



WELLNESS • RECOVERY • RESILIENCE



April 2021

Provider Engagement Meeting

Provider & Advocacy Groups
April 2021



Agenda



Welcome, Introductions



Synopsis of Community Engagement Meeting Results



Discussion 1: Improve Technology Skills & Access

Move to small groups



Report Out 1

Return to main room and present key discussion points from each group



Discussion 2: Mental Health Terms & Language

Move to small groups



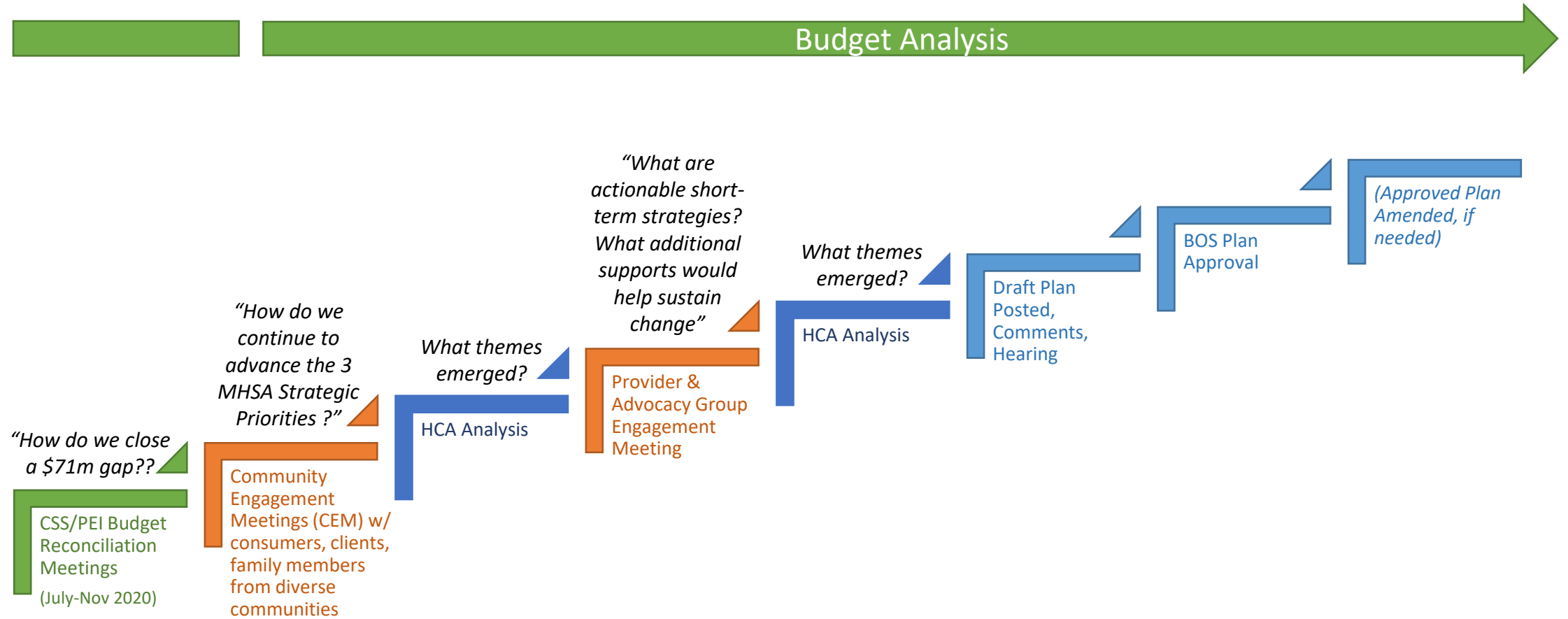
Report Out 2

Return to main room and present key discussion points from each group



Wrap Up

2021 Community Planning Process





Synopsis of 2021 Community Engagement Meeting Results

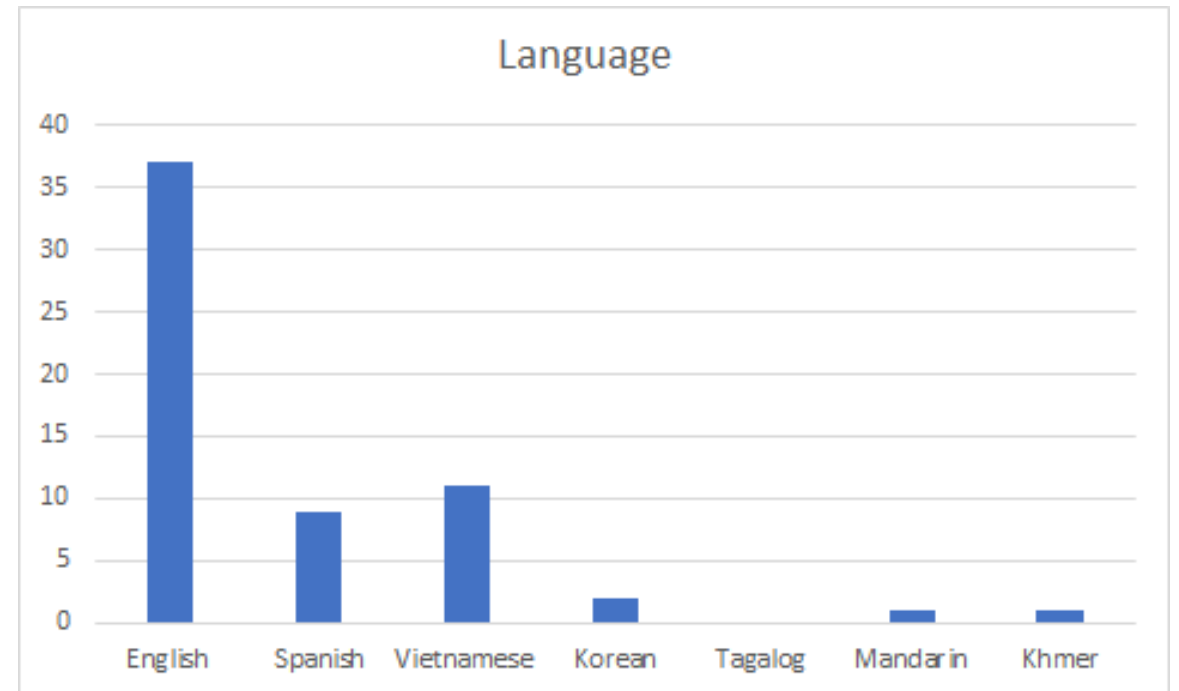
2021 CEM Outreach to Priority Populations

<u>CEM</u>	<u># Registered</u>	<u>Children</u>	<u>TAY</u>	<u>Adults</u>	<u>Older Adults</u>	<u>Additional Population Characteristics</u>
Arabic/Muslim Community	8			X	X	
Parents/Families (in Spanish)	8	X	X			Latino/Hispanic
BHS Consumers	31			X	X	In Recovery w/ SUD
HCA Peers	12			X	X	
Cambodian Community	16			X	X	Asian/Pacific Islander
Chinese Community	6			X	X	Asian/Pacific Islander
Filipino Community	5			X	X	Asian/Pacific Islander
Family Resource Centers of OC	61	X	X			Latino/Hispanic
Korean Community	8			X	X	Asian/Pacific Islander
LatinX Transwomen	28					LGBTIQ, Latino/Hispanic
LGBTQ Community (in English)	6		X	X		LGBTIQ
LGBTQ Community (in Spanish)	4		X	X		LGBTIQ, Latino/Hispanic
LGBTQ Community (in Vietnamese/English)	6		X	X		LGBTIQ, Asian/Pacific Islander
Older Adults (two meetings)	26 / 31				X	
Parent Partners	11	X	X			
Permanent Supportive Housing Residents	9		X	X		Persons in Recovery, (<i>Homeless Individuals</i>)
Persons In Recovery	41			X		Persons in Recovery w/ SUD
Veterans / Military-Connected Families	30	X	X	X	X	Veterans
Vietnamese Community	107		X	X	X	Asian/Pacific Islander
Wellness Center Members	30			X		

Languages in which the CEMs were facilitated

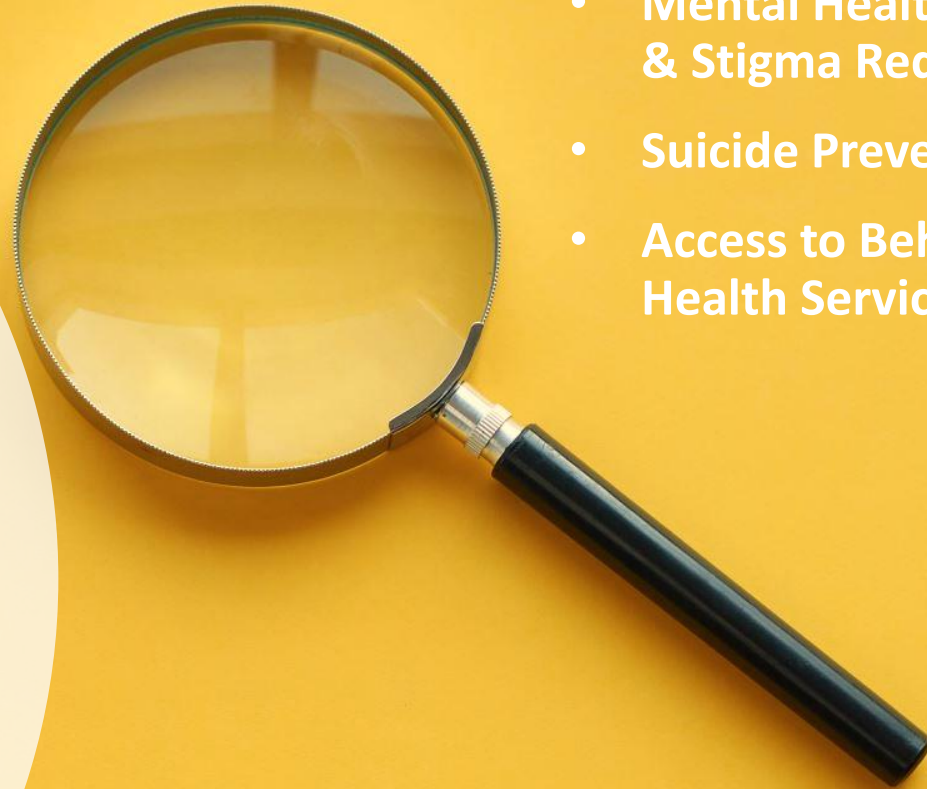
- Meetings and/or breakout sessions were facilitated in seven languages (*see graph below*)
- Meetings facilitated in a language other than English were conducted entirely in the participants' preferred language
- Post-meeting summaries were all completed in English

- The meeting for Filipino Americans ended up being facilitated almost entirely in English, thus, Tagalog is listed as "0"
- Two meetings facilitated in English supported Farsi-speaking individuals through an interpreter
- One meeting facilitated in English supported Khmer-speaking individuals through an interpreter



Community Stakeholder Input on Needs and Strategies

- The HCA partnered with a diverse group of community-based organizations (CBO's) to co-host Community Engagement Meetings (CEMs) with clients, consumers and family members
- The purpose was to hear their recommendations on how to continue to advance Orange County's Strategic Priorities for the current MHSA Three-Year Plan (FY 2020-21 through FY 2022-23)



MHSA STRATEGIC PRIORITIES

- **Mental Health Awareness & Stigma Reduction**
- **Suicide Prevention**
- **Access to Behavioral Health Services**

Input received in the 2021 CEMs



Breakout sessions gathered input on two areas that covered all three MHSA Strategic Priorities:

1

BREAKOUT SESSION 1:

Strategies programs can use to improve outreach, advertising and messaging on mental health and suicide prevention in diverse communities

2

BREAKOUT SESSION 2:

Strategies programs can use to make mental health services more welcoming and easier to connect with, especially for individuals from unserved communities

Collecting input



- A pair of CBO staff joined meeting participants in each Zoom breakout room
- One staff facilitated the group's discussion of the structured questions and another took notes documenting the themes and main points discussed
- The breakout rooms were not audio recorded to encourage open discussion
- Following the CEM, CBO staff submitted their notes summarizing their group's discussion through an online MHSA Post-CEM Summary survey
- 61 surveys were returned and feedback was analyzed and synthesized according to themes



Analysis of 2021 Post-CEM CBO Summaries



What are the advertising and outreach strategies that would be most effective in getting mental health-related messages out to my community? The least effective?



What would make an ad something you would remember or want to learn more about?



Are some ways of advertising/promoting better suited for certain types of messages/ information than others?

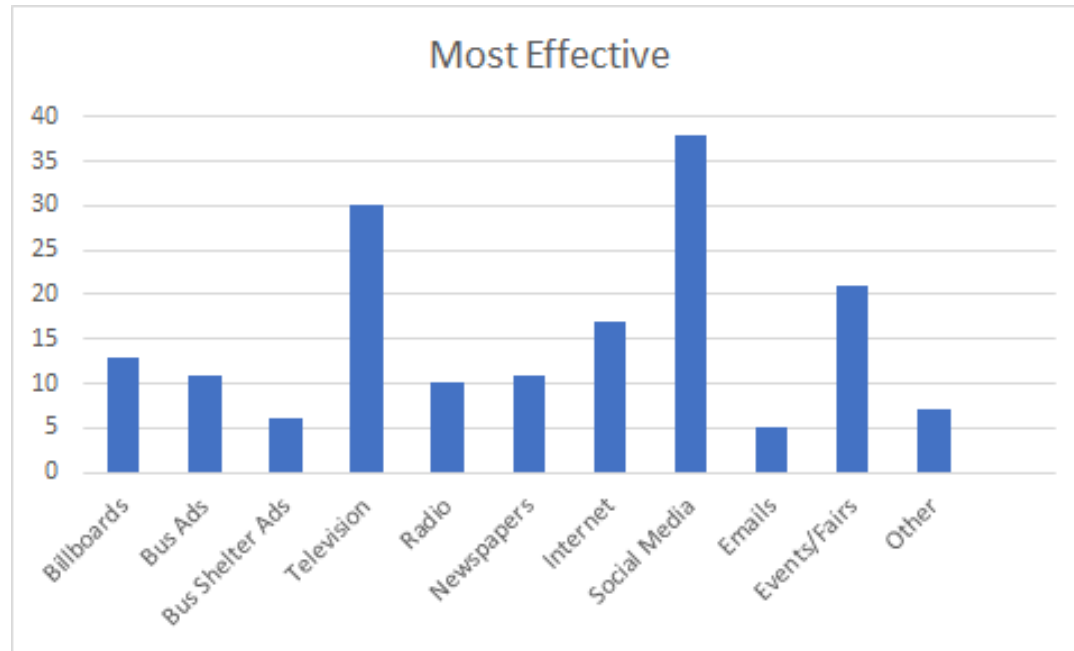


Are certain ways of advertising/promoting better at reaching people of different ages, backgrounds, etc.?



Other comments regarding advertising/outreach strategies

Breakout Session 1 Responses



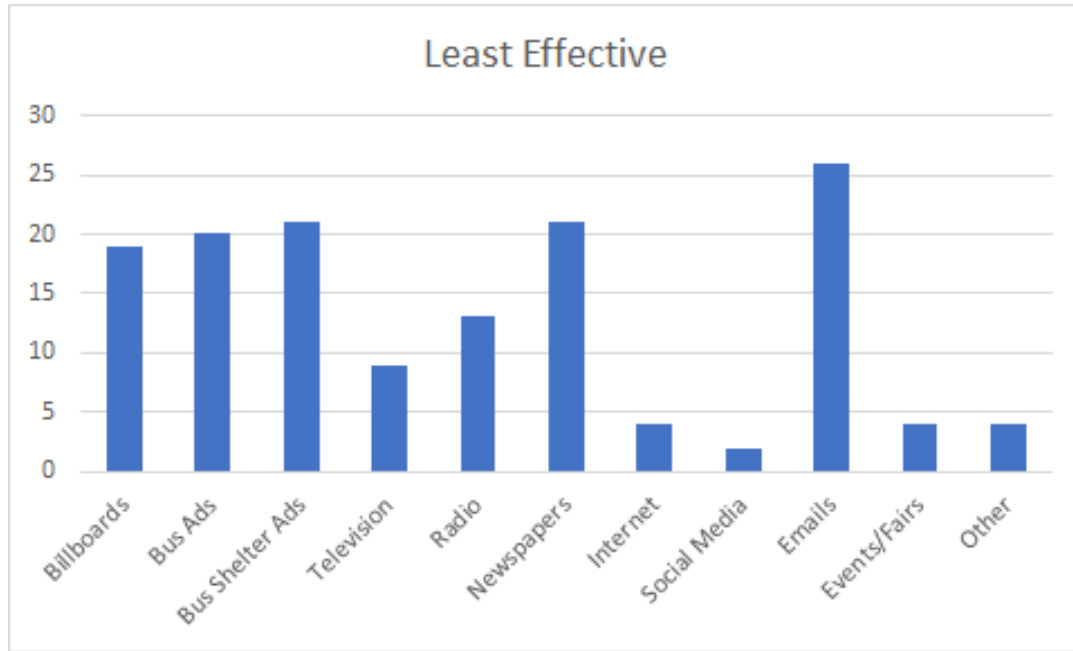
Most Effective Methods

	<u>N</u>
Billboards	13
Bus Ads	12
Bus Shelter Ads	6
Television	32
Radio	10
Newspapers	11
Internet	18
Social Media	40
Emails	5
Events/Fairs	22
Other	7

Most Effective Advertising and Outreach Strategies:

DISCUSSION FREQUENCY

- Social Media, Television, and Events/Fairs were indicated as the top three most effective advertising and outreach strategies
- Maps on to what participants reported in pre-CEM polling as the most common places where they remember seeing an ad



Least Effective Methods

	<u>N</u>
Billboards	22
Bus Ads	22
Bus Shelter Ads	23
Television	9
Radio	13
Newspapers	21
Internet	4
Social Media	2
Emails	26
Events/Fairs	4
Other	4

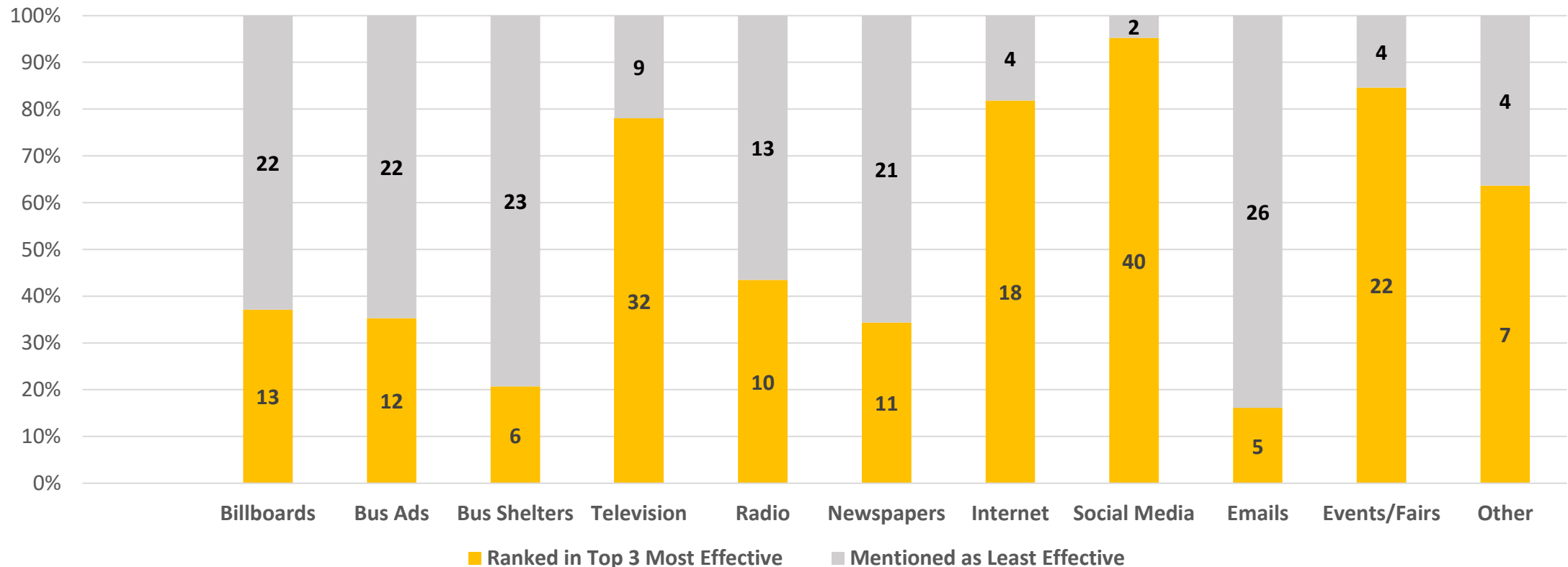
Least Effective Advertising and Outreach Strategies:

DISCUSSION FREQUENCY

- Emails, Bus Shelter Ads, Newspapers, and Billboards were rated as among the least effective advertising and outreach strategies
- Maps on to low endorsement in pre-CEM polling as a place where they remember seeing an ad

Perceived Effectiveness of Outreach Methods

Percent of Sessions that Each Method was Discussed as “Most” or “Least” Effective

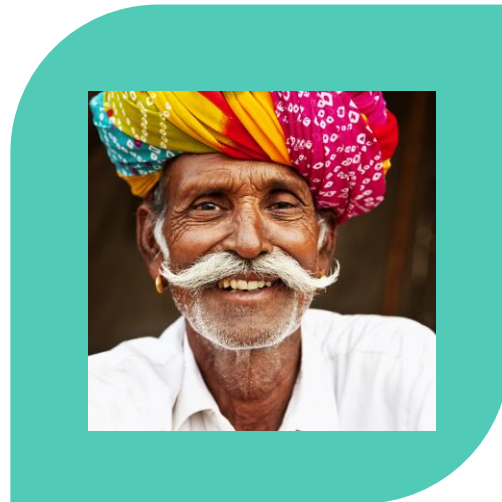


How to read this chart: The more a single color dominates the bar, the more that method was consistently discussed as either effective (yellow) or ineffective (gray) across the various meetings and breakout rooms. Thus, social media, internet and events/fairs were strongly viewed as effective and emails and bus shelter ads as ineffective. The perceived effectiveness of billboard and bus ads was more variable.

Prompt 1: What would make an ad something you would remember or want to learn more about?*



REPRESENTATION AND CULTURALLY APPROPRIATE MESSAGING (N = 19)



POSITIVE MESSAGING (N = 18)



GOOD VISUALS AND COLOR
(N = 13 THEMATIC)
(N = 7 SESSIONS?)



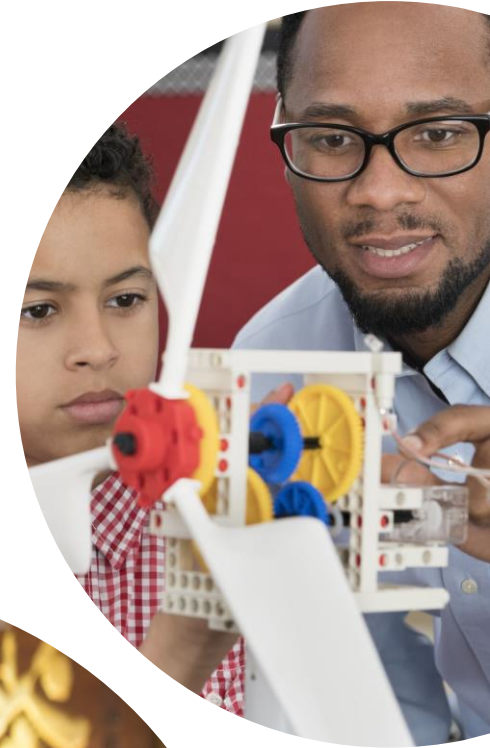
SIMPLE WORDING AND LANGUAGE ACCESSIBILITY
(N = 12)
APPROPRIATE AND REPRESENTATIVE LANGUAGE
(N = 23 (SESSIONS?))

* Strategies & suggestions below were also discussed as part of "Improving Access" discussion "What would be most helpful to someone from my community in overcoming barriers like these?"

Representation and culturally appropriate messaging

"Understand the culture of the population that is being attempted to reach"

- Cultural representation (n = 40)
 - Visual, i.e., **culturally appropriate** images
 - Verbal
 - **Preferred language**, i.e., Spanish, Vietnamese, etc.
 - Wording that **lessens stigma**...
 - i.e., *Grupos to terapia* -> *Grupos de apoyo emocional*
 - ... or accurately reflects culture
 - i.e., Military vs. civilian phrasing on marketing material



Positive Messaging: Images

- "Billboards show images of a **person crying** or in desperate need of help. This, in turn, gives off a **scary feeling** to the viewer. It can **turn the person away** from admitting their strong feelings of sadness and despair.
- It may lead a person to thinking they are **vulnerable** in the same way the person is depicted in the billboard. It may lead the person to believe that he/she **should not talk** about these internal struggles as there is a stigma attached and **people may view him/her as 'crazy, special, or different'.**
- "Avoid scenes of anxiety or panic attacks, someone experiencing depression, etc. [...This] may be **triggering** and **promote negative stigma** that will turn people away. Instead, show **someone going through and getting help services / in recovery.**"



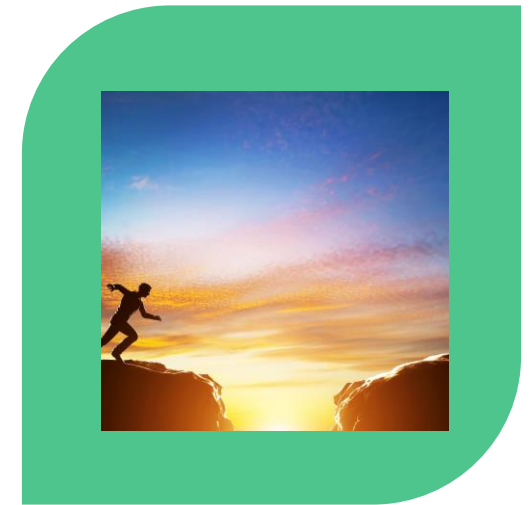
Prompt 2: Are some ways of advertising / promoting better suited for certain types of messages/information than others?



SHORT AND PRECISE CONTENT
(N = 7)



USE SIMPLE LANGUAGE FROM
COMMUNITY OF INTEREST (N = 10)



PROVIDE SPECIFIC RESOURCES
(N = 13)

Language: Positive, Simple, Clear

- **Simplify** reading level (n = 15)
- **Reduce stigmatization** of material
- Use **slogans / phrases**
- Focus on **encouraging phrases**:
 - *"It's never too late to reach out for help."*
 - *"You've worked so hard until now."*
 - *"Let's do this together."*
 - *"Don't give up."*



*Lengthy emails, including spam, can be ignored or missed
(n = 14)*

When Providing Specific Resources...

- “Socialize” the content of services, don’t just list the title of services
 - i.e., Make the branding **personable**, use clear marketing, provide **clear descriptions** of the events or services being promoted (n = 24)
- Other effective advertising and outreach strategies:
 - **Word of mouth** from **trusted sources**, such as healthcare providers, family, and friends (n = 8)



Prompt 3: Are certain ways of advertising/promoting better at reaching people of different ages, backgrounds, etc.?



SOCIAL MEDIA
(YOUNGER ADULTS)
(N = 25)



TV, RADIO & NEWSPAPERS
(BILINGUAL & OLDER ADULTS)
(N = 16)



COMMUNITY CENTERS
OLDER ADULTS
(N = 8)

Breakout Session 2 Responses



What would be most helpful to someone from my community in overcoming barriers like [stigma, preference for in-person services over telehealth during COVID]?



What types of changes or improvements would make services more welcoming for members of my community?



What types of changes or improvements would make it easier for my community to connect with services, including telehealth?



What are short-term strategies the OC Health Care Agency can use to encourage people from diverse backgrounds (to apply) to work in the public mental health system? *(not reviewed today)*



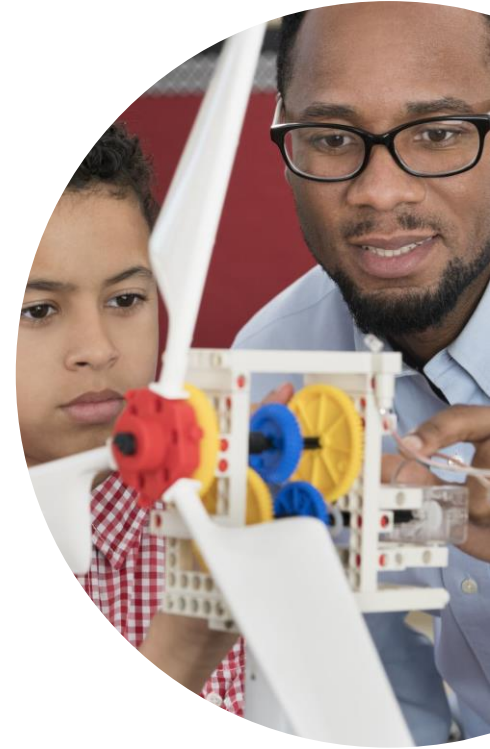
Other comments regarding improving access

Prompt 1:
What would be most helpful to someone from my community in overcoming barriers like these?*

- Technology upskilling and access (n = 27):
 - **Learning** and navigating technology
 - Enhancing **digital literacy** and **digital health literacy**
 - Improving **access** to computers and Wi-Fi

* Identified Barriers:

- 1) Stigma
- 2) Preference for face-to-face services (*compared to telehealth during COVID*)



Prompt 2:

What types of changes or improvements would make services more welcoming for members of my community?

- *As mentioned above when reviewing outreach/marketing: Use appropriate and representative language (n = 23)*
- Increase collaborative or group activities (n = 10)
 - i.e., Subgroup collaboration, community activities



Prompt 3:

What types of changes or improvements would make it easier for my community to connect with services, including telehealth?

- Have **more services** and **outreach locations** (n = 10)
- Include a blended **hybrid** of remote (n = 49) and in-person (n = 8) services
- Provide:
 - Reliable **access** to internet and mobile technology, **tech support**
 - **Telehealth access** at Wellness Centers
 - Enhanced educational resources, including **digital literacy** and **digital health**

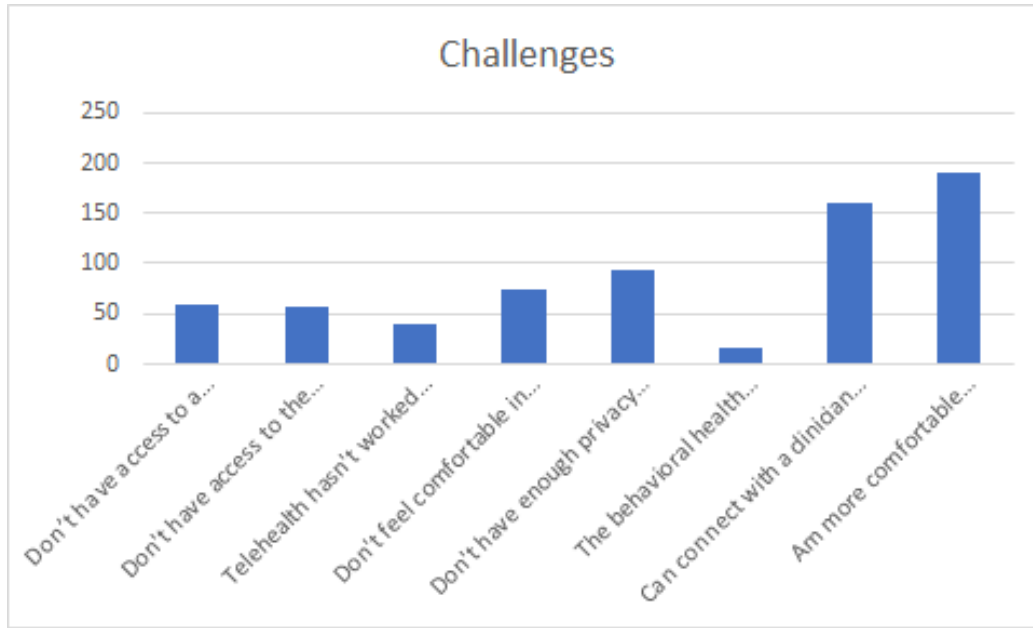


Continuing the Discussion...

Technology



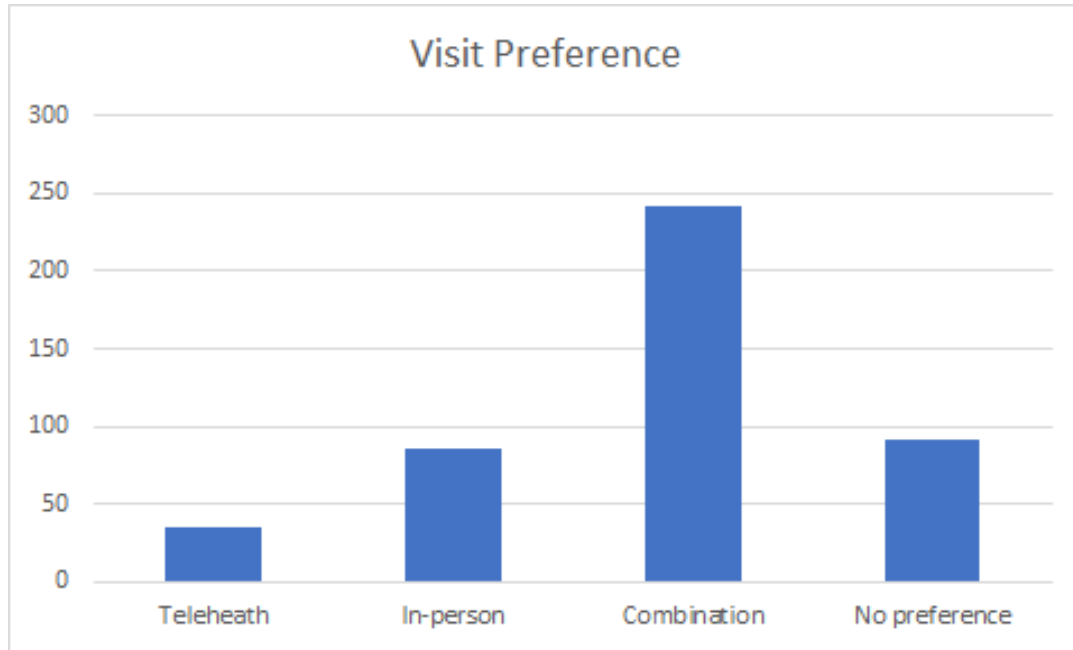
Mental health-related language



Challenges	N
Don't have access to a device (smartphone, tablet, desktop or laptop) to use telehealth	60
Don't have access to the internet to use telehealth	58
Telehealth hasn't worked when I tried it before (i.e., session kept dropping, could not connect)	39
Don't feel comfortable in ability to use telehealth/technology	74
Don't have enough privacy (i.e., other people are around, others might hear/see, etc.)	93
The behavioral health clinician doesn't seem to like or isn't comfortable with telehealth	16
Can connect with a clinician better in person	160
Am more comfortable sharing in person	191

CEM Polling Responses— What challenges do (or would) you, your family, friends or loved ones face if offered a telehealth appointment for mental health or substance use services?

Regarding telehealth, participants reported they are more comfortable sharing in person, can connect with a clinician better in person, and don't have enough privacy (i.e., other people are around, others might hear / see, etc.).



Visit Preference	N
Telehealth	35
In-person	86
Combination	241
No preference	92

CEM Polling Responses— Visit Preference

Participants were most likely to prefer a combination of telehealth and in-person visits.

Telehealth Barriers

Telehealth Technology (check all that apply):	Count
Client cannot connect to telehealth session	8
Once connected, client does not turn on video	4
Connection keeps dropping during the session	4
Once connected, video isn't working properly (I.e., frozen image, spinning circle, etc.)	3
Once connected, audio isn't working properly (garbled sound, audio not synced with voice, etc.)	3
I cannot connect to telehealth session	1
Other (please specify)	2
Total	25

Experience w/ Telehealth (check all that apply):	Count
I don't feel technically proficient enough to use telehealth	4
I don't understand the documentation requirements for telehealth sessions	3
Total	7

Computer / Device Access (check all that apply):	Count
I don't have access to a webcam at my worksite	2
I telecommute and don't have an unlimited data plan or stable Wi-Fi at home	2
I telecommute and don't have access to a webcam at home	1
I don't have a stable connection at my worksite	1
Total	6

What else do you perceive to be barriers to providing telehealth for your clients? (Original text below)	Count
Technology (Wi-Fi: n=4)	8
Language	3
In-Person therapeutically better (Trust: n=1)	2
Privacy	1
Transportation	1
Work hours	1
Total	7



Breakout Discussion 1:

Improving Telehealth & Virtual Services

20 Minutes then return to Main Room

Breakout Room discussions are not recorded



Improving Technology Skills & Access

NEEDS IDENTIFIED IN COMMUNITY MEETINGS

Despite existing challenges, CEM participants overwhelmingly expressed a preference for a hybrid of in-person and remote/virtual services even after COVID-19 restrictions are lifted. The challenges with telehealth or virtual services they reported include:

- Easier to share when face-to-face
- Lack of privacy during telehealth/virtual services
- Need for education and training on technology and devices, including digital literacy and digital health literacy
- Access to devices and Wi-Fi

QUESTIONS

- What strategies have you tried to address one or more of these challenges (i.e., improving skills/comfort/privacy during virtual services)? Which approaches worked? Didn't work?
- Of the strategies discussed and/or considered, what are you interested in trying?
- Are there barriers that you or your organization might face trying to implement these preferred strategies?

Breakout Discussion 1: Report Out

Two minutes per group

Please **try not to repeat** a point someone else has mentioned

so every group has a chance to report





Breakout Discussion 2:

Mental Health Terms & Language

20 Minutes then return to Main Room

Breakout Room discussions are not recorded



Mental Health Terms & Language

NEEDS IDENTIFIED IN COMMUNITY MEETINGS

Across the various meetings, participants continued to emphasize the role that words play in reducing stigma and making services feel more welcoming. They also stressed the importance of using culturally appropriate language.

QUESTIONS

- When creating outreach and advertising materials, what terms have you (seen) used for the following constructs?
 - Mental illness, mental health disorder, behavioral health, etc.
 - Substance use disorder, substance use, drug use, addiction, etc.
 - Specific conditions, such as anxiety, depression, OCD/obsessive-compulsive disorder, etc.
 - Clients, consumers, etc.
- What impact have you noticed when different terms are used?
- Which words/phrases seem to be preferred? Should be avoided?

Breakout Discussion 2: Report Out

Two minutes per group

Please **try not to repeat** a point someone
else has mentioned

so every group has a chance to report

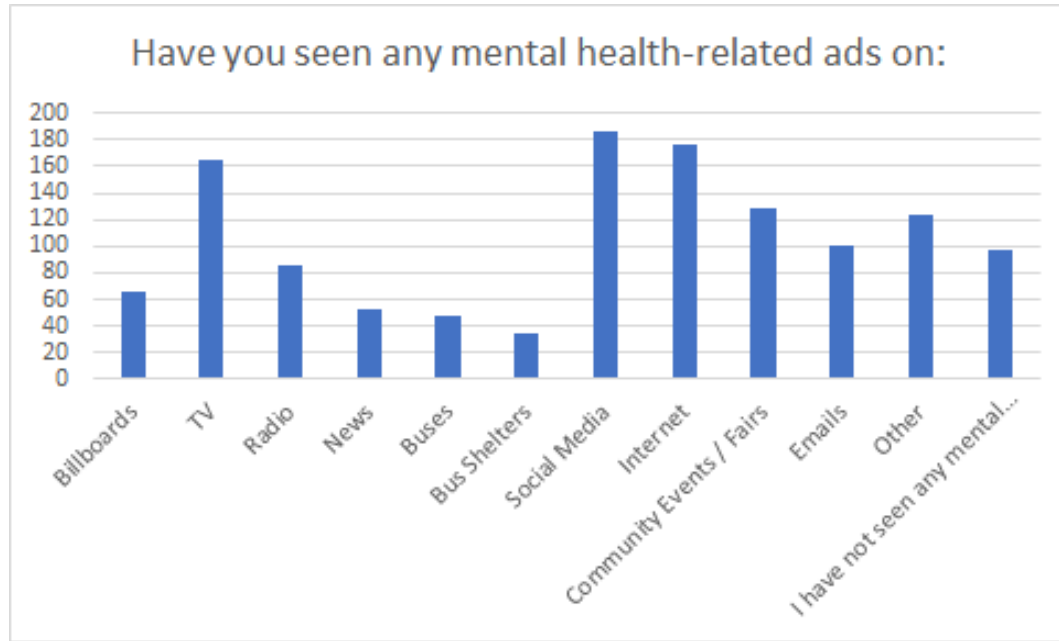




We appreciate your time and input!

Appendix





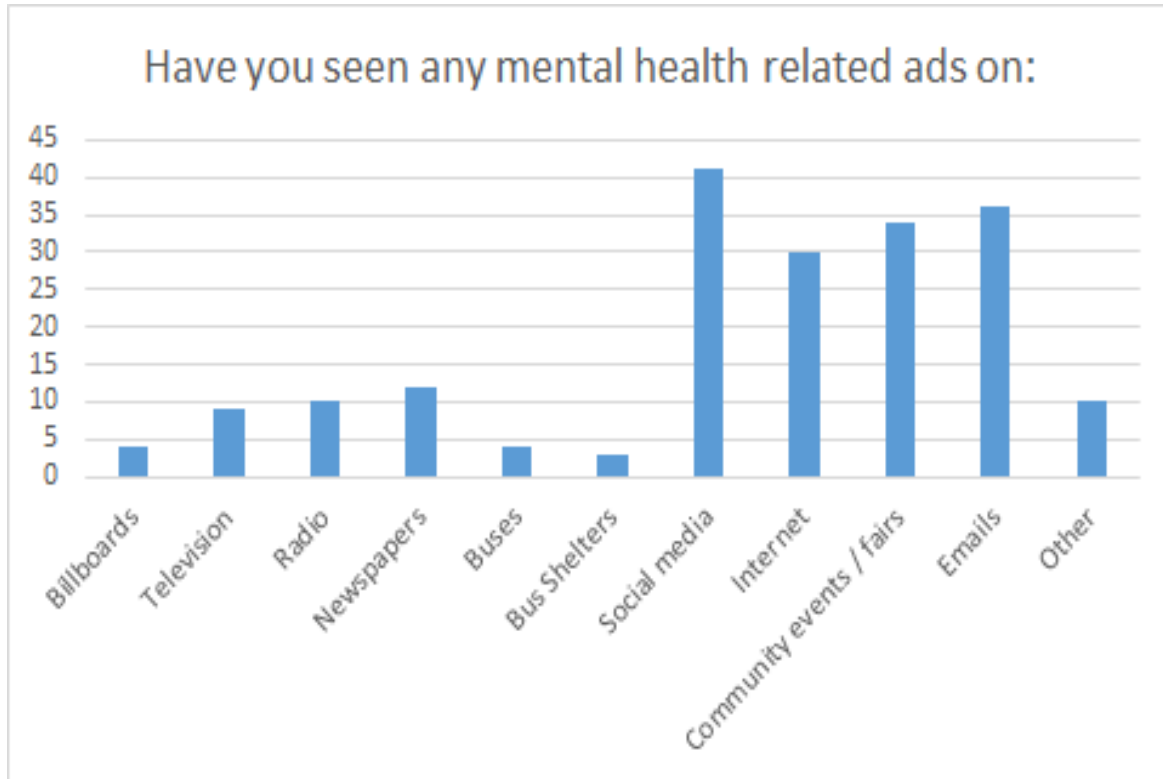
Type of Ad:	N
Billboards	48
TV	172
Radio	88
Newspaper	57
Buses	52
Bus Shelters	39
Social Media	196
Internet	184
Community Events / Fairs	135
Emails	107
Other	123
I have not seen any mental health-related ads	97

Pre-Meeting Registration Polling Responses:

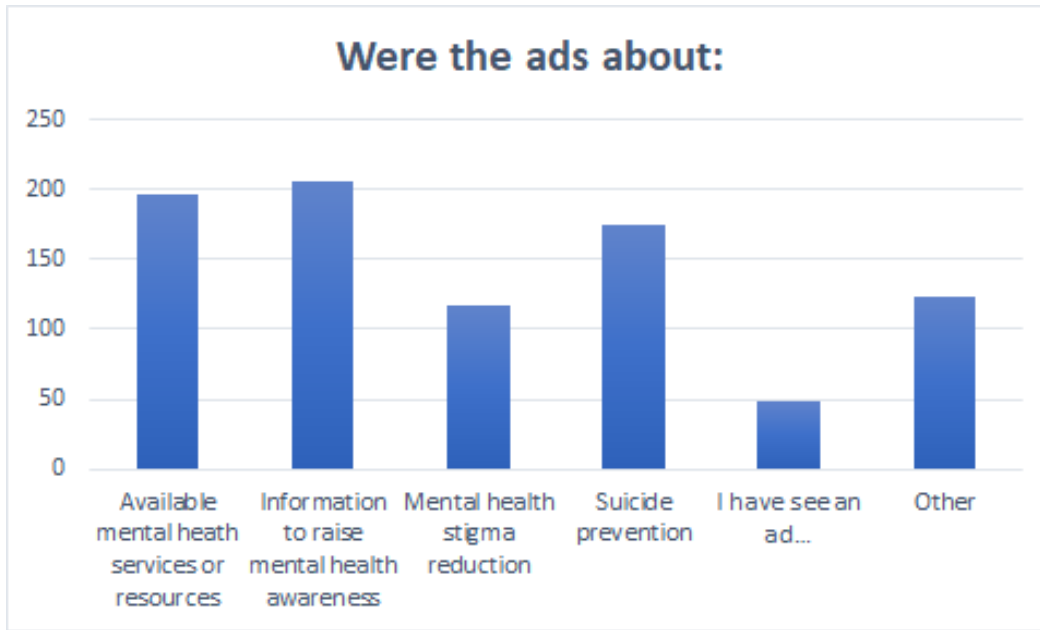
“Have you seen any mental health ads on...”

Social Media, **Internet**, and **Television** were among the most popular places where CEM participants had reported seeing mental health-related ads.

Provider/Advocacy Group Polling Responses



Provider/Advocacy Responses	Count
Billboards	4
Television	9
Radio	10
Newspapers	12
Buses	4
Bus Shelters	3
Social media	41
Internet	30
Community events / fairs	34
Emails	36
Other	10



The Ads Were About

Available mental health services or resources	205
Information to raise mental health awareness	214
Mental health stigma reduction	123
Suicide prevention	185
I have seen an ad but can't remember what it was about	49
Other	123

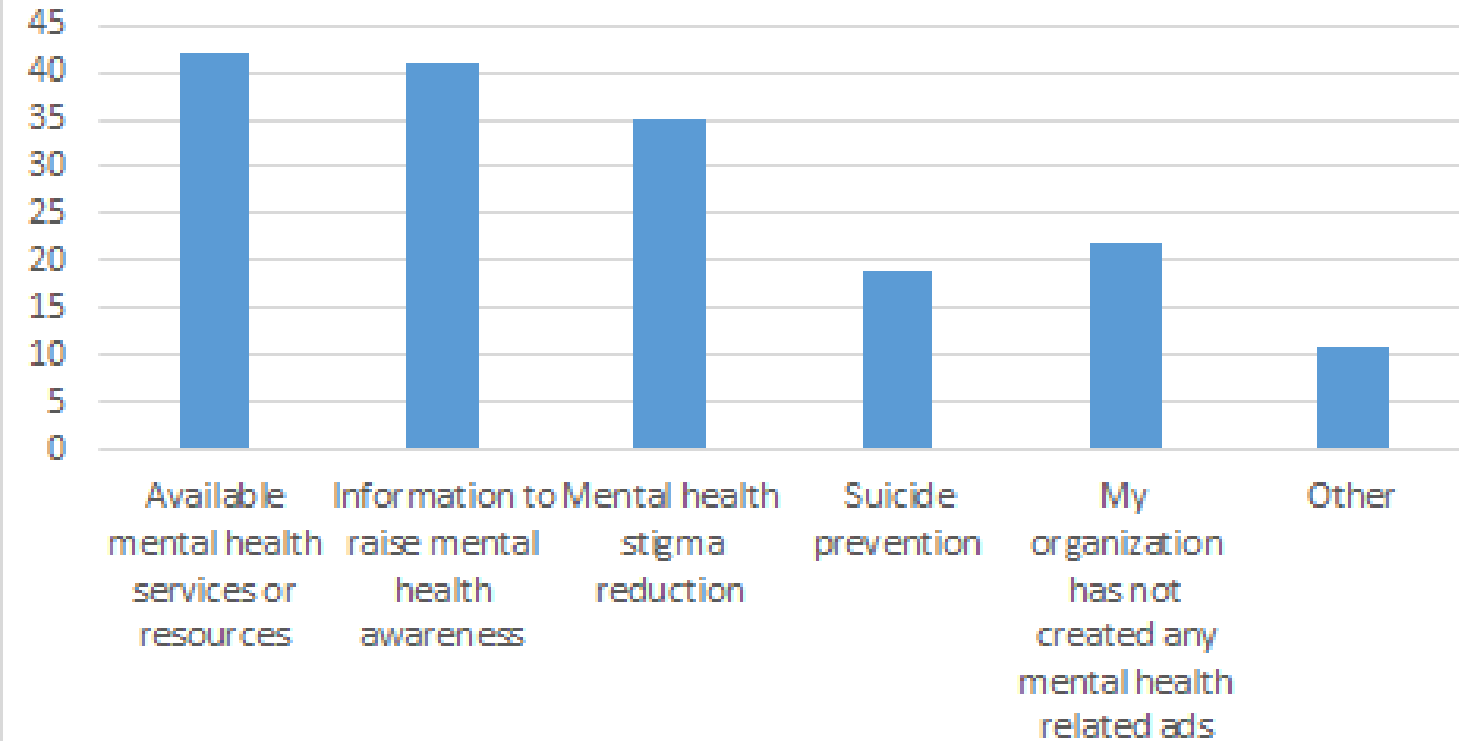
Pre-Meeting Registration
Polling Responses:

“Were the ads about...”

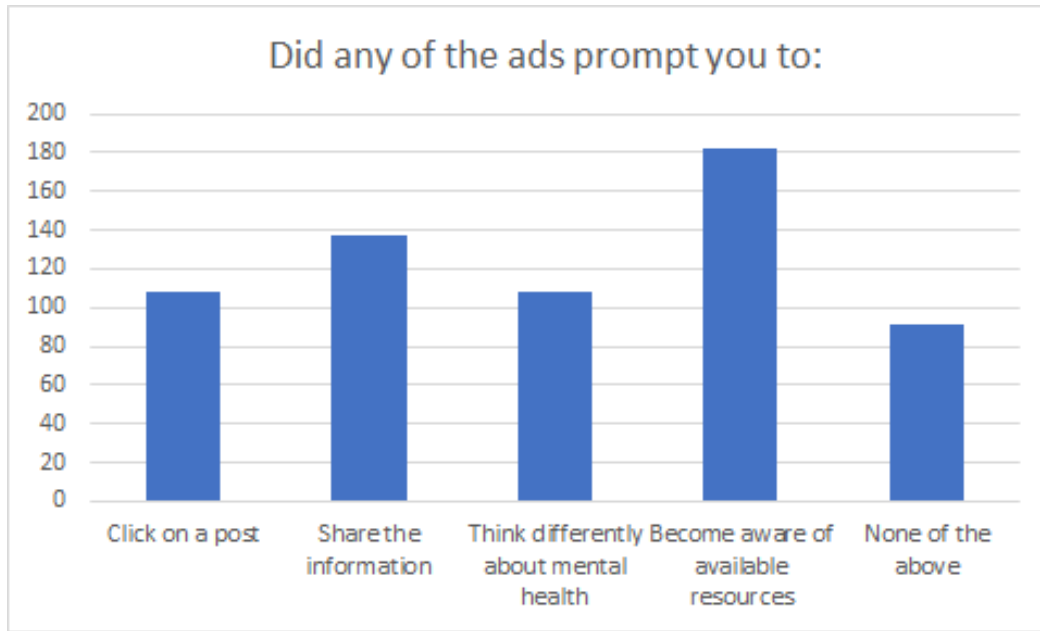
Participants were most likely to see ads on available **mental health services or resources**, information to raise **mental health awareness**, and **suicide prevention**.

Provider/Advocacy Group Polling Responses

Were the ads about:



Provider/Advocacy Responses	Count
Available mental health services or resources	42
Information to raise mental health awareness	41
Mental health stigma reduction	35
Suicide prevention	19
My organization has not created any mental health related ads	22
Other	11



Resulting Action

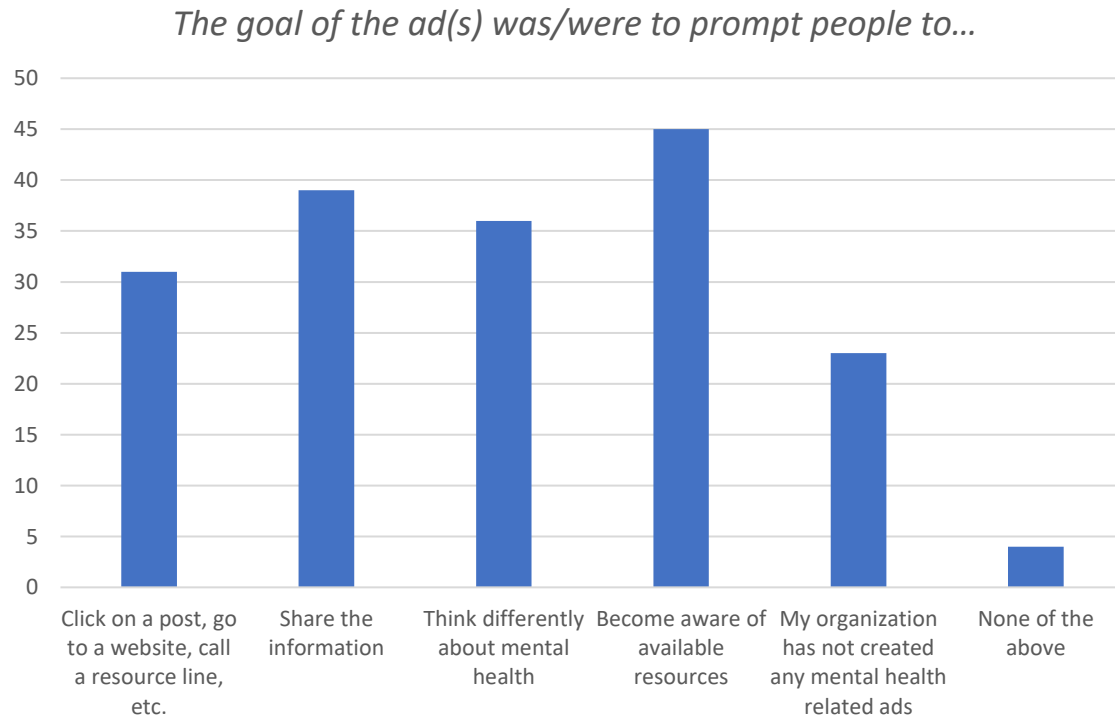
Resulting Action	N
Click on a post	114
Share the information	146
Think differently about mental health	112
Become aware of available resources	190
None of the above	91

Pre-Meeting Registration Polling Responses:

“Did any of the ads prompt you to...”

Once an ad was seen, participants were most likely prompted to **become aware** of available resources, **share** the information, and **click on a post**

Provider/Advocacy Group Polling Responses



Provider/Advocacy Responses	Count
Available mental health services or resources	31
Information to raise mental health awareness	39
Mental health stigma reduction	36
Suicide prevention	45
My organization has not created any mental health related ads	23
None of the above	4

Provider / Advocacy Group Breakout Room #1

- (N = 56) Prompt #1 – What strategies have you tried to address one or more of these challenges (i.e., improving skills/comfort/privacy during virtual services)? Which approaches worked? Didn't work?



WORKED	DIDN'T WORK
Training staff on mobile technology, telehealth, and other remote service options	Merely providing devices (ex. Headsets and phones) due to issues with privacy and Wi-fi access
Scheduling one-on-one meetings with up-to-date information and in a combination of synchronous (i.e., live) and asynchronous format	Using a one-sized fits all approach with both the language of content and the content itself, all material should be population specific

Provider / Advocacy Group Breakout Room #1

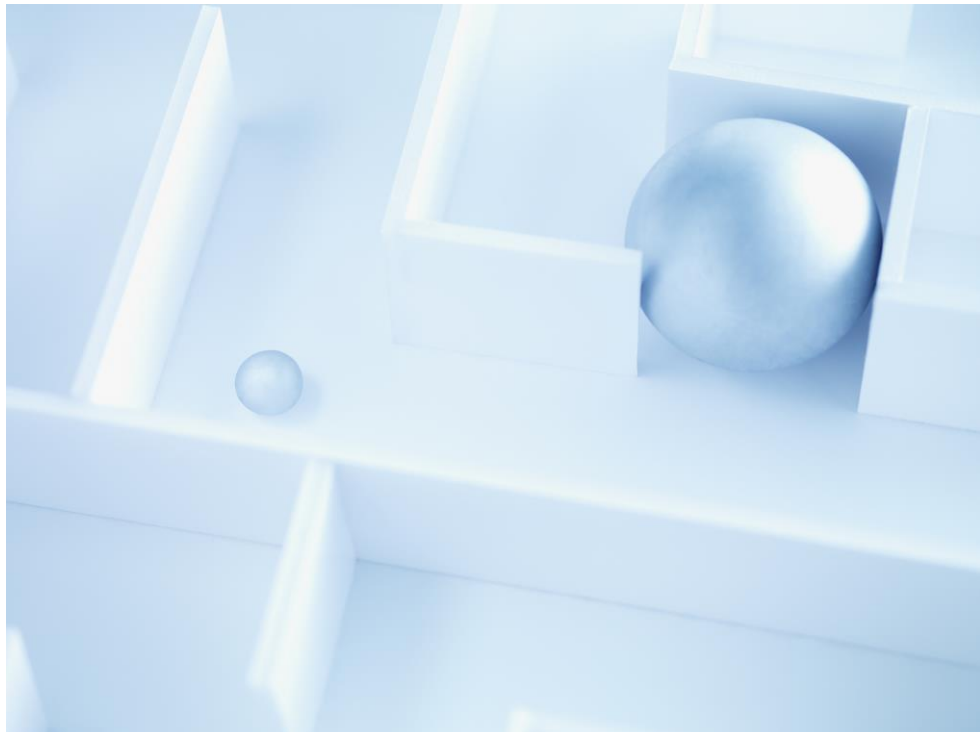
- (N = 56) Prompt #2 – Of the strategies discussed and/or considered, what are you interested in trying?



- Increase collaboration between organizations and diverse individuals (ex. Connect older adults with students or interns)
- Emphasize cultural and linguistic competency of staff members through workforce education and training
- Improve tele-visits platforms (i.e., platforms that have chat, video, and audio functionality)
- Demonstrate the use of technology in both live and asynchronous sessions to teach the necessary steps in accessing the various platforms

Provider / Advocacy Group Breakout Room #1

- (N = 56) Prompt #3 – Are there barriers that you or your organization might face trying to implement these preferred strategies?



- For consumers who cannot meet through video, offering text or chat options is one alternative
- Language, representation, and cultural barriers as mentioned in the CEM findings

Provider / Advocacy Group Breakout Room #2

- (N = 56) Prompt #1 – When creating outreach and advertising materials, what terms have you (seen) used for the following constructs?
 - Mental illness, mental health disorder, behavioral health, etc.
 - Substance use disorder, substance use, drug use, addiction, etc.
 - Specific conditions, such as anxiety, depression, OCD/obsessive-compulsive disorder, etc.
 - Clients, consumers, etc.
- What impact have you noticed when different terms are used?
- Which words/phrases seem to be preferred? Should be avoided?



Former Constructs	Person First Recovery Language
A mentally ill-person	A person with a mental illness
Alcoholic, drunk	Person with an alcohol use disorder
Addict	User, Person with a substance use disorder
Ex-Addict	person living in recovery
Relapse	"Recurrence of use"
Clean/dirty drug test	Negative/positive result

Direct Quotes

- “Talk about individuals and their issues and positive recovery outcomes, rather than general categories based on “diagnoses” that inevitably carry stigmatic connotations as well as dehumanizing and de-personalizing the entire therapeutic and recovery process”
- “Focus on humility and honor of the person, begin with “person”, ask people what they prefer (e.g., client, consumer, person), promote language of suffering, language of positive state, resiliency, hope, what the service offers. Desire to do justice to the person”

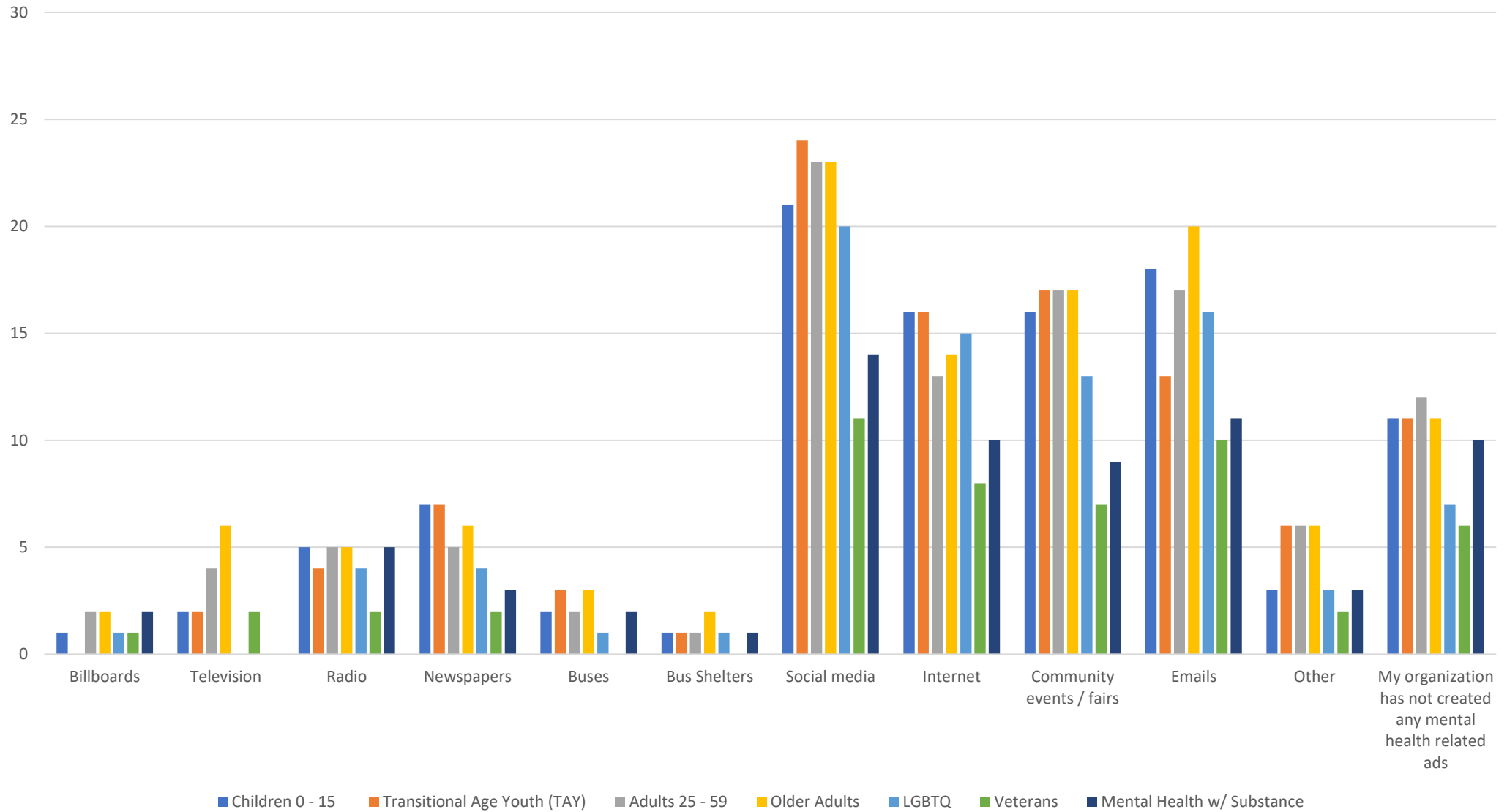


Prevention and Early Intervention

- “Yes, planning for the future includes shifting our focus to youth services for education, screening, and intervention. If we do this well, we will save lives and blunt the cost of care for mental health related conditions in adulthood.”



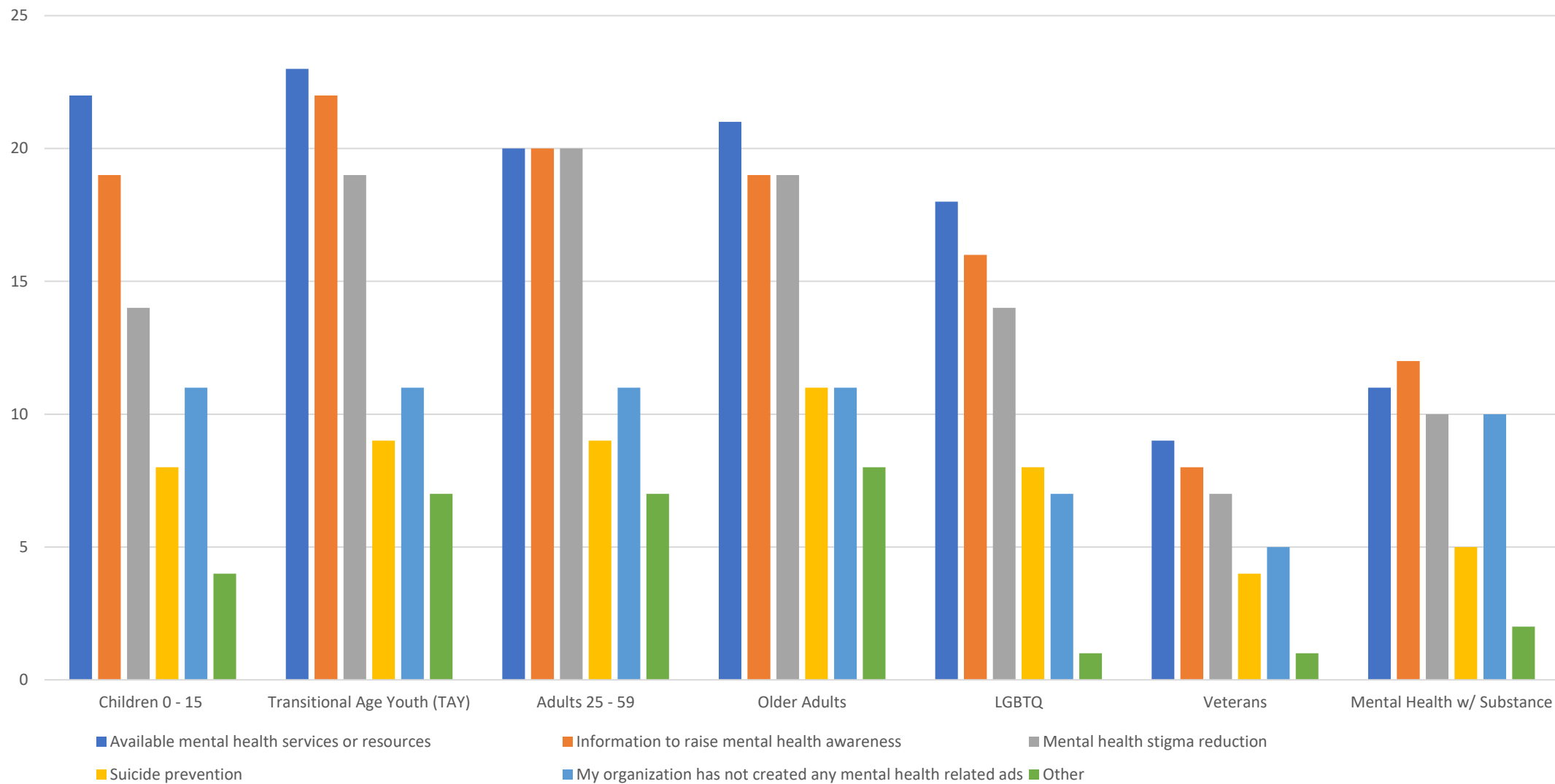
Provider / Advocacy Group Polling Responses (N = 80)
(Have you seen any mental health related ads on...)



	Children 0 - 15	Transitional Age Youth (TAY)	Adults 25 - 59	Older Adults	LGBTQ	Veterans	Mental Health w/ Substance
Billboards	1	0	2	2	1	1	2
Television	2	2	4	6	0	2	0
Radio	5	4	5	5	4	2	5
Newspapers	7	7	5	6	4	2	3
Buses	2	3	2	3	1	0	2
Bus Shelters	1	1	1	2	1	0	1
Social media	21	24	23	23	20	11	14
Internet	16	16	13	14	15	8	10
Community events / fairs	16	17	17	17	13	7	9
Emails	18	13	17	20	16	10	11
Other	3	6	6	6	3	2	3
My organization has not created any mental health related ads	11	11	12	11	7	6	10

Provider / Advocacy Group Polling Responses (N = 80)

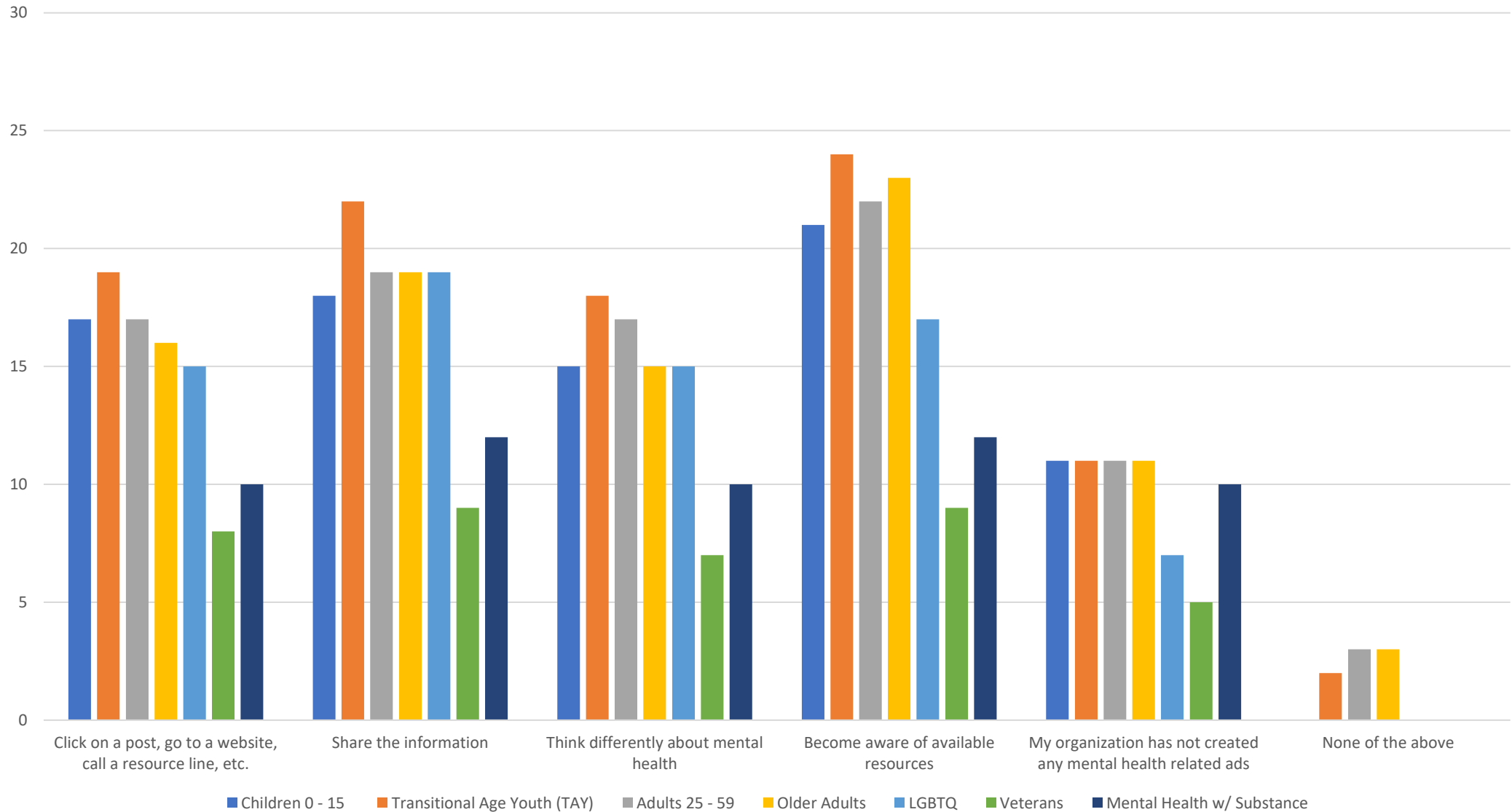
(Were the ads about...)



Provider/Advocacy Group Polling Responses

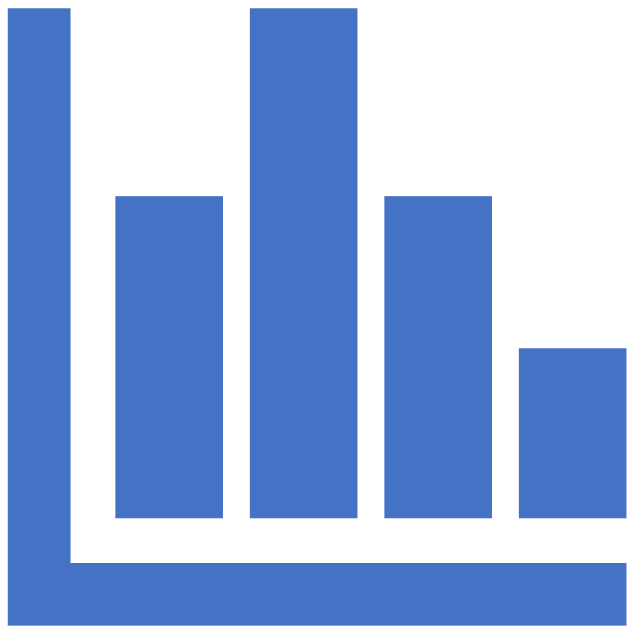
	Children 0 - 15	Transitional Age Youth (TAY)	Adults 25 - 59	Older Adults	LGBTQ	Veterans	Mental Health w/ Substance
Available mental health services or resources	22	23	20	21	18	9	11
Information to raise mental health awareness	19	22	20	19	16	8	12
Mental health stigma reduction	14	19	20	19	14	7	10
Suicide prevention	8	9	9	11	8	4	5
My organization has not created any mental health related ads	11	11	11	11	7	5	10
Other	4	7	7	8	1	1	2

Provider / Advocacy Group Polling Responses (N = 80)
 (The goal of the ad(s) was/were to prompt people to...)



Provider/Advocacy Group Polling Responses

	Children 0 - 15	Transitional Age Youth (TAY)	Adults 25 - 59	Older Adults	LGBTQ	Veterans	Mental Health w/ Substance
Click on a post, go to a website, call a resource line, etc.	17	19	17	16	15	8	10
Share the information	18	22	19	19	19	9	12
Think differently about mental health	15	18	17	15	15	7	10
Become aware of available resources	21	24	22	23	17	9	12
My organization has not created any mental health related ads	11	11	11	11	7	5	10
None of the above	0	2	3	3	0	0	0



Provider/Advocacy Group
Polling Responses by Priority
Populations

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Children 0-15)	Count
Billboards	1
Television	2
Radio	5
Newspapers	7
Buses	2
Bus Shelters	1
Social media	21
Internet	16
Community events / fairs	16
Emails	18
Other	3
My organization has not created any mental health related ads	11

Provider/Advocacy Group Polling Responses

PROVIDER/ADVOCACY RESPONSES (CHILDREN 0 – 15)	COUNT
Available mental health services or resources	22
Information to raise mental health awareness	19
Mental health stigma reduction	14
Suicide prevention	8
My organization has not created any mental health related ads	11
Other	4

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Children 0 - 15)	Count
Click on a post, go to a website, call a resource line, etc.	17
Share the information	18
Think differently about mental health	15
Become aware of available resources	21
My organization has not created any mental health related ads	11

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Transitional Age Youth (TAY))	Count
Billboards	0
Television	2
Radio	4
Newspapers	7
Buses	3
Bus Shelters	1
Social media	24
Internet	16
Community events / fairs	17
Emails	13
Other	6
My organization has not created any mental health related ads	11

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Transitional Age Youth (TAY))	Count
Available mental health services or resources	23
Information to raise mental health awareness	22
Mental health stigma reduction	19
Suicide prevention	9
My organization has not created any mental health related ads	11
Other	7

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Transitional Age Youth (TAY))	Count
Click on a post, go to a website, call a resource line, etc.	19
Share the information	22
Think differently about mental health	18
Become aware of available resources	24
My organization has not created any mental health related ads	11
None of the above	2

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Adults 25-59)	Count
Billboards	2
Television	4
Radio	5
Newspapers	5
Buses	2
Bus Shelters	1
Social media	23
Internet	13
Community events / fairs	17
Emails	17
Other	6
My organization has not created any mental health related ads	12

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Adults 25-59)	Count
Available mental health services or resources	20
Information to raise mental health awareness	20
Mental health stigma reduction	20
Suicide prevention	9
My organization has not created any mental health related ads	11
Other	7

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Adults 25-59)	Count
Click on a post, go to a website, call a resource line, etc.	17
Share the information	19
Think differently about mental health	17
Become aware of available resources	22
My organization has not created any mental health related ads	11
None of the above	3

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Older Adults)	Count
Billboards	2
Television	6
Radio	5
Newspapers	6
Buses	3
Bus Shelters	2
Social media	23
Internet	14
Community events / fairs	17
Emails	20
Other	6
My organization has not created any mental health related ads	11

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Older Adults)	Count
Available mental health services or resources	21
Information to raise mental health awareness	19
Mental health stigma reduction	19
Suicide prevention	11
My organization has not created any mental health related ads	11
Other	8

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Older Adults)	Count
Click on a post, go to a website, call a resource line, etc.	16
Share the information	19
Think differently about mental health	15
Become aware of available resources	23
My organization has not created any mental health related ads	11
None of the above	3

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (LGBTQ)	Count
Billboards	1
Television	0
Radio	4
Newspapers	4
Buses	1
Bus Shelters	1
Social media	20
Internet	15
Community events / fairs	13
Emails	16
Other	3
My organization has not created any mental health related ads	7

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (LGBTQ)	Count
Available mental health services or resources	18
Information to raise mental health awareness	16
Mental health stigma reduction	14
Suicide prevention	8
My organization has not created any mental health related ads	7
Other	1

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (LGBTQ)	Count
Click on a post, go to a website, call a resource line, etc.	15
Share the information	19
Think differently about mental health	15
Become aware of available resources	17
My organization has not created any mental health related ads	7

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Veteran)	Count
Billboards	1
Television	2
Radio	2
Newspapers	2
Buses	0
Bus Shelters	0
Social media	11
Internet	8
Community events / fairs	7
Emails	10
Other	2
My organization has not created any mental health related ads	6

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Veteran)	Count
Available mental health services or resources	9
Information to raise mental health awareness	8
Mental health stigma reduction	7
Suicide prevention	4
My organization has not created any mental health related ads	5
Other	1

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Veteran)	Count
Click on a post, go to a website, call a resource line, etc.	8
Share the information	9
Think differently about mental health	7
Become aware of available resources	9
My organization has not created any mental health related ads	5

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Mental Health w/ Substance)	Count
Billboards	2
Television	0
Radio	5
Newspapers	3
Buses	2
Bus Shelters	1
Social media	14
Internet	10
Community events / fairs	9
Emails	11
Other	3
My organization has not created any mental health related ads	10

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Mental Health w/ Substance)	Count
Available mental health services or resources	11
Information to raise mental health awareness	12
Mental health stigma reduction	10
Suicide prevention	5
Other	2
My organization has not created any mental health related ads on	10

Provider/Advocacy Group Polling Responses

Provider/Advocacy Responses (Mental Health w/ Substance)	Count
Click on a post, go to a website, call a resource line, etc.	10
Share the information	12
Think differently about mental health	10
Become aware of available resources	12
My organization has not created any mental health related ads	10