



Monterey County MHS Prevention and Early Intervention FY 2018-2019 Report

Prepared by

EVALCORP
Research & Consulting

ACKNOWLEDGMENTS

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INTRODUCTION

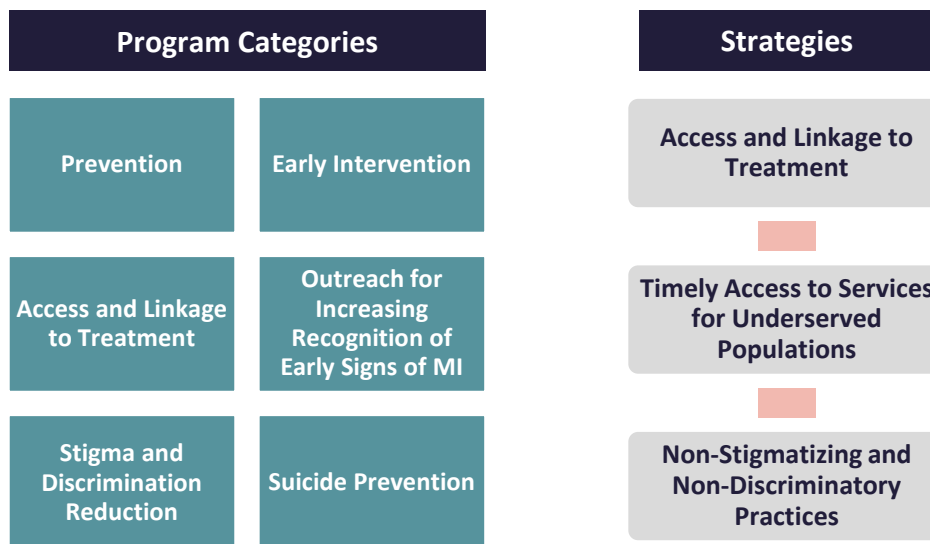
Overview

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 funding 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 (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 2018–2019, MCBH funded 22 programs, administered by both the County and contracted community service providers. In addition, MCBH contributes to the CalMHSA statewide PEI project, Each Mind Matters: California’s Mental Health Movement.

MHSA PEI Regulations

Each of Monterey County’s PEI programs are organized into 1 of 6 categories, as defined by PEI regulations. Additionally, each program must employ PEI strategies within their program activities. A list of funded MCBH PEI programs by category is included for reference in **Appendix A**.



State regulations also require specific process and outcome evaluation metrics to be reported on an annual and three-year basis. MCBH has made continuous efforts over the last several years to build upon and improve data infrastructure, collection, and submission. During fiscal year 2018–2019, MCBH trained PEI programs to collect demographic and outcome data more uniformly. This has yielded an increased ability to demonstrate the reach of PEI services in the County and the impact on individuals served. Additionally, MCBH also launched a new method for tracking program referrals and follow-up, which will result in more detailed information about timely access to services and linkages to treatment.

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2018-2019. The current report employs a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs.

This 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 report presents available data in a standardized manner. In preparing this report, extensive data cleaning, validation, and analytic procedures were performed to ensure the highest level of data accuracy and validity.

Data Sources

Data sources compiled to develop the fiscal year 2018-2019 report fall into five general categories:

1. **MHSA PEI Demographic Forms:** These forms were developed to collect demographic information required by the MHSA PEI regulations (e.g., age group, race, ethnicity, primary language, sexual orientation, disability, veteran status, assigned sex at birth, and current gender identity) and participant location of residence. 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 age 13 or over
Parent	All parents of children age 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. 16 of 22 PEI programs completed and submitted Demographic Forms to MCBH during fiscal year 2018-2019.

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 five 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 level 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 CATEGORY
Prevention	Prevention Programs
Early Intervention	Early Intervention and Outreach for Increasing Recognition of Early Signs of Mental Illness Programs
Suicide Prevention	Suicide Prevention Programs
Stigma and Discrimination Reduction	Stigma and Discrimination Programs

Surveys were collected twice a year, in September 2019 and March 2019, from every unduplicated program participant who received services in those months. Programs primarily categorized under Access and Linkage to Treatment did not collect outcome surveys due to brevity of contact. Additionally, programs that provide crisis-oriented services, including Archer Child Advocacy Center and Mobile Crisis Team, did not collect outcome surveys in order to minimize burden on program participants who were under emotional duress.

4. **Data Driven Decisions (D3) Report:** Produced by MCBH, the D3 reports on program funding and populations served. The fiscal year 2017-2018 D3 report was referenced for information on program services. To view the D3 report for FY 17-18, click [HERE](#).
5. **Other Program Reports:** 10 PEI-funded programs completed additional reports with information about progress toward specific program goals, key program activities, and quantitative program data. The format and these reports varied across providers, including logic models, narrative, and quantitative information about program services. In addition, 2-1-1 provided custom reports with demographic data.

Data Notes

In fiscal year 2018-2019, MCBH implemented an enhanced data collection and evaluation infrastructure, allowing this year’s report to provide more robust data for PEI programs, including data on outcomes experienced by recipients of PEI services. Additionally, in June 2019, 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 about access to services and offer more opportunities for programs to provide details about program activities.

Below are some considerations to keep in mind throughout this report:

- **Unduplicated data:** PEI data are required to represent unduplicated individuals. The new data reporting tools launched at the start of fiscal year 2018-2019 made it possible to provide unduplicated demographic data. However, 2-1-1, a program of United Way Monterey County, collects demographic data differently from other programs and it was not possible to provide unduplicated data for 2-1-1 in every circumstance. These exceptions are noted in the 2-1-1 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 the program activity. For example, a provider may have collected both Adult and Presentation Forms, meaning some respondents did not give as much information because the Presentation Form has less questions. For those program sections, the number of respondents may vary from the overall number served and vary between different demographic questions. Notes are provided in each section where these circumstances apply.
- **Skipped questions and “decline to answer”:** Program participants are free to skip any question they choose and, for some demographic questions on the Adult and Parent Forms, respondents could affirmatively select an option indicating they “decline to answer” (the option reads, “I don’t want to answer this question”). These questions include race and ethnicity on both forms, as well as gender identity, sex assigned at birth, and sexual orientation on the Adult Forms.

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 and, of those, how many affirmatively selected “decline to answer.” In a very small number of cases, respondents indicated that they “decline to answer” and also selected another option for a race or ethnicity. In these cases, a conservative approach was taken and responses were counted under “decline to answer.” Presentation Forms do not include a “decline to answer” option and therefore all respondents who did not answer a question are reported as having skipped the question and “decline to answer” is not specified.

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 the PEI regulations. However, the Presentation Form is a shortened version of the Adult and Parent Form 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 2-1-1 differed from the demographic forms and therefore response options vary from those presented in other program sections where forms were used. For example, response options for race/ethnicity differed, and it was not always possible to indicate where a respondent skipped the question or declined to answer.
- **Completeness of outcome survey data:** The number of survey responses collected is typically far less than the number of overall individuals served and the number of respondents to demographic questions because surveys were only collected twice a year for one month each (September 2018 and March 2019). The number of responses may vary between different questions if respondents skipped a question on the survey. In this case, a range is provided for the number of responses (n) for the survey, indicating the lowest number of responses to a question and the highest.

- **Percentages versus counts:** In cases where the number of responses to a demographic or survey questions 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 is provided wherever responses were suppressed to protect identifying information.
- **“Other” responses to questions about disability and race:** The demographic question about disability instructs respondents to indicate disabilities other than a mental illness. However, when asked to indicate if they have a disability that is not listed among the response options (“other”), approximately 1% of respondents wrote in types of mental illnesses. In response to this finding, an option for mental illness was added to the disability question for fiscal year 2019-2020.

Additionally, of note, on the Parent Forms “ADHD/ADD” (attention deficit hyperactivity disorder/attention deficit disorder) was the most commonly written in disability for a child.

- **A special note about Hispanic/Latino response options:** The demographic question about race on Adult and Parent Forms did not present an option Hispanic/Latino because the race options included were taken from the list provided by the MHSA PEI regulatory requirements. Therefore, the Hispanic/Latino option was only present in the question about ethnicity on those two forms. However, many people wrote in Hispanic 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.

Report Organization

This report presents PEI data by program. Program sections are organized by PEI Category. The following information is included for programs where available:

- Program Highlights, including overall number of unduplicated individuals served and key program successes
- Program Outcomes
- Program Cultural Competency and Satisfaction
- Participant Feedback
- Demographic Data

Additionally, **Appendix A** contains a list of each program by PEI category, **Appendices B and C** of the report contain participant demographic data across all MCBH-funded programs where data were available, and **Appendix D** contains outcomes across all MCBH-funded programs where data were available.

PREVENTION

THE EPICENTER

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 being open to family members and natural supports of the youth served. The Epicenter hosts staff from various agencies at the center to provide services, including housing, education, employment, and mental health and wellness.

Program Highlights



209 individuals served



84% of respondents said they **know where to go for local mental health services** after participating in this program.

Program Outcomes

Because of this program... (n=36-37)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	80%	17%	3%
I know where to go for mental health services near me.	84%	16%	0%
I know when to ask for help with an emotional problem.	78%	22%	0%
I am able to deal with problems better.	65%	35%	0%
I feel less stress or pressure in my life.	68%	27%	5%
I feel better about myself.	67%	30%	3%
When I think about the future, I feel good.	73%	27%	0%

Outreach Events

- Latinx LGBTQ+ Film Festival

THE EPICENTER

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=37)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	73%	13%	14%
The program had services in the language that I speak best.	92%	8%	0%
I got services that were right for me.	87%	13%	0%
I am happy with the services I received.	97%	3%	0%
I would recommend this program to a friend or family member.	92%	8%	0%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=37)

- Building connections with staff and peers (17)
- Receiving emotional support (7)
- The caring staff (4)
- A nonjudgmental, safe space (3)

What are your recommendations for improvement? (n=36)

- General program enhancements (6)
- More events and activities (5)
- General positive feedback (e.g., "I like it the way it is.") (25)

"I feel safe and more open to talk to people about my problems or just life."

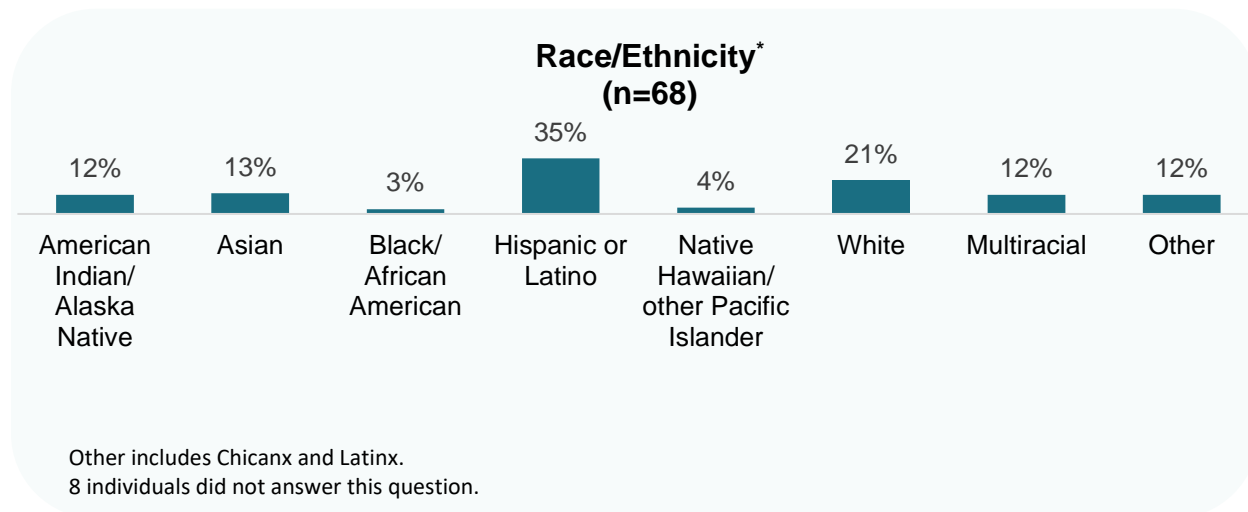
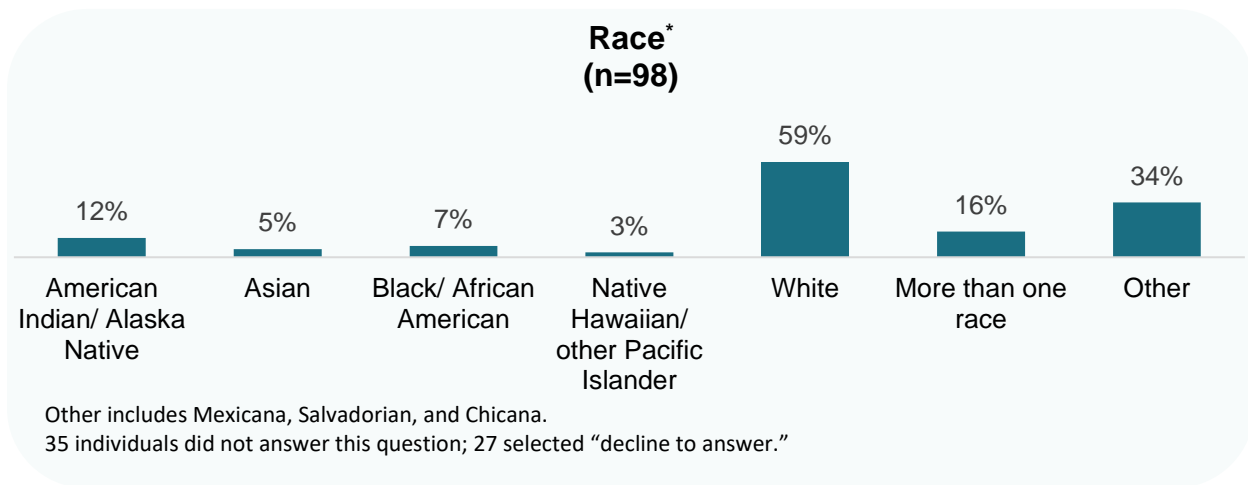
"I like that the staff are friendly and are remarkable. They make me feel welcome and safe by respecting me and my identity."

"They help with personal goals and also help you achieve them."

THE EPICENTER

Demographic Data

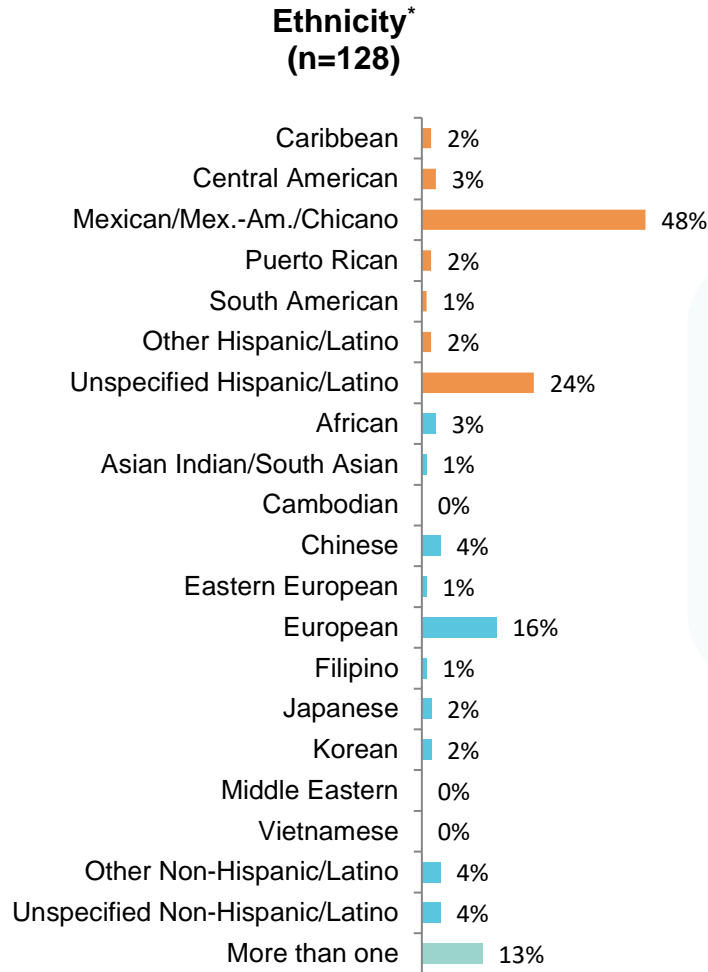
Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form. Age and Primary Language data from the Presentation Form are combined with the Adult Form.



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

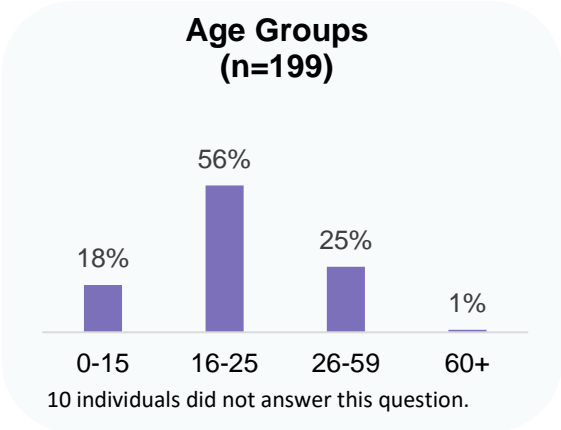
THE EPICENTER

Demographic Data



Other ethnicities were not specified. 5 individuals did not answer this question; 4 selected "decline to answer."

80% Hispanic/Latino*
20% Non-Hispanic/Latino*



Primary Language
(n=208)

English 64%
Spanish 27%
English & Spanish 6%
Other 3%

Other includes Chinese, French, and Japanese. 1 individual did not answer this question.

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

THE EPICENTER

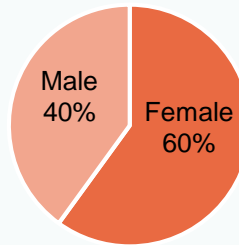
Demographic Data

Current Gender Identity (n=127)

Female	42%
Male	40%
Transgender	5%
Genderqueer	5%
Questioning or Unsure	5%
Another Gender Identity	3%

6 individuals did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=127)



6 individuals did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation (n=112)

Bisexual	21%
Gay or Lesbian	10%
Heterosexual or Straight	47%
Queer	10%
Questioning or Unsure	4%
Another Sexual Orientation	8%

21 individuals did not answer this question, including 11 who selected "decline to answer."

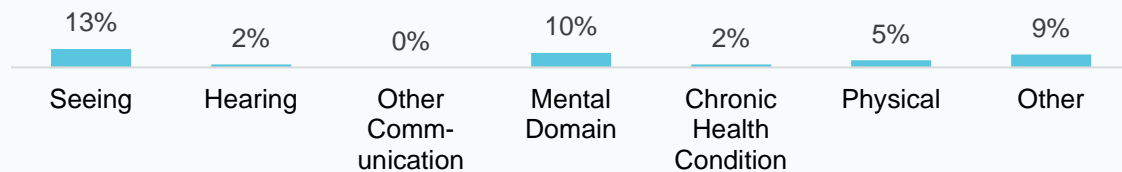
2% of individuals are veterans

n=133

27% of individuals reported having one or more disabilities

n=126; 7 individuals did not answer this question; none selected "decline to answer."

Disability* (n=126)



Other includes ADD, ADHD, PTSD, mood disorder, and Autism.
7 individuals did not answer this question; none selected "decline to answer."

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

PARENT EDUCATION PROGRAM COMMUNITY HUMAN SERVICES

Community Human Services (CHS) offers the Parent Education Program, which provides parenting programs in Spanish and English for parents and caregivers of children with emotional/behavioral challenges. CHS utilizes the evidence-based Triple P (Positive Parenting Program) to teach families communication and listening skills, safe and effective discipline methods, stress management, and how to resolve problems with respect and care. Triple P also helps build understanding of the stages of child development and the definition and effects of child abuse.

Program Highlights



250 individuals served



92% of respondents said they are **better able to deal with problems** after participating in this program.

Program Outcomes

Because of this program... (n=130-133)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	82%	17%	1%
I know where to go for mental health services near me.	78%	21%	1%
I know when to ask for help with an emotional problem.	83%	17%	0%
I am able to deal with problems better.	92%	7%	1%
I feel less stress or pressure in my life.	78%	20%	2%
I feel better about myself.	89%	9%	2%
When I think about the future, I feel good.	90%	8%	2%

PARENT EDUCATION PROGRAM

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=130-134)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	88%	11%	1%
The program had services in the language that I speak best.	97%	1%	2%
I got services that were right for me.	91%	8%	1%
I am happy with the services I received.	95%	4%	1%
I would recommend this program to a friend or family member.	95%	4%	1%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=128)

- Learning new parenting skills (86)
- Gaining knowledge on child development (18)
- Making connections with other parents and sharing experiences (11)

What are your recommendations for improvement? (n=114)

- More classes (11)
- Smaller class size (9)
- More convenient class times (4)
- Share resources and a workbook (4)
- General positive feedback (62)

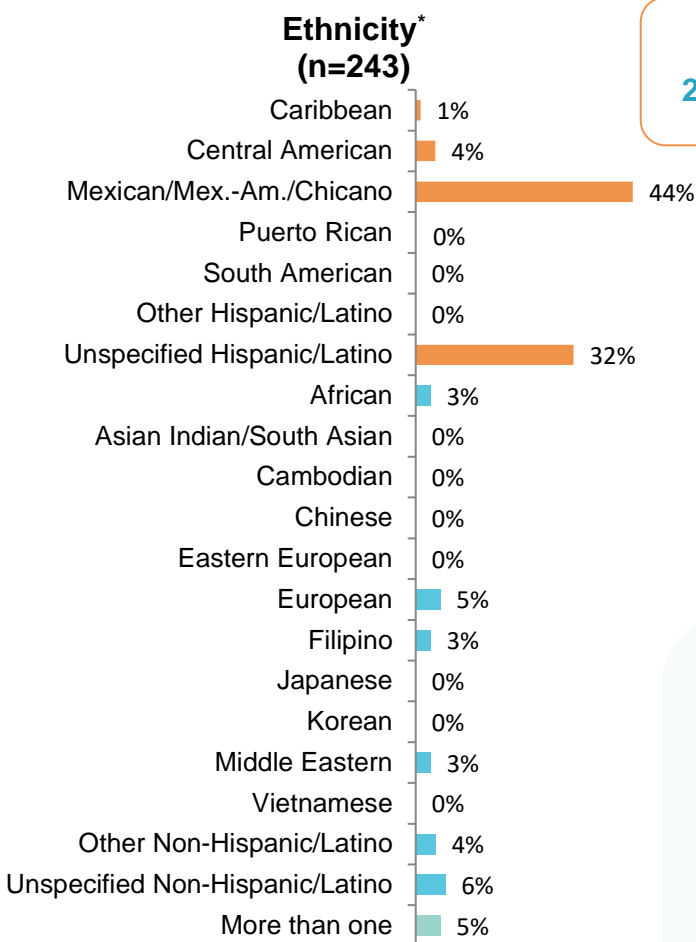
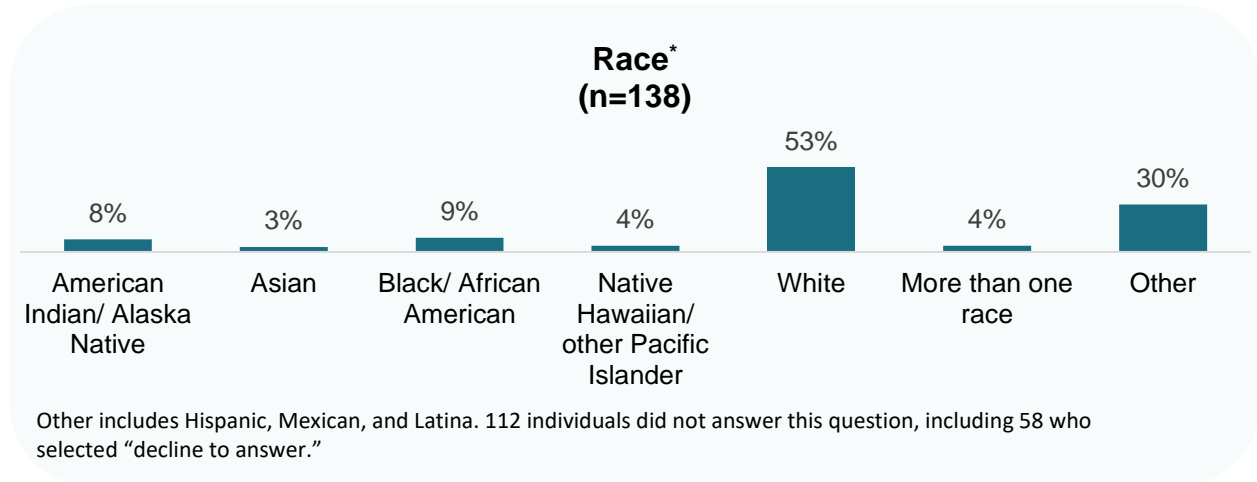
"That it helped me be a better father for my children."

"Learning how to positively parent my children and understand my child's social, emotional, and physical needs."

"[I learned ways to] be more open minded and try to control yourself when there is a problem at home and resolve it in the best way possible without hurting your children."

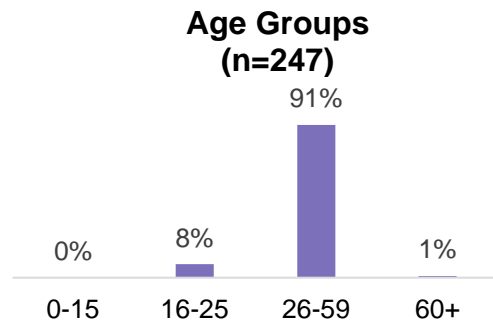
PARENT EDUCATION PROGRAM

Demographic Data



Other includes South American, Eastern European, and Chinese. 7 individuals did not answer this question, including 2 who selected "decline to answer."

80% Hispanic/Latino*
21% Non-Hispanic/Latino*



3 individuals did not answer this question.

Primary Language (n=249)

English 43%
Spanish 49%
English & Spanish 5%
Other 3%

Other languages include Triqui and Mixteco. 1 individual did not answer this question.

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

PARENT EDUCATION PROGRAM

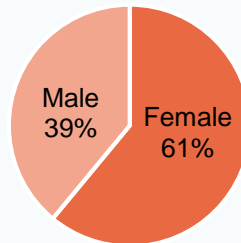
Demographic Data

Current Gender Identity* (n=243)

Female	61%
Male	39%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

7 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=242)



8 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n=202)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	96%
Queer	1%
Questioning or Unsure	1%
Another Sexual Orientation	1%

48 individuals did not answer this question, including 19 who selected "decline to answer."

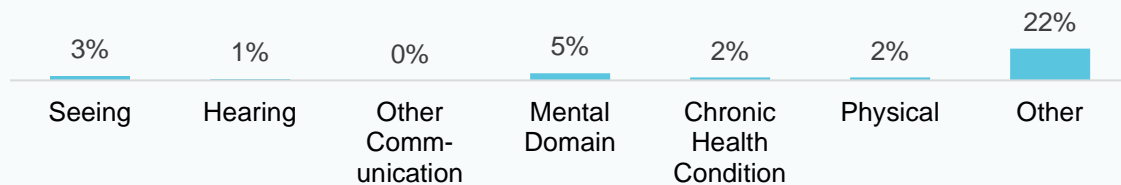
17% of individuals are veterans

n=241. 9 individuals did not answer this question.

30% of individuals reported having one or more disabilities

n=243. 7 individuals did not answer this question.

Disability* (n=243)



Other includes Depression, ADHD, Bi-polar Disorder, Diabetes, Substance Use, and Communication disorder. 7 individuals did not answer this question.

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

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

Senior Companion Program recruits, trains, and places Senior Companions to assist in maintaining independent living and quality of life for older adults who are homebound, live alone, have chronic disabilities, have mental health issues, are visually or hearing impaired, or whose caregivers need respite. The goal of the program is to ease loneliness and social isolation for homebound seniors.

Program Highlights



13 individuals served



8 of 8 of respondents said they **felt more connected** to other people and **knew where to go for local mental health services** after participating in this program.

Program Outcomes

Because of this program... (n=8)	# Agree	# Neutral	# Disagree
I feel more connected to other people.	8	0	0
I know where to go for mental health services near me.	8	0	0
I know when to ask for help with an emotional problem.	7	1	0
I am able to deal with problems better.	5	3	0
I feel less stress or pressure in my life.	5	3	0
I feel better about myself.	5	3	0
When I think about the future, I feel good.	5	3	0

SENIOR COMPANION PROGRAM

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=8)	# Agree	# Neutral	# Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	8	0	0
The program had services in the language that I speak best.	7	1	0
I got services that were right for me.	8	0	0
I am happy with the services I received.	8	0	0
I would recommend this program to a friend or family member.	8	0	0

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=7)

- Having someone to talk to and emotional support (3)
- Support for medical needs (2)
- Learning emotional and social skills (2)

What are your recommendations for improvement? (n=6)

- General positive feedback (e.g., “I really like it, I hope nothing changes.”) (6)

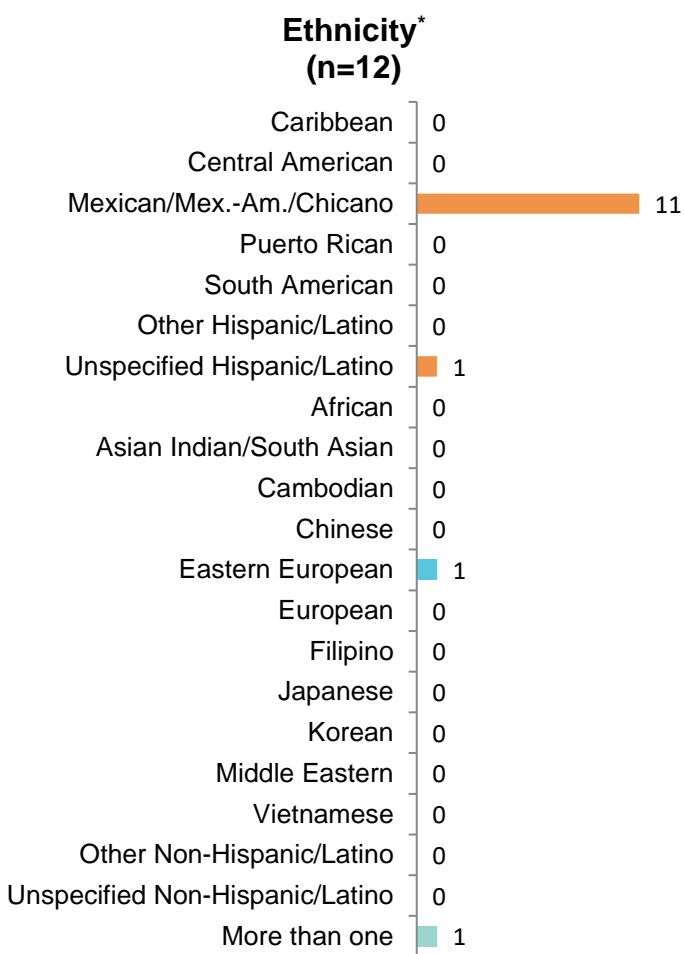
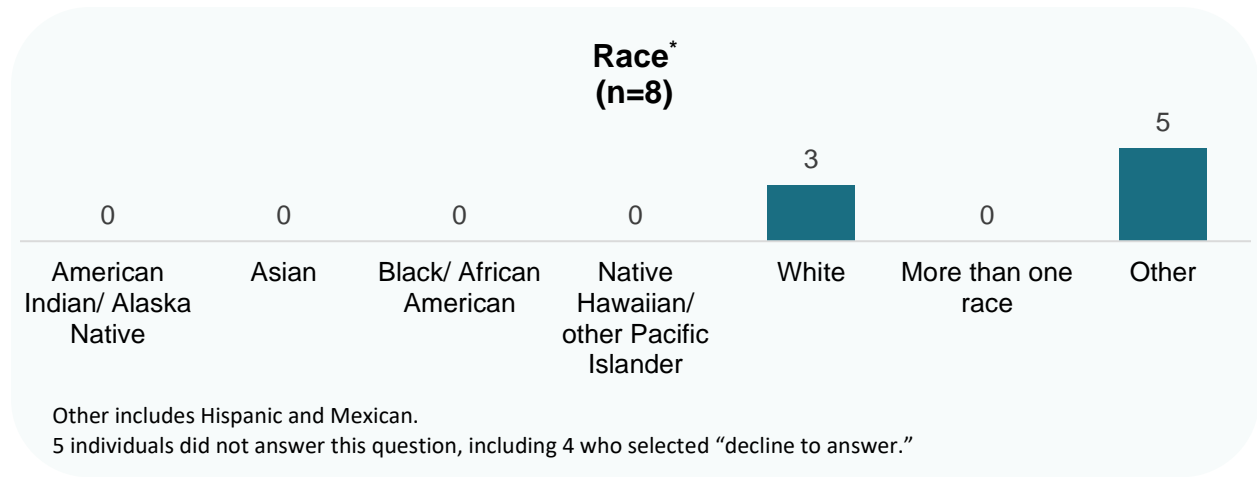
"I feel more accompanied and happy."

"I get to get out of the house and talk, and I can go to other places when I could not before and I get to talk to someone."

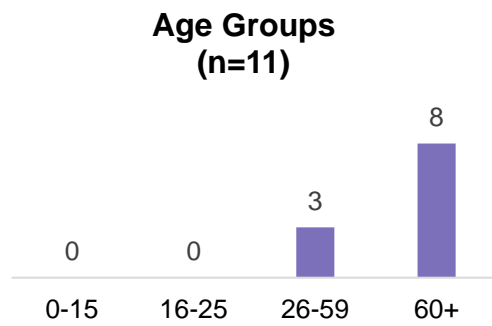
"I have learned to live together with everyone thanks to the program."

SENIOR COMPANION PROGRAM

Demographic Data



12 Hispanic/Latino
1 Non-Hispanic/Latino



2 individuals did not answer this question.

Primary Language (n=13)

English 2
Spanish 8
English & Spanish 3

1 individual did not answer this question, including 1 who selected "decline to answer."

SENIOR COMPANION PROGRAM

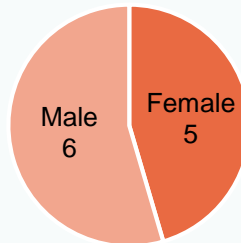
Demographic Data

Current Gender Identity (n=11)

Female	5
Male	6
Transgender	0
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0

2 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=11)



2 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n=7)

Bisexual	0
Gay or Lesbian	0
Heterosexual or Straight	7
Queer	0
Questioning or Unsure	0
Another Sexual Orientation	0

6 individuals did not answer this question, including 5 who selected "decline to answer."

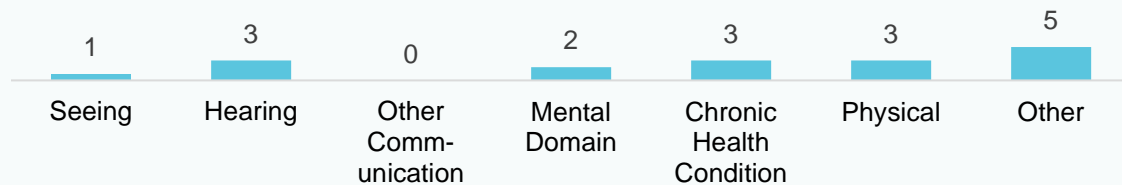
None identify as veterans

n=11; 2 individuals did not answer this question.

13 individuals reported having one or more disabilities

n=13

Disability* (n=13)



Other includes Bipolar and Schizophrenia.

* Counts may exceed number of individuals because participants could choose more than one response option. 19

SENIOR PEER COUNSELING ALLIANCE ON AGING

The Alliance on Aging provides two primary programs to seniors age 55 and older in Monterey County, which include the Senior Peer Counseling Program (SPC) and Fortaleciendo el Bienestar. SPC offers Peer to Peer Counseling and support groups provided by trained volunteers and individual therapy provided by a bilingual licensed mental health professional. Fortaleciendo el Bienestar provides a series of Wellness seminars which serve the Latino community of elders. These components are attuned to address the diversity of older adults in our 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



434 individuals served



93% of respondents said they were **more aware of when to ask for help** with an emotional problem.

Program Outcomes

Because of this program... (n=154-158)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	88%	11%	1%
I know where to go for mental health services near me.	88%	6%	6%
I know when to ask for help with an emotional problem.	93%	6%	1%
I am able to deal with problems better.	83%	14%	3%
I feel less stress or pressure in my life.	73%	21%	6%
I feel better about myself.	81%	17%	2%
When I think about the future, I feel good.	70%	23%	7%

SENIOR PEER COUNSELING

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=152-170)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	96%	3%	1%
The program had services in the language that I speak best.	97%	2%	1%
I got services that were right for me.	96%	3%	1%
I am happy with the services I received.	99%	1%	0%
I would recommend this program to a friend or family member.	100%	0%	0%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=143)

- Building connections with others (54)
- Gaining knowledge and skills (32)
- Having someone to talk to (31)
- Emotional support (12)
- Knowing who to ask for help (10)

What are your recommendations for improvement? (n=122)

- Promote the program more and increase number of participants (16)
- Host classes at a better time (6)
- Facilitate classes more often and in more locations (7)
- General positive feedback (e.g., "It is already great!") (68)

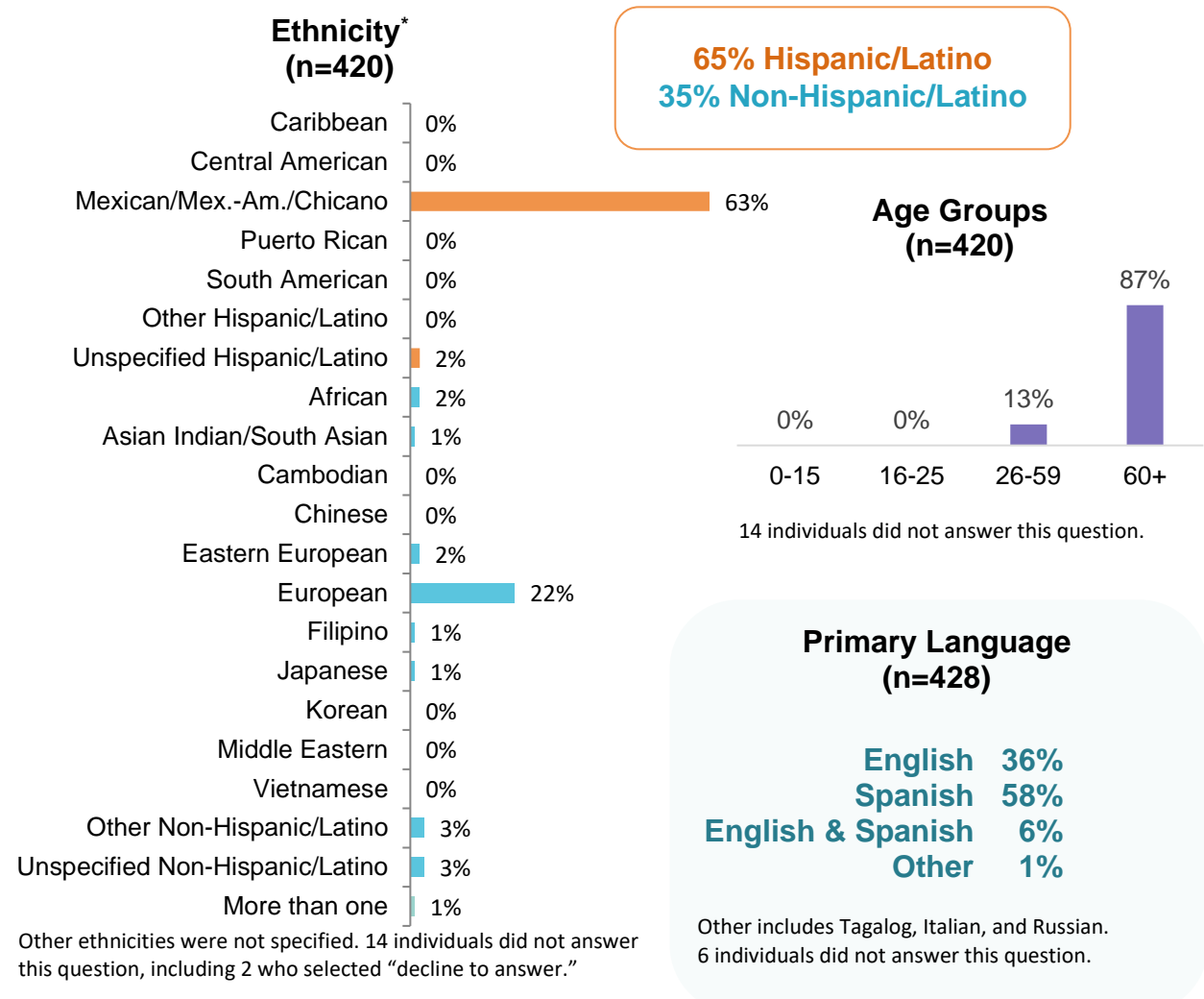
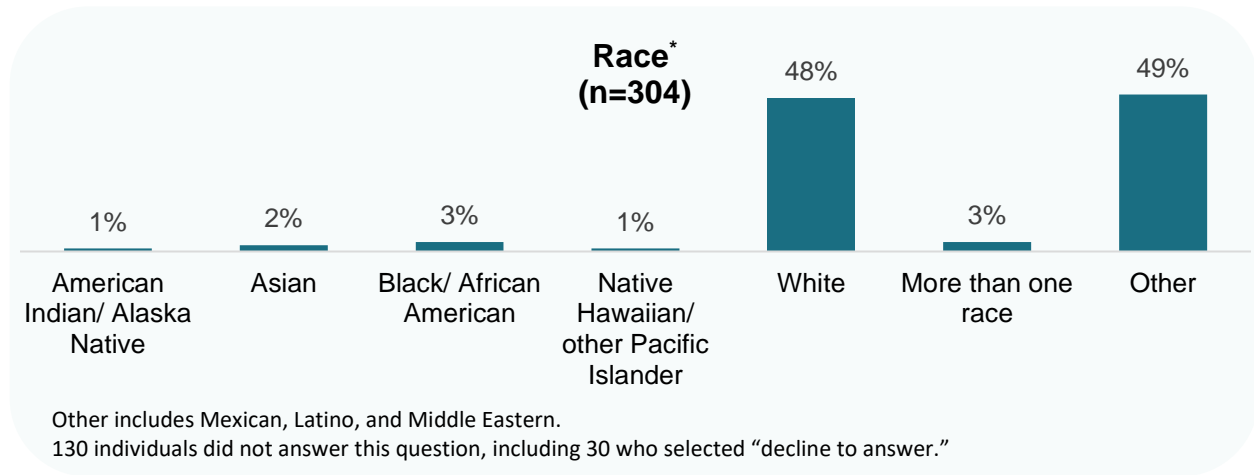
"The feeling of being able to express my thoughts and ongoing issues in my life."

"Having the Senior Peer Counselor come weekly which provides me with emotional support and stability."

"I was very depressed because my wife died...I felt lost. I have claimed my life again and I don't feel so alone."

SENIOR PEER COUNSELING

Demographic Data



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

SENIOR PEER COUNSELING

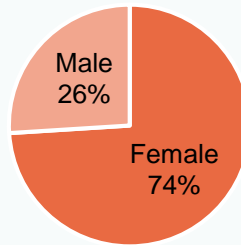
Demographic Data

Current Gender Identity (n=401)

Female	74%
Male	24%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	2%
Another Gender Identity	0%

33 individuals did not answer this question, including 8 who selected "decline to answer."

Sex Assigned at Birth (n=289)



145 individuals did not answer this question, including 85 who selected "decline to answer."

Sexual Orientation (n=224)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	94%
Queer	0%
Questioning or Unsure	5%
Another Sexual Orientation	0%

210 individuals did not answer this question, including 137 who selected "decline to answer."

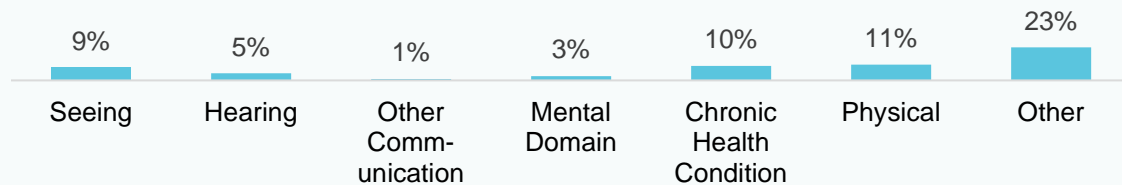
4% of individuals are veterans

n=412; 22 individuals did not answer this question.

51% of individuals reported having one or more disabilities

n=350; 84 individuals did not answer this question.

Disability* (n=350)



Other includes stroke, anxiety, bipolar, and diabetes.
84 individuals did not answer this question.

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

EARLY INTERVENTION

ARCHER CHILD ADVOCACY CENTER MONTEREY COUNTY BEHAVIORAL HEALTH

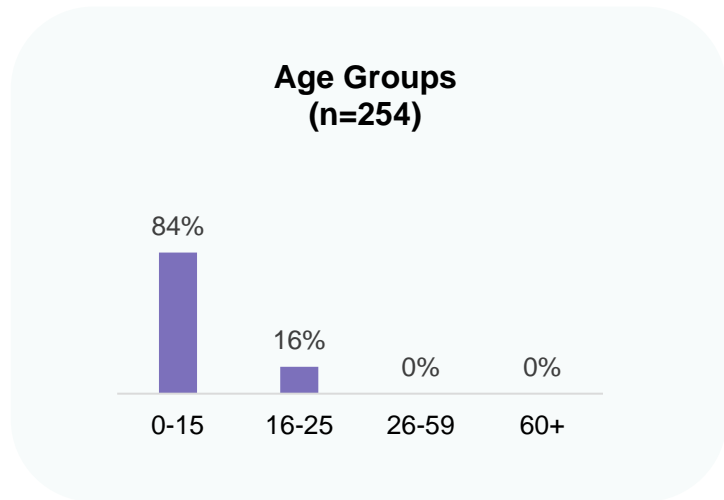
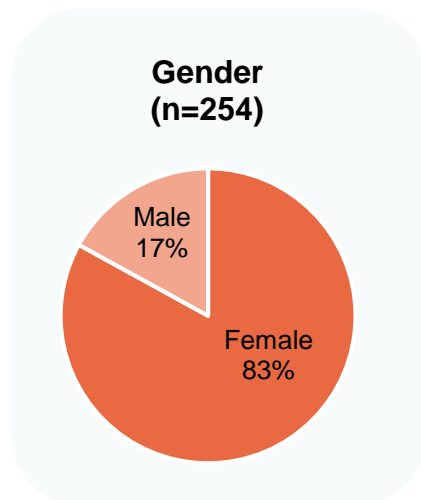
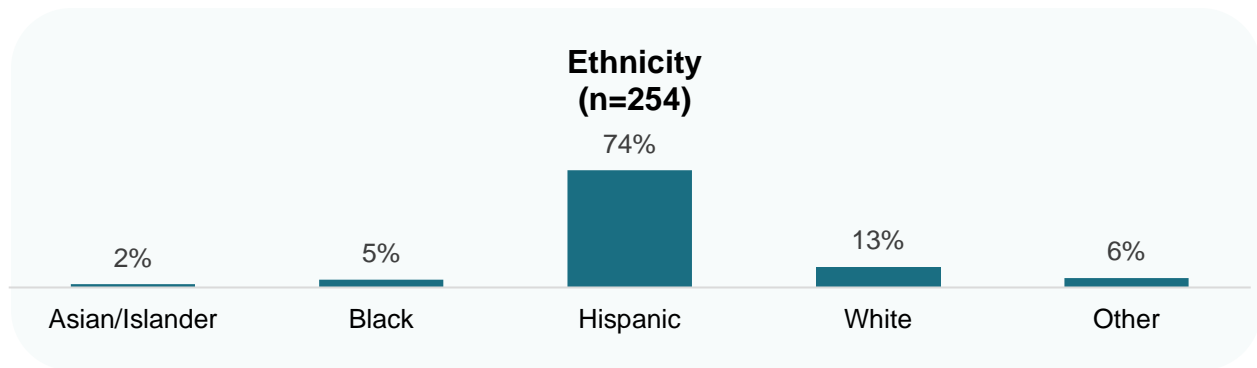
The Archer Child Advocacy Center is a Responsive Crisis Intervention program sponsored by MCBH to serve children with allegations of sexual exploitation, abuse, and/or neglect. The center provides mental health risk and treatment needs assessment, crisis stabilization, psychoeducation, mental health treatment, and linkage to other mental health services. Additionally, it serves as a child-friendly location for forensic interviews and offers crisis support services to the family/caregiver of the child. The Responsive Crisis Intervention program is a cluster of programs that offer trauma counseling, education, referrals, and crisis response team services.

Program Highlights*



254 individuals served

Demographic Data†



* Only demographic information was collected for this program; outcome data was not collected.

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

FAMILY SUPPORT GROUPS

MONTEREY COUNTY BEHAVIORAL HEALTH

Family Support Groups are sponsored by MCBH’s Adult System of Care to facilitate regional support groups for family members of individuals living with mental illness. Psychoeducation, resources, and an opportunity for peer-sharing is provided during the support groups. There are four locations in Monterey County: Marina, Salinas, Soledad, and King City.

Program Highlights



28 individuals served



17 of 17 of respondents said they **cared more about the things happening in their life** after participating in this program.

Program Outcomes

Because of this program... (n=17-18)	# Agree	# Neutral	# Disagree
I feel more connected to other people.	14	3	0
I know where to go for mental health services near me.	18	0	0
I know when to ask for help with an emotional problem.	18	0	0
I am able to deal with problems better.	17	1	0
I feel less stress or pressure in my life.	13	3	1
I feel better about myself.	12	5	0
When I think about the future, I feel good.	14	4	0
I feel less worried or afraid.	15	1	1
I feel I have more energy during the day.	14	3	0
I care more about the things that are happening in my life.	17	0	0

FAMILY SUPPORT GROUPS

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=16-18)	# Agree	# Neutral	# Disagree
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	17	0	0
The program had services in the language that I speak best.	18	0	0
I got services that were right for me.	17	0	0
I am happy with the services I received.	16	0	0
I would recommend this program to a friend or family member.	17	0	0

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=14)

- Learning how to support self or others (5)
- Connection to local services or resources (5)
- Social support (4)

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

- More guest speakers (3)
- Host classes later in day (2)
- Increase community awareness (2)
- General positive feedback (e.g., "It was great") (3)

The most helpful thing was...

"...talking to other parents who have the same problems."

"...learning more about what mental health means."

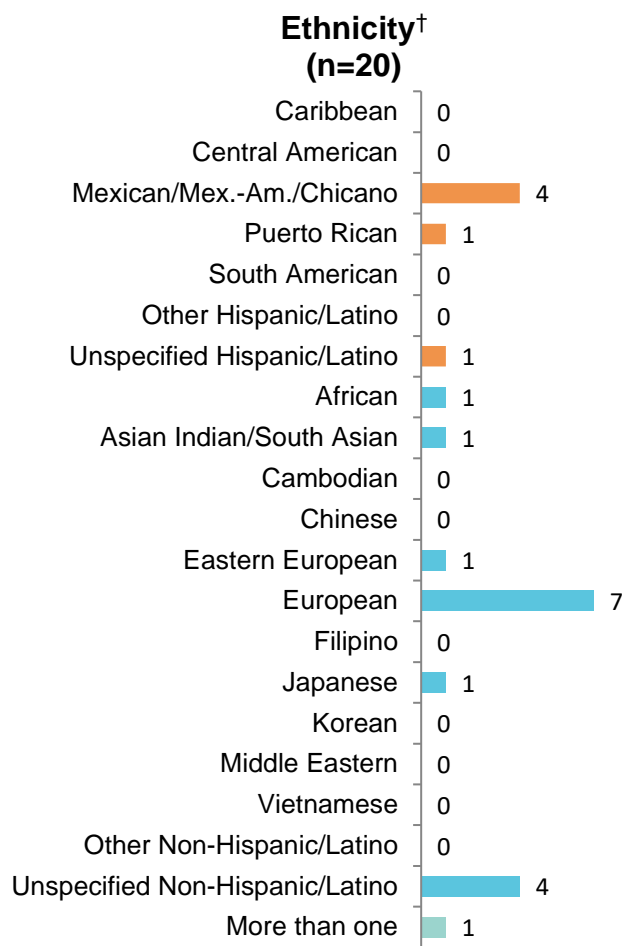
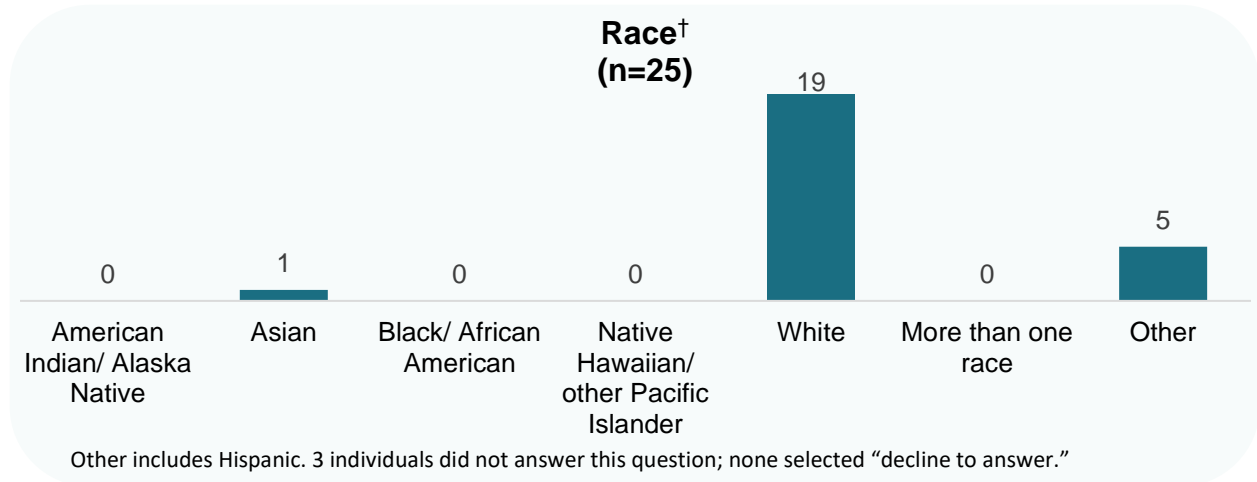
"...group problem solving, identifying county resources, understanding services BHS provides."

"The most useful thing I learned was how to help my son so that he doesn't hurt himself."

"They helped us with our doubts and gave us a lot of information about the health of our loved ones and how to help them."

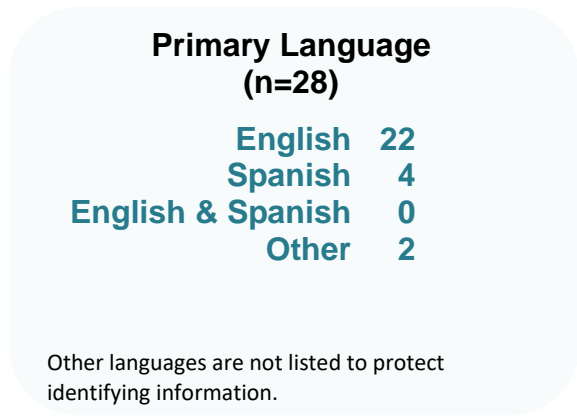
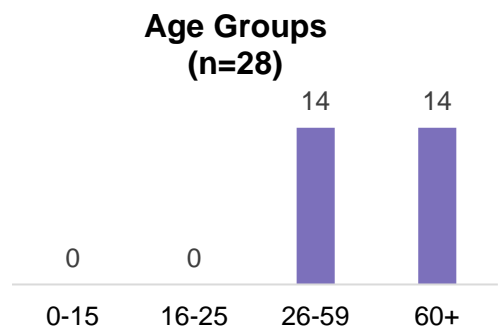
FAMILY SUPPORT GROUPS

Demographic Data*



Other ethnicities were not specified.
6 individuals did not answer this question; none selected "decline to answer."

6 Hispanic/Latino†
14 Non-Hispanic/Latino†



* 2 responses were from Presentation Forms and their data are included for Race, Age, and Primary Language. 28

† Counts may exceed the number of individuals because participants could choose more than one response option.

FAMILY SUPPORT GROUPS

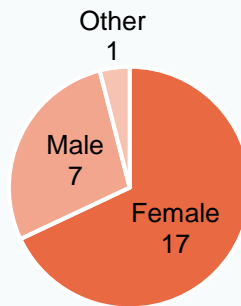
Demographic Data

Current Gender Identity (n=25)

Female	18
Male	6
Transgender	1
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0

1 individual did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=25)



1 individual did not answer this question; none selected "decline to answer."

Sexual Orientation (n=20)

Bisexual	2
Gay or Lesbian	0
Heterosexual or Straight	18
Queer	0
Questioning or Unsure	0
Another Sexual Orientation	0

6 individuals did not answer this question, including 3 who selected "decline to answer."

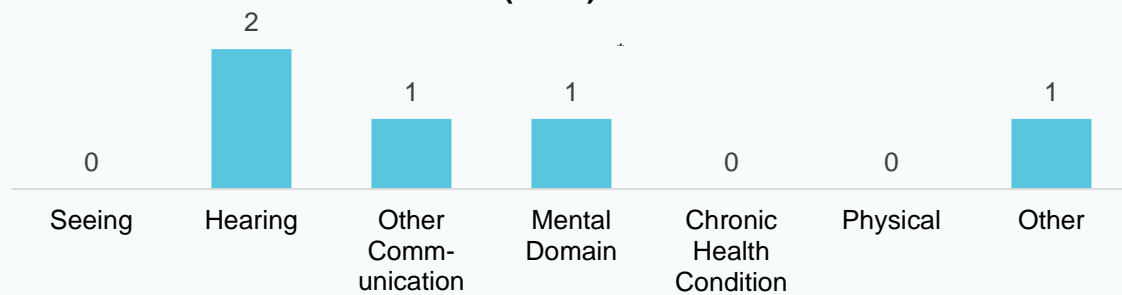
1 individual is a veteran

n=25; 1 individual did not answer this question.

5 individuals reported having one or more disabilities

n=25; 1 individual did not answer this question.

Disability* (n=25)



Other includes Depression. 1 individual did not answer this question.

* Counts may exceed number of individuals because participants could choose more than one response option. ²⁹

FELTON EARLY PSYCHOSIS FELTON INSTITUTE

Felton Early Psychosis is a program sponsored by the Felton Institute to provide treatment and management of early psychosis with evidence-based, culturally competent assessment and diagnosis. The mission of Felton Early Psychosis 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 Felton Early Psychosis program serves people ages 14-35 demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of schizophrenia or schizoaffective disorder.

Program Highlights



55 individuals served



95% of respondents said they got the services that were right for them.

Program Outcomes

Because of this program... (n=64-67)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	64%	33%	3%
I know where to go for mental health services near me.	86%	12%	2%
I know when to ask for help with an emotional problem.	90%	8%	2%
I am able to deal with problems better.	85%	15%	0%
I feel less stress or pressure in my life.	70%	27%	3%
I feel better about myself.	82%	15%	3%
When I think about the future, I feel good.	80%	20%	0%
I feel less worried or afraid.	70%	28%	2%
I feel I have more energy during the day.	62%	35%	3%
I care more about the things that are happening in my life.	82%	18%	0%

FELTON EARLY PSYCHOSIS

Program Outcomes

Short-term performance goals for clients who were enrolled in treatment for at least 12 months were achieved in the following domains:

Well-Being

70% demonstrated improvements in family and social functioning, spiritual/religious and community connection, and optimism/hopefulness.

Symptoms

78% demonstrated improvements in psychosis, depression, anxiety, substance use, and/or adjustments to trauma.

Functioning

74% demonstrated improvements in residential stability, criminal behavior, acculturation stress, education, employment, and/or living skills.

Family Engagement

81% of clients had at least one family member engage in at least one session of either multi-family groups, case management, or family support and psychoeducation.

Reduced Hospitalizations

90% of clients who had at least one hospitalization episode within 1 year prior to treatment had a reduction in the number of hospitalization episodes.

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=64-67)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	82%	16%	2%
The program had services in the language that I speak best.	97%	3%	0%
I got services that were right for me.	95%	5%	0%
I am happy with the services I received.	92%	5%	3%
I would recommend this program to a friend or family member.	90%	8%	2%

FELTON EARLY PSYCHOSIS

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=62)

- Positive feedback about staff (e.g., caring, helpful, responsive) (20)
- Medical attention, therapy, and medication (15)
- Having someone to talk to and connecting with others (13)
- Feeling supported (5)

What are your recommendations for improvement? (n=51)

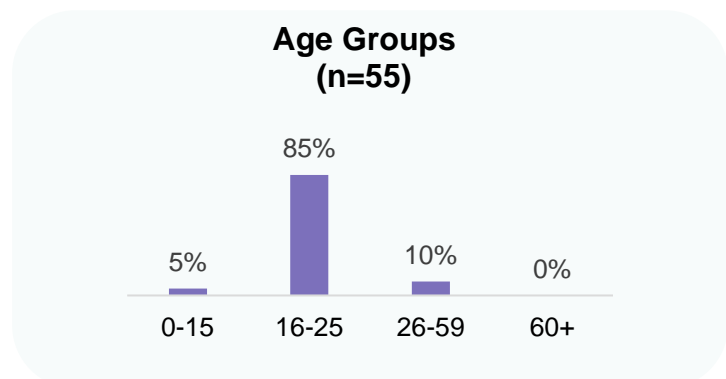
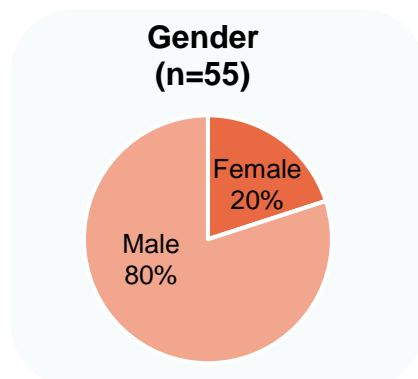
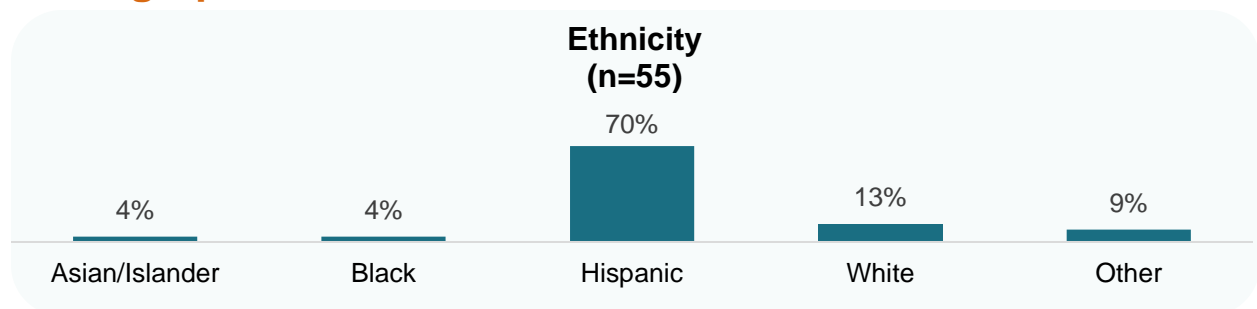
- Expand program (e.g., more accessible locations) (4)
- More group activities (3)
- More snacks (3)
- No recommendations, general positive feedback (e.g., "It's great just the way it is") (40)

"Everyone here [is] always helping me with anything I need for my mental health"

"The staff were really supportive and caring. They are fun to talk to and very helpful."

"Getting to talk to someone about what happened [was helpful]."

Demographic Data*



* Demographic data presented for this program was collected from Avatar. Other ethnicities listed, if any, and the number of individuals who skipped each question were not provided. 32

MOBILE CRISIS TEAM MONTEREY COUNTY BEHAVIORAL HEALTH

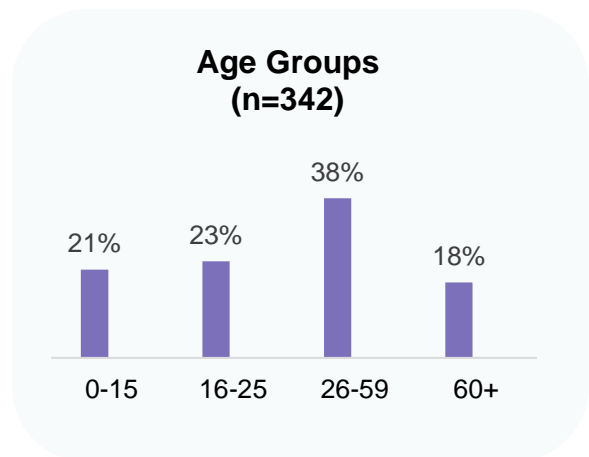
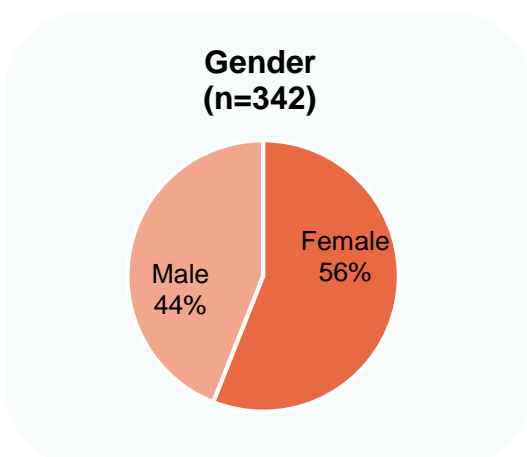
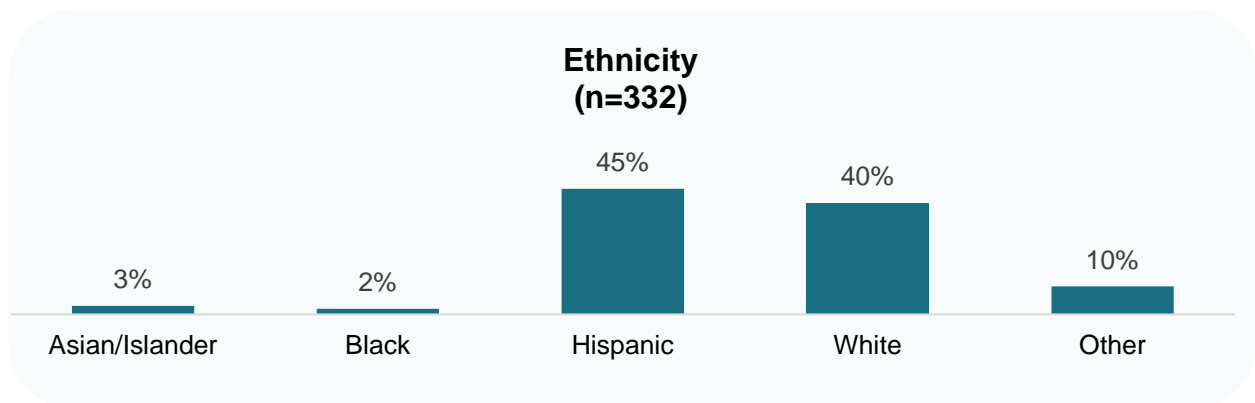
MCBH Mobile Crisis Team is a Responsive Intervention Program designed to partner with and support local law enforcement in responding to individuals in crisis. Dispatching law enforcement may request Mobile Crisis Team staff using county communications. Staff assist in identifying signs of psychiatric distress and work to avoid unnecessary hospitalizations by collaborating with law enforcement to de-escalate and stabilize situations. Additionally, Mobile Crisis Team assists with involuntary hospitalization and liaises with emergency personnel, hospitals, schools and jails to provide continuity of care. Mobile Crisis Team also offers linkage to outpatient services, and outreach and engagement services in the community. Mobile Crisis services were originally created to address needs in the adult population and under PEI the focus has increased to serve more children and youth.

Program Highlights*



342 individuals served

Demographic Data†



* Only demographic information was collected for this program; outcomes data was not collected.

† Demographic data presented for this program was collected from Avatar. Other ethnicities listed, if any, and the number of individuals who skipped each question were not provided.

OMNI RESOURCE CENTER INTERIM, INC.

OMNI Resource Center (OMNI) is a program sponsored by Interim, Inc. to provide a neighborhood-based wellness center where community members can access resources and social support in non-stigmatizing settings. OMNI’s mission is to increase mental health and wellness through wellness awareness and innovative programs. It is open to all adults, with special programs for Transition Age Youth (16-25) and Young Adults (25-30). OMNI offers peer-led programs to promote wellness and mental health recovery and hosts recreational and social opportunities. It assists community members to pursue personal and social growth through self-help, socialization, and peer support groups.

Program Highlights



482 individuals served



88% of participants would recommend this program to a friend or a family member.

Program Outcomes

Because of this program... (n=251-258)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	75%	20%	5%
I know where to go for mental health services near me.	81%	14%	5%
I know when to ask for help with an emotional problem.	80%	16%	4%
I am able to deal with problems better.	76%	18%	6%
I feel less stress or pressure in my life.	66%	24%	10%
I feel better about myself.	80%	14%	6%
When I think about the future, I feel good.	67%	24%	9%
I feel less worried or afraid.	63%	27%	10%
I feel I have more energy during the day.	65%	22%	13%
I care more about the things that are happening in my life.	72%	22%	6%

Workshop Topics

- Stigma Reduction
- Nutrition
- Diversity
- Employment

OMNI RESOURCE CENTER

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=257-258)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	77%	19%	4%
The program had services in the language that I speak best.	90%	8%	2%
I got services that were right for me.	78%	17%	5%
I am happy with the services I received.	84%	14%	2%
I would recommend this program to a friend or family member.	88%	9%	3%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=231)

- Sense of community or social support (108)
- Programs and activities including groups, discussions, and guest speakers (96)
- Staff were caring, understanding, or helpful (83)
- The facility, including meals and safety (78)

What are your recommendations for improvement? (n=202)

- More services, activities, groups, speakers, and educational events (51)
- Bigger facility, increased hours, and additional staff (23)
- General positive feedback (e.g., “it was great”) (87)

“Great community feeling. Also, the groups help me interact more.”

“I feel so much like I finally have family. I’m no longer alone. I love the socializing and the groups/meals.”

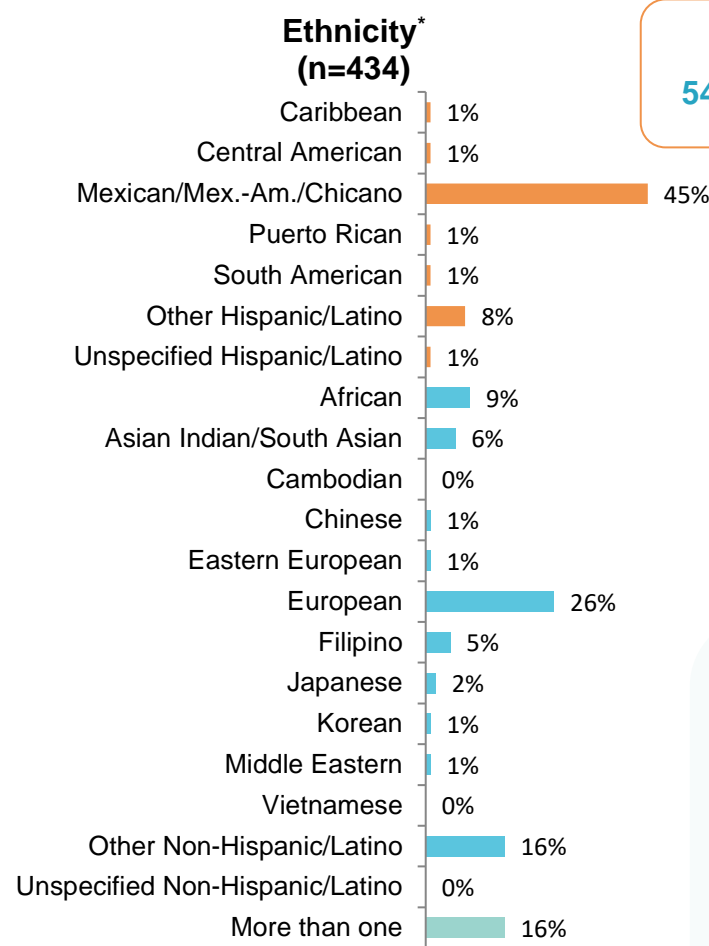
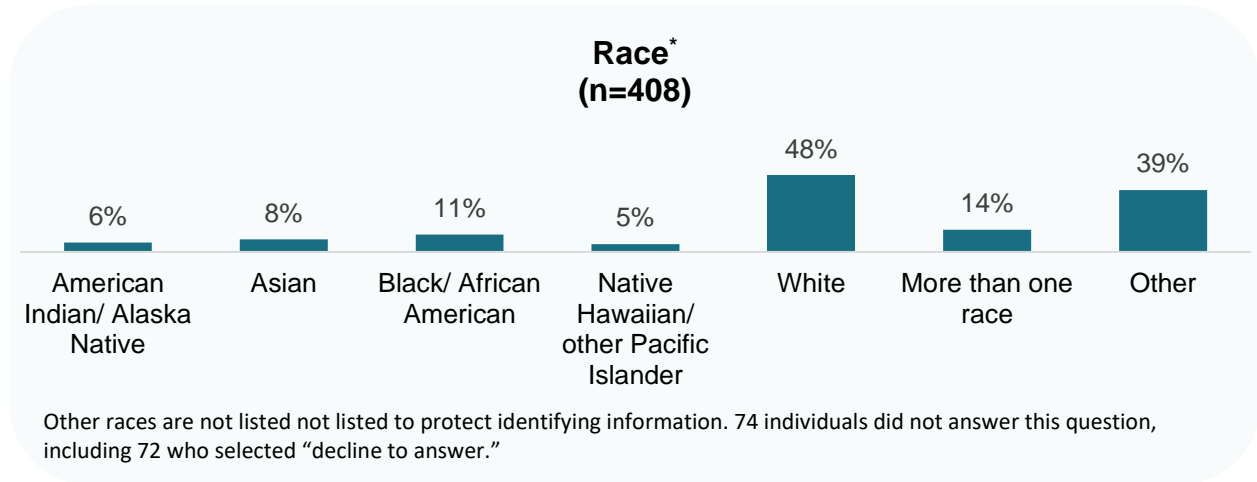
“Being around other people and not being judged for what I say and for who I am.”

“[The most helpful thing about this program was] [a]ttending the groups, being able to speak freely + confidently, learning that many people have their issues with depression or addictions.”

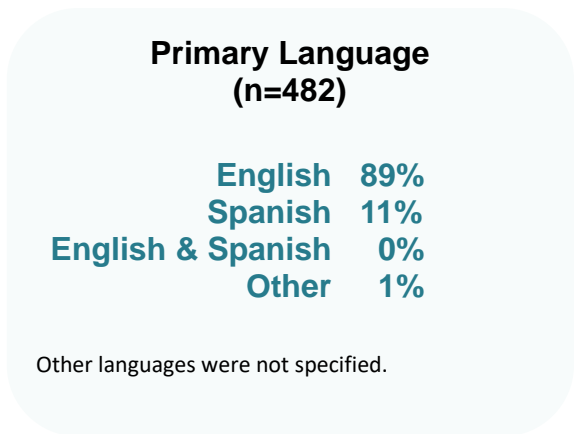
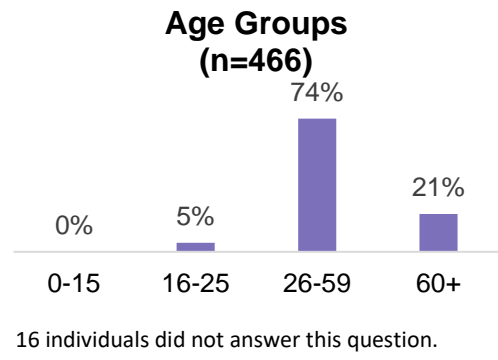
“OMNI has helped me understand what resources are available to me...[and] makes me feel happier.”

OMNI RESOURCE CENTER

Demographic Data



54% Hispanic/Latino*
54% Non-Hispanic/Latino*



Other ethnicities are not listed to protect identifying information. 48 individuals did not answer this question, including 45 who selected "decline to answer."

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

OMNI RESOURCE CENTER

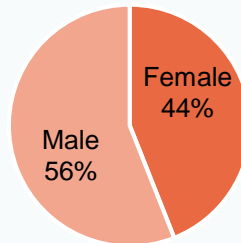
Demographic Data

Current Gender Identity (n=368)

Female	45%
Male	53%
Transgender	1%
Genderqueer	1%
Questioning or Unsure	0%
Another Gender Identity	0%

114 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=479)



3 individuals did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation (n=309)

Bisexual	5%
Gay or Lesbian	5%
Heterosexual or Straight	88%
Queer	1%
Questioning or Unsure	0%
Another Sexual Orientation	1%

173 individuals did not answer this question, including 42 who selected "decline to answer."

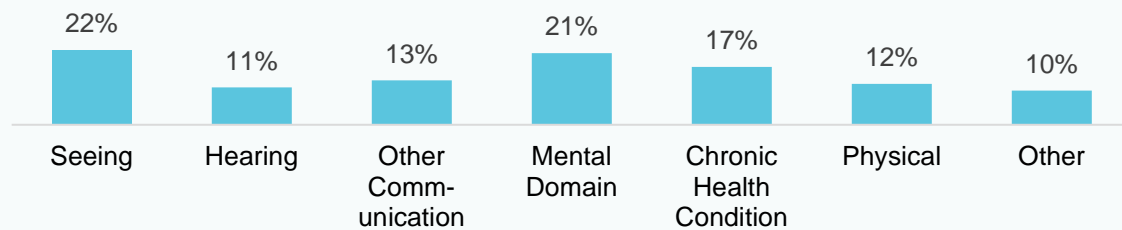
3% of individuals are veterans

n=481; 1 individual did not answer this question.

51% of individuals reported having one or more disabilities

n=481; 1 individual did not answer this question.

Disability* (n=481)



Other includes Autism, Depression, Epilepsy, and Learning Disabilities. 1 individual did not answer this question.

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

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



121 individuals served



100% of respondents said they were **happy with the services they received** in this program.

Program Outcomes

Because of this program... (n=11-12)	# Agree	# Neutral	# Disagree
I feel more connected to other people.	8	4	0
I know where to go for mental health services near me.	11	1	0
I know when to ask for help with an emotional problem.	10	2	0
I am able to deal with problems better.	9	2	0
I feel less stress or pressure in my life.	9	1	1
I feel better about myself.	11	1	0
When I think about the future, I feel good.	8	4	0
I feel less worried or afraid.	10	1	1
I feel I have more energy during the day.	7	4	0
I care more about the things that are happening in my life.	11	0	1

SCHOOL-BASED COUNSELING

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=11-12)	# Agree	# Neutral	# Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	7	4	1
The program had services in the language that I speak best.	11	1	0
I got services that were right for me.	11	1	0
I am happy with the services I received.	11	0	0
I would recommend this program to a friend or family member.	12	0	0

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=10)

- Improved mood, self-esteem, or stress management (3)
- Talking about problems (2)
- Learning new skills (2)

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

- Continue to offer existing services, including therapy (2)
- Offer a counselor after school (2)
- Not sure (3)

"I get along with my mom."

"I feel better about myself."

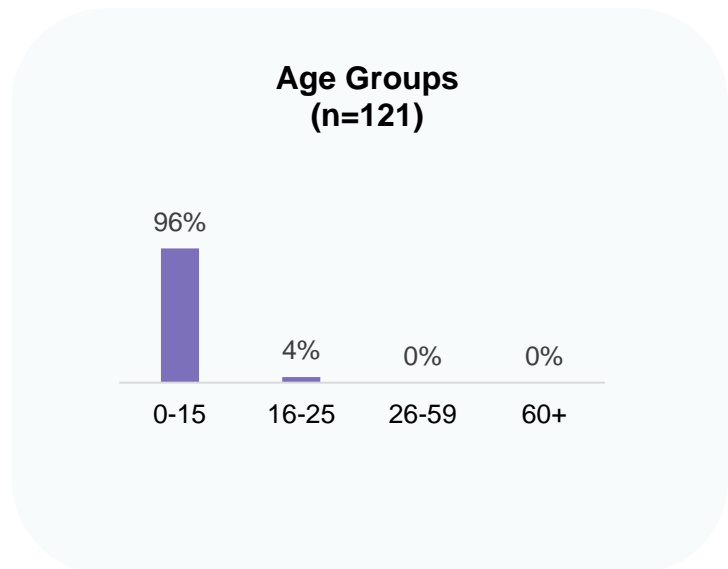
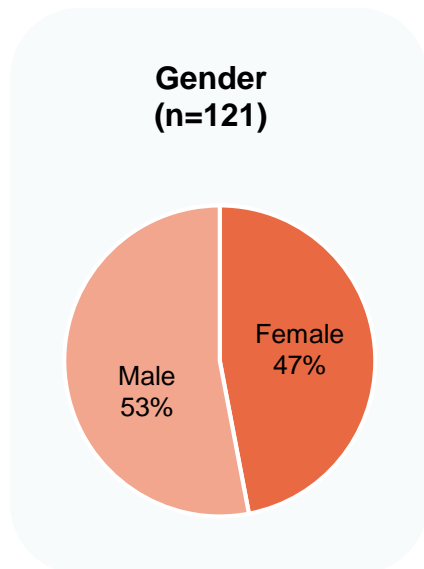
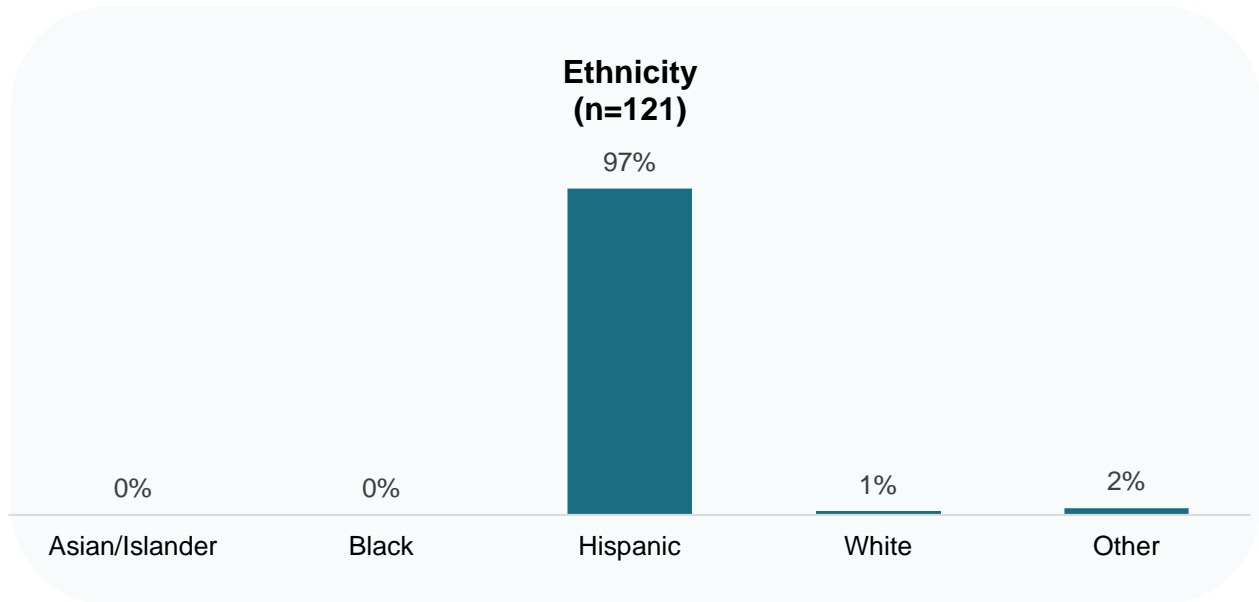
"This program is helpful for talking and venting."

"I feel more connected to my peers."

"I've gotten good recommendations for coping skills."

SCHOOL-BASED COUNSELING

Demographic Data*



* Demographic data presented for this program was collected from Avatar. Other ethnicities listed, if any, and the number of individuals who skipped each question were not provided. 40

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING HARMONY AT HOME

School-Based Domestic Violence Counseling, sponsored by Harmony at Home, provides school-based psychoeducation, individual therapy, and group therapy for children who have been exposed to trauma and are at risk of school failure or juvenile justice involvement. The program also works to support parents and caregivers in meeting their child’s academic, social and psychological needs and enhance their conflict resolution skills. In addition, the program outreaches to community groups to promote the program and related services.

Program Highlights



760 individuals served



73% of respondents said they were **more aware of when to ask for help** with an emotional problem after participating in this program.

Program Outcomes

Because of this program... (n=71-77)	% Agree	% Neutral	% Disagree
I feel more connected to other people.	43%	47%	10%
I know where to go for mental health services near me.	55%	32%	13%
I know when to ask for help with an emotional problem.	73%	22%	5%
I am able to deal with problems better.	58%	32%	10%
I feel less stress or pressure in my life.	40%	45%	15%
I feel better about myself.	54%	41%	5%
When I think about the future, I feel good.	41%	51%	8%
I feel less worried or afraid.	43%	42%	15%
I feel I have more energy during the day.	44%	43%	13%
I care more about the things that are happening in my life.	62%	34%	4%

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=76-77)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	63%	21%	16%
The program had services in the language that I speak best.	81%	13%	6%
I got services that were right for me.	75%	16%	9%
I am happy with the services I received.	71%	21%	8%
I would recommend this program to a friend or family member.	64%	19%	17%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=69)

- Talking about problems and self-expression (18)
- Learning to manage emotions (13)
- Getting help with problems (9)
- Being understood or listened to (8)

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

- More fun activities, especially outdoor activities and field trips (7)
- General positive feedback (e.g., "It was great") (10)
- None or not sure (24)

"I can express my emotions a lot more."

"I learned how to manage my anger a little better."

"The program helped me deal with my problems and also helped me have more confidence in myself."

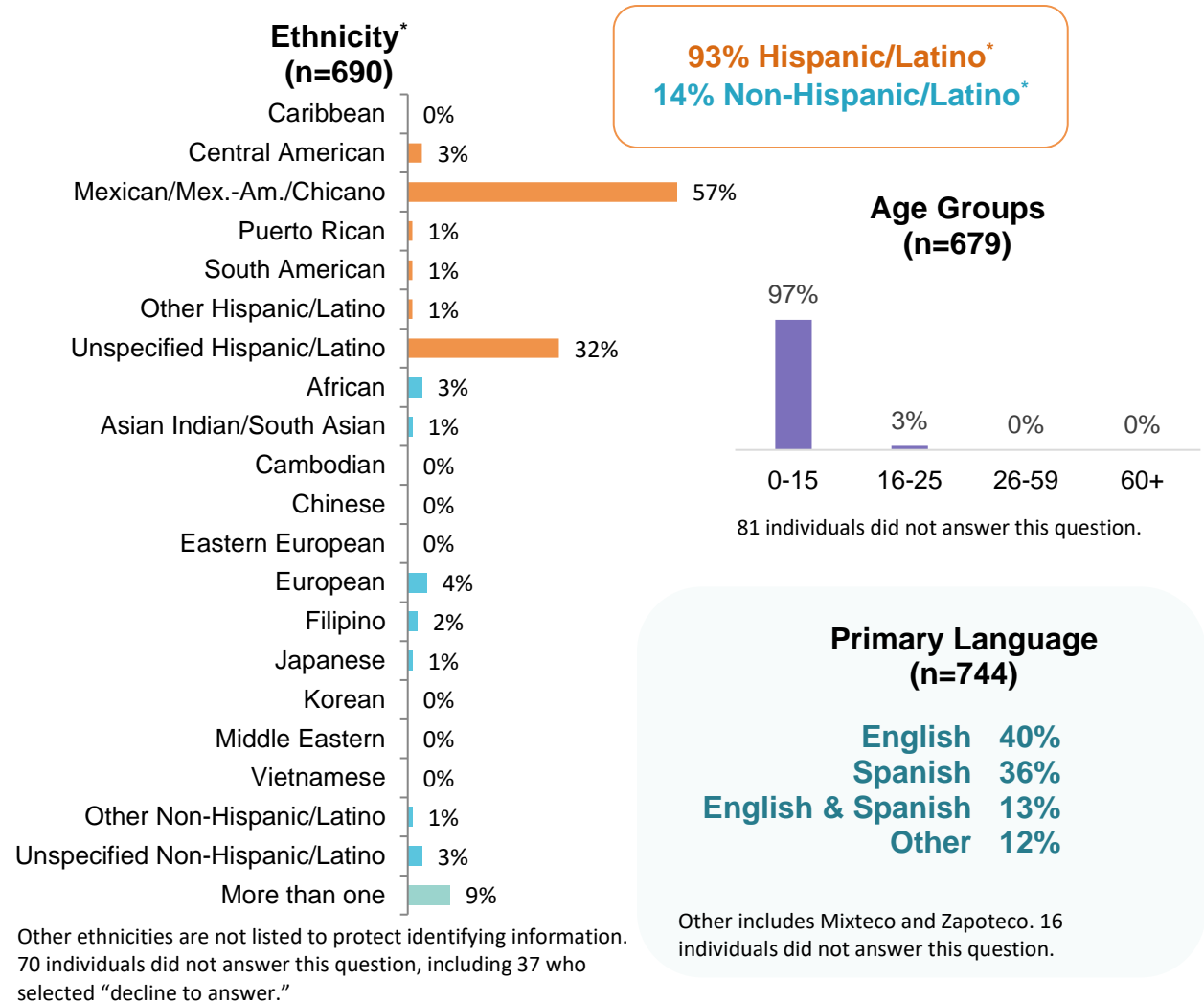
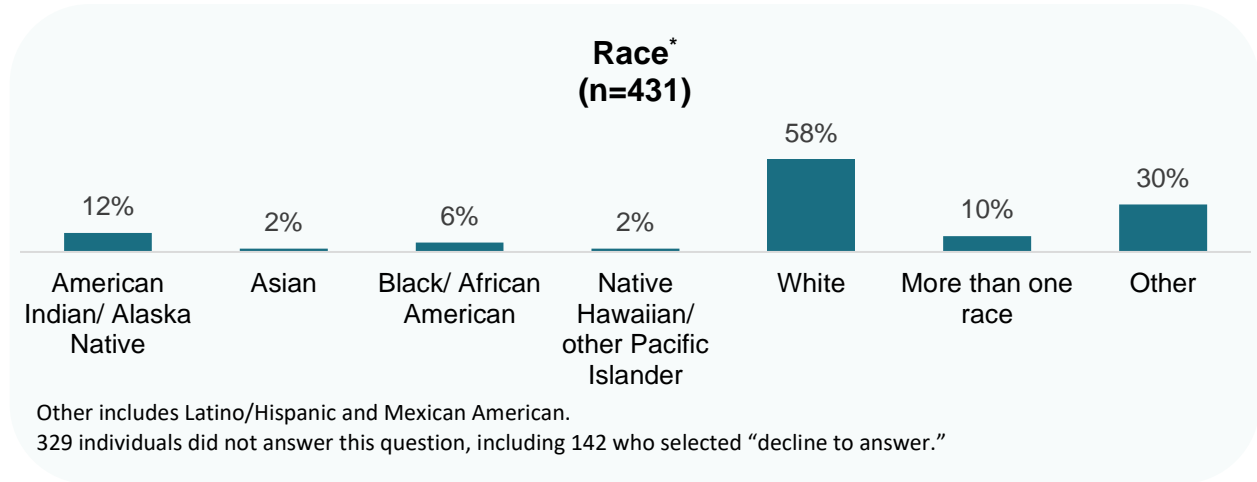
"They help us feel good when we are feeling down."

"[The most helpful part was] getting to talk to people about myself and being understood."

"I can talk to a counselor and the counselor won't tell someone else."

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Demographic Data



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

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

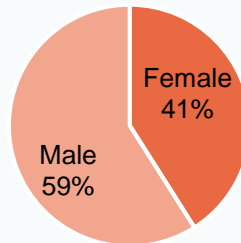
Demographic Data

Current Gender Identity* (n=76)

Female	42%
Male	58%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

1 response was suppressed to protect identifying information.

Sex Assigned at Birth* (n=756)



4 individuals did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation* (n=72)

Bisexual	7%
Gay or Lesbian	0%
Heterosexual or Straight	87%
Queer	0%
Questioning or Unsure	3%
Another Sexual Orientation	3%

4 individuals did not answer this question; all 4 selected "decline to answer." 1 response was suppressed to protect identifying information.

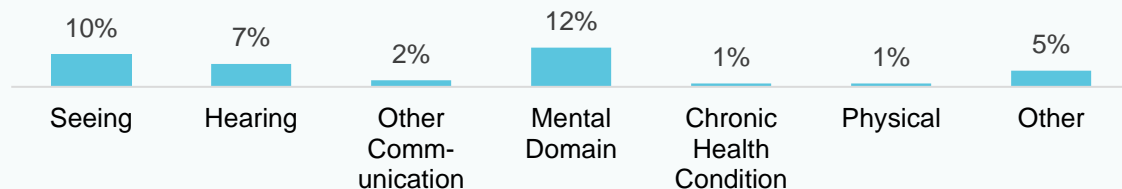
None identified as veterans*

n=77

28% of individuals reported having one or more disabilities

n=729; 31 individuals did not answer this question.

Disability† (n=729)



Other includes Learning, Developmental, ADHD, Asthma, Anxiety, Depression, and Seizures. 31 individuals did not answer this question.

* These questions were not asked of youth ages 12 and under; sex assigned at birth was asked as "is your child a boy or girl?"

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

SILVER STAR RESOURCE CENTER MONTEREY COUNTY BEHAVIORAL HEALTH

Silver Star Resource Center is a multi-agency collaborative of prevention and early intervention services, 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 program 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



91 individuals served



94% of program participants said they were happy with the services they received and that they got the services that were right for them.

Program Outcomes

Because of this program... (n=16-17)	# Agree	# Neutral	# Disagree
I feel more connected to other people.	5	11	1
I know where to go for mental health services near me.	11	6	0
I know when to ask for help with an emotional problem.	12	5	0
I am able to deal with problems better.	10	5	1
I feel less stress or pressure in my life.	9	5	3
I feel better about myself.	8	8	1
When I think about the future, I feel good.	8	7	2
I feel less worried or afraid.	8	8	1
I feel I have more energy during the day.	7	7	3
I care more about the things that are happening in my life.	10	6	1

SILVER STAR RESOURCE CENTER

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=17)	# Agree	# Neutral	# Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	14	2	1
The program had services in the language that I speak best.	17	0	0
I got services that were right for me.	16	1	0
I am happy with the services I received.	16	1	0
I would recommend this program to a friend or family member.	15	2	0

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=16)

- Positive feedback about staff or program (e.g., caring staff, community spirit, feeling supported) (9)
- Talking to someone (6)
- Getting help with problems (4)

What are your recommendations for improvement? (n=16)

- More snack options (2)
- General positive feedback (e.g., "This program is good as it is") (8)
- Not sure (5)

The most helpful thing about this program is...

"...Getting the help I need and talking about things."

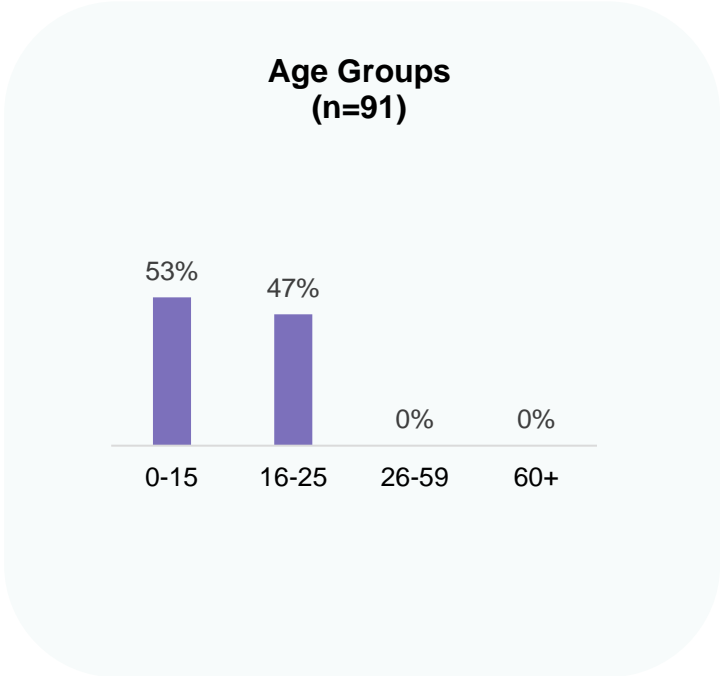
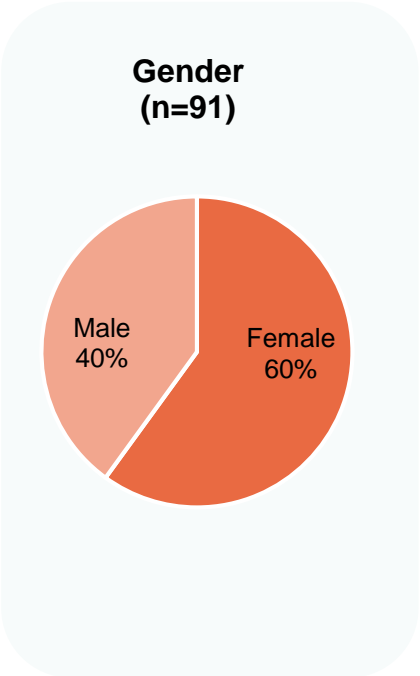
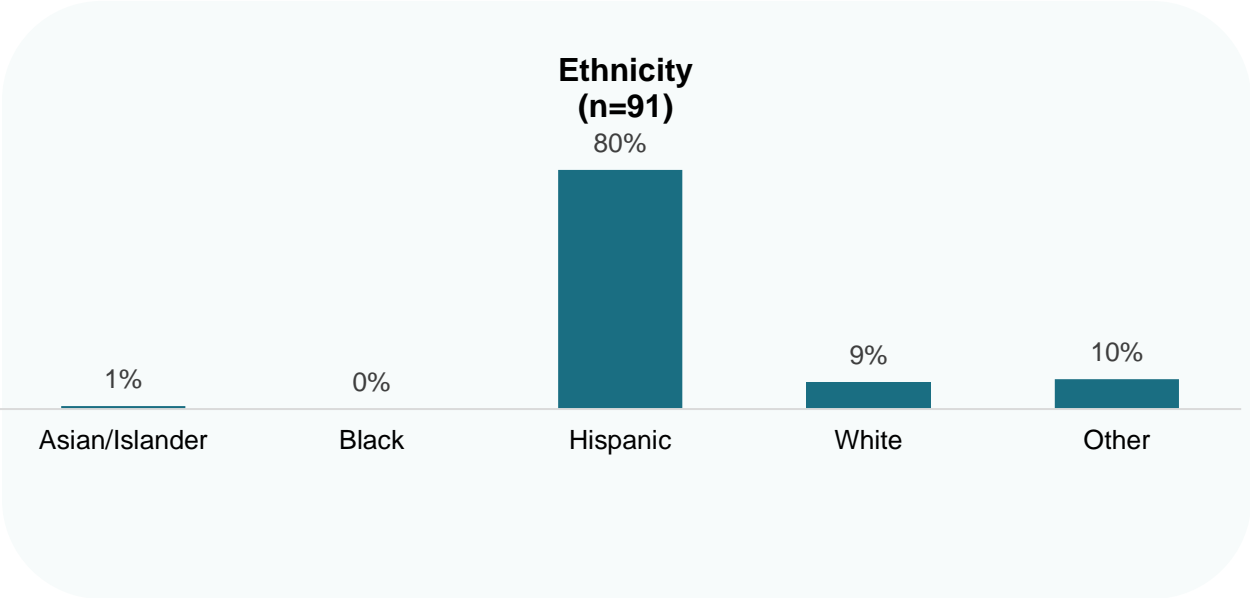
"...Talking to a person that understands you."

"...Knowing that I can talk to someone about my problems and how I am feeling."

"...That I am able to talk about how I feel and it helps me cope with my problems better."

SILVER STAR RESOURCE CENTER

Demographic Data*



* Demographic data presented for this program was collected from Avatar. Other ethnicities listed, if any, and the number of individuals who skipped each question were not provided. 47

ACCESS AND LINKAGE TO TREATMENT

2-1-1 UNITED WAY OF MONTEREY COUNTY

2-1-1 is a phone and digital network that connects Monterey County residents in need of assistance to community health and social services. The 2-1-1 network is available 24 hours per day, 7 days per week, in 170 languages.

Program Highlights



9,695 calls completed*



52% were first-time callers



2,247 page views from 2-1-1 searches

Call Categories

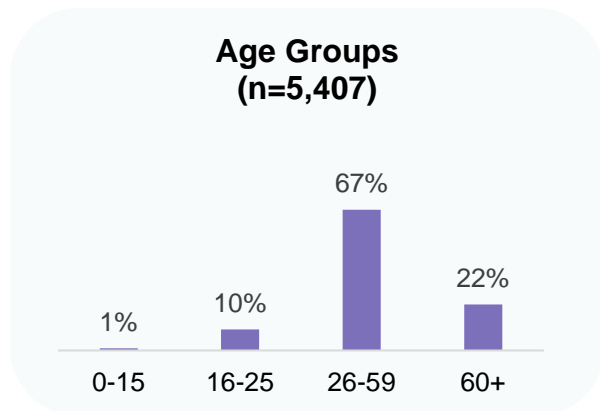
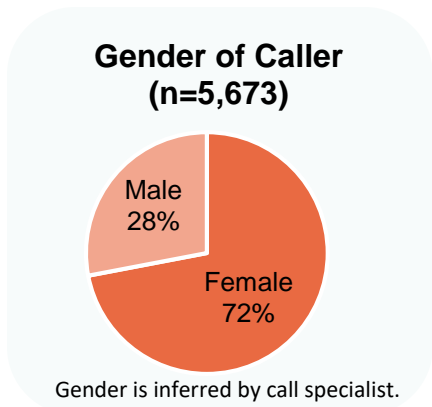
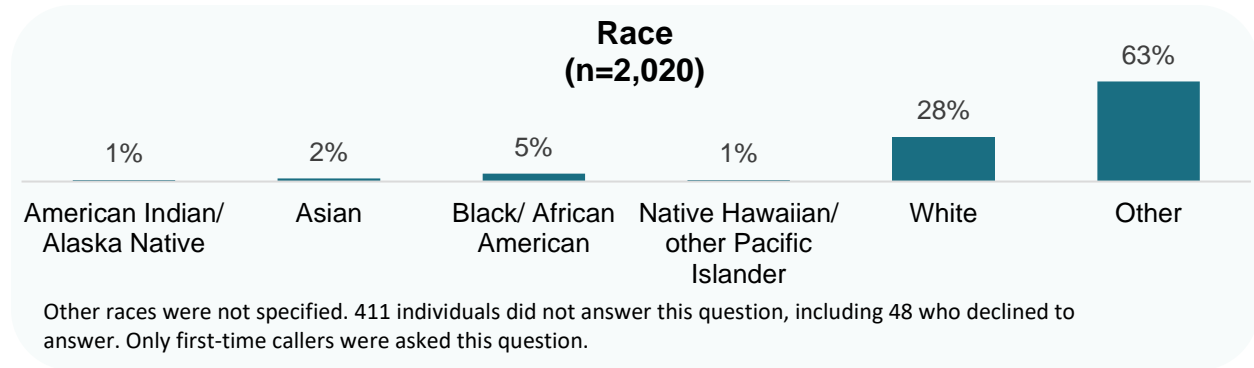
Basic Needs • Consumer Services • Criminal Justice and Legal Services • Education
Environment and Public Health/Safety • Health Care • Income Support and Employment
Individual and Family Life • Mental Health and Substance Abuse Services
Organizational/Community/International Services • Target Populations

* Number of callers may be duplicated.

2-1-1

Demographic Data

Demographic data presented for this program was collected from 2-1-1 custom reports. Some questions are collected only from first-time callers represent unduplicated data. The number of individuals who did not answer the question or declined to answer is indicated wherever possible. The number of responses may be less than the number of calls received if the call specialist did not retrieve the information from the caller.

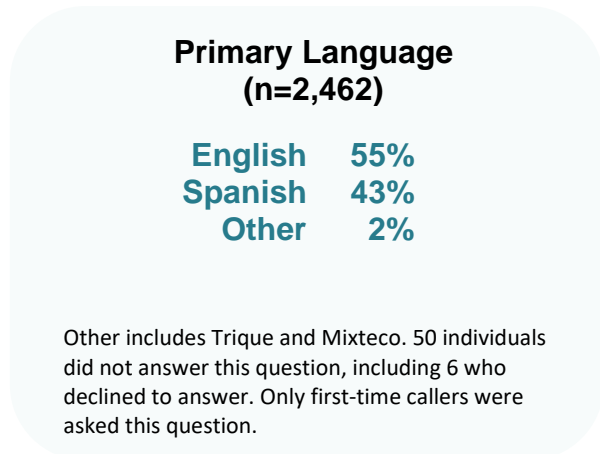


3% of individuals are veterans

n=2,466

73% Hispanic/Latino
27% Non-Hispanic/Latino

n=2,484; 131 individuals did not answer this question, including 8 who declined to answer. Only first-time callers were asked this question.



CHINATOWN LEARNING CENTER INTERIM, INC.

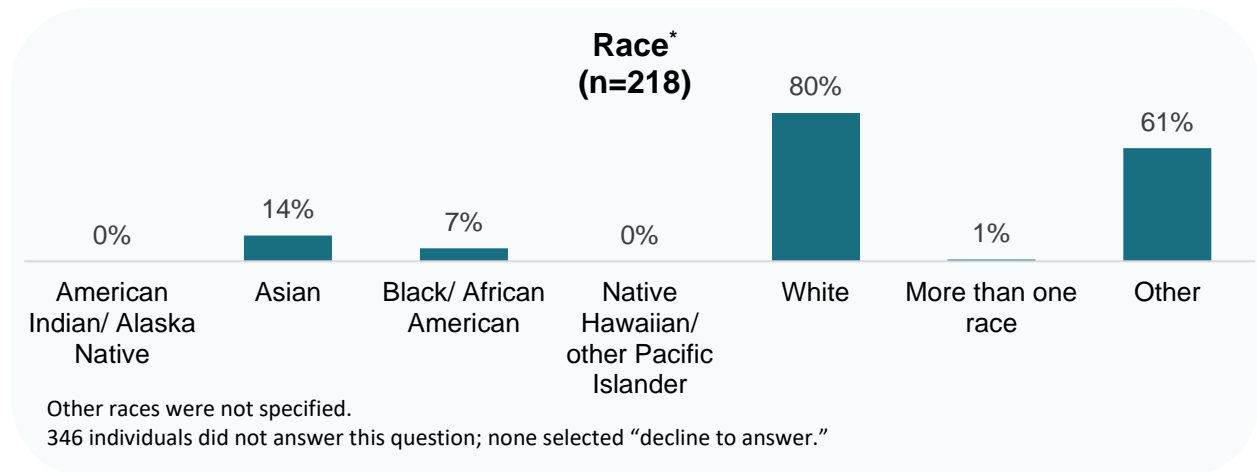
Chinatown Learning Center offers training experience for California State University, Monterey Bay, Master of Social Work candidates in supporting individuals experiencing homelessness, many of whom are also struggling with mental health and addiction issues, in the Chinatown neighborhood of Salinas and surrounding areas.

Program Highlights*



564 individuals served

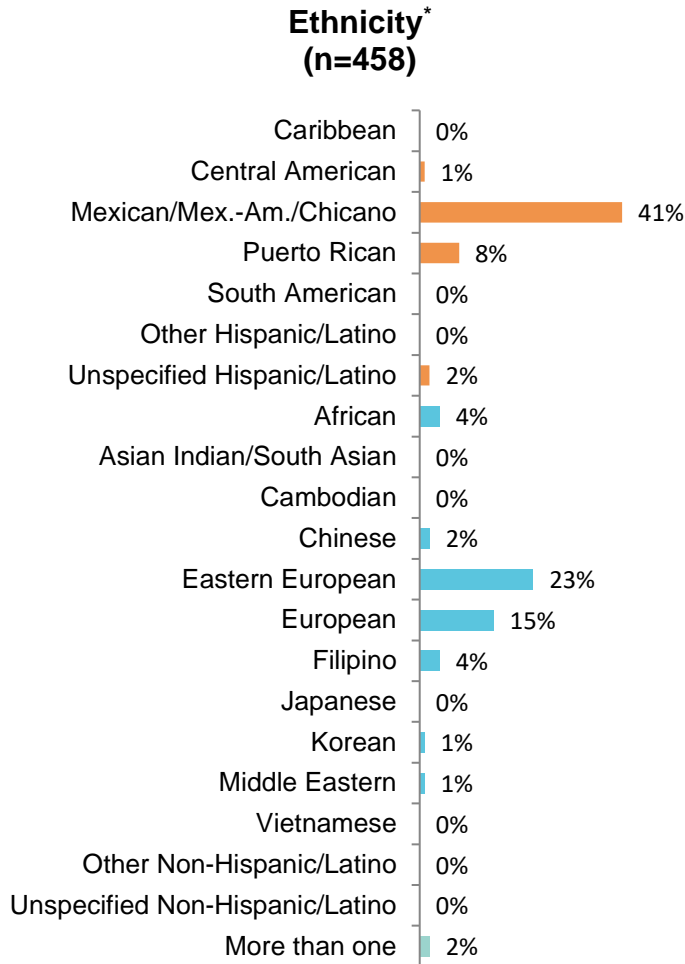
Demographic Data



* Only demographic information was collected for this program; outcome data was not collected.

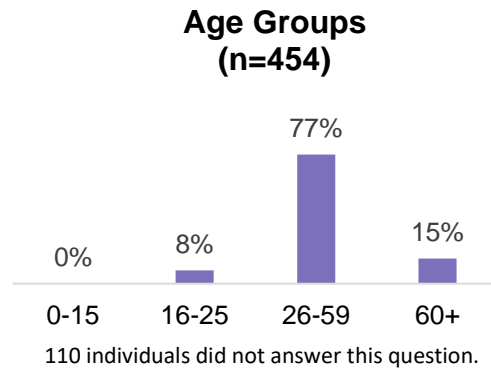
CHINATOWN LEARNING CENTER

Demographic Data



Other ethnicities were not specified. 106 individuals did not answer this question; none selected "decline to answer."

51% Hispanic/Latino
49% Non-Hispanic/Latino



Primary Language
(n=490)

English 70%
Spanish 30%
Other 1%

Other includes Japanese, Korean, and Tagalog. 74 individuals did not answer this question.

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

CHINATOWN LEARNING CENTER

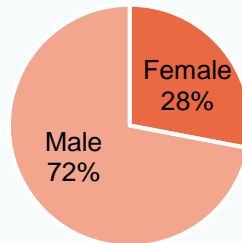
Demographic Data

Current Gender Identity (n=467)

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

97 individuals did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=467)



97 individuals did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation (n=468)

Bisexual	10%
Gay or Lesbian	4%
Heterosexual or Straight	85%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	0%

96 individuals did not answer this question, including 1 who selected "decline to answer."

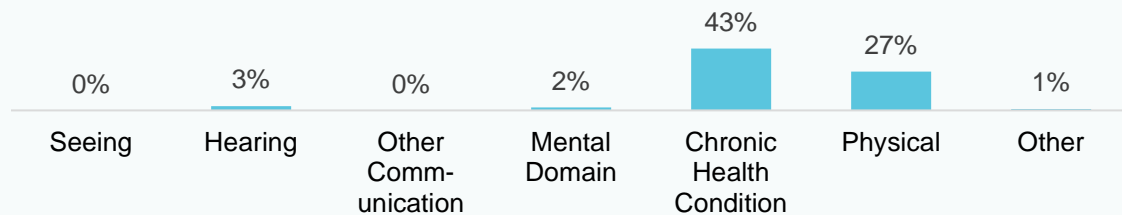
5% of individuals are veterans

n=460; 104 individuals did not answer this question.

64% of individuals reported having one or more disabilities

n=472; 92 individuals did not answer this question.

Disability* (n=472)



Other includes Bipolar Disorder and Heart Conditions.
92 individuals did not answer this question.

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

VETERANS REINTEGRATION TRANSITION PROGRAM MONTEREY COUNTY MILITARY & VETERANS AFFAIRS OFFICE

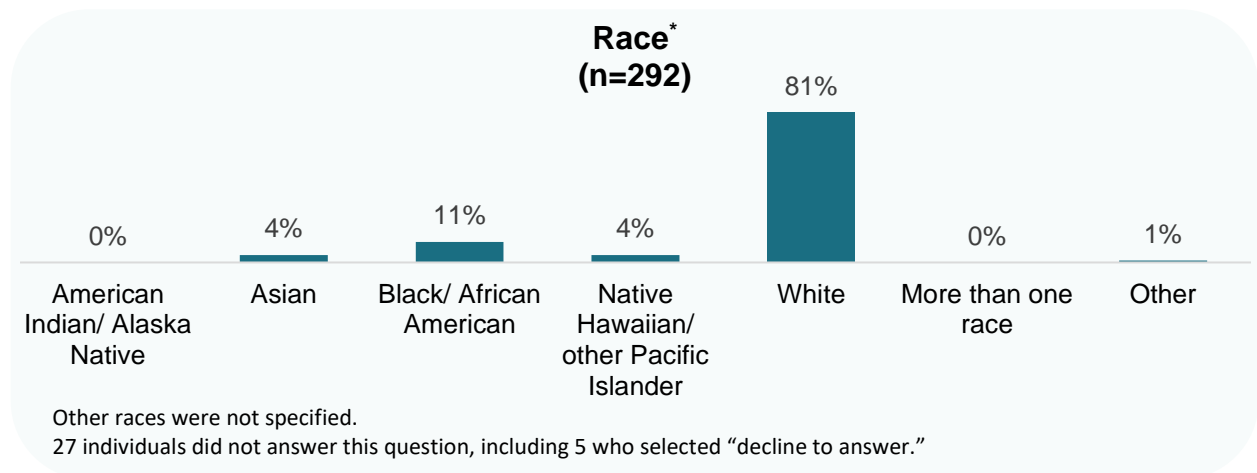
The Veterans Reintegration Transition Program provides education and awareness to veterans, their dependents and survivors on entitled benefits to include mental health services available in the community. Additionally, this program seeks to streamline the process of transitioning service members, veterans 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*



319 individuals served

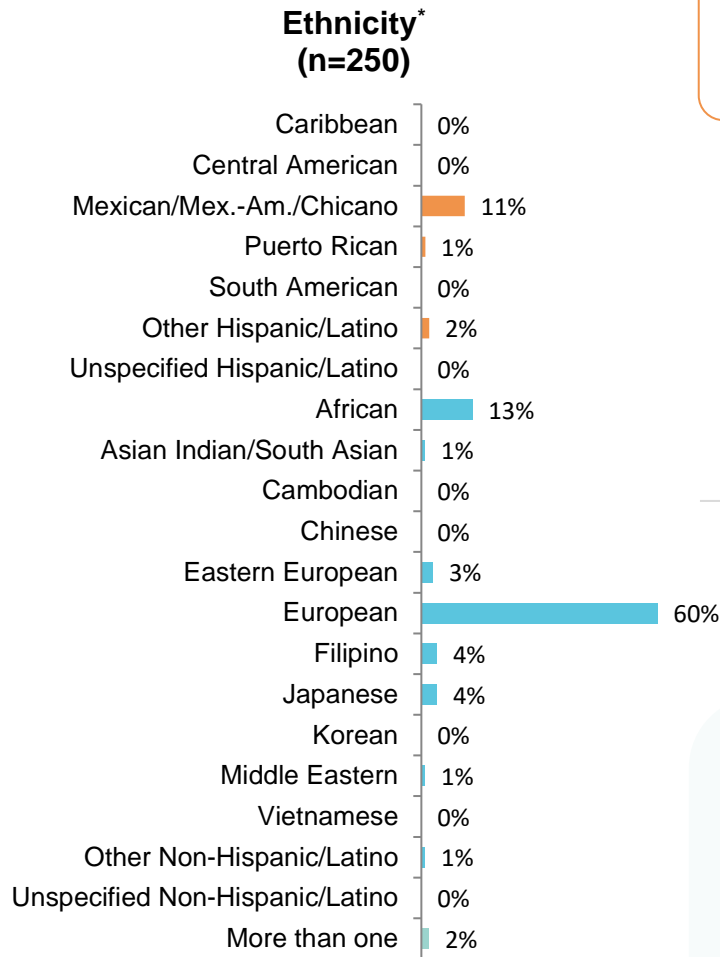
Demographic Data



* Only demographic information was collected for this program; outcome data was not collected.

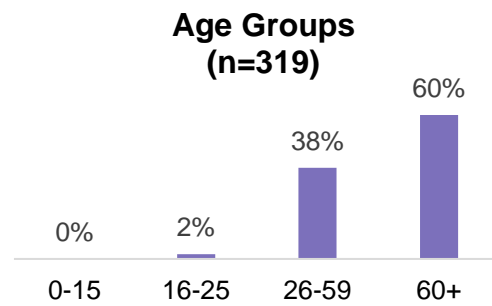
VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data



Other ethnicities were not specified. 69 individuals did not answer this question, including 5 who selected "decline to answer."

14% Hispanic/Latino
87% Non-Hispanic/Latino



Primary Language
(n=316)

English 97%
Spanish 1%
Other 3%

Other languages were not specified. 3 individuals did not answer this question.

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

VETERANS REINTEGRATION TRANSITION PROGRAM

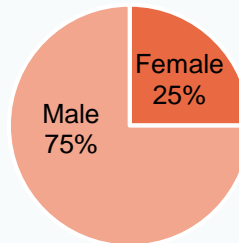
Demographic Data

Current Gender Identity (n=318)

Female	25%
Male	75%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

1 individual did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=318)



1 individual did not answer this question, including 1 who selected "decline to answer."

Sexual Orientation (n=312)

Bisexual	1%
Gay or Lesbian	1%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

7 individuals did not answer this question, including 7 who selected "decline to answer."

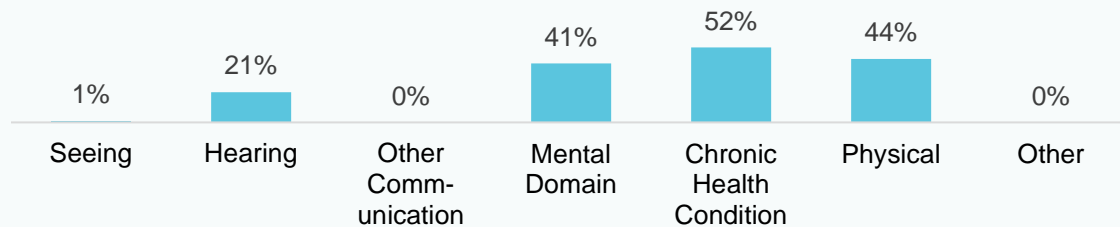
83% of individuals are veterans

n=319

88% of individuals reported having one or more disabilities

n=319

Disability* (n=319)



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

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, multi-lingual 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



1,133 individuals served



82% of respondents said they would **know when to ask for help with an emotional problem** after attending a training/class from this program.

Program Outcomes

Because of coming to this training/class... (n=143-144)	% Agree	% Neutral	% Disagree
I know where to go for mental health services near me.	76%	18%	6%
I know when to ask for help with an emotional problem.	82%	16%	2%
I believe people with mental illness can get better and have healthy lives.	78%	19%	3%
I believe people are generally caring and sympathetic to people with mental illness.*	63%	30%	7%
I would be more likely to help someone in need who has a mental illness.†	93%	7%	0%
I learned more about the warning signs of suicide.	80%	16%	4%
I learned ways to help a person who is dealing with a mental health problem or crisis.	84%	15%	1%

* This question was only asked in September 2018; n=129

† This question was only asked in March 2019; n=15

SUICIDE PREVENTION SERVICE

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=139-145)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	64%	22%	14%
Information was given in the language that I speak best.	87%	12%	1%
I will use what I learned in this training/class.	75%	23%	2%
This training/class helped me.	82%	17%	1%
I would recommend this training/class to a friend or family member.	78%	20%	2%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=120)

- Learning how to spot warning signs of suicide (35)
- Learning how to help someone else (27)
- Hearing about available resources (17)

What are your recommendations for improvement? (n=112)

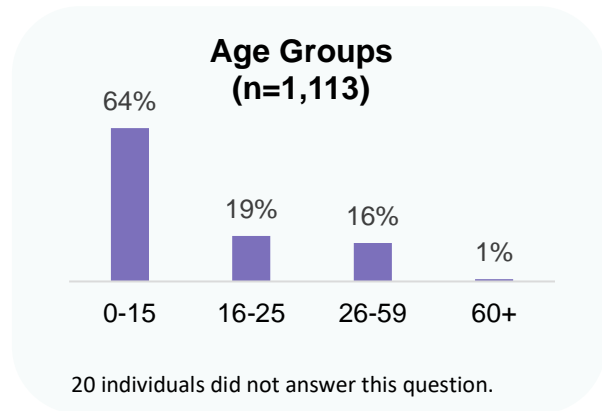
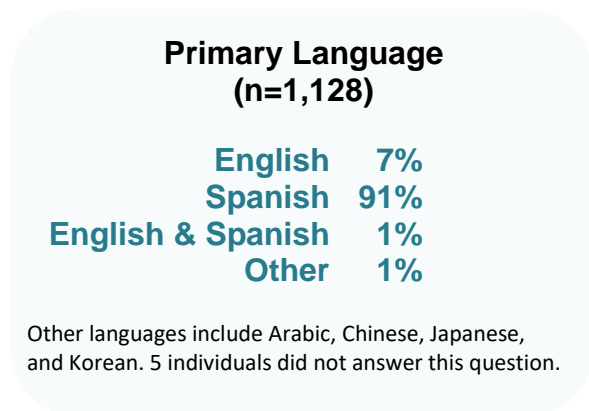
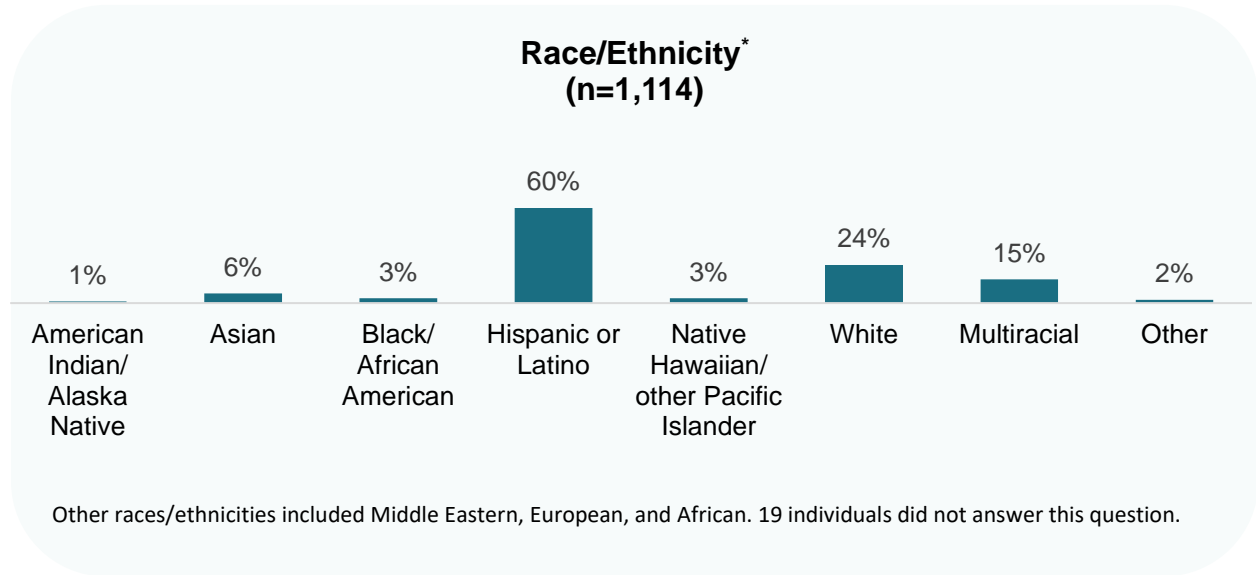
- More examples and videos (7)
- I don't know (9)
- The class was good as is, no suggestions for improvement (57)

"I really just liked listening to what [the trainer] had to say: knowing someone is there for me really helps."

"The most useful part was learning about places you can go for help and how to help others going through this."

SUICIDE PREVENTION SERVICE

Demographic Data



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

STIGMA AND DISCRIMINATION REDUCTION

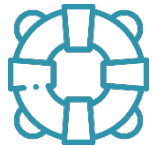
SUCCESS OVER STIGMA INTERIM, INC.

Success Over Stigma (SOS) promotes consumer involvement in advocating for public policies that aim to support and empower people with psychiatric disabilities. The program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. SOS provides peer consultation to service providers, including increasing peer involvement in developing and strengthening mental health services both locally and at the state level. SOS also aims to teach consumers how to better advocate for themselves by providing reciprocal peer support and advocacy in their community. A goal of this initiative is to give clients the opportunity to share their behavioral health experience and impact policy regarding their services.

Program Highlights



1,116 individuals served



87% of respondents said they were **more aware of when to ask for help** with an emotional problem and **believe treatment can help people with mental illness lead normal lives** after participating in this program.

Program Outcomes

Because of coming to this training/class... (n=210-215)	% Agree	% Neutral	% Disagree
I know where to go for mental health services in my community.	76%	20%	4%
I know when to ask for help with a personal or emotional problem.	87%	12%	1%
I believe treatment can help people with mental illness lead normal lives.	87%	11%	2%
I believe people are generally caring and sympathetic to people with mental illness.	66%	27%	7%

SUCCESS OVER STIGMA

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=211-214)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	60%	24%	16%
Information was given in the language that I speak best.	87%	12%	1%
I will use what I learned in this training/class.	83%	16%	1%
This training/class helped me.	86%	14%	0%
I would recommend this training/class to a friend or family member.	83%	15%	2%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=201)

- Hearing other people's personal stories about mental illness (44)
- Help is available when needed (20)
- Everything (14)

What are your recommendations for improvement? (n=179)

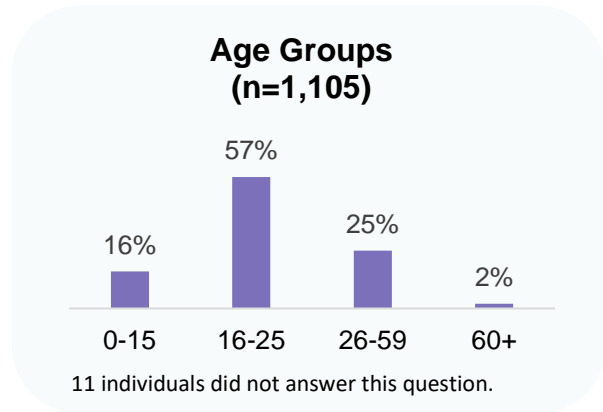
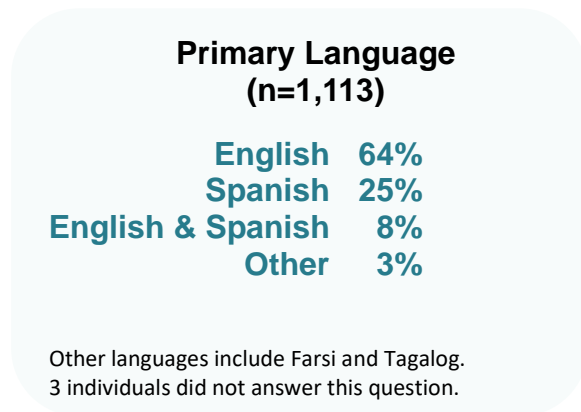
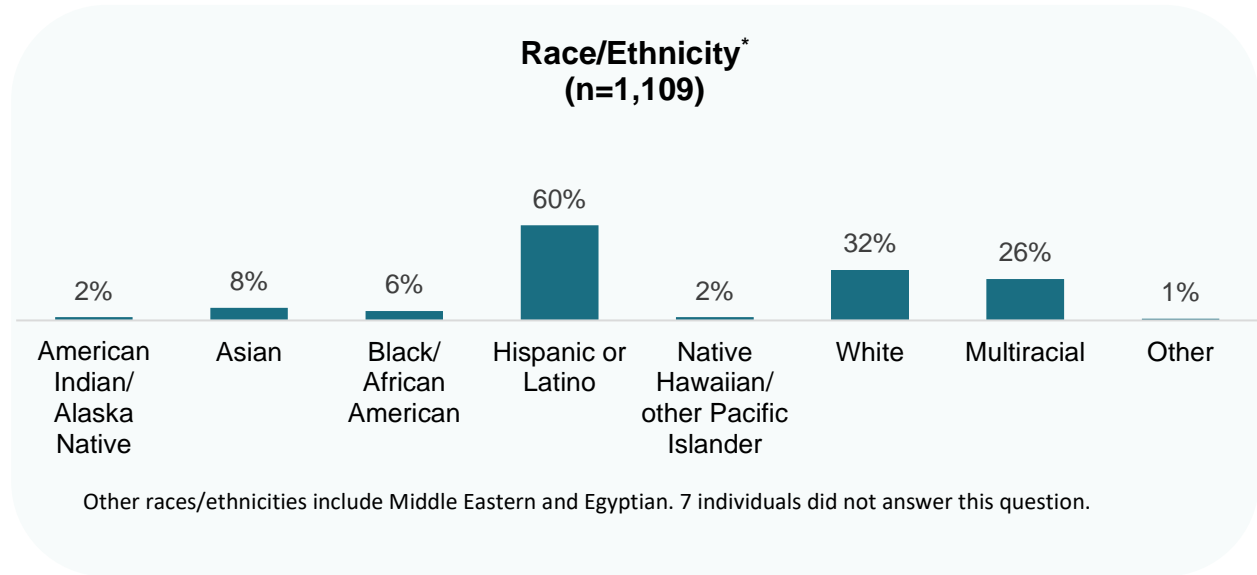
- More time (e.g., to hear speakers talk) (18)
- No suggestions, the class is great as is (105)

"The most helpful thing about this class was learning that most people with mental illness can live normal, healthy lives."

"I was glad that they tined in the local drunk driving issue with everything else, it made the stories feel more personal and real. Everyone was personable and honest, so it made the connection feel stronger."

SUCCESS OVER STIGMA

Demographic Data



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

**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



469 individuals served



91% of respondents said they **knew where to go for local mental health services** after participating in this program.

Program Outcomes

As a result of participating in this training/class... (n=22-46)	% Agree	% Neutral	% Disagree
I know where to go for mental health services near me.	91%	7%	2%
I know when to ask for help with an emotional problem.	87%	11%	2%
I believe people with mental illness can get better and have healthy lives.	91%	7%	2%
I believe people are generally caring and sympathetic to people with mental illness.	58%	25%	17%
I have a better understanding of mental illness.*	100%	0%	0%
I would be more likely to help someone in need who has a mental illness.*	100%	0%	0%

Outreach Events and Presentations

Community Partners Fair • CSUMB - Psychology Class • Fall Festival Resource Fair • Homeless Youth Planning Group • Jewish Film Festival • Mental Health Education Series • Monterey Rotary Club • MPC - In Service Day • NAMI Focus Group Presentation • National Night Out - Seaside • Open House - Dual Language Academy MP

* This question was only asked in March 2019 survey version; n=22.

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=44-46)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	94%	2%	4%
Training/class materials were available in my preferred language.	100%	0%	0%
I plan to use what I learned in this training/class.	93%	7%	0%
Overall, this training/class was helpful to me.	98%	2%	0%
I would recommend this training/class to a friend or family member.	98%	2%	0%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=33)

- Gaining knowledge about mental health issues (19)
- Gaining mental health skills (4)
- The staff/presenters (4)
- Cultural competency (3)

What are your recommendations for improvement? (n=25)

- More classes and more time (4)
- More participants (3)
- Increase discussion time (3)
- General positive feedback (e.g., "Everything was great.") (11)

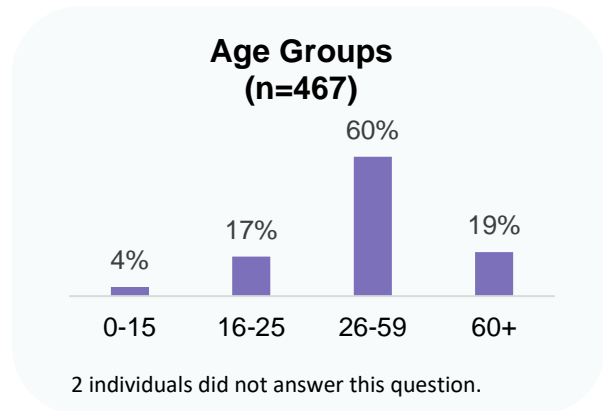
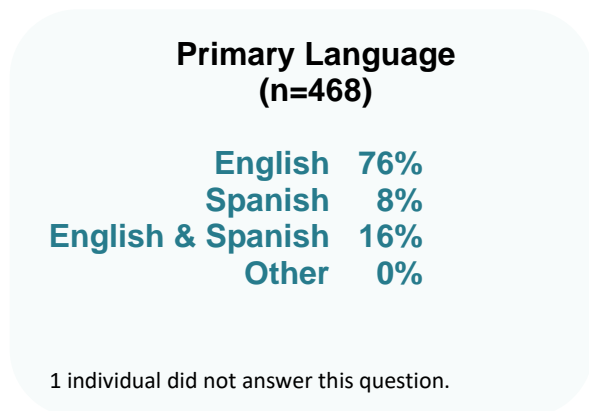
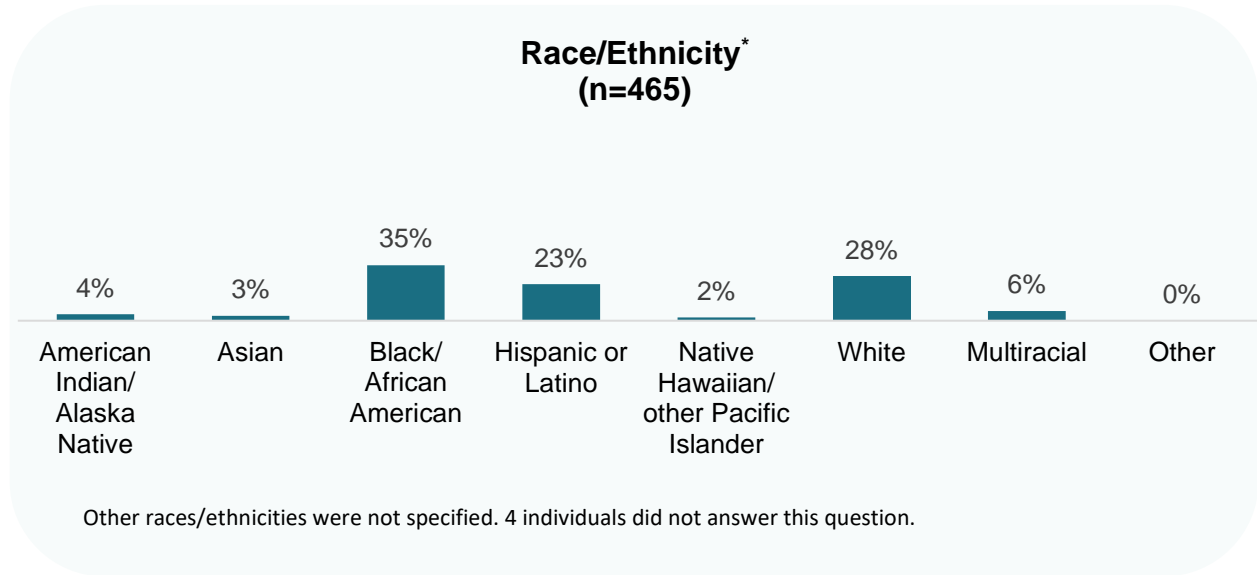
" I learned that it is ok to seek mental health therapy."

" Information on suicide rates for blacks going up, especially black youth. How best to be helpful, how to detect (strategies). Resources and what to do, how to refer, where to refer."

" The training was helpful because it gave me more insight on mental illness."

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Demographic Data



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

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

National Alliance on Mental Illness (NAMI) provides education, outreach, support, and referrals to individuals affected by mental illness and their family members, loved ones, and professional providers. Program activities include community presentations, support groups, and trainings for potential responders. Family to Family educational workshops are taught in Spanish and English by families who have experienced mental illness and are designed to help the whole family understand and support loved ones living with a mental disorder without neglecting the well-being of the family circle. Peer to Peer educational workshops are taught by trained peers to help adults with mental illness better understand their conditions and journeys toward recovery.

Program Highlights



357 individuals served



100% of respondents said they **know where to go for local mental health services** after participating in this program.

Program Outcomes

Survey for Workshop Trainees*

Because of this program... (n=10)	# Agree	# Not Sure	# Disagree
I know where to go for mental health services in my community.	10	0	0
I am more aware of when I need to ask for help with a personal or emotional problem.	10	0	0
I believe treatment can help people with mental illness lead normal lives.	10	0	0
I believe people are generally caring and sympathetic to people with mental illness.	10	0	0

Presentation Topics

Anxiety, Stress, and Depression • Anxiety in Teens • Depression and Anxiety in Youth
• La Salud Mental y el Estigma (Mental Health and Stigma) • Stigma and Depression

* This survey was collected only in March 2019.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Program Outcomes

Survey for Participants of Support Groups and Other Programs*

Because of this program... (n=20-22)	# Agree	# Not Sure	# Disagree
I feel more connected to other people.	20	1	0
I know where to go for mental health services near me.	22	0	0
I know when to ask for help with an emotional problem.	21	1	0
I am able to deal with problems better.	21	1	0
I feel less stress or pressure in my life.	13	6	1
I feel better about myself.	19	3	0
When I think about the future, I feel good.	18	4	0
I feel less worried or afraid.	16	6	0
I feel I have more energy during the day.	12	9	0
I care more about the things that are happening in my life.	21	1	0

Program Cultural Competency and Satisfaction

Survey for Workshop Trainees†

Please choose how much you agree or disagree with each sentence below (n=8-10)	# Agree	# Not Sure	# Disagree
The leaders of this training/class were sensitive to my cultural background (e.g., ethnic/ religious beliefs).	9	0	0
Training/class materials were available in my preferred language.	10	0	0
I plan to use what I learned in this training/class.	10	0	0
Overall, this training/class was helpful to me.	10	0	0
I would recommend this training/class to a friend or family member.	8	0	0

* This survey was collected only in September 2018.

† This survey was collected only in March 2019.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Program Cultural Competency and Satisfaction

Survey for Participants of Support Groups and Other Programs*

Please choose how much you agree or disagree with each sentence below (n=23)	# Agree	# Not Sure	# Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	22	0	1
The program had services in the language that I speak best.	23	0	0
I got services that were right for me.	23	0	0
I am happy with the services I received.	22	1	0
I would recommend this program to a friend or family member.	23	0	0

Participant Feedback

Participants who received services, including both trainees and support groups participants, were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=26)

- Building connections with others (11)
- Learning new skills, such as coping and support (6)
- Gaining knowledge about mental illness symptoms and experience (5)
- Learning about existing resources and where to ask for help (5)

What are your recommendations for improvement? (n=20)

- Increase number of participants (4)
- More time for discussion and learning (4)
- More activities and information shared (2)
- General positive feedback (e.g., "It was fantastic.") (7)

"Knowing I am not alone."

"The classes were very clear and they made me understand the symptoms of schizophrenia and being able to help my daughters and spend time in their shoes to understand their illness."

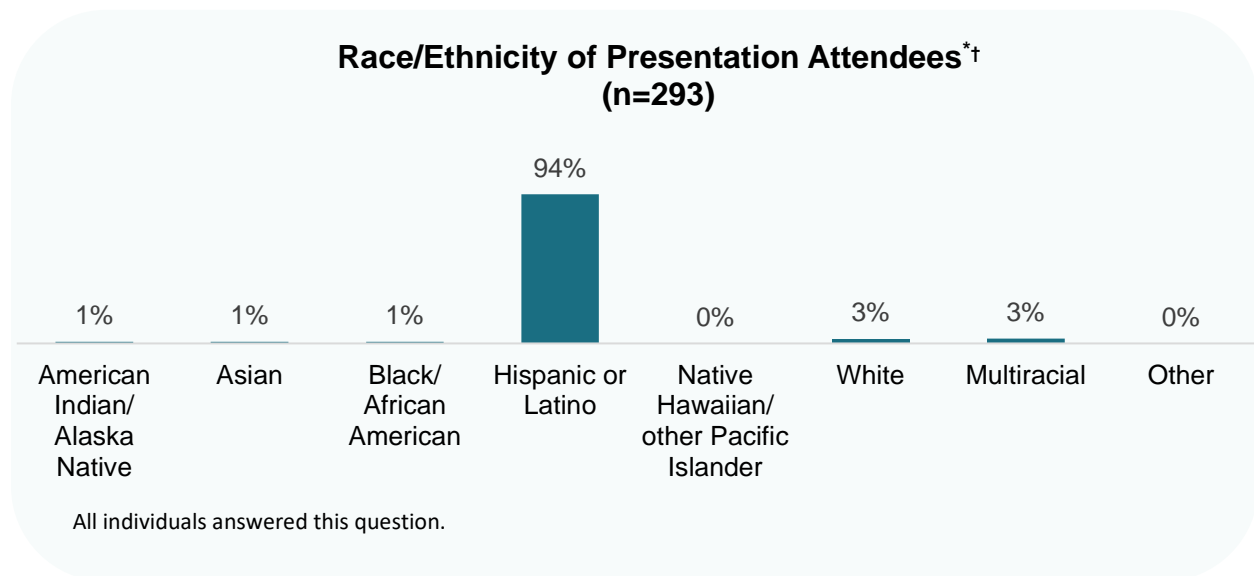
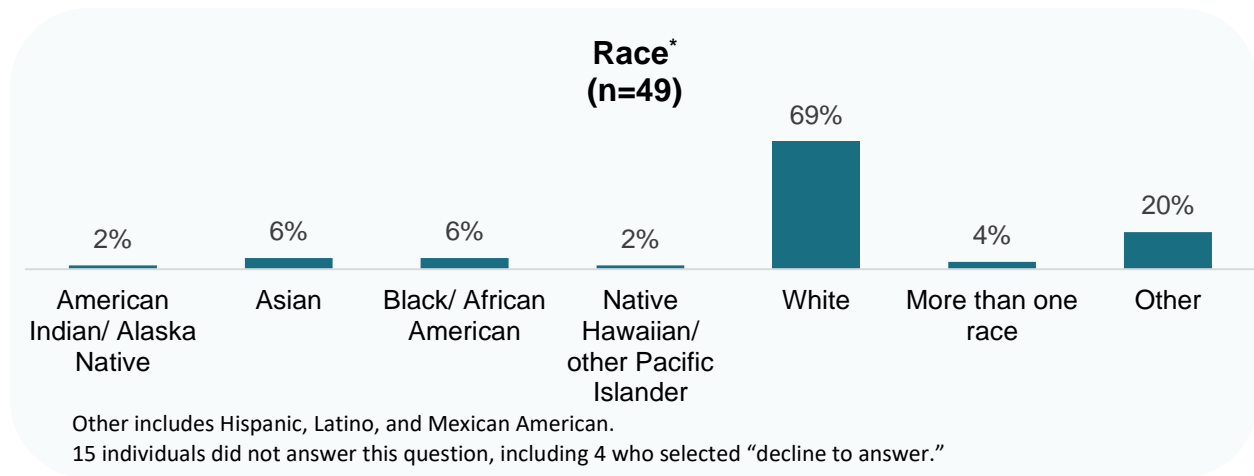
"[Staff] made me feel safe and helped me understand my illness and how to make a plan."

* This survey was collected only in September 2018.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form. Age and Primary Language data from the Presentation Form are combined with the Adult Form.

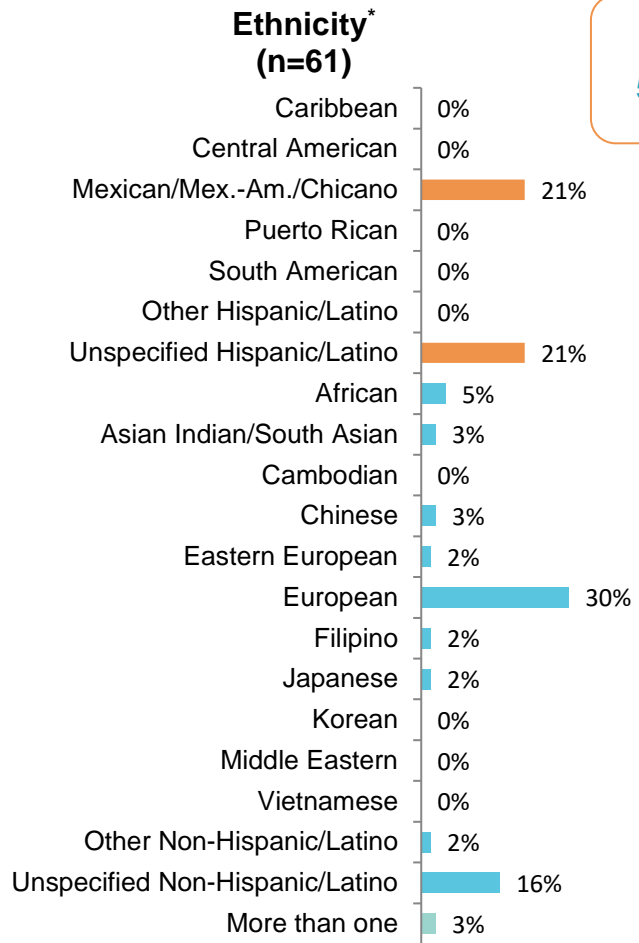


* Percentages may exceed 100% because participants could choose more than one response option.

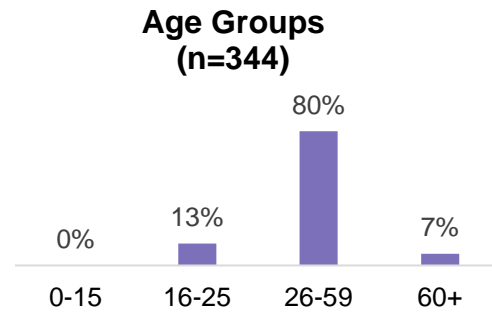
† Responses were collected from a shorter demographic form administered at presentations that combines race and ethnicity into one question.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

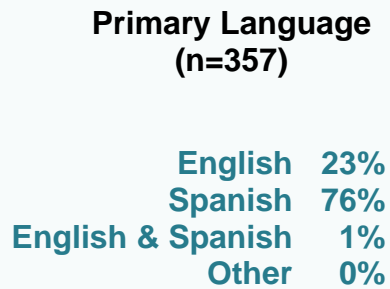
Demographic Data



43% Hispanic/Latino
57% Non-Hispanic/Latino



13 individuals did not answer this question.



Other ethnicities are not listed to protect identifying information. 3 individuals did not answer this question; none selected "decline to answer."

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

FAMILY SELF-HELP SUPPORT AND ADVOCACY

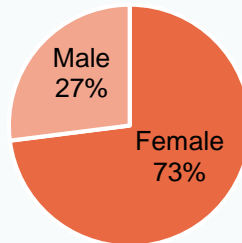
Demographic Data

Current Gender Identity (n=56)

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

8 individuals did not answer this question; none selected "decline to answer."

Sex Assigned at Birth (n=56)



8 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n=47)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

17 individuals did not answer this question, including 6 who selected "decline to answer."

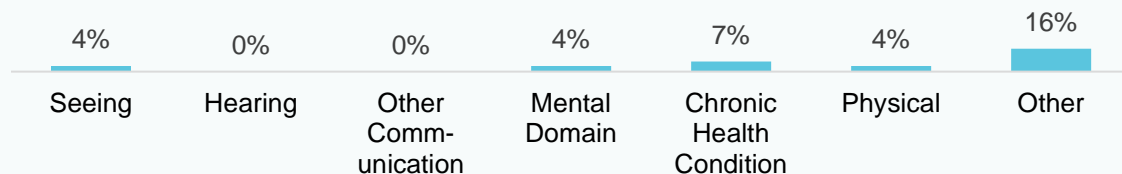
5% of individuals are veterans

n=64; all individuals answered this question.

27% of individuals reported having one or more disabilities

n=55; 9 individuals did not answer this question.

Disability* (n=55)



Other includes PTSD, Anxiety, and Schizophrenia.
9 individuals did not answer this question.

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

LATINO COMMUNITY PARTNERSHIP CENTER FOR COMMUNITY ADVOCACY

The Center for Community Advocacy 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



139 individuals served



91% of respondents said they **knew where to go for local mental health services** after participating in this program.

Program Outcomes

As a result of participating in this training/class... (n=32-36)	% Agree	% Neutral	% Disagree
I know where to go for mental health services near me.	91%	6%	3%
I know when to ask for help with an emotional problem.	84%	16%	0%
I believe people with mental illness can get better and have healthy lives.	94%	3%	3%
I have a better understanding of mental illness.	76%	24%	0%
I would be more likely to help someone in need who has a mental illness.	73%	24%	3%

Presentation Topics

Depression • Stress • Emotional Balance • Health Resources • Resilience • Mental Health
• Mental Health and Stress • Trauma and Pain

LATINO COMMUNITY PARTNERSHIP

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=33-37)	% Agree	% Neutral	% Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	92%	8%	0%
Training/class materials were available in my preferred language.	94%	6%	0%
I plan to use what I learned in this training/class.	97%	3%	0%
Overall, this training/class was helpful to me.	100%	0%	0%
I would recommend this training/class to a friend or family member.	97%	3%	0%

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

What was most useful or helpful about this program? (n=32)

- Learning about mental illness and health (17)
- Gaining skills to cope with stress (5)
- Knowing where to ask for help (3)
- Everything (6)

What are your recommendations for improvement? (n=23)

- More activities, workshops, and classes (5)
- Teach about additional topics (3)
- Share materials to take home (2)
- General positive feedback (e.g., "Everything was good") (10)

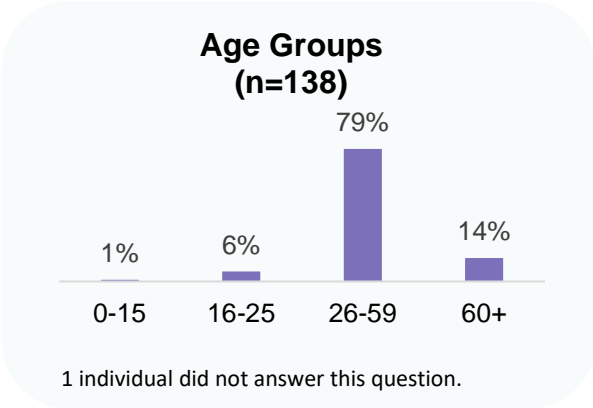
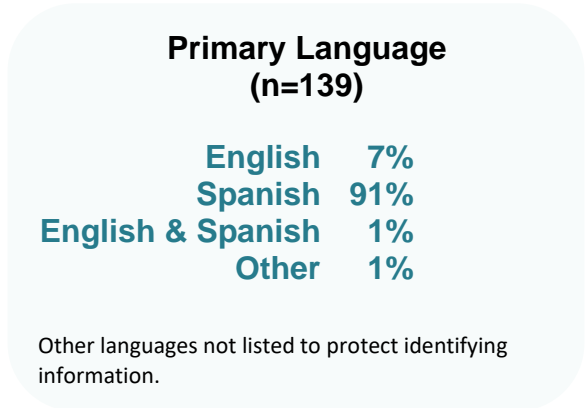
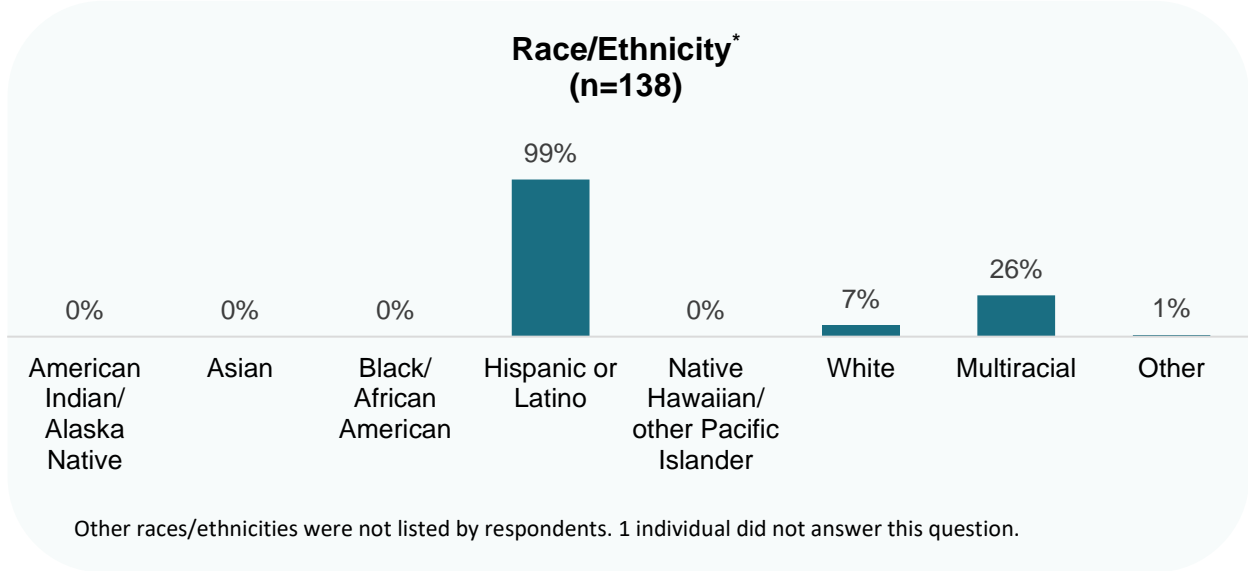
"Knowing that we should ask for help before the problem becomes larger."

"Knowing how to recognize when a person has depression and [beyond] something normal. It's a problem and it has a solution and talking about it is important."

"Learned how to manage stress and manage my self-esteem and advice on how to do it with family."

LATINO COMMUNITY PARTNERSHIP

Demographic Data



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

MCBH COMMUNITY PRESENTATIONS AND OUTREACH 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.

Program Highlights



1,540 individuals reached*



50% of activities in Spanish



17 community presentations **13** outreach events
2 community workshops

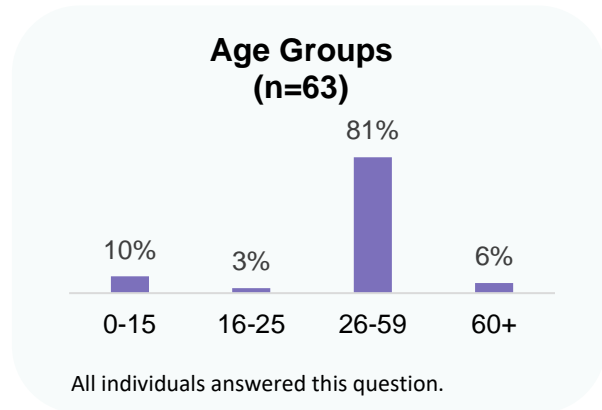
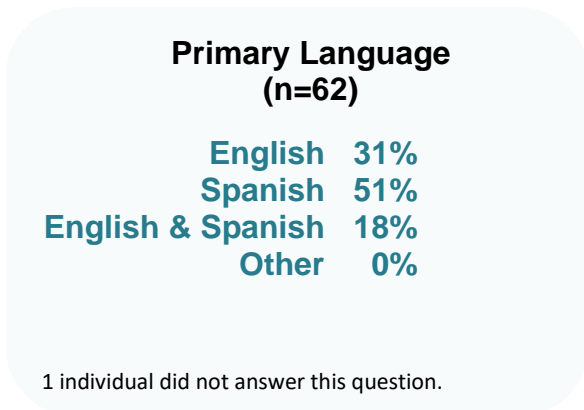
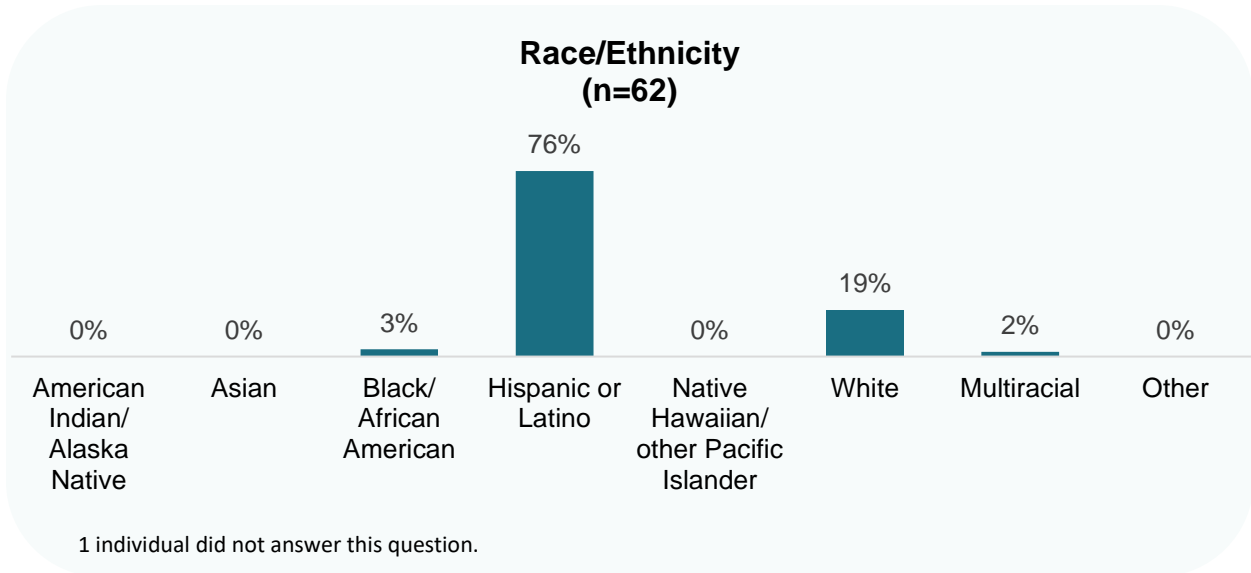
Presentation Topics

Behavioral Health Services and Locations • Early Intervention • Mental Health 101 • Stress, Anxiety and Depression • Urgent Mental Health Issues among the Undocumented Community • Mental Health Awareness Month • Building Resilience: Mental Health in the Latinx Community • LGBTQ • Maternal Mental Health • Early Childhood • Suicide Prevention • Behavioral Health • Mental Health and Careers in Mental Health Understanding Trauma

* Number of individuals reached may be duplicated. Unduplicated demographic forms were collected from 63 individuals.

MCBH COMMUNITY PRESENTATIONS AND OUTREACH

Demographic Data



PROMOTORES MENTAL HEALTH PROGRAM CENTRAL COAST CITIZENSHIP PROJECT

The 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



599 individuals served



10 of 11 of respondents said they **knew where to go for local mental health services** after participating in this program.

Program Outcomes

Because of this program... (n=11)	# Agree	# Neutral	# Disagree
I feel more connected to other people.	9	2	0
I know where to go for mental health services near me.	10	1	0
I know when to ask for help with an emotional problem.	6	5	0
I am able to deal with problems better.	6	5	0
I feel less stress or pressure in my life.	7	4	0
I feel better about myself.	10	1	0
When I think about the future, I feel good.	7	4	0
I feel less worried or afraid.	10	1	0
I feel I have more energy during the day.	10	1	0
I care more about the things that are happening in my life.	10	1	0

Presentation Topics

Services Provided by Central Coast Citizenship Project • Family Café Mental Health Discussion

PROMOTORES MENTAL HEALTH PROGRAM

Program Cultural Competency and Satisfaction

Please choose how much you agree or disagree with each sentence below (n=10-11)	# Agree	# Neutral	# Disagree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	10	1	0
The program had services in the language that I speak best.	11	0	0
I got services that were right for me.	8	3	0
I am happy with the services I received.	8	2	0
I would recommend this program to a friend or family member.	10	0	0

Participant Feedback

Participants who received services were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of people who commented under each response theme is shown in parentheses.

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

- Receiving mental health support (4)
- Learning skills to manage stress and life challenges (4)
- Having someone to talk to (3)

What are your recommendations for improvement? (n=10)

- Teach additional communication skills (1)
- Have more available hours (1)
- Provide additional services (1)
- General positive feedback (e.g., "I think it's fine how it is.") (7)

"I have learned coping strategies for my life problems."

"[The most useful part was] having someone who can listen to me."

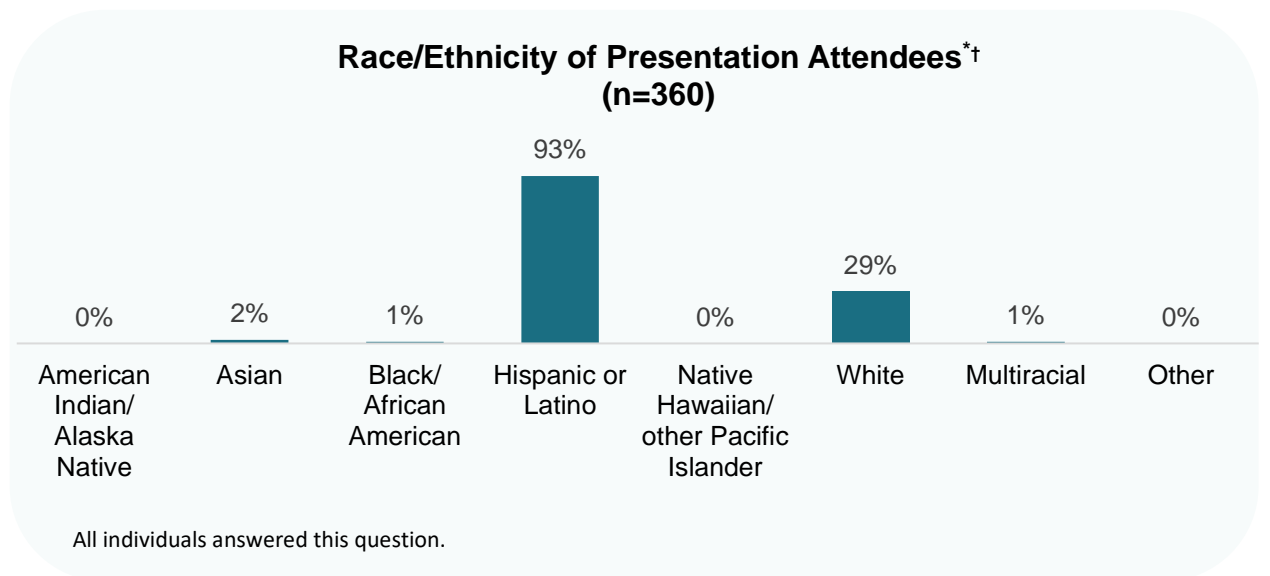
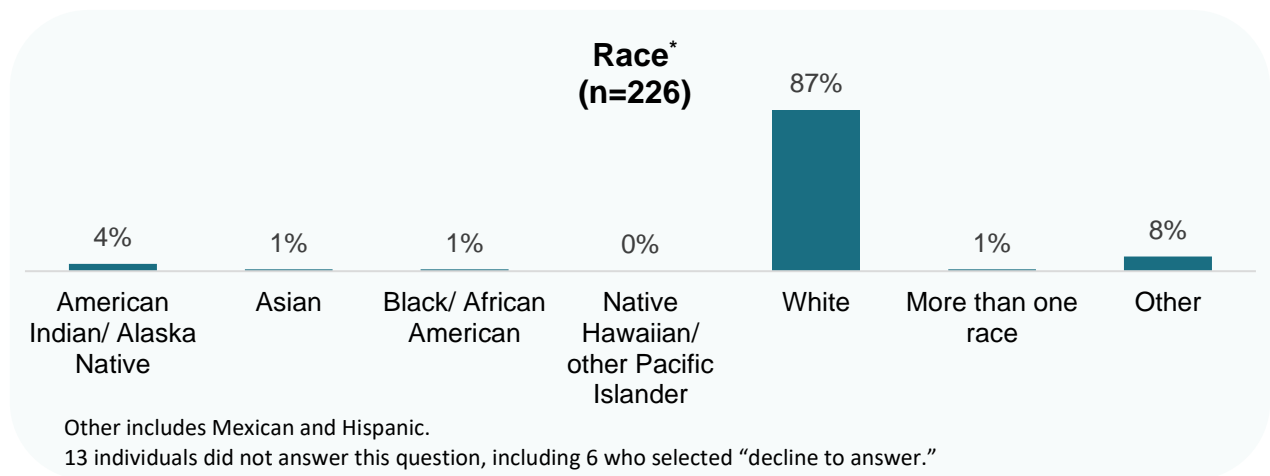
"It helped with my stress."

"It helped me find a better way to act."

PROMOTORES MENTAL HEALTH PROGRAM

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form. Age and Primary Language data from the Presentation Form are combined with the Adult Form.

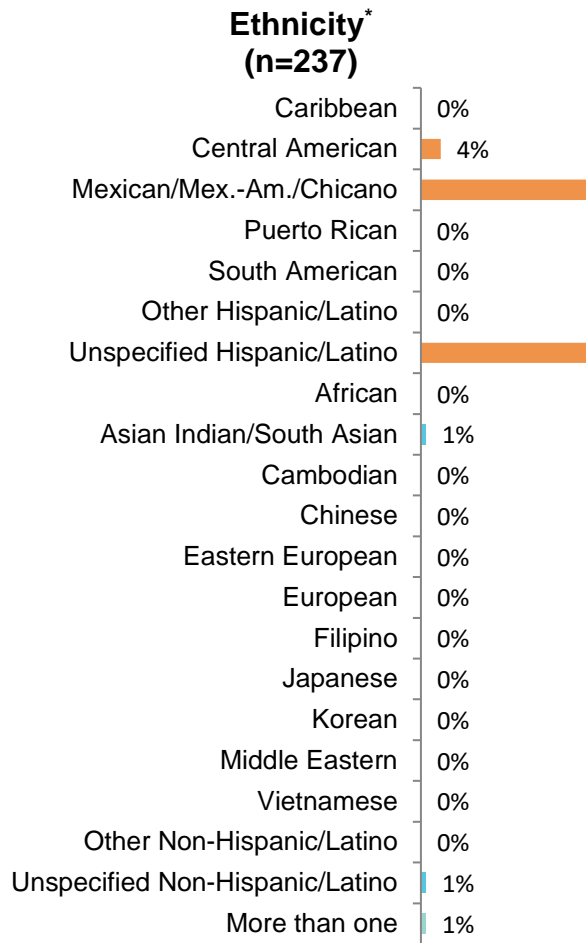


* Percentages may exceed 100% because participants could choose more than one response option.

† Responses collected from a shorter demographic form administered at presentations that combines race and ethnicity into one question.

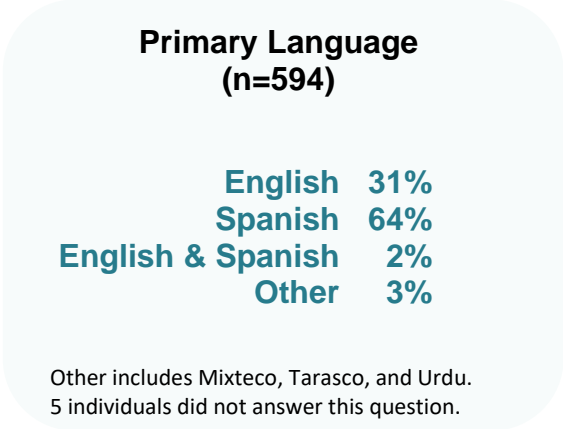
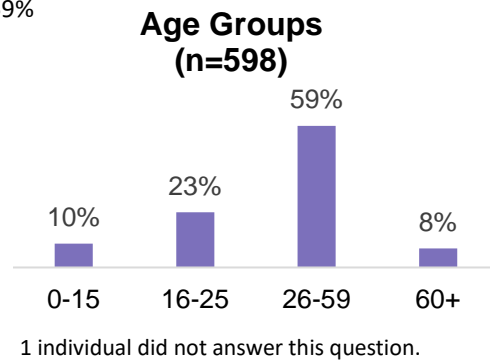
PROMOTORES MENTAL HEALTH PROGRAM

Demographic Data



Other ethnicities were not specified.
2 individuals did not answer this question; none selected "decline to answer."

98% Hispanic/Latino
2% Non-Hispanic/Latino



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

PROMOTORES MENTAL HEALTH PROGRAM

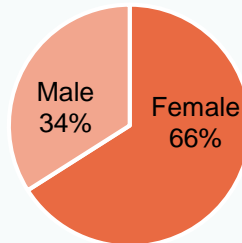
Demographic Data

Current Gender Identity (n=234)

Female	68%
Male	32%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

5 individuals did not answer this question, including 1 who selected "decline to answer."

Sex Assigned at Birth (n=235)



4 individuals did not answer this question; none selected "decline to answer."

Sexual Orientation (n=223)

Bisexual	2%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

16 individuals did not answer this question, including 6 who selected "decline to answer."

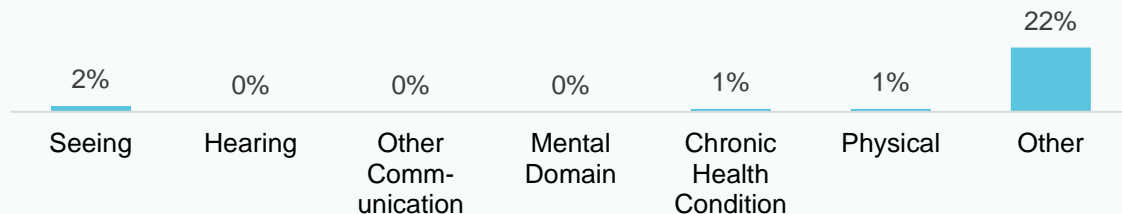
None identify as veterans

n=238; 1 individual did not answer this question.

26% of individuals reported having one or more disabilities

n=235; 4 individuals did not answer this question.

Disability* (n=235)



Other disabilities were not specified.
4 individuals did not answer this question.

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

APPENDIX A. FY 18-19 PEI PROGRAMS BY CATEGORY

Prevention

The Epicenter (*The Epicenter*)

Parent Education Program (*Community Human Services*)

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

Senior Peer Counseling (*Alliance on Aging*)

Early Intervention

Archer Child Advocacy Center (*Monterey County Behavioral Health*)

Family Support Groups (*Monterey County Behavioral Health*)

Felton Early Psychosis (*Felton Institute*)

Mobile Crisis Team (*Monterey County Behavioral Health*)

OMNI Resource Center (*Interim, Inc.*)

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

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

Silver Star Resource Center (*Monterey County Behavioral Health*)

Access and Linkage to Treatment

2-1-1 (*United Way of Monterey County*)

Chinatown Learning Center (*Interim, Inc.*)

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

Success Over Stigma (*Interim, Inc.*)

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Family Self-Help Support and Advocacy (*NAMI Monterey County*)

Latino Community Partnership (*Center for Community Advocacy*)

MCBH Community Presentations and Outreach

Promotores Mental Health Program (*Central Coast Citizenship Project*)

APPENDIX B. FY 18-19 NUMBER OF PARTICIPANTS SERVED BY PROGRAM AND CATEGORY

Prevention	906
The Epicenter (<i>The Epicenter</i>)	209
Parent Education Program (<i>Community Human Services</i>)	250
Senior Companion Program (<i>Seniors Council of Santa Cruz and San Benito Counties</i>)	13
Senior Peer Counseling (<i>Alliance on Aging</i>)	434
Early Intervention	2,133
Archer Child Advocacy Center (<i>Monterey County Behavioral Health</i>)	254
Family Support Groups (<i>Monterey County Behavioral Health</i>)	28
Felton Early Psychosis (<i>Felton Institute</i>)	55
Mobile Crisis Team (<i>Monterey County Behavioral Health</i>)	342
OMNI Resource Center (<i>Interim, Inc.</i>)	482
School-Based Counseling (<i>Pajaro Valley Prevention and Student Assistance</i>)	121
School-Based Domestic Violence Counseling (<i>Harmony at Home</i>)	760
Silver Star Resource Center (<i>Monterey County Behavioral Health</i>)	91
Access and Linkage to Treatment	883
2-1-1 (<i>United Way of Monterey County</i>)	9,695*
Chinatown Learning Center (<i>Interim, Inc.</i>)	564
Veterans Reintegration Transition Program (<i>Monterey County Military & Veterans Affairs Office</i>)	319
Suicide Prevention	1,133
Suicide Prevention Service (<i>Family Service Agency of the Central Coast</i>)	1,133
Stigma and Discrimination Reduction	1,116
Success Over Stigma (<i>Interim, Inc.</i>)	1,116
Outreach for Increasing Recognition of Early Signs of Mental Illness	1,627
African American Community Partnership (<i>The Village Project, Inc.</i>)	469
Family Self-Help Support and Advocacy (<i>NAMI Monterey County</i>)	357
Latino Community Partnership (<i>Center for Community Advocacy</i>)	139
MCBH Community Presentations and Outreach	63†
Promotores Mental Health Program (<i>Central Coast Citizenship Project</i>)	599
Total	7,798

* 2-1-1 number of participants served is not included in the overall total as some callers may be duplicated.

† MCBH Community Presentations and Outreach number reached (1,540) is not included in the overall total because some individuals may be duplicated. Demographic forms were collected from 63 unduplicated individuals and this number is included in the total.

PREFACE TO APPENDICES C AND D

Demographic and Outcome Data Across Programs

Appendix 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. Overall totals across all program categories are presented in the last table. The demographic topic (e.g., race, ethnicity, age, etc.) and response options are shown in the rows. Rows highlighted in green represent the number of respondents who answered the question. The number of respondents who skipped the question or selected decline to answer are presented in the last row under each demographic topic. The program names are represented in each column. Totals from each program within a program category are presented in the totals column. Cells that are highlighted in grey represent demographic questions that were not asked by a particular program. Demographic responses were collected by a MCBH PEI demographic form (adult, parent, or presentation version) or collected from Avatar.

Appendix D presents participant outcome surveys across programs, organized by primary program category. Access and Linkage to Treatment programs do not administer outcome surveys (2-1-1, Chinatown Learning Center and Veterans Reintegration Program). Additionally, some programs do not collect outcome surveys due to the crisis or brief nature of services (Archer Child Advocacy Center, Mobile Crisis Team, and MCBH Community Presentations and Outreach). Questions from each survey are presented in the rows, with the columns presenting the percentage or number of respondents who selected “Agree” on the scale, which included “Agree,” “Neutral,” 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.

APPENDIX C. PEI PARTICIPANT DEMOGRAPHICS BY PROGRAM CATEGORY

Prevention

Prevention Programs Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race	(n=653)	98	243	8	304
American Indian/Alaska Native	25	12	11	0	2
Asian	16	5	4	0	7
Black/African American	28	7	12	0	9
Native Hawaiian/other Pacific Islander	12	3	6	0	3
White	279	58	73	3	145
More than one race	32	16	6	0	10
Another race	227	33	41	5	148
<i>Declined to answer/skipped</i>	282	35	112	5	130
Ethnicity	(n=803)	128	243	12	420
Hispanic/Latino	586	102	195	12	277
Non-Hispanic/Latino	232	36	50	1	145
More than one Ethnicity	34	17	11	1	5
<i>Declined to answer/skipped</i>	27	5	7	1	14
Hispanic/Latino Ethnicities					
Caribbean	7	3	3	0	1
Central American	13	4	9	0	0
Mexican/Mexican-American/Chicano	446	62	107	11	266
Puerto Rican	3	3	0	0	0
South American	3	1	2	0	0
Unspecified Hispanic/Latino ethnicity	120	31	78	1	10
Another Hispanic/Latino ethnicity	4	2	1	0	1
Non-Hispanic Ethnicities					
African	21	4	8	0	9
Asian Indian/South Asian	3	1	0	0	2
Cambodian	1	0	0	0	1
Chinese	1	0	1	0	0
Eastern European	11	1	2	1	7
European	125	20	13	0	92
Filipino	13	1	6	0	6
Japanese	6	2	1	0	3
Korean	3	2	0	0	1
Middle Eastern	1	0	0	0	1
Vietnamese	0	0	0	0	0
Unspecified Non-Hispanic/Latino ethnicity	32	5	15	0	12
Another Non-Hispanic/Latino ethnicity	27	5	9	0	13

Prevention Programs Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race/Ethnicity (Presentations)	(n=68)	68			
American Indian/Alaska Native	8	8			
Asian	9	9			
Black/African American	2	2			
Hispanic or Latino	24	24			
Native Hawaiian/other Pacific Islander	3	3			
White	14	14			
More than one race	20	20			
Another race/ethnicity	8	8			
<i>Declined to answer/skipped</i>	8	8			
Primary Language	(n=898)	208	249	13	428
English	397	134	108	2	153
Spanish	433	56	123	8	246
English and Spanish	51	12	12	3	24
Other	17	6	6	0	5
<i>Declined to answer/skipped</i>	8	1	1	0	6
Age	(n=877)	199	247	11	420
0 to 15 years	35	35	0	0	0
16 to 25 years	134	113	19	0	2
26 to 59 years	331	50	225	3	53
60 years+	377	1	3	8	365
<i>Declined to answer/skipped</i>	29	10	3	2	14
Current Gender Identity	(n=782)	127	243	11	401
Male	248	51	94	6	97
Female	503	54	148	5	296
Transgender	7	6	1	0	0
Genderqueer	6	6	0	0	0
Questioning or unsure	14	6	0	0	8
Another gender identity	4	4	0	0	0
<i>Declined to answer/skipped</i>	48	6	7	2	33
Sex Assigned at Birth	(n=669)	127	242	11	289
Male	228	51	95	6	76
Female	440	76	146	5	213
Another sex	1	0	1	0	0
<i>Declined to answer/skipped</i>	161	6	8	2	145
Sexual Orientation	(n=545)	112	202	7	224
Gay or Lesbian	16	11	2	0	3
Heterosexual or Straight	464	53	195	7	209
Bisexual	26	24	1	0	1
Questioning or unsure	16	4	1	0	11
Queer	12	11	1	0	0
Another sexual orientation	11	9	2	0	0
<i>Declined to answer/skipped</i>	285	21	48	6	210

Prevention Programs Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Veteran Status	(n=797)	133	241	11	412
Yes	59	2	42	0	15
No	738	131	199	11	397
<i>Declined to answer/skipped</i>	33	0	9	2	22
Disability	(n=606)		243	13	350
No Disability	435	92	170	0	173
Has a disability	297	34	73	13	177
Disability Types					
Difficulty seeing	56	16	7	1	32
Difficulty hearing or having speech understood	26	3	2	3	18
Other communication difficulty	6	3	1	0	2
Mental domain disability	37	12	13	2	10
Chronic health condition	43	2	4	3	34
Physical disability	52	6	4	3	39
Another disability	88	10	18	3	57
Unspecified disability	63	1	35	2	25
<i>Declined to answer/skipped</i>	98	7	7	0	84

Early Intervention

Early Intervention Programs Demographics	TOTALS	Archer Child Advocacy Center	Family Support Groups	Felton Early Psychosis	Mobile Crisis Team	OMNI Resource Center	School-Based Counseling	School-Based DV Counseling	Silver Star Resource Center
Race	(n=864)		25			408		431	
American Indian/Alaska Native	76		0			26		50	
Asian	42		1			31		10	
Black/African American	68		0			44		24	
Native Hawaiian/other Pacific Islander	31		0			21		10	
White	465		19			195		251	
More than one race	97		0			56		41	
Another race	292		5			157		130	
<i>Declined to answer/skipped</i>	406		3			74		329	
Ethnicity	(n=1,144)		20			434		690	
Hispanic/Latino	879		6			234		639	
Non-Hispanic/Latino	349		14			236		99	
More than one Ethnicity	136		1			71		64	
<i>Declined to answer/skipped</i>	124		6			48		70	
Hispanic/Latino Ethnicities									
Caribbean	5		0			3		2	
Central American	25		0			5		20	
Mexican/Mexican-American/Chicano	591		4			194		393	
Puerto Rican	16		1			6		9	
South American	8		0			4		4	
Unspecified Hispanic/Latino ethnicity	223		1			2		220	
Another Hispanic/Latino ethnicity	40		0			35		5	

Early Intervention Programs
Demographics

	TOTALS	Archer Child Advocacy Center	Family Support Groups	Felton Early Psychosis	Mobile Crisis Team	OMNI Resource Center	School- Based Counseling	School- Based DV Counseling	Silver Star Resource Center
Non-Hispanic Ethnicities									
African	64		1			41		22	
Asian Indian/South Asian	32		1			27		4	
Cambodian	1		0			1		0	
Chinese	4		0			2		2	
Eastern European	9		1			6		2	
European	147		7			112		28	
Filipino	37		0			21		16	
Japanese	12		1			7		4	
Korean	6		0			5		1	
Middle Eastern	5		0			2		3	
Vietnamese	1		0			1		0	
Unspecified Non-Hispanic/Latino ethnicity	27		4			1		22	
Another Non-Hispanic/Latino ethnicity	77		0			70		7	
Ethnicity (Avatar)	(n=853)	254		55	332		121		91
Asian/Islander	20	6		2	11		0		1
Black	23	13		2	8		0		0
Hispanic	567	188		39	149		118		73
Other	62	14		5	32		2		9
White	181	33		7	132		1		8
Primary Language	(n=1,254)		28			482		744	
English	748		22			428		298	
Spanish	319		4			51		264	
English and Spanish	94		0			0		94	
Other	93		2			3		88	
<i>Declined to answer/skipped</i>	16		0			0		16	

Early Intervention Programs Demographics	TOTALS	Archer Child Advocacy Center	Family Support Groups	Felton Early Psychosis	Mobile Crisis Team	OMNI Resource Center	School-Based Counseling	School-Based DV Counseling	Silver Star Resource Center
Age	(n=2,036)	254	28	55	342	466	121	679	91
0 to 15 years	1,113	214	0	3	73	0	116	659	48
16 to 25 years	258	40	0	47	79	24	5	20	43
26 to 59 years	493	0	14	5	131	343	0	0	0
60 years+	172	0	14	0	59	99	0	0	0
<i>Declined to answer/skipped</i>	97	0	0	0	0	16	0	81	0
Gender (Avatar)	(n=862)	254		55	341		121		91
Male	337	42		44	151		64		36
Female	535	222		11	190		57		55
Current Gender Identity*	(n=469)		25			368		76	
Male	245		6			195		44	
Female	218		18			168		32	
Transgender	3		1			2		0	
Genderqueer	2		0			2		0	
Questioning or unsure	1		0			1		0	
Another gender identity	0		0			0		0	
<i>Declined to answer/skipped</i>	115		1			114		0	
Sex Assigned at Birth	(n=1,260)		25			479		756	
Male	722		7			270		445	
Female	534		15			208		311	
Another sex	2		1			1		0	
<i>Declined to answer/skipped</i>	8		1			3		4	
Sexual Orientation*	(n=401)		20			309		72	
Gay or Lesbian	16		0			15		1	
Heterosexual or Straight	354		18			273		63	
Bisexual	23		2			16		5	
Questioning or unsure	3		0			1		2	
Queer	2		0			2		0	
Another sexual orientation	4		0			2		2	
<i>Declined to answer/skipped</i>	183		6			173		4	

* School-Based Domestic Violence Counseling had responses suppressed from this category to protect identifying information.

Early Intervention Programs
Demographics

	TOTALS	Archer Child Advocacy Center	Family Support Groups	Felton Early Psychosis	Mobile Crisis Team	OMNI Resource Center	School- Based Counseling	School- Based DV Counseling	Silver Star Resource Center
Veteran Status	(n=583)		25			481		77	
Yes	13		1			12		0	
No	570		24			469		77	
<i>Declined to answer/skipped</i>	2		1			1		0	
Disability	(n=1,235)		25			481		729	
No Disability	781		20			234		527	
Has a disability	454		5			247		202	
Disability Types									
Difficulty seeing	174		0			105		69	
Difficulty hearing or having speech understood	101		2			51		48	
Other communication difficulty	80		1			63		16	
Mental domain disability	190		1			99		90	
Chronic health condition	87		0			82		5	
Physical disability	66		0			57		9	
Another disability	87		1			49		37	
Unspecified disability	4		2			0		2	
<i>Declined to answer/skipped</i>	33		1			1		31	

Access and Linkage to Treatment

Access and Linkage to Treatment Programs Demographics	TOTALS	2-1-1*	Chinatown Learning Center	Veterans Reintegration Transition Program
Race	(n=510)		218	292
American Indian/Alaska Native	0		0	0
Asian	42		31	11
Black/African American	46		15	31
Native Hawaiian/other Pacific Islander	11		0	11
White	410		175	235
More than one race	3		3	0
Another race	4		0	4
<i>Declined to answer/skipped</i>	<i>373</i>		<i>346</i>	<i>27</i>
Ethnicity	(n=708)		458	250
Hispanic/Latino	272		236	36
Non-Hispanic/Latino	440		222	218
More than one Ethnicity	13		9	4
<i>Declined to answer/skipped</i>	<i>175</i>		<i>106</i>	<i>69</i>
Hispanic/Latino Ethnicities				
Caribbean	0		0	0
Central American	3		3	0
Mexican/Mexican-American/Chicano	217		189	28
Puerto Rican	39		36	3
South American	0		0	0
Unspecified Hispanic/Latino ethnicity	9		9	0
Another Hispanic/Latino ethnicity	5		0	5
Non-Hispanic Ethnicities				
African	49		17	32
Asian Indian/South Asian	5		2	3
Cambodian	0		0	0
Chinese	7		7	0
Eastern European	115		107	8
European	219		69	150
Filipino	30		20	10
Japanese	10		1	9
Korean	5		4	1
Middle Eastern	8		6	2
Vietnamese	1		1	0
Unspecified Non-Hispanic/Latino ethnicity	0		0	0
Another Non-Hispanic/Latino ethnicity	3		0	3
Primary Language	(n=806)		490	316
English	648		343	305
Spanish	146		143	3

* 2-1-1 caller demographic information is not included here as individuals may be duplicated. Refer to 2-1-1 Program section in this report for demographic information of callers.

Access and Linkage to Treatment Programs Demographics	TOTALS	2-1-1*	Chinatown Learning Center	Veterans Reintegration Transition Program
English and Spanish	0		0	0
Other	12		4	8
<i>Declined to answer/skipped</i>	77		74	3
Age	(n=773)		454	319
0 to 15 years	0		0	0
16 to 25 years	41		36	5
26 to 59 years	472		350	122
60 years+	260		68	192
<i>Declined to answer/skipped</i>	110		110	0
Current Gender Identity	(n=785)		467	318
Male	583		344	239
Female	202		123	79
Transgender	0		0	0
Genderqueer	0		0	0
Questioning or unsure	0		0	0
Another gender identity	0		0	0
<i>Declined to answer/skipped</i>	98		97	1
Sex Assigned at Birth	(n=785)		467	318
Male	574		335	239
Female	211		132	79
Another sex	0		0	0
<i>Declined to answer/skipped</i>	98		97	1
Sexual Orientation	(n=780)		468	312
Gay or Lesbian	19		17	2
Heterosexual or Straight	709		402	307
Bisexual	49		46	3
Questioning or unsure	3		3	0
Queer	0		0	0
Another sexual orientation	0		0	0
<i>Declined to answer/skipped</i>	103		96	7
Veteran Status	(n=779)		460	319
Yes	287		21	266
No	492		439	53
<i>Declined to answer/skipped</i>	104		104	0
Disability	(n=791)		472	319
No Disability	339		300	39
Has a disability	452		172	280

* 2-1-1 caller demographic information is not included here as individuals may be duplicated. Refer to 2-1-1 Program section in this report for demographic information of callers.

Access and Linkage to Treatment Programs Demographics	TOTALS	2-1-1*	Chinatown Learning Center	Veterans Reintegration Transition Program
Disability Types				
Difficulty seeing	5		2	3
Difficulty hearing or having speech understood	79		12	67
Other communication difficulty	0		0	0
Mental domain disability	140		8	132
Chronic health condition	370		203	167
Physical disability	267		127	140
Another disability	3		3	0
Unspecified disability	59		59	0
<i>Declined to answer/skipped</i>	92		92	0

* 2-1-1 caller demographic information is not included here as individuals may be duplicated. Refer to 2-1-1 Program section in this report for demographic information of callers. 97

Suicide Prevention & Stigma and Discrimination Reduction

Suicide Prevention & Stigma and Discrimination Reduction Demographics	TOTALS	Suicide Prevention Service	Success Over Stigma
Race/Ethnicity (Presentations)	(n=2,223)	1,114	1,109
American Indian/Alaska Native	35	15	20
Asian	155	67	88
Black/African American	100	37	63
Hispanic or Latino	1,336	671	665
Native Hawaiian/other Pacific Islander	55	30	25
White	622	266	356
More than one race	336	168	168
Another race/ethnicity	27	17	10
<i>Declined to answer/skipped</i>	26	19	7
Primary Language	(n=2,241)	1,128	1,113
English	1,357	640	717
Spanish	646	363	283
English and Spanish	193	108	85
Other	45	17	28
<i>Declined to answer/skipped</i>	8	5	3
Age	(n=2,218)	1,113	1,105
0 to 15 years	885	714	171
16 to 25 years	849	215	634
26 to 59 years	453	172	281
60 years+	31	12	19
<i>Declined to answer/skipped</i>	31	20	11

Outreach for Increasing Recognition of Early Signs of Mental Illness

Outreach for Increasing Recognition of Early Signs of Mental Illness Demographics	TOTALS	African American Community Partnership	Family Self-Help Support and Advocacy	Latino Community Partnership	MCBH Community Presentations and Outreach	Promotores Mental Health Program
Race	(n=275)		49			226
American Indian/Alaska Native	9		1			8
Asian	5		3			2
Black/African American	6		3			3
Native Hawaiian/other Pacific Islander	1		1			0
White	231		34			197
More than one race	5		2			3
Another race	29		10			19
<i>Declined to answer/skipped</i>	28		15			13
Ethnicity	(n=298)		61			237
Hispanic/Latino	256		26			230
Non-Hispanic/Latino	43		35			8
More than one Ethnicity	4		2			2
<i>Declined to answer/skipped</i>	5		3			2
Hispanic/Latino Ethnicities						
Caribbean	0		0			0
Central American	9		0			9
Mexican/Mexican-American/Chicano	152		13			139
Puerto Rican	1		0			1
South American	0		0			0
Unspecified Hispanic/Latino ethnicity	95		13			82
Another Hispanic/Latino ethnicity	0		0			0

Outreach for Increasing Recognition
of Early Signs of Mental Illness
Demographics

	TOTALS	African American Community Partnership	Family Self- Help Support and Advocacy	Latino Community Partnership	MCBH Community Presentations and Outreach	Promotores Mental Health Program
Non-Hispanic Ethnicities						
African	4		3			1
Asian Indian/South Asian	4		2			2
Cambodian	0		0			0
Chinese	2		2			0
Eastern European	2		1			1
European	19		18			1
Filipino	1		1			0
Japanese	2		1			1
Korean	0		0			0
Middle Eastern	0		0			0
Vietnamese	0		0			0
Unspecified Non-Hispanic/Latino ethnicity	12		10			2
Another Non-Hispanic/Latino ethnicity	1		1			0
Race/Ethnicity (Presentations)	(n=1,318)	465	293	138	62	360
American Indian/Alaska Native	22	17	4	0	0	1
Asian	22	14	2	0	0	6
Black/African American	169	161	3	0	2	3
Hispanic or Latino	898	106	274	137	47	334
Native Hawaiian/other Pacific Islander	10	9	0	0	0	1
White	266	129	10	9	12	106
More than one race	74	27	8	36	1	2
Another race/ethnicity	0	0	0	0	0	0
<i>Declined to answer/skipped</i>	6	4	0	1	1	0

Outreach for Increasing Recognition
of Early Signs of Mental Illness
Demographics

	TOTALS	African American Community Partnership	Family Self- Help Support and Advocacy	Latino Community Partnership	MCBH Community Presentations and Outreach	Promotores Mental Health Program
Primary Language	(n=1,620)	468	357	139	62	594
English	651	358	81	9	19	184
Spanish	849	37	271	128	32	381
English and Spanish	107	73	5	1	11	17
Other	13	0	0	1	0	12
<i>Declined to answer/skipped</i>	7	1	0	0	1	5
Age	(n=1,610)	467	344	138	63	598
0 to 15 years	85	19	0	1	6	59
16 to 25 years	272	77	45	8	2	140
26 to 59 years	1,072	284	276	109	51	352
60 years+	181	87	23	20	4	47
<i>Declined to answer/skipped</i>	17	2	13	1	0	1
Current Gender Identity	(n=290)		56			234
Male	91		15			76
Female	199		41			158
Transgender	0		0			0
Genderqueer	0		0			0
Questioning or unsure	0		0			0
Another gender identity	0		0			0
<i>Declined to answer/skipped</i>	13		8			5
Sex Assigned at Birth	(n=291)		56			235
Male	95		15			80
Female	196		41			155
Another sex	0		0			0
<i>Declined to answer/skipped</i>	12		8			4

Outreach for Increasing Recognition
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Demographics

	TOTALS	African American Community Partnership	Family Self- Help Support and Advocacy	Latino Community Partnership	MCBH Community Presentations and Outreach	Promotores Mental Health Program
Sexual Orientation	(n=270)		47			223
Gay or Lesbian	2		0			2
Heterosexual or Straight	266		46			220
Bisexual	1		1			0
Questioning or unsure	0		0			0
Queer	0		0			0
Another sexual orientation	1		0			1
<i>Declined to answer/skipped</i>	33		17			16
Veteran Status	(n=302)		64			238
Yes	3		3			0
No	299		61			238
<i>Declined to answer/skipped</i>	1		0			1
Disability	(n=290)		55			235
No Disability	213		40			173
Has a disability	77		15			62
Disability Types						
Difficulty seeing	7		2			5
Difficulty hearing or having speech understood	1		0			1
Other communication difficulty	0		0			0
Mental domain disability	2		2			0
Chronic health condition	7		4			3
Physical disability	4		2			2
Another disability	4		4			0
Unspecified disability	57		5			52
<i>Declined to answer/skipped</i>	13		9			4

Overall PEI Totals

Demographics Across PEI Programs

Race	(n=2,302)
American Indian/Alaska Native	110
Asian	105
Black/African American	148
Native Hawaiian/other Pacific Islander	55
White	1,385
More than one race	137
Another race	552
<i>Declined to answer/skipped</i>	<i>1,089</i>
Ethnicity	(n=2,953)
Hispanic/Latino	1,993
Non-Hispanic/Latino	1,064
More than one Ethnicity	187
<i>Declined to answer/skipped</i>	<i>331</i>
Hispanic/Latino Ethnicities	
Caribbean	12
Central American	50
Mexican/Mexican-American/Chicano	1,406
Puerto Rican	59
South American	11
Unspecified Hispanic/Latino ethnicity	447
Other Hispanic/Latino ethnicity	49
Non-Hispanic Ethnicities	
African	138
Asian Indian/South Asian	44
Cambodian	2
Chinese	14
Eastern European	137
European	510
Filipino	81
Japanese	30
Korean	14
Middle Eastern	14
Vietnamese	2
Unspecified Non-Hispanic/Latino ethnicity	71
Other Non-Hispanic/Latino ethnicity	108

Primary Language	(n=6,819)
English	3,801
Spanish	2,393
English and Spanish	445
Other	180
<i>Declined to answer/skipped</i>	<i>116</i>
Age	(n=7,514)
0 to 15 years	2,118
16 to 25 years	1,554
26 to 59 years	2,821
60 years+	1,021
<i>Declined to answer/skipped</i>	<i>284</i>
Gender (Avatar)	(n=862)
Male	337
Female	535
Current Gender Identity	(n=2,326)
Male	1,167
Female	1,122
Transgender	10
Genderqueer	8
Questioning or unsure	15
Another gender identity	4
<i>Declined to answer/skipped</i>	<i>274</i>
Sex Assigned at Birth	(n=3,005)
Male	1,619
Female	1,381
Another sex	3
<i>Declined to answer/skipped</i>	<i>279</i>
Sexual Orientation	(n=1,996)
Gay or Lesbian	53
Heterosexual or Straight	1,793
Bisexual	99
Questioning or unsure	22
Queer	14
Another sexual orientation	16
<i>Declined to answer/skipped</i>	<i>604</i>

Demographics Across PEI Programs

Race/Ethnicity (Presentations) (n=3,609)

American Indian/Alaska Native	65
Asian	186
Black/African American	271
Hispanic or Latino	2,258
Native Hawaiian/other Pacific Islander	68
White	902
More than one race	430
Another race/ethnicity	35
<i>Declined to answer/skipped</i>	40

Ethnicity (Avatar) (n=853)

Asian/Islander	20
Black	23
Hispanic	567
Other	62
White	181

Veteran Status (n=2,461)

Yes	362
No	2,099
<i>Declined to answer/skipped</i>	140

Disability (n=2,922)

No Disability	1,768
Has a disability	1,280

Disability Types

Difficulty seeing	242
Difficulty hearing or having speech understood	207
Other communication difficulty	86
Mental domain disability	369
Chronic health condition	507
Physical disability	389
Another disability	182
Unspecified disability	183

APPENDIX D. OUTCOMES ACROSS PROGRAMS

Prevention

Percentage/number of respondents who selected Agree, by program

	Epicenter (n=36-37)	Parent Education Program (n=130-133)	Senior Companion Program (n=8)	Senior Peer Counseling (n=154-158)
Because of this program...				
I feel more connected to other people.	80%	82%	8	88%
I know where to go for mental health services near me.	84%	78%	8	88%
I know when to ask for help with an emotional problem.	78%	83%	7	93%
I am able to deal with problems better.	65%	92%	5	83%
I feel less stress or pressure in my life.	68%	78%	5	73%
I feel better about myself.	67%	89%	5	81%
When I think about the future, I feel good.	73%	90%	5	70%
Please choose how much you agree or disagree with each sentence below:				
	(n=37)	(n=130-134)	(n=8)	(n=152-170)
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	73%	88%	8	96%
The program had services in the language that I speak best.	92%	97%	7	97%
I got services that were right for me.	87%	91%	8	96%
I am happy with the services I received.	97%	95%	8	99%
I would recommend this program to a friend or family member.	92%	95%	8	100%

Early Intervention

Percentage/number of respondents who selected Agree, by program

	Family Support Groups	Felton Early Psychosis	OMNI Resource Center	School-Based Counseling	School-Based DV Counseling	Silver Star Resource Center
Because of this program...	(n=17-18)	(n=64-67)	(n=251-258)	(n=11-12)	(n=71-77)	(n=16-17)
I feel more connected to other people.	14	64%	75%	8	43%	5
I know where to go for mental health services near me.	18	86%	81%	11	55%	11
I know when to ask for help with an emotional problem.	18	90%	80%	10	73%	12
I am able to deal with problems better.	17	85%	76%	9	58%	10
I feel less stress or pressure in my life.	13	70%	66%	9	40%	9
I feel better about myself.	12	82%	80%	11	54%	8
When I think about the future, I feel good.	14	80%	67%	8	41%	8
I feel less worried or afraid.	15	70%	63%	10	43%	8
I feel I have more energy during the day.	14	62%	65%	7	44%	7
I care more about the things that are happening in my life.	17	82%	72%	11	62%	10
Please choose how much you agree or disagree with each sentence below:	(n=16-18)	(n=64-67)	(n=257-258)	(n=11-12)	(n=76-77)	(n=17)
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	17	82%	77%	7	63%	14
The program had services in the language that I speak best.	18	97%	90%	11	81%	17
I got services that were right for me.	17	95%	78%	11	75%	16
I am happy with the services I received.	16	92%	84%	11	71%	16
I would recommend this program to a friend or family member.	17	90%	88%	12	64%	15

Suicide Prevention & Stigma and Discrimination Reduction

Percentage/number of respondents who selected Agree, by program

	Suicide Prevention Service	Success Over Stigma
Because of coming to this training/class...	(n=143-144)	(n=210-215)
I know where to go for mental health services near me.	76%	76%
I know when to ask for help with an emotional problem.	82%	87%
I believe people with mental illness can get better and have healthy lives.	78%	87%
I believe people are generally caring and sympathetic to people with mental illness.*	63%	66%
I would be more likely to help someone in need who has a mental illness.†	93%	-
I learned more about the warning signs of suicide.	80%	-
I learned ways to help a person who is dealing with a mental health problem or crisis.	84%	-
Please choose how much you agree or disagree with each sentence below:	(n=139-145)	(n=211-214)
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	64%	64%
Information was given in the language that I speak best.	87%	87%
I will use what I learned in this training/class.	75%	75%
This training/class helped me.	82%	82%
I would recommend this training/class to a friend or family member.	78%	78%

* This question was only asked in September 2018 survey version.

† This question was only asked in March 2019 survey version.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Percentage/number of respondents who selected Agree, by program

	African American Community Partnership (n=22-46)	Family Self- Help Support and Advocacy (n=10)	Latino Community Partnership (n=32-36)	Promotores Mental Health Program (n=11)
As a result of participating in this training/class...				
I know where to go for mental health services near me.	91%	10	91%	-
I know when to ask for help with an emotional problem.	87%	10	84%	-
I believe people with mental illness can get better and have healthy lives.	91%	10	94%	-
I believe people are generally caring and sympathetic to people with mental illness.	58%	10	76%	-
I have a better understanding of mental illness.*	100%	-	73%	-
I would be more likely to help someone in need who has a mental illness.*	100%	-	91%	-
Please choose how much you agree or disagree with each sentence below:				
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	94%	9	92%	-
Training/class materials were available in my preferred language.	100%	10	94%	-
I plan to use what I learned in this training/class.	93%	10	97%	-
Overall, this training/class was helpful to me.	98%	10	100%	-
I would recommend this training/class to a friend or family member.	98%	8	97%	-
Because of this program...				
I feel more connected to other people.	-	20	-	9
I know where to go for mental health services near me.	-	22	-	10
I know when to ask for help with an emotional problem.	-	21	-	6
I am able to deal with problems better.	-	21	-	6
I feel less stress or pressure in my life.	-	13	-	7
I feel better about myself.	-	19	-	10
When I think about the future, I feel good.	-	18	-	7
I feel less worried or afraid.	-	16	-	10
I feel I have more energy during the day.	-	12	-	10
I care more about the things that are happening in my life.	-	21	-	10

* This question was only asked in March 2019 survey version.

Percentage/number of respondents who selected Agree, by program

	African American Community Partnership	Family Self- Help Support and Advocacy (n=23)	Latino Community Partnership	Promotores Mental Health Program (n=10-11)
Please choose how much you agree or disagree with each sentence below:				
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	-	22	-	10
The program had services in the language that I speak best.	-	23	-	11
I got services that were right for me.	-	23	-	8
I am happy with the services I received.	-	22	-	8
I would recommend this program to a friend or family member.	-	23	-	10