

Monterey County Mental Health Services Act (MHSA)

PREVENTION & EARLY INTERVENTION FY20-21



**MONTEREY COUNTY
BEHAVIORAL HEALTH**

Avanzando Juntos Forward Together

Developed by **EVALCORP**
Measuring What Matters

ACKNOWLEDGMENTS

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INTRODUCTION

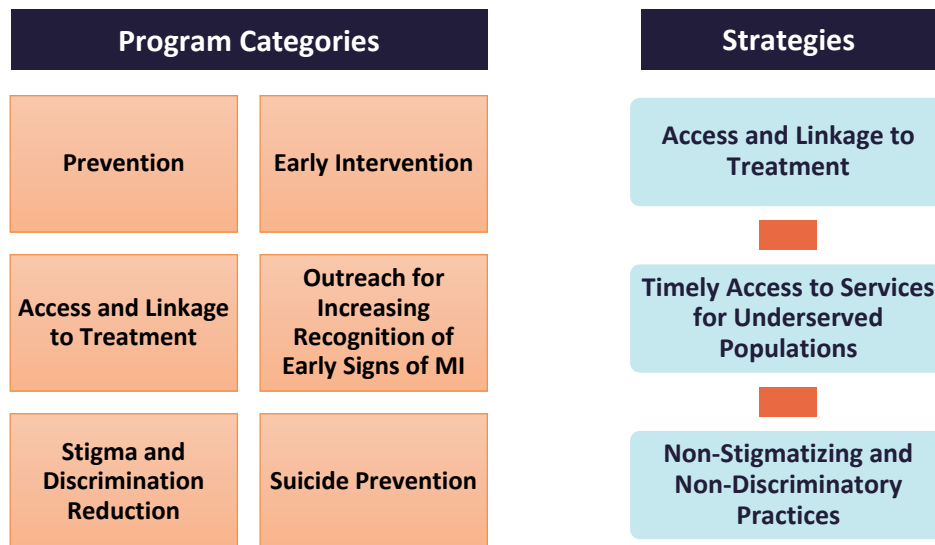
Overview

The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63, which designated funding to improve mental health service systems throughout the State. MHSA has several funded components, including Prevention and Early Intervention (PEI), which is intended to support programs that prevent mental illnesses from becoming severe and disabling.

Through MHSA funds, Monterey County Behavioral Health Bureau (MCBH) supports PEI programs that address the mental health prevention and early intervention needs of the County’s culturally and regionally diverse communities. In fiscal year (FY) 20–21, MCBH funded 18 programs, administered by both MCBH and contracted community service providers. In addition, MCBH contributes to the CalMHSA (California Mental Health Services Authority) statewide PEI project, Each Mind Matters: California’s Mental Health Movement.

MHSA PEI Regulations

Each of Monterey County’s PEI programs are organized into one of six categories, as defined by PEI regulations. Additionally, each program must employ PEI strategies within the PEI activities they provide. A list of funded MCBH PEI programs by category is included for reference in **Addendum A**.



State regulations also require specific process and outcome evaluation metrics to be reported on an annual and three-year basis. During FY 20–21, despite interruptions from the effects of the COVID-19 pandemic, data collection and submission continued as many services quickly became virtual. MCBH’s evaluator developed resources which were given to providers in FY 19–20 for online collection of process and outcomes data, minimizing disruption to data collection. Additionally, this further enabled a streamlined and consistent process in collecting important data that supports understanding of PEI programs’ reach to Monterey community members and the impact in their lives.

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2020–2021. The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs.

The current report provides a comprehensive review of programs, including:

- Program services and activities
- Service participation
- Participant demographics and populations served
- Program impacts/outcomes

Although the types of data provided by PEI programs varied in some cases, this document presents available data in a standardized manner. In preparing this report, extensive data inspection and data cleaning were performed to ensure the highest level of data accuracy.

Data Sources

Data sources compiled to develop the fiscal year 2020–2021 report fall into five general categories:

1. **MHSA PEI Demographic Forms:** These forms were developed to collect demographic information required by MHSA PEI regulations (e.g., age group, race, ethnicity, primary language, sexual orientation, disability, veteran status, and assigned sex at birth, current gender identity). Three types of forms were developed to be administered depending on participant age and the type of services received, as follows.

FORM TYPE	PARTICIPANTS
Adult	All participants aged 13 or over
Parent	All parents of children aged 12 or under receiving services
Presentation	All presentation attendees

PEI providers used these forms to report demographic data from program participants both quarterly and annually to obtain an unduplicated count of participants. All 18 PEI programs completed and submitted Demographic Forms to MCBH during fiscal year 2020–2021.

2. **Avatar:** The County’s electronic health record system captures demographic information for some PEI-funded programs. Information regarding age group, race, ethnicity, primary language, veteran status, and gender are available, however ethnicity and gender categories are not currently in alignment with State PEI regulations. Avatar data were used for three PEI programs in this report.

3. **MHSA PEI Outcome Surveys:** These forms were developed to collect information about the impacts of program services as well as levels of satisfaction and feedback from program participants. Four types of outcome surveys were collected, depending on the primary PEI program category, as follows.

SURVEY TYPE	PROGRAM CATEGORIES
Prevention	Prevention Programs
Early Intervention	Early Intervention Outreach for Increasing Recognition of Early Signs of Mental Illness Programs
Suicide Prevention	Suicide Prevention Programs
Stigma and Discrimination Reduction	Stigma and Discrimination Programs Outreach for Increasing Recognition of Early Signs of Mental Illness Programs

Surveys were collected twice during the fiscal year, in September 2020 and March 2021, from every unduplicated program participant who received services in those months. At times, programs did not collect outcome surveys in order to minimize burden on program participants who were under emotional duress. The post-program surveys typically include both close-ended and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors for mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Summaries of close-ended survey items are presented in this report as counts or percentages, while summaries of open-ended responses are presented as the most commonly-occurring themes from qualitative coding.

4. **Service Referrals:** When available, providers used an MCBH template to report the referrals made to MHSA-funded services by type, such as referral to mental/behavioral health treatment and referral to support services.
5. **Narrative Reports:** When available, narrative reports provided by the PEI programs to MCBH that described key activities, successes, and challenges were reviewed and included in the current report.

Data Notes

In fiscal year 2020–2021, MCBH continued to implement an enhanced data collection and evaluation infrastructure, allowing this year’s report to provide more robust data for PEI programs. In June 2020, MCBH held a training for all PEI providers to introduce new referral tracking tools and quarterly reporting on case examples, successes, and challenges, to enhance data collection related to access to services and to offer more opportunities for programs to provide details about program activities.

Some considerations to keep in mind while reviewing this report are detailed below.

- **Unduplicated data:** PEI data are required to represent unduplicated individuals. The data reporting tools launched at the start of fiscal year 2018–2019 made it possible to provide an unduplicated count of individuals who completed demographic surveys. This number is reported

as the number of completed demographic forms within each program section, and is an under-estimation of the true number of individuals each program has reached. However, 211, a program of United Way Monterey County, collects demographic data differently from other programs and it was not possible to provide unduplicated data for 211 in every circumstance. These exceptions are noted in the 211 program section.

- **Completeness of demographic data:**

- **Differences in number of responses to demographic questions.** Some providers collected more than one type of Demographic Form, depending on their program activities. For example, a provider may have collected both Adult and Presentation Forms, meaning some respondents did not supply as much information because the Presentation Form has fewer questions. In those program sections, the number of respondents may vary from the overall number served and may also vary between different demographic questions. Notes are provided in each section where these circumstances apply.
- **Skipped questions.** Program participants are free to skip any question they choose. As a result, some demographic questions have a lower number of responses than the total number of participants. Notes are provided in the body of each program's report section indicating how many respondents skipped a particular question.

Generally, when the rate of unanswered questions is high for a given program, data should be interpreted with caution, as they may not be representative of all individuals served by the program.

- **Differences in response options to demographic questions.** Adult and Parent Forms collect all demographic data required by PEI regulations. However, the Presentation Form is a shortened version of the Adult and Parent Forms and only includes questions on zip code, age, race/ethnicity (combined into one question, and does not include sub-categories for ethnicity), and primary language. In addition, demographic data collection by programs using Avatar and by 211 differed from the MHSA PEI Demographic Forms and therefore response options varied from those presented in other program sections where those forms were used.
- **Completeness of outcome survey data:** The number of survey responses collected is typically far less than the number of overall individuals served because surveys were only collected twice during the fiscal year for one-month periods in time (September 2020 and March 2021). In addition, the number of responses may vary between different questions within the same section if respondents skipped a question on the survey. In these cases, a range is provided for the number of responses (n) for the survey, indicating the lowest to highest number of responses to different questions within that survey.
- **Percentages versus counts:** In cases where the number of responses to a demographic or survey question was less than 30, counts are presented instead of percentages.
- **Protection of identifying information:** In cases where responses to demographic questions were unique or rare enough to risk identifying the respondent, the responses were suppressed. This includes refraining from enumerating unique or rare open-ended responses to "other" options within questions about race, ethnicity, and disability. A note would be provided wherever responses were suppressed to protect identifying information.

- **A special note about Hispanic/Latino response options:** In prior years, the demographic question about race on Adult and Parent Forms did not present an option to select “Hispanic/Latino” because the race options included were taken from a standard MHSA PEI regulatory requirements list. However, many people wrote in Hispanic/Latino options for race. In response to this finding, and to be inclusive of the community’s point of view going forward, an option for Hispanic/Latino was added to the race question for fiscal year 2019–2020, which has allowed participants to indicate Hispanic/Latino as a race.

PEI Services through COVID-19 Pandemic

In March 2020, the global COVID-19 pandemic shut down in-person services across the nation when stay-at-home and social distancing mandates were implemented. Monterey County and its many PEI providers quickly adapted and began providing services to their clients virtually to protect both the community and their program staff.

Monterey County Behavioral Health’s evaluator also pivoted evaluation activities to be available 100% online. Surveys were transitioned to an online platform and survey links were distributed to all providers. Additionally, surveys were modified to capture information about the type and quality of services provided during COVID-19 and whether the pandemic was having an impact on a number of specified mental health conditions (depression, anxiety, etc.).

The MCBH program template was also modified to allow providers to document program activities and process metrics conducted during the pandemic along with their successes and challenges.

Report Organization

This report presents PEI data by program. Program sections are organized by six core PEI categories: Prevention; Early Intervention; Access and Linkage to Treatment; Suicide Prevention; Stigma and Discrimination Reduction; and Outreach for Increasing Recognition of Early Signs of Mental Illness.

The following information is included for individual programs where available:

- Program Highlights and Activities (which include overall number of individuals engaged by all programmatic activities and key program successes)
- Program Outcomes
 - Program Cultural Competency and Satisfaction
 - Participant Feedback
- Service Referrals
- Demographic Data
- Program Successes and Learnings
- COVID-related Program Impacts

Additionally, **Addendum A** of the report contains a list of each program by PEI category, **Addenda B** and **C** contain participant demographic data across all MCBH-funded programs where data were available, and **Addendum D** contains outcomes across all MCBH-funded programs where data were available, organized by the particular outcome form used by each program.

Prevention

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The Epicenter is a youth-led organization and one-stop resource center to connect youth to community services and resources with a focus on youth who have been involved with public agencies including the foster care system. The primary age group served is youth ages 16–24, with some activities also open to family members and natural supports of the youth served. The Epicenter collaborates with staff from various community agencies to provide services that include housing, education, employment, and mental health and wellness.

Program Highlights



Population served: Transitional age youth (ages 16-24)

75 program events and activities

442 individuals engaged in program activities



83% of outcome survey respondents said that they **know when to ask for help with an emotional problem** as a result of this program

Program Activities

Activities Hosted

Presentations – 28 presentations were given to 468 individuals, including attendees of the Teen Connect series covering topics for youth and service providers working with LGBTQ+ youth, presentations to community-based organizations about Epicenter resources, and school presentations to staff and parents on understanding gender.

Community Events – involved in 4 events with 163 individuals that included the Virtual Summit for Pride in rural communities for LGBTQ+ youth and service providers, and the Virtual Summit for Queer, Trans, & Allied Students.

Education/Training Sessions – 3 trainings were provided to 129 internal and external staff members about best practices for working with LGBTQ+ youth.

Support Group Meetings – 66 support groups were held with 102 participants, including the Loud Art Mode group for transitional age youth and the Sharing Circle Online group for LGBTQ+ youth and allies.

Presentation and Event Topics

- Teen Connect: Healthy Relationships
- Epicenter Presentation to AVANZA Team
- Rise Up To Be Yourself Summit
- Salinas Remembers Pulse
- Our Voices: Open Mic Night
- Park Row Cafe Pop-Up Resource Fair
-

THE EPICENTER

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=11-12)	# Disagree	# Agree
I feel more connected to other people.	2	10
I know where to go for mental health services near me.	3	9
I know when to ask for help with an emotional problem.	2	10
I am able to deal with problems better.	2	10
I feel less stress or pressure in my life.	4	8
I feel better about myself.	3	9
When I think about the future, I feel good.	3	8



83% of respondents said they were **able to deal with problems better** after participating in this program

Please choose how much you agree or disagree with each sentence below (n=12)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	2	10
The program had services in the language that I speak best.	1	11
I got services that were right for me.	1	11
I am happy with the services I received.	1	11
I would recommend this program to a friend or family member.	1	11



92% of respondents agreed or highly agreed that the **services were right for them** in this program

THE EPICENTER

Program Outcomes, Satisfaction, and Feedback

"I feel connected to those in the LGBTQ community since I don't have much interaction outside my circle."

What was most useful or helpful about this program? (n=11)

- Inclusive and safe environment (7)
- Discussions with people from similar backgrounds (3)
- Group sessions (3)

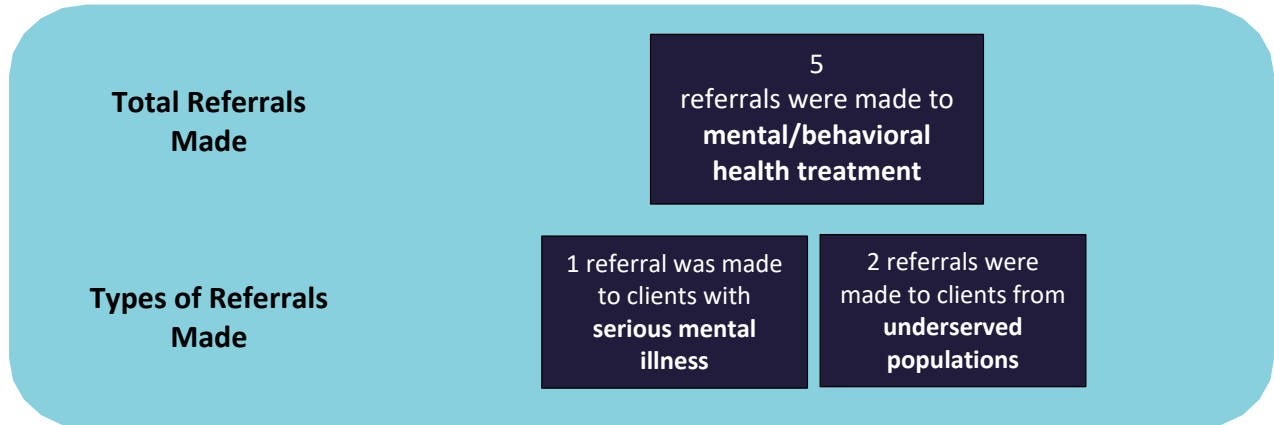
"Maybe more social media interaction when it comes to current trends. More people might take an interest if they see something culturally relevant."

What are your recommendations for improvement? (n=11)

- More diversity and participants (3)
- Additional information on mental health resources and current trends presented in social media (2)
- In-person sessions (2)
- General positive feedback (e.g., "it was great") (2)

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Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals for Individuals with Serious Mental Illness

Referred to Non-County Treatment:
1 individual confirmed to have engaged in treatment

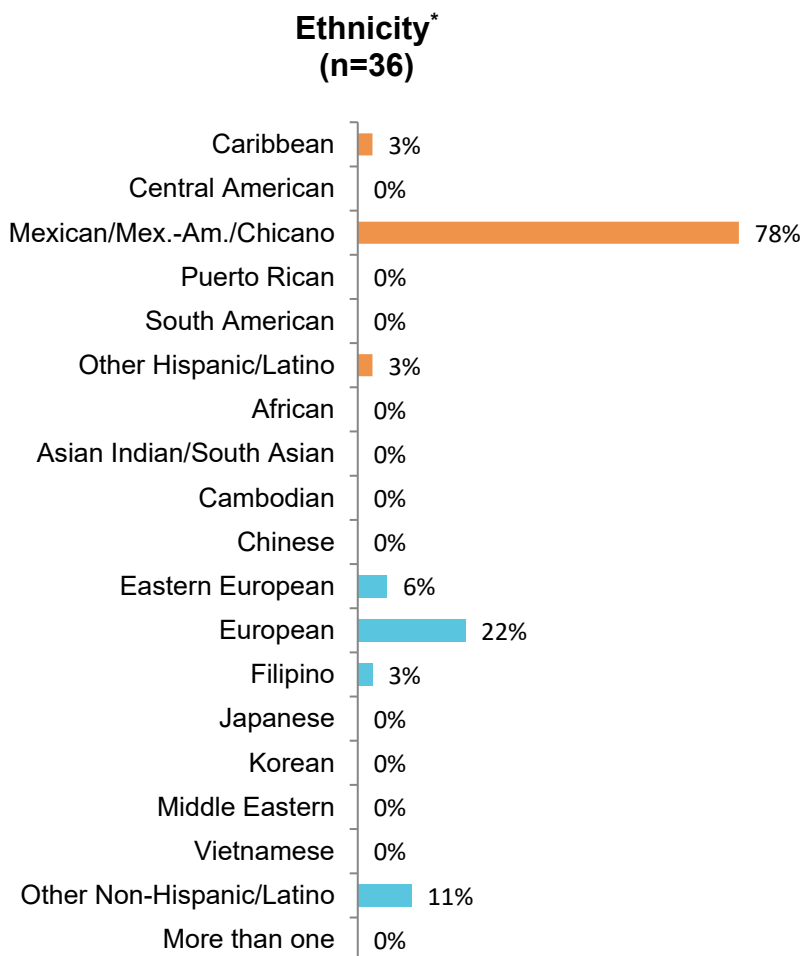
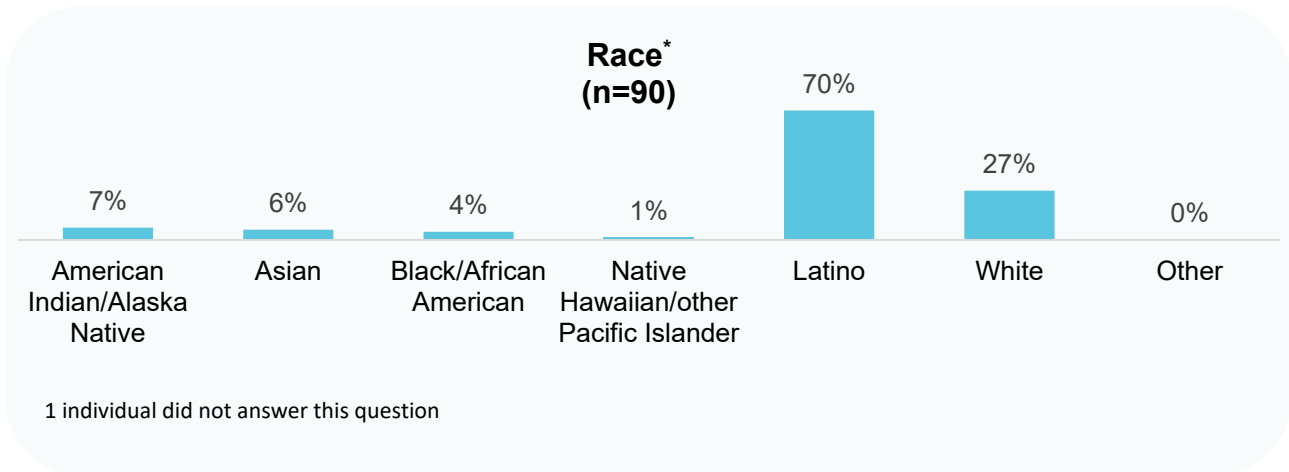
Kinds of Treatment Referred to:
● Community Human Services ●

Referrals for Members of Underserved Populations

Kinds of Treatment Referred to:
● Monterey County Behavioral Health ●

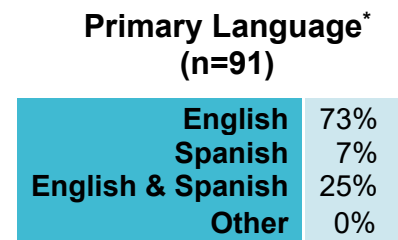
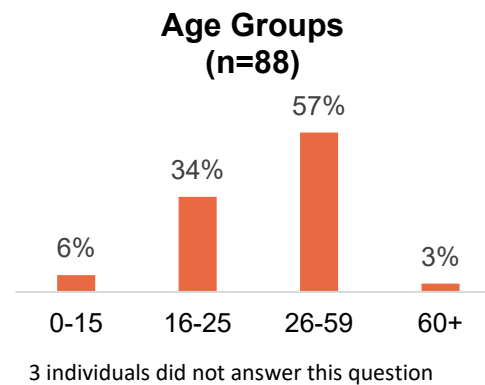
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Demographic Data



Other includes Hmong, Lao, Hispanic, and Salvadoreno
2 individuals did not answer this question

78% Hispanic/Latino**
33% Non-Hispanic/Latino**



* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

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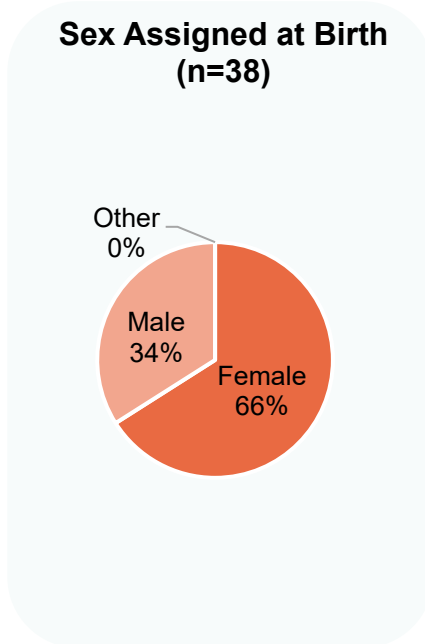
Demographic Data

Current Gender Identity*
(n=38)

Female	53%
Male	24%
Transgender	11%
Genderqueer	5%
Non-Binary	24%
Questioning or Unsure	5%
Another Gender Identity	3%

Other includes gender fluid

Sex Assigned at Birth
(n=38)



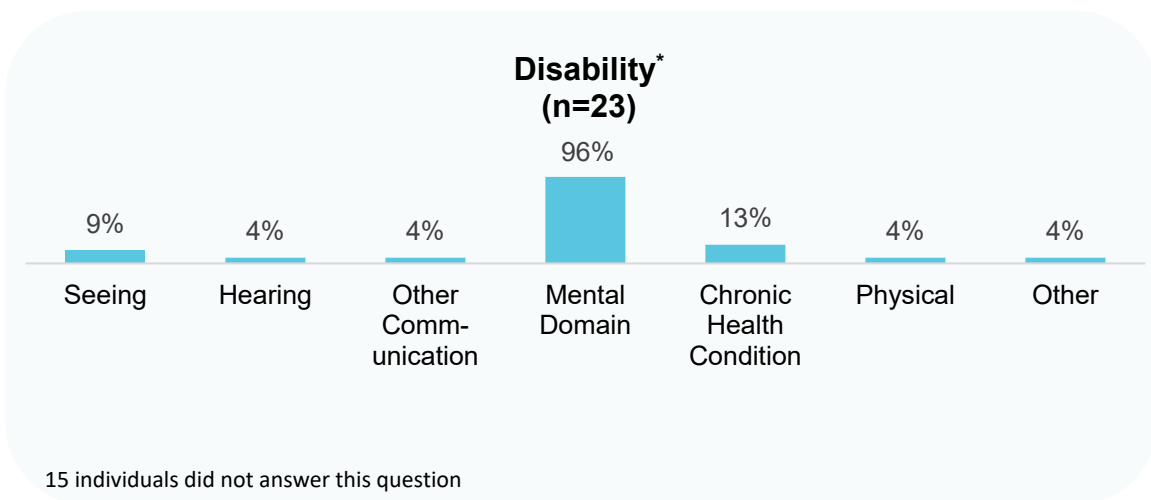
Sexual Orientation
(n=38)

Bisexual	11%
Gay or Lesbian	37%
Heterosexual or Straight	11%
Queer	18%
Pansexual	18%
Questioning or Unsure	3%
Another Sexual Orientation	2%

61% of individuals reported having one or more disabilities

n=23; 15 individuals did not answer this question

Disability*
(n=23)



15 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

THE EPICENTER

Successes and Learning

Notable Successes

Overall

- Collaboration with other agencies led to an expanded reach for advertising and establishing programming in new areas such as the underserved region of South County.
- Working with MCBH staff led to the creation of the LGBTQ+ Network of Care that will streamline access to services across the county tailored to the LGBTQ+ experience.

COVID-Related

- Keeping peer connections active for county youth despite sheltering-in-place and distance learning, with online sessions and later reopening in-person services.

Notable Learnings

Overall

- Keeping active members of the Queer/Trans Youth Collective was difficult. This year, a push on social media and by word of mouth expanded the Collective to 8 active members who will give input to develop programming that supports queer and trans youth needs.

COVID-Related

- Youth experienced Zoom burnout this year. The Epicenter staff realized they should prepare to offer services in person quickly after regulations changed and also continued some online activities.

Case narrative

A South County youth and newest staff member of The Epicenter has shown tremendous leadership and initiative since they began with our organization as of September 2020. As our Media Content Creator, they have captured the community's attention by utilizing their filmmaking skills on our projects for raising community engagement and sharing local resources. They are also a core leader in our Queer and Trans Health 831 Committee, which is a collaboration project between The Epicenter, Natividad Medical Center and local community members to highlight LGBTQ+ healthcare services offered in Monterey County while raising community awareness of their existence.

PARENT EDUCATION PROGRAM COMMUNITY HUMAN SERVICES (CHS)

Community Human Services (CHS) offers the Parent Education Program, which provides parenting programs in Spanish and English for parents and caregivers of children ages 0 to 12 years old. Specifically, CHS utilizes the Nurturing Parenting Program curriculum to teach families parenting skills with nurturing behaviors to promote healthy physical and emotional development and teach appropriate role and development expectations. The Nurturing Parenting Program is an evidence-based program that is designed for the treatment and prevention of child abuse and neglect. The program provides an educational approach in understanding the definition and effects of child abuse.

Program Highlights



Population served: parents of children ages 0 to 12

167 individuals engaged in program activities



98% of outcome survey respondents said they were **better able to deal with problems** as a result of this program

Program Activities

Activities Hosted

Presentations – 15 participants at a session for parents in the English Learner Advisory Committee (ELAC) at Salinas High School. The presentation focused on healthy communication with children, social-emotional health, and conflict resolution.

Education/Training Sessions – 152 parents attended 20 sessions (either 12-week or 52-week sessions) of the Nurturing Parenting Program.

Presentation Locations

- English Learner Advisory Committee at Salinas High School ○

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=46–48)	% Disagree	% Agree
I feel more connected to other people.	6%	94%
I know where to go for mental health services near me.	15%	85%
I know when to ask for help with an emotional problem.	11%	89%
I am able to deal with problems better.	2%	98%
I feel less stress or pressure in my life.	15%	85%
I feel better about myself.	6%	94%
When I think about the future, I feel good.	6%	94%

Please choose how much you agree or disagree with each sentence below (n=47–48)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	2%	98%
The program had services in the language that I speak best.	2%	98%
I got services that were right for me.	8%	92%
I am happy with the services I received.	2%	98%
I would recommend this program to a friend or family member.	0%	100%

"...I've learned to connect, understand, communicate, and teach my children good skills that will help them become independent, responsible, and successful."

"Having [information on] a wider range of mental health issues."

What was most useful or helpful about this program? (n=45)

- Improved parenting skills (27)
- Increased understanding of balancing self-care and quality time with family (7)
- Social support with other participants (7)

What are your recommendations for improvement? (n=40)

- Different time options for sessions (4)
- Additional information about supporting children with developmental disorders (7)
- General positive feedback (e.g., "it was great") (11)

PARENT EDUCATION PROGRAM

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus types of referrals may exceed the total number of referrals.

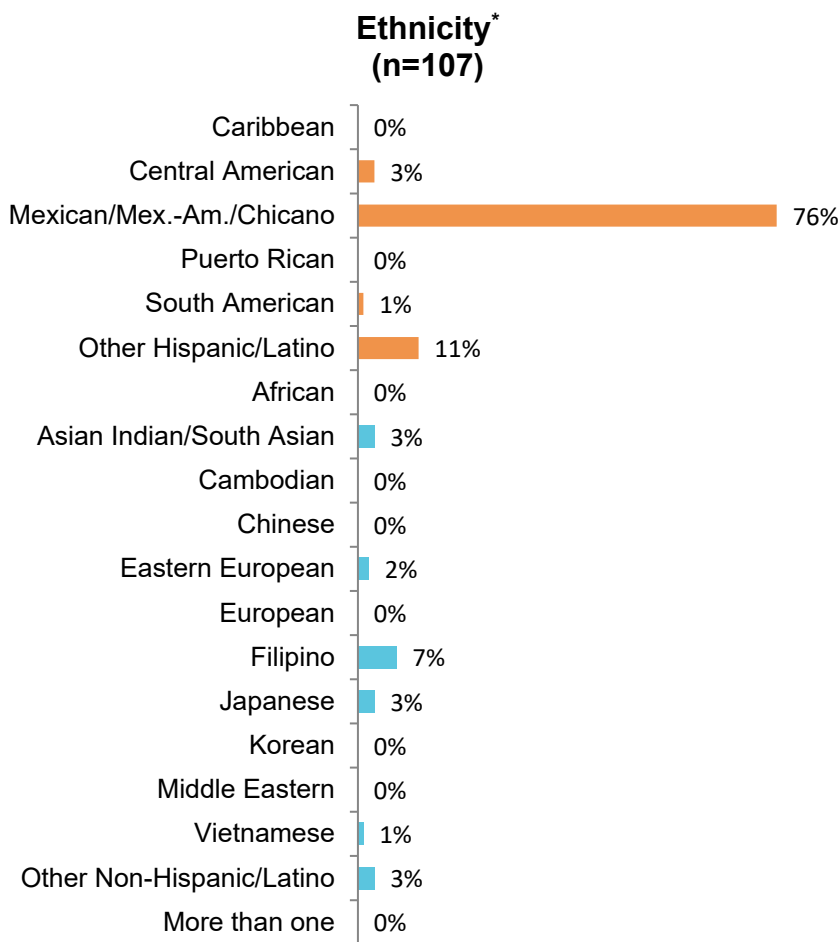
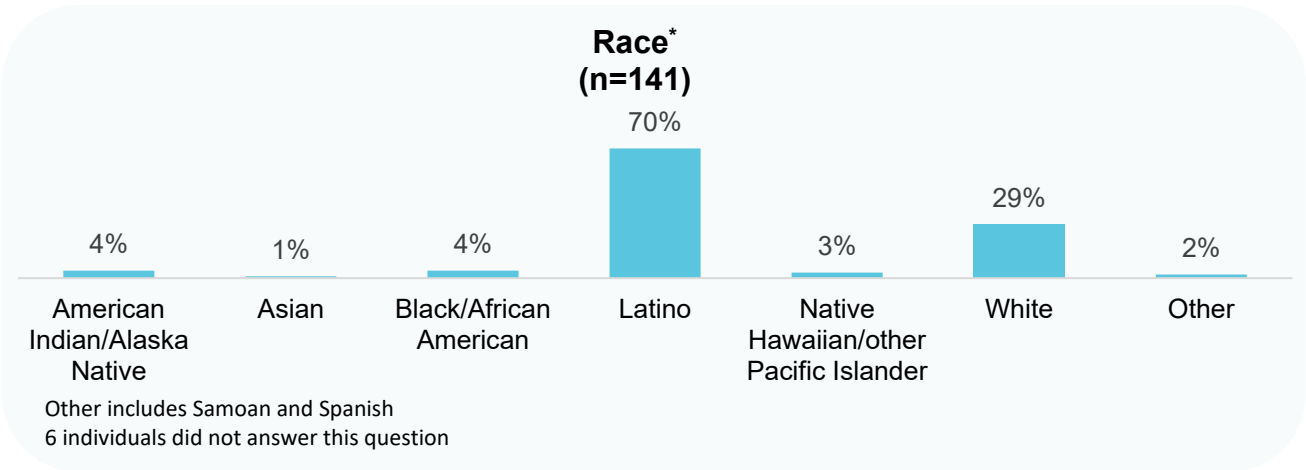
Referrals for Members of Underserved Populations

Kinds of Treatment Referred to:

- Partners for Peace
- Sun Street Center
- Harmony at Home
-

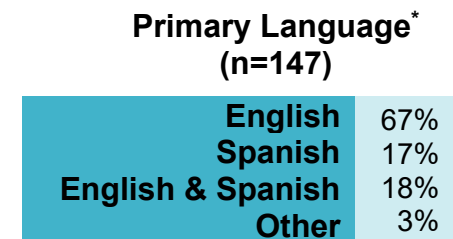
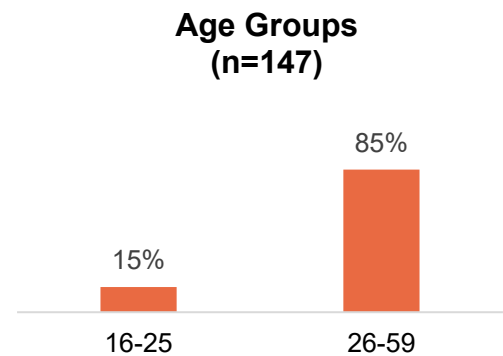
PARENT EDUCATION PROGRAM

Demographic Data



Other includes Spanish, Samoan, and Irish
40 individuals did not answer this question

90% Hispanic/Latino**
15% Non-Hispanic/Latino**



Other includes Portuguese and Samoan

* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

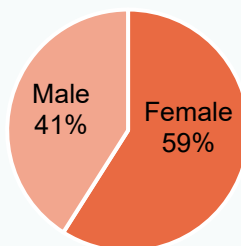
PARENT EDUCATION PROGRAM

Demographic Data

Current Gender Identity (n=147)

Female	60%
Male	40%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

Sex Assigned at Birth (n=145)



2 individuals did not answer this question

Sexual Orientation (n=125)

Bisexual	4%
Gay or Lesbian	1%
Heterosexual or Straight	94%
Pansexual	2%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

22 individuals did not answer this question

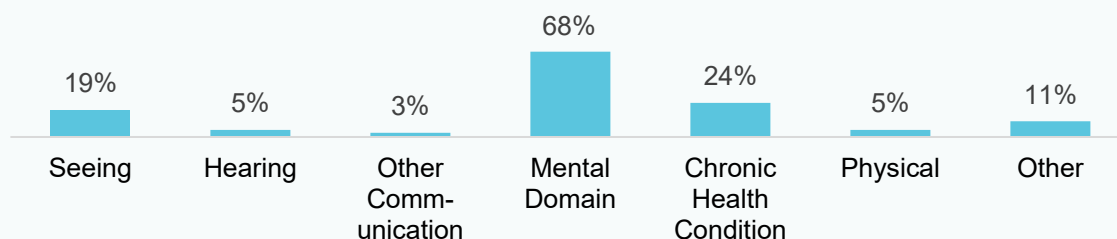
1% of individuals are veterans

n=142; 5 individuals did not answer this question

25% of individuals reported having one or more disabilities

n=37; 110 individuals did not answer this question

Disability* (n=37)



Other includes diabetes and anger issues
110 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PARENT EDUCATION PROGRAM

Successes and Learning

Notable Successes

Overall

- Despite the difficult time, participants are invested and putting in their best efforts to learn tools to better their relationships with their children.

COVID-Related

- Participants say the Nurturing Parenting Program has been a support through many stressors and it has been therapeutic to get time to socialize with other adults.

Notable Learnings

Overall

- The intake paperwork process was difficult for some people so, during the fiscal year, CHS made digital intake and registration available in English and Spanish across multiple devices.

COVID-Related

- With continued participant internet issues, the staff has been suggesting places with free Wi-Fi, information on internet hotspots, as well as providing the opportunity for make-up classes.

Case example/narrative

One participant who completed a 52-week session of Parent Education Program classes said the experience made a big impact on his life. During his time of attendance, he was very engaged and invested in the curriculum. The instructors observed his growth as a parent, and he was able to reunify with his child. On his last day of class he shared that he had learned very valuable information, such as learning about what children need during each stage of growth, the ways to enhance brain development and the impact that trauma has on a child's brain. He also learned that taking care of himself as a parent is important for his mental health and how to manage time for a more structured day that involves routine and consistency for his child. He is determined to be the best teacher and father for his child.

COVID-related program impacts

There were challenges with participants completing outcome surveys from the online links. In addition to providing the survey links to participants multiple times, staff also made phone calls and sent email reminders but had fewer responses than hoped for.

School closures lead to fewer self-referrals to the program and CHS staff reached out to school counselors and resource centers to continue to encourage referrals.

SENIOR COMPANION PROGRAM SENIORS COUNCIL OF SANTA CRUZ AND SAN BENITO COUNTIES

Senior Companion Program supports the achievement and maintenance of the highest level of independent living for their clients through various activities and by providing opportunities for their clients to interact socially. During client visits, senior companions may provide companionship and assist with activities fostering mental stimulation. They also participate in appropriate activities for social interaction (i.e., talking, listening, reading, gardening, playing games, assisting with hobbies). Senior companions may assist clients in food preparation, planning meals, and doing grocery shopping; provide grief support; assist in reality orientation and awareness; encourage clients' contacts with family and friends; and provide basic information about community services for seniors. They may take walks, encourage exercise, and provide information on exercise or recreation to clients. Many of their clients live in Southern Monterey County and find themselves needing rides to medical appointments outside of their community; thus, senior companions may also provide transportation for medical appointments and shopping.

Program Highlights



Population served: the local senior community

11 individuals engaged in program activities

Program Outcomes, Satisfaction, and Feedback

"That I've received a lot of help when I need it."

What was most useful or helpful about this program? (n=2)

- Help with doctor appointments (1)
- Support from staff (1)

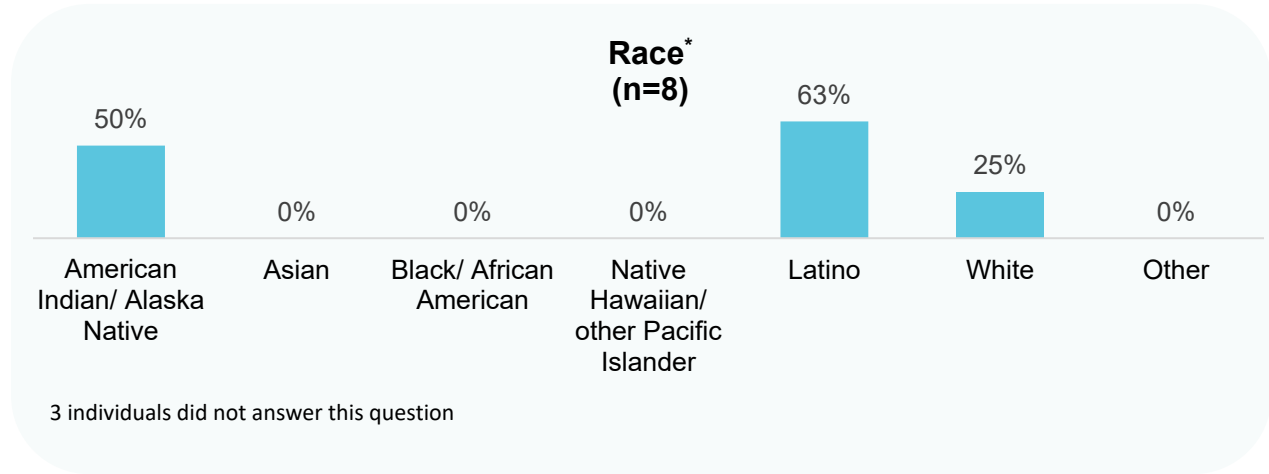
"Everything is good."

What are your recommendations for improvement? (n=2)

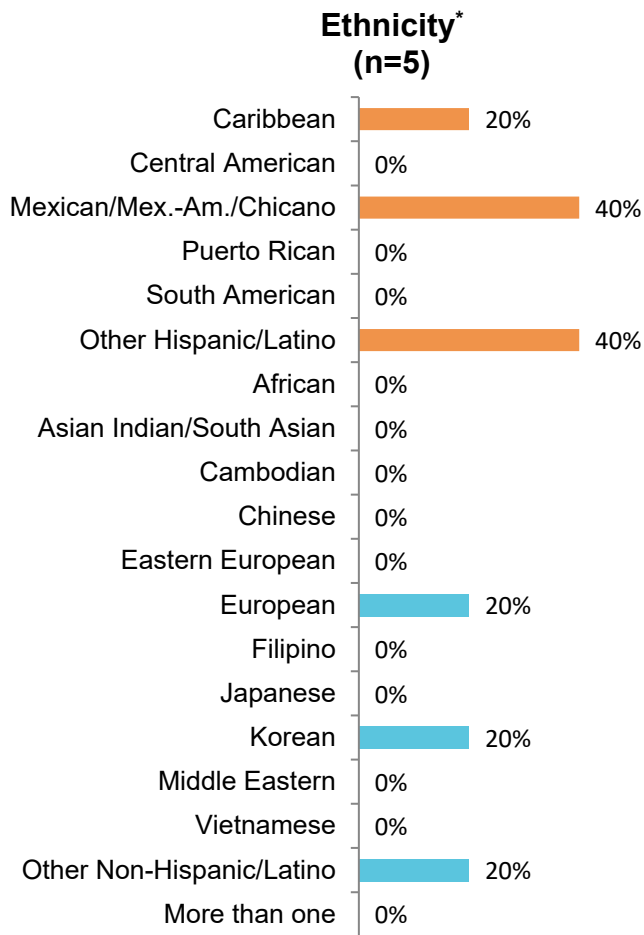
- Increase availability of staff (1)
- General positive feedback (e.g., "todo es bueno") (1)

SENIOR COMPANION PROGRAM

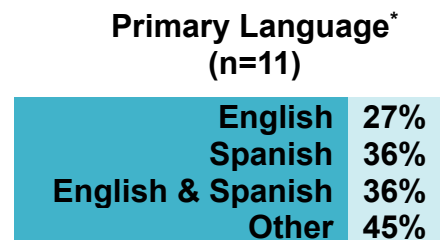
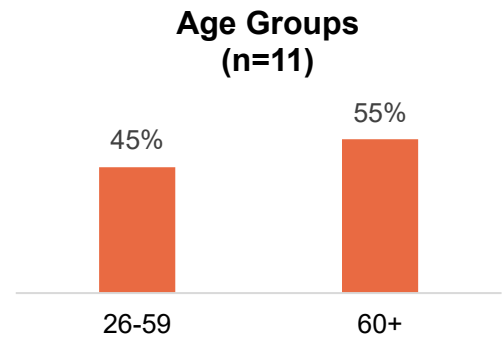
Demographic Data



80% Hispanic/Latino**
60% Non-Hispanic/Latino**



6 individuals did not answer this question



* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

SENIOR COMPANION PROGRAM

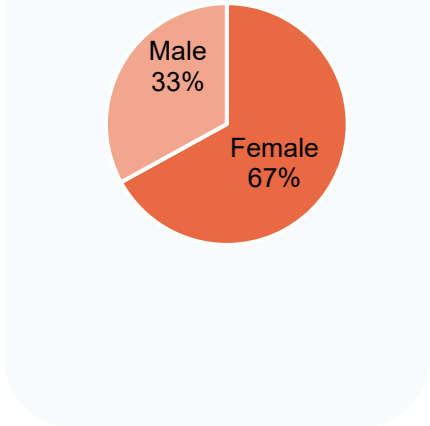
Demographic Data

Current Gender Identity (n=3)

Female	67%
Male	33%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

8 individuals did not answer this question

Sex Assigned at Birth (n=3)



8 individuals did not answer this question

Sexual Orientation (n=5)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

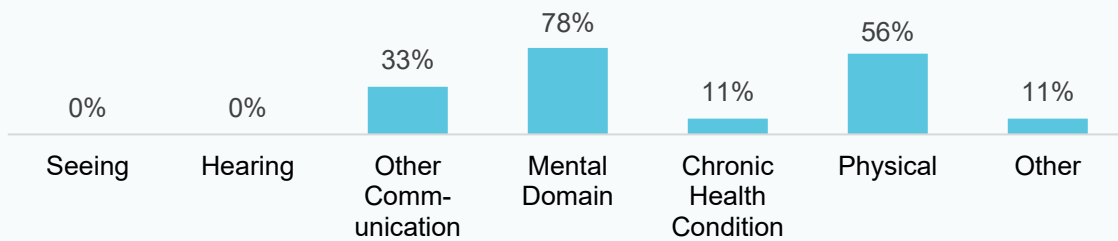
6 individuals did not answer this question

82% of individuals reported having one or more disabilities

n=9

2 individuals did not answer this question

Disability* (n=9)



2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR COMPANION PROGRAM

Successes and Learning

Notable Successes

COVID-Related

- Senior companions have adapted to this “new normal” by having regular phone visits and pick ups for pre-ordered groceries and prescriptions they deliver to their clients.

Notable Learnings

COVID-Related

- Senior companions were made aware of new services available due to COVID-19 and have shared with clients so that they may access those if they qualify.

COVID-related program impacts

Due to COVID-19 we had to cease all in-person volunteer activity with clients. Senior companions have had a hard time adapting to certain restrictions where they cannot meet in person with their clients.

Even though COVID-19 has had an impact on the services our senior companions can provide, our volunteers have been resilient and have continued to call their clients to do wellness and needs checks.

We have ordered tablets for all our senior companions to use as a way to communicate with their clients. We have contracted with Loaves, Fishes and Computers to train our senior companions on how the tablet works, how to use Zoom, and on internet safety.

SENIOR PEER COUNSELING ALLIANCE ON AGING

The Alliance on Aging provides one primary program to seniors age 55 and older in Monterey County: the Senior Peer Counseling Program (SPC). SPC offers peer-to-peer counseling and support groups provided by trained volunteers. The program is attuned to addressing the diversity of older adults in the community who are experiencing challenges that accompany aging, such as depression and anxiety, the death of a spouse, the stress of an illness, isolation from family or friends, and other life transitions.

Program Highlights



Population served: seniors 55 and older in Monterey County

133 individuals engaged in program activities



100% of outcome survey respondents said they **received services they were happy with and in the language they speak best**

Program Activities

Activities Hosted

Support Group Meetings – 53 individuals were contacted weekly for sessions aimed at supporting both Spanish- and English-speaking older adults.

Training Sessions – 32 peer counselors attended 28 trainings on techniques to use to help clients cope with isolation during the pandemic.

Peer-to-Peer Counseling – 84 clients received individualized 1:1 support from SPC that totaled over 1,212 counseling hours.

Support Groups

- Gateway Support Group
- Los Abuelitos Support Group
- Sherwood Support Group
- Time to Talk Support Group
- Gratitude and Communication Support Group

SENIOR PEER COUNSELING

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=69–95)	% Disagree	% Agree
I feel more connected to other people.	6%	94%
I know where to go for mental health services near me.	8%	92%
I know when to ask for help with an emotional problem.	6%	94%
I am able to deal with problems better.	13%	88%
I feel less stress or pressure in my life.	23%	77%
I feel better about myself.	12%	88%
When I think about the future, I feel good.	35%	65%

Please choose how much you agree or disagree with each sentence below (n=91–96)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	1%	99%
The program had services in the language that I speak best.	0%	100%
I got services that were right for me.	4%	96%
I am happy with the services I received.	0%	100%
I would recommend this program to a friend or family member.	4%	96%

"I really liked my counselor listening to my problems. Together we found some good solutions."

"It would be better if we could meet more often and in person."

What was most useful or helpful about this program? (n=80)

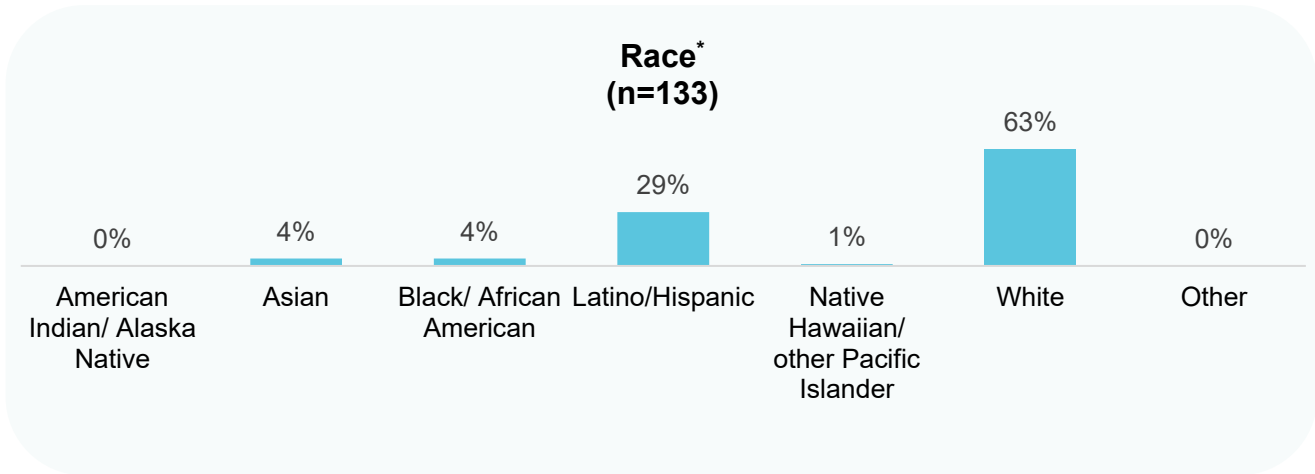
- Connecting with counselors in a safe environment (53)
- Improved emotional state and self-perception (11)
- Understanding mental health (11)

What are your recommendations for improvement? (n=50)

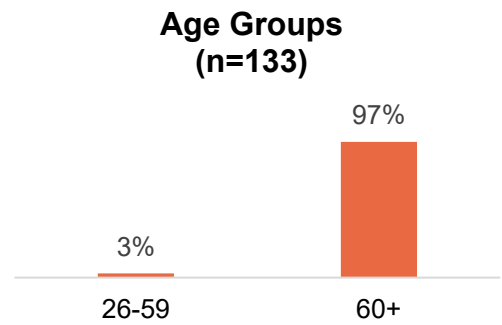
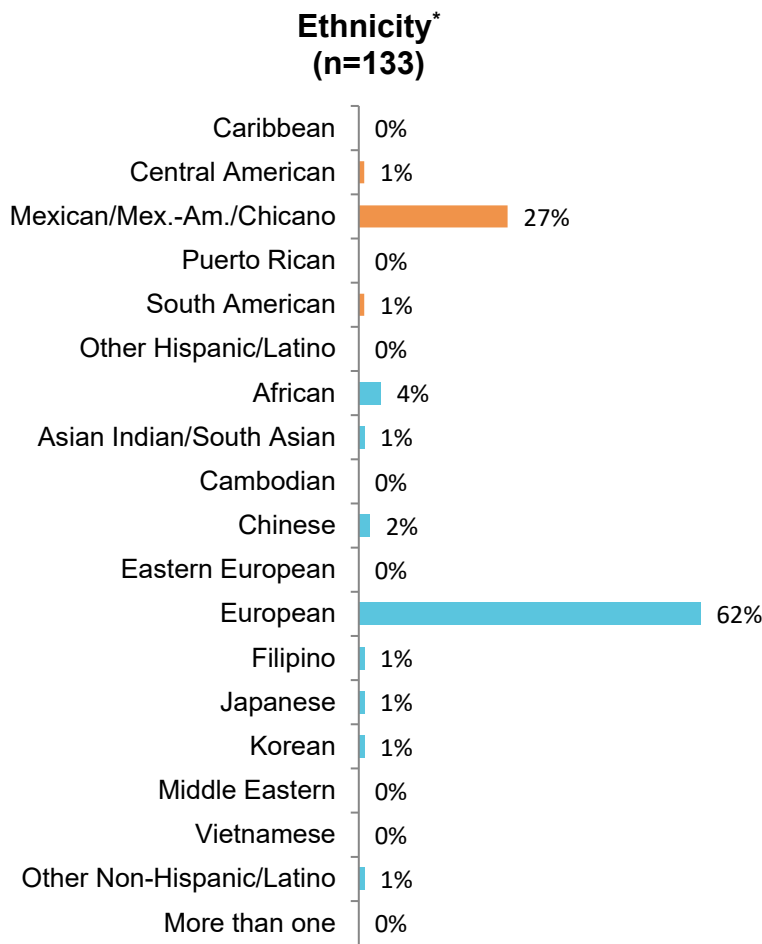
- General neutral feedback (e.g., "I don't know") (10)
- In-person sessions (9)
- Continuation of program (8)

SENIOR PEER COUNSELING

Demographic Data



29% Hispanic/Latino**
71% Non-Hispanic/Latino**



Primary Language* (n=133)

English	77%
Spanish	17%
English & Spanish	7%
Other	0%

* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

SENIOR PEER COUNSELING

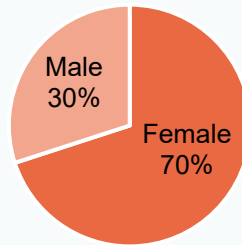
Demographic Data

Current Gender Identity (n=132)

Female	73%
Male	27%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

1 individual did not answer this question

Sex Assigned at Birth (n=132)



1 individual did not answer this question

Sexual Orientation (n=121)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	99%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

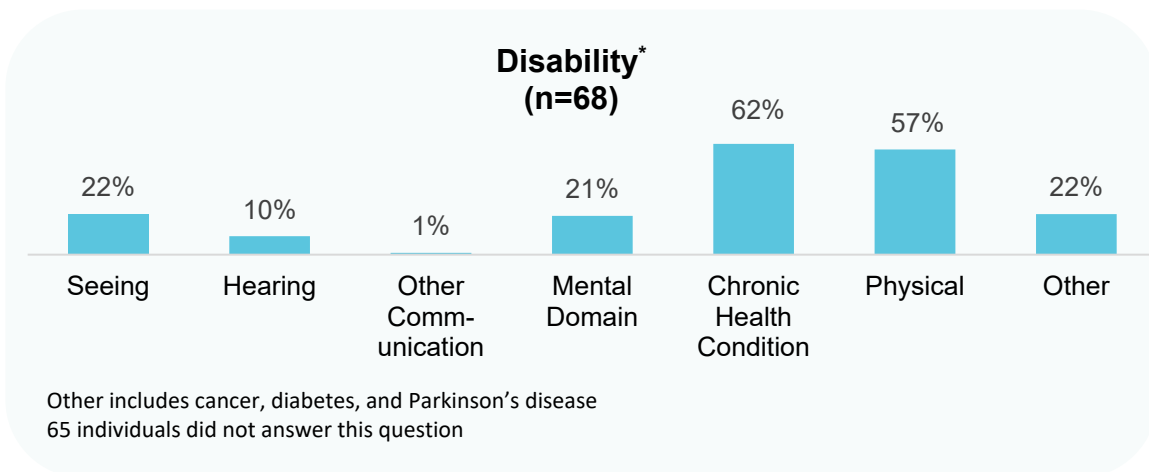
12 individuals did not answer this question

2% of individuals are veterans

n=133

51% of individuals reported having one or more disabilities

n=68; 65 individuals did not answer this question



* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR PEER COUNSELING

Successes and Learning

Notable Successes

Overall

- Offered an ongoing Zoom class in Cognitive Behavioral Therapy and Mindfulness that has been well attended and received.
- Resumed “Time to Talk” in-person support group in Salinas and launched a new “Gratitude & Communication” support group.

COVID-Related

- Working in the virtual world while creating and maintaining a supportive counseling relationship.

Notable Learnings

COVID-Related

- Instead of our one-hour once-a-week model, Senior Peer Counselors offered several calls of shorter duration during the week.
- In the past we limited SPC to 10 sessions. During the Stay-at-Home order, that limit was changed after seeing that seniors experienced less anxiety if they knew counseling time limits were negotiable.

Case example/narrative

An individual staff member has served as a Peer Counselor for many years. Although he was the primary care provider for his wife who suffered from Alzheimer’s disease, he continued to volunteer until her death. After taking some time off, he returned to the program and specifically requested clients who were caregivers as he felt he had a lot to share since he had “walked the path.” He was shortly assigned to a client, who was caring for her husband with dementia and her mother who had multiple health problems. Caregiving made it impossible for Patty to leave her home for anything other than necessities. When COVID hit, she reported to Joe at first that “nothing had really changed for her” as she had already been so isolated. Gradually, however, the increased isolation took its toll on Patty as the conditions of her husband and mother declined. VNA nurses and doctors were the only other people with whom she communicated. Her weekly meetings with Joe now became an even more important link to the outside world. She frequently remarked to Joe that he was “the only one who understood.” Joe felt a tremendous sense of satisfaction in giving Patty support. Her husband is currently at home in the last stages of his life, on Hospice. Because of Joe’s familiarity of this process with his own wife, his understanding and experience continue to provide Patty with comfort and reassurance. Patty has expressed her immense gratitude for Joe’s support and empathy many times. Joe thanks Patty and says that he is really the one who receives the most benefit in being of service.

Early Intervention

FAMILY SUPPORT GROUPS MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH), ADULT SYSTEM OF CARE (ASOC)

Family Support Groups are facilitated by MCBH staff to provide support for family members of individuals living with mental health conditions. Family members get an opportunity to discuss their unique experiences and learn ways to cope from peers and, most of all, learn that they are not alone in their journey. Psychoeducation, resources, and opportunities for peer-sharing are provided through these groups. Family Support Groups are offered in English and in Spanish to all interested Monterey County residents. In FY 20–21, groups were offered through Zoom video conferencing with options to join via phone, tablet or computer.

Program Highlights



Population served: family members of those with a mental illness

25 individuals engaged in Family Support Groups

Program Activities

Activities Hosted

Outreach Activities – 6 outreach activities were conducted to promote awareness of Spanish and English Family Support Groups.

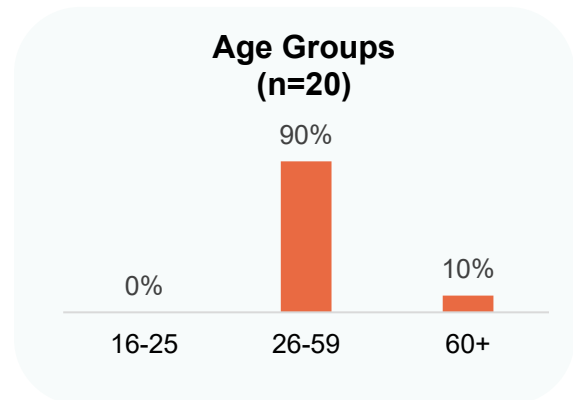
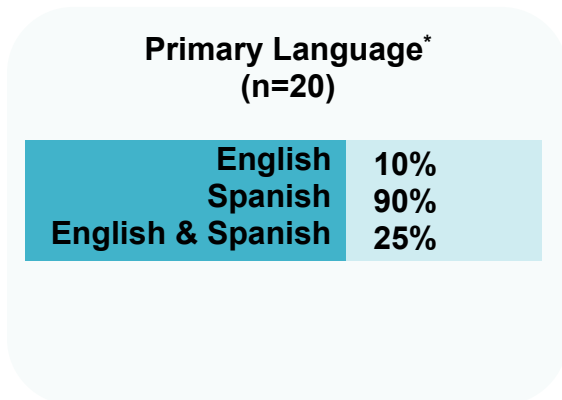
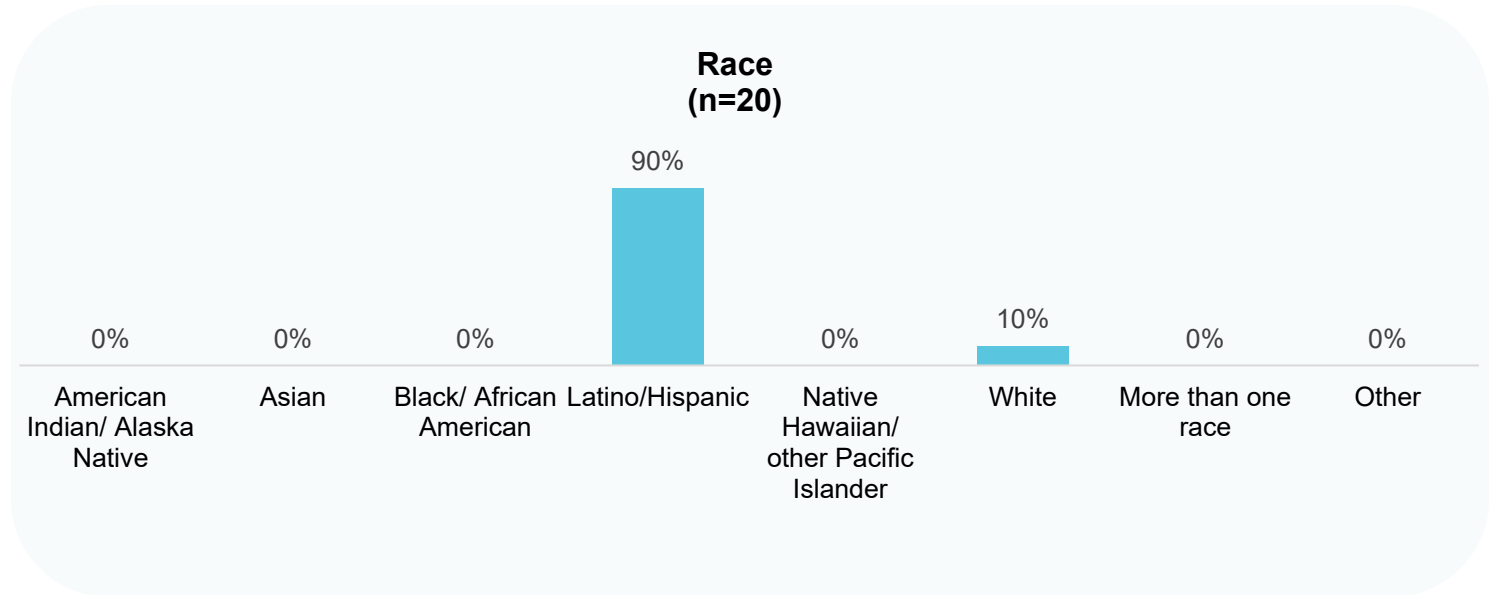
Support Group Meetings – 25 individuals attended 28 groups that help members support a loved one with mental illness, promote self-care, and decrease burnout by speaking with other families under similar circumstances.

Support Group Topics

○ Boundaries and Non-violent Communication ○ Caregiver Self Care ○ Grounding and Mindfulness ○ Psychoeducation on Mental Illness ○ Stigma Reduction for Mental Health in the Latino Community ○

FAMILY SUPPORT GROUPS

Demographic Data



* Percentages may exceed 100% because participants could choose more than one response option.

FAMILY SUPPORT GROUPS

Successes and Learning

Notable Successes

Overall

- Increased peer referrals to groups.
Group members reported decreases in their symptoms of depression and anxiety.
- Improved awareness of mental illness symptoms and improved communication with loved ones.

COVID-Related

- Participation of group members who were able to overcome technology aversion.

COVID-related program impacts

In the last fiscal year there were many challenges connected to the COVID-19 pandemic that included:

- Issues with logging into virtual group sessions due to not having access to Zoom or other technology issues.
- Barriers to technology for a large portion of the Spanish-speaking members and senior group members who had greater difficulty with Zoom.
- The ability to do community outreach was limited.

FELTON EARLY PSYCHOSIS FELTON INSTITUTE

(re)MIND® is a program of Felton Institute to provide treatment and management of early psychosis with evidence-based, culturally competent assessment, diagnosis, and interventions. The mission of (re)MIND® is to deliver comprehensive, conscientious and multi-faceted treatment grounded in wellness, recovery, and resilience to people experiencing signs and symptoms of psychosis, as well as their families. The (re)MIND® program serves people ages 14–35 experiencing symptoms and functional impairments related to early psychosis and/or diagnosis of schizophrenia spectrum disorders with onset of symptoms within the previous five years.

Program Highlights



Population served: individuals age 14-35 experiencing early psychosis

66 participated in the (re)MIND® program;

213 received information through presentations and outreach activities



95% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem, and are **able to deal with problems better** after participating in this program

Program Activities

Activities Hosted

Presentations – 207 participants attended 10 presentations provided to 7 partner programs and local schools to discuss psychosis, admission criteria and resources that Felton provides.

Outreach Activities – 6 participants were reached during 6 activities for community education about mental health services and early psychosis intervention.

Support Group Meetings – 4 clients joined at 11 peer-support group meetings to provide psychoeducation and a safe place for clients to voice their difficulties.

Presentations

- Active Referral Network
- Dorothy's Place
- Salinas High School Health Department
- MCBH ASOC
- ACCESS Salinas
- ACCESS Coastal
- GSA: Be Yourself
-

FELTON EARLY PSYCHOSIS

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=55-57)	% Disagree	% Agree
I feel more connected to other people.	7%	93%
I know where to go for mental health services near me.	7%	93%
I know when to ask for help with an emotional problem.	5%	95%
I am able to deal with problems better.	5%	95%
I feel less stress or pressure in my life.	7%	93%
I feel better about myself.	4%	96%
When I think about the future, I feel good.	4%	96%
I feel less worried or afraid.	7%	93%
I feel I have more energy during the day.	9%	91%
I care more about the things that are happening in my life.	5%	95%

Please choose how much you agree or disagree with each sentence below (n=56-57)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	4%	96%
The program had services in the language that I speak best.	5%	95%
I got services that were right for me.	0%	100%
I am happy with the services I received.	0%	100%
I would recommend this program to a friend or family member.	4%	96%

What was most useful or helpful about this program? (n=53)

- Being able to open up and share with a mental health professional (26)
- Learning how to manage emotions (9)
- Getting diagnosed and prescribed medications (9)

What are your recommendations for improvement? (n=45)

- Offering family intervention and recreational services (5)
- General neutral feedback (e.g., "I have no idea") (19)
- General positive feedback (e.g., "Best as is") (6)

FELTON EARLY PSYCHOSIS

Program Outcomes, Satisfaction, and Feedback

"Helping me be a lot more versatile and having a lot of tools in my pocket to use."

"If it had a way of finding a safe space center, where people can go to read books and do yoga."

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals for individuals with Serious Mental Illness
15 individuals confirmed to have engaged in treatment
17 days average interval between the referral and participation in treatment
More than a year average duration of individual having mental illness symptoms

Kinds of County Treatment Referred to:
● MCBH Access Team ● Adult System of Care ●

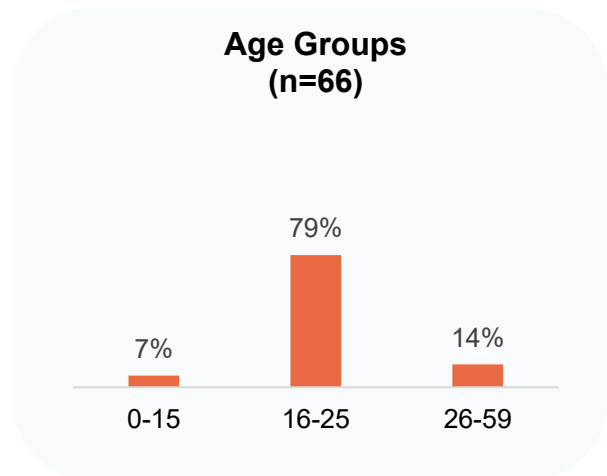
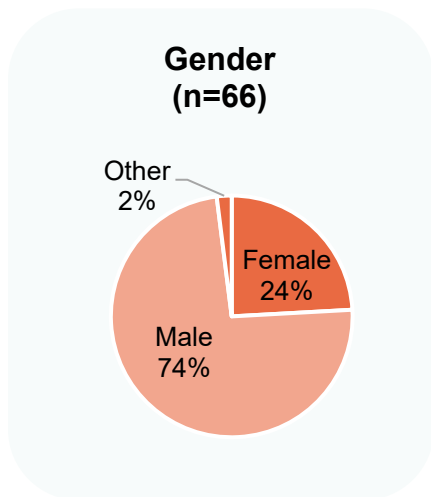
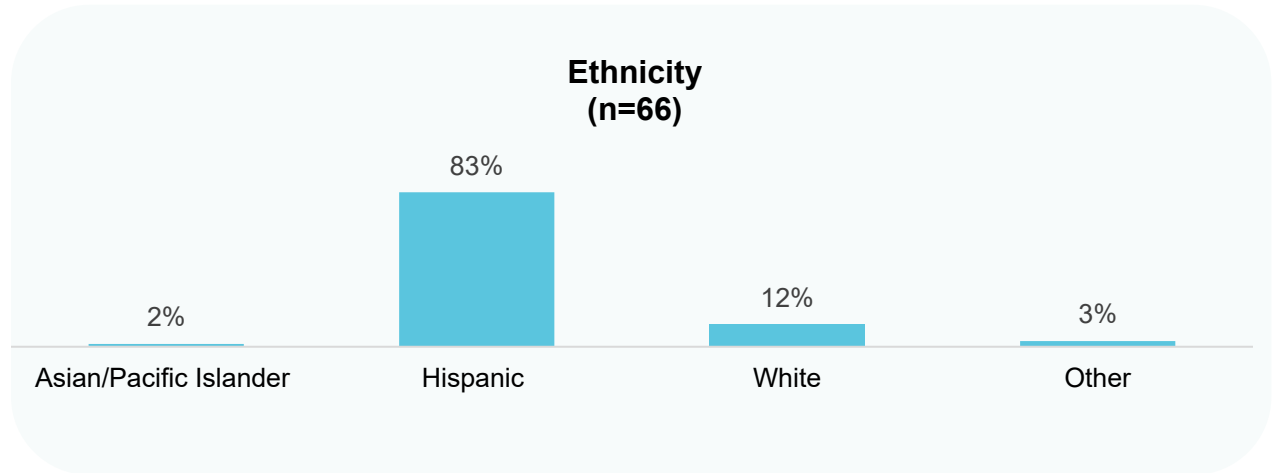
Kinds of Non-County Treatment Referred to:
● Beacon ● Interim SEES ● Natividad Medical Center Crisis Team ●

Referrals for Members of Underserved Populations
14 individuals confirmed to have engaged in treatment
19 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:
● Avanza ● CHOMP Behavioral Health ● Community Human Services ● Mobile Crisis ●

FELTON EARLY PSYCHOSIS

Demographic Data†



† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

FELTON EARLY PSYCHOSIS

Successes and Learning

Notable Successes

Overall

- Maintained the level of client care throughout several staff transitions.
- 29 incoming referrals leading to additional clients served.

COVID-Related

- Providing services, without any disruptions in care to clients for over a year during the pandemic.

Notable Learnings

COVID-Related

- Some clients have enjoyed telehealth and it has solved issues like transportation; others have experienced Zoom fatigue.
- Providing appointments via phone, Zoom, and in the office to reduce “no shows.”

Case example/narrative

A soon-to-be-graduate has vastly improved in areas such as symptom management, occupational functioning, and social engagement. This young person first came to re(MIND)[®] experiencing paranoia and intense hallucinations. They had left a job they really liked and were declining quickly. Now, they have a “full life” — a full time job, a romantic relationship, friends, and improved family relationships. Regarding managing symptoms, they are able to call the crisis number and/or share with their mother when feeling depressed or having thoughts of suicide. The young person has goals to become a welder, move out of their parents’ home, and become more independent.

SCHOOL-BASED COUNSELING PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE

School-Based Counseling is a program sponsored by Pajaro Valley Prevention and Student Assistance to provide mental health services to children and their families in schools located in northern Monterey County in the Pajaro/Las Lomas area. The program addresses a broad range of mental health needs and aims to help children develop coping skills and improve academic performance.

Program Highlights



Population served: children in northern Monterey County receiving school-based services and their caregivers

1,997+ individuals engaged in program resources

On average, **1,500 individuals connected weekly** to food and resources for support services in a partnership with the National Guard and the Food Bank of Monterey County



100% of outcome survey respondents said they were **happy with the services they received** in this program and **would recommend the program to a friend or family member**

Program Activities

Activities Hosted

Outreach Activities – 85 at risk students we provided home support visits by a PVPSA case manager for linkage to support services.

Education/Training Sessions – 8 individuals engaged in 3 classes to learn parenting skills and peer mediation.

Vaccine Clinics – 400 COVID-19 vaccines were distributed to residents in northern Monterey County through 2 clinics organized by PVPSA in response to lack of access in the area.

Food Bank – PVPSA partnered with the Food Bank of Monterey County and the National Guard to provide residents with food and linkage to various support services to an average of 1,500 individuals a week.

SCHOOL-BASED COUNSELING

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=21–22)	# Disagree	# Agree
I feel more connected to other people.	5	17
I know where to go for mental health services near me.	2	20
I know when to ask for help with an emotional problem.	2	19
I am able to deal with problems better.	2	20
I feel less stress or pressure in my life.	3	19
I feel better about myself.	2	20
When I think about the future, I feel good.	2	20
I feel less worried or afraid.	6	16
I feel I have more energy during the day.	7	15
I care more about the things that are happening in my life.	2	19

Please choose how much you agree or disagree with each sentence below (n=21–22)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	21
The program had services in the language that I speak best.	1	21
I got services that were right for me.	0	22
I am happy with the services I received.	0	22
I would recommend this program to a friend or family member.	0	22

"The most helpful thing about this program is how it can help you with bettering yourself."

"Clinicians going more in depth in conversations during therapy sessions with clients..."

What was most useful or helpful about this program? (n=17)

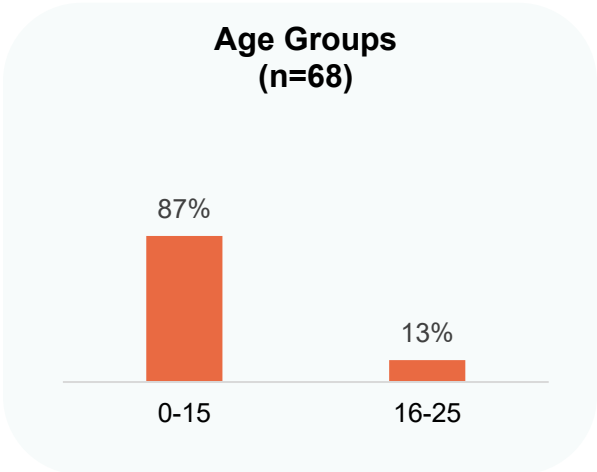
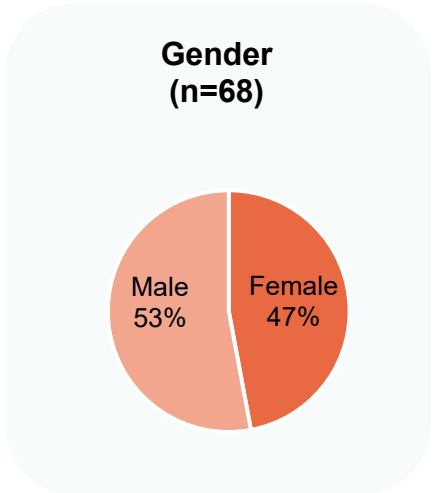
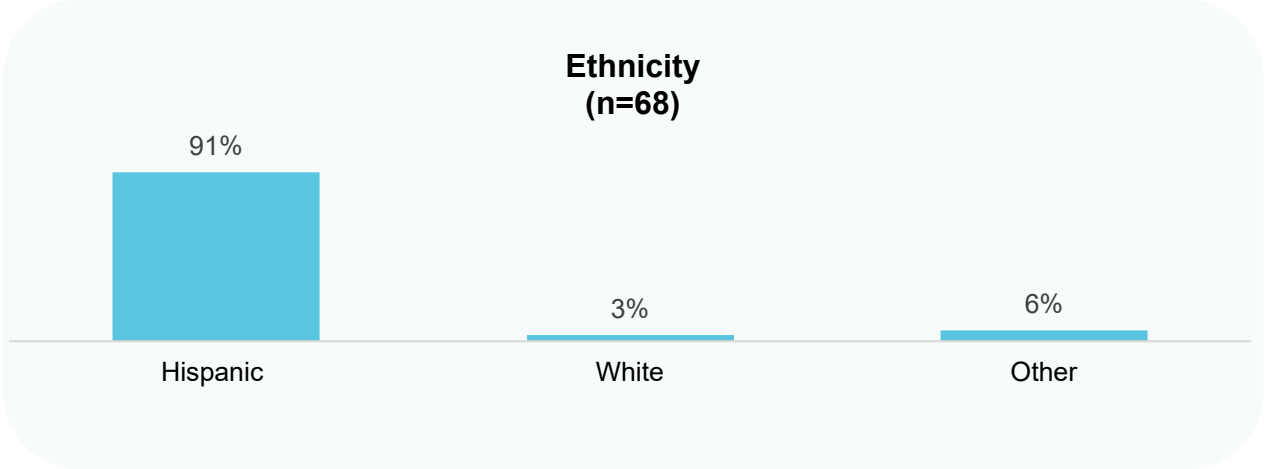
- Being able to talk about feelings (9)
- General positive feedback (e.g., "everything was helpful") (4)
- Improved mental health (3)

What are your recommendations for improvement? (n=11)

- General neutral feedback (e.g., "I don't know") (8)
- More services and activities (e.g., financial assistance) (3)
- Generally positive feedback (e.g., "it is already good") (4)

SCHOOL-BASED COUNSELING

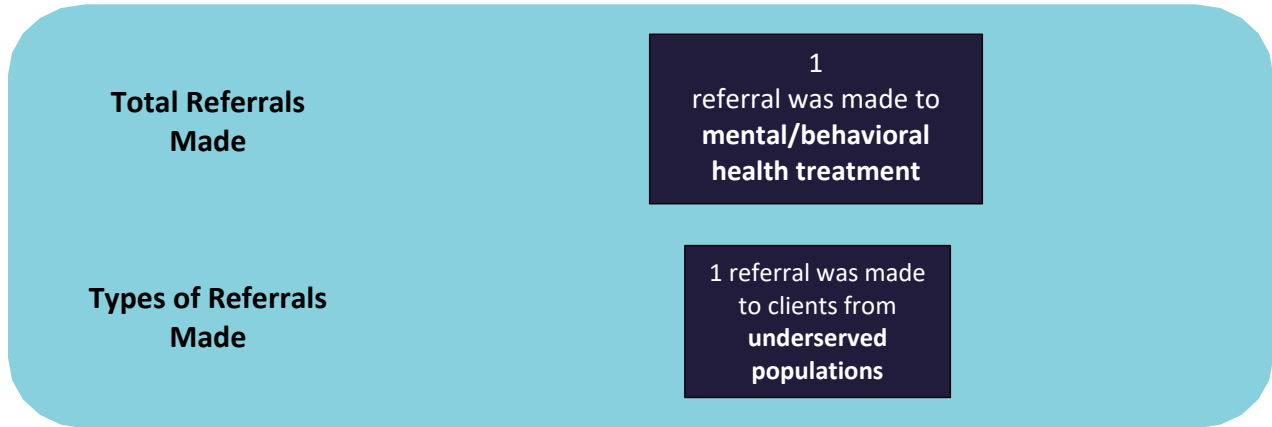
Demographic Data†



† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

SCHOOL-BASED COUNSELING

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals for Members of Underserved Populations

Kinds of Treatment Referred to:

- Monterey County Behavioral Health ●

SCHOOL-BASED COUNSELING

Successes and Learning

Notable Successes

Overall

- During staffing changes PVPSA continued to provide scheduled services to existing clients and completed intakes for each incoming referral.

COVID-Related

- In response to issues with access to the COVID-19 vaccine in north county, PVPSA facilitated the distribution of vaccines to 400 residents.

Notable Learnings

COVID-Related

- PVPSA maintained consistent treatment schedules with the majority of clients by using telehealth, or with flexible in person scheduling.
- Using Microsoft Teams became a critical tool for the agency to have meetings and trainings, and for staff to connect and support one another.

COVID-related program impacts

One of the biggest challenges in this period was supporting staff while they cared for clients. Social distancing guidelines did not allow for usual agency group gatherings, which we have found to be essential, especially for new staff members when building internal relationships and support systems. Supervisors and managers facilitated various online trainings to provide stress management support.

When our community partner, PVUSD, unexpectedly experienced the loss of two teachers within a few weeks at the same high school our community was deeply impacted. We provided additional support to both students and staff, including offering online support groups.

School closures created many challenges for students and more families sought services related to behavioral health than during this period last year. Due to our young client base telehealth was not the best option for many clients and families and we provided in person office sessions while following necessary COVID-19 screening and protocols. PVPSA staff increased available office hours to accommodate working families and had in home visits by a case manager with 85 Latino at risk students for support and linkage to services, as we adapted to the ongoing pandemic.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING HARMONY AT HOME

The Sticks & Stones[®] school-based counseling program, sponsored by Harmony at Home, is a prevention and intervention program for children exposed to violence and trauma in Monterey County. The program provides school-based psychoeducation, individual therapy, and group therapy for children who have been exposed to trauma and are experiencing concerning behaviors at school, home or in the community. The program also works to support parents and caregivers in meeting their children’s academic, social and psychological needs and enhance their conflict resolution skills. In addition, the Sticks & Stones[®] program provides outreach to community groups to promote the program and related services.

Harmony at Home’s Teen Success, Inc. (TSI) program provides a springboard for teen mothers to be successful by helping them finish high school, supporting social-emotional needs, and developing concrete goals and plans for their futures. Through individual coaching and peer support groups, teen mothers receive professional guidance and develop trusting, supportive relationships with their peers, which together inspire and empower them to reach their potential. Teen Success, Inc. participants also receive support focused on education navigation, reproductive and mental health, and child development. The mission of Teen Success, Inc. is to transform the lives of teen mothers and their children by helping them become educated, self-sufficient, valued members of society. This program is currently being offered virtually and in-person across Monterey County. The program does not require insurance or collect fees from participants.

Program Highlights



Population served (Sticks & Stones[®]): children who have experienced trauma and their families

2,165 individuals engaged in program activities

Population served (Teen Success, Inc.): young mothers between 14–24 years of age and their children

23 engaged in program activities and received program support

Program Activities

Activities Hosted

Presentations – 283 attended 14 presentations given for schools and partner organizations to inform staff and parents about Harmony at Home programs.

Community Events – 1,320 people were reached in 5 events, including flyer distribution at drive-through events for families and at the Harmony at Home Virtual Luncheon.

Outreach Activities – 370+ were reached with flyers at local businesses and online, and at 8 activities for staff at local organizations such as Partners for Peace and Sun Street Centers.

Education/Training Sessions – 135 individuals attended 9 trainings for school staff and Sticks & Stones counselors.

Support Group Meetings – 63 Teen Success, Inc. individual coachings were offered and completed.

Presentation Locations

- Soledad Unified School District
- Greenfield Parent Academy
- Salinas Unified School District
- Alisal Unified School District
- Greenfield Public Library

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Program Outcomes, Satisfaction, and Feedback

"Being able to talk to someone who understands."

What was most useful or helpful about this program? (n=3)

- Being able to express feelings, be listened to, and be understood (3)

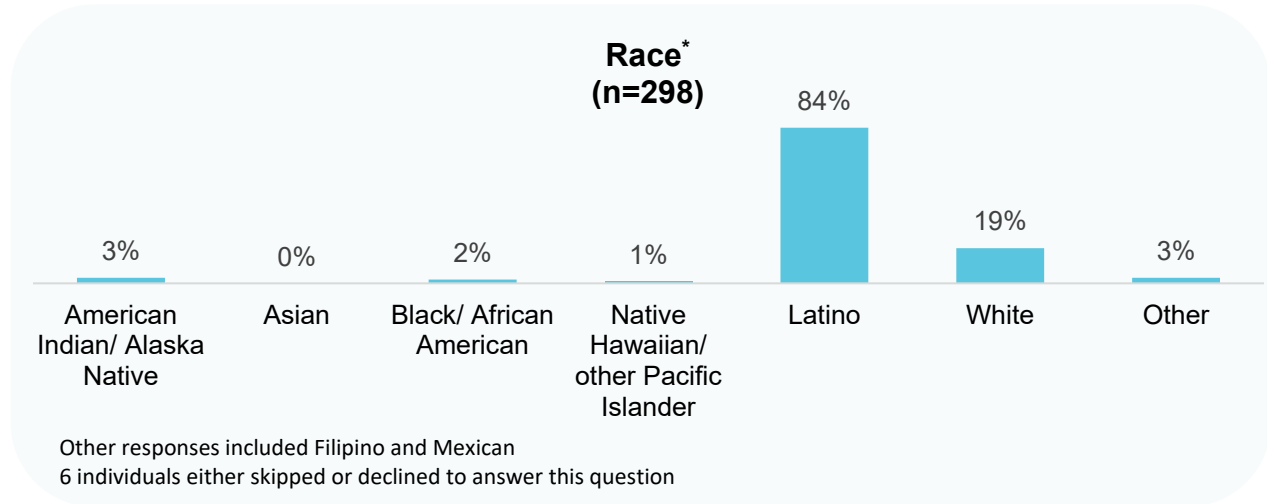
"I was satisfied with program."

What are your recommendations for improvement? (n=2)

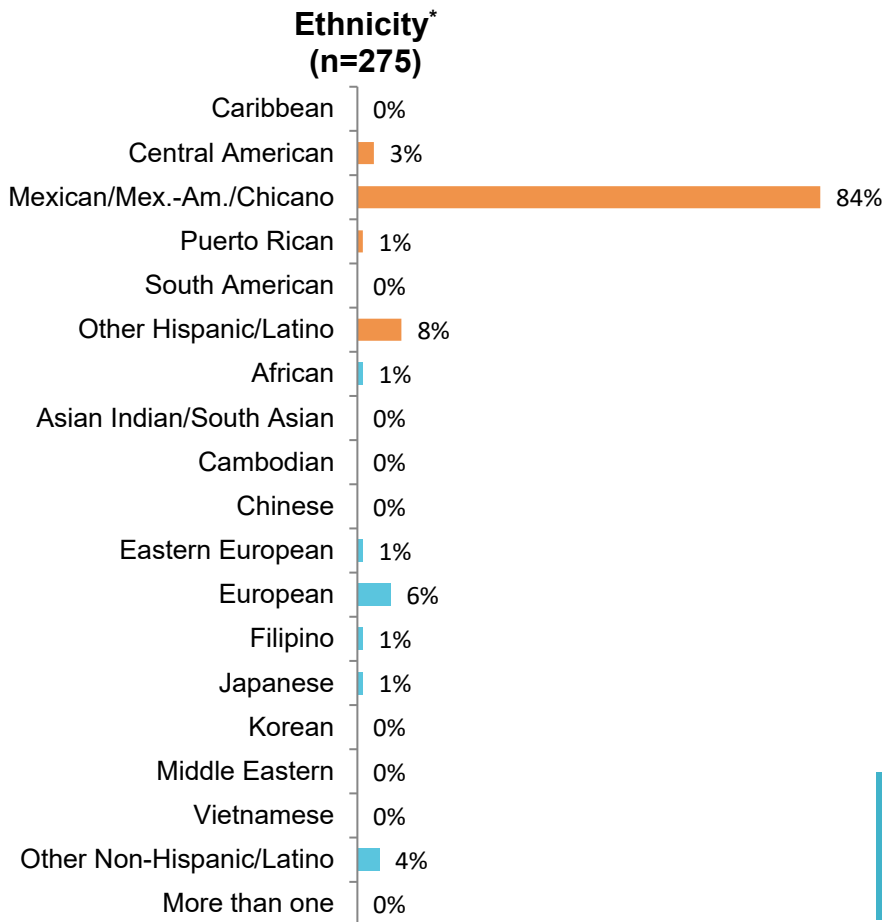
- In-person sessions (1)
- General positive feedback (1)

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

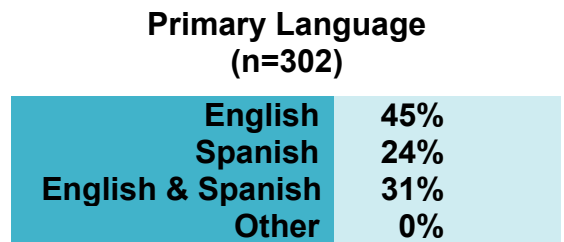
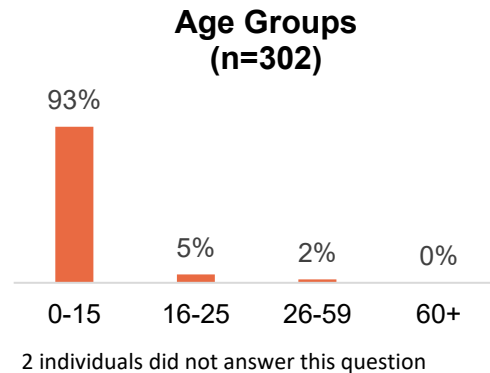
Demographic Data



91% Hispanic/Latino**
12% Non-Hispanic/Latino**



Other includes Italian, Portuguese, and Ukrainian
29 individuals did not answer this question



Other includes Triqui
2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on participants' responses regarding their ethnicity identification.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

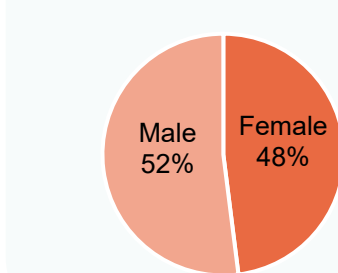
Demographic Data

Current Gender Identity (n=48)

Female	56%
Male	44%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender	0%

2 individuals did not answer this question

Sex Assigned at Birth (n=302)



2 individuals did not answer this question

Sexual Orientation (n=37)

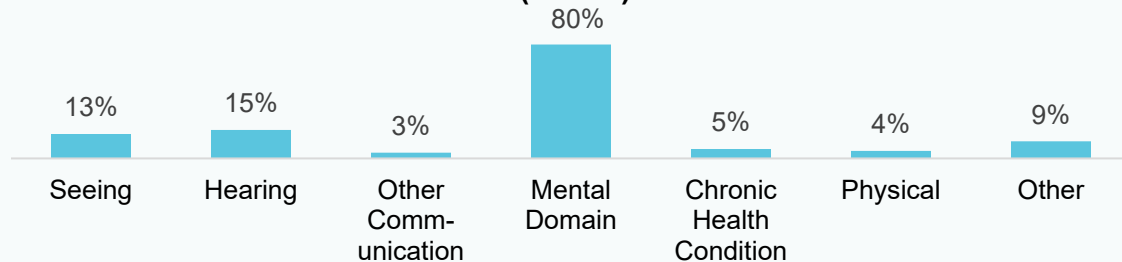
Bisexual	14%
Gay or Lesbian	0%
Heterosexual or Straight	86%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

13 individuals did not answer this question

42% of individuals reported having one or more disabilities

n=128; 176 individuals did not answer this question

Disability* (n=128)



176 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Successes and Learning

Notable Successes

Overall

- Began new counseling programs mid-year at 12 schools in Alisal Union School District. Although a challenge, within a month enough counselors were hired for all 12 sites.
- Creating an ongoing support group for former Children’s 1st parent participants.

COVID-Related

- CARES COVID relief gave short-term funding to provide counseling services at new partner high schools.

Notable Learnings

Overall

- The Sticks & Stones counselors became a resource for referrals to the Children’s 1st co-parenting program.

COVID-Related

- While working with children via telehealth, there’s an opportunity to engage the entire family and help improve communication between children and parents.
- For the first time, Harmony at Home is pleased to offer summer services to school partners to support students with lasting effects of the pandemic.

Case example/narrative

“[The program] was our saving grace, especially back in March when COVID hit, where my children were still able to have that connection with another adult that was part of the school and have someone that was also a safe haven where they can talk about their feelings. Being home with them 24/7 was very challenging. For my children, I know that they have conversations from bullying to their personal feelings, and maybe the things they dislike about me and my parenting skills. As a parent I really appreciate that... It’s not just therapy with the boys but also if they bring something to [the counselor’s] attention, she’s also brought it to my attention; we also have flaws and things that we need to work on and open that communication with the children. So, it’s been very beneficial to all of us.”

COVID-related program impacts

Like most organizations, Harmony at Home needed to find creative solutions for serving students during distance learning. When schools reopened in April, they quickly shifted to a hybrid model, continuing to offer services via telehealth at the request of the parents who didn’t want students to miss out on the limited class time with their teacher. With increased need for supports during the pandemic, Harmony at Home will continue to provide services to students throughout the summer.

SERVICES TO EDUCATION MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

MCBH has a very strong partnership with the Monterey County Office of Education and school districts throughout Monterey County. MCBH staff will provide training, consultation, and support to schools to develop positive school climates, understand and address behavioral health issues in students and implement state mandated district suicide prevention plans. MCBH staff located in the schools also will provide educational presentations to parents and caregivers on mental health related topics including common childhood mental health disorders and how to access Behavioral Health services.

Program Highlights



Population served: children and youth receiving school-based services, their teachers, educational staff and parents

1,201 individuals engaged in program activities



90% of outcome survey respondents said they have a **better understanding of mental illness** after participating in this program

Program Activities

Activities Hosted

Presentations – 882 individuals attended 15 presentations given to parents and school staff about mental health supports for students and their families.

Community Events – 35 people participated in an LGBTQ+ Summit to provide students resources, and MCBH staff participated in a Zoom event through the Monterey County Office of Education with educators and counselors from 25 school districts.

Education/Training Sessions – 190 people joined 6 trainings for parents and school staff on wellness for LGBTQ+ students, practicing mindfulness, and self-care for educators.

Group Meetings – 93 school staff attended 28 meetings to plan interventions, connect students to resources at lower levels of care, and to help prevent the future need for higher-level services.

Presentation Topics

- Self-Care for Educators
- Trauma-Informed Care
- Mental Health and Wellness of LGBTQ+ Students
- Common Mental Health Conditions for Youth
- Support Social Emotional Functioning in Youth
- Difficult Conversations

SERVICES TO EDUCATION

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=575–592)	% Disagree	% Agree
I will use what I learned in this training/class.	13%	87%
I would recommend this program to a friend or family member.	10%	90%
I have a better understanding of mental illness.	10%	90%
The presentation was well organized and clear.	9%	91%

"This presentation taught me a lot more about mental health, and how to ask for help or reach out to others that I feel comfortable talking to."

"Something that could make the presentation better would be to show more examples on how to help someone with mental health."

What was most useful or helpful about this program? (n=499)

- Increased understanding of mental health (165)
- Learning about resources and hotlines (79)
- Learning in a safe and welcoming environment (55)
- Improved outlook on seeking help and willingness to help (55)

What are your recommendations for improvement? (n=533)

- General neutral feedback (e.g., "I don't know") (71)
- General positive feedback (e.g., "everything was fine") (202)
- More examples of mental health issues and real-life experiences (87)

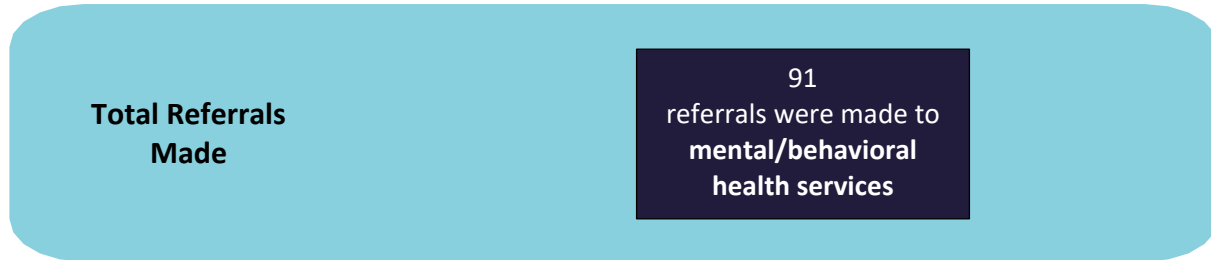
What are some other topics you would like to see presented? (n=513)

- Detection and treatment of mental health issues (218)
- Improve self-care techniques and self-esteem (23)
- General neutral feedback (e.g., "I don't know") (142)

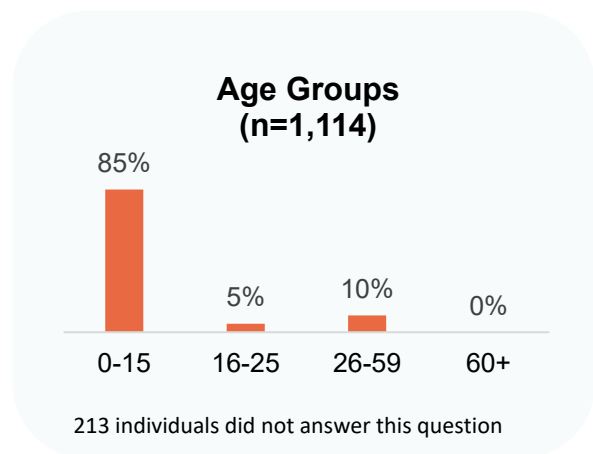
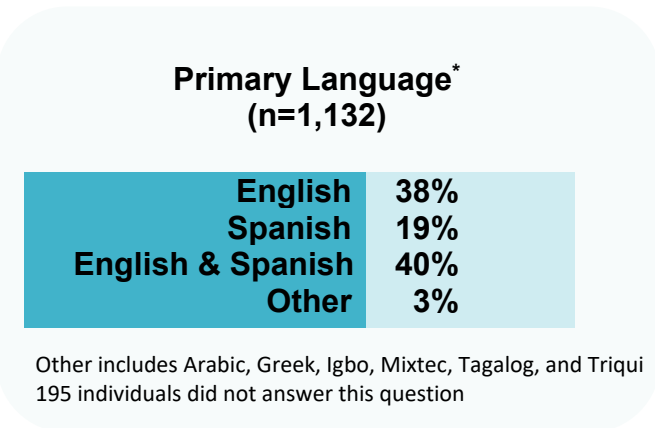
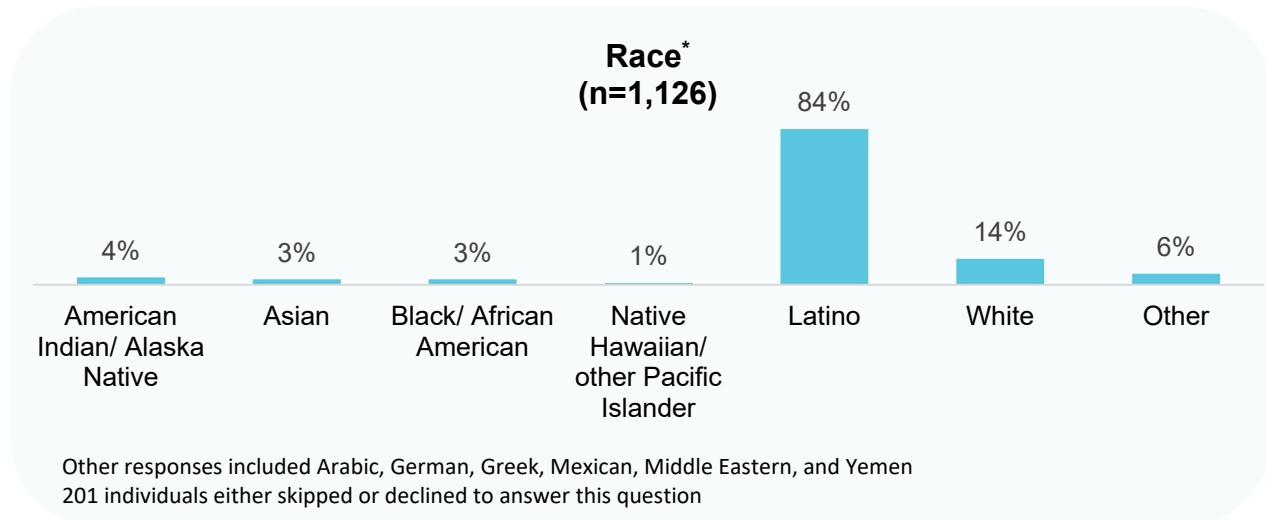
"I would like to learn more about personal care, and how someone's view of themselves is affected by others."

SERVICES TO EDUCATION

Referrals to Mental Health Services



Demographic Data



* Percentages may exceed 100% because participants could choose more than one response option.

SERVICES TO EDUCATION

Successes and Learning

Notable Successes

Overall

- MCBH clinician consultation to school staff has resulted in an increase in referrals.

COVID-Related

- Returning to most campuses for direct services after 15 months. This was especially helpful to clients who were not engaging in teletherapy and have the highest need.

Notable Learnings

Overall

- Staff needed support to track hours for their timecards and for PEI hours in the AVATAR scheduler accurately.
- The end of the school year is historically busy and adjusting parent support group times could help address drops in attendance.

Case example/narrative

MCBH clinical staff have welcomed the opportunity to provide services in different and creative ways with the help of the PEI funding, particularly not being restricted to providing specialty mental health services only. MCBH staff participating in PBIS meetings has supported schools in accurately triaging needs for the students discussed. The clinicians provided consultation to school staff looking for ideas to support students who do not meet the criteria for a higher level of care requiring MCBH school-based support. Through conversation and collaboration, clinicians were able to provide resources for the school staff that they were not aware of and provided guidance on how to link to these alternative services. The school staff have been grateful to receive additional resources and ideas for supporting the students at lower levels of care. Rather than routing students for assessments that would not pan out, the youth have been successfully linked in a timely manner to appropriate services.

SILVER STAR RESOURCE CENTER MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

Silver Star Resource Center is a multi-agency collaborative of prevention and early intervention services which are co-located to make resources easier to access for youth and families. This collaborative includes: MCBH, Monterey County Probation, Monterey County Office of Education, the District Attorney's Office, the Office of Employment Training, and community agencies such as Community Human Services and Partners for Peace. Behavioral health services focus on youth who are demonstrating early signs of emotional/behavioral issues that are affecting their education, family, and/or social well-being and placing them at risk for involvement with the juvenile justice system. The purpose of the Silver Star Resource Center is to identify and treat underlying mental health issues that can lead to more complex problems in youth, including involvement with the legal system.

Program Highlights



Population served: youth at risk of juvenile justice system involvement and their families

81 individuals engaged in program activities



93% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem after participating in this program

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n=13–15)	# Disagree	# Agree
I feel more connected to other people.	4	10
I know where to go for mental health services near me.	2	12
I know when to ask for help with an emotional problem.	1	14
I am able to deal with problems better.	2	11
I feel less stress or pressure in my life.	2	12
I feel better about myself.	2	12
When I think about the future, I feel good.	5	10
I feel less worried or afraid.	1	12
I feel I have more energy during the day.	5	10
I care more about the things that are happening in my life.	1	14

Please choose how much you agree or disagree with each sentence below (n=14–15)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	15
The program had services in the language that I speak best.	0	15
I got services that were right for me.	0	14
I am happy with the services I received.	0	15
I would recommend this program to a friend or family member.	1	14

"...it has a very caring staff who offer their support and their time to hear you out..."

"In my opinion, there isn't anything that this program can do to make it better..."

What was most useful or helpful about this program? (n=12)

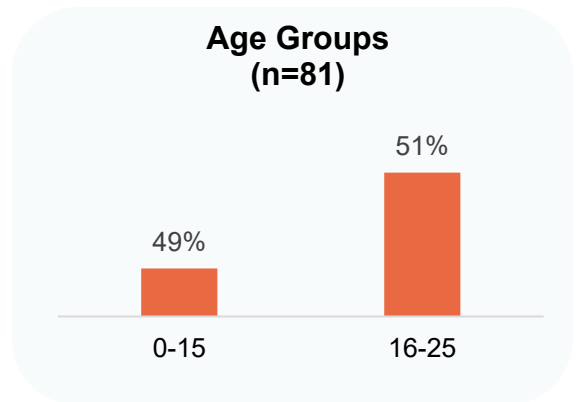
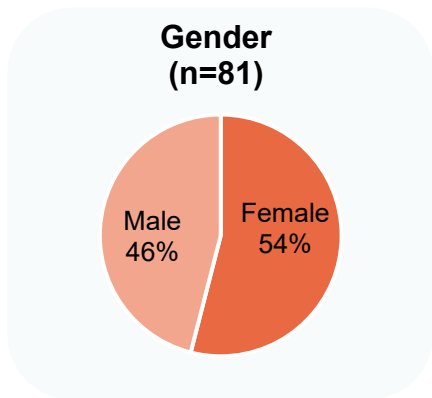
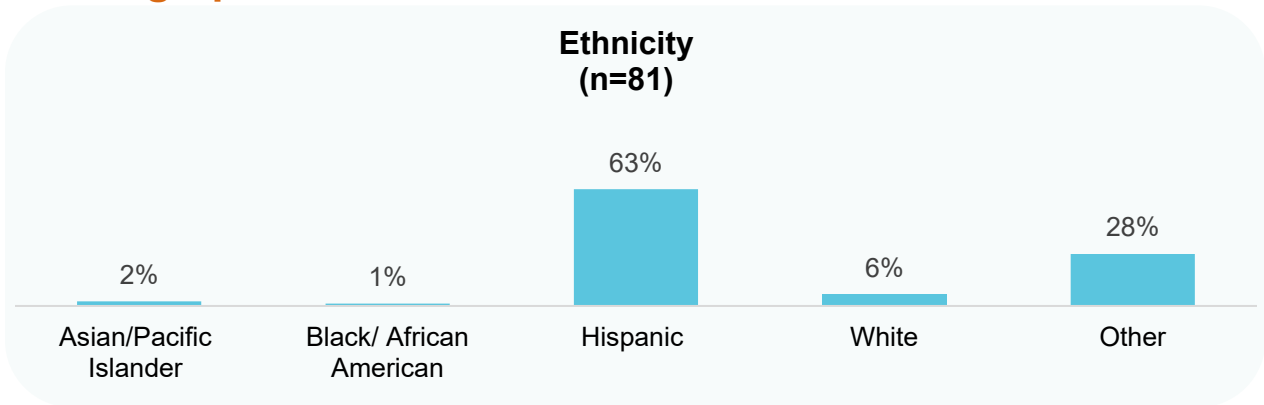
- Being able to express feelings without judgment (6)
- Learning how to support myself (3)
- Receiving actionable advice to improve mental health (3)

What are your recommendations for improvement? (n=9)

- General neutral feedback (e.g., "nothing") (2)
- In-person sessions (3)
- General positive feedback (e.g., "this program is great...") (2)

SILVER STAR RESOURCE CENTER

Demographic Data†



† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

SILVER STAR RESOURCE CENTER

Successes and Learning

Notable Successes

Overall

- Staff and client stability has been a priority, and Silver Star Resource Center (SSRC) has:
 - Maintained full staffing for 3 quarters of the year.
 - Maintained zero waitlist for youth and families being referred to services despite the many changes and disruptions.

COVID-related program impacts

Services have been recalibrated for COVID-19. Treatment and collaborative partnerships continue despite the pandemic limitations and the additional work that must occur for services to be successful and accessible for all in the virtual environment.

The largest challenge has been that the need for virtual services make “walk-in” or “no appointment necessary” open-door opportunities almost impossible. Further, there is a level of technology exhaustion with virtual schooling also happening. Silver Star’s target audience are those who are truant and having a hard time engaging in school, so a treatment process that mimics that is a barrier. Clinical staff does still provide coverage at the SSRC physical site to address any emergency mental health issues, and more services are coming back in person.

Access and Linkage to Treatment

211 UNITED WAY MONTEREY COUNTY

211 is a free phone and digital network provided by United Way Monterey County that connects residents in need of assistance to community health and social services. The 211 network is available 24 hours per day, 7 days per week, in over 220 languages. Residents can access the service by dialing 211, texting their zip code to 898-211, or visiting 211montereycounty.org.

Program Highlights



22,984+ contacts to the 211 call center



62% reported being first-time callers



24,724 page views from 211 searches

Program Activities

Activities Hosted

Presentations – 889 individuals were engaged in 67 total presentations for schools, partner organizations, local boards and city councils.

Community Events – 100 individuals participated in a virtual housing resource fair where 211 was on the local resource panel, sharing information about services and local needs in relation to housing.

Outreach Activities – 11 individuals were reached through 3 outreach activities for local leaders and community members, such as meetings, digital materials, and a “Pub Talk” radio interview.

Education/Training Sessions – 25 individuals attended educational sessions for CalWorks clients that provided information on 211 resources.

Presentation Topics

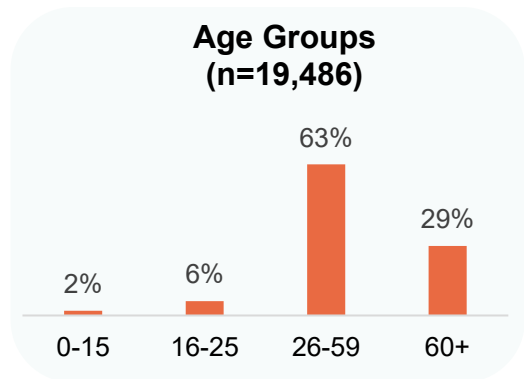
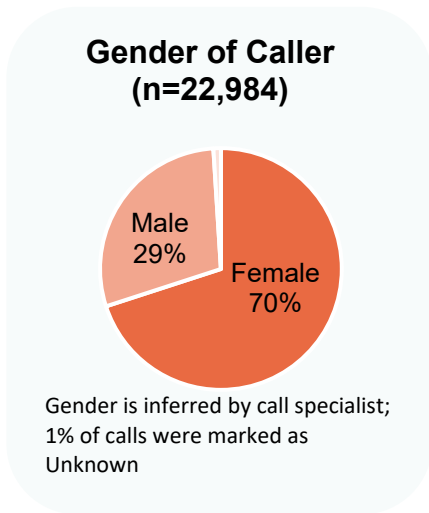
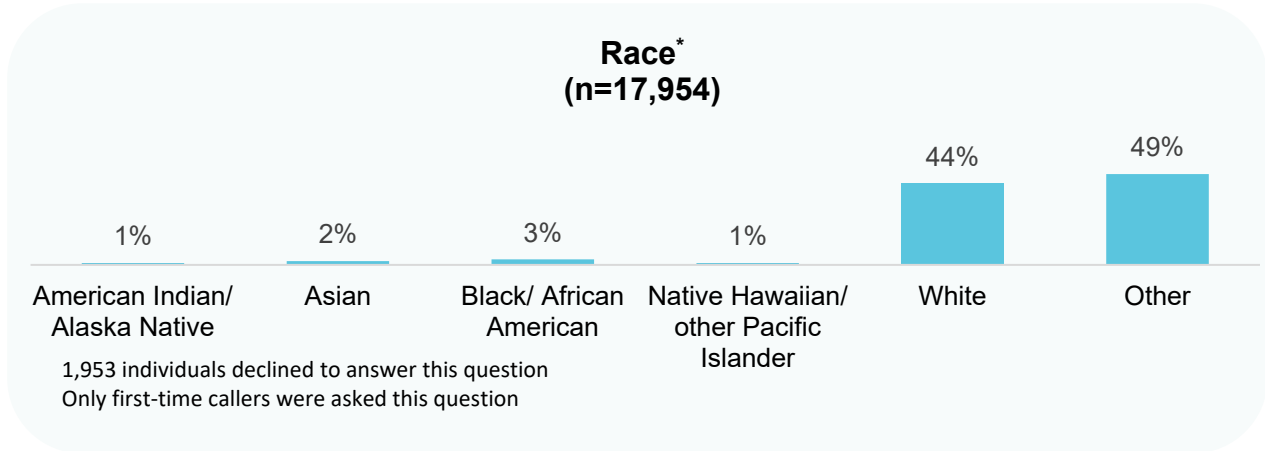
- Emergency Rental Assistance Program
- AmeriCorps Preschool Service Corps Recruitment
- 211 and the Active Referral Network
- Volunteer Education and College Assistance Alliance
- Volunteer Income Tax Assistance Presentations
- Financial Literacy Workshops

Referrals to Mental Health Services



- Kinds of County Treatment Referred to:**
- MCBH Access Team ● Forward Together Support Groups ● MCBH Clinic Services, Pediatrics ●
- Kinds of Non-County Treatment Referred to:**
- Harmony at Home ● Felton Institute ● Sun Street Centers ● Community Human Services ●

Demographic Data

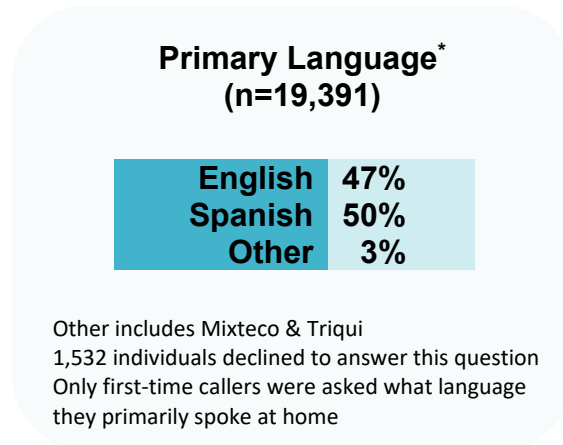


3% of individuals are veterans

n=17,502; 1,954 individuals declined to answer this question
Only first-time callers were asked this question.

74% Hispanic/Latino
26% Non-Hispanic/Latino

n=18,779; 2,029 individuals declined to answer this question
Only first-time callers were asked this question



18% of individuals reported having one or more disabilities

n=17,552; 2,016 individuals declined to answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

Successes and Learning

Notable Successes

COVID-Related

- 211 launched a vaccine registration assistance initiative and was able to register over 700 COVID-19 vaccination appointments during the fiscal year.
- 211 conducted intakes for high-risk older adults to the Great Plates Program which provided a home-delivered meal service for eligible residents during a portion of the pandemic.

Notable Learnings

COVID-Related

- The call center experienced sharp increases in wait times, like those experienced statewide. 211 explored solutions such as promoting the website and texting call specialists for resources, to help reduce call volume while still connecting residents to important information.

Case example/narrative

211 Monterey County played a critical role in helping residents to access emergency rent and utility bill assistance in fiscal year 2021 by assisting residents in filling out applications over the phone. Call center specialists completed 1,027 intakes for rent assistance and 698 utility intakes for assistance. In total, \$5,056,991 was distributed to residents from 211 call center specialist intakes. The impact of this program on our community has been profound. One resident who received support through the rent and utility assistance program stated, *"...I had fallen behind on utilities and on my rent because I had unexpected car repairs. I was faced with choosing to fix my car or pay my rent and utilities. As a mother of three girls, two who are school age, my choice was clear. I had no choice but to get my car fixed so I could take my girls to doctor appointments, get them to school, go to the grocery store to put food on the table, and to get to my job that I love and have worked so hard for. Having to choose between losing my job and facing being homeless is horrible. As a mom, you want the best for your children and being faced with this stress is too much. Not only is my car fixed, but with the help from the Prosperity Platform, and the United Way Monterey County my rent has been paid and so have my utilities."*

VETERANS REINTEGRATION TRANSITION PROGRAM MONTEREY COUNTY MILITARY & VETERANS AFFAIRS OFFICE

The Veterans Reintegration Transition Program provides education and awareness to veterans, their dependents, and survivors on entitled benefits that include mental health services available in the community. Additionally, this program seeks to streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment and other community-based services. By assisting those transitioning service members, veterans, and their dependents who are eligible for Veterans Administration (VA) health care to connect with the VA, the program aims to preserve the local safety net funds for those unserved and underserved populations who are not eligible for VA benefits.

Program Highlights



Population served: local veterans and their families

2,819 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 647 people attended 14 presentations to veterans, family members, and local community leaders.

Community Events – 452 people attended 7 community events, including a telephone-based town hall with Rep. Panetta, monthly Veterans Issues Advisory Committee meetings and quarterly Fort Hunter-Liggett Community Relations meetings.

Outreach Activities – 406 individuals were reached through 8 outreach activities at the Vet’s Club for employment support and the Victory Mission for homeless veterans, and the Military & Veterans Affairs Office (MVAO) held a first-ever Virtual Veterans Resource Fair. Also, 8 targeted mailing campaigns sent out 15,597 materials to veterans.

Education/Training Sessions – 317 individuals were reached through 8 trainings on benefits to transitioning service members and at the VA Caregiver Summit.

Support/Interest Group Meetings – 339 individuals were reached through 15 groups, including those with Veteran Student organizations and through Veterans Treatment Court.

Court Programs – 658 individuals were reached through 17 sessions in the Veterans Treatment Court, Military Diversion Court, and Homeless Veterans Court.

Presentations

- VA and CalVet Benefits Presentations
- U. S. Air Force’s 129th Rescue Wing Pre-Deployment Readiness Event
- Hartnell College’s California Transition Assistance Program
- Caregiver Summit at Camp Roberts
- Guard Your Future Event

VETERANS REINTEGRATION TRANSITION PROGRAM

Referrals to Mental Health Services



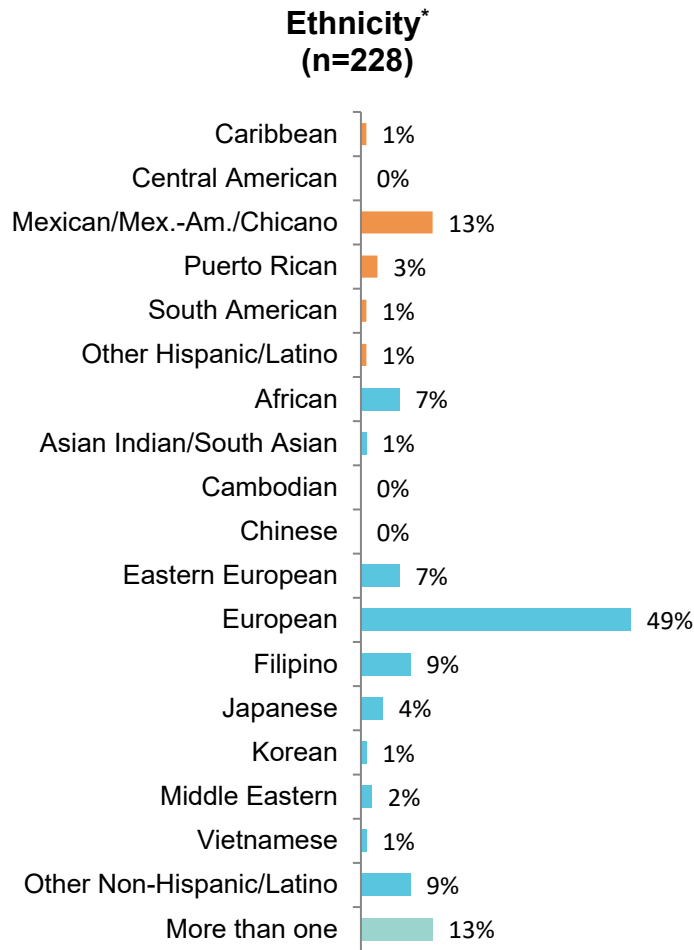
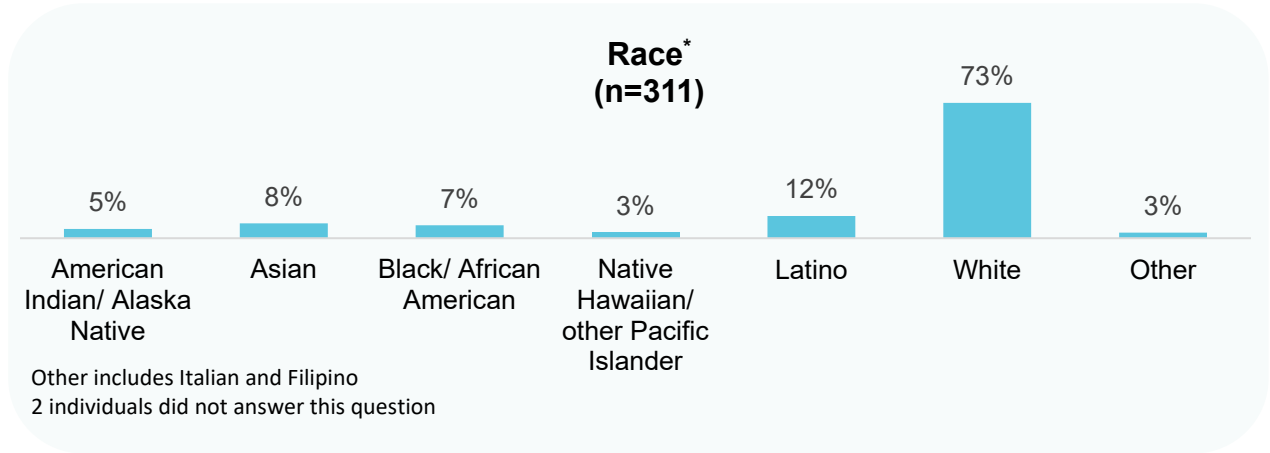
Referrals for Individuals with Serious Mental Illness
25 individuals followed through and engaged in services

Kinds of Treatment Referred to:

- Veterans Crisis Line
- Marina Community-Based Outpatient Clinics (CBOC)
- MCBH
- Veterans Transition Center
- United Way 211
- Interim Inc.

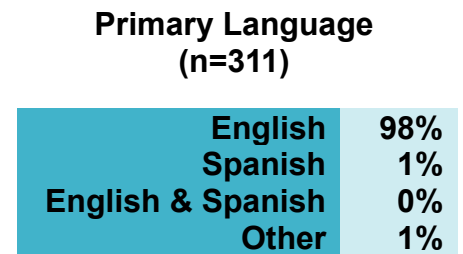
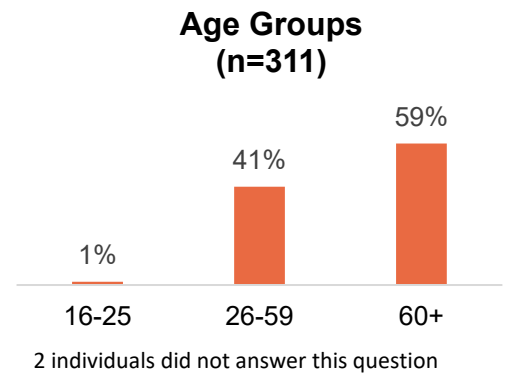
VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data



Other includes Bohemian, Choctaw, Scottish, Polynesian, Portuguese, Spanish, Irish, and Italian
85 individuals did not answer this question

18% Hispanic/Latino**
79% Non-Hispanic/Latino**



Other includes Russian and Tagalog
2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on participants' responses regarding their ethnicity identification.

VETERANS REINTEGRATION TRANSITION PROGRAM

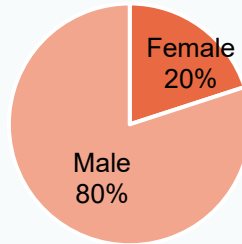
Demographic Data

Current Gender Identity (n=311)

Female	20%
Male	80%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question

Sex Assigned at Birth (n=309)



4 individuals did not answer this question

Sexual Orientation (n=304)

Bisexual	1%
Gay or Lesbian	2%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

9 individuals did not answer this question

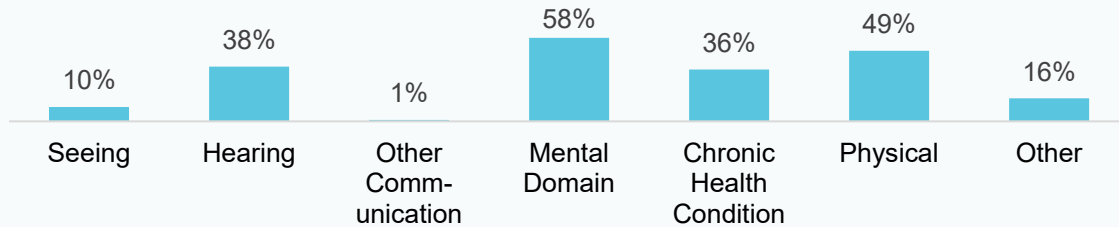
90% of individuals are veterans

n=313

57% of individuals reported having one or more disabilities

n=177; 136 individuals did not answer this question

Disability* (n=177)



Other includes diabetes, Parkinson's disease, sleep apnea, arachnoiditis, and pituitary adenoma
136 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

VETERANS REINTEGRATION TRANSITION PROGRAM

Successes and Learning

Notable Successes

Overall

- Outreach and community engagement efforts have increased significantly, driving interest in services to multi-year highs.
- In one quarter, the MVAO submitted 422 claims that were awarded, totaling \$756,467 in retroactive payments and \$137,918 in recurring monthly compensation to veterans.

Notable Learnings

COVID-Related

- Establishing effective and meaningful ways to deliver services to veterans and their families using remote platforms.

Case example/narrative

The MVAO is leading the effort to advocate for more and increased benefits for our County veterans, active-duty service members, and their families. With the support of numerous elected officials, the MVAO is collaborating with the Presidio of Monterey and VA Palo Alto Health Care System to highlight the demand and need to re-establish a pharmacy at the local VA outpatient clinic. A needs survey was responded to by 712 veterans, and overwhelmingly showed the desire for in-person pharmaceutical services at the VA clinic. This data will be presented to elected officials, stakeholders, and VA Palo Alto leadership to urge the VA to re-establish this much-needed and desired service.

COVID-related program impacts

Veteran Service Officers continued to largely work remotely for over half of the fiscal year. Veteran interest for services and benefits at the same time increased significantly, with requests for VA healthcare enrollment and COVID vaccinations.

Suicide Prevention

SUICIDE PREVENTION SERVICE FAMILY SERVICE AGENCY OF THE CENTRAL COAST

Suicide Prevention Service is a program of Family Service Agency of the Central Coast. The primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. The program's integrated method of service delivery includes a 24/7/365 free multilingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide. Outreach personnel are also trained to offer a variety of training programs for community groups including ASIST, safeTalk, and Mental Health First Aid.

Program Highlights



2,801 individuals engaged in program activities



93% of outcome survey respondents said they know when to ask for help with an emotional problem because of their training

Program Activities

Activities

Presentations – 662 individuals were engaged in 32 presentations on suicide prevention.

Community Events – 515 individuals participated in 6 events, including workshops during Suicide Awareness Month on prevention and intervention.

Outreach Activities – 550 educational materials were provided to Monterey County students at 4 outreach sessions for suicide awareness and stress management. Campaigns with local media partners shared information about the suicide crisis line, and 4,250 brochures and other materials about the crisis line were mailed to community members.

Education/Training Sessions – 64 individuals participated in 38 remote sessions for volunteer responders, with 16 new responders trained in the fall—the largest group to date.

Support Group Meetings – 130 individuals participated in 27 meetings to increase support and reduce isolation for survivors of suicide loss.

Suicide Crisis Line – 1,430 individuals made acute crisis calls, 601 of whom were Monterey County residents. Over 92% of all callers were able to agree to a safety plan.

Engaged with the Following Organizations

- Monterey County Rape Crisis
- Everett Alvarez High School
- Salinas High School
- Notre Dame High School
- Monterey County HOPES Coalition
- American Civil Liberties Union - Bay Area
- San Benancio Middle School
- The Diversity Center
- UCSC
- Hartnell College
- Monarch Services
- KSQD
- NAMI
- Cabrillo College
- CSUMB
- The Salvation Army
- PEO International
- CASA San Benito
- Legal Services for Seniors
- Monterey Bay Charter School

SUICIDE PREVENTION SERVICE

Program Outcomes, Satisfaction, and Feedback

Because of this training/class... (n=68-70)	% Disagree	% Agree
I know where to go for mental health services near me.	9%	91%
I know when to ask for help with an emotional problem.	7%	93%
I believe people with mental illness can get better and have healthy lives.	3%	97%
I would be more likely to help someone in need who has a mental illness.	7%	93%
I learned more about the warning signs of suicide.	7%	93%
I learned ways to help a person who is dealing with a mental health problem or crisis.	6%	94%

Please choose how much you agree or disagree with each sentence below (n=66-71)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	4%	96%
Information was given in the language that I speak best.	1%	99%
I will use what I learned in this training/class.	8%	92%
This training/class helped me.	11%	89%
I would recommend this training/class to a friend or family member.	15%	85%

"I think that the most helpful thing about this class was learning how to help someone with a suicidal problem and what they might be going through."

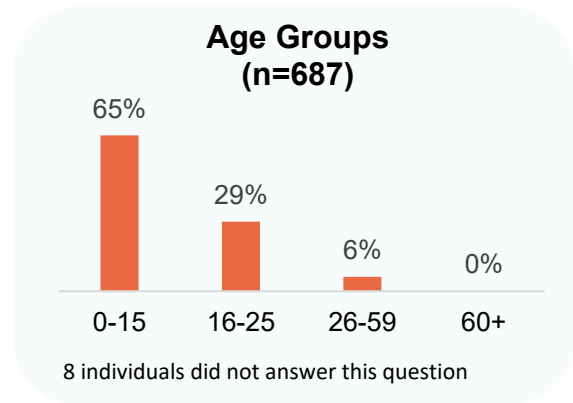
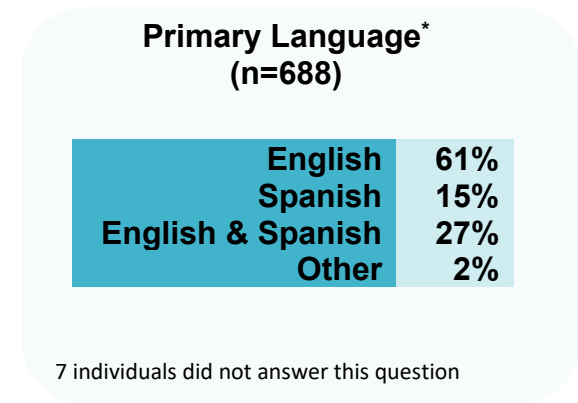
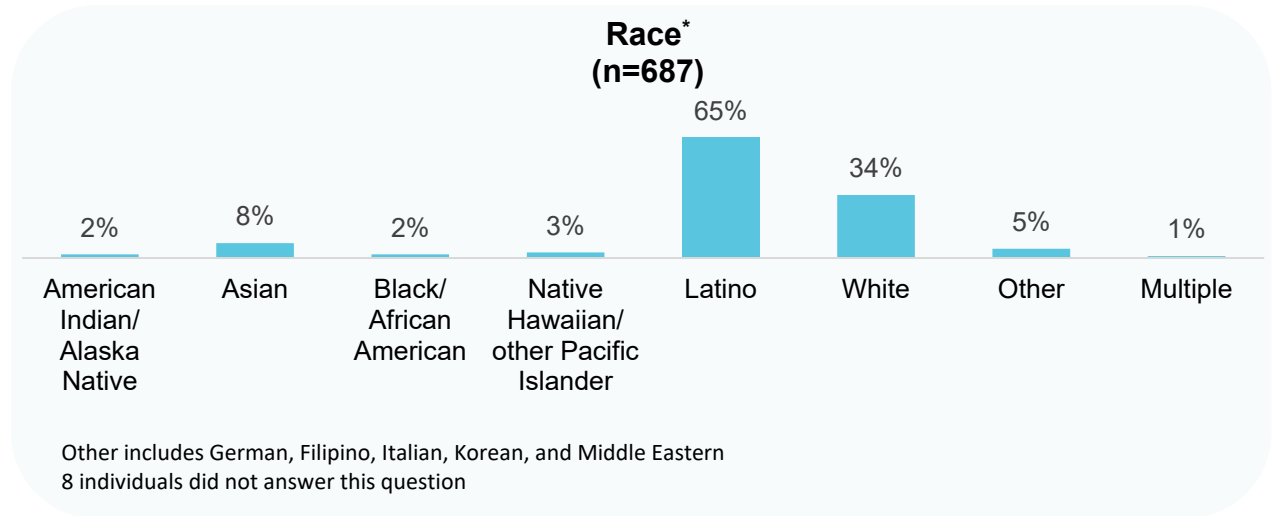
"I think it would make students believe what they are doing if someone who was suicidal spoke about what they were thinking."

- What was most useful or helpful about this training/class? (n=70)**
- Understanding signs and strategies to help others with suicidal thoughts (46)
 - Identifying community resources for suicide prevention (16)
 - Learning in a safe and welcoming environment (4)
 - General neutral feedback (4)

- What are your recommendations for improvement? (n=68)**
- General positive feedback (e.g., "I think it was perfect") (19)
 - More strategies on talking to suicidal people and real-life stories (16)
 - General neutral feedback (e.g., "I don't know") (17)

SUICIDE PREVENTION SERVICE

Demographic Data



* Percentages may exceed 100% because participants could choose more than one response option.

SUICIDE PREVENTION SERVICE

Successes and Learning

Notable Successes

Overall

- Despite reduction or elimination of longstanding funding sources, an increased demand for crisis line, outreach, and shifting from a phone-based to a Voice over Internet Protocol (VoIP) system, the Suicide Prevention Service staff met the gargantuan task of continuing uninterrupted services.

Notable Learnings

COVID-Related

- Remote training has increased the number of potential volunteer candidates and improved the quality of prepared candidates.

Case example/narrative

We absolutely received more calls from youth, including young people who are isolated and experiencing increasing mental health challenges. In one instance, we spoke with a 14-year-old caller who was both in crisis themselves (due to a very challenging home environment and extreme isolation) and also concerned for a classmate who had been displaying warning signs of suicide in an escalating fashion. Our responder was able to provide compassionate support to the caller, commend them for reaching out for help, and identify resources (organizations, web-based resources, and the caller's own support systems and coping behaviors) to support them. We were also able to separately contact the at-risk friend, assess them for safety and suicidality, and conduct a complete intervention to help them be safe. It was clear at the end of both interactions that these young callers were so grateful for support from an adult and for a confidential and safe space to talk about their experiences. We were able to conduct follow-up calls with these individuals at 24- and 48-hour intervals to ensure that they were still safe and following the safety plans established. We are grateful to be here to support all of our callers, including young people such as these two, who are experiencing and living through unprecedented times.

COVID-related program impacts

Since the earliest days of the COVID-19 pandemic and the stay-at-home order, volunteer safety while in the call room, taking remote shifts, and overall retention of volunteer responders became critical challenges and remain so today. With that said, more volunteers are attending evening group meetings via Zoom, and overall engagement and morale are high.

Stigma and Discrimination Reduction

FAMILY SELF-HELP SUPPORT AND ADVOCACY NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

National Alliance on Mental Illness (NAMI) Monterey County provides education, outreach, support, and resources to individuals and family members who have loved ones that are affected by mental illness. Program activities include community presentations, mental health educational programs, and peer-led support groups that are all free of charge. Family-to-Family, one of NAMI's signature programs, is an educational class that is taught in English and Spanish by trained volunteers who have loved ones who suffer from mental illness. The program is designed to help the whole family understand and support their loved ones better. Peer-to-Peer, another of NAMI's signature programs, is an educational class that is also taught in English and Spanish by trained peers. This class is designed to help adults who are affected by mental illness. The goal of Peer-to-Peer is to provide a better understanding of one's own mental health and their journey toward recovery in a safe environment.

Program Highlights



Population served: individuals and family members of those experiencing mental illness

625 individuals engaged in program activities



90% of outcome survey respondents said they were **more likely to help someone in need who has a mental illness** because of this program

Program Activities

Activities Hosted

Presentations – 434 individuals attended 30 presentations on mental health awareness held for a wide range of students, teachers, parents, and community members.

Education/Training Sessions – 55 individuals engaged in 8 classes to educate family members and individuals diagnosed with mental illness to recognize symptoms and techniques to manage them.

Support Group Meetings – 136 individuals joined 24 family support groups and peer-led support groups for individuals experiencing mental health conditions.

Presentations

○ California State University Monterey Bay ○ Rancho San Juan High School ○ Bolsa Knolls Middle School ○ Notre Dame High School ○ El Sausal Middle School ○ Everett Alvarez High School ○ Chartwell School ○ Monterey County Office of Education ○ Central Coast Center for Independent Living ○

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Program Outcomes, Satisfaction, and Feedback

Because of this training/class... (n=209)	% Disagree	% Agree
I know where to go for mental health services near me.	10%	90%
I know when to ask for help with an emotional problem.	10%	90%
I believe people with mental illness can get better and have healthy lives.	5%	95%
I have a better understanding of mental illness.	8%	92%
I would be more likely to help someone in need who has a mental illness.	10%	90%

Please choose how much you agree or disagree with each sentence below (n=210)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	3%	97%
Information was given in the language I speak best.	4%	96%
I will use what I learned in this training/class.	9%	91%
This training/class helped me.	10%	90%
I would recommend this training/class to a friend or family member.	9%	91%

"I think the most helpful thing was removing the stigma around mental illness and having an open honest conversation about it."

"I personally thought the presentation was great and there wasn't anything that seemed to be better."

What was most useful or helpful about this program? (n=210)

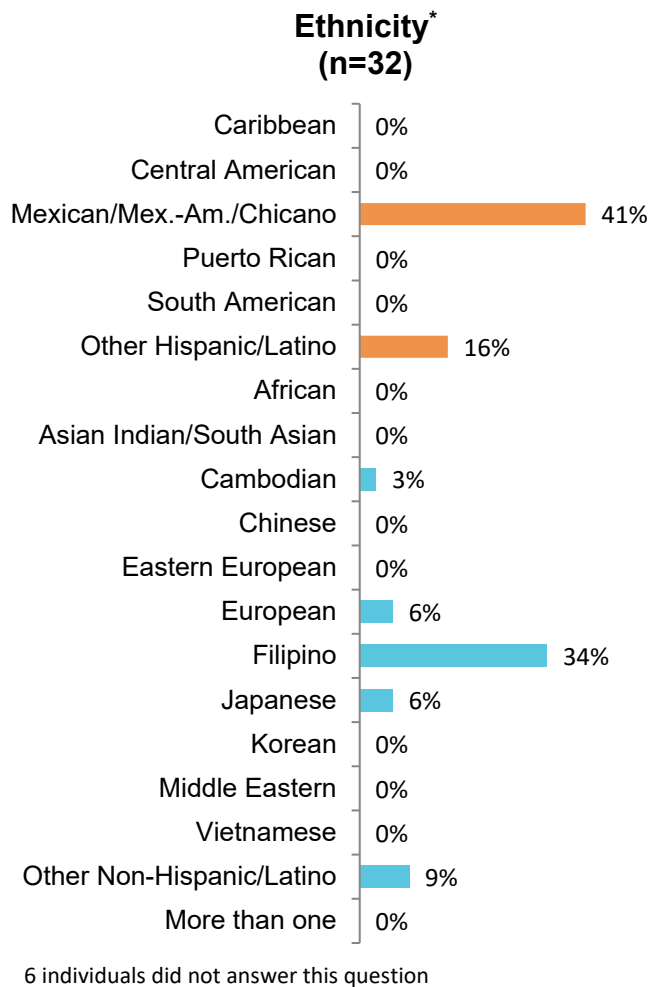
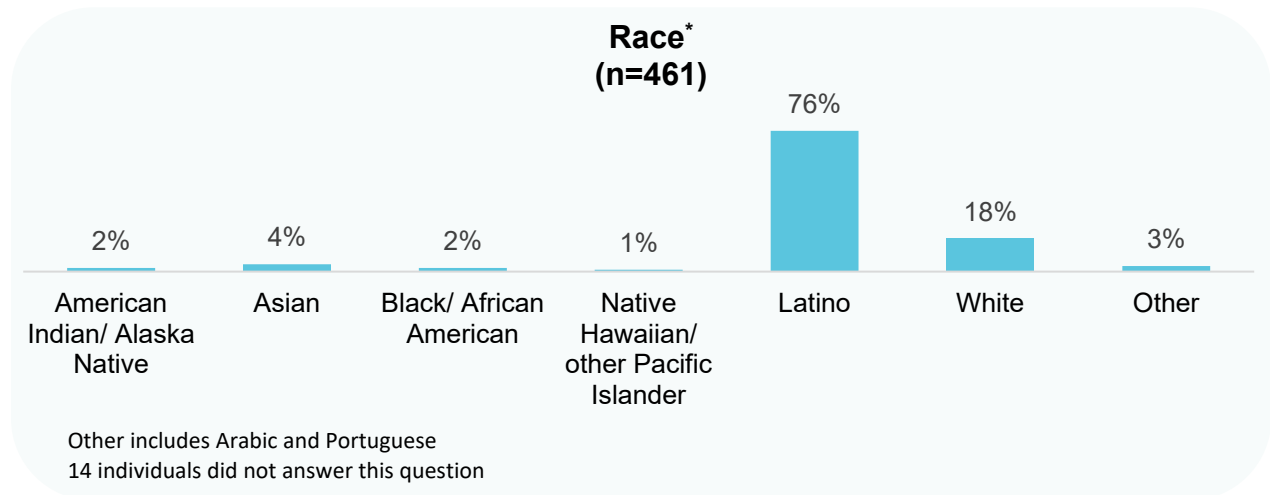
- Understanding mental health and signs of mental health disorders (77)
- Learning about local resources (38)
- Safe learning environment, videos, and real-life stories (22)

What are your recommendations for improvement? (n=209)

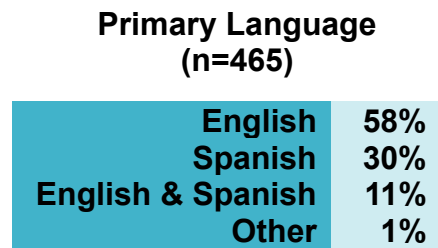
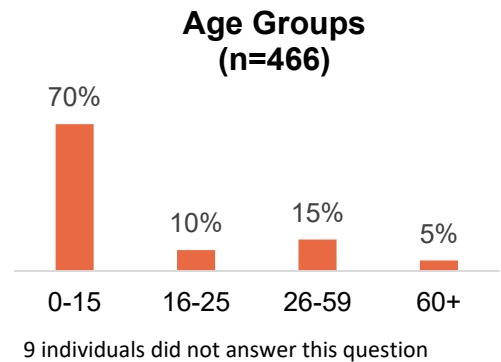
- General positive feedback (e.g., "It's perfect") (50)
- More videos and real life-stories (27)
- General neutral feedback (e.g., "I don't know") (58)

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Demographic Data



53% Hispanic/Latino**
59% Non-Hispanic/Latino**



Other includes Mixtec and Tagalog
10 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

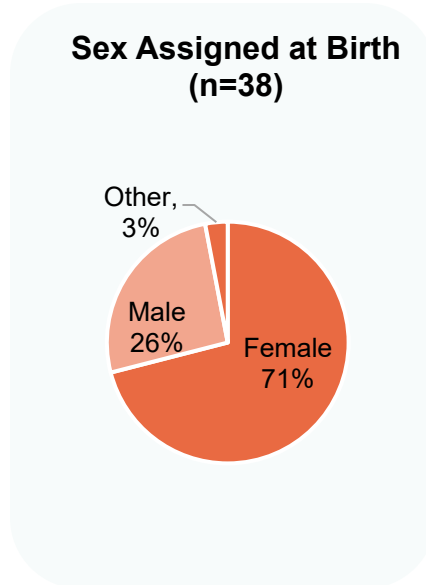
FAMILY SELF-HELP SUPPORT AND ADVOCACY

Demographic Data

Current Gender Identity (n=38)

Female	74%
Male	26%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

Sex Assigned at Birth (n=38)



Sexual Orientation (n=36)

Bisexual	6%
Gay or Lesbian	3%
Heterosexual or Straight	86%
Pansexual	6%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

2 individuals did not answer this question

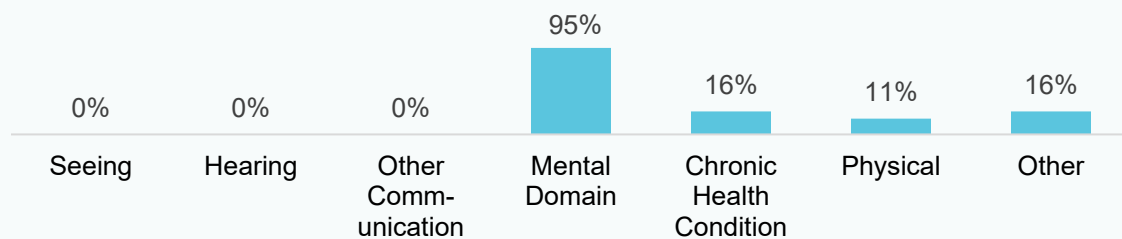
6% of individuals are veterans

n=35; 3 individuals did not answer this question

50% of individuals reported having one or more disabilities

n=19; 19 individuals did not answer this question

Disability* (n=19)



Other includes mania and asthma
19 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Successes and Learning

Notable Successes

Overall

- Hosted 5 Connections support groups in one quarter.
- Held 30 presentations on mental health awareness in the fiscal year.
- In difficult times, provided as many programs as the last three fiscal years.
- Program participants reported being more open to change and willing to take more action when it comes to their mental illness.

Notable Learnings

Overall

- In response to a low number of Spanish group facilitators, several new steps were taken including reaching out to bilingual facilitators statewide, increased outreach efforts, and plans to train bilingual participants who can provide NAMI groups in Spanish.

COVID-Related

- Holding groups on Zoom gave the ability to utilize group facilitators who moved out of the state.

COVID-related program impacts

NAMI staff excelled as virtual employees and the agency continued evolving as an organization that supports the community remotely. Overall, it was a good year despite having many limitations due to COVID-19. NAMI had limited ability for in-person outreach or to attend community events for a majority of the year. What did work was resuming groups online and the ability to expand services through Zoom. Participants were able to join programs from the comfort of their own home, and said it was nice not to have to travel at night. NAMI staff recognized that there was a digital divide for some and were able to provide individual trainings for those who were uncomfortable using this technology.

Outreach for Increasing Recognition of Early Signs of Mental Illness

AFRICAN AMERICAN COMMUNITY PARTNERSHIP THE VILLAGE PROJECT, INC.

The Village Project, Inc. offers the African American Community Partnership program, which provides culturally competent counseling, group therapy, and related services to African Americans and other individuals and families of color. Services also include outreach, presentations, and workshops to increase mental health awareness and timely access to mental health services among unserved and underserved low-income communities. The Village Project is a place where people of color can go to work through challenges with the help of trusted practitioners in the community who look like them and understand their cultural dynamics.

Program Highlights



Population served: the local African American community

763 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 278 individuals attended 11 presentations and Black Space Gatherings organized by The Village Project.

Outreach Activities – 165 individuals went to 11 outreach activities that sought to inform underserved populations of The Village Project’s therapeutic and other services.

Interest Groups – 320 individuals engaged in 8 Afterschool Academy parent group sessions and in One Circle, the violence intervention group for African American and Latinx youth.

Presentation Topics

- Racism, Day-to-Day Micro-Aggressions, and Stress
- Black Lives Matter and Coping with the Pandemic
- Compassion Fatigue and People of Color as Caregivers during COVID-19
- Spirituality and Mental Health
- Black Space Gatherings

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Successes and Learning

Notable Successes

COVID-19

- The Afterschool Academy has been functioning virtually with students and parents adapting successfully to this new reality.
- Therapy services also smoothly transitioned to carrying on through telehealth therapy.

Notable Learnings

COVID-19

- The Mental Health Education Series that was halted by the pandemic was revived using Zoom, with substantial participation.

Overall

- A staff member was lost due to funding and they were worried they might have to close. It was the staff who took on many roles and their hard work that kept the Village Project going!

Case example/narrative

Following the Black Lives Matter mass demonstrations came our Black Space gatherings which, in the beginning, were held five days per week. As Black people who attended Black Space began to feel supported and validated by each other, they saw less need to have the gatherings be as frequent and held Black Space one time per week. What we hear from participants is that a space for Black people to gather and talk about whatever they want to talk about is virtually nonexistent, which makes The Village Project's weekly Black Space so important and why it is so well attended.

COVID-related program impacts

The COVID-19 pandemic prevented physical outreach and presence into the broader community where we could engage people en masse. We were always effective in this type of engagement. As a result, we are not able to reach those places.

An overriding challenge was having activities done over Zoom. There were periodic technology problems and issues for some audience members who were not technologically knowledgeable or did not have access.

LATINO COMMUNITY PARTNERSHIP CENTER FOR COMMUNITY ADVOCACY (CCA)

Center for Community Advocacy's Latino Community Partnership program uses Promotores de Salud (Health Promoters) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services. The Promotores de Salud also provide information, linkages, and referrals to services, programs, and mental health care.

Program Highlights



Population served: the local Latino community

5,083 individuals engaged in program activities



100% of outcome survey respondents said they **would use what they had learned** after participating in this program

Program Activities

Activities

Presentations – 193 individuals attended 28 presentations on mental health topics.

Community Events – 2,275 individuals were reached at 23 events that supported participants' learning about mental health awareness.

Outreach Activities – 2,248 individuals were reached through 181 outreach activities where 3,250+ flyers were shared to engage with local communities to learn about available resources during the COVID-19 pandemic and connect individuals to CHS services.

Education/Training Sessions – 117 individuals were led through 12 educational trainings. These included topics for ways to manage stress, identify signs of mental illness and reduce stigma connected to difficulty with mental health, as well as trainings for Promotores de Salud about connecting community members to MCBH services.

Support/Interest Group Meetings – 250 individuals attended 30 support group sessions for community health workers about their experiences working in and difficulties faced by their communities.

Presentation Topics

- Family Communication
- Parenting Styles
- Postpartum Depression
- Family Values
- Stress and COVID-19
- Mental Health and Stress

LATINO COMMUNITY PARTNERSHIP

Program Outcomes, Satisfaction, and Feedback

Because of this training/class... (n=49–52)	% Disagree	% Agree
I know where to go for mental health services near me.	8%	92%
I know when to ask for help with an emotional problem.	6%	94%
I believe people with mental illness can get better and have healthy lives.	4%	96%
I have a better understanding of mental illness.	8%	92%
I would be more likely to help someone in need who has a mental illness.	12%	88%

Please choose how much you agree or disagree with each sentence below (n=52–53)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0%	100%
Information was given in the language that I speak best.	0%	100%
I will use what I learned in this training/class.	0%	100%
This training/class helped me.	0%	100%
I would recommend this training/class to a friend or family member.	0%	100%

"I learned new things that I know will help me a lot in being able to help my community."

"Have them more often so that there's more information."

What was most useful or helpful about this training/class? (n=50)

- Understanding the different types of mental health issues (28)
- Learning how to mitigate stress (9)
- General positive feedback (e.g., "All the information") (14)

What are your recommendations for improvement? (n=40)

- General neutral feedback (e.g., "Nothing") (6)
- Additional information about mitigating mental health issues (4)
- More frequent or longer sessions (4)
- General positive feedback (e.g., "Everything's fine") (24)

LATINO COMMUNITY PARTNERSHIP

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

1 individual followed through and engaged in treatment

Kinds of County Treatment Referred to:

- ACCESS Salinas ●

Kinds of Non-County Treatment Referred to:

- King City Mental Health Clinic ●

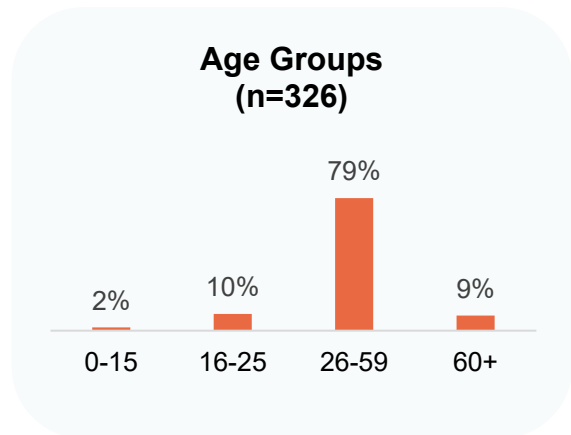
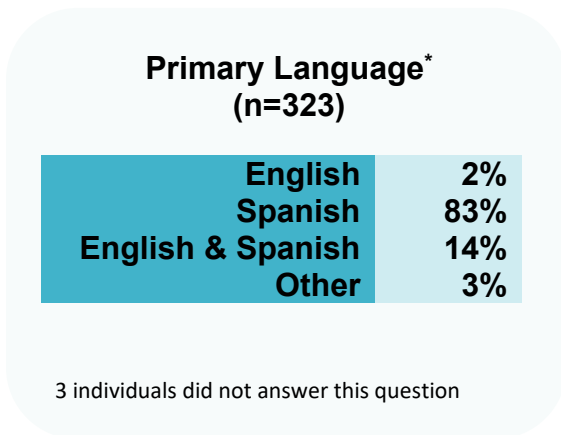
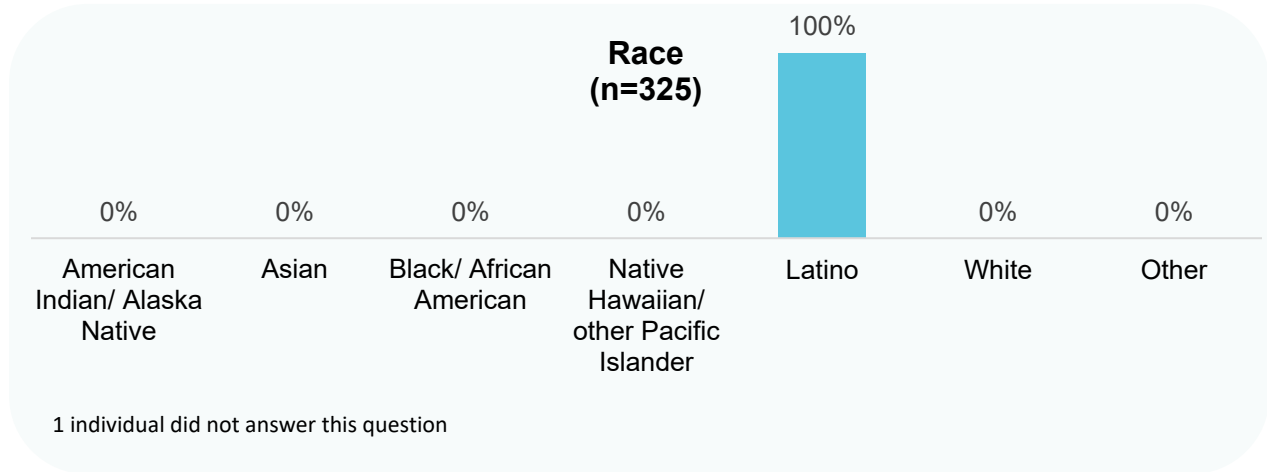
Referrals for Members of Underserved Populations

4 individuals followed through and engaged in treatment

7 days average interval between the referral and participation in treatment

LATINO COMMUNITY PARTNERSHIP

Demographic Data



* Percentages may exceed 100% because participants could choose more than one response option.

LATINO COMMUNITY PARTNERSHIP

Successes and Learning

Notable Successes

Overall

- In addition to presentations, this fiscal year CCA began having mental health resources for farm workers within the fields they work in and at their homes, raising awareness and connecting them to services.
- A collaboration with HR at Ancona Farms gave 6 crews there mental health information and printed materials on resources.
- The community is inquiring more about mental health; we attribute this to Promotores and staff becoming familiar faces to the community.

COVID-Related

- Staff went on a Radio Bilingue talk show to inform listeners about mental health and the benefits of support groups and other services.

Notable Learnings

Overall

- Trying to speak with farm workers about mental health needs during 15-minute breaks is challenging. If the supervisors are not open to CCA presenting at work, then staff have arranged to have education sessions in homes or other close locations.

COVID-Related

- A support group that was planned as a short series on Zoom went very well and was extended because of the positive impact.
- Clients had difficulty with access to technology or the internet to meet on Zoom. CCA provided 7 new iPads with a one-tap feature, resulting in increased attendance.

Case example/narrative

Many clients expressed putting into practice the breathing and distraction exercises learned during the support groups. A client shared about stopping an anxiety attack by searching for objects that she was able to smell, touch, taste, see and hear. This exercise steered her thoughts in a different direction and now she can be in control of thoughts by using these methods. This success story shows how clients can move from a trauma state into a better state of mind: in this case, after just three sessions.

COMMUNITY PRESENTATIONS AND OUTREACH MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

Monterey County Behavioral Health (MCBH) staff provide community-based psychoeducational workshops and presentations to advance awareness and knowledge of mental health and related topics across Monterey County. MCBH partners with local non-profits, schools, churches, and other community entities to reach community members in accessible locations. MCBH also offers psychoeducational workshops virtually using video conferencing and livestreaming via Facebook to accommodate a need for social distancing. Some of the virtual workshops have been conducted in partnership with community-based agencies.

Program Highlights



123 individuals engaged in program activities



94% of outcome survey respondents said they **will use what they learned in this training/presentation**

Program Activities

Activities Hosted

Online Psychoeducational Workshops – MCBH offered 379 online workshops with 174 of them in Spanish. (Total participant count was 954* across all sessions.)

Views of Facebook Live Events – 3,250 views of events livestreamed via Facebook.

*this is not an unduplicated count.

Presentation Topics

○ Mindfulness and Self Care ○ Teen Connect ○ Senior Connect ○ Families Matter ○ La Familia Importa ○ Mamas y Bebés ○ Preparing Our Children for School Success ○ Mamas and Babies ○ Preparando a Nuestros Hijos Para el Éxito Escolar ○

COMMUNITY PRESENTATIONS AND OUTREACH

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=108-109)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	9%	91%
Information was given in the language that I speak best.	7%	93%
I will use what I learned in this training/presentation.	6%	94%
This training/presentation helped me.	6%	94%
I would recommend this program to a friend or family member.	9%	91%
I have a better understanding of mental illness.	6%	94%

"Understanding that my children are also entitled to be heard so that they have confidence and a better self-esteem."

"Give names of organizations that can help us with what is present on that day..."

What was most useful or helpful about this program? (n=83)

- Improved self-care techniques (10)
- Learning parenting skills (16)
- General positive feedback (e.g., "Very good") (18)

What are your recommendations for improvement? (n=70)

- Additional information and tools (11)
- Longer workshops (29)
- General positive feedback (e.g., "It's fine as it is") (8)

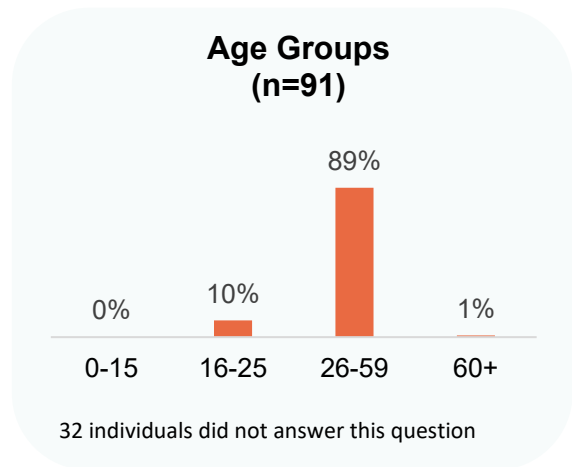
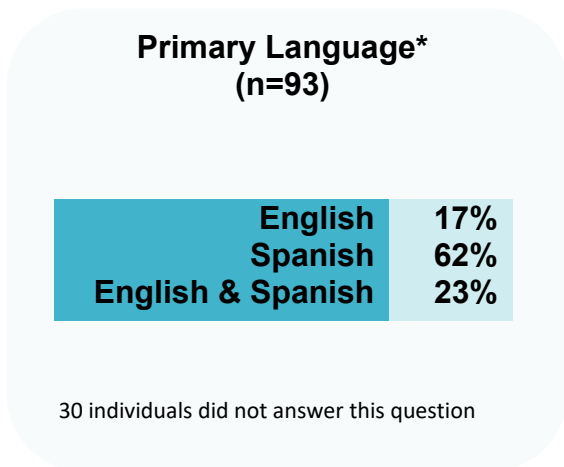
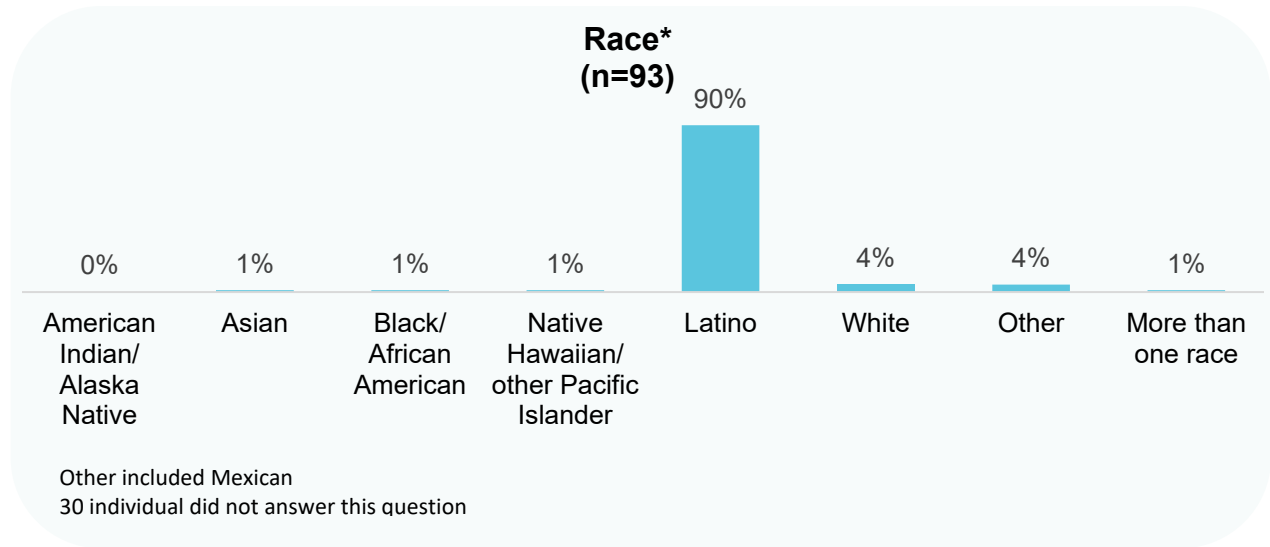
What are some other topics you would like to see presented? (n=54)

- Additional information about depression, anxiety, trauma, and stress (13)
- General positive feedback (e.g., "Everything is perfect") (6)
- Helping children with emotional distress (5)
- Communication with a partner (5)

"More information on mindfulness and applying it to stressful situations."

COMMUNITY PRESENTATIONS AND OUTREACH

Demographic Data



* Percentages may exceed 100% because participants could choose more than one response option.

COMMUNITY PRESENTATIONS AND OUTREACH

Successes and Learning

Notable Successes

Overall

- Provided 379 online sessions reaching vulnerable community members

COVID-Related

- Use of livestreaming and video conferencing

Notable Learnings

Overall

- Spanish-speaking community members actively engaged in online platforms

COVID-Related

- Community members need support and connection to cope with isolation

COVID-related success story

MCBH hosted 4 sessions of online workshops under the “Forward Together/Avanzando Juntos” initiative to provide community members with helpful information and opportunities to connect and build their support network during the pandemic. Sessions were offered in English and Spanish with the Spanish workshops being highly attended. MCBH utilized new methods for connecting with residents by using video conferencing and Facebook livestreaming. These methods helped us to reach vulnerable community members and provide them with much-needed support. One success of this initiative was the Senior Connect group which had a consistent following of seniors and was so popular that the group has continued through the end of 2021.

PROMOTORES MENTAL HEALTH PROGRAM CENTRAL COAST CITIZENSHIP PROJECT (CCCP)

Central Coast Citizenship Project’s Promotores Mental Health Program uses Promotores de Salud (Health Promoters) to educate the unserved and underserved Latino community about mental health issues and remove the stigma associated with seeking mental health services. The program also provides information and referrals to mental health prevention and care services and offers mental health counseling sessions free of charge.

Program Highlights



Population served: the local Latino community

263 individuals engaged in program activities



100% of outcome survey respondents said they **would recommend this program to a friend or family member**

Program Activities

Activities Hosted

Presentations – 199 individuals at 2 citizenship classes that had presentations about awareness of depression symptoms during the COVID-19 pandemic, and the mental health services that CCCP can connect participants to.

Education/Training Sessions – 35 individuals at 2 trainings for citizenship class attendees who could use more support for anxiety, depression, or other mental health needs.

Mental Health Counseling Sessions – 29 individuals at 98 mental health counseling and health education sessions with a licensed therapist, provided free of charge for unserved members of the Latino community.

Presentations

- Depression During COVID-19
- Cultural Relevancy and Humility Committee Meeting
-

PROMOTORES MENTAL HEALTH PROGRAM

Program Outcomes, Satisfaction, and Feedback (EI)

Please choose how much you agree or disagree with each sentence below (n=15-16)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	16
The program had services in the language that I speak best.	0	16
I got services that were right for me.	0	16
I am happy with the services I received.	0	15
I would recommend this program to a friend or family member.	0	16

"It helps me connect with people who are learning a new language."

"Be able to meet in person in the future."

What was most useful or helpful about this program? (n=27)

- Being able to talk to someone (7)
- Sense of community with people who have similar experiences and goals (5)
- Improve English and learn about naturalization process (10)

What are your recommendations for improvement? (n=7)

- In-person sessions (1)
- More staff and participants (1)
- Frequent sessions (1)
- General positive feedback (e.g., "All good") (1)

PROMOTORES MENTAL HEALTH PROGRAM

Program Outcomes, Satisfaction, and Feedback (Stigma)

Please choose how much you agree or disagree with each sentence below (n=18–20)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	20
The program had services in the language that I speak best.	0	20
I will use what I learned in this training/class.	0	20
This training/class helped me.	0	18
I would recommend this program to a friend or family member.	0	20

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

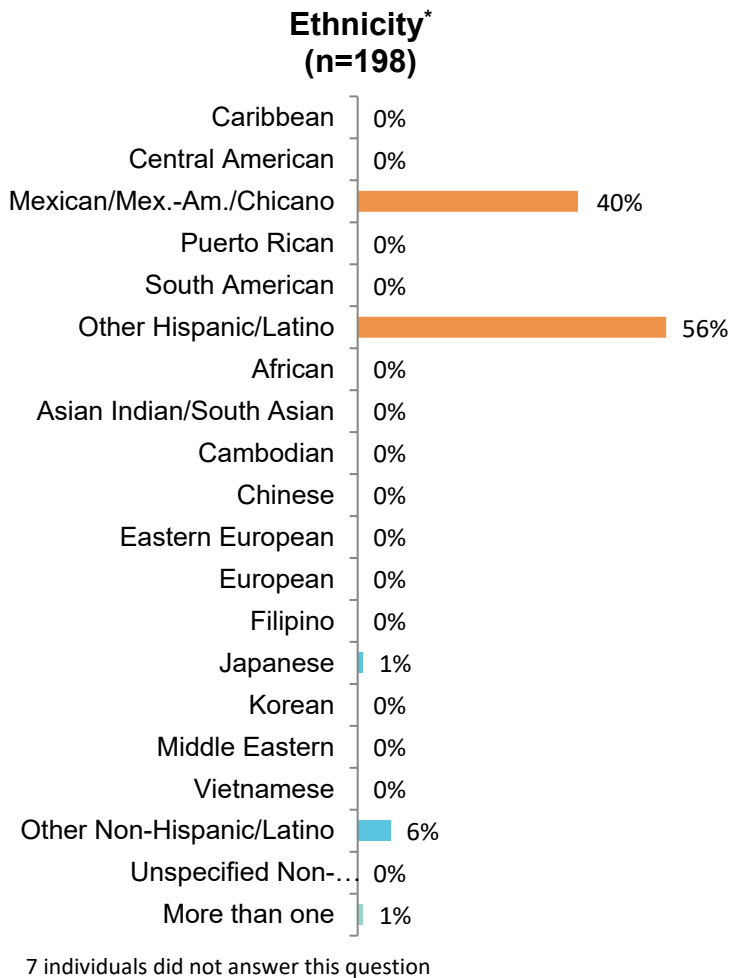
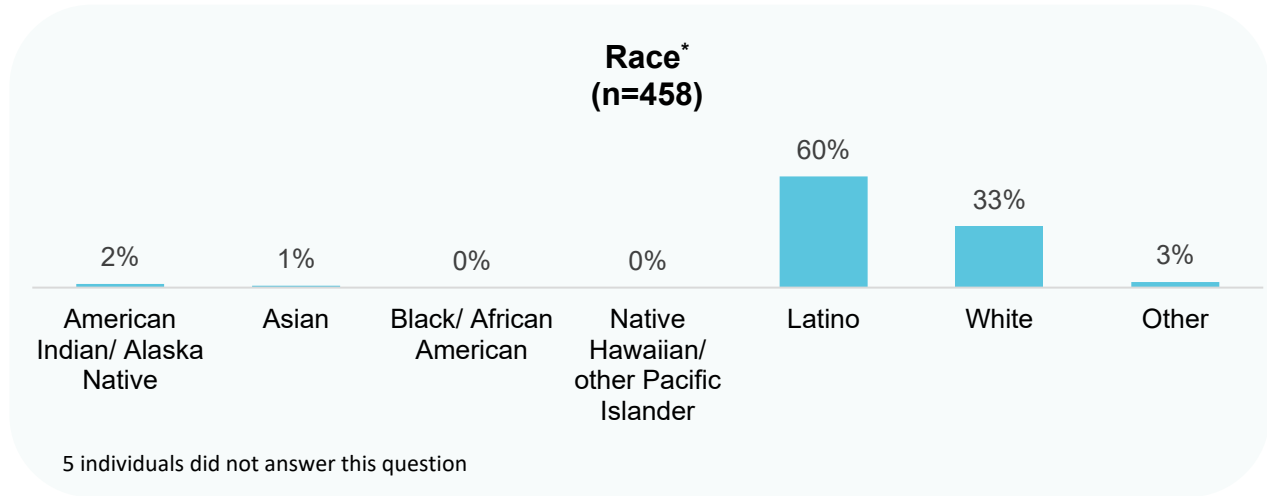
Referrals for Members of Underserved Populations

Kinds of Treatment Referred to:

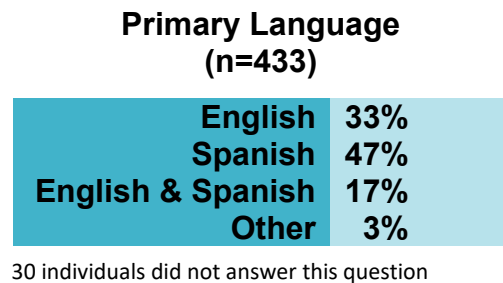
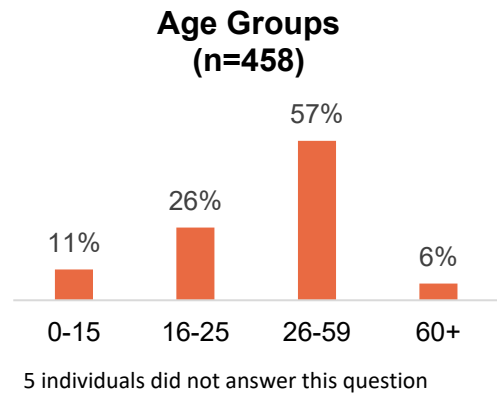
- United Way 211 ● Community Human Services ●

PROMOTORES MENTAL HEALTH PROGRAM

Demographic Data



93% Hispanic/Latino**
7% Non-Hispanic/Latino**



* Percentages may exceed 100% because participants could choose more than one response option.

** Percentages are based on response options chosen by participants about their ethnic identity.

PROMOTORES MENTAL HEALTH PROGRAM

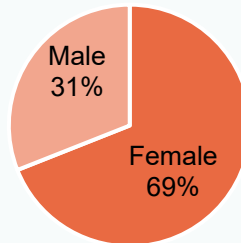
Demographic Data

Current Gender Identity (n=193)

Female	69%
Male	31%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

12 individuals did not answer this question

Sex Assigned at Birth (n=193)



12 individuals did not answer this question

Sexual Orientation (n=190)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

15 individuals did not answer this question

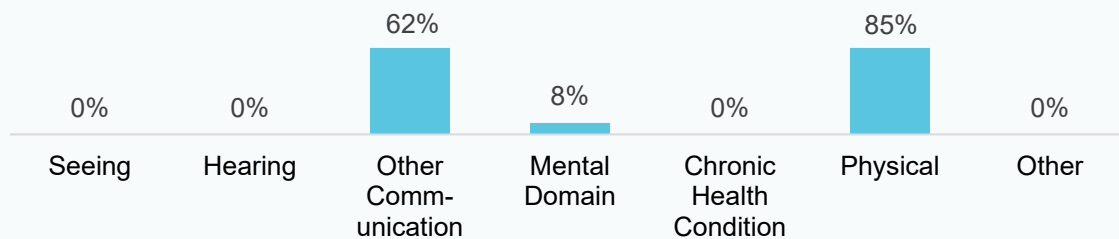
59% of individuals are veterans

n=204; 1 individual did not answer this question

6% of individuals reported having one or more disabilities

n=13, 192 individuals did not answer this question

Disability* (n=13)



192 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORES MENTAL HEALTH PROGRAM

Successes and Learning

Notable Successes

COVID-Related

- Pivoted to online services to support participants

Notable Learnings

COVID-Related

- Continuing services by offering counseling via phone and computer

Case example/narrative

A client came into counseling for high levels of stress and anxiety at work. She recently had to be seen by her doctor for an episode that was determined to be a panic attack. She is experiencing a lot of pressure from her supervisor that she feels is discrimination. We worked on breathing exercises and learning about triggers and signals for anxiety. She has started walking before work and has met with her human resources representative.

One client we worked with this term has a long history of depression and anxiety which had been difficult, but not disruptive to family life. He had not been passing classes at the community college, so he had made the decision to focus on work, but then he was laid off. With no classes and no work, he became reclusive, depressed and hopeless about his future. We worked on incremental goals to steadily increase his participation; first in his family, then in making improvements around his apartment complex, and he eventually found work with one of the other tenants.

ADDENDUM A. FY 20–21 PEI PROGRAMS BY CATEGORY

Prevention

The Epicenter

Parent Education Program (*Community Human Services [CHS]*)

Senior Companion Program (*Seniors Council of Santa Cruz and San Benito Counties*)

Senior Peer Counseling (*Alliance on Aging*)

Early Intervention

Family Support Groups (*Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC]*)

Felton Early Psychosis (*Felton Institute*)

School-Based Counseling (*Pajaro Valley Prevention and Student Assistance*)

School-Based Domestic Violence Counseling (*Harmony at Home*)

Services to Education (*Monterey County Behavioral Health [MCBH]*)

Silver Star Resource Center (*Monterey County Behavioral Health [MCBH]*)

Access and Linkage to Treatment

211 (*United Way Monterey County*)

Veterans Reintegration Transition Program (*Monterey County Military & Veterans Affairs Office*)

Suicide Prevention

Suicide Prevention Service (*Family Service Agency of the Central Coast*)

Stigma and Discrimination Reduction

Family Self-Help Support and Advocacy (*National Alliance on Mental Illness [NAMI] Monterey County*)

Outreach for Increasing Recognition of Early Signs of Mental Illness

African American Community Partnership (*The Village Project, Inc.*)

Latino Community Partnership (*Center for Community Advocacy [CCA]*)

Community Presentations and Outreach (*Monterey County Behavioral Health [MCBH]*)

Promotores Mental Health Program (*Central Coast Citizenship Project [CCCP]*)

ADDENDUM B. FY 20–21 NUMBER OF PARTICIPANTS SERVED BY PROGRAM AND CATEGORY

Prevention	970
The Epicenter	442
Parent Education Program (<i>Community Human Services [CHS]</i>)	167
Senior Companion Program (<i>Seniors Council of Santa Cruz and San Benito Counties</i>)	11
Senior Peer Counseling (<i>Alliance on Aging</i>)	350
Early Intervention	5,716
Family Support Groups (<i>Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC]</i>)	25
Felton Early Psychosis (<i>Felton Institute</i>)	247
School-Based Counseling (<i>Pajaro Valley Prevention and Student Assistance</i>)	1,997
School-Based Domestic Violence Counseling (<i>Harmony at Home</i>)	2,165
Services to Education (<i>Monterey County Behavioral Health [MCBH]</i>)	1,201
Silver Star Resource Center (<i>Monterey County Behavioral Health [MCBH]</i>)	81
Access and Linkage to Treatment	25,803
211 (<i>United Way Monterey County</i>)	22,984
Veterans Reintegration Transition Program (<i>Monterey County Military & Veterans Affairs Office</i>)	2,819
Suicide Prevention	2,801
Suicide Prevention Service (<i>Family Service Agency of the Central Coast</i>)	2,801
Stigma and Discrimination Reduction	625
Family Self-Help Support and Advocacy (<i>National Alliance on Mental Illness [NAMI] Monterey County</i>)	625
Outreach for Increasing Recognition of Early Signs of Mental Illness	6,202
African American Community Partnership (<i>The Village Project, Inc.</i>)	763
Latino Community Partnership (<i>Center for Community Advocacy [CCA]</i>)	5,083
Community Presentations and Outreach (<i>Monterey County Behavioral Health [MCBH]</i>)	93
Promotores Mental Health Program (<i>Central Coast Citizenship Project [CCCP]</i>)	263
Total	42,117

PREFACE TO ADDENDA C AND D

Demographic and Outcome Data Across Programs

Addendum C presents PEI participant demographics for each program, organized by primary program category. An overall summary of demographic totals across programs is also included. Each program category is presented in a separate table. Demographic topics (e.g., race, ethnicity, age) and response options are shown in the rows. Rows with a dark grey background represent the total number of respondents who answered the question. The number of respondents who skipped the question are presented in the last row under each demographic topic. Program names are shown in each column header. Totals from each program within a program category are presented in the Totals column. Cells that are highlighted in light grey represent demographic questions that were not asked by a particular program. Demographic responses were collected by an MCBH PEI demographic form (adult, parent, or presentation version) or collected from Avatar.

Addendum D presents participant outcome survey data across programs, organized by primary program category. Access and Linkage to Treatment programs (211 and Veterans Reintegration Transition Program) do not administer outcome surveys. Questions from each survey are presented in the rows, with the columns presenting the percentage or number of respondents who selected “Agree” on the survey scale (which included “Agree,” “Not Sure,” and “Disagree”). Surveys with less than 30 respondents are reported as values and not percentages. The range of number of respondents who answered each question on the survey are presented at the header of each column, under individual program names. Cells with dashes mean this question or survey was not administered to this program.

ADDENDUM C. FY 20–21 PEI PARTICIPANT DEMOGRAPHICS BY PROGRAM CATEGORY

Prevention

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race (Adult Demographic Form)	320	38	141	8	133
American Indian or Alaska Native	12	3	5	4	0
Asian	8	2	1	0	5
Black or African American	12	2	5	0	5
Latino	170	29	98	5	38
Native Hawaiian or other Pacific Islander	6	1	4	0	1
White	136	9	41	2	84
Other	3	0	3	0	0
Declined to answer/skipped	9	0	6	3	0
Ethnicity (Adult Demographic Form)	281	36	107	5	133
Hispanic or Latino					
Caribbean	2	1	0	1	0
Central American	4	0	3	0	1
Mexican/Mexican American/Chicano	147	28	81	2	36
Puerto Rican	0	0	0	0	0
South American	2	0	1	0	1
Other	16	1	12	2	1
Non-Hispanic or Latino					
African	0	0	0	0	0
Asian Indian/South Asian	8	0	3	0	5
Cambodian	1	0	0	0	1
Chinese	0	0	0	0	0
Eastern European	6	2	2	0	2
European	9	8	0	1	0
Filipino	91	1	7	0	83
Japanese	4	0	3	0	1
Korean	2	0	0	1	1
Middle Eastern	1	0	0	0	1
Vietnamese	1	0	1	0	0
Other	9	4	3	1	1
More than one Ethnicity	0	0	0	0	0
Declined to answer/skipped	48	2	40	6	0

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race/Ethnicity (Presentation Demographic Form)	53	53			
American Indian or Alaska Native	3	3			
Asian	3	3			
Black or African American	2	2			
Latino	34	34			
Native Hawaiian or other Pacific Islander	0	0			
White	15	15			
Multiracial	0	0			
Other	0	0			
Declined to answer/skipped	1	1			
Primary Language	382	91	147	11	133
English	270	66	98	3	103
Spanish	57	6	25	4	22
English and Spanish	63	23	27	4	9
Other	9	0	4	5	0
Declined to answer/skipped	0	0	0	0	0
Age	379	88	147	11	133
0 to 15 years	5	5	0	0	0
16 to 25 years	52	30	22	0	0
26 to 59 years	184	50	125	5	4
60+ years	138	3	0	6	129
Declined to answer/skipped	3	3	0	0	0
Current Gender Identity	329	47	147	3	132
Female	206	20	88	2	96
Male	105	9	59	1	36
Transgender	4	4	0	0	0
Genderqueer	2	2	0	0	0
Non-Binary	9	9	0	0	0
Questioning or unsure	2	2	0	0	0
Another gender identity	1	1	0	0	0
Declined to answer/skipped	9	0	0	8	1
Sex Assigned at Birth	318	38	145	3	132
Female	205	25	86	2	92
Male	113	13	59	1	40
Another sex	0	0	0	0	0
Declined to answer/skipped	11	0	2	8	1
Sexual Orientation	289	38	125	5	121
Bisexual	9	4	5	0	0
Gay or Lesbian	16	14	1	0	1
Heterosexual or Straight	246	4	117	5	120
Pansexual	9	7	2	0	0
Queer	7	7	0	0	0

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Questioning or unsure	1	1	0	0	0
Another sexual orientation	1	1	0	0	0
Declined to answer/skipped	40	0	22	6	12
Veteran Status	324	38	142	11	133
Yes	4	0	2	0	2
No	320	38	140	11	131
Declined to answer/skipped	5	0	5	0	0
Disability	320	38	138	11	133
Has a disability	137	23	37	9	68
No disability	183	15	101	2	65
Declined to answer/skipped	23	0	23	0	0
Disability Types	137	23	37	9	68
Difficulty seeing	24	2	7	0	15
Difficulty hearing or having speech understood	10	1	2	0	7
Other communication difficulty	6	1	1	3	1
Mental domain disability	68	22	25	7	14
Chronic health condition	55	3	9	1	42
Physical disability	47	1	2	5	39
Another disability	21	1	4	1	15

Early Intervention

Demographics	TOTALS	Family Support Groups	Felton Early Psychosis	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Race (Adult Demographic Form)	316	18			298		
American Indian or Alaska Native	9	0			9		
Asian	1	0			1		
Black or African American	7	0			7		
Latino	268	18			250		
Native Hawaiian or other Pacific Islander	3	0			3		
White	59	2			57		
Other	8	0			8		
Declined to answer/skipped	6	0			6		
Ethnicity (Adult Demographic Form)	293	18			275		
Hispanic or Latino							
Caribbean	1	0			1		
Central American	9	0			9		
Mexican/Mexican-American/Chicano	248	18			230		
Puerto Rican	2	0			2		
South American	1	0			1		
Other	23	0			23		
Non-Hispanic or Latino							
African	4	0			4		
Asian Indian/South Asian	0	0			0		
Cambodian	0	0			0		
Chinese	0	0			0		
Eastern European	2	0			2		
European	16	0			16		
Filipino	4	0			4		
Japanese	2	0			2		
Korean	0	0			0		
Middle Eastern	0	0			0		

Demographics	TOTALS	Family Support Groups	Felton Early Psychosis	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Vietnamese	0	0			0		
Other	11	0			11		
More than one Ethnicity	0	0			0		
Declined to answer/skipped	29	0			29		
Race/Ethnicity (Presentation Demographic Form)	1,128	2				1,126	
American Indian or Alaska Native	47	0				47	
Asian	39	0				39	
Black or African American	36	0				36	
Latino	946	0				946	
Native Hawaiian or other Pacific Islander	8	0				8	
White	160	2				158	
Multiracial	0	0				0	
Other	73	0				73	
Declined to answer/skipped	201	0				201	
Ethnicity (Data Source: Avatar Demographic Form)	215		66	68			81
Asian/Islander	3		1	0			2
Black	1		0	0			1
Hispanic	168		55	62			51
Other	28		2	4			22
White	15		8	2			5
Primary Language	1,454	20			302	1,132	
English	564	2			137	425	
Spanish	304	18			71	215	
English and Spanish	556	5			93	458	
Other	36	0			1	35	
Declined to answer/skipped	197	0			2	195	

Demographics	TOTALS	Family Support Groups	Felton Early Psychosis	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Age	1,651	20	66	68	302	1,114	81
0 to 15 years	1,327	0	5	59	280	943	40
16 to 25 years	175	0	52	9	16	57	41
26 to 59 years	144	18	9	0	6	111	0
60+ years	5	2	0	0	0	3	0
Declined to answer/skipped	215	0	0	0	2	213	0
Gender (Avatar)	215		66	68			81
Female	92		16	32			44
Male	122		49	36			37
Other	1		1	0			0
Current Gender Identity	66	18			48		
Female	43	16			27		
Male	23	2			21		
Transgender	0	0			0		
Genderqueer	0	0			0		
Questioning or unsure	0	0			0		
Another gender identity	0	0			0		
Declined to answer/skipped	2	0			2		
Sex Assigned at Birth	320	18			302		
Female	157	13			144		
Male	160	3			157		
Another sex	3	2			1		
Declined to answer/skipped	2	0			2		
Sexual Orientation	49	12			37		
Bisexual	5	0			5		
Gay or Lesbian	0	0			0		
Heterosexual or Straight	44	12			32		
Queer	0	0			0		
Questioning or unsure	0	0			0		
Another sexual orientation	0	0			0		

Demographics	TOTALS	Family Support Groups	Felton Early Psychosis	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Declined to answer/skipped	19	6			13		
Veteran Status	66	18			48		
Yes	0	0			0		
No	66	18			48		
Declined to answer/skipped	2	0			2		
Disability	322	18			304		
Has a disability	133	5			128		
No disability	189	13			176		
Declined to answer/skipped	14	0			14		
Disability Types	133	5			128		
Difficulty seeing	17	0			17		
Difficulty hearing or having speech understood	19	0			19		
Other communication difficulty	4	0			4		
Mental domain disability	107	5			102		
Chronic health condition	11	5			6		
Physical disability	5	0			5		
Another disability	11	0			11		

Access and Linkage to Treatment

Demographics	TOTALS	211*	Veterans Reintegration Transition Program
Race (Adult Demographic Form)	18,265	17,954	311
American Indian or Alaska Native	111	96	15
Asian	346	320	26
Black or African American	540	517	23
Latino	37		37
Native Hawaiian or other Pacific Islander	106	96	10
White	7,194	6,968	226
Other	8,013	8,004	9
Declined to answer/skipped	1,955	1,953	2
Ethnicity (Adult Demographic Form)	19,007	18,779	228
Hispanic/Latino	12,338	12,338	
Non-Hispanic/Latino	4,412	4,412	
Hispanic or Latino			
Caribbean	2		2
Central American	1		1
Mexican/Mexican-American/Chicano	30		30
Puerto Rican	6		6
South American	2		2
Other	3		3
Non-Hispanic or Latino			
African	15		15
Asian Indian/South Asian	2		2
Cambodian	0		0
Chinese	0		0
Eastern European	15		15
European	111		111
Filipino	20		20
Japanese	8		8
Korean	2		2
Middle Eastern	4		4
Vietnamese	2		2
Other	20		20
More than one Ethnicity	29		29
Declined to answer/skipped	2,114	2,029	85

Demographics	TOTALS	211*	Veterans Reintegration Transition Program
Primary Language	19,702	19,391	311
English	8,722	8,417	305
Spanish	8,980	8,977	3
English and Spanish	0		0
Other	468	465	3
Declined to answer/skipped	1,534	1,532	2
Age	19,797	19,486	311
0 to 15 years	322	322	0
16 to 25 years	1,103	1,101	2
26 to 59 years	12,452	12,325	127
60+ years	5,920	5,738	182
Declined to answer/skipped	2		2
Current Gender Identity	23,294	22,984	310
Female	16,089	16,028	61
Male	6,986	6,737	249
Transgender	0		0
Genderqueer	0		0
Questioning or unsure	0		0
Another gender identity	0		0
Unknown	219	219	
Declined to answer/skipped	2		2
Sex Assigned at Birth	309		309
Female	61		61
Male	248		248
Another sex	0		0
Declined to answer/skipped	4		4
Sexual Orientation	304		304
Bisexual	4		4
Pansexual	1		1
Gay or Lesbian	6		6
Heterosexual or Straight	291		291
Queer	1		1
Questioning or unsure	1		1
Another sexual orientation	0		0
Declined to answer/skipped	9		9
Veteran Status	17,815	17,502	313
Yes	732	451	281
No	15,129	15,097	32
Declined to answer/skipped	1,954	1,954	0
Disability	17,865	17,552	313
Has a disability	3,346	3,169	177
No disability	12,503	12,367	136

Demographics	TOTALS	211*	Veterans Reintegration Transition Program
Declined to answer/skipped	2,022	2,016	6
Disability Types	177		177
Difficulty seeing	17		17
Difficulty hearing or having speech understood	67		67
Other communication difficulty	1		1
Mental domain disability	102		102
Chronic health condition	64		64
Physical disability	86		86
Another disability	29		29

* 2-1-1 caller demographic information is not included here as individuals may be duplicated.

Suicide Prevention

Demographics	Suicide Prevention Service
Race/Ethnicity (Presentation Demographic Form)	687
American Indian or Alaska Native	13
Asian	57
Black or African American	16
Latino	449
Native Hawaiian or other Pacific Islander	19
White	231
Multiracial	6
Another	31
Declined to answer/skipped	8
Primary Language	688
English	420
Spanish	104
English and Spanish	187
Other	16
Declined to answer/skipped	7
Age	687
0 to 15 years	445
16 to 25 years	197
26 to 59 years	42
60+ years	3
Declined to answer/skipped	8

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

Demographics	TOTALS	Family Self-Help Support/Advocacy	Latino Community Partnership	MCBH Community Presentations/Outreach	Promotores Mental Health Program
Race (Adult Demographic Form)	238	34			204
American Indian or Alaska Native	10	1			9
Asian	3	2			1
Black or African American	1	1			0
Latino	64	11			53
Native Hawaiian or other Pacific Islander	2	1			1
White	147	21			126
Other	15	1			14
Declined to answer/skipped	5	4			1
Ethnicity (Adult Demographic Form)	230	32			198
Hispanic or Latino					
Caribbean	0	0			0
Central American	0	0			0
Mexican/Mexican-American/Chicano	92	13			79
Puerto Rican	0	0			0
South American	0	0			0
Other	116	5			111
Non-Hispanic or Latino					
African	0	0			0
Asian Indian/South Asian	0	0			0
Cambodian	1	1			0
Chinese	0	0			0

Demographics	TOTALS	Family Self-Help Support/Advocacy	Latino Community Partnership	MCBH Community Presentations/Outreach	Promotores Mental Health Program
Eastern European	0	0			0
European	2	2			0
Filipino	11	11			0
Japanese	3	2			1
Korean	0	0			0
Middle Eastern	0	0			0
Vietnamese	0	0			0
Other	13	1			12
More than one Ethnicity	0	0			0
Declined to answer/skipped	13	6			7
Race/Ethnicity (Presentation Demographic Form)	1,099	427	325	93	254
American Indian or Alaska Native	8	6	0	0	2
Asian	23	17	0	1	5
Black or African American	8	6	0	1	1
Latino	972	340	324	84	224
Native Hawaiian or other Pacific Islander	4	3	0	1	0
White	90	62	1	4	23
Multiracial	1	0	0	1	0
Other	19	15	0	4	0
Declined to answer	45	10	1	30	4
Primary Language	1,314	465	323	93	433
English	435	272	5	16	142
Spanish	670	139	269	58	204
English and Spanish	190	52	44	21	73
Other	30	6	10	0	14
Declined to answer/skipped	73	10	3	30	30

Demographics	TOTALS	Family Self-Help Support/Advocacy	Latino Community Partnership	MCBH Community Presentations/Outreach	Promotores Mental Health Program
Age	1,341	466	326	91	458
0 to 15 years	384	326	6	0	52
16 to 25 years	206	48	32	9	117
26 to 59 years	671	68	259	81	263
60+ years	80	24	29	1	26
Declined to answer/skipped	46	9	0	32	5
Current Gender Identity	231	38			193
Female	161	28			133
Male	70	10			60
Transgender	0	0			0
Genderqueers	0	0			0
Questioning or unsure	0	0			0
Another gender identity	0	0			0
Declined to answer/skipped	12	0			12
Sex Assigned at Birth	231	38			193
Female	156	27			129
Male	74	10			64
Another sex	1	1			0
Declined to answer/skipped	12	0			12
Sexual Orientation	224	34			190
Bisexual	2	2			0
Gay or Lesbian	1	1			0
Heterosexual or Straight	221	31			190
Queer	0	0			0
Questioning or unsure	0	0			0
Another sexual orientation	0	0			0
Declined to answer/skipped	17	2			15

Demographics	TOTALS	Family Self-Help Support/Advocacy	Latino Community Partnership	MCBH Community Presentations/Outreach	Promotores Mental Health Program
Veteran Status	239	35			204
Yes	123	2			121
No	116	33			83
Declined to answer/skipped	3	3			0
Disability	243	38			205
Has a disability	32	19			13
No disability	211	19			192
Declined to answer/skipped	1	1			0
Disability Types	32	19			13
Difficulty seeing	0	0			0
Difficulty hearing or having speech understood	0	0			0
Other communication difficulty	8	0			8
Mental domain disability	19	18			1
Chronic health condition	3	3			0
Physical disability	13	2			11
Another disability	3	3			0

ADDENDUM D. FY 20–21 OUTCOMES ACROSS PROGRAMS

Prevention

Percentage/number of respondents who selected Agree, by program

	The Epicenter (n=11–12)	Parent Education Program (n=46–48)	Senior Companion Program (n=2)	Senior Peer Counseling (n=69–95)
Because of this program...				
I feel more connected to other people.	10	94%	-	94%
I know where to go for mental health services near me.	9	85%	-	92%
I know when to ask for help with an emotional problem.	10	89%	-	94%
I am able to deal with problems better.	10	98%	-	88%
I feel less stress or pressure in my life.	8	85%	-	77%
I feel better about myself.	9	94%	-	88%
When I think about the future, I feel good.	8	94%	-	65%
Please choose how much you agree or disagree with each sentence below				
Staff respected my culture and background (e.g., ethnic/religious beliefs).	10	91%	-	99%
The program had services in the language that I speak best.	11	97%	-	100%
I got services that were right for me.	11	100%	-	96%
I am happy with the services I received.	11	94%	-	100%
I would recommend this program to a friend or family member.	11	97%	-	96%

Early Intervention

Percentage/number of respondents who selected Agree, by program

	Felton Early Psychosis (n=55-57)	School- Based Counseling (n=21-22)	School- Based DV Counseling (n=3)	Silver Star Resource Center (n=13-15)	Promotores Mental Health Program (n=6)
Because of this program...					
I feel more connected to other people.	93%	17	-	10	-
I know where to go for mental health services near me.	93%	20	-	12	-
I know when to ask for help with an emotional problem.	95%	19	-	14	-
I am able to deal with problems better.	95%	20	-	11	-
I feel less stress or pressure in my life.	93%	19	-	12	-
I feel better about myself.	96%	20	-	12	-
When I think about the future, I feel good.	96%	20	-	10	-
I feel less worried or afraid.	93%	16	-	12	-
I feel I have more energy during the day.	91%	15	-	10	-
I care more about the things that are happening in my life.	95%	19	-	14	-
Please choose how much you agree or disagree with each sentence below					
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	96%	21	-	15	16
The program had services in the language that I speak best.	95%	21	-	15	16
I got services that were right for me.	100%	22	-	14	16
I am happy with the services I received.	100%	22	-	15	15
I would recommend this program to a friend or family member.	96%	22	-	14	16

Suicide Prevention & Stigma and Discrimination Reduction

Percentage/number of respondents who selected Agree, by program

	Suicide Prevention Service	Services to Education	Promotores Mental Health Program
Because of this training/class...	(n=68–70)	(n=575–592)	(n=3)
I know where to go for mental health services near me.	91%	-	-
I know when to ask for help with an emotional problem.	93%	-	-
I believe people with mental illness can get better and have healthy lives.	97%	-	-
I have a better understanding of mental illness.	93%	90%	-
I would be more likely to help someone who has a mental illness.	93%	-	-
Please choose how much you agree or disagree with each sentence below	(n=66–71)		
Staff respected my culture and background (e.g., ethnic/religious beliefs).	96%	-	20
Information was given in the language that I speak best.	99%	-	20
I will use what I learned in this training/class.	92%	87%	20
This training/class helped me.	89%	-	18
I would recommend this training/class to a friend or family member.	85%	90%	20
The presentation was well-organized and clear.	-	91%	-

Outreach for Increasing Recognition of Early Signs of Mental Illness

Percentage/number of respondents who selected Agree, by program

	Family Self- Help Support and Advocacy	Latino Community Partnership	MCBH Community Presentations and Outreach
As a result of participating in this training/class...	(n=209)	(n=49-52)	(n=35-37)
I know where to go for mental health services near me.	90%	92%	-
I know when to ask for help with an emotional problem.	90%	94%	-
I believe people with mental illness can get better and have healthy lives.	95%	96%	-
I have a better understanding of mental illness.	92%	92%	-
I would be more likely to help someone in need who has a mental illness.	90%	88%	-
Please choose how much you agree or disagree with each sentence below	(n=201)	(n=52-53)	
Staff respected my culture and background (e.g., ethnic/religious beliefs).	97%	100%	-
Information was given in the language I speak best.	96%	100%	-
I will use what I learned in this training/class.	91%	100%	-
This training/class helped me.	90%	100%	-
I would recommend this training/class to a friend or family member.	91%	100%	-
Please choose how much you agree or disagree with each sentence below			
Staff respected my culture and background (e.g., ethnic/religious beliefs).	-	-	91%
Information was given in the language that I speak best.	-	-	93%
I will use what I learned in this training/class.	-	-	94%
I would recommend this program to a friend or family member.	-	-	91%
I have a better understanding of mental illness.	-	-	94%