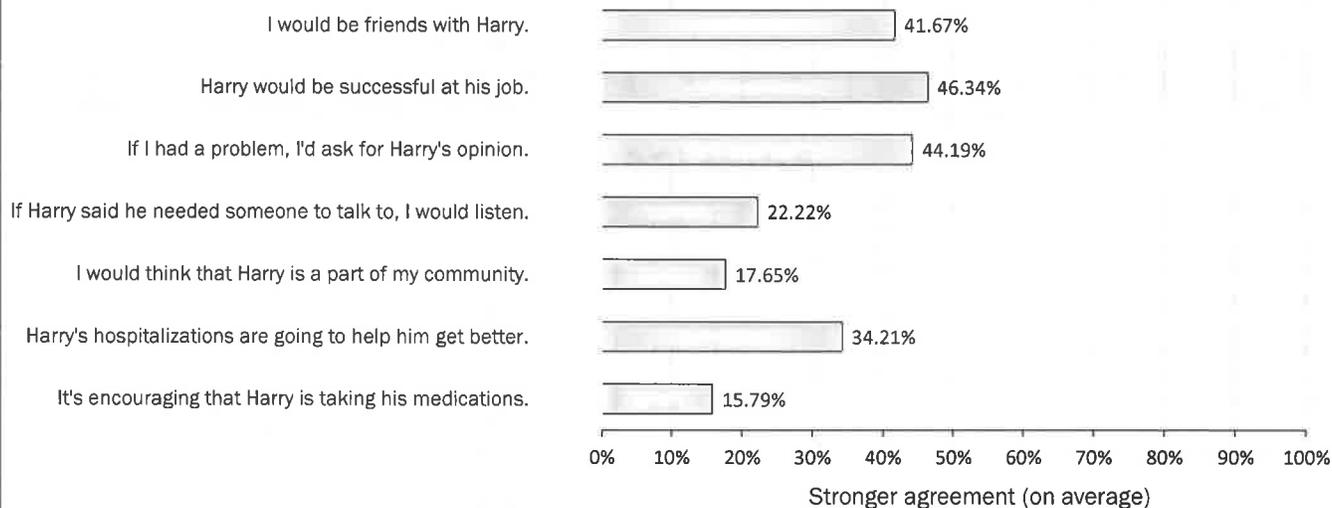
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	3.6	2.1	➔ 1.41	✓	139
Harry would be successful at his job.	4.1	2.2	➔ 1.91	✓	139
If I had a problem, I'd ask for Harry's opinion.	4.3	2.4	➔ 1.89	✓	135
If Harry said he needed someone to talk to, I would listen.	1.8	1.4	➔ 0.34	✓	139
I would think Harry is a part of my community.	1.7	1.4	➔ 0.24	✓	138
Harry's hospitalizations are going to help him get better.	3.8	2.5	➔ 1.36	✓	139
It's encouraging that Harry is taking his medications.	1.9	1.6	➔ 0.32	✓	139

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.3	➔ 0.38	✓	141
Coping with mental illness is not the main focus of the lives of people with mental illness.	4.3	3.1	➔ 1.18	✓	139

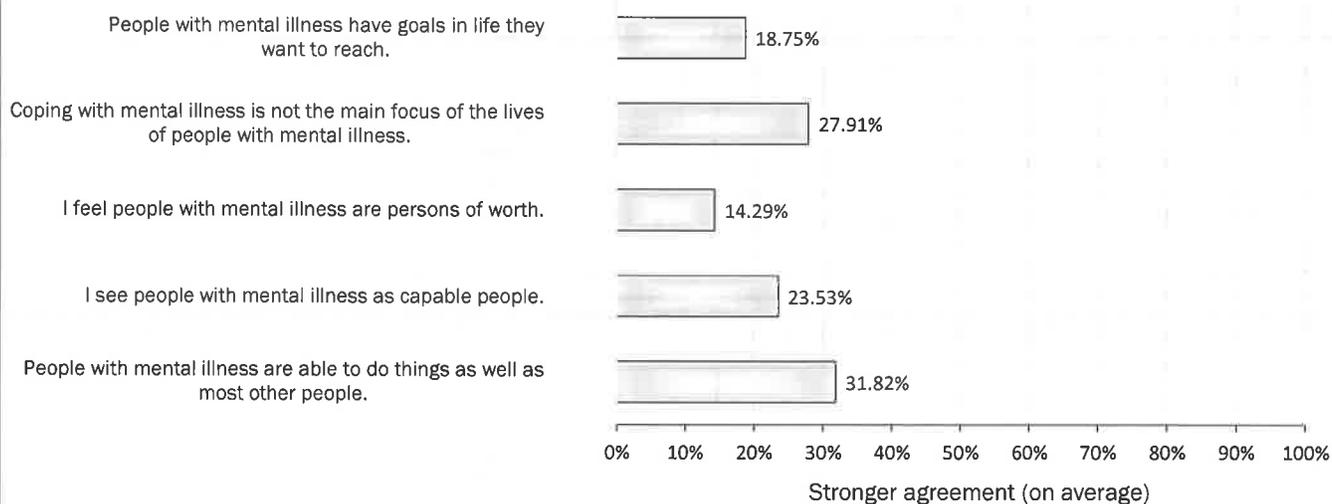
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.4	1.2	➔ 0.19	✓	139
I see people with mental illness as capable people.	1.7	1.3	➔ 0.38	✓	139
People with mental illness are able to do things as well as most other people.	2.2	1.5	➔ 0.77	✓	139

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	2.8	2.3	➔ 0.48	✓	139
I would speak to a psychiatrist if I were significantly anxious or depressed.	2.9	2.5	➔ 0.48	✓	139
I would speak to a counselor if I were significantly anxious or depressed.	2.3	1.9	➔ 0.42	✓	138
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	5.1	4.1	➔ 0.92	✓	136
I would speak to a friend or family member if I were significantly anxious or depressed.	2.2	1.9	➔ 0.29	✓	138
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	3.3	2.6	➔ 0.69	✓	138

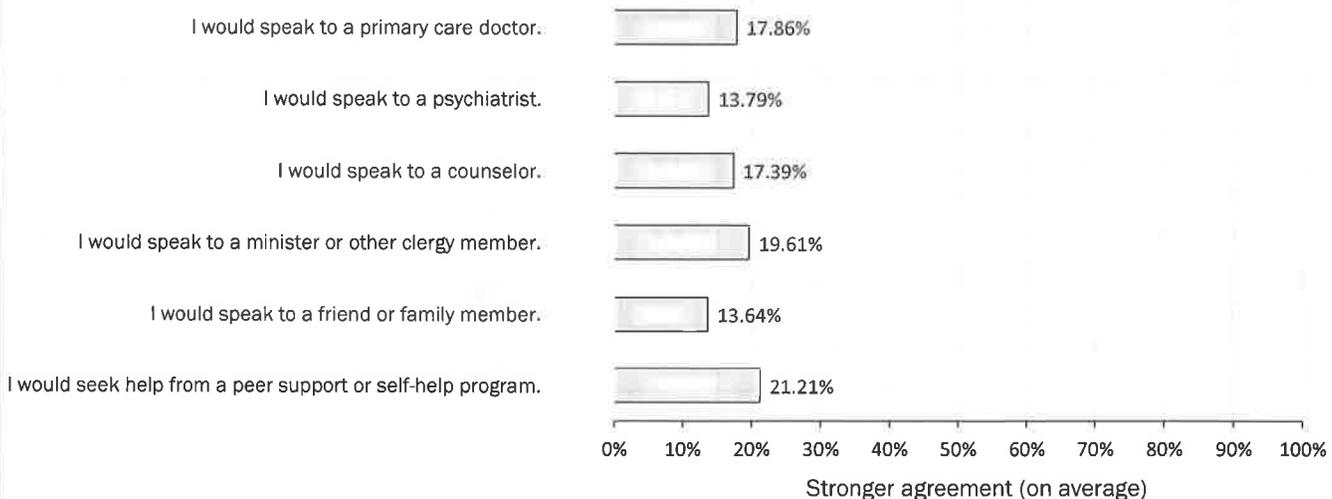
### Harry's Story - Adults



### Perspectives on people with mental illness - Adults



### Willingness to seek help (if significantly anxious or depressed) - Adults



## *Adult (26-59)*

### Findings

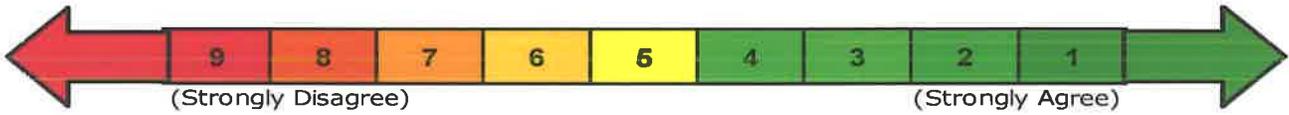
Adults, on average, agreed with each statement before viewing the presentation except for the statement about their willingness to speak with a minister or clergy if significantly anxious or depressed (the average score on this statement before viewing the presentation was 5.1, which is in 'neutral' territory). After viewing the presentation, adults agreed with each statement and agreed more strongly than before. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. All of the pre/post-results were statistically significant at a 95% confidence interval.

The largest improvement between pre- and post-survey scores was on the statement about Harry being successful at his job (46.34% increase in positive outlook). The lowest improvement was on the statement about speaking to a friend or family member if significantly anxious or depressed (13.64% increase in positive outlook).

### Sample Size

Every statement received a minimum of 135 completed pre/post-surveys.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Older Adult (60+)

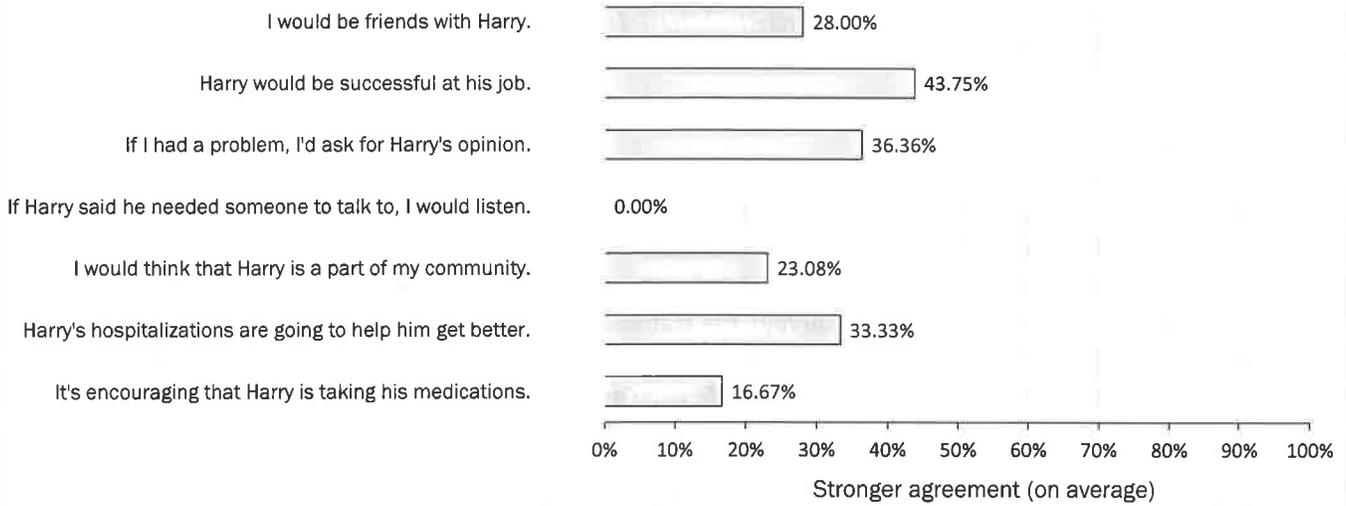
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	2.5	1.8	➔ 0.70	✓	10
Harry would be successful at his job.	3.2	1.8	➔ 1.44	✓	9
If I had a problem, I'd ask for Harry's opinion.	3.3	2.1	➔ 1.22	✓	9
If Harry said he needed someone to talk to, I would listen.	1.0	1.0	↔ 0.00	⊘	10
I would think Harry is a part of my community.	1.3	1.0	➔ 0.33	⊘	9
Harry's hospitalizations are going to help him get better.	2.1	1.4	➔ 0.70	✓	10
It's encouraging that Harry is taking his medications.	1.2	1.0	➔ 0.20	⊘	10

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.4	1.4	↔ 0.00	⊘	9
Coping with mental illness is not the main focus of the lives of people with mental illness.	2.7	1.3	➔ 1.34	⊘	9

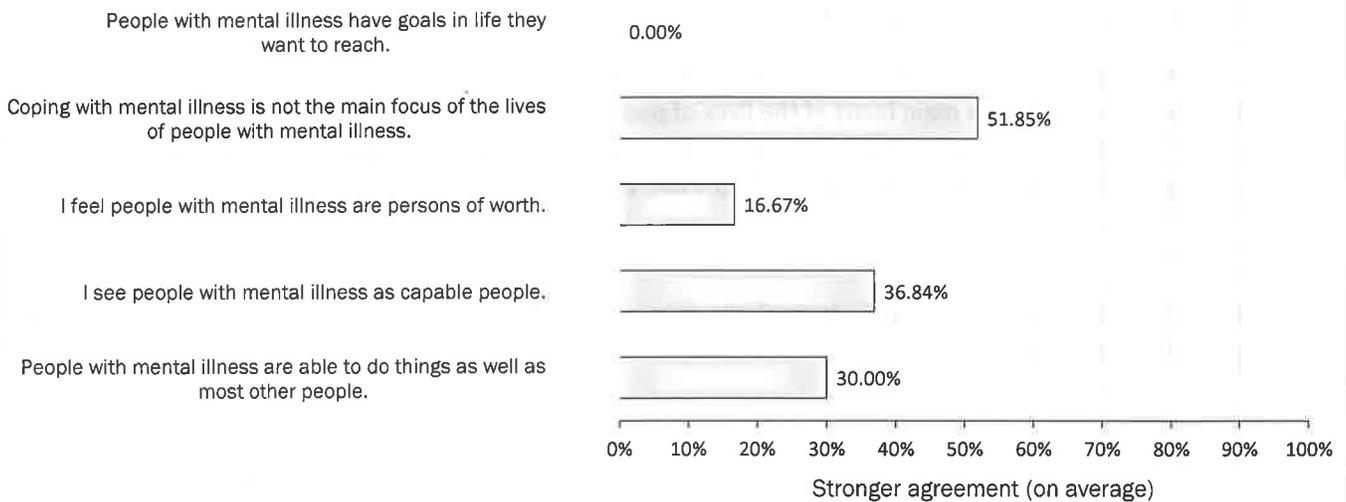
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.2	1.0	➔ 0.22	⊘	9
I see people with mental illness as capable people.	1.9	1.2	➔ 0.67	⊘	9
People with mental illness are able to do things as well as most other people.	2.0	1.4	➔ 0.56	⊘	9

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	1.4	1.6	➔ -0.12	⊘	9
I would speak to a psychiatrist if I were significantly anxious or depressed.	2.4	2.1	➔ 0.33	⊘	9
I would speak to a counselor if I were significantly anxious or depressed.	1.7	1.3	➔ 0.34	⊘	9
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	2.9	2.5	➔ 0.38	⊘	8
I would speak to a friend or family member if I were significantly anxious or depressed.	1.3	1.3	↔ 0.00	⊘	9
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	2.4	2.1	➔ 0.33	⊘	9

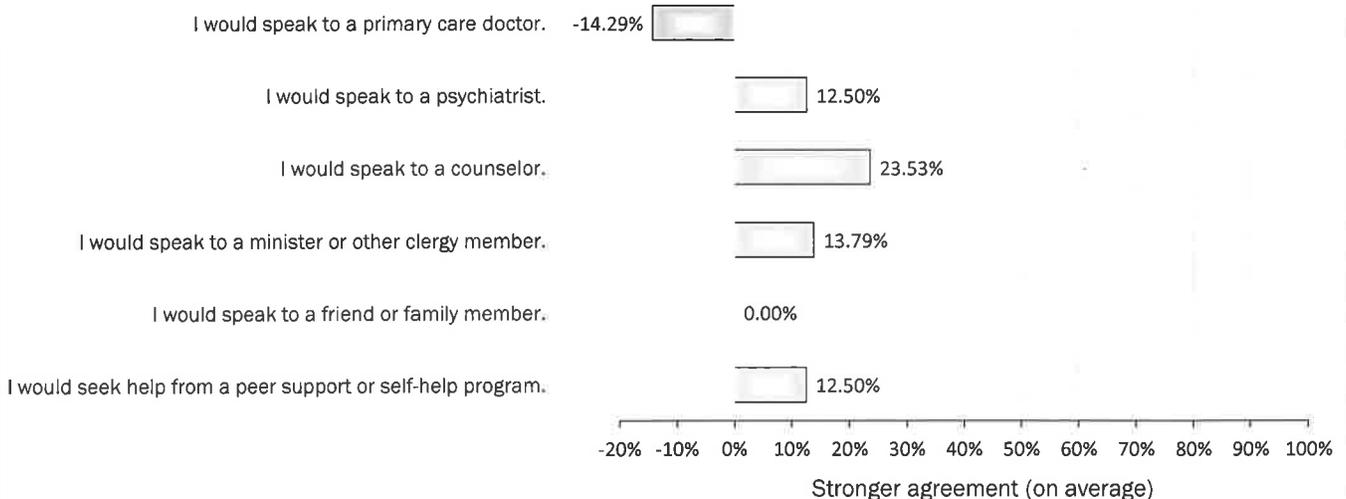
### Harry's Story - Older Adult



### Perspectives on people with mental illness - Older Adult



### Willingness to seek help (if significantly anxious or depressed) - Older Adult



## *Older Adult (60+)*

### Findings

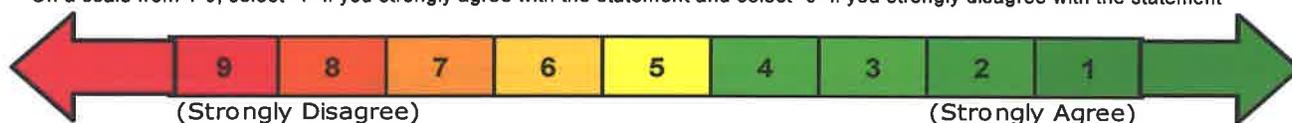
Older adults, on average, agreed with each statement before and after viewing the presentation. After viewing the presentation, older adults agreed with most statements more strongly than before, except the statement about listening to Harry if he needed someone to talk to (the average scores for this statement were '1' both pre- and post-survey), the statement about people with mental illness having goals in life they want to reach (both 1.4 pre- and post-survey), and slightly less agreement on whether they would speak to a primary care doctor if significantly anxious or depressed (1.4 pre- and 1.6 post-survey). Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. Most of the pre/post-results were not statistically significant at a 95% confidence interval. Four statements, however, received a statistically significant increase in average agreement: being friends with Harry, Harry being successful at his job, asking for Harry's opinion if a problem arose, and Harry's hospitalizations help him to get better.

The largest improvement between pre- and post-survey scores was on the statement about coping with mental illness not being the main focus of the lives of people with mental illness (51.85% increase in positive outlook). The lowest improvement was on the statement about speaking to a primary care doctor if significantly anxious or depressed (14.29% decrease in positive outlook).

### Sample Size

This group had the lowest number of respondents, where the statement with the maximum number of responses received was 10.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Fiscal Year 15/16

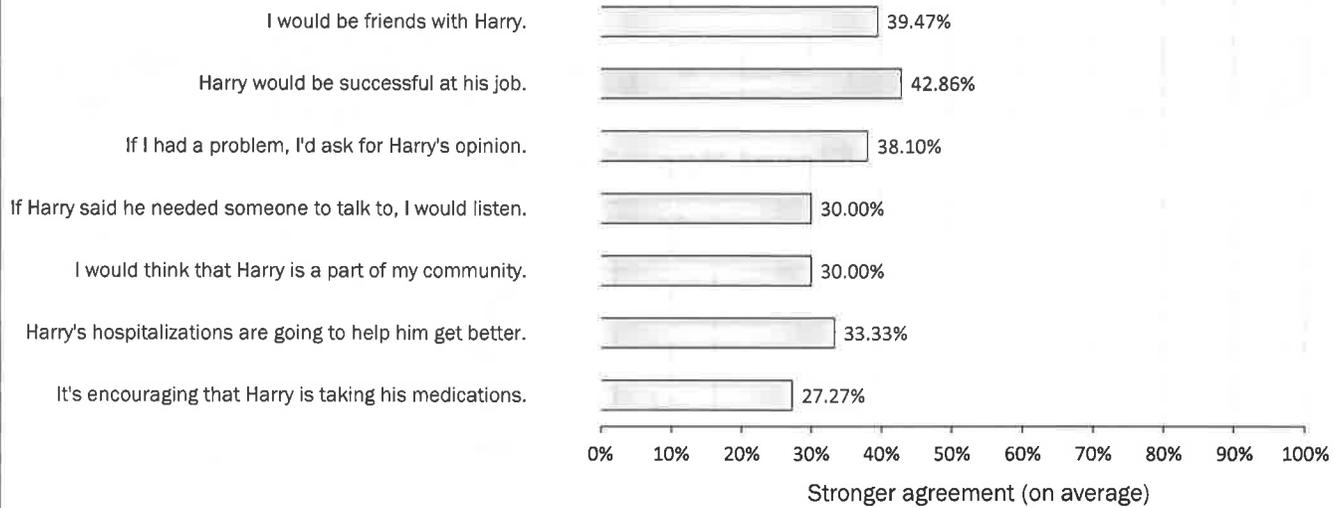
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	3.8	2.3	➔ 1.55	✓	95
Harry would be successful at his job.	4.2	2.4	➔ 1.77	✓	96
If I had a problem, I'd ask for Harry's opinion.	4.2	2.6	➔ 1.61	✓	93
If Harry said he needed someone to talk to, I would listen.	2.0	1.4	➔ 0.60	✓	95
I would think Harry is a part of my community.	2.0	1.4	➔ 0.60	✓	95
Harry's hospitalizations are going to help him get better.	3.9	2.6	➔ 1.27	✓	95
It's encouraging that Harry is taking his medications.	2.2	1.6	➔ 0.65	✓	96

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.2	➔ 0.35	✓	97
Coping with mental illness is not the main focus of the lives of people with mental illness.	4.1	2.9	➔ 1.26	✓	95

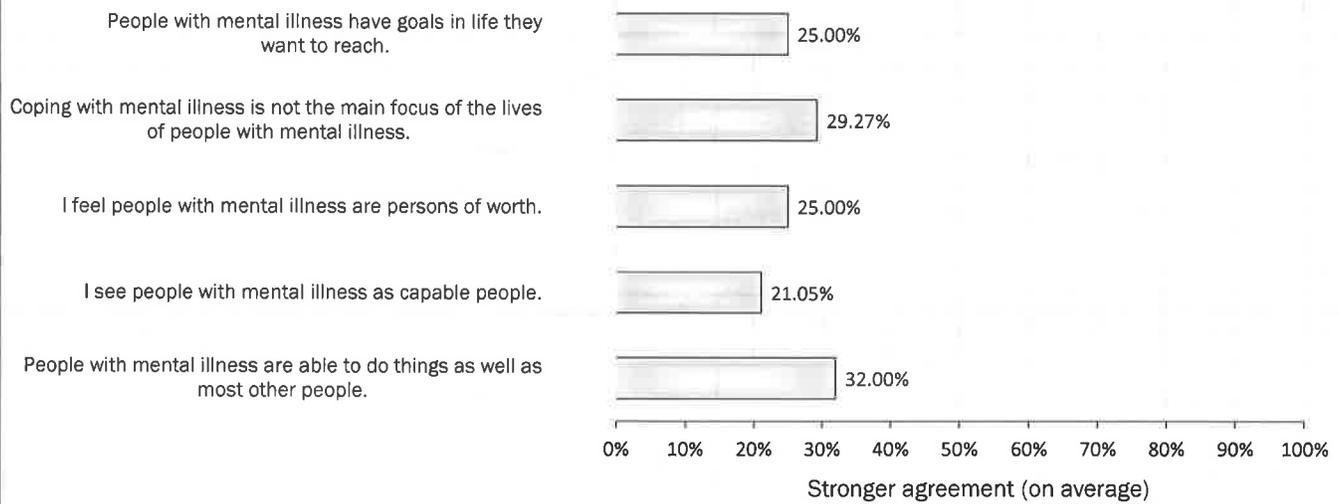
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.6	1.2	➔ 0.44	✓	96
I see people with mental illness as capable people.	1.9	1.5	➔ 0.47	✓	96
People with mental illness are able to do things as well as most other people.	2.5	1.7	➔ 0.76	✓	96

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	3.3	2.5	➔ 0.84	✓	96
I would speak to a psychiatrist if I were significantly anxious or depressed.	3.2	2.7	➔ 0.56	✓	96
I would speak to a counselor if I were significantly anxious or depressed.	2.8	2.2	➔ 0.52	✓	95
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	4.7	3.8	➔ 0.92	✓	94
I would speak to a friend or family member if I were significantly anxious or depressed.	2.1	1.8	➔ 0.22	⊖	95
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	3.7	3.1	➔ 0.66	✓	95

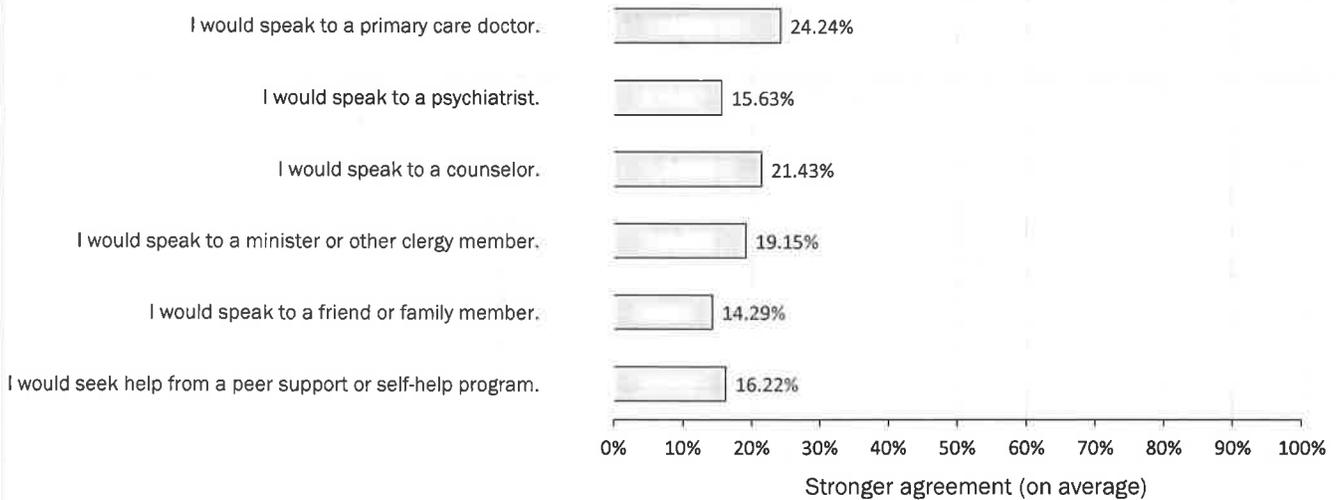
### Harry's Story - FY 15/16



### Perspectives on people with mental illness - FY 15/16



### Willingness to seek help (if significantly anxious or depressed) - FY 15/16



## *Fiscal Year 15-16*

### Findings

In Fiscal Year 15-16, everyone, on average, agreed with each statement before and after viewing the presentation. After viewing the presentation, everyone agreed with each statement more strongly than before. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. All of the pre/post-results were statistically significant at a 95% confidence interval except for the statement about speaking to a friend or family member if significantly anxious or depressed.

The largest improvement between pre- and post-survey scores was on the statement about Harry being successful at his job (42.86% increase in positive outlook). The lowest improvement was on the statement about speaking to a friend or family member if significantly anxious or depressed (14.29% increase in positive outlook).

### Sample Size

In Fiscal Year 15-16, the statement with the minimum number of responses received was 93.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Fiscal Year 16/17

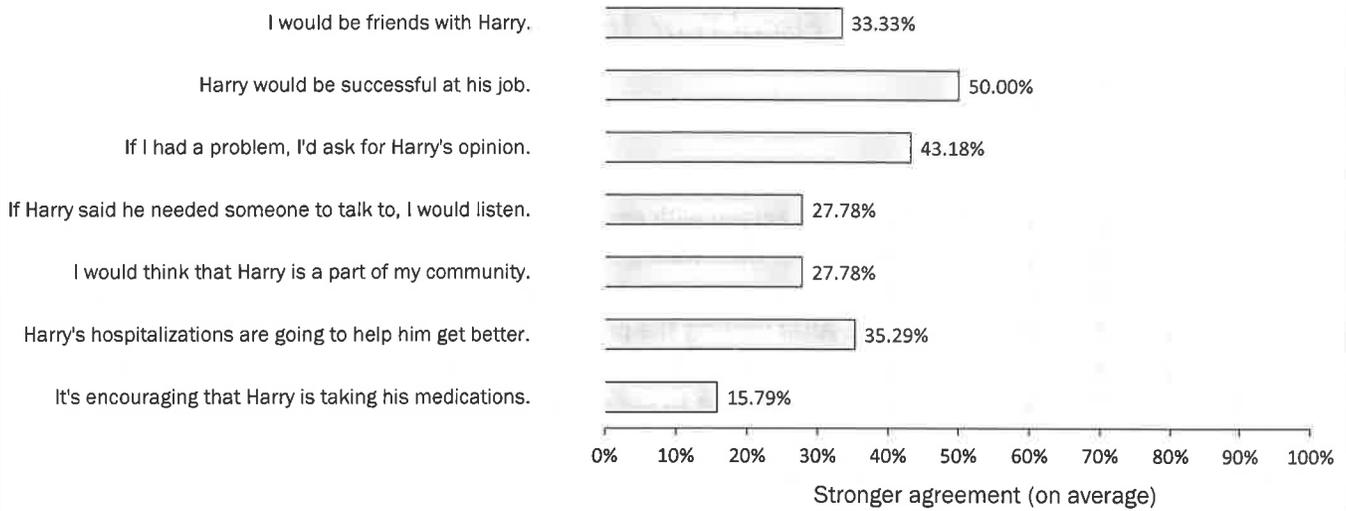
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	3.3	2.2	➔ 1.10	✓	97
Harry would be successful at his job.	4.2	2.1	➔ 2.08	✓	98
If I had a problem, I'd ask for Harry's opinion.	4.4	2.5	➔ 1.98	✓	97
If Harry said he needed someone to talk to, I would listen.	1.8	1.3	➔ 0.46	✓	97
I would think Harry is a part of my community.	1.8	1.3	➔ 0.50	✓	98
Harry's hospitalizations are going to help him get better.	3.4	2.2	➔ 1.20	✓	97
It's encouraging that Harry is taking his medications.	1.9	1.6	➔ 0.25	✓	98

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.2	➔ 0.36	✓	99
Coping with mental illness is not the main focus of the lives of people with mental illness.	4.1	3.0	➔ 1.13	✓	98

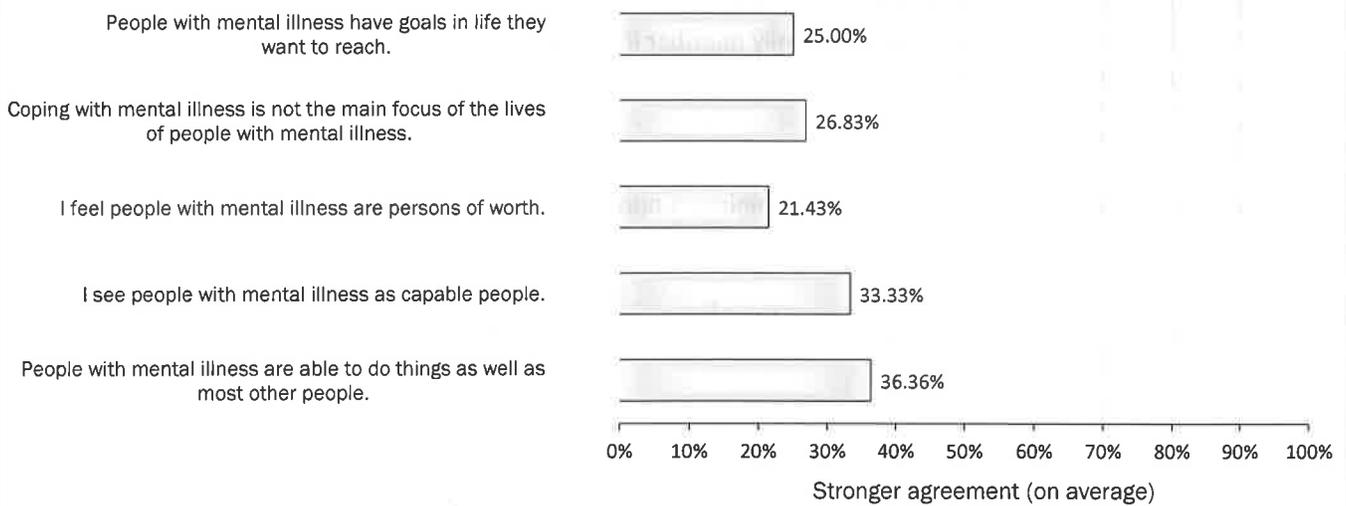
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.4	1.1	➔ 0.24	✓	99
I see people with mental illness as capable people.	1.8	1.2	➔ 0.55	✓	99
People with mental illness are able to do things as well as most other people.	2.2	1.4	➔ 0.83	✓	99

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	3.3	2.7	➔ 0.54	✓	98
I would speak to a psychiatrist if I were significantly anxious or depressed.	3.2	2.8	➔ 0.43	✓	98
I would speak to a counselor if I were significantly anxious or depressed.	2.6	2.2	➔ 0.46	✓	98
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	5.2	4.6	➔ 0.61	✓	98
I would speak to a friend or family member if I were significantly anxious or depressed.	2.2	2.1	➔ 0.11	⊘	98
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	3.5	2.6	➔ 0.96	✓	98

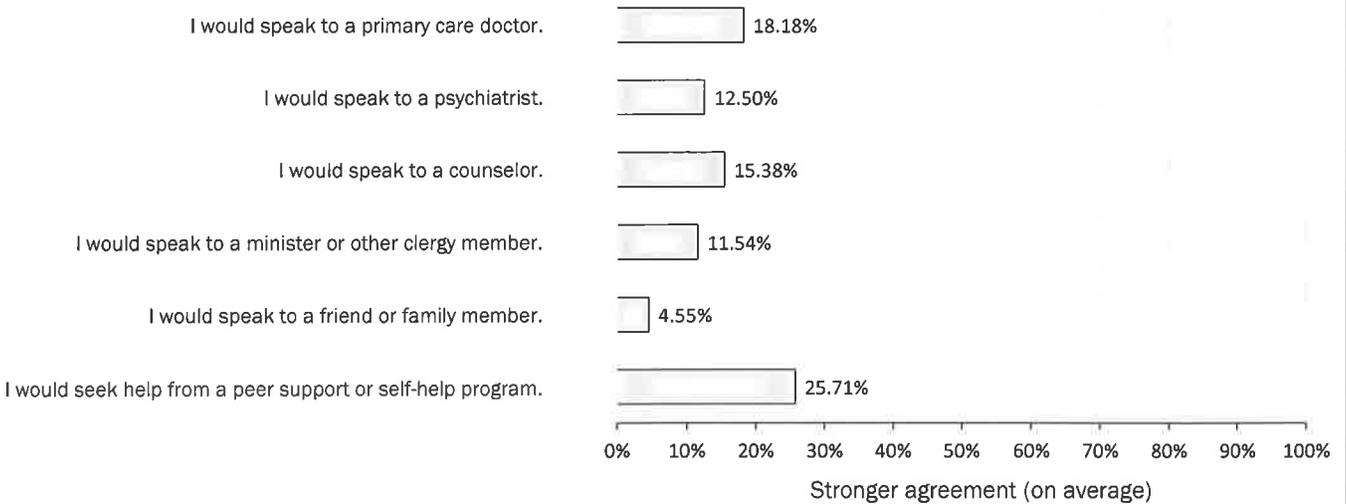
### Harry's Story - FY 16/17



### Perspectives on people with mental illness - FY 16/17



### Willingness to seek help (if significantly anxious or depressed) - FY 16/17



## *Fiscal Year 16-17*

### Findings

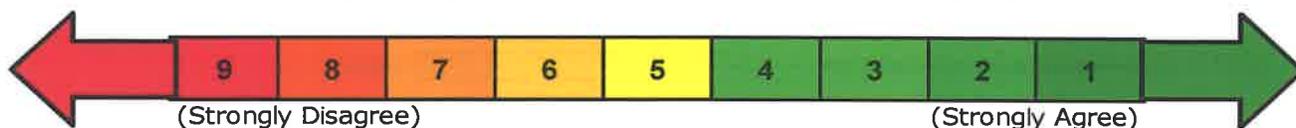
In Fiscal Year 16-17, everyone, on average, agreed with each statement before and after viewing the presentation except for the statement about their willingness to speak with a minister or clergy if significantly anxious or depressed (the average score on this statement before viewing the presentation was 5.2, which is in 'neutral' territory). After viewing the presentation, everyone agreed with each statement and agreed more strongly than before. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. All of the pre/post-results were statistically significant at a 95% confidence interval except for the statement about speaking to a friend or family member if significantly anxious or depressed.

The largest improvement between pre- and post-survey scores was on the statement about Harry being successful at his job (50.00% increase in positive outlook). The lowest improvement was on the statement about speaking to a friend or family member if significantly anxious or depressed (4.55% increase in positive outlook).

### Sample Size

In Fiscal Year 16-17, the statement with the minimum number of responses received was 97.

On a scale from 1-9, select "1" if you strongly agree with the statement and select "9" if you strongly disagree with the statement



## Fiscal Year 17/18

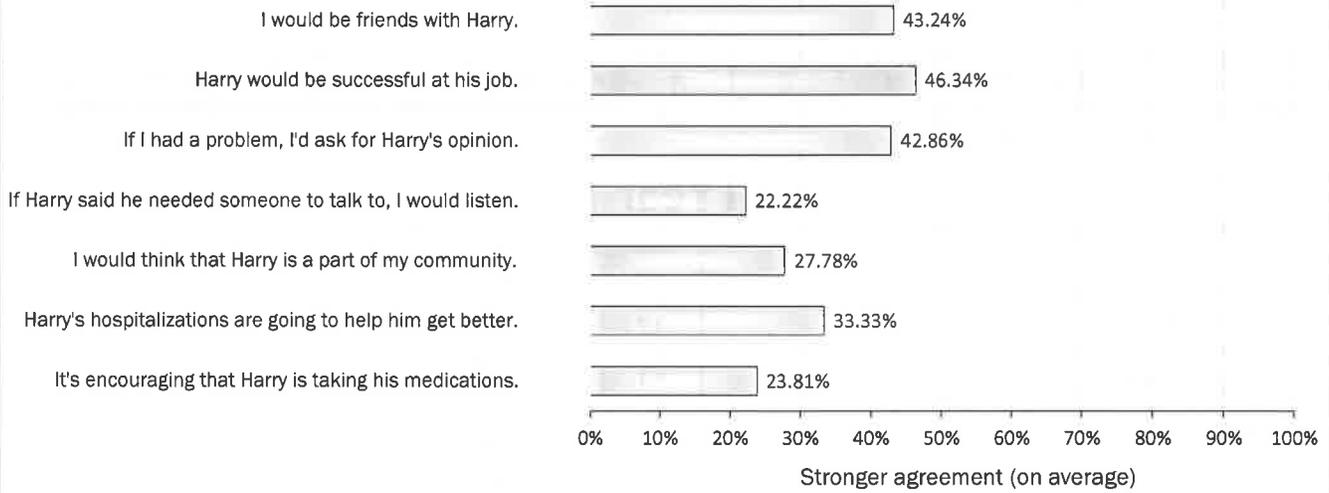
Harry's story	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would be friends with Harry.	3.7	2.1	➔ 1.53	✓	101
Harry would be successful at his job.	4.1	2.2	➔ 1.91	✓	99
If I had a problem, I'd ask for Harry's opinion.	4.2	2.4	➔ 1.82	✓	100
If Harry said he needed someone to talk to, I would listen.	1.8	1.4	➔ 0.33	✓	99
I would think Harry is a part of my community.	1.8	1.3	➔ 0.47	✓	100
Harry's hospitalizations are going to help him get better.	3.3	2.2	➔ 1.11	✓	101
It's encouraging that Harry is taking his medications.	2.1	1.6	➔ 0.49	✓	101

Overall Opinion about people with mental illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
People with mental illness have goals in life they want to reach.	1.6	1.2	➔ 0.41	✓	100
Coping with mental illness is not the main focus of the lives of people with mental illness.	4.1	2.8	➔ 1.31	✓	98

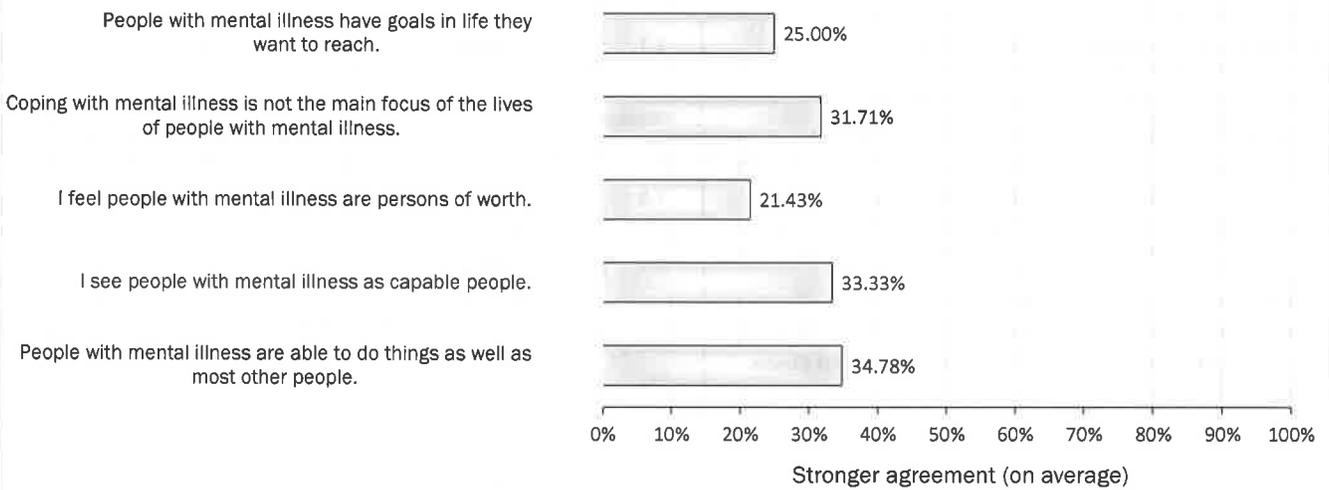
Overall Perspective on the Value of People with Mental Illness	Average Score		Change	Statistically significant?	N
	PRE	POST			
I feel people with mental illness are persons of worth.	1.4	1.1	➔ 0.27	✓	98
I see people with mental illness as capable people.	1.8	1.2	➔ 0.56	✓	98
People with mental illness are able to do things as well as most other people.	2.3	1.5	➔ 0.79	✓	98

Willingness to seek help	Average Score		Change	Statistically significant?	N
	PRE	POST			
I would speak to a primary care doctor if I were significantly anxious or depressed.	2.9	2.4	➔ 0.45	✓	98
I would speak to a psychiatrist if I were significantly anxious or depressed.	3.0	2.4	➔ 0.52	✓	98
I would speak to a counselor if I were significantly anxious or depressed.	2.6	2.1	➔ 0.42	✓	98
I would speak to a minister or other clergy member if I were significantly anxious or depressed.	5.6	4.6	➔ 1.01	✓	96
I would speak to a friend or family member if I were significantly anxious or depressed.	2.5	2.1	➔ 0.45	✓	98
I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	3.5	2.8	➔ 0.70	✓	98

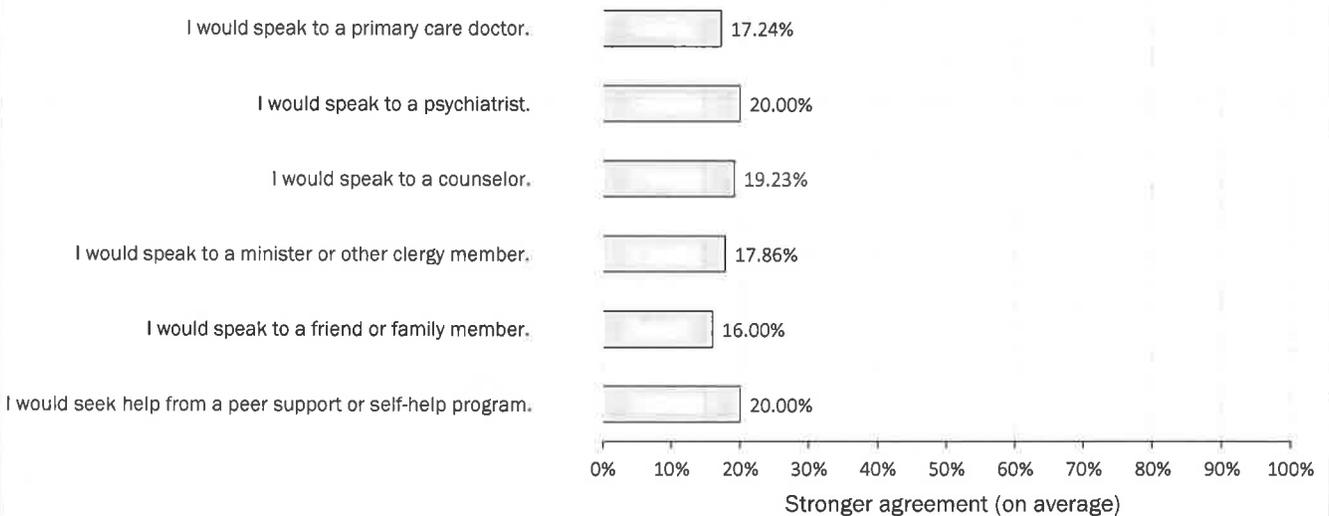
### Harry's Story - FY 17/18



### Perspectives on people with mental illness - FY 17/18



### Willingness to seek help (if significantly anxious or depressed) - FY 17/18



## *Fiscal Year 17-18*

### Findings

In Fiscal Year 17-18, everyone, on average, agreed with each statement before and after viewing the presentation except for the statement about their willingness to speak with a minister or clergy if significantly anxious or depressed (the average score on this statement before viewing the presentation was 5.6, which is in 'neutral' territory). After viewing the presentation, everyone agreed with each statement and agreed more strongly than before. Using a paired T-test, we compared responses from viewers who completed both pre- and post-surveys to see whether there were any statistically significant differences in average scores for each statement. All of the pre/post-results were statistically significant at a 95% confidence interval.

The largest improvement between pre- and post-survey scores was on the statement about Harry being successful at his job (46.34% increase in positive outlook). The lowest improvement was on the statement about speaking to a friend or family member if significantly anxious or depressed (16% increase in positive outlook).

### Sample Size

In Fiscal Year 17-18, the statement with the minimum number of responses received was 96.





**Harry is a 30 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness. Circle the number of the best answer to each question.**

	Strongly Agree								Strongly Disagree
1. I would be friends with Harry.	1	2	3	4	5	6	7	8	9
2. Harry would be successful at his job.	1	2	3	4	5	6	7	8	9
3. If I had a problem, I'd ask for Harry's opinion	1	2	3	4	5	6	7	8	9
4. If Harry said he needed someone to talk to, I would listen.	1	2	3	4	5	6	7	8	9
5. I would think Harry is a part of my community.	1	2	3	4	5	6	7	8	9
6. Harry's hospitalizations are going to help him get better.	1	2	3	4	5	6	7	8	9
7. It's encouraging that Harry is taking his medications.	1	2	3	4	5	6	7	8	9

**Your next responses should reflect your overall opinion about people with serious mental illness in general. Answer them on the nine-point scale.**

	Strongly Agree								Strongly Disagree
1. People with mental illness have goals in life they want to reach.	1	2	3	4	5	6	7	8	9
2. Coping with mental illness is not the main focus of the lives of people with mental illness.	1	2	3	4	5	6	7	8	9

**Instructions: Below are a few statements relating to one's perspective on life. Please circle the number that is closest to how you feel about the statement. First impressions are usually best.**

	Strongly Agree								Strongly Disagree
1. I feel people with mental illness are persons of worth.	1	2	3	4	5	6	7	8	9
2. I see people with mental illness as capable people.	1	2	3	4	5	6	7	8	9
3. People with mental illness are able to do things as well as most other people.	1	2	3	4	5	6	7	8	9

**Instructions: Below are a few statements relating to one's willingness to seek help. Please circle the response that is closest to how you feel about the statement.**

	Strongly Agree								Strongly Disagree
1. I would speak to a primary care doctor if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9
2. I would speak to a psychiatrist if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9
3. I would speak to a counselor if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9
4. I would speak to a spiritual leader or pastor if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9
5. I would speak to a friend or family member if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9
6. I would seek help from a peer support or self-help program if I were significantly anxious or depressed.	1	2	3	4	5	6	7	8	9

**(Optional) Comments:**

1. What did you find valuable about this event?

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2. What would improve this event if we held a similar one in the future?

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