

Prevention & Early Intervention

ANNUAL REPORT

FY 2021-2022

Prepared by
EVALCORP
Measuring What Matters®



**MONTEREY COUNTY
BEHAVIORAL HEALTH**

Avanzando Juntos Forward Together

ACKNOWLEDGMENTS

EVALCORP would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this report. To begin, we would like to thank Monterey County Behavioral Health for their partnership throughout the evaluation process. We extend thanks particularly to Monterey County Behavioral Health Bureau Director, Katherine Eckert; Management Analyst III, Alica Hendricks; Management Analyst III, Shannon Castro; MHSA Prevention Manager, Dana Edgull; and Management Analyst II, Wesley Schweikhard. We greatly appreciate their collaboration and support. We would also like to thank all the funded providers for their hard work in collecting the data presented throughout this report. Lastly, we would like to acknowledge the program participants for completing evaluation surveys and sharing their experiences, stories, and recommendations. This report would not be possible without them.

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INTRODUCTION

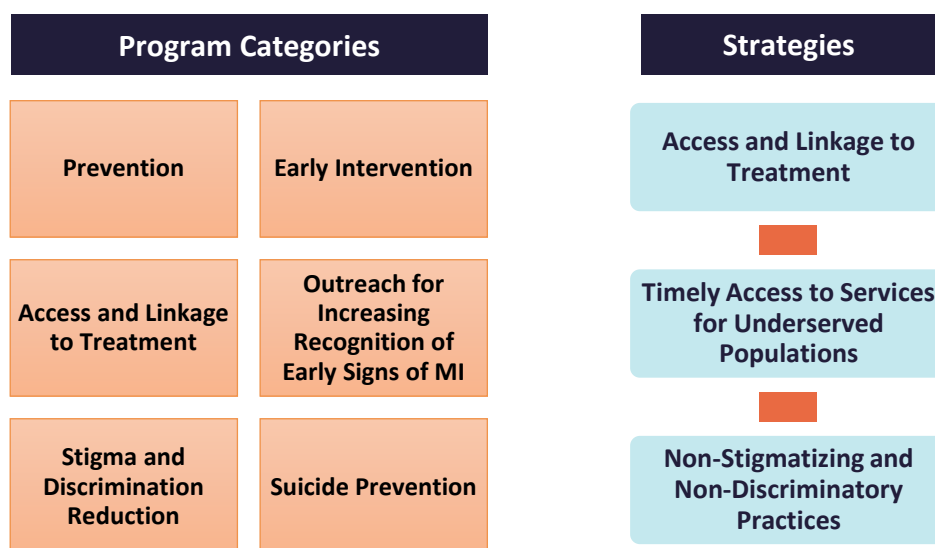
Overview

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

Through MHSA funds, Monterey County Behavioral Health Bureau (MCBH) supports PEI programs that address the mental health prevention and early intervention needs of the county's culturally and regionally diverse communities. In fiscal year (FY) 21–22, MCBH funded 19 programs, administered by both MCBH and contracted community service providers. In addition, MCBH contributes to the CalMHSA (California Mental Health Services Authority) statewide PEI project, Each Mind Matters: California's Mental Health Movement.

MHSA PEI Regulations

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



State regulations also require specific process and outcome evaluation metrics to be reported on an annual and three-year basis. During FY 21–22, despite interruptions from the effects of the COVID-19 pandemic, data collection and submission continued. MCBH's evaluator developed resources which were given to providers in FY 21–22 for online collection of process and outcomes data, minimizing disruption to data collection. Additionally, this further enabled a streamlined and consistent process in collecting important data that supports understanding of PEI programs' reach to Monterey community members and the impact in their lives.

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2021–2022. The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to Monterey County by PEI-funded programs.

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

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

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

Data Sources

Data sources compiled to develop the fiscal year 2021–2022 report fall into five general categories:

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

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

PEI providers used these forms to report demographic data from program participants both quarterly and annually to obtain an unduplicated count of participants.

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

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

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

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

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

Data Notes

In fiscal year 2021–2022, MCBH continued to implement an enhanced data collection and evaluation infrastructure, allowing this year’s report to provide more robust data for PEI programs. MCBH held a training for all PEI providers to introduce new data tools and quarterly reporting on case examples, successes, and challenges, to enhance data collection related to access to services and to offer more opportunities for programs to provide details about program activities.

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

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

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

- **Completeness of demographic data:**

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

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

- **Differences in response options to demographic questions.** Adult and Parent Forms collect all demographic data required by PEI regulations. However, the Presentation Form is a shortened version of the Adult and Parent Forms and only includes questions on zip code, age, race/ethnicity (combined into one question, and does not include sub-categories for ethnicity), and primary language. In addition, demographic data collection by programs using Avatar and by 211 differed from the MHSA PEI Demographic Forms and therefore response options varied from those presented in other program sections where those forms were used.
- **Completeness of outcome survey data:** The number of survey responses collected is typically far less than the number of overall individuals served because survey administration may not always be feasible. In addition, the number of responses may vary between different questions within the same section if respondents skipped a question on the survey. In these cases, a range is provided for the number of responses (n) for the survey, indicating the lowest to highest number of responses to different questions within that survey.
- **Percentages versus counts:** In cases where the number of responses to a demographic or survey question was less than 20, 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.

Report Organization

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

The following information is included for individual programs where available:

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

Additionally, **Appendix A** of the report contains a list of each program by PEI category, **Appendices B and C** 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, organized by the particular outcome form used by each program.

Prevention

THE EPICENTER

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

Program Highlights



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

1,262 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 236 individuals attended 11 presentations, including presentations covering topics for youth and service providers working with LGBTQ+ youth, presentations to community-based organizations about Epicenter resources, and school presentations to staff and parents on understanding gender.

Community Events – 9 events were held where 217 individuals attended in total. Events included training sessions that were provided to schools and youth agencies such as Girls Health in Girls Hands.

Outreach Activities – 8 outreach activities were held with 133 individuals reached.

NAC Support Groups – 40 events were held where 65 individuals attended events such as Sharing Circle Online and Q-TURN.

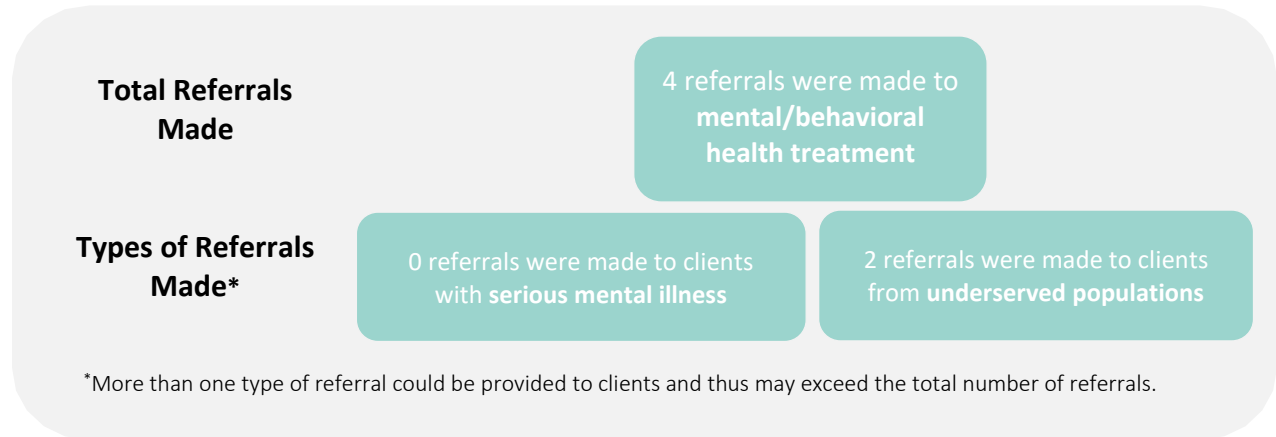
Education/Training Sessions – 5 trainings were provided to 85 internal and external staff members about best practices for working with LGBTQ+ youth.

Training to Youth-Serving Systems – 15 trainings were held with 526 individuals trained.

Support Group Meetings – 40 support groups were held with 65 participants.

THE EPICENTER

Referrals to Mental Health Services



Referrals for Members of Underserved Populations

1 individual confirmed to have engaged in treatment
36 days average interval between the referral and participation in treatment

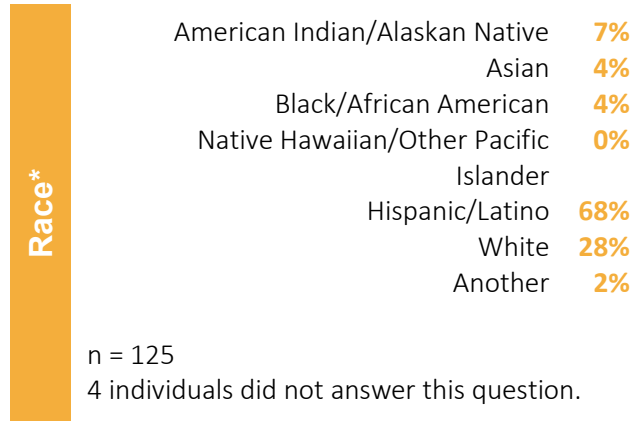
Kinds of Treatment Referred to:
Monterey County Behavioral Health ●
The Village Project

Ways members of underserved populations were assisted in accessing services

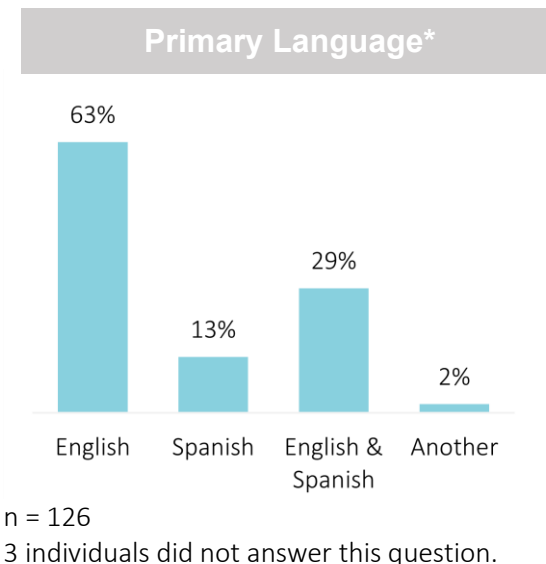
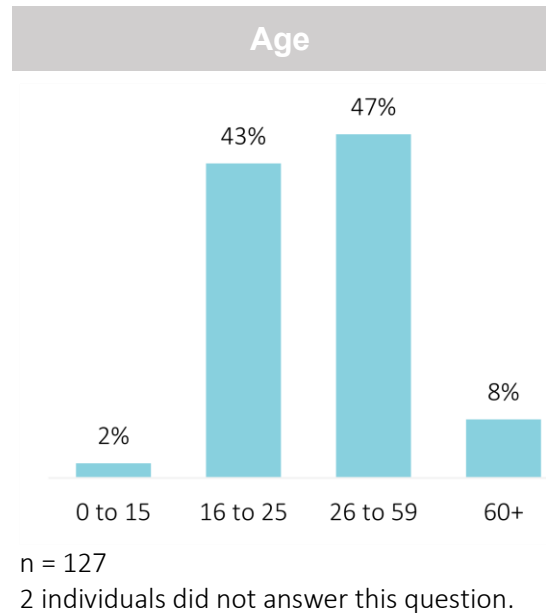
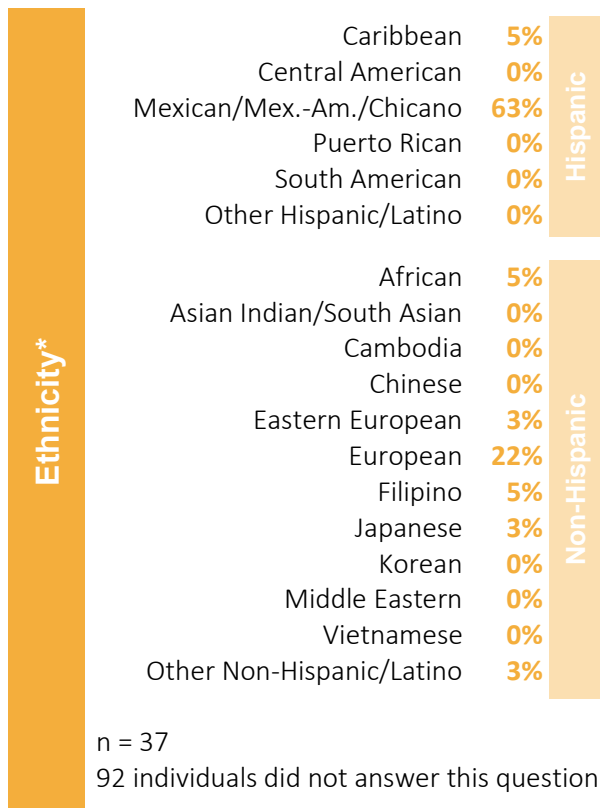
Bus Tokens	1
Transportation	0
Reminder Calls	0
Translation/Interpreter Services	0
Accompaniment	0
Other	0

THE EPICENTER

Demographic Data



68% Hispanic/Latino[†]
32% Non-Hispanic/Latino[†]

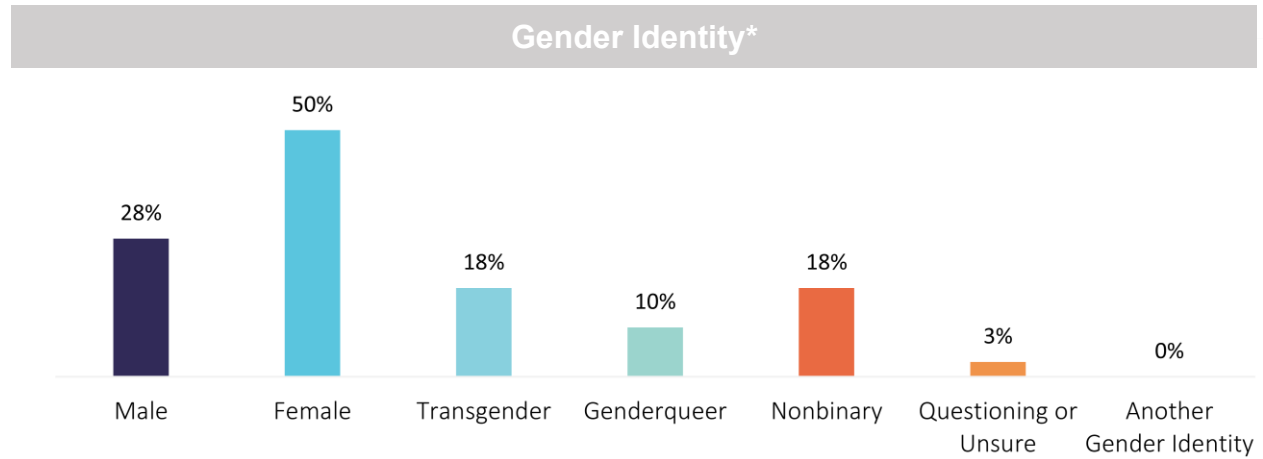


*Percentages may exceed 100% because participants could choose more than one response option.

[†]Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

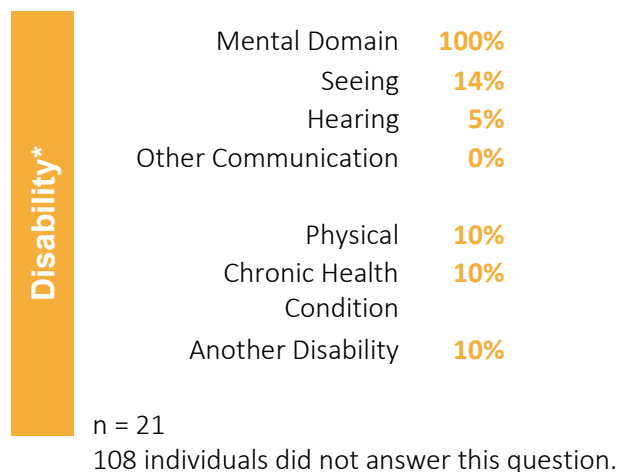
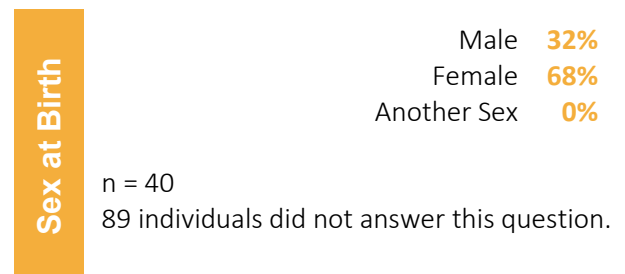
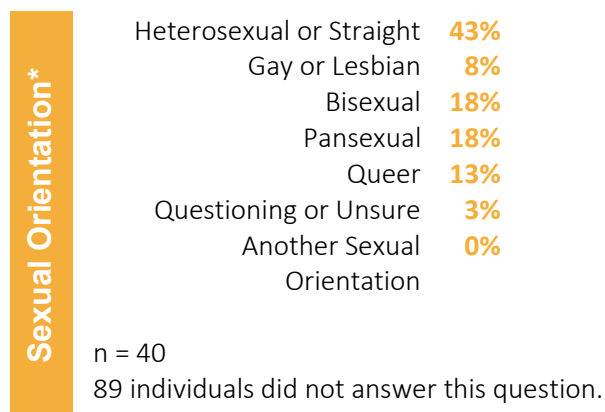
THE EPICENTER

Demographic Data



n = 40

89 individuals did not answer this question.



36% of individuals reported having one or more disabilities

n = 39

90 individuals did not answer this question.

0% of individuals were veterans

n = 40

89 individuals did not answer this question.

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

THE EPICENTER

Outreach and Engagement

During fiscal year 2021–2022, The Epicenter was provided with additional outreach and engagement funds, and held 16 outreach and engagement events and activities, where a total of 67 individuals and seven families participated.

The Epicenter was able to host an online art mental health PSA competition for youth to participate in and express themselves with their choice of art medium. Around 23 submissions were received from youth from all over Monterey County, including youth from Soledad High School and Main St. Middle School in Soledad. The responses received were outstanding and depicted various mental health topics, including complex PTSD, dissociative identity disorder, depression, intrusive thoughts, bullying and how it impacts one's mental health, gender identity, and many more illustrations that showed how youth were doing during the pandemic and in school. From all submissions, The Epicenter selected three winners and posted their artwork on their social media and provided the winners with prizes ranging from \$50–\$250 in gift cards.

The Epicenter's workshop series on mental health taught youth about what mental health is and how they can incorporate self-care into their everyday lives. Their CSUMB intern for Collaborative Health and Human Services was the facilitator and did a tremendous job in engaging youth and helping them learn about coping skills and self-care.

Successes and Learning

Notable Successes

Having been invited to provide LGBTQ+ sensitivity trainings for staff and faculty of Salinas City Elementary School District schools, we are addressing the need for education about the LGBTQ+ community as our youth are comfortably identifying within the LGBTQ+ spectrum.

Notable Strengths

- Our queer/trans youth collective has built a network for our youth leaders to continue developing leadership and life skills.
- Collaboration with our MCBH therapist intern has created and strengthened a pathway for our youth to access meaningful, culturally relevant mental health services.

THE EPICENTER

Successes and Learning

Notable Learnings

The struggle to engage with youth during our drop-in hours continued with the ambiguity and confusion surrounding COVID-19. Social media campaigns have helped raise awareness, especially during our back-to-school supply giveaway sessions which resulted in touchpoints with agencies like Dorothy's Place, further connecting us to other community agencies through their HATS program. Connecting with counselors and GSA advisors at our local high schools, we are slowly but surely inviting in more young people in need of resources and community.

Case Example/Narrative

This past quarter, we had reunited with a youth participant who had been through a lot of trauma and struggles growing up. They were a part of our youth leadership program but had ended up going missing for some months. Now, as they have returned and are working with agencies for housing and mental health services, they are back in our program and are thriving more than ever. They eagerly volunteered to be our guest speaker for our upcoming May community event highlighting foster youth and mental health awareness month. I am very proud of this young individual and their spirited heart as they have so much to offer our community and share hope for young people who have had similar experiences in the foster care system.

PARENT EDUCATION PROGRAM COMMUNITY HUMAN SERVICES (CHS)

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

Program Highlights



Population served: Parents of children ages 0 to 12

167 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 12 participants attended a community presentation at Sun Street Centers focused on discussions of various parenting topics.

Outreach Activities – 135 participants were engaged through 5 outreach events which included events in Santa Rita School District and outreach to the Monterey County Emergency Response Team that provided an overview of Nurturing Parenting Program topics.

Community Events – 90 participants attended two community events.

Parenting Education Classes – 103 participants attended 10 sessions of the Nurturing Parenting Program.

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Because of coming to this program... (n = 20)	% Disagree	% Agree
I feel that I have better relationships with people.	0%	100%
I know where to go for mental health services.	10%	90%
I know when to ask for help with an emotional problem.	0%	100%
I am able to deal with problems better.	0%	100%
I feel less stress or pressure in my life.	5%	95%
I feel better about myself.	5%	95%
I feel good when I think about the future.	5%	95%
I feel less worried or afraid.	10%	90%
I feel I have more energy during the day.	20%	80%
I care more about things in my life.	10%	90%



100% of survey respondents said that they were more aware of when to ask for help with an emotional problem after participating in this program.

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n = 20)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0%	100%
The program was provided in the language that I speak best.	0%	100%
The program was right for me.	5%	95%
I was happy with this program.	0%	100%
I would recommend this program to a friend or family member.	0%	100%



100% of survey respondents agreed or strongly agreed that they were happy with this program.

"All the topics that we deal with in this program will be very useful for me to be able to communicate better with my children and know how to understand them, how to help them, know what their needs are..."

"It's perfect the way it is."

What was most useful or helpful about this program? (n = 13)

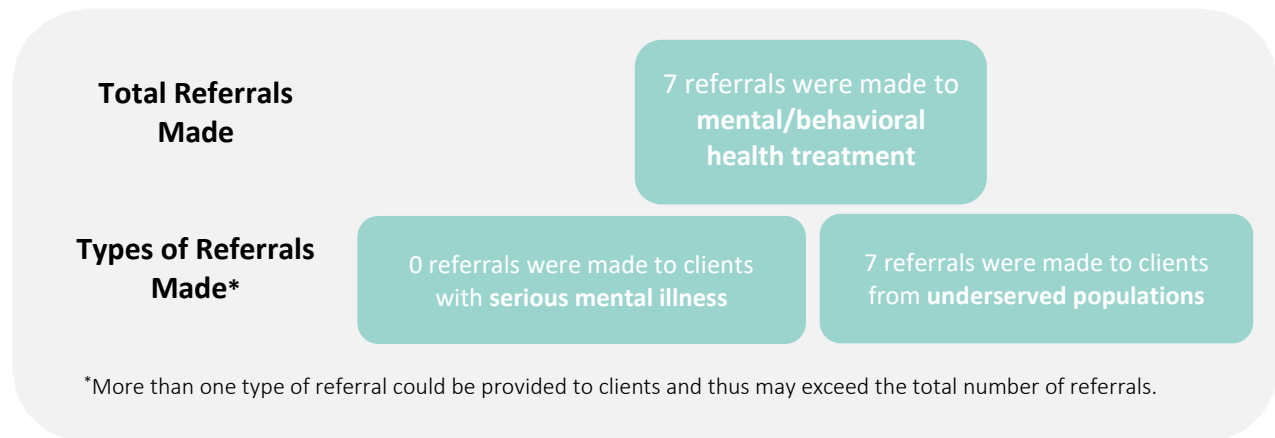
- Learning parenting skills (5)
- Having support and understanding (5)
- Other positive feedback (4)

What are your recommendations for improvement? (n = 17)

- No recommendations (9)
- In-person sessions (2)

PARENT EDUCATION PROGRAM

Referrals to Mental Health Services



Referrals for Members of Underserved Populations

1 individual confirmed to have engaged in treatment
41 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

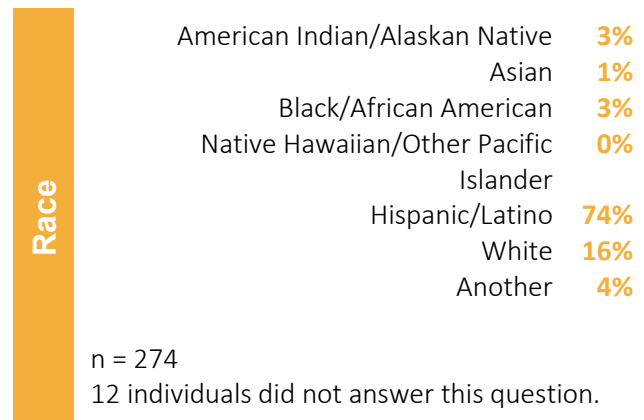
United Way • Harmony at Home • Partners for Peace

Ways members of underserved populations were assisted in accessing services

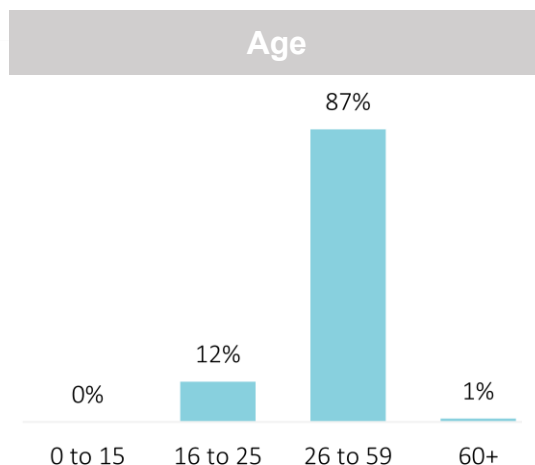
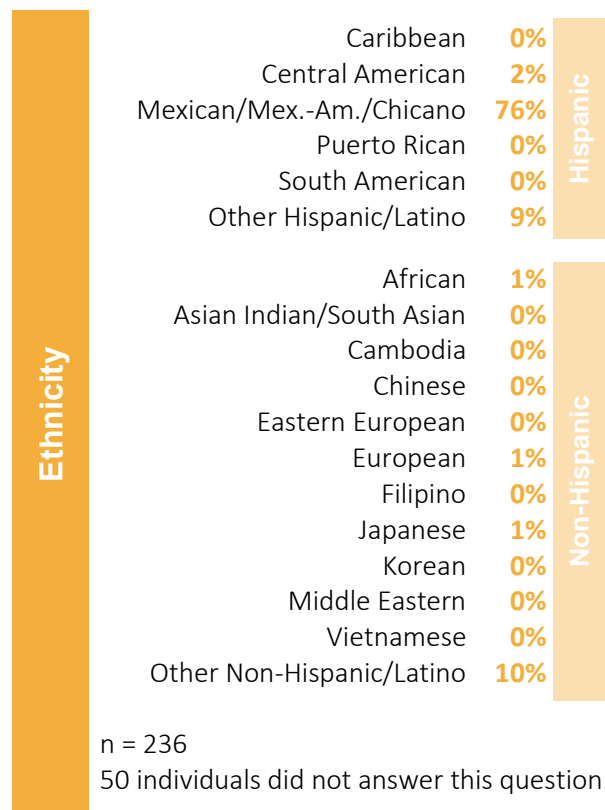
Bus Tokens	0
Transportation	0
Reminder Calls	5
Translation/Interpreter Services	0
Accompaniment	0
Other	0

PARENT EDUCATION PROGRAM

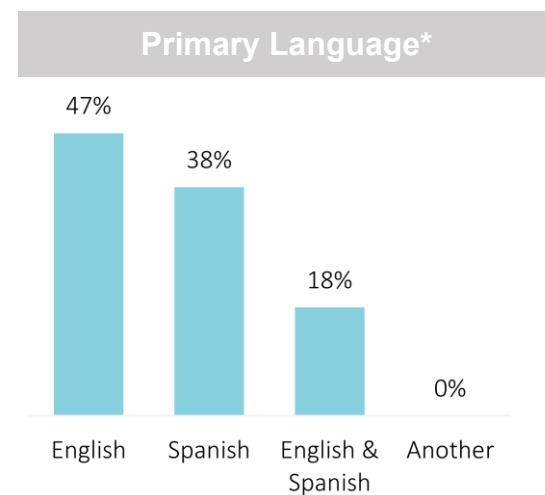
Demographic Data



**87% Hispanic/Latino[†]
13% Non-Hispanic/Latino[†]**



n = 284
2 individuals did not answer this question.



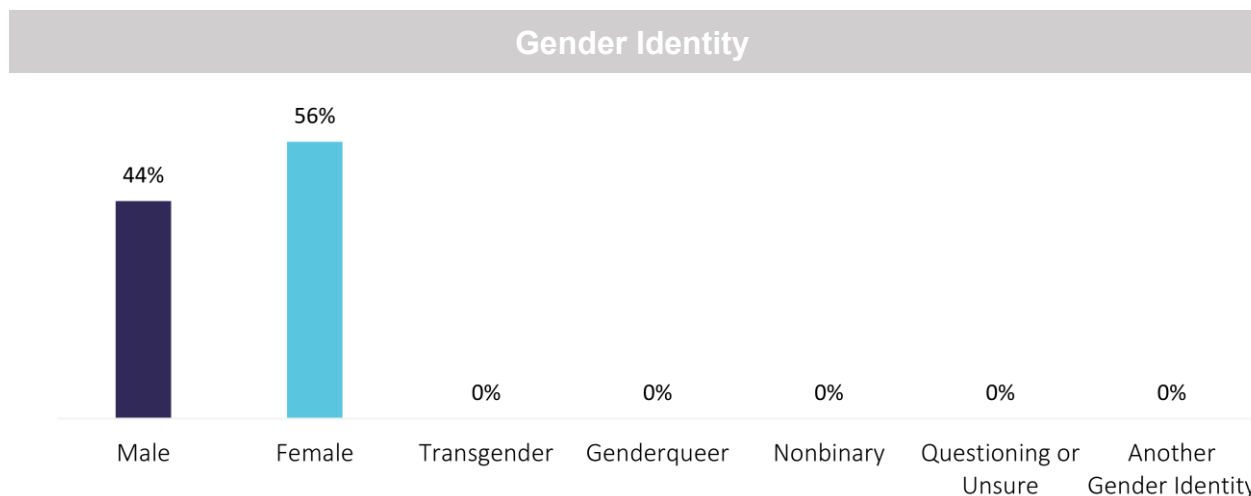
n = 276
10 individuals did not answer this question.

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

[†]Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

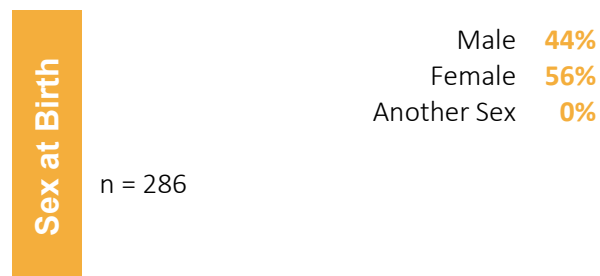
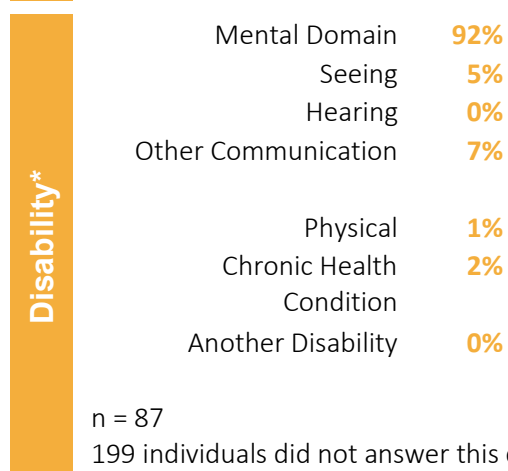
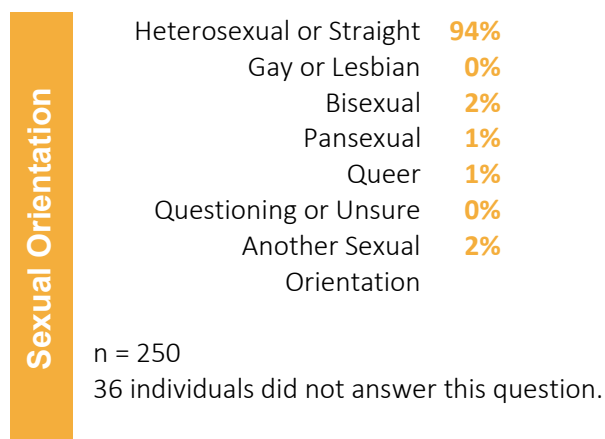
PARENT EDUCATION PROGRAM

Demographic Data



n = 276

10 individuals did not answer this question.



10% of individuals reported having one or more disabilities

n = 259

27 individuals did not answer this question.

2% of individuals were veterans

n = 280

6 individuals did not answer this question.

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

PARENT EDUCATION PROGRAM

Outreach and Engagement

In fiscal year 2021–2022, CHS received additional outreach and engagement funds and was successfully provided outreach to clients throughout Monterey County despite staffing shortages and barriers due to COVID-19. Each team made an extraordinary and collaborative effort to increase mental health care access for the community at large and to deliver the highest quality of mental health education and outreach services to those in need.

Importantly, Your Social Marketer and CHS established parameters for service and outreach during this time. They were able to conduct five survey and listening sessions to the community, develop educational/outreach content (nine brochures in English and Spanish, and with bilingual information, and three advertisements in English and Spanish) for dissemination, and launched two custom mental health services sites in English and Spanish.

Suicide Prevention Crisis Line of the Central Coast 24/7 at 877-663-5433

Español

Mental Health is Health!

It can range, from thriving to surviving. It's okay to not be okay at times, but when the bad days seem to be happening more often than not, it may be a sign that something is going on.



Reaching out for support is a sign of courage, strength, and hope. If you are struggling, or even just feeling off, it is one of the kindest things you can do for you!

La Línea de Prevención de Suicidio de la Costa Central 24/7 al 877-663-5433

English

¡La Salud Mental es Tu Salud!

Fortalecer nuestra salud mental nos lleva de sobrevivir a prosperar. No siempre tenemos que sentirnos bien, pero cuando los días malos son más que los días buenos, puede ser tiempo de buscar apoyo y ayuda.



PARENT EDUCATION PROGRAM

Successes and Learning

Notable Successes

Participants that are enrolled in the Nurturing Parenting Program gain skills, tools, knowledge, and guidance to help them parent their children in a healthier and empathetic environment. As they become more aware of children's needs and developmental stages, they learn to have appropriate age-based expectations. They also learn how to utilize parenting tools in their everyday life, resulting in a more functional and productive household and happier parents and children in our community.

Notable Learnings

One of the challenges is that we had to put our 24-week Nurturing Parenting Program Intensive Parent Education class on hold due to low enrollment. We have learned that due to many evolving factors of the pandemic, the number of referrals received for our 24-week class has been affected and has also affected the number of participants we have served this quarter. We continue to adapt to the situation and to think outside the box to create solutions to increase enrollment.

Case Example/Narrative

At the beginning of every course, we have participants share goals and fears they may have by partaking in the program. Many participants share common goals; they want to learn skills and tools to help them improve their parenting and they want to better understand their children. One of the common fears they share is that they worry they are failing their children and that it may be too late for them to make changes. We always reassure our participants that it is never too late to learn and make adjustments. At the end of the 12-week course, it is very rewarding to see the participants' growth and hear from them about the impact the program has had on them.

Participant Feedback

"As a result of taking the Nurturing Parenting Program, I've changed the way I parent and communicate with my child. I am more understanding of her needs and feelings."

"I have adjusted the way I interact with my children and how I deal with challenging situations. I have worked on being more patient and understanding. I enjoyed taking these classes."

"What I found most valuable about the class was realizing that everyone struggles and how we all need to take time to be aware of our child's emotional status. I would recommend this program to parents and caregivers."

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

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

Program Highlights

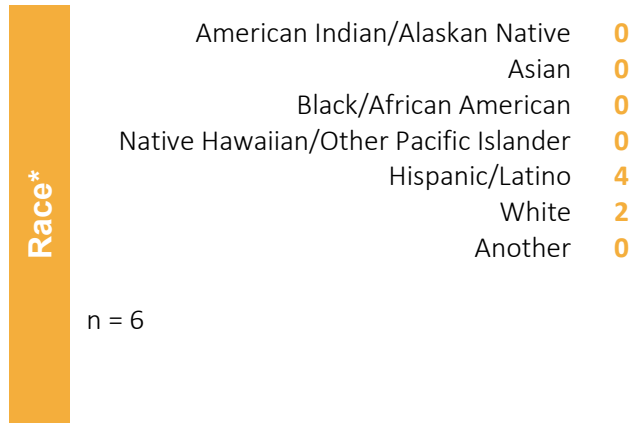


Population served: The local senior community

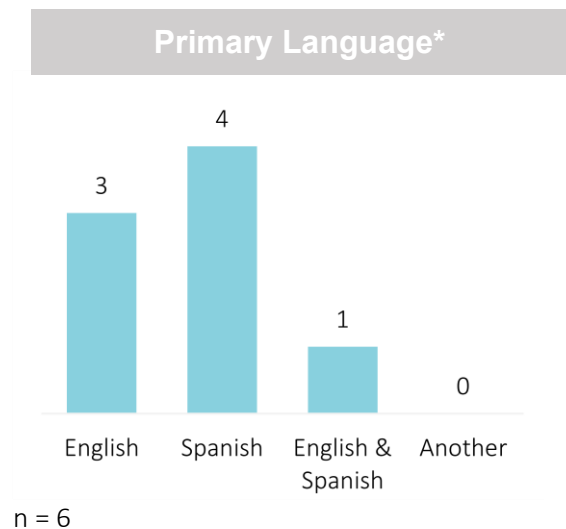
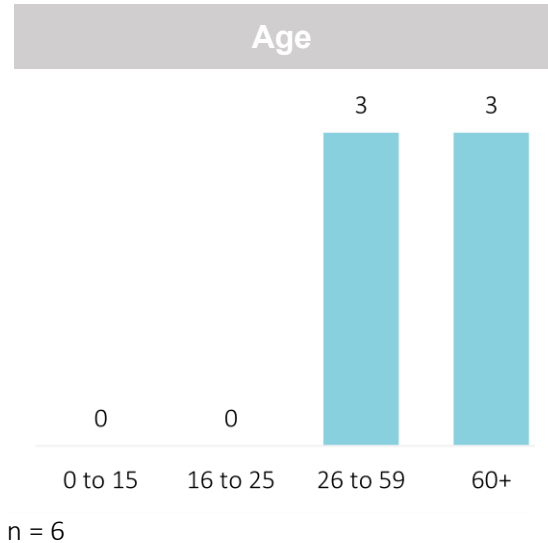
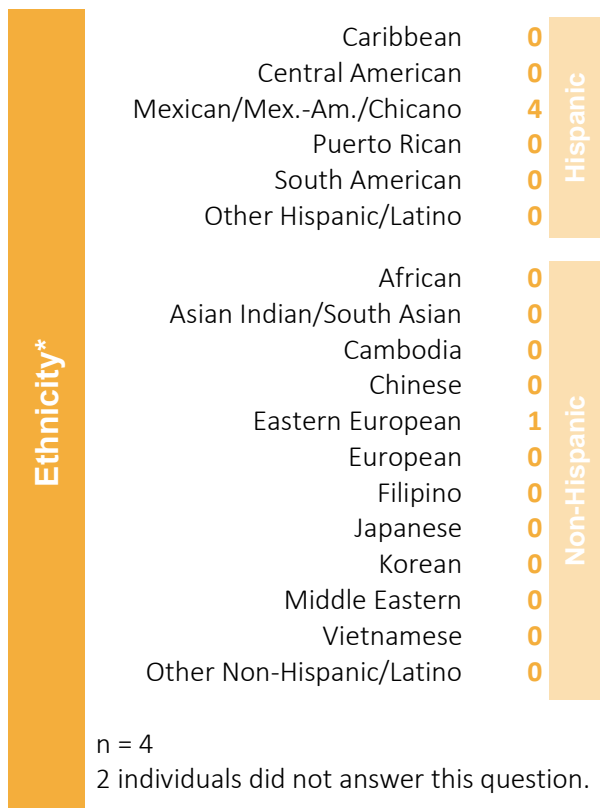
74 individuals engaged in program activities

SENIOR COMPANION PROGRAM

Demographic Data



100% Hispanic/Latino*†
25% Non-Hispanic/Latino*†

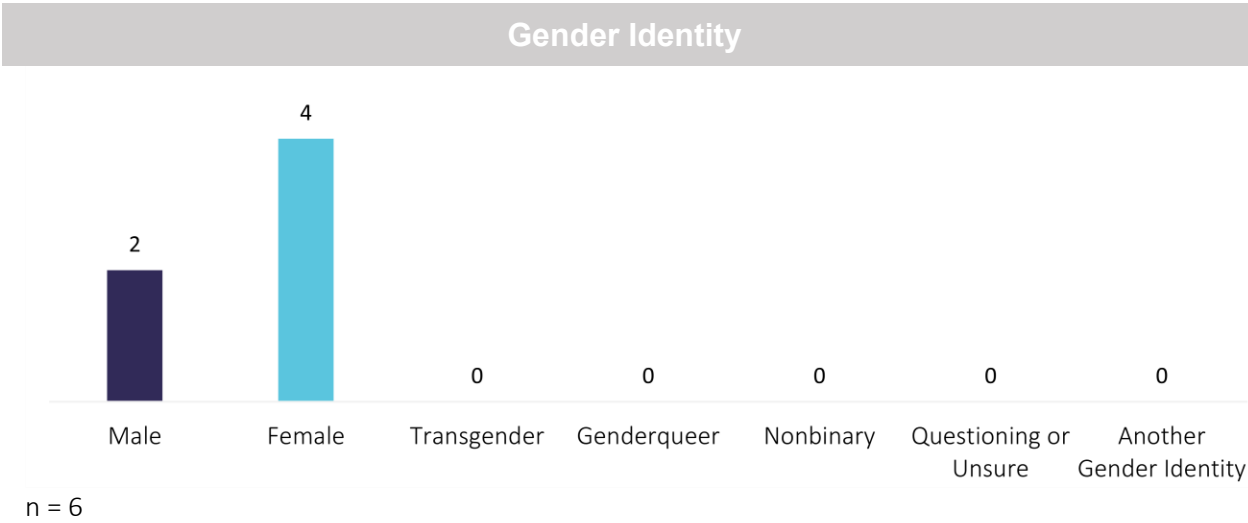


*Percentages may exceed 100% because participants could choose more than one response option.

†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

SENIOR COMPANION PROGRAM

Demographic Data



Sexual Orientation	Heterosexual or Straight	2
	Gay or Lesbian	0
	Bisexual	0
	Pansexual	0
	Queer	0
	Questioning or Unsure	0
	Another Sexual Orientation	0
n = 2		
4 individuals did not answer this question.		

Sex at Birth	Male	2
	Female	4
	Another Sex	0
	n = 6	

Disability*	Mental Domain	5
	Seeing	0
	Hearing	1
	Other Communication	0
	Physical	4
	Chronic Health Condition	3
	Another Disability	1
	n = 6	

100% of individuals reported having one or more disabilities

n = 6

0% of individuals were veterans

n = 6

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

SENIOR COMPANION PROGRAM

Successes and Learning

Notable Successes

Even though our senior companions were not able to visit clients in person due to the pandemic, they maintained contact by phone, FaceTime, and Zoom. This ongoing contact was a vital lifeline for their clients, many of whom already experienced loneliness and depression. Having a trusted companion to be an active listener many hours per week helped to keep their mental health challenges from worsening during the increased isolation of the pandemic.

Notable Learnings

The COVID-19 pandemic and the resulting inability of our companions to visit their clients in person and provide transportation for them were the biggest challenges. The situation provided an opportunity to come up with creative ways to support our clients without having in-person contact. We learned that there are many ways to support our clients in addition to visiting them in person and driving them to appointments.



Case Example/Narrative

Due to our training and support, one of our senior companions had become knowledgeable enough with technology that they could train one of their clients how to use email and navigate the internet. This was very empowering for the client and gave them access to many resources only available online.

SENIOR PEER COUNSELING ALLIANCE ON AGING

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

Program Highlights



Population served: Seniors aged 55 and older

109 individuals engaged in program activities

Program Activities

Activities Hosted

Peer Support Meetings – 1,033 hours of individual peer-to-peer support counseling was provided to 44 individuals.

Support Group Meetings – 65 individuals were engaged in 1,113 hours of support for both Spanish- and English-speaking older adults. This support was provided through 154 in-person support meetings and separate wellness check-in calls to clients who were hesitant to resume in-person attendance.

Volunteer and Intern Trainings – 33 volunteers who support the program completed 719 hours of training. Five new MSW interns were recruited to provide counseling services. These interns completed 48 hours of supervision.

SENIOR PEER COUNSELING

Program Outcomes, Satisfaction, and Feedback



73% of survey respondents participated in the program for 1 to 3 months.

Please choose how much you agree or disagree with each sentence below (n = 10–12)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0	12
The program had services in the language that I speak best.	0	10
I got services that were right for me.	1	11
I am happy with the services I received.	0	11
I would recommend this program to a friend or family member.	0	12



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

"It provided someone for me to talk to who was neutral and non-judgmental."

"Increase length of counseling sessions; increase beyond 10 basic sessions."

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

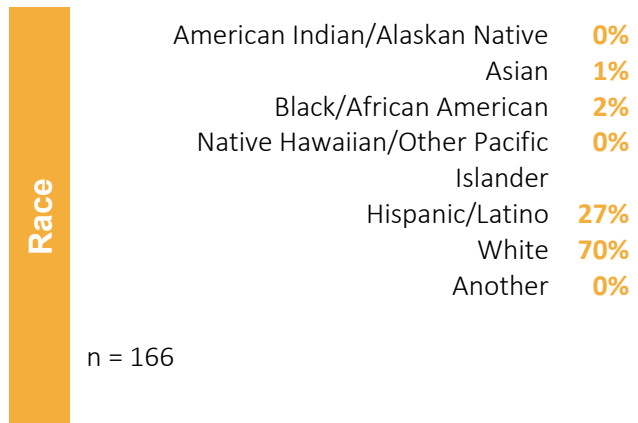
- Having someone to talk to (4)
- General positive experience (8)

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

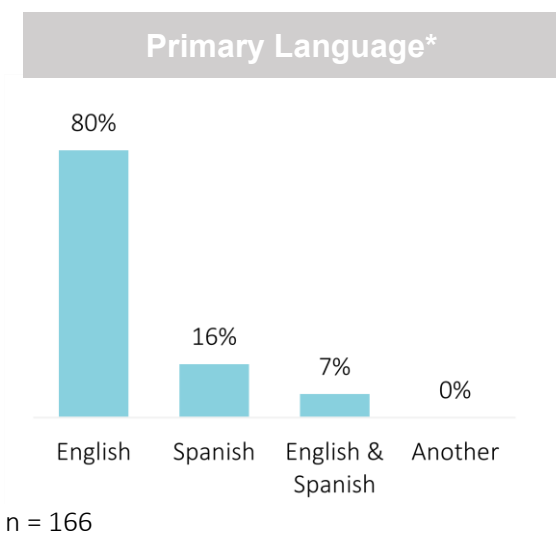
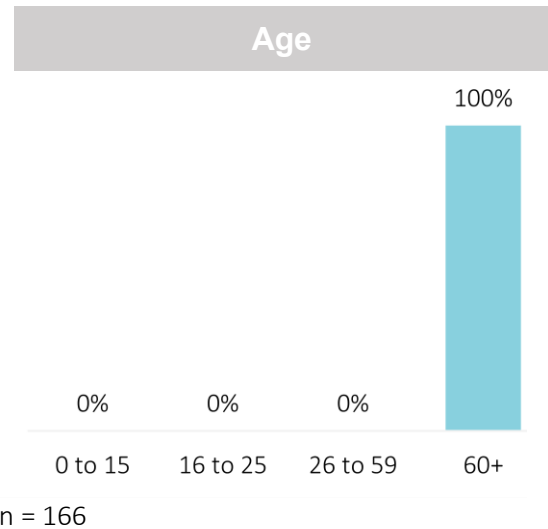
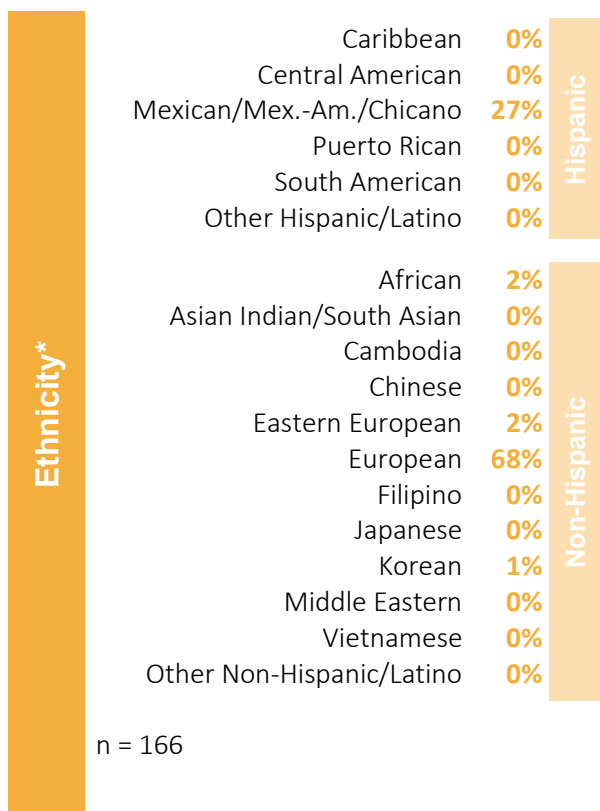
- No improvements needed (4)
- More frequent or longer sessions (3)

SENIOR PEER COUNSELING

Demographic Data



27% Hispanic/Latino[†]
73% Non-Hispanic/Latino[†]

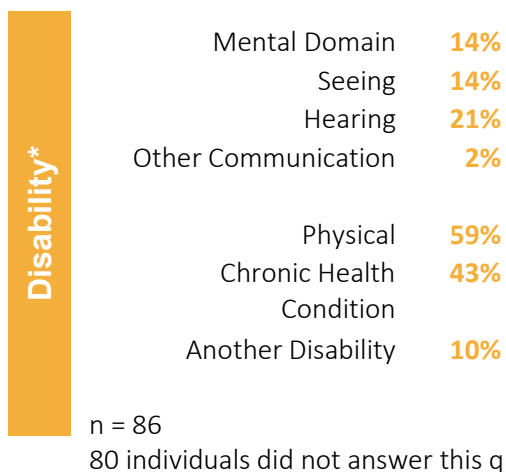
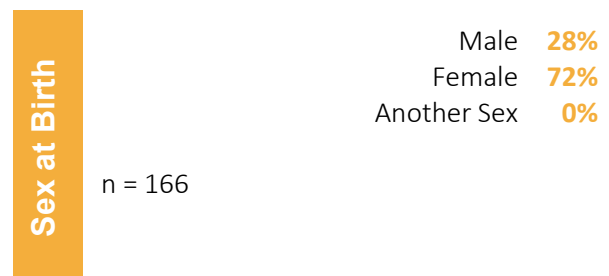
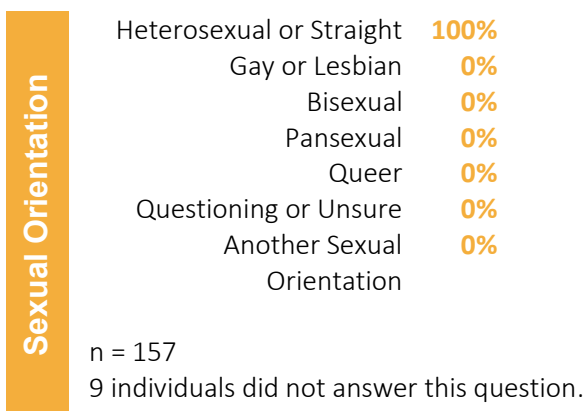
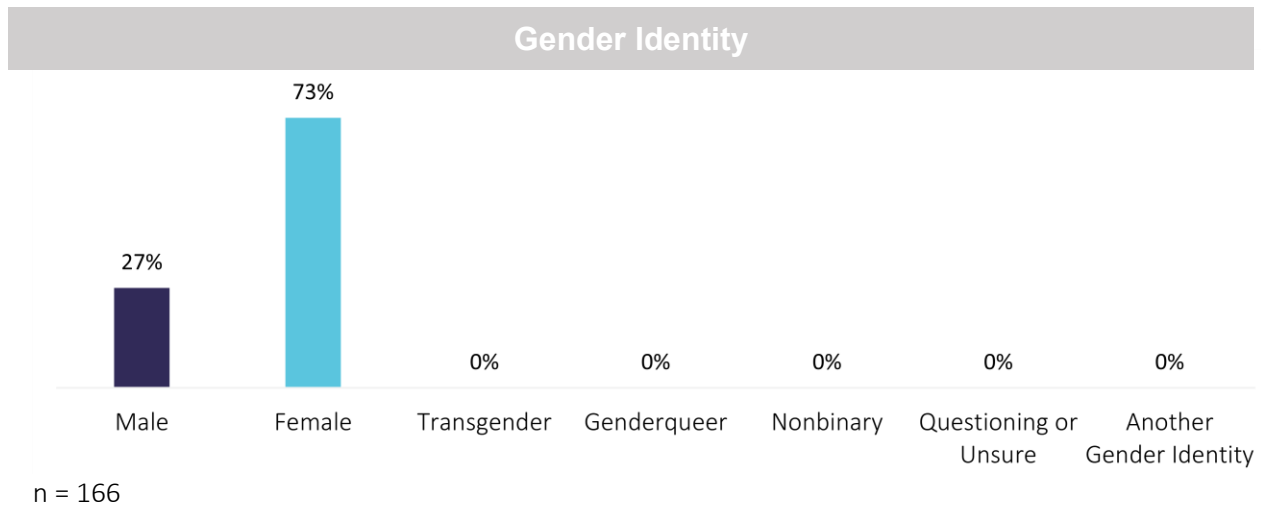


*Percentages may exceed 100% because participants could choose more than one response option.

[†]Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

SENIOR PEER COUNSELING

Demographic Data



52% of individuals reported having one or more disabilities

n = 166

1% of individuals were veterans

n = 166

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

SENIOR PEER COUNSELING

Successes and Learning

Notable Strengths

- The volunteers, who are seniors themselves, are resilient and dedicated members of the community.
- Facilitators demonstrated great flexibility with honoring safety protocols, changing venues, and supporting community members.

Notable Learnings

Support groups faced COVID-related challenges. One group was postponed, and another relocated. As a result of needing to change venues, a more confidential environment was secured for future support groups.

Notable Successes

- Multiple support groups resumed in-person services for the first time since COVID-19 began.
- Three new support groups were launched across different locations, including one facilitated in Spanish.
- New volunteers were recruited and trained for the first time in two years.
- Alliance on Aging outreach staff hosted a weekly informational table at Taylor Farms Clinic in Gonzales to connect with community members.

Case Example/Narrative

A 77-year-old male ("Joe") living with his 82-year-old brother with mental health issues complicated by early trauma, homelessness, substance use and financial insecurity. Neither were married though each had relationships, and Joe's brother had a son. Joe contacted the Senior Peer Counseling Program a week after he found his brother deceased, in his bed, due to an apparent overdose. Joe was obviously traumatized and reaching out for support. While his nephew was handling the legal aspects of his father's death, Joe was at a loss as to how to deal with his own shock and grief. His Senior Peer Counselor began weekly visits two weeks after the death of his brother. Part of the sessions were focused on dealing with Joe's grieving process and the remainder of their time together was spent strategizing case management issues. With support from his Senior Peer Counselor, Joe has stabilized his housing situation and connected with a primary care physician to address his neglected health challenges and depression. While Joe's issues are ongoing, further crises were avoided by early emotional support and intervention from his Senior Peer Counselor.

CULTURALLY RELEVANT PARENTING CLASSES

PARTNERS FOR PEACE

Partners for Peace (P4P) delivers three culturally relevant parenting classes and provides a continuum of prevention to intervention services for parents, families, and youth. Using an evidence-based/informed family skills training program and parenting training for high-risk youth and their parents, P4P seeks to improve social competencies, parenting skills, and the parent-child relationship. All family programs have their foundation in the five protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence children. The programs are: Loving Solutions (prevention), for parents of 5-10 year old children, Strengthening Families Program (prevention/intervention), for parents and their children ages 10-16 years, and the Parent Project, Sr. (intervention), for parents of youth ages 11-17 years.

Program Highlights



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

1,852 individuals engaged in program activities

Program Activities

Activities Hosted

Community Presentations – 165 individuals attended 2 community presentations. One presentation discussed the impact of COVID-19 on the mental health of students, youth, and families.

Community Events – 250 individuals attended an event that featured speakers who had experienced positive mental health services. There were 40 booths that distributed program information and provided “family fun” activities.

Outreach Activities – 551 individuals participated in 21 outreach activities to help recruit and engage families.

Education/Training Sessions – 656 individuals and 196 families attended 180 parent education classes, and 32 individuals attended family skills workshops. Parents also attended support groups at the conclusion of the class series.

Training of Potential Responders – 198 potential responders, including parents, youth, and Monterey Peninsula Unified School District (MPUSD) staff, were trained on how to identify early signs of mental illness. Trainings were provided virtually, in person, and with a hybrid option.

PARTNERS FOR PEACE

Program Outcomes, Satisfaction, and Feedback

After the training/class... (n = 13)	% Yes	% No	% Don't Know
I know a lot about the topic of this training/class.	11	1	1
I know someone who could help me with the topic of this training/class.	11	1	1
I will apply the strategies that were recommended in this class.	12	0	1
I know where to go for mental health services near me.	12	1	0

Comparison of Before and After Knowledge (n = 8–10)	Before (# No/Don't Know)	After (# No/Don't Know)	Difference (# No/Don't Know)
I know a lot about the topic of this training/class.	10	2	8
I know someone who could help me with the topic of this training/class.	10	2	8
I will apply the strategies that were recommended in this class.	11	1	10
I know where to go for mental health services near me.	8	1	7

Because of this program... (n = 23-24)	% Disagree	% Agree
I feel that I have better relationships with people.	96%	4%
I know where to go for mental health services.	96%	4%
I know when to ask for help with an emotional problem.	96%	4%
I am able to deal with problems better.	96%	4%
I feel less stress or pressure in my life.	96%	4%
I feel better about myself.	96%	4%
I feel good when I think about the future.	96%	4%
I feel less worried or afraid.	96%	4%
I feel I have more energy during the day.	92%	8%
I care more about things in my life.	58%	42%

PARTNERS FOR PEACE

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each statement (n = 13)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0	13
The program had services in the language that I speak best.	0	13
Materials provided were useful.	0	13
Training/course was practical and useful.	0	13
I would recommend this program to others.	0	13



100% of survey respondents agreed or strongly agreed that they would recommend this program to others.

"It helped me to understand my son more and how to have more communication with him...how to establish rules in my house. Thank you very much for this program."

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

What was most useful or helpful about this training/class? (n = 9)

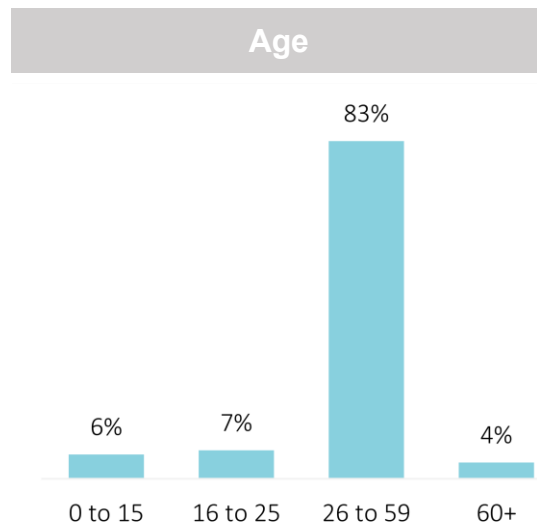
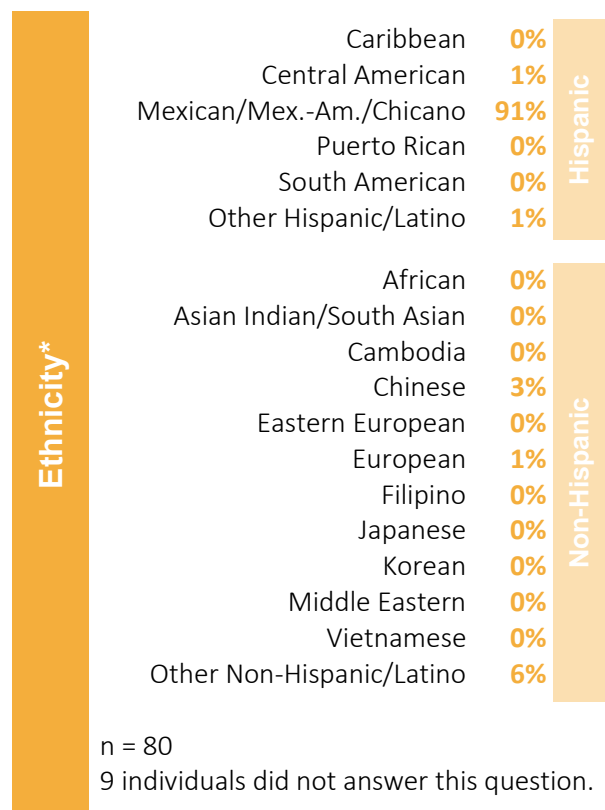
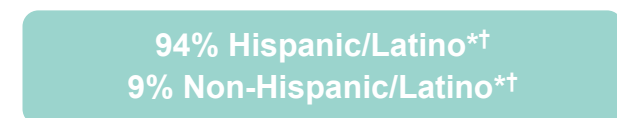
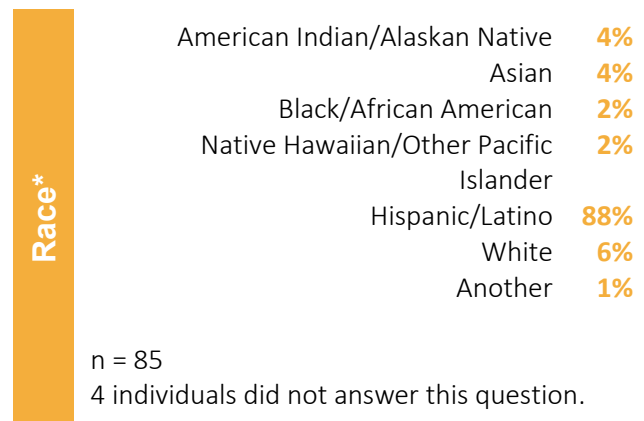
- Learning about how to understand and help children (4)
- Other positive experiences (e.g., be open and honest, talk about stress) (4)

What are your recommendations for improvement? (n = 8)

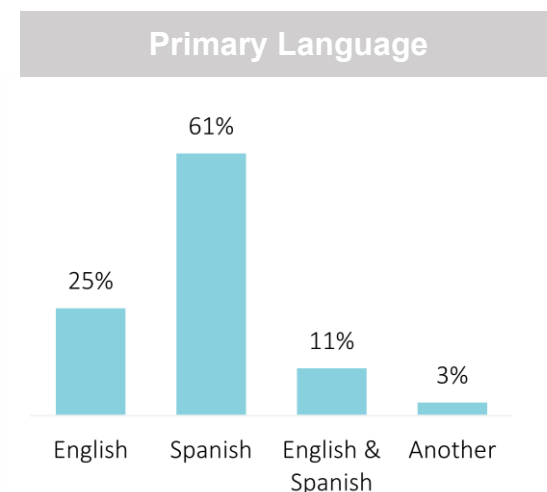
- No recommendations (5)
- Miscellaneous recommendations (e.g., different assignments, more time with parents) (3)

PARTNERS FOR PEACE

Demographic Data



n = 83
6 individuals did not answer this question.



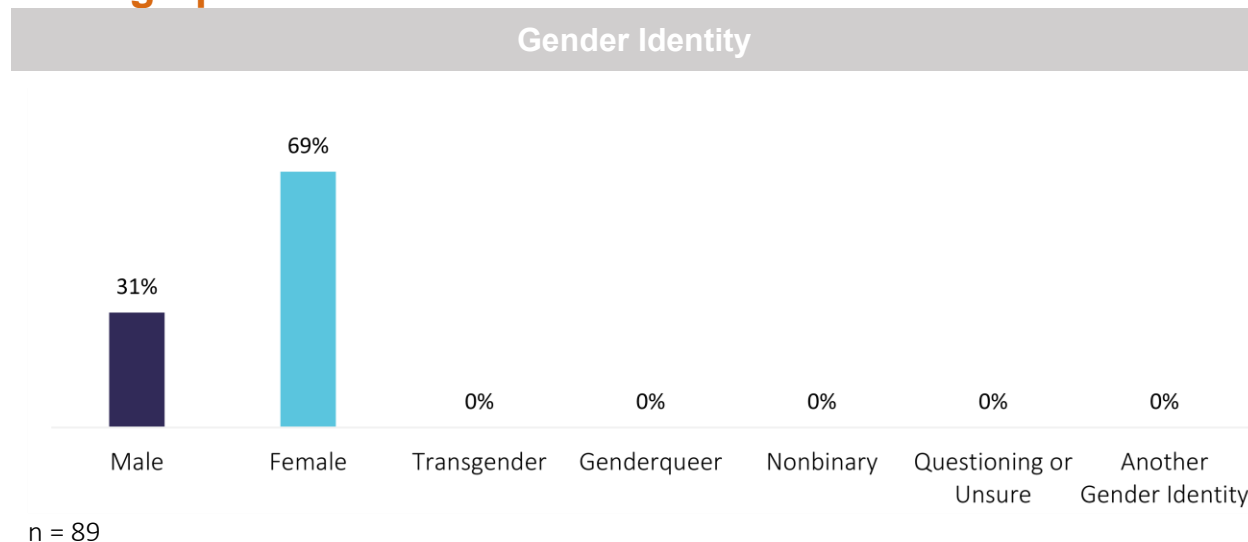
n = 87
2 individuals did not answer this question.

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

†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

PARTNERS FOR PEACE

Demographic Data



Sexual Orientation	Heterosexual or Straight	100%
	Gay or Lesbian	0%
	Bisexual	0%
	Pansexual	0%
	Queer	0%
	Questioning or Unsure	0%
	Another Sexual Orientation	0%
	n = 48 41 individuals did not answer this question.	

Sex at Birth	Male	16%
	Female	84%
	Another Sex	0%
	n = 87 2 individuals did not answer this question.	

Disability	Mental Domain	100%
	Seeing	0%
	Hearing	0%
	Other Communication	0%
	Physical	0%
	Chronic Health Condition	0%
	Another Disability	0%
	n = 5 84 individuals did not answer this question.	

0% of individuals reported having one or more disabilities

n = 88
1 individual did not answer this question.

0% of individuals were veterans

n = 88
1 individual did not answer this question.

PARTNERS FOR PEACE

Successes and Learning

Notable Successes

After a long pandemic, three classes were offered in person. We successfully offered our first in-person/online combination class, utilizing class monitors and cameras. The parents and caregivers continue to report increased communication and bonding with their youth as well as a sense of support that is provided through the breakout group.

Notable Learnings

A challenge was identifying facilitators who would train due to the increased activity of the Omicron variant. Three staff members supplemented three facilitators to ensure that classes could be delivered as promised.

Case Example/Narrative

One mother successfully enrolled in and completed Loving Solutions virtually. She was referred by a social worker. The mother was in the process of reunification with her three children. She was mandated to take the program. She cites the tools that were provided in the program—that she positively implemented with her family—as an important part of her reunification with her three children ages 5–10. As of this report, the family is still together and thriving.

MATERNAL MENTAL HEALTH (MMH) MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

The Maternal Mental Health (MMH) program provides community-based support to help mothers at risk of or experiencing mild to moderate perinatal mood disorders and anxiety disorders. The program offers dyadic groups for mothers and infants/toddlers and provides psychoeducation and support with a focus on Spanish-speaking Latina mothers who do not have access to mental health services through their health insurance providers. These groups provide participants with opportunities to have positive social interactions, develop a support network, and decrease stigma through shared experiences. A primary goal of the program is to increase participants' knowledge and understanding of how being attuned with their child's cues positively impacts bonding and attachment. Additionally, the groups incorporate culturally attuned healing practices that support women and families during the perinatal period.

Program Highlights



Population served: Mothers who are at risk of or are experiencing perinatal distress

413 individuals engaged in program activities

201 families engaged in program activities

Program Activities

Activities Hosted

Community Events – 198 individuals and 102 families attended 6 community events.

Play Therapy Group – 28 individuals and 14 families participated in play therapy groups. These groups were offered to provide perinatal wellness and dyadic parenting support to mothers with their infants in the first year of life.

Maternal Health Individual Services – 4 individuals and 2 families received maternal health individual services.

Pop-up and Play Outreach – 183 individuals and 83 families attended outreach events with the goal of building connections between attendees, reducing isolation, and deepening social connectedness between the mothers who attended.

MATERNAL MENTAL HEALTH (MMH)

Program Outcomes, Satisfaction, and Feedback

Because of this program... (n = 10)	# Disagree	# Agree
I feel that I have better relationships with people.	0	10
I know where to go for mental health services.	0	10
I know when to ask for help with an emotional problem.	0	10
I am able to deal with problems better.	0	10
I feel less stress or pressure in my life.	0	10
I feel better about myself.	0	10
I feel good when I think about the future.	0	10
I feel less worried or afraid.	0	10
I feel I have more energy during the day.	0	10
I care more about things in my life.	0	10



100% of survey respondents said that they were more aware of when to ask for help with an emotional problem after participating in this program.

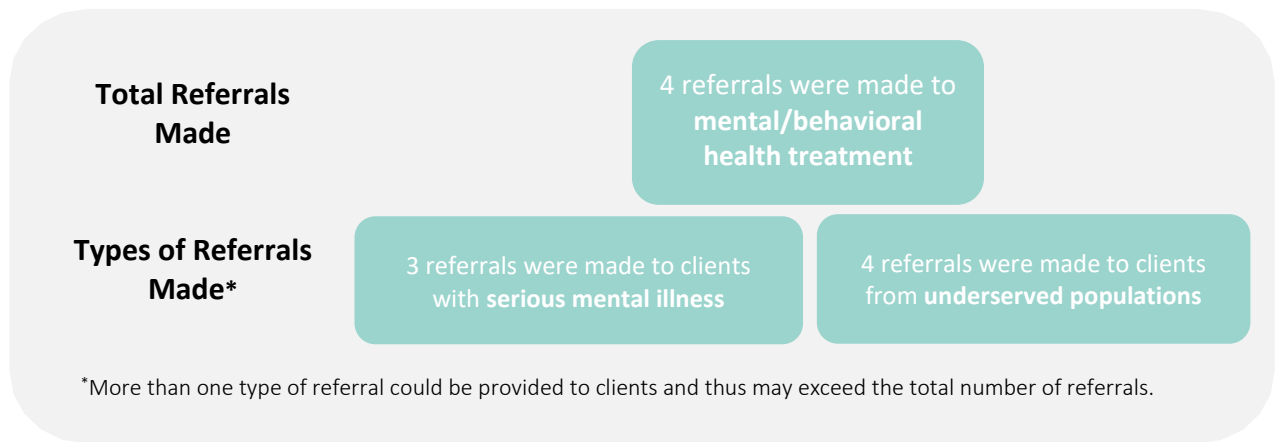
Please choose how much you agree or disagree with each sentence below (n = 10)	# Disagree	# Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0	10
The program was provided in the language that I speak best.	0	10
The program was right for me.	0	10
I was happy with this program.	0	10
I would recommend this program to a friend or family member.	0	10



100% of survey respondents agreed or strongly agreed that the services were right for them in this program.

MATERNAL MENTAL HEALTH (MMH)

Referrals to Mental Health Services



Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

2 individuals confirmed to have engaged in treatment
11 days average interval between the referral and participation in treatment (standard deviation: 2.83)

Kinds of Treatment Referred to:
 Early Childhood Services Team (ECST)

Referrals for Members of Underserved Populations

2 individuals confirmed to have engaged in treatment
11 days average interval between the referral and participation in treatment

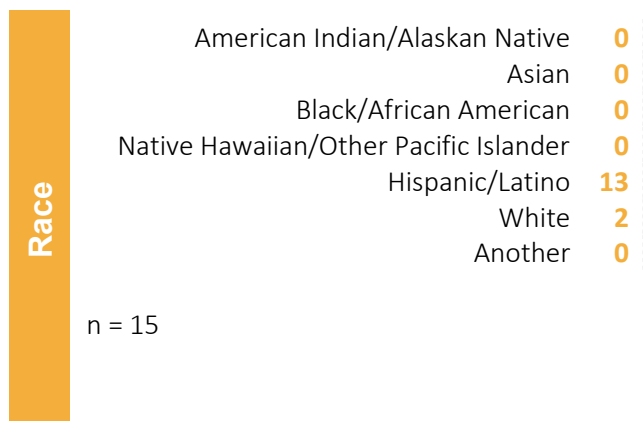
Kinds of Treatment Referred to:
 Early Childhood Services Team (ECST)

Ways members of underserved populations were assisted in accessing services

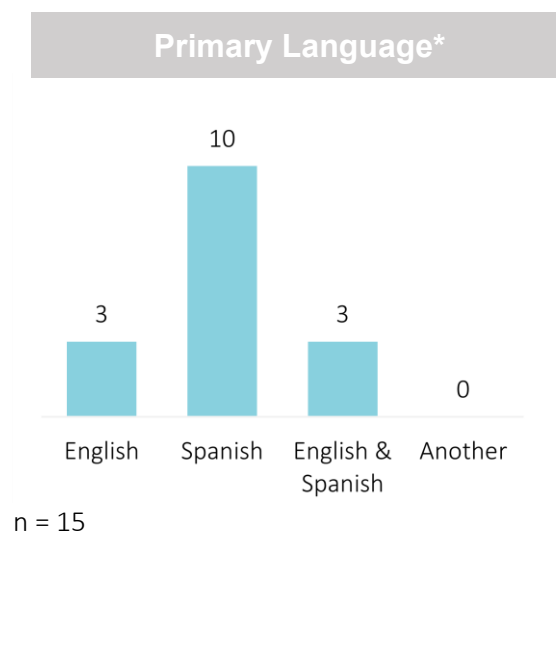
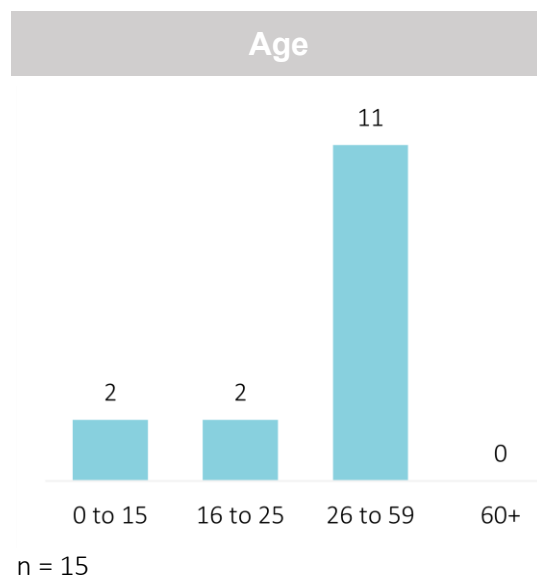
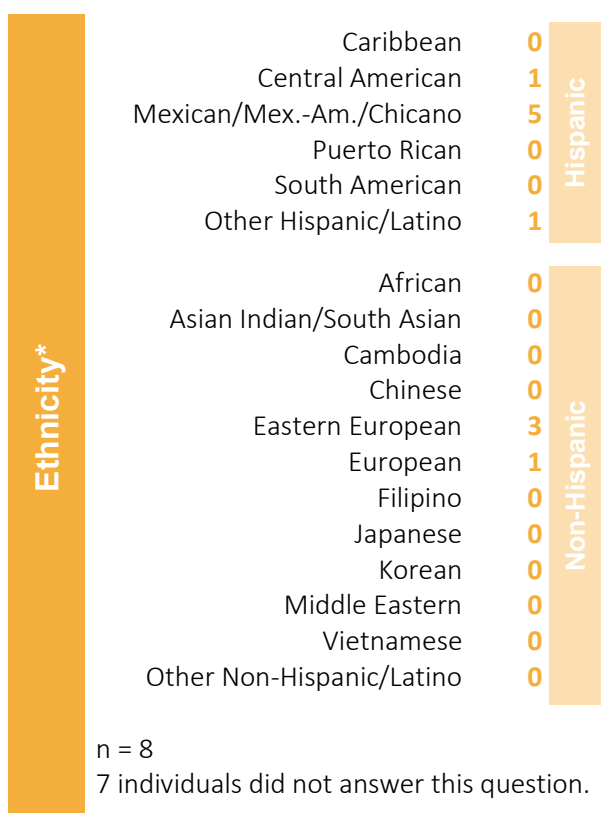
Bus Tokens	0
Transportation	0
Reminder Calls	2
Translation/Interpreter Services	0
Accompaniment	1
Other	0

MATERNAL MENTAL HEALTH (MMH)

Demographic Data



7 Hispanic/Latino*†
1 Non-Hispanic/Latino*†

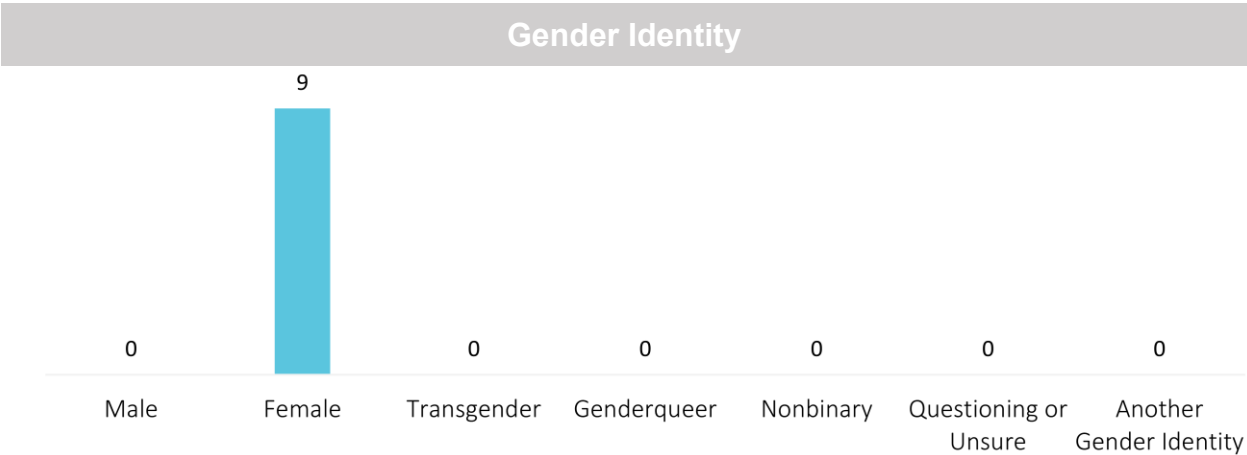


*Percentages may exceed 100% because participants could choose more than one response option.

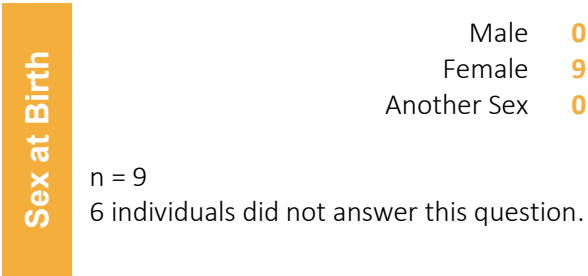
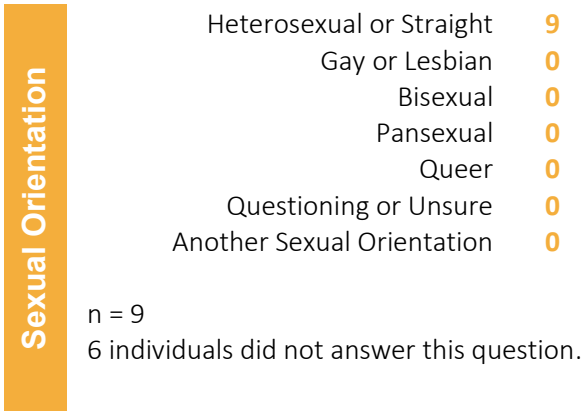
†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

MATERNAL MENTAL HEALTH (MMH)

Demographic Data



n = 9
6 individuals did not answer this question.



0% of individuals were veterans

n = 9
6 individuals did not answer this question.

MATERNAL MENTAL HEALTH (MMH)

Successes and Learning

Notable Strengths

Several mothers shared their worries about their young children's development and felt safe to discuss this with our PEI facilitators. Further, they worked with our PEI-funded social worker who supported them through the referral processes to get connected to community agencies. Additionally, parents in the online group are sharing that they are interested in talking outside of the online group, which promotes connections and is an essential component of decreasing isolation—one of the primary reasons for perinatal distress.

Notable Learnings

Some of the families that sought additional linkages and supports demonstrated frustration at how unhelpful they have found their insurance providers to be, and were “desperate to get screening, assessment, and a higher level of dyadic support.” Our PEI-funded social worker worked diligently for many hours over multiple sessions to support two families through this process.

Case Example/Narrative

A pregnant mother participated in the PEI group between October and November 2021. Although, she was not able to join regularly, she was hopeful and appreciative of the space at each session she attended. The mother was able to gain some moments of relaxation and awareness through connection with her baby during the times that she joined. She also made special connections to her roots and origins in Mexico during one of the groups that was held on a celebrated holiday (Dia de los Muertos). The mother felt comfortable in sharing her past struggles with anxiety and depression, and shared hope in being at a better place. She also made important realizations about her own strengths in cooking traditional foods from Oaxaca despite being so far away from home.

Early Intervention

FAMILY SUPPORT GROUPS

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

Family Support Groups are facilitated by MCBH staff to provide support for family members of individuals living with mental health conditions. Family members get an opportunity to discuss their unique experiences and learn ways to cope from peers and, most of all, learn that they are not alone in their journey. Psychoeducation, resources, and opportunities for peer-sharing are provided through these groups. Family Support Groups are offered in English and in Spanish to all interested Monterey County residents.

Program Highlights



Population served: Family members of those with a mental illness

7 individuals engaged in Family Support Groups

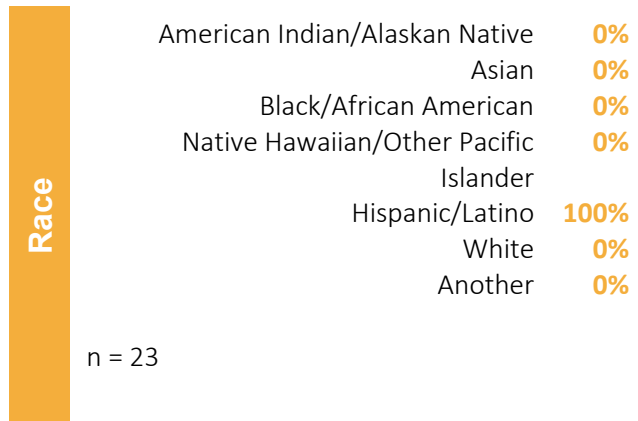
Program Activities

Activities Hosted

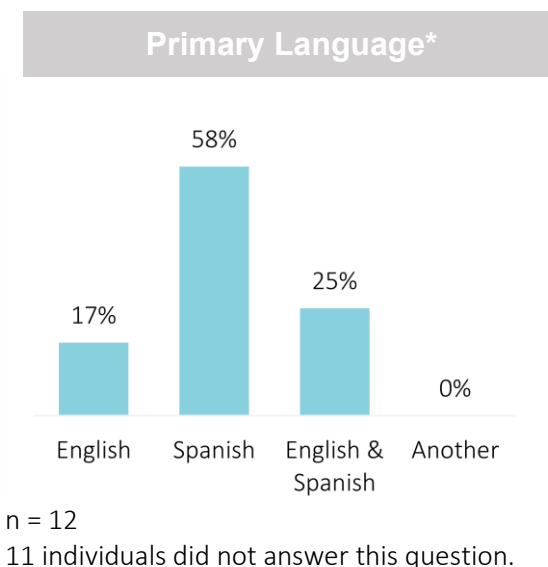
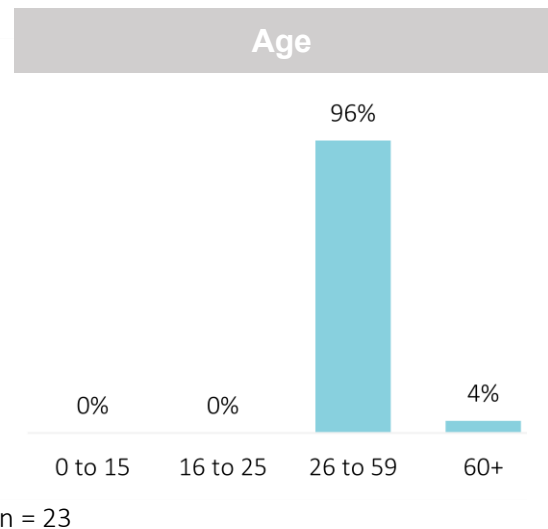
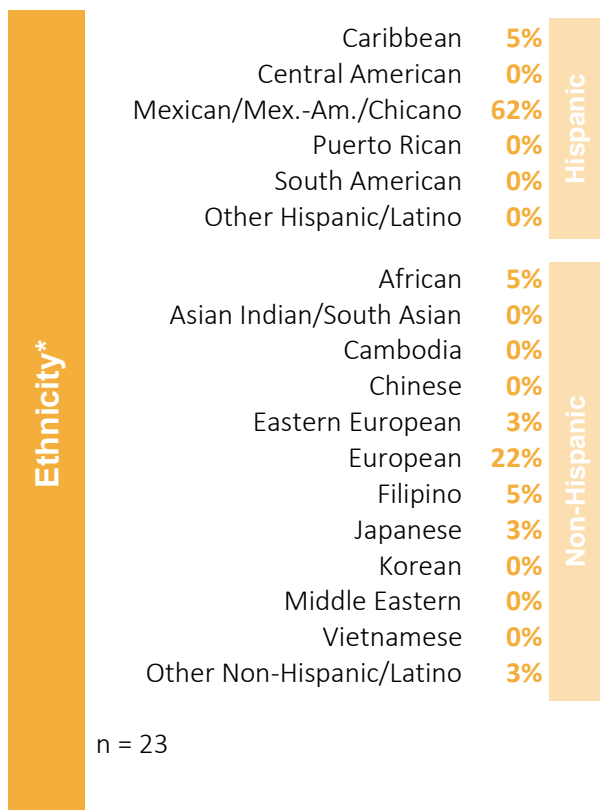
Support Group Meetings – 7 individuals attended a group that helps members to support a loved one with mental illness, promote self-care, and decrease burnout by speaking with other families under similar circumstances.

FAMILY SUPPORT GROUPS

Demographic Data



66% Hispanic/Latino*†
43% Non-Hispanic/Latino*†

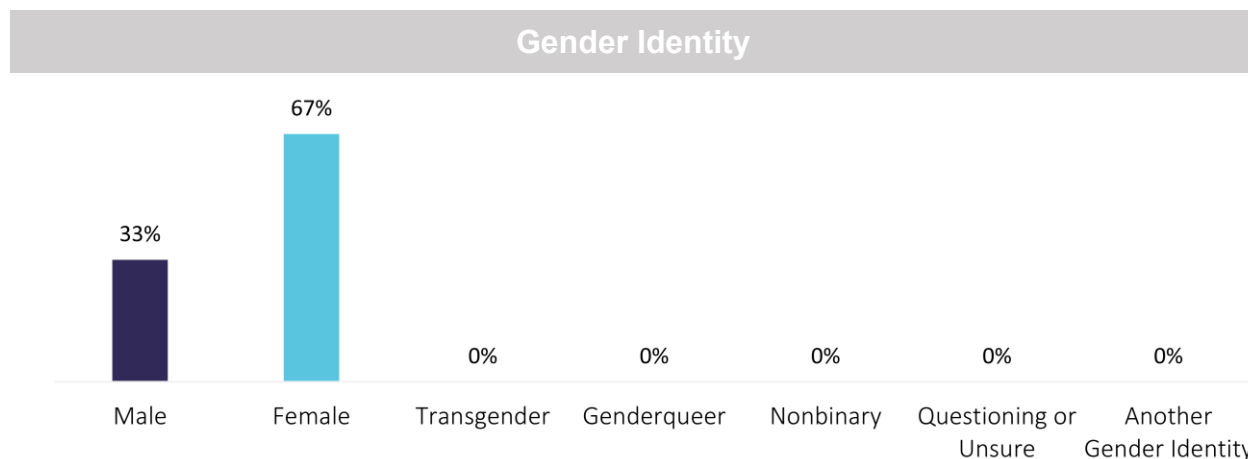


*Percentages may exceed 100% because participants could choose more than one response option.

†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

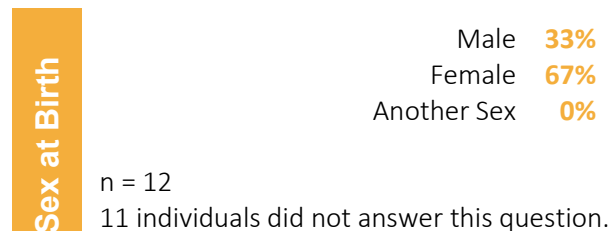
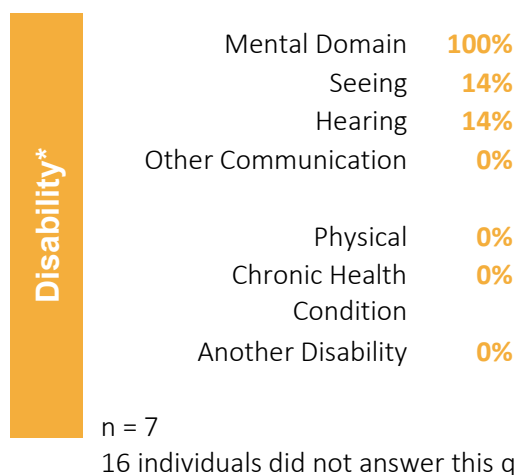
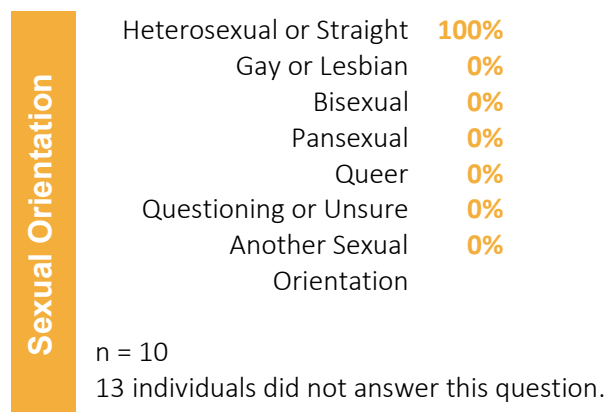
FAMILY SUPPORT GROUPS

Demographic Data



n = 12

11 individuals did not answer this question.



54% of individuals reported having one or more disabilities

n = 7

16 individuals did not answer this question.

0% of individuals were veterans

n = 23

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

FAMILY SUPPORT GROUPS

Successes and Learning

Notable Strengths

Participants reached out to other community members and invited them to the group. Members expressed to other community members that they found the group very informative/educational in matters that are related to mental illness, as well as finding the resources necessary for family members who needed mental health support.

Notable Learnings

One of the biggest challenges for this group is accommodation of time for group members. The community is a rural community and many of the members who attend the group are field workers who end their day late in the evening. Therefore, members arrive late to the group and the facilitator must adjust the session to meet their needs. This creates a problem for the facilitator who often stays late or past the end of their work schedule to accommodate the group members' time.

Case Example/Narrative

Mental health services are very limited in this rural area of Monterey County. Therefore, for the group members who attend the sessions, the information they get from the clinician regarding mental illness is precious. In the words of one group member, "I feel like my brain can breathe when I come here, when my questions are answered and I realize that I am normal, that I am not going crazy." The facilitator has not had to conduct outreach since the group members who attend the sessions refer others to, and give very positive feedback about, the family groups.

(RE)MIND® FELTON INSTITUTE

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

Program Highlights



Population served: Individuals between 14–35 years old experiencing early psychosis

251 individuals and **176** families participated in (re)Mind® services (i.e., family psychoeducation, individual therapy, care management)

Program Activities

Activities Hosted

Presentations – 2 presentations were provided to the community that discussed psychosis, admission criteria and resources that Felton provides.

Outreach Groups – 8 community stakeholder groups and 2 additional outreach activities were hosted to increase awareness of mental illness and provide education on available services.

Family Psychoeducation – 74 clients and 54 families joined 193 psychoeducation events that addressed topics such as early signs and symptoms, the importance of early intervention, behavioral health wellness, and stigma.

Individual Therapy – Individual therapy services were provided to 72 participants and 33 families across 273 sessions.

Referrals to Mental Health Services



Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

4 individuals confirmed to have engaged in treatment
45 days average interval between the referral and participation in treatment (standard deviation: 38.87)
3 years and 3 months average duration of symptoms prior to referral (standard deviation = 1.87)*

Kinds of Treatment Referred to:

MCBH ACCESS Salinas ● MCBH ACCESS Marina ●
MCBH Avanza

*The average duration of *untreated* mental illness is unavailable because individuals received treatment from (re)MIND® prior to referral.

Referrals for Members of Underserved Populations

7 individuals confirmed to have engaged in treatment
31 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

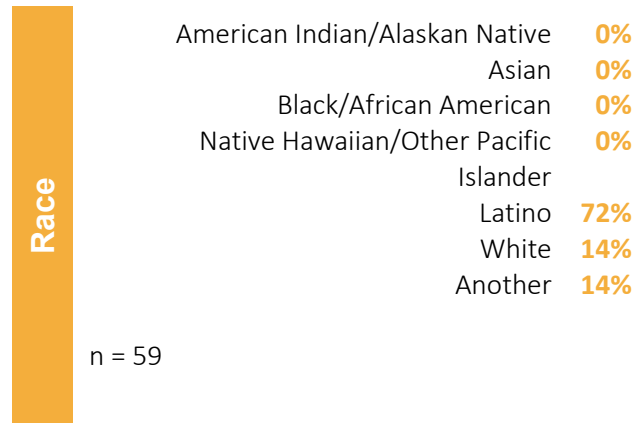
MCBH ACCESS ● Beacon Health Options ●
MCBH Avanza ● UCSF Department of Psychiatry

Ways members of underserved populations were assisted in accessing services

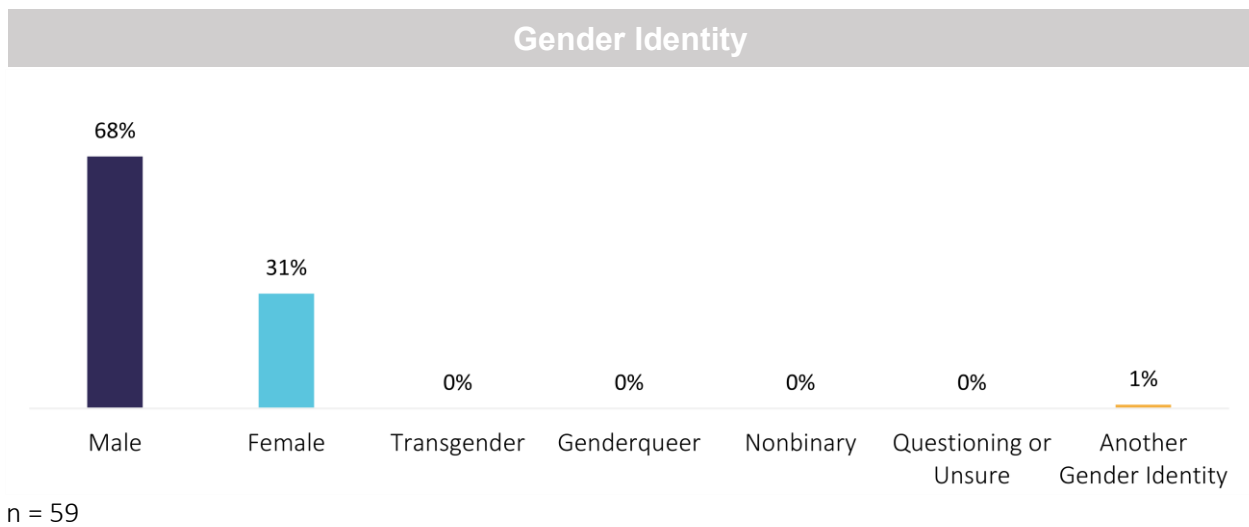
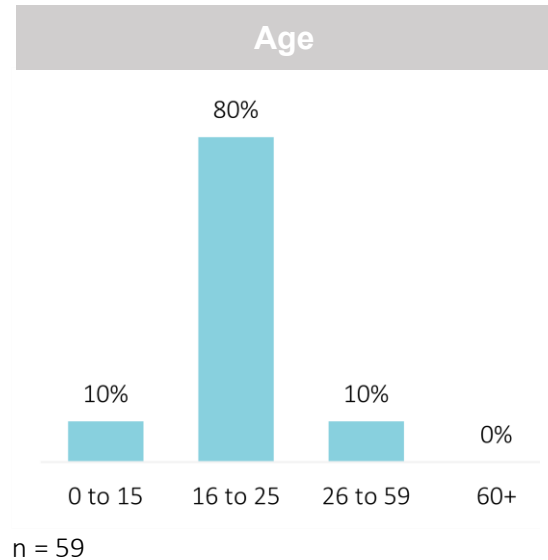
Bus Tokens	0
Transportation	0
Reminder Calls	8
Translation/Interpreter Services	1
Accompaniment	3
Other*	2

*Others include program services and warm handoff.

Demographic Data†



72% Hispanic/Latino
28% Non-Hispanic/Latino



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

Successes and Learning

Notable Successes

- Onboarded a new Program Manager who is enhancing team cohesiveness, client engagement, and community collaboration
- Increased support and coordination of care across multiple systems and providers
- Empowered clients to have a voice and make decisions in their own care

Notable Learnings

- Increased collaboration across multiple Monterey County Behavioral Health programs, and helped to triage referrals and ensure that individuals received needed services
- Continued staff flexibility to changing client and staffing needs, providing remote appointments to supplement in-person activities

Case Example/Narrative

This is a brief story of the recovery journey of a cisgender, Caucasian, 16-year-old who has been in (re)MIND® services for about 20 months. They were originally referred for services due to significant command hallucinations of self-harm that led to two suicide attempts and multiple hospitalizations for danger to self. In addition to the disruption that these hospitalizations created for schooling, this youth struggled to attend and participate in school and socially due to their symptoms of psychosis and anxiety.

The (re)MIND® team worked closely with this young person, their family, and their support network at school to develop a clear structure and path forward into recovery. Through this young person's hard work, diligence, and adherence to treatment, they have returned to consistent engagement in school, completing this last year with positive grades and participating on two sports teams, and they have obtained and maintained a job for several months.

SCHOOL-BASED COUNSELING

PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE

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

Program Highlights



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

1,454 individuals engaged in program resources

Program Activities

Activities Hosted

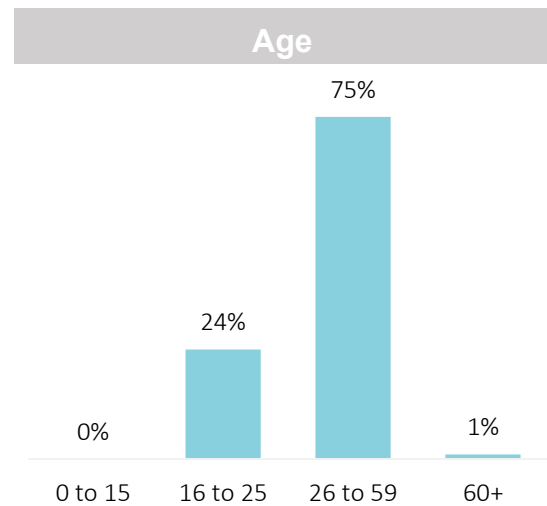
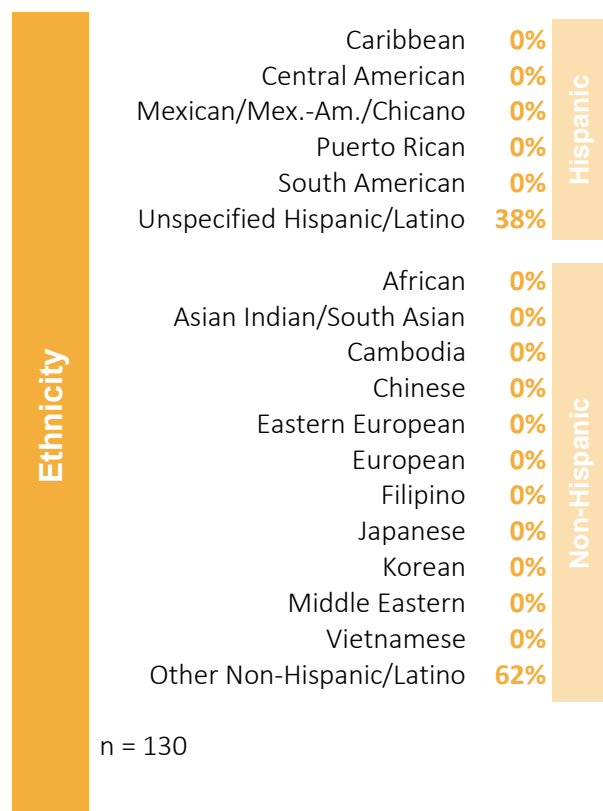
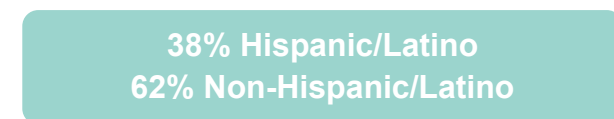
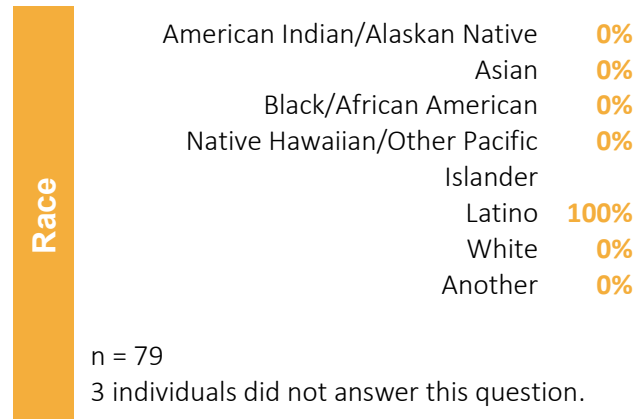
Proyecto Contigo Presentations – 57 individuals and 24 families attended 12 presentations where they received information about mental health and how to access resources.

Proyecto Contigo Outreach – 1,390 individuals attended 20 outreach events that promoted self-care strategies (yoga, muscle relaxation, link between nutrition and mental health) and how to access mental health support.

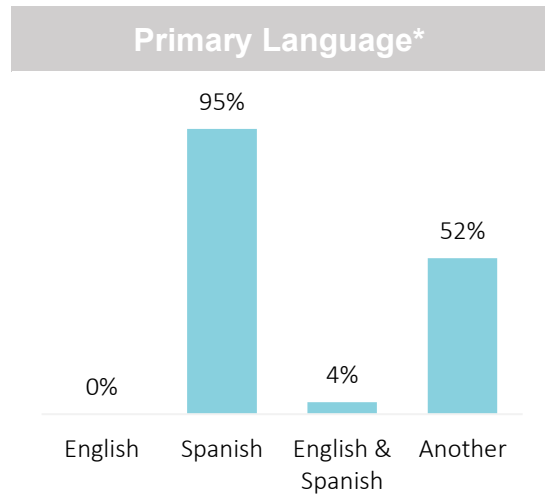
Training – 7 individuals and 4 families attended 7 workshops where they learned about available services, signs and symptoms of when to seek help, and emotional support strategies that allowed them to express themselves.

SCHOOL-BASED COUNSELING

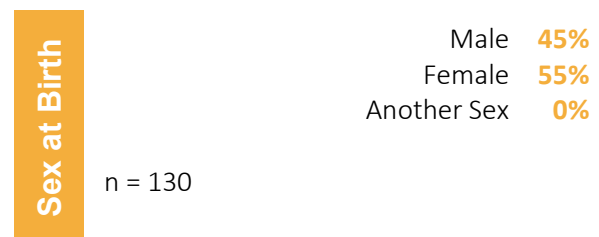
Demographic Data†



n = 81
1 individual did not answer this question.



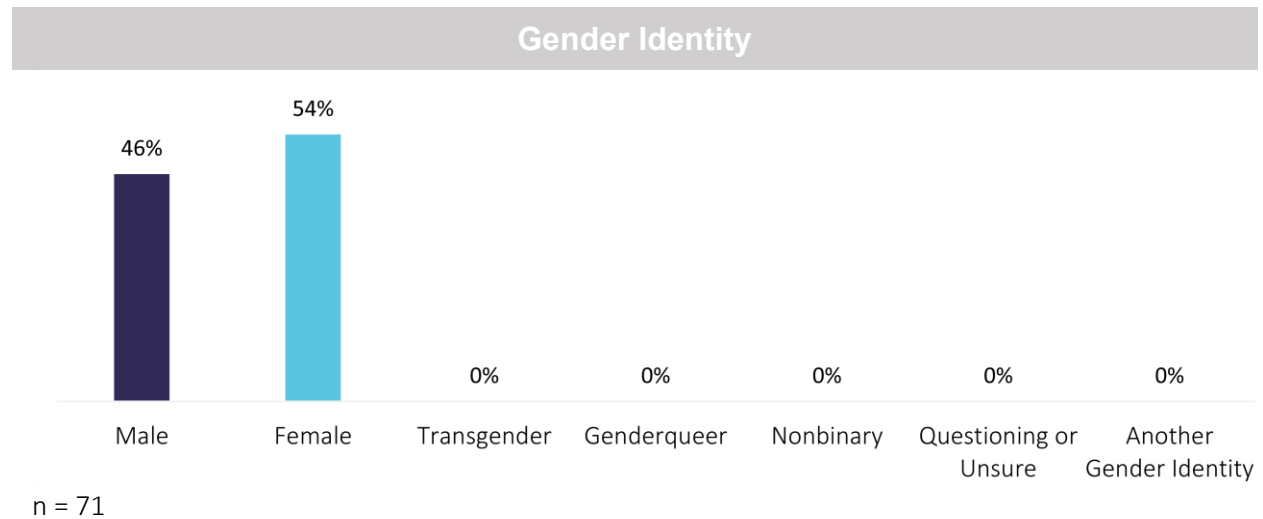
n = 81
1 individual did not answer this question.



†All demographic data (except race, age, and language) presented for this program were collected from Avatar. The number of individuals who skipped each question was not provided.

SCHOOL-BASED COUNSELING

Demographic Data†



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

Outreach and Engagement

During fiscal year 2021–2022, PVPSA received additional outreach and engagement funds and held 39 outreach events and activities, where a total of 1,452 individuals and 28 families participated.

PVPSA’s efforts to bring awareness of available mental health services within the community have been challenging but rewarding. Individuals and families were either not aware of available mental health services or did not have the ability to learn about the topic in a relatable manner. Importantly, many families expressed they were not aware of how to start receiving services when they became comfortable with seeking help. It was apparent that there were many barriers to access, both physical and cultural, that impeded the community from receiving the help they needed. Through outreach efforts, PVPSA was able to address mental health stigma within the low-income, working-class community and begin the conversation about mental illness, such as how it may be present in lives and homes, and concrete steps to take to improve mental health. Through connecting community members to services, they have seen an improvement in the lives of children and families; folks felt more comfortable speaking about their issues and concerns and were able to continue the conversations at home with their family and friends, leading to positive changes in their lives. Improving mental health begins with education but continues with action.

SCHOOL-BASED COUNSELING

Successes and Learning

Notable Successes

- Have been able to provide basic mental health information to community members.
- Have been able to identify more families who have demonstrated interest in taking part in our community project.
- Staff have been working diligently to continue building relationships with the community-based partners serving the Pajaro/Las Lomas community.

Notable Learnings

- Although families are receptive to receiving information on mental health, they are resistant to engage in mental help services.
- One of the biggest barriers to engaging in services is the negative stigma surrounding receiving mental health support in the cultures of our farm working community.
- Due to COVID-19, there are still some restrictions in the in-person sessions, particularly about being able to provide childcare.

Case Example/Narrative

“Anna” (name changed for confidentiality) is a parent who approached our staff at an outreach event. Anna received information, but it was not until the next day that she called asking for support. Anna was seeking mental health support for her 10-year-old son. Our staff was able to offer support and make a referral to the mental team. Anna’s son is now linked to a therapist and engaging in services. Anna also enrolled and completed a five-week parent support class.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

HARMONY AT HOME

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

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

Program Highlights



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

884 individuals engaged in program activities

194 families engaged in program activities



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

59 individuals engaged in program activities

8 families engaged in program activities

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Program Activities

Activities Hosted

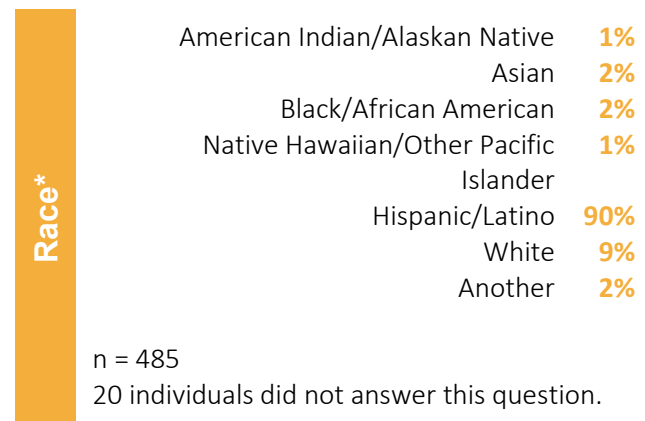
Presentations – 59 individuals attended presentations.

School-based Group and Individual Therapy (Sticks & Stones®) – 884 individuals participated in 7,262 school-based group and/or individual therapy sessions.

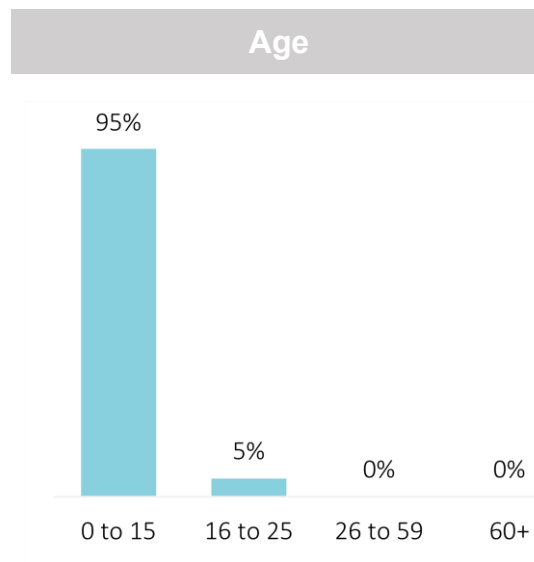
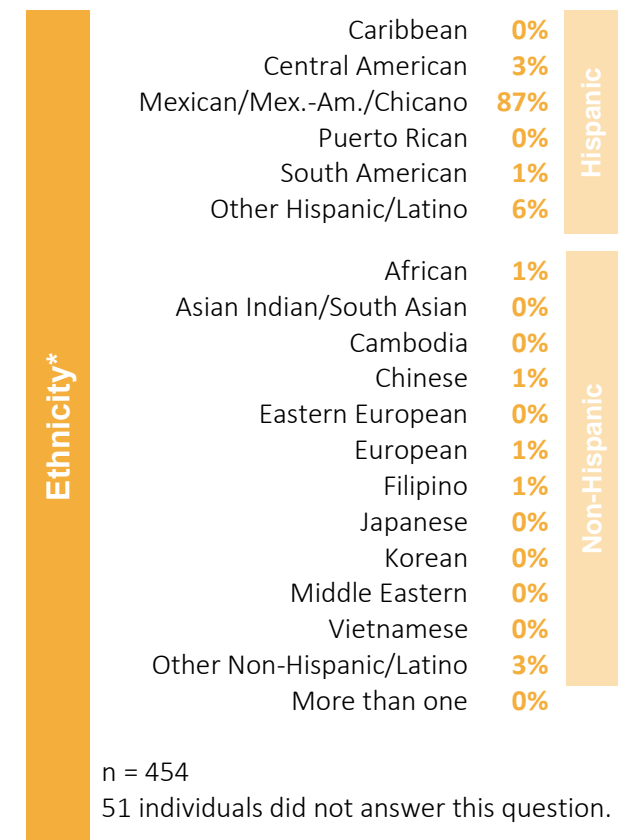
Individual Coaching (Teen Success, Inc.) – 39 individuals received 203 individual coaching sessions.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Demographic Data

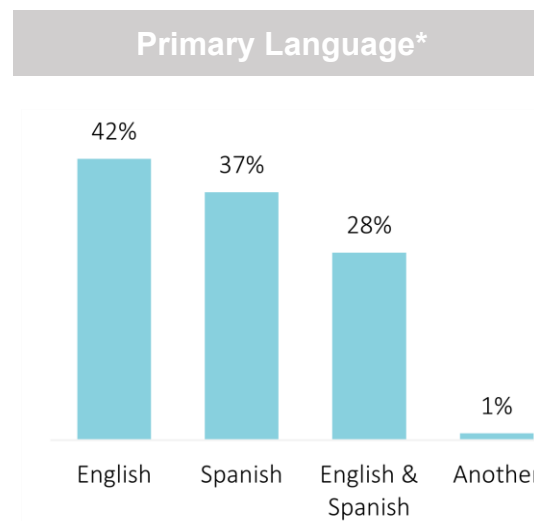


**95% Hispanic/Latino*†
7% Non-Hispanic/Latino*†**



n = 501

4 individuals did not answer this question.



n = 495

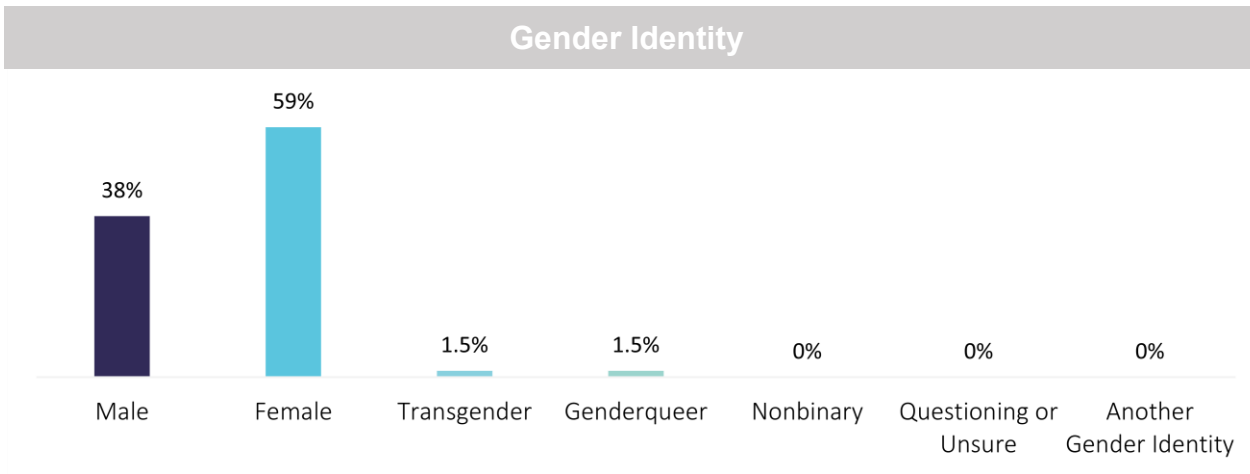
10 individuals did not answer this question.

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

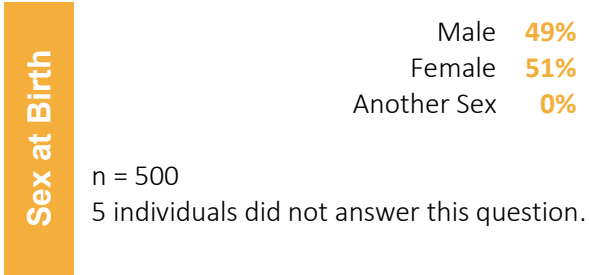
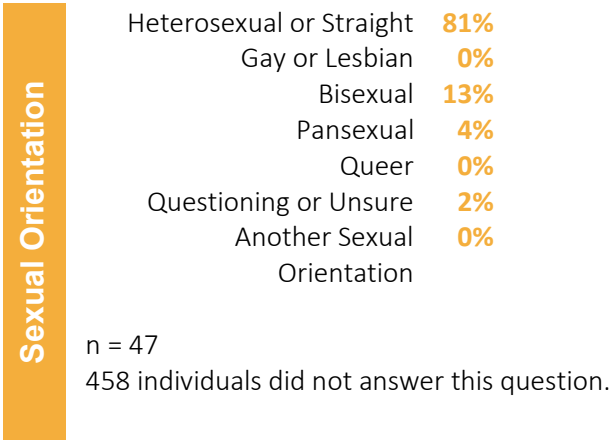
†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Demographic Data

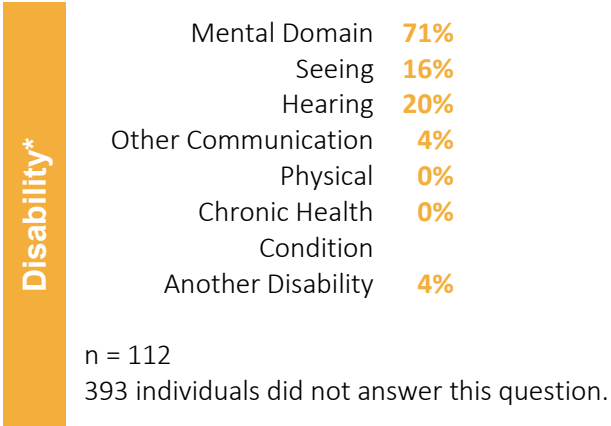


n = 68
437 individuals did not answer this question.



8% of individuals reported having one or more disabilities

n = 472
33 individuals did not answer this question.



0% of individuals were veterans

n = 71
434 individuals did not answer this question.

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

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Successes and Learning

Notable Successes

- **Sticks & Stones®** was able to double the number of sessions we gave to all the schools we are currently serving under the program. We were able to do this by getting more consent forms signed and having effective parent conversations and positive outreach. We also had some staff refresher trainings to help educate the school staff on what constitutes a Sticks & Stones® referral and when to send them.
- **Teen Success, Inc.** advocates have contributed to the successful peer group sessions by facilitating sessions, implementing evidence-based curriculum, and encouraging members to attend and participate. peer group sessions are an essential program component since they allow program participants to gather support from one another while strengthening their parenting and self-care skills. program members and advocates report positive outcomes such as less isolation and being part of a safe space since resuming peer group sessions.

Notable Learnings

- **Sticks & Stones®**: We have had issues with staffing this year and the pandemic as well. We noticed that not all mental health workers/counselors felt the most comfortable going back out into the school environment. So, we made sanitation kits and worked with our counselors to ease them back into the school community slowly but surely.
- **Teen Success, Inc.:** Many program participants continue to face individual challenges including housing instability and limited access to health providers. advocates continue to work closely with members individually and on a bi-weekly basis (or more often if needed) to break down barriers and provide resources. While assistance and support are offered, transportation continues to be a challenge for accessing resources since many young moms do not have a vehicle of their own and some live in areas where they feel unsafe to walk with their children.

SERVICES TO EDUCATION

MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

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

Program Highlights



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

4,046 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 3,621 individuals attended 112 presentations given to high school staff and students on topics such as MCBH services, general mental health information, self-care, and trauma-informed care. Presentations also covered strategies for creating and fostering a healing environment and essential practices for building relationships.

Community Events – 57 individuals attended 6 community events.

Outreach Activities – 233 individuals and 22 families participated in 35 outreach activities.

Youth Support Group Meetings – 135 individuals participated in 79 support group meetings to discuss topics such as healthy coping, emotional regulation, and benefits of mindfulness with practical application and practice.

SERVICES TO EDUCATION

Program Outcomes, Satisfaction, and Feedback

After the training/class... (n = 21–23)	% Yes	% No	% Don't Know
I know a lot about the topic of this training/class.	57%	26%	17%
I know someone who could help me with the topic of this training/class.	52%	38%	10%
I will apply the strategies that were recommended in this class.	91%	9%	0%
I know where to go for mental health services near me.	86%	9%	5%

Comparison of Before/After Knowledge (n = 10–21)	Before (% No/Don't Know)	After (% No/Don't Know)	Difference (% No/Don't Know)
I know a lot about the topic of this training/class.	95%	43%	52%
I know someone who could help me with the topic of this training/class.	82%	48%	34%
I will apply the strategies that were recommended in this class.	90%	9%	81%
I know where to go for mental health services near me.	80%	14%	66%



86% of survey respondents said that they know where to go for mental health services after participating in this program.

SERVICES TO EDUCATION

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n = 23)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	9%	91%
The program had services in the language that I speak best.	5%	95%
Materials provided were useful.	4%	96%
Training/course was practical and useful.	5%	95%
I would recommend this program to others.	4%	96%



96% of survey respondents agreed or strongly agreed that they would recommend this program to others.

"I liked that it was very useful in learning everything about depression and how to realize that someone may be in a situation of depression and how to manage it and also where to ask for help."

"Everything is clear, and I can give information to people who do not know about these help centers."

What was most useful or helpful about this training/class? (n = 21)

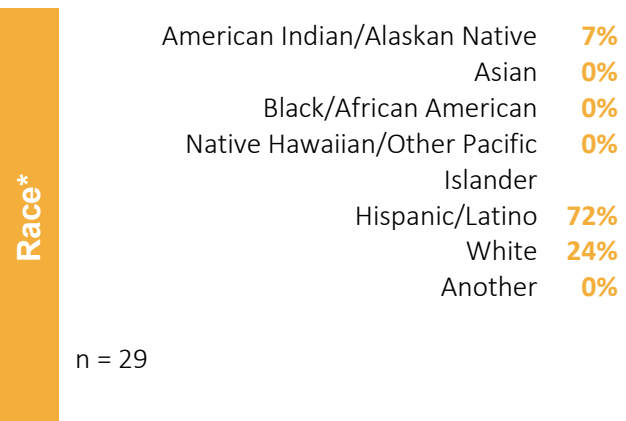
- Information and resources provided (8)
- Learning about mental illness (9)

What are your recommendations for improvement? (n = 15)

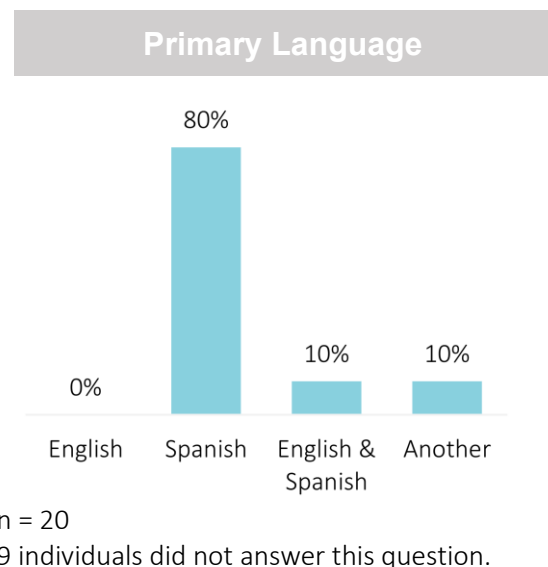
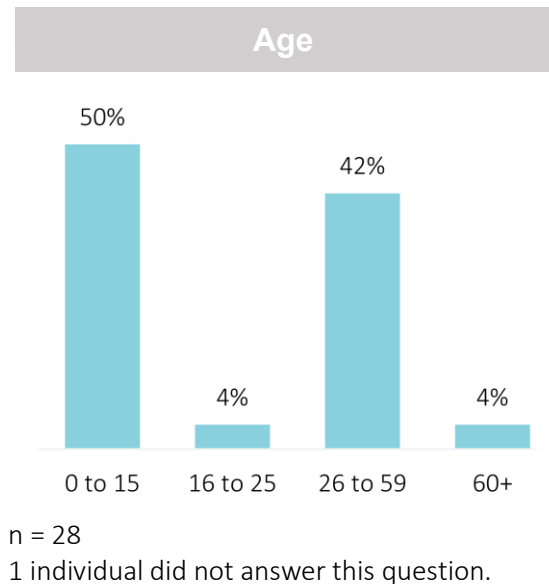
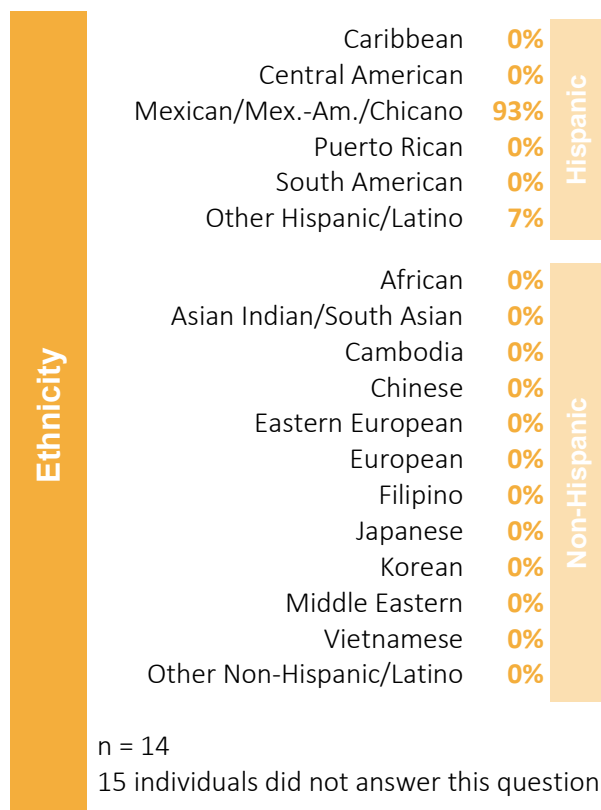
- No recommendations (4)
- More frequent/longer meetings (3)
- More detailed explanations/discussion of topics (3)

SERVICES TO EDUCATION

Demographic Data

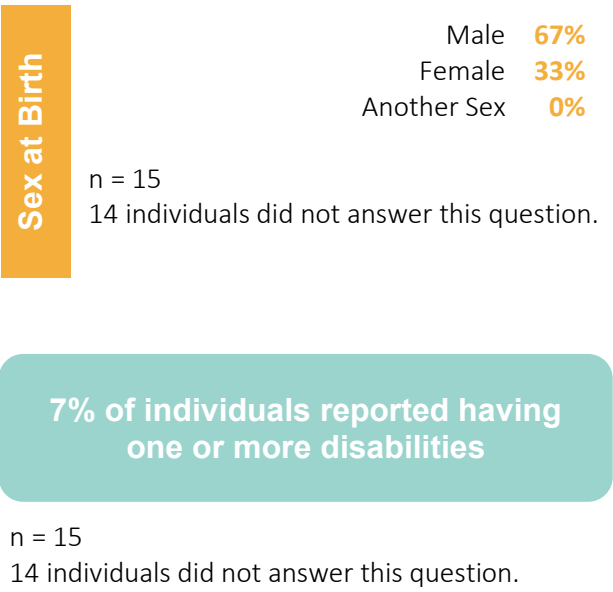
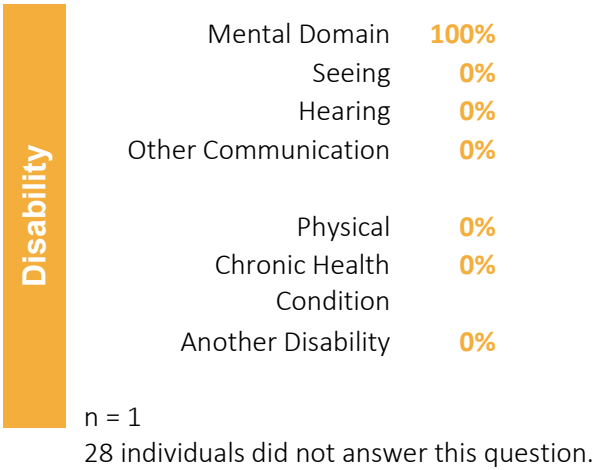


100% Hispanic/Latino
0% Non-Hispanic/Latino



SERVICES TO EDUCATION

Demographic Data



SERVICES TO EDUCATION

Successes and Learning

Notable Successes

Overall accomplishments include the number of PEI activities the MCBH clinicians were able to provide to school sites. The ongoing collaboration and relationships with all the sites have contributed to this success. MCBH clinicians are viewed as valuable members of their school communities and their contributions and expertise are valued.

Notable Learnings

The primary challenge is the high mental health needs of students in all the school sites and high volume of referrals and requests for supports at all levels of intervention. The ongoing plan to overcome this challenge has been and will continue to be collaboration with school staff to identify and map other mental health supports and ways to access those supports.

Case Example/Narrative

Clinicians in the program have welcomed the opportunity to provide services in different and creative ways with the help of PEI funding, particularly not being restricted to providing specialty mental health services only. Clinicians are seeing the impact and benefits of reaching broader audiences and becoming interconnected with the wider school communities.

SILVER STAR RESOURCE CENTER MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

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

Program Highlights



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

140 individuals engaged in program activities

Program Activities

Activities Hosted

MDT Team Meetings – 19 MDT team meetings were conducted, each serving between 10–30 individuals.

Individual Youth Client Services – 140 individuals received youth client services.

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

After the training/class... (n = 17–18)	% Yes	% No	% Don't Know
I know a lot about the topic of this training/class.	16	0	2
I know someone who could help me with the topic of this training/class.	14	0	4
I will apply the strategies that were recommended in this class.	15	0	2
I know where to go for mental health services near me.	15	0	3

Comparison of Pre/Post Knowledge (n = 9–13)	Before (# No/Don't Know)	After (# No/Don't Know)	Difference (# No/Don't Know)
I know a lot about the topic of this training/class.	13	2	11
I know someone who could help me with the topic of this training/class.	9	4	5
I will apply the strategies that were recommended in this class.	13	2	11
I know where to go for mental health services near me.	13	3	10



83% of survey respondents said that they know where to go for mental health services after participating in this program.

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n = 18–19)	% Strongly Disagree or Disagree	% Strongly Agree or Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0	19
The program had services in the language that I speak best.	0	18
Materials provided were useful.	0	18
Training/course was practical and useful.	0	18
I would recommend this program to others.	1	18



95% of survey respondents agreed or strongly agreed that they would recommend this program to others.

"The most helpful thing about this training is that you get to talk about your life to someone you could trust"

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

- Having someone to talk to (9)
- Other positive aspects of the training (e.g., consistency of services, dealing with challenges) (6)

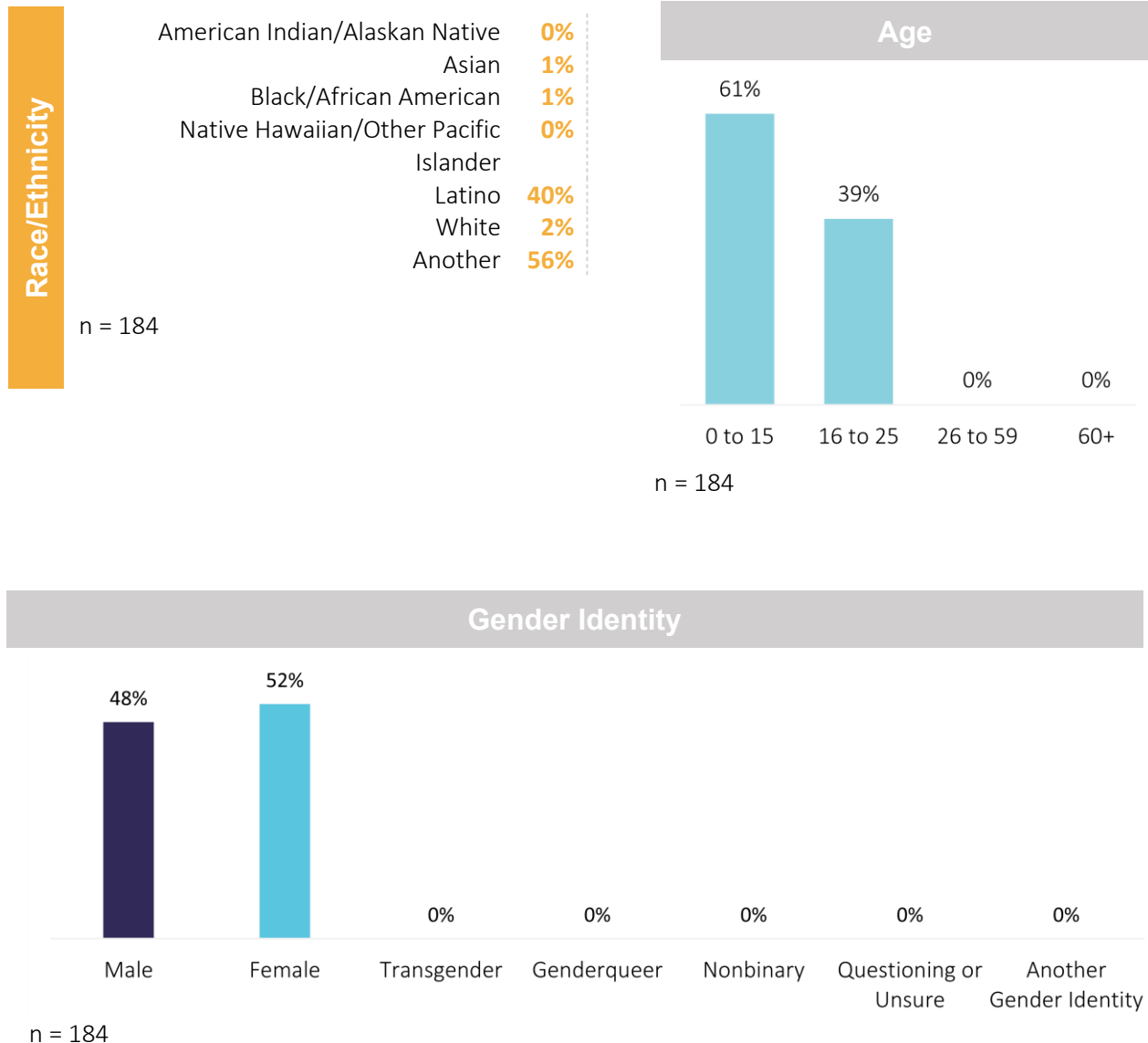
"I like this training just how it is."

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

- No recommendations (8)
- Open up more (1)
- Bring a friend (1)

SILVER STAR RESOURCE CENTER

Demographic Data†



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

SILVER STAR RESOURCE CENTER

Successes and Learning

Notable Successes

- Staffing and services have been maintained despite the struggle with staffing retention and the rising needs for mental health services to be available in the school setting.
- Minimum waitlist has been maintained for those seeking services.

Notable Learnings

- COVID has continued to be a significant challenge to overcome: the challenges are beyond maintaining healthy staff, but also maintaining staffing levels and managing the growing clinical needs of the youth and their families.

Case Example/Narrative

In addition to maintaining staffing and clinical service levels once schools opened and the new year began, the juvenile justice system also hit an all-time low with its staffing capacity and the resources allocated for the juvenile justice program team to provide services. However, during this last quarter, Silver Star Resource Center has been fully staffed and has been able to serve a greater number of youths.

Access and Linkage to Treatment

211

UNITED WAY MONTEREY COUNTY

211 is a free phone and digital network provided by United Way Monterey County that connects residents in need of assistance to community health and social services. The 211 network is available 24 hours per day, 7 days per week, in over 220 languages. Residents can access the service by dialing 2-1-1, texting their zip code to 898-211, or visiting 211montereycounty.org.

Program Highlights



Population served: Individuals in need of health and social services

1,853 individuals engaged in program activities

9,368 referrals made through the Smart Referral Network

Program Activities

Activities Hosted

Presentations – 745 individuals were engaged in 13 total presentations at events such as the Emergency Operations Center Briefings and the Access and Functional Needs Meetings.

Community Events – 798 individuals participated in 4 community events hosted by 211.

Outreach Activities – 248 individuals attended 12 of 211's outreach activities held around Monterey County to support and celebrate community members. Outreach activities included connecting individuals to COVID-19 testing information, vaccination appointments, and supportive services.

Support and Interest Groups – 57 individuals attended 3 of 211's support group and interest group meetings.

New Partnerships with Behavioral Health Providers

○ Door to Hope ○ Boys and Girls Club ○ Center for Community Advocacy ○

Referrals to Mental Health Services

**Total Referrals
Made**

551 referrals were made
to mental/behavioral
health treatment

Referrals for Mental/Behavioral Health Treatment

Kinds of County Treatment Referred to:
Monterey County Behavioral Health • Monterey County Clinical Services

Kinds of Non-County Treatment Referred to:
Felton Institute • Harmony at Home • Sun Street Centers



Demographic Data†

Race

American Indian/Alaskan Native	1%
Asian	2%
Black/African American	3%
Native Hawaiian/Other Pacific Islander	1%
White	33%
Another	60%

n = 12,996

1,603 individuals did not answer and 2,009 were not asked this question.

Sex at Birth*

Male	27%
Female	73%
Another Sex	0%

n = 19,288

*Call specialist infers this information.

78% Hispanic/Latino
22% Non-Hispanic/Latino

22% of individuals reported
having one or more disabilities

n = 12,933

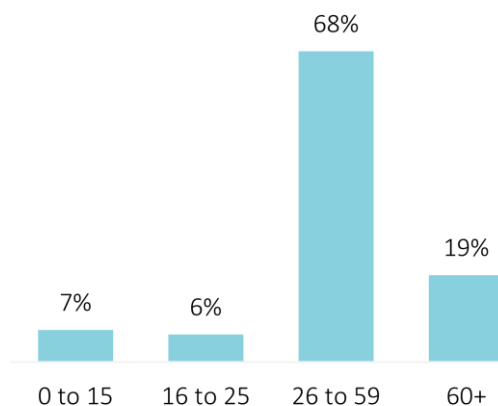
1,477 individuals did not answer and 1,762 were not asked this question.

2% of individuals were veterans

n = 13,370

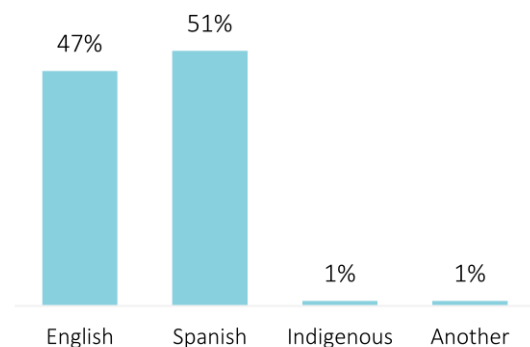
1,377 individuals did not answer and 1,630 were not asked this question.

Age



n = 14,439

Primary Language



n = 14,686

1,028 individuals did not answer and 965 were not asked this question.

†Demographic data presented for this program were from a call report provided by United Way. Race, ethnicity, primary language, and veteran status questions were asked of first-time callers only.

Successes and Learning

Notable Successes

- 211 integrated specific needs identified in previous quarters into future programming (e.g., COVID-19 diagnostic testing information, disaster-related cash grants, COVID-19 immunization clinics).
- 211 provided consistent services, connecting Monterey County residents to a variety of services and resources depending on needs.
- Smart Referral and Active Referral Networks, which are critical to 211's success, continued to grow.

Notable Learnings

One challenge that 211 continued to experience was in relation to fluctuating call volumes, which impact call center capacity. 211 experienced its highest contact volume in this fiscal year in January 2022 at 3,178 contacts, which also created its longest wait-time period (at nearly 14 minutes). Since that month, 211 has been able to decrease wait times as the volume of contacts has decreased. This challenge has also inspired the call center to explore innovative staffing options to help alleviate wait times during times when there is high demand for assistance.



Case Example/Narrative

The 211 call center helped support the Emergency Rental Assistance Program (ERAP) with application assistance in order to reduce barriers for applicants to the program. Through this process, we changed our model of how we provided assistance in order to improve the experience for individuals seeking to fill out program applications. This change consisted of creating a specific team to handle calls, appointment scheduling, pre-appointment calls to review documents and questions, and then application appointments.

VETERANS REINTEGRATION TRANSITION PROGRAM

MONTEREY COUNTY MILITARY & VETERANS AFFAIRS OFFICE

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

Program Highlights



Population served: Local veterans and their families

7,856 individuals engaged in program activities

Program Activities

Activities Hosted

Community Events – 890 people attended 39 community events, including Veterans Issues Advisory Committee meetings, the Lotus Fair, and the Monterey County Fair Senior, and Veteran Resource Expo.

Mental Health Outreach Activities – 5,564 individuals were reached through 17 mental health outreach activities. As part of these efforts, the Military & Veterans Affairs Office (MVAO) initiated a biweekly outreach program to homeless veterans at the Veterans Transition Center.

Incarcerated Veterans – 511 people attended 13 meetings with Veterans Justice Outreach or Monterey County Veterans Treatment Court. In addition, 5 incarcerated veterans were reached through 3 outreach sessions.

VA Services and Benefits Education – 800 individuals were reached through 42 briefings on benefits available to transitioning service members.

VETERANS REINTEGRATION TRANSITION PROGRAM

Referrals to Mental Health Services

**Total Referrals
Made**

435 referrals were made
to mental/behavioral
health treatment

**Types of Referrals
Made***

18 referrals were made to clients
with serious mental illness

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

Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

0 individuals confirmed to have engaged in treatment*

16 out of 18 referrals had been experiencing symptoms for more than 1 year

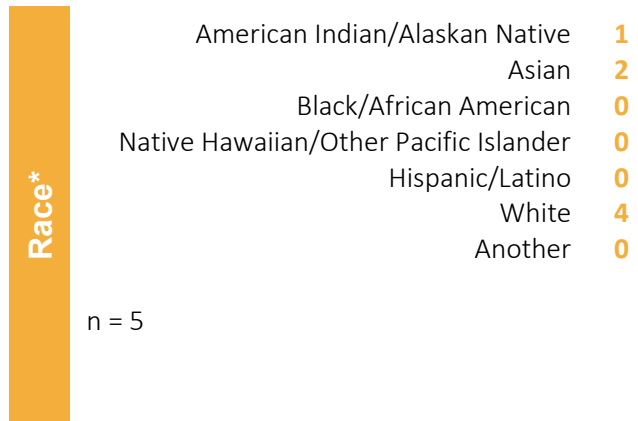
Kinds of Treatment Referred to:

VA

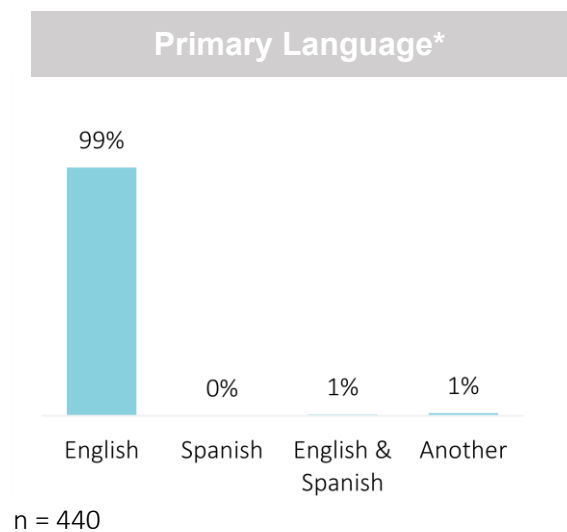
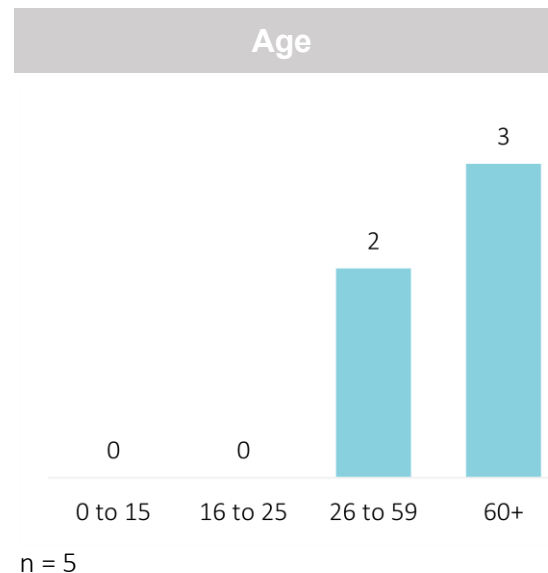
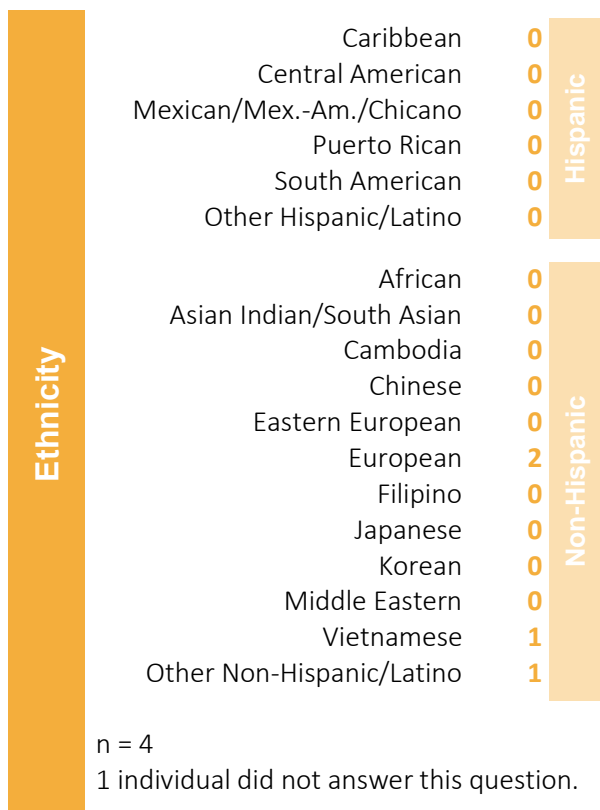
*Monterey County Military & Veterans Affairs Office does not follow up on referrals to confirm engagement.

VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data

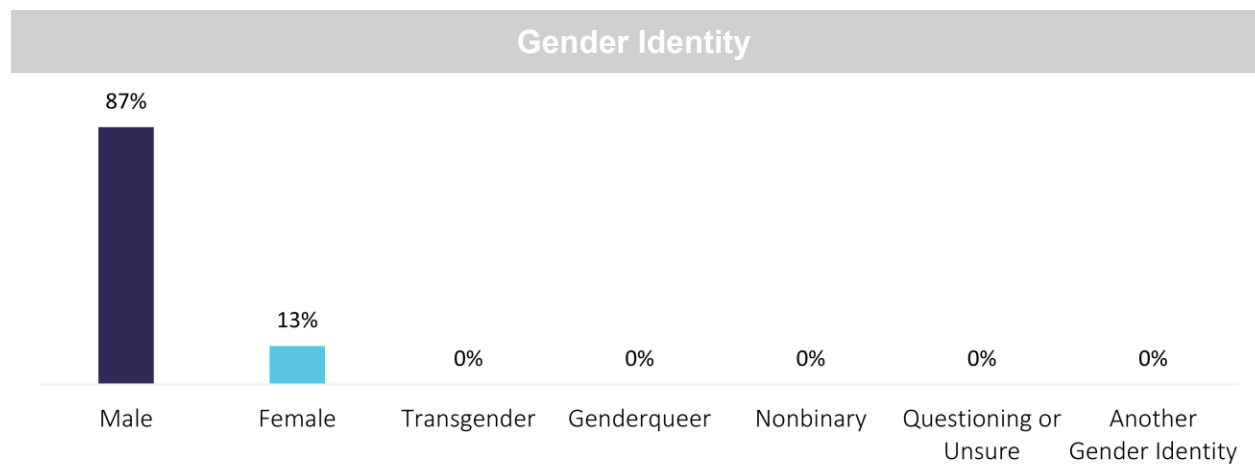


0 Hispanic/Latino
5 Non-Hispanic/Latino



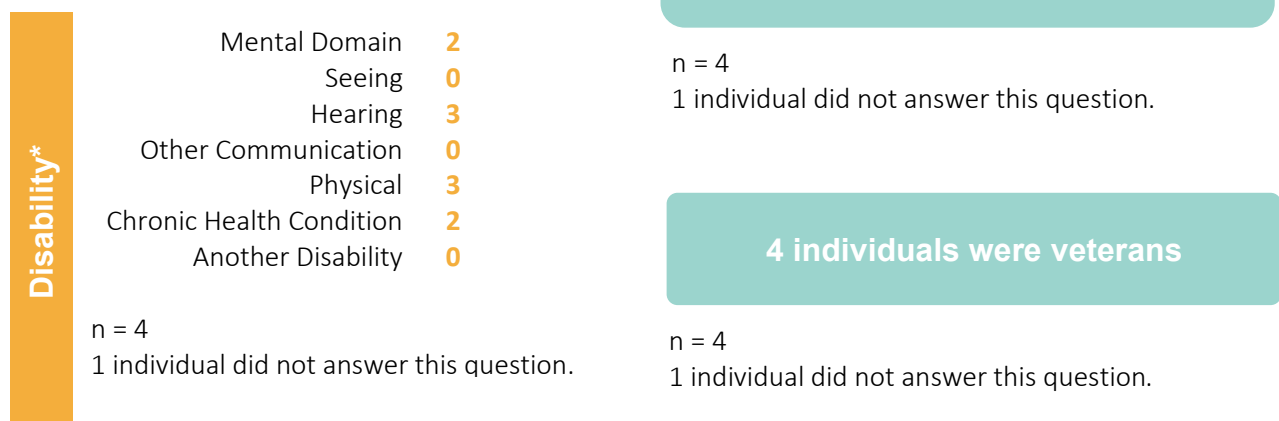
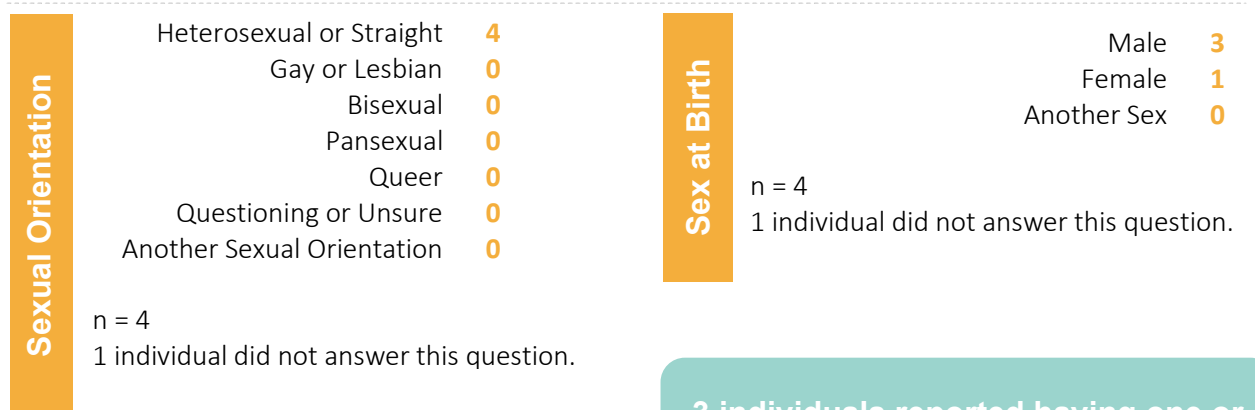
VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data



n = 439

1 individual did not answer this question.



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

VETERANS REINTEGRATION TRANSITION PROGRAM

Successes and Learning

Notable Successes

- MVAO secured \$100,000 to fund the biennial Homeless Veteran Stand Down in June.
- 5,896 claims were filed on behalf of 3,045 veterans, totaling \$3,721,386 in retroactive payments and \$695,992 in recurring monthly compensation.

Notable Learnings

Continuing to serve veterans through telephone, e-mail, and remote appointments while also resuming in-person services

Case Example/Narrative

"I am very impressed with MVAO's commitment to our Veterans. They have consistently advocated for justice-involved Veterans and service-members, provided the Court Team with unique insight into military and Veteran issues and Department of Veterans' Affairs medical benefits and rehabilitative programs that help develop individualized treatment programs. They also help coordinate legal assistance and sanction relief for justice-involved Veterans attending the Monterey County Homeless Veteran Stand Down events. MVAO is a highly valued community partner in our mission to fight for the rights of justice-involved Veterans and service-members."

– Susan E. Chapman, Monterey County Chief Public Defender

Monterey County Veterans Treatment Court

MVAO's integration with the Monterey County Veterans Treatment Court entered its 6th year. Other providers involved in the collaboration include the Veterans Administration, County Behavioral Health, Probation, Offices of the District Attorney and Public Defender, and volunteer Veteran Peer Mentors. The program is a nexus of mental health and substance use disorder supportive services for justice-involved veterans and service members.

Suicide Prevention

SUICIDE PREVENTION SERVICE FAMILY SERVICE AGENCY OF THE CENTRAL COAST

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

Program Highlights



Population served: Individuals at high risk for suicidal behavior and their families

3,124 individuals engaged in program activities

Program Activities

Activities Hosted

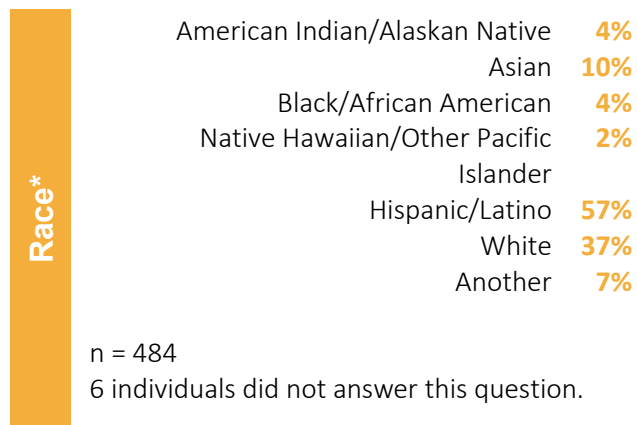
Presentations – 2,412 individuals were engaged in 53 presentations on suicide prevention.

Support Group Meetings – 29 individuals participated in 17 meetings to increase support and reduce isolation for survivors of suicide loss.

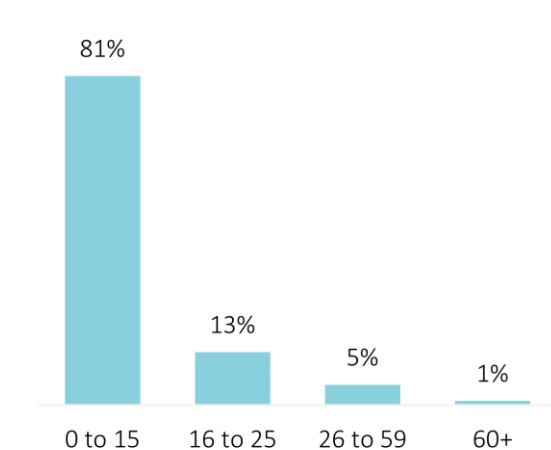
Suicide Crisis Line – 633 individuals made acute crisis calls, and 50 new volunteers were trained.

SUICIDE PREVENTION SERVICE

Demographic Data

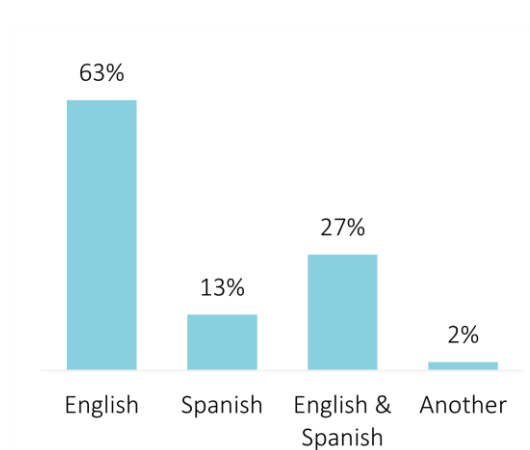


Age



n = 479
11 individuals did not answer this question.

Primary Language*



n = 488
2 individuals did not answer this question.

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

SUICIDE PREVENTION SERVICE

Successes and Learning

Notable Successes

- For the first time, Suicide Prevention Service (SPS) hired paid responders to answer calls and support volunteer responders.
- In response to the growing need and demand for postvention programs and support options, Family Service Agency (FSA) worked closely with experienced and qualified community members and FSA volunteers to craft and document a new group facilitator training for current clients, volunteers, and staff who may be interested in becoming support group facilitators.
- The American Association of Suicidology re-accredited SPS (for 5 years). This rigorous accreditation process validated that our service delivery programs, policies and procedures are performing according to nationally recognized standards.

Notable Learnings

We are still dealing with the continuing challenges associated with the ongoing COVID-19 pandemic and the fallout thereof including filling staff vacancies and hiring new staff. In response, we have adjusted pay scales, offered more flextime, and focused on internal recruitment (from a pool of current volunteers). We have hired a new Outreach and Education Program Associate and Administrative and Operations Assistant, and twelve staff responders.

Case Example/Narrative

At a luncheon at Hacienda Hay & Feed in Carmel, Suicide Prevention of the Central Coast was honored by Carmel Middle School students for its Suicide Prevention presentation and discussions with the 5th grade class. After researching and evaluating other community programs, their student council selected Suicide Prevention Service as a recipient of a Rotary Club of Carmel Valley grant for \$2,000.

MONTEREY COUNTY HELPING ONE ANOTHER TO PREVENT AND ELIMINATE SUICIDE (MC HOPES) APPLIED CRISIS TRAINING AND CONSULTING, INC.

Monterey County Behavioral Health (MCBH) contracted with Applied Crisis Training and Consulting, Inc. to provide consultation and facilitation in the establishment of the Monterey County Helping One another to Prevent and Eliminate Suicide (MC HOPES) Coalition for suicide prevention, as well as training in suicide prevention.

Coalition Highlights



275 individuals received invitations to MC HOPES coalition meetings
4 bilingual coalition meetings were facilitated (30-45 participants per meeting)
3 workgroups were established in the following areas: Wellness and Prevention, Postvention After a Suicide, and Youth, Parents/Caregivers and Educational Partners (5-10 attendees per meeting)

Successes

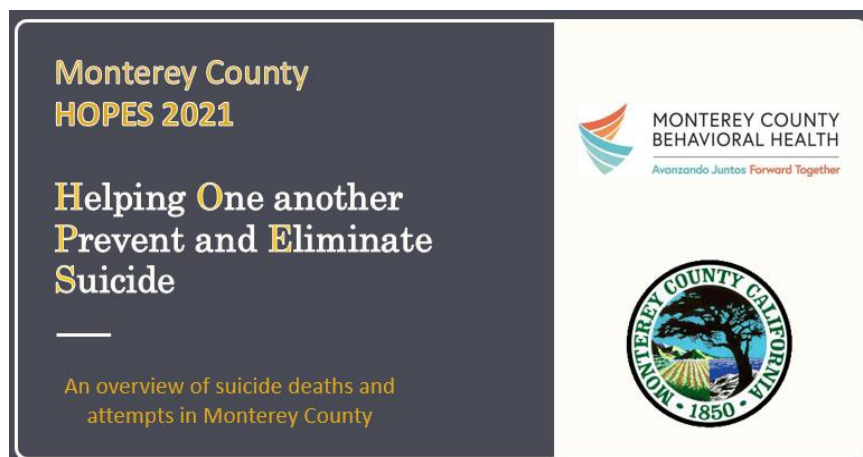
Notable Successes

- Applied Crisis Training and Consulting, Inc. provided consultation to Salinas Union High School District following events where the district had been impacted by suicide-related losses. In partnership with MCBH, Applied Crisis Training and Consulting, Inc. consulted with the district to support staff and provided resources for caregivers and youth. Applied Crisis Training and Consulting, Inc. also shared postvention, prevention, screening and assessment, and training resources and tools for consideration in developing comprehensive plans.
- Applied Crisis Training and Consulting, Inc. provided specialized support for MCBH and Monterey County Office of Education with suicide prevention resources (related to the school system and parents, caregivers and youth) to train staff and implement best practices.

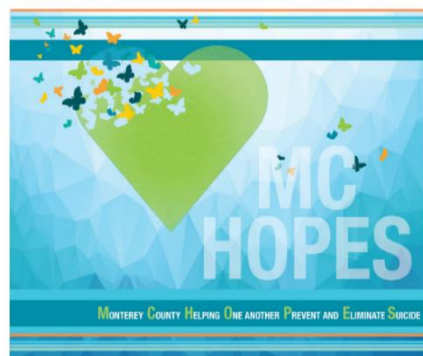
MONTEREY COUNTY HELPING ONE ANOTHER TO PREVENT AND ELIMINATE SUICIDE (MC HOPES)

MCBH and Coalition Outputs

- Data presentation, an overview of suicide-related deaths and attempts in Monterey County, shared with key stakeholders
- Suicide Prevention Roadmaps developed in English and Spanish
- MC HOPES webpages created in English and Spanish for MCBH website
- Social media and messaging campaigns created in English and Spanish in partnership with the Monterey County Health Department



GUÍA PARA LA PREVENCIÓN DEL SUICIDIO
2021 - 2025



SUICIDE PREVENTION ROADMAP
2021 - 2025



Stigma and Discrimination Reduction

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

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

Program Highlights



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

1,895 individuals engaged in program activities

59 families engaged in program activities

Program Activities

Activities Hosted

Community Presentations – 762 participants attended 43 community presentations that were conducted at several local high schools (Rancho San Juan, Everette Alvarez). Presentation topics included mental health statistics, warning signs, and where to find local help for mental health needs.

Community Outreach – 1,133 individuals were engaged at 6 outreach events. Community members were introduced to NAMI programs and services and had the opportunity to register for upcoming programs and support groups.

Family-to-Family or Familia-a-Familia – 32 families participated in 4 Family-to-Family programs, which are designed to support family members who have loved ones with mental illness. Topics covered include treatment options, problem-solving techniques, and understanding symptoms associated with mental health conditions. The program also attempts to reduce discrimination, stigma, and biases toward mental illness.

Peer-to-Peer or Persona-a-Persona – 27 families participated in 2 Peer-to-Peer programs, which are designed to support individuals along their mental health journeys. The program provides participants with a safe space to share their personal struggles and lived experiences.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Program Outcomes, Satisfaction, and Feedback

After the training/class... (n = 209–211)	% Yes	% No	% Don't Know
I know where to go for mental health services near me.	86%	5%	9%
I feel that we need to support and care for people who become mentally ill.	92%	1%	7%
I think that people who are mentally ill should be free to make their own decisions.	41%	23%	36%
I think that the behavior of people with mental illness is unpredictable.	39%	20%	41%

Comparison of Before/After Knowledge (n = 23–184)	Before (% No/Don't Know)	After (% No/Don't Know)	Difference (% No/Don't Know)
I know where to go for mental health services near me.	44%	14%	30%
I feel that we need to support and care for people who become mentally ill.	11%	8%	3%
I think that people who are mentally ill should be free to make their own decisions.	71%	59%	12%

Comparison of Before/After Knowledge (n = 65)	Before (% Yes)	After (% Yes)	Difference (% Yes)
I think that the behavior of people with mental illness is unpredictable.	31%	38%	7%



86% of survey respondents said that they know where to go for mental health services after participating in this program.

Because of this training/class... (n = 32-34)	% Disagree	% Agree
I know where to go for mental health services near me.	0%	100%
I know when to ask for help for an emotional problem.	0%	100%

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n = 211)	% Strongly Disagree or Disagree	% Strongly Agree or Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	3%	97%
Program had services in the language that I speak best.	2%	98%
Materials provided were useful.	6%	94%
Training/course was practical and useful.	5%	95%
I would recommend this training/class to others.	6%	94%



94% of survey respondents agreed or strongly agreed that they would recommend this program to others.

"The most helpful thing about this training/class was that I learned where to go for my mental health."

"This class covered a lot of important things that we should all know about."

What was most useful or helpful about this program? (n = 132)

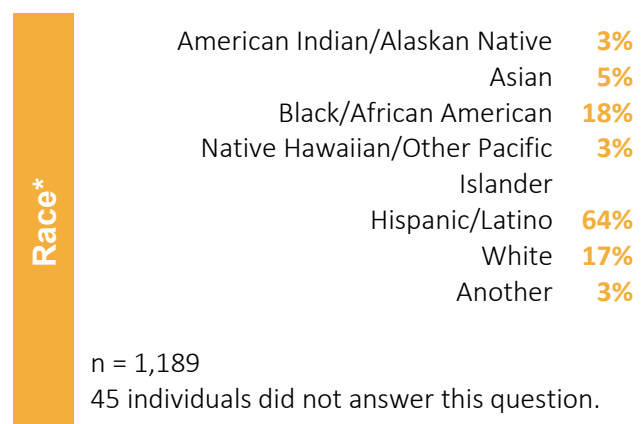
- Learning about mental illness (28)
- Knowing where to go for help (29)
- Resources and topics covered in the training (35)

What are your recommendations for improvement? (n = 108)

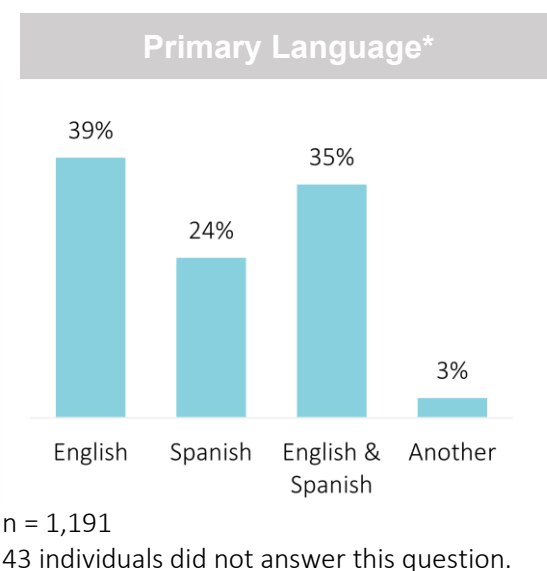
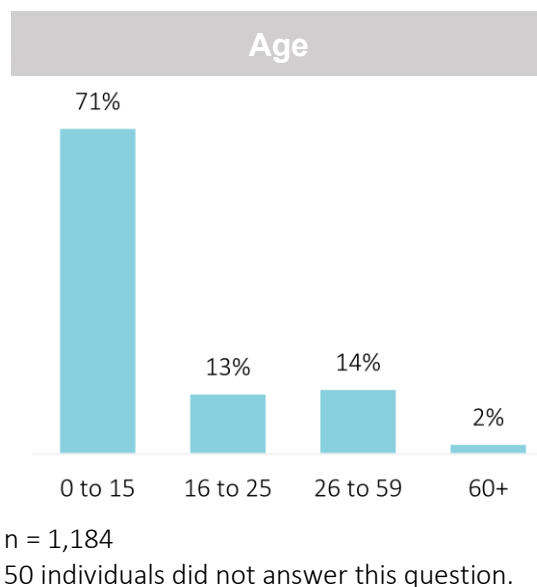
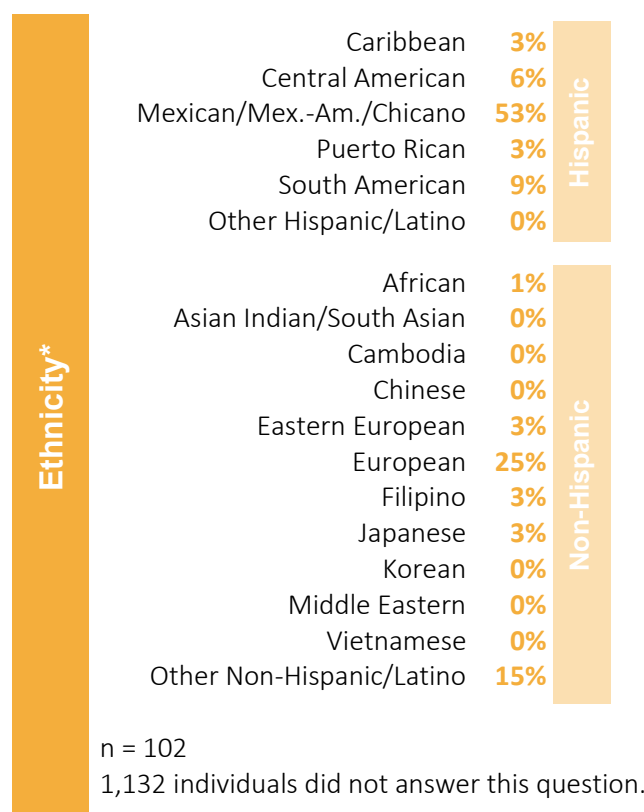
- No recommendations (43)
- Additional/more in-depth topics (21)

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Demographic Data



68% Hispanic/Latino*†
44% Non-Hispanic/Latino*†

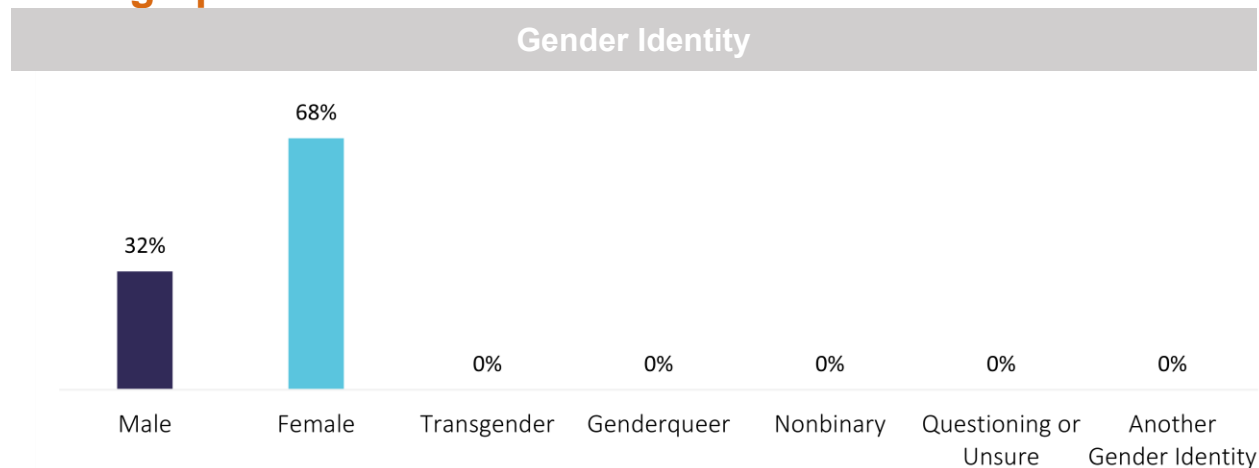


*Percentages may exceed 100% because participants could choose more than one response option.

†Percentages reflect the number of unique individuals who selected each Hispanic or Non-Hispanic ethnicity.

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Demographic Data



n = 111

1,123 individuals did not answer this question.

Sexual Orientation*

Heterosexual or Straight	75%
Gay or Lesbian	1%
Bisexual	12%
Pansexual	6%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	6%

n = 98

1,136 individuals did not answer this question.

Sex at Birth

Male	26%
Female	74%
Another Sex	0%

n = 111

1,123 individuals did not answer this question.

Disability*

Mental Domain	93%
Seeing	11%
Hearing	1%
Other Communication	0%
Physical	13%
Chronic Health Condition	17%
Another Disability	4%

n = 72

1,162 individuals did not answer this question.

54% of individuals reported having one or more disabilities

n = 111

1,123 Individuals did not answer this question.

0% of individuals were veterans

n = 142

1,092 Individuals did not answer this question.

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

FAMILY SELF-HELP SUPPORT AND ADVOCACY

Successes and Learning

Notable Successes

NAMI programs are evidenced-based programs that significantly improve the coping and problem-solving abilities of the people closest to a person with a mental health condition. Participants can share very personal stories that have occurred while supporting a loved one in a safe and accepting environment. Additionally, participants who suffer from mental illness are able to develop confidence in their decision making, enhance their communication skills, and learn how to advocate for themselves when receiving professional support.

Notable Learnings

NAMI has recognized that there is a need to support the Hispanic community but struggled with identifying bilingual facilitators to host our programs and support groups. This quarter, NAMI was able to hire a bilingual volunteer coordinator to build stronger relationships with NAMI volunteers and participants. This support also expands to Spanish presentations and outreach events.

Case Example/Narrative

NAMI has been able to provide our signature programs and support groups remotely. Participants with limited mobility and transportation are still able to attend our programs and do not have to worry about traveling. Additionally, our program facilitators who work full time are able to volunteer their time from the comfort of their own home. By having remote programs and support groups, we have also been able to retrain program facilitators who have moved out of the country and state.

Outreach for Increasing Recognition of Early Signs of Mental Illness

AFRICAN AMERICAN COMMUNITY PARTNERSHIP THE VILLAGE PROJECT, INC.

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

Program Highlights



Population served: The local African American community

1,577 individuals engaged in program activities

31 individuals received therapeutic services

Program Activities

Activities Hosted

Lucille Hralima Mental Health Series Presentations – 575 individuals attended 8 presentation series where community members gained insight from Latinx, Native/Indigenous, and LGBTQ+ communities, and learned about stigma reduction, effective mental health treatment, and available services.

Presentations at Schools and Parent Groups – 370 individuals attended 22 school presentations and/or parent groups. Parents and guardians learned how to help students who may need additional support.

Community Events – 600 individuals participated in 16 community events where members discussed available services and how to reduce stigma around mental health treatment.

Culturally Informed Training for Clinical Staff – 32 individuals, both internal and external staff, completed culturally informed training.

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Outreach and Engagement

During fiscal year 2021 – 2022, The Village Project, Inc. received additional outreach and engagement funds. Through their targeted outreach and engagement activities*, The Village Project, Inc. has been able to effectively engage with community members who have not heard of their agency or had been hesitant about receiving mental health therapy. Additionally, The Village Project, Inc. has seen an increase in the number of clients participating in therapy because of their focused efforts both on spreading awareness of the importance of mental health as well as helping ease individuals into mental health treatment.

*Includes the Lucille Hralima Mental Health series, presentations at schools and parent groups, tabling activities, training focused on culturally relevant approaches to providing mental health services, and guest speaking at community and civic organizations.

Successes and Learning

Notable Successes

- Staff that is well known by the community
- Over the years, becoming a highly trusted agency in the community
- The agency's programs being greatly valued and heavily utilized by community members, which translates to strong receptiveness by the community when presented at events

Notable Learnings

At one point, agency administration considered shutting down the agency due to having to close the office and programs. It overcame the effects of the pandemic by providing programs virtually, which included therapy and other clinical offerings along with the agency's clinically based after-school academy. This was achieved by a willingness by staff to accept salary cuts if needed and staff readiness to do whatever was necessary to save the agency and its programs regardless of individual sacrifices. As a result, the agency began to thrive and is still doing so.

Case Example/Narrative

Telehealth therapy initially posed a challenge, but because of the personability as well as the expertise of staff, clients took to this modality beyond what our staff expected. Positive impacts included clients not having to leave their homes to receive what they stated was "therapy that didn't miss a beat." This sentiment was expressed in different ways by other clients. Stakeholders came to our assistance in terms of volunteering, financial donations, and organizing community members to donate to the annual Monterey County Gives Program.

LATINO COMMUNITY PARTNERSHIP CENTER FOR COMMUNITY ADVOCACY (CCA)

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

Program Highlights



Population served: Unserved and underserved Latino community

12,252 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 208 individuals and 135 families attended 24 presentations on mental health topics.

Community Events – 340 individuals were reached at 9 events that supported participants' learning about mental health awareness.

Outreach Activities – 11,587 individuals were reached through 183 outreach activities where flyers were shared to engage with local communities to learn about available resources.

Education/Training Sessions – 190 individuals were led through 18 educational trainings. Educational trainings included those held for Promotores de Salud from north and south counties.

Support/Interest Group Meetings – 117 individuals attended 5 support group sessions for community health workers about their experiences working in and difficulties faced by their

LATINO COMMUNITY PARTNERSHIP

Program Outcomes, Satisfaction, and Feedback*

Because of this training/class... (n = 31–35)	% Disagree	% Not Sure	% Agree
I know where to go for mental health services near me.	0%	3%	97%
I know when to ask for help with an emotional problem.	0%	3%	97%
I believe people with mental illness can get better and have healthy lives.	0%	3%	97%
I have a better understanding of mental illness.	0%	9%	91%
I would be more likely to help someone in need who has a mental illness.	0%	6%	94%

After the training/class... (n = 29–30)	% Yes	% No	% Don't Know
I know where to go for mental health services near me.	97%	3%	0%
I feel that we need to support and care for people who become mentally ill.	100%	0%	0%
I think that people who are mentally ill should be free to make their own decisions.	23%	64%	13%
I think that the behavior of people with mental illness is unpredictable.	72%	21%	7%

Comparison of Before/After Knowledge (n = 9–28)	Before (% No/Don't Know)	After (% No/Don't Know)	Difference (% No/Don't Know)
I know where to go for mental health services near me.	44%	3%	41%
I feel that we need to support and care for people who become mentally ill.	30%	0%	30%
I think that people who are mentally ill should be free to make their own decisions.	93%	76%	17%

Comparison of Before/After Knowledge (n = 29)	Before (% Yes)	After (% Yes)	Difference (% Yes)
I think that the behavior of people with mental illness is unpredictable.	38%	28%	10%

*Two different versions of outcome surveys were used during fiscal year 2021 – 2022. Data from both surveys are presented separately.

LATINO COMMUNITY PARTNERSHIP

Program Outcomes, Satisfaction, and Feedback*

Please choose how much you agree or disagree with each sentence below (n = 32–36)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	3%	3%	94%
Information was given in the language that I speak best.	0%	3%	97%
I will use what I learned in this training/class.	0%	0%	100%
This training/class helped me.	0%	0%	100%
I would recommend this training/class to a friend or family member.	0%	3%	97%

Please choose how much you agree or disagree with each sentence below (n = 29–30)	% Strongly Disagree or Disagree	% Strongly Agree or Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0%	100%
Program had services in the language that I speak best.	0%	100%
Materials provided were useful.	0%	100%
Training/course was practical and useful.	0%	100%
I would recommend this training/class to others.	0%	100%

"...knowing when you are in a healthy relationship and when you should ask for help."

"...more time dedicated to people sharing their feelings and thoughts."

What was most useful or helpful about this training/class? (n = 32)

- Learning about healthy relationships and how to identify abuse (11)
- Resources/where to go for help (10)
- General positive feedback (e.g., "Everything") (6)

What are your recommendations for improvement? (n = 29)

- More time for participation/discussions (3)
- General positive feedback (e.g., "Everything's fine") (21)

*Two different versions of outcome surveys were used during fiscal year 2021 – 2022. Data from both surveys are presented separately.

LATINO COMMUNITY PARTNERSHIP

Referrals to Mental Health Services



Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

0 individuals confirmed to have engaged in treatment

Kinds of Treatment Referred to:

Acceso ● PVPSA ● Salud Mental

Referrals for Members of Underserved Populations

2 individuals confirmed to have engaged in treatment

Kinds of Treatment Referred to:

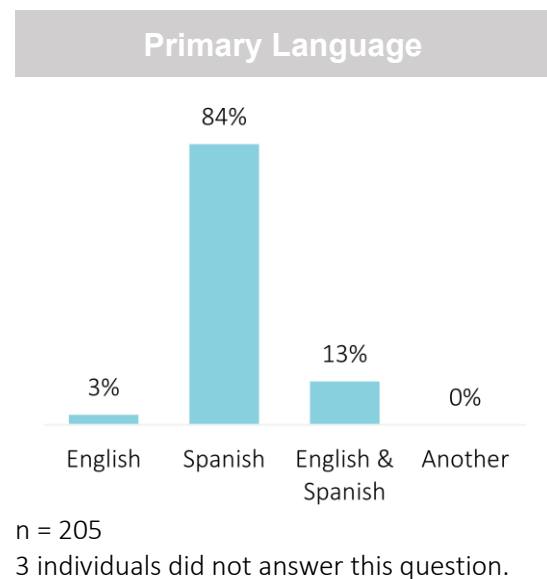
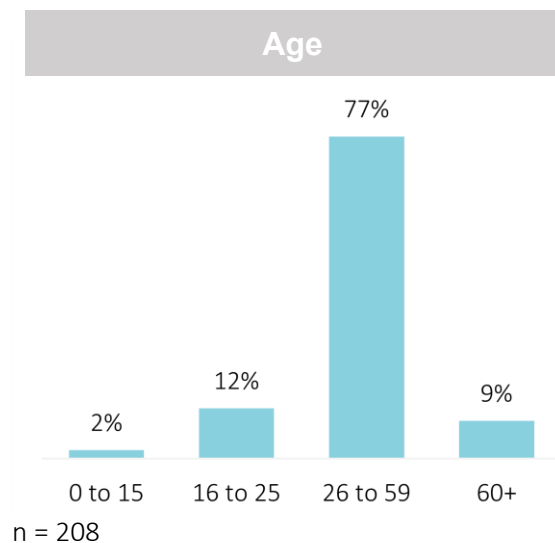
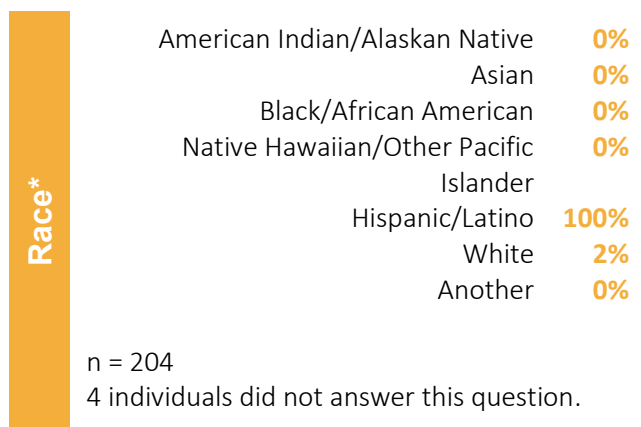
Acceso ● PVPSA ● Salud Mental

Ways members of underserved populations were assisted in accessing services

Bus Tokens	0
Transportation	0
Reminder Calls	0
Translation/Interpreter Services	0
Accompaniment	0
Other	0

LATINO COMMUNITY PARTNERSHIP

Demographic Data



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

LATINO COMMUNITY PARTNERSHIP

Successes and Learning

Notable Successes

- By having Zoom meetings, we can have more trainings for Promotores. They go and pass information to hard-to-reach community members. Promotores' conversations about mental health are helping with the stigma our culture and community have about mental health, as hearing it from a community member is different from hearing it from "professionals."
- We saw the community more open to discussing mental health and problems that they are facing, i.e., they are open to talking about their needs and helping other community members.

Notable Strengths

- We are with the community during difficult times and connecting them to the resources they need.
- We are a safe and familiar place for the community, where trust is built, which allows people to feel comfortable about being open to obtain information about the programs and services.

Notable Learnings

One of our current challenges is that the farming season has started, and this limits the time our community can participate in informational sessions or events. By doing presentations via Zoom, they could be working and listening to the presentation. It was amazing to see how some of the participants are cutting crops and out in the fields and at the same time listening to our presentation about mental health.

Case Example/Narrative

Our community loves it when service providers come to them and engage with them. We have seen how many don't want to access mental health services or referrals because they don't know who will process their referral. The mistrust exists and affects their willingness to obtain the service. This quarter we invited Viviana Jimenez, our Department contact who processes our referrals, to one of our presentations for Promotores and community leaders to talk about mental health services. Our Promotores appreciated her willingness to join us. They told us that they liked to hear from and meet the person who will be engaging with the community when processing referrals. They said they feel more inclined to engage in obtaining and signing up for services when they know who will be serving them.

COMMUNITY PRESENTATIONS AND OUTREACH

MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

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

Program Highlights



Population served: Community members of Monterey County

845 individuals engaged in program activities

Program Activities

Activities Hosted

End-of-Summer Celebration – Approximately 275 attendees were present at the event, which raised awareness of suicide prevention and provided resources on mental health and wellness to Monterey County residents.

Self-Care Workshop – Approximately 25 individuals attended a workshop on self-care and stress management to reduce staff burnout and promote wellness.

PostSecret Event – 500 individuals registered for an online event to provide clinical support and interpretation for Spanish-speaking participants in an online forum. The event highlighted the importance of addressing stigma and sharing of secrets that keep people isolated from one another, including mental health and suicide.

Mental Health Summit – An estimated 45 individuals attended the summit where agency staff presented on topics such as understanding mental health, supporting children and youth mental health, suicide prevention and how to access resources.

COMMUNITY PRESENTATIONS AND OUTREACH

Successes and Learning

Notable Successes

- MCBH has developed strong partnerships with Partners for Peace and the Family Service Agency of the Central Coast's suicide prevention staff, and we have created a model to provide a comprehensive mental health presentation forum in English and in Spanish. These partners are committed to offering regional mental health summits in FY 22/23.
- Collaboration with other community partners continues to be strong, particularly with Interim, Inc., The Epicenter and Sun Street Centers, with a collective focus on prevention and early intervention for mental health and substance use disorders.



Notable Learnings

MCBH has many staff vacancies, while existing staff who were previously involved with outreach efforts have full caseloads and need to dedicate their time to providing clinical and case management services. This has resulted in a decrease of community outreach and presentations. Currently, there are no specific MCBH-dedicated staff for community outreach and presentations outside of the Prevention Manager who also oversees MCBH Equity and Disparity Reduction efforts.

APPENDIX A. FY 21–22 PEI PROGRAMS BY CATEGORY

Prevention

The Epicenter

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

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

Senior Peer Counseling (*Alliance on Aging*)

Partners for Peace (*Monterey County Behavioral Health [MCBH]*)

Maternal Mental Health (MMH) (*Monterey County Behavioral Health [MCBH]*)

Early Intervention

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

(re)MIND® (*Felton Institute*)

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

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

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

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

Access and Linkage to Treatment

211 (*United Way Monterey County*)

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

Suicide Prevention

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

Monterey County Helping One another to Prevent and Eliminate Suicide (*Applied Crisis Training and Consulting, Inc.*)

Stigma and Discrimination Reduction

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

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

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

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

APPENDIX B. FY 21–22 NUMBER OF PARTICIPANTS SERVED BY PROGRAM AND CATEGORY

Prevention	3,877
The Epicenter	1,262
Parent Education Program (<i>Community Human Services [CHS]</i>)	167
Senior Companion Program (<i>Seniors Council of Santa Cruz and San Benito Counties</i>)	74
Senior Peer Counseling (<i>Alliance on Aging</i>)	109
Partners for Peace (<i>Monterey County Behavioral Health [MCBH]</i>)	1,852
Maternal Mental Health (MMH) (<i>Monterey County Behavioral Health [MCBH]</i>)	413
Early Intervention	6,841
Family Support Groups (<i>Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC]</i>)	7
(re)MIND® (<i>Felton Institute</i>)	251
School-Based Counseling (<i>Pajaro Valley Prevention and Student Assistance</i>)	1,454
School-Based Domestic Violence Counseling (<i>Harmony at Home</i>)	943
Services to Education (<i>Monterey County Behavioral Health [MCBH]</i>)	4,046
Silver Star Resource Center (<i>Monterey County Behavioral Health [MCBH]</i>)	140
Access and Linkage to Treatment	9,709
211 (<i>United Way Monterey County</i>)	1,853
Veterans Reintegration Transition Program (<i>Monterey County Military & Veterans Affairs Office</i>)	7,856
Suicide Prevention	3,124
Suicide Prevention Service (<i>Family Service Agency of the Central Coast</i>)	3,124
Stigma and Discrimination Reduction	1,895
Family Self-Help Support and Advocacy (<i>National Alliance on Mental Illness [NAMI] Monterey County</i>)	1,895
Outreach for Increasing Recognition of Early Signs of Mental Illness	14,674
African American Community Partnership (<i>The Village Project, Inc.</i>)	1,577
Latino Community Partnership (<i>Center for Community Advocacy [CCA]</i>)	12,252
Community Presentations and Outreach (<i>Monterey County Behavioral Health [MCBH]</i>)	845
Total	40,120

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. Demographic topics (e.g., race, ethnicity, age) and response options are shown in the rows. Rows with a dark grey background represent the total number of respondents who answered the question. The number of respondents who skipped the question are presented in the last row under each demographic topic. Program names are shown in each column header. Totals from each program within a program category are presented in the Totals column. Cells that are highlighted in light grey represent demographic questions that were not asked by a particular program. Demographic responses were collected by an MCBH PEI demographic form (adult, parent, or presentation version) or collected from Avatar.

Appendix D presents participant outcome survey data across programs, organized by primary program category. Access and Linkage to Treatment programs (211 and Veterans Reintegration Transition Program) do not administer outcome surveys. Questions from each survey are presented in the rows, with the columns presenting the percentage or number of respondents who selected “Agree” on the survey scale (which included “Agree,” “Not Sure,” and “Disagree”). Surveys with less than 20 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 that this question or survey was not administered to this program.

APPENDIX C. FY 21–22 PEI PARTICIPANT DEMOGRAPHICS BY PROGRAM CATEGORY

Prevention

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling	Partners for Peace	Maternal Mental Health (MMH)
Race (Adult Demographic Form)	599	49	276	6	168	91	9
American Indian or Alaska Native	13	3	7	0	0	3	0
Asian	11	3	3	0	2	3	0
Black or African American	19	5	8	0	4	2	0
Hispanic/Latino	358	25	202	4	45	75	7
Native Hawaiian or Pacific Islander	3	0	1	0	0	2	0
White	181	12	43	2	117	5	2
Other	14	1	12	0	0	1	0
Declined to answer/skipped	16	0	12	0	0	4	0
Ethnicity (Adult Demographic Form)	548	42	241	6	166	85	8
Hispanic or Latino	364	25	208	4	45	75	7
Caribbean	2	2	0	0	0	0	0
Central American	7	0	5	0	0	1	1
Mexican/Mexican American/Chicano	330	23	180	4	45	73	5
Puerto Rican	0	0	0	0	0	0	0
South American	1	0	1	0	0	0	0
Other	24	0	22	0	0	1	1
Non-Hispanic or Latino	184	17	33	2	121	10	1
African	9	2	3	0	4	0	0
Asian Indian/South Asian	0	0	0	0	0	0	0
Cambodian	0	0	0	0	0	0	0
Chinese	2	0	0	0	0	2	0

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling	Partners for Peace	Maternal Mental Health (MMH)
Eastern European	6	1	0	1	4	0	0
European	123	8	2	0	111	1	1
Filipino	3	2	1	0	0	0	0
Japanese	4	1	3	0	0	0	0
Korean	2	0	0	0	2	0	0
Middle Eastern	0	0	0	0	0	0	0
Vietnamese	0	0	0	0	0	0	0
Other	28	1	22	0	0	5	0
More than one Ethnicity	7	2	2	1	0	2	0
Declined to answer/skipped	65	3	50	2	0	9	1

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling	Partners for Peace	Maternal Mental Health (MMH)
Race/Ethnicity (Presentation Demographic Form)	107	101					6
American Indian or Alaska Native	6	6					0
Asian	2	2					0
Black or African American	0	0					0
Latino	66	60					6
Native Hawaiian or Pacific Islander	0	0					0
White	23	23					0
Multiracial	8	8					0
Other	2	2					0
Declined to answer/skipped	4	4					0
Primary Language	694	134	288	8	170	88	6
English	367	79	131	3	132	22	0
Spanish	210	16	106	4	27	53	4
English and Spanish	111	36	51	1	11	10	2
Other	6	3	0	0	0	3	0
Declined to answer/skipped	15	3	10	0	0	2	0
Age	672	127	284	6	166	83	6
0 to 15 years	10	3	0	0	0	5	2
16 to 25 years	94	54	33	0	0	6	1
26 to 59 years	384	60	249	3	0	69	3
60+ years	184	10	2	3	166	3	0
Declined to answer/skipped	10	2	2	0	0	6	0
Current Gender Identity	587	50	276	6	166	89	
Female	361	20	154	4	122	61	
Male	206	11	121	2	44	28	
Transgender	7	7	0	0	0	0	
Genderqueer	4	4	0	0	0	0	
Non-Binary	7	7	0	0	0	0	
Questioning or unsure	1	1	0	0	0	0	

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling	Partners for Peace	Maternal Mental Health (MMH)
Another gender identity	1	0	1	0	0	0	
Declined to answer/skipped	99	89	10	0	0	0	
Sex Assigned at Birth	585	40	286	6	166	87	
Female	385	27	161	4	120	73	
Male	200	13	125	2	46	14	
Another sex	0	0	0	0	0	0	
Declined to answer/skipped	91	89	0	0	0	2	
Sexual Orientation	497	40	250	2	157	48	
Bisexual	13	7	6	0	0	0	
Gay or Lesbian	4	3	1	0	0	0	
Heterosexual or Straight	458	17	234	2	157	48	
Pansexual	9	7	2	0	0	0	
Queer	7	5	2	0	0	0	
Questioning or unsure	2	1	1	0	0	0	
Another sexual orientation	4	0	4	0	0	0	
Declined to answer/skipped	179	89	36	4	9	41	
Veteran Status	580	40	280	6	166	88	
Yes	19	0	6	0	13	0	
No	561	40	274	6	153	88	
Declined to answer/skipped	96	89	6	0	0	1	
Disability	557	39	259	6	166	87	
Has a disability	132	14	27	0	87	4	
No disability	425	25	232	6	79	83	
Declined to answer/skipped	119	90	27	0	0	2	
Disability Types	284	31	93	14	141	5	
Difficulty seeing	19	3	4	0	12	0	
Difficulty hearing or having speech understood	20	1	0	1	18	0	
Other communication difficulty	8	0	6	0	2	0	
Mental domain disability	123	21	80	5	12	5	
Chronic health condition	44	2	2	3	37	0	

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling	Partners for Peace	Maternal Mental Health (MMH)
Physical disability	58	2	1	4	51	0	
Another disability	12	2	0	1	9	0	

Early Intervention

Demographics	TOTALS	Family Support Groups	(re) MIND®	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Race (Adult Demographic Form)	97	23			74		
American Indian or Alaska Native	1	0			1		
Asian	0	0			0		
Black or African American	0	0			0		
Latino	89	23			66		
Native Hawaiian or Pacific Islander	0	0			0		
White	7	0			7		
Other	0	0			0		
Declined to answer/skipped	0	0			0		
Ethnicity (Adult Demographic Form)	100	23			77		
Hispanic or Latino	87	23			64		
Caribbean	0	0			0		
Central American	3	0			3		
Mexican/Mexican-American/Chicano	79	20			59		
Puerto Rican	0	0			0		
South American	0	0			0		
Other	5	3			2		
Non-Hispanic or Latino	13	0			13		
African	0	0			0		
Asian Indian/South Asian	0	0			0		
Cambodian	0	0			0		
Chinese	0	0			0		
Eastern European	0	0			0		
European	0	0			0		
Filipino	0	0			0		
Japanese	0	0			0		
Korean	0	0			0		
Middle Eastern	0	0			0		

Demographics	TOTALS	Family Support Groups	(re) MIND®	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Vietnamese	0	0			0		
Other	5	0			5		
More than one Ethnicity	2	0			2		
Declined to answer/skipped	6	0			6		
Race/Ethnicity (Presentation Demographic Form)	29					29	
American Indian or Alaska Native	0					0	
Asian	0					0	
Black or African American	0					0	
Latino	9					9	
Native Hawaiian or Pacific Islander	0					0	
White	6					6	
Multiracial	14					14	
Other	0					0	
Declined to answer/skipped	0					0	
Ethnicity (Data Source: Avatar Demographic Form)	243		59				184
Asian/Islander	1		0				1
Black	1		0				1
Hispanic	118		43				75
Other	112		8				104
White	11		8				3
Primary Language	689	12		122	535	20	
English	208	2		0	206	0	
Spanish	284	7		77	184	16	
English and Spanish	149	3		3	141	2	
Other	48	0		42	4	2	
Declined to answer/skipped	31	11		1	10	9	

Demographics	TOTALS	Family Support Groups	(re) MIND®	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Age	876	23	59	81	501	28	184
0 to 15 years	608	0	6	0	476	14	112
16 to 25 years	162	0	47	19	23	1	72
26 to 59 years	103	22	6	61	2	12	0
60+ years	3	1	0	1	0	1	0
Declined to answer/skipped	6	0	0	1	4	1	0
Gender (Avatar)	243		59				184
Female	113		18				95
Male	129		40				89
Other	1		1				0
Current Gender Identity	80	12			68		
Female	48	8			40		
Male	30	4			26		
Transgender	1	0			1		
Genderqueer	1	0			1		
Questioning or unsure	0	0			0		
Another gender identity	0	0			0		
Declined to answer/skipped	448	11			437		
Sex Assigned at Birth	527	12			500	15	
Female	266	8			253	5	
Male	261	4			247	10	
Another sex	0	0			0	0	
Declined to answer/skipped	30	11			5	14	
Sexual Orientation	57	10			47		
Bisexual	6	0			6		
Gay or Lesbian	0	0			0		
Heterosexual or Straight	48	10			38		
Queer	0	0			0		
Pansexual	2	0			2		
Questioning or unsure	1	0			1		

Demographics	TOTALS	Family Support Groups	(re) MIND®	School-Based Counseling	School-Based DV Counseling	Services to Education	Silver Star Resource Center
Another sexual orientation	0	0			0		
Declined to answer/skipped	471	13			458		
Veteran Status	94	23			71		
Yes	0	0			0		
No	94	23			71		
Declined to answer/skipped	434	0			434		
Disability	500	13			472	15	
Has a disability	41	1			39	1	
No disability	459	12			433	14	
Declined to answer/skipped	57	10			33	14	
Disability Types	137	9			127	1	
Difficulty seeing	19	1			18	0	
Difficulty hearing or having speech understood	23	1			22	0	
Other communication difficulty	4	0			4	0	
Mental domain disability	87	7			79	1	
Chronic health condition	0	0			0	0	
Physical disability	0	0			0	0	
Another disability	4	0			4	0	

Access and Linkage to Treatment

Demographics	TOTALS	211	Veterans Reintegration Transition Program
Race (Adult Demographic Form)	13,003	12,996	7
American Indian or Alaska Native	101	100	1
Asian	204	202	2
Black or African American	452	452	0
Latino	0		0
Native Hawaiian or Pacific Islander	114	114	0
White	4,330	4,326	4
Other	7,802	7,802	0
Declined to answer/skipped	3,612	3,612	0
Ethnicity (Adult Demographic Form)	13,275	13,271	4
Hispanic/Latino	10,315	10,315	
Non-Hispanic/Latino	2,956	2,956	
Hispanic or Latino	0		0
Caribbean	0		0
Central American	0		0
Mexican/Mexican-American/Chicano	0		0
Puerto Rican	0		0
South American	0		0
Other	0		0
Non-Hispanic or Latino	4		4
African	0		0
Asian Indian/South Asian	0		0
Cambodian	0		0
Chinese	0		0
Eastern European	0		0
European	2		2
Filipino	0		0
Japanese	0		0
Korean	0		0
Middle Eastern	0		0
Vietnamese	1		1
Other	1		1
More than one Ethnicity	0		0
Declined to answer/skipped	3,118	3,117	1

Demographics	TOTALS	211	Veterans Reintegration Transition Program
Primary Language	14,692	14,686	6
English	6,929	6,925	4
Spanish	7,509	7,509	0
English and Spanish	1		1
Other	253	252	1
Declined to answer/skipped	1,993	1,993	0
Age	14,444	14,439	5
0 to 15 years	964	964	0
16 to 25 years	854	854	0
26 to 59 years	9,922	9,920	2
60+ years	2,704	2,701	3
Declined to answer/skipped	0		0
Current Gender Identity	19,292	19,288	4
Female	14,016	14,015	1
Male	5,126	5,123	3
Transgender	0		0
Genderqueer	0		0
Questioning or unsure	0		0
Another gender identity	0		0
Unknown	150	150	
Declined to answer/skipped	1		1
Sex Assigned at Birth	4		4
Female	1		1
Male	3		3
Another sex	0		0
Declined to answer/skipped	1		1
Sexual Orientation	4		4
Bisexual	0		0
Pansexual	0		0
Gay or Lesbian	0		0
Heterosexual or Straight	4		4
Queer	0		0
Questioning or unsure	0		0
Another sexual orientation	0		0
Declined to answer/skipped	1		1
Veteran Status	13,374	13,370	4
Yes	278	274	4
No	13,096	13,096	0
Declined to answer/skipped	3,008	3,007	1
Disability	12,937	12,933	4
Has a disability	2,828	2,825	3
No disability	10,109	10,108	1

			Veterans Reintegration Transition Program
Demographics	TOTALS	211	
Declined to answer/skipped	3,240	3,239	1
Disability Types	10		10
Difficulty seeing	0		0
Difficulty hearing or having speech understood	3		3
Other communication difficulty	0		0
Mental domain disability	2		2
Chronic health condition	2		2
Physical disability	3		3
Another disability	0		0

Suicide Prevention

Demographics	Suicide Prevention Service
Race/Ethnicity (Presentation Demographic Form)	658
American Indian or Alaska Native	17
Asian	47
Black or African American	20
Latino	275
Native Hawaiian or Pacific Islander	9
White	180
Multiracial	73
Another	37
Declined to answer/skipped	6
Primary Language	531
English	306
Spanish	62
English and Spanish	132
Other	31
Declined to answer/skipped	2
Age	479
0 to 15 years	386
16 to 25 years	63
26 to 59 years	24
60+ years	6
Declined to answer/skipped	11

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

Demographics	TOTALS	Family Self-Help Support and Advocacy	Latino Community Partnership	African American Community Partnership	MCBH Community Presentations and Outreach
Race (Adult Demographic Form)	132	132			
American Indian or Alaska Native	2	2			
Asian	7	7			
Black or African American	5	5			
Latino	57	57			
Native Hawaiian or Pacific Islander	6	6			
White	45	45			
Other	10	10			
Declined to answer/skipped	14	14			
Ethnicity (Adult Demographic Form)	144	144			
Hispanic or Latino	75	75			
Caribbean	3	3			
Central American	6	6			
Mexican/Mexican-American/Chicano	54	54			
Puerto Rican	3	3			
South American	9	9			
Other	0	0			
Non-Hispanic or Latino	69	69			
African	1	1			
Asian Indian/South Asian	0	0			
Cambodian	0	0			
Chinese	0	0			

Demographics	TOTALS	Family Self-Help Support and Advocacy	Latino Community Partnership	African American Community Partnership	MCBH Community Presentations and Outreach
Eastern European	3	3			
European	26	26			
Filipino	3	3			
Japanese	3	3			
Korean	0	0			
Middle Eastern	0	0			
Vietnamese	0	0			
Other	15	15			
More than one Ethnicity	18	18			
Declined to answer/skipped	23	23			
Race/Ethnicity (Presentation Demographic Form)	1,537	1,327	210		
American Indian or Alaska Native	34	34	0		
Asian	58	58	0		
Black or African American	208	208	0		
Latino	907	704	203		
Native Hawaiian or Pacific Islander	30	30	0		
White	156	152	4		
Multiracial	115	112	3		
Other	29	29	0		
Declined to answer	35	31	4		
Primary Language	1,412	1,206	206		
English	473	466	7		
Spanish	458	285	173		
English and Spanish	445	419	26		
Other	36	36	0		
Declined to answer/skipped	46	43	3		

Demographics	TOTALS	Family Self-Help Support and Advocacy	Latino Community Partnership	African American Community Partnership	MCBH Community Presentations and Outreach
Age	1,392	1,184	208		
0 to 15 years	842	838	4		
16 to 25 years	174	150	24		
26 to 59 years	331	170	161		
60+ years	45	26	19		
Declined to answer/skipped	50	50	0		
Current Gender Identity	112	112			
Female	76	76			
Male	36	36			
Transgender	0	0			
Genderqueer	0	0			
Questioning or unsure	0	0			
Another gender identity	0	0			
Declined to answer/skipped	1,123	1,123			
Sex Assigned at Birth	111	111			
Female	82	82			
Male	29	29			
Another sex	0	0			
Declined to answer/skipped	1,123	1,123			
Sexual Orientation	98	98			
Bisexual	12	12			
Gay or Lesbian	1	1			
Heterosexual or Straight	73	73			
Pansexual	6	6			
Queer	0	0			
Questioning or unsure	0	0			
Another sexual orientation	6	6			
Declined to answer/skipped	1,136	1,136			

Demographics	TOTALS	Family Self-Help Support and Advocacy	Latino Community Partnership	African American Community Partnership	MCBH Community Presentations and Outreach
Veteran Status	142	142			
Yes	10	10			
No	132	132			
Declined to answer/skipped	1,092	1,092			
Disability	111	111			
Has a disability	60	60			
No disability	51	51			
Declined to answer/skipped	1,123	1,123			
Disability Types	100	100			
Difficulty seeing	8	8			
Difficulty hearing or having speech understood	1	1			
Other communication difficulty	0	0			
Mental domain disability	67	67			
Chronic health condition	12	12			
Physical disability	9	9			
Another disability	3	3			

APPENDIX D. FY 21–22 OUTCOMES ACROSS PROGRAMS

PEI Program Survey

Percentage/number of respondents who selected “agree” or “strongly agree” by program

	Parent Education Program	Partners for Peace	Maternal Mental Health (MMH)	Family Self- Help Support and Advocacy
Because of this program...	(n = 20)	(n = 23–24)	(n = 10)	(n = 0)
I feel better about myself.	95%	96%	10	-
I feel good when I think about the future.	95%	96%	10	-
I feel less worried or afraid.	90%	96%	10	-
I have more energy during the day.	80%	92%	10	-
I care more about things in my life.	90%	58%	10	-
Please choose how much you agree or disagree with each sentence below	(n = 20)	(n = 24)	(n = 10)	(n = 31–33)
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	100%	100%	10	97%
The program was provided in the language that I speak best.	100%	100%	10	100%
The program was right for me.	95%	100%	10	-
I was happy with this program.	100%	100%	10	100%
I would recommend this program to a friend or family member.	100%	100%	10	100%

Multi-Session Post Survey

Number of respondents who selected “agree” or “strongly agree” by program

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

Stigma and Discrimination Reduction Survey

Percentage/number of respondents who selected “yes,” “agree,” or “strongly agree” by program

	Family Self- Help Support and Advocacy	Latino Community Partnership
	(n = 211)	(n = 29–30)
Because of this training/class...		
I know where to go for mental health services near me.	86%	97%
I feel that we need to support and care for people who become mentally ill.	91%	100%
I think that people who are mentally ill should be free to make their own decisions.	41%	23%
I think that the behavior of people with mental illness is unpredictable.	38%	72%
Please choose how much you agree or disagree with each sentence below	(n = 211)	(n = 29–30)
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	97%	100%
The program had services in the language that I speak best.	98%	100%
Materials provided were useful.	94%	100%
This training/course was practical and useful.	95%	100%
I would recommend this training/class to others.	94%	100%

PEI Single Session Survey

Percentage/number of respondents who selected “yes,” “agree,” or “strongly agree” by program

	Partners for Peace	Services to Education	Silver Star Resource Center
After participating in this training/class...	(n = 13)	(n = 21–23)	(n = 17–18)
I know a lot about the topic of this training/class.	11	57%	16
I know someone who could help me with the topic of this training/class.	11	52%	14
I will apply the strategies that were recommended in this class.	12	91%	15
I know where to go for mental health services near me.	12	86%	15
Please choose how much you agree or disagree with each sentence below	(n = 13)	(n = 23)	(n = 18–19)
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	13	91%	19
The program had services in the language that I speak best.	13	95%	18
Materials provided were useful.	13	96%	18
This training/course was practical and useful.	13	95%	18
I would recommend this training/class to others.	13	96%	18