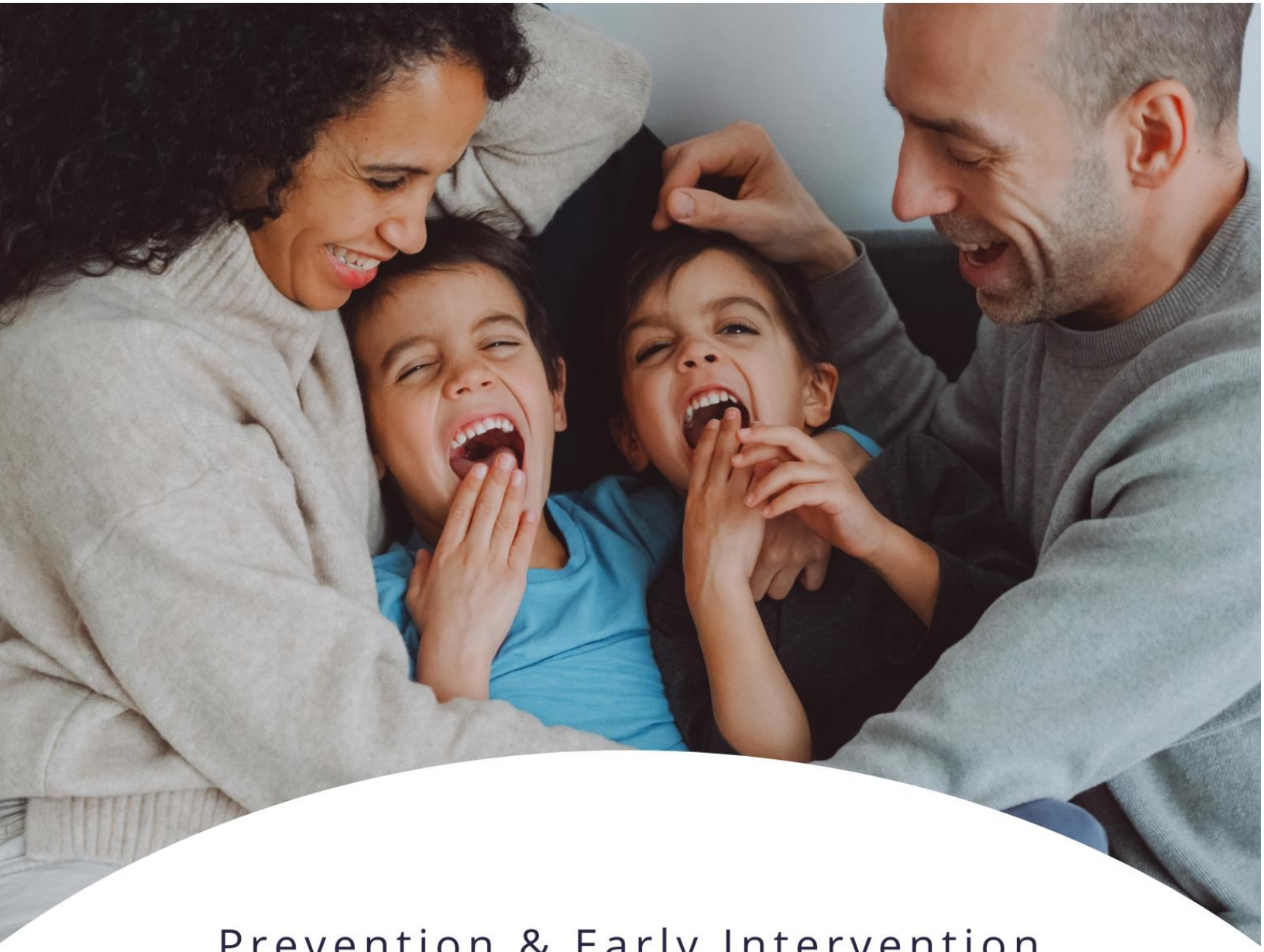
Monterey County Mental Health Services Act



Prevention & Early Intervention

ANNUAL REPORT

FY 2022–2023

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 support the development of this report. To begin, we would like to thank Monterey County Behavioral Health for their partnership throughout the evaluation process. We particularly thank Monterey County Behavioral Health Bureau Director, Katherine Eckert; Assistant Bureau Chief, Jon Drake; Mental Health Services Act (MHSA) Prevention Manager, Dana Edgull; MHSA Innovation Coordinator, Wesley Schweikhard; and MHSA Coordinator, Shannon Castro. 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 want 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

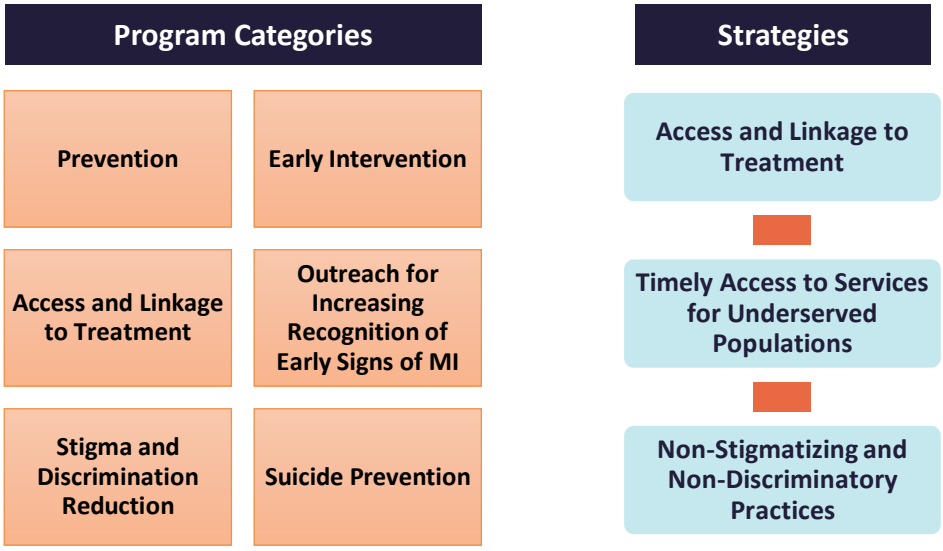
Overview

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) 22–23, MCBH funded 35 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. MCBH's evaluator developed resources which were given to providers in FY 22–23 for online collection of process and outcomes data. This online system 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 2022–2023. 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 2022–2023 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

   Using these forms, PEI providers collected demographic data from program participants and then reported demographic data to MCBH both quarterly and annually.

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 two 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 meant to be collected during the fiscal year from every 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 2022–2023, 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 under-estimation of the true number of individuals each program has reached as, to reduce burdens for program participants who were under emotional distress, there were instances where programs did not collect demographic data. Additionally, 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.

- **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.

    - **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.

      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. Since participation in the survey process is voluntary, other individuals may choose not to complete the survey. 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.

- **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 not reporting the counts or details for unique or rare open-ended responses to changing responses to “other” for questions about race, ethnicity, and disability. Summarized data are not shown for any demographic or outcome survey with fewer than 10 total responses. In these instances, the section with low submissions has been removed from that particular program section.

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 particular outcome survey type.

PREVENTION

THE EPICENTER

The Epicenter is a youth-driven community-based agency that works towards empowering youth by providing them with a one-stop resource center. The Epicenter focuses on empowering transitional age youth (TAY) by working with the community to address the barriers that youth face, create a safe place for all youth to feel supported as they navigate the transition to adulthood, and build a network of support for youth representing marginalized communities, including LGBTQ+ TAY. The primary age group served is youth ages 16–24, with some activities also open to family members, supporters, and allies of the youth served. The Epicenter collaborates with staff from various community agencies to provide services that address housing, education, employment, and mental health and wellness.

Program Highlights

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

92 program events and activities

349 individuals engaged in program activities

Program Activities

Activities Hosted

Network of Affirmative Care Support Groups – 56 events were attended by 124 individuals. Events included Q-TURN drop-in hours, visits to school GSA programs, and community events like Zombie Prom and The Epicenter Pride Health Fair.

Brilliant Minds – 169 individuals accessed services through Brilliant Minds programming. 6 Brilliant Minds events took place, including listening sessions and mental health workshops.

Youth Development and Mental Health Support Program – 30 events or activities, including listening sessions on various health and wellness topics, life skills workshops, and a summer outdoor camp were attended by a total of 56 individuals.

THE EPICENTER

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=13-15)	% Disagree	% Agree
I know a lot about the topic of this class.	0%	100%
I know where to go for mental health services near me.	0%	100%
I know when to ask for help with an emotional problem.	0%	100%
I feel good about myself.	0%	100%
I feel hopeful when I think about the future.	0%	100%

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

THE EPICENTER

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=14-15)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0%	100%
The program was provided in the language that I speak best.	0%	100%
The materials provided were useful.	0%	100%
The program was practical and useful.	0%	100%
I would recommend this program to a friend or family member.	0%	100%

100% of respondents agreed or strongly agreed that the **program was practical and useful**.

"Learning the pros/cons of social media; how the algorithm works and how it can affect mental health."

"If it could get shared with more youth who use social media."

What was most useful or helpful about this program? (n=15)

- Learning about the influence of social media (6)
- Felt more educated (5)

What are your recommendations for improvement? (n=13)

- More resources to handle the technological aspects of the class (2)
- General positive feedback (5)

THE EPICENTER

Referrals to Mental Health Services

Total Referrals Made

4 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

2 referrals were made to clients with **serious mental illness**

2 referrals were made to clients from **underserved populations**

* 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:

2 individuals confirmed to have engaged in treatment

5 days average interval between the referral and participation in treatment (standard deviation: 3)

Unavailable average duration of untreated mental illness prior to referral

Kinds of County Treatment Referred to:

Monterey County Behavioral Health ASOC

Referrals for Members of Underserved Populations

2 individuals confirmed to have engaged in treatment

5 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

Monterey County Behavioral Health ASOC

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	0
Transportation	0
Reminder Calls	2
Translation/Interpreter Services	0
Accompaniment	0
Other	0

THE EPICENTER

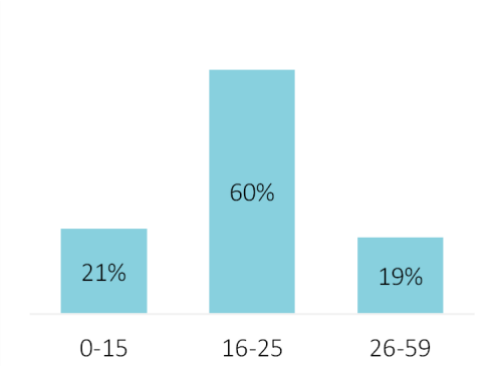
Demographic Data

Race

American Indian/Alaskan Native	2%
Asian	2%
Black/African American	4%
Native Hawaiian/Other Pacific Islander	0%
Latino	76%
White	16%
Another	0%
Declined to state	0%

n=55

Age



n=53

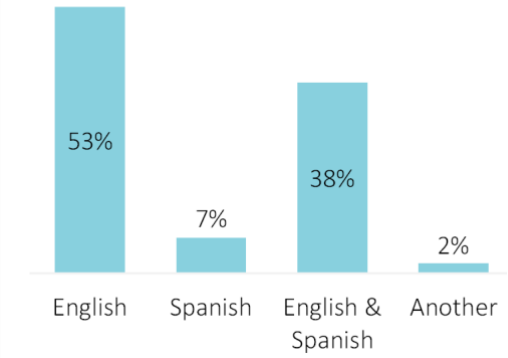
100% Hispanic/Latino
11% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino	
Caribbean	0%
Central American	0%
Mexican/Mex.-Am./Chicano	73%
Puerto Rican	0%
South American	8%
Other Hispanic/Latino	13%
Non-Hispanic/Latino	
African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	3%
European	5%
Filipino	3%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Unspecific Non-Hispanic/Latino	0%
More than one	0%
Declined to state	3%

n=40
15 individuals did not answer this question.

Primary Language



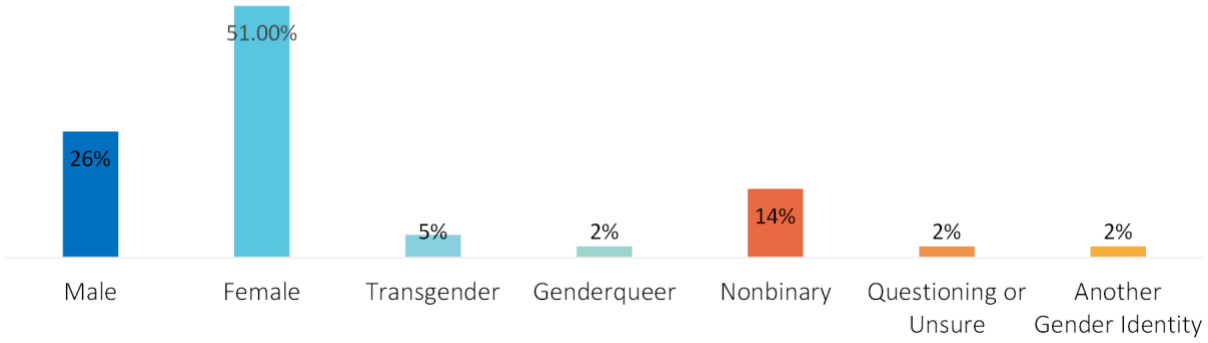
n=55
Another includes Mixteco.

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

THE EPICENTER

Demographic Data

Gender Identity*



n=43*
Another gender identity includes "gender fluid."
1 individual selected "decline to state"

Sexual Orientation

Heterosexual or Straight	35%
Gay or Lesbian	16%
Bisexual	14%
Pansexual	9%
Queer	9%
Questioning or Unsure	5%
Another Sexual Orientation	2%
Decline to state	9%

n=43

Sex

Male	26%
Female	72%
Another Sex	0%
Decline to state	2%

n=43
1 individual selected "decline to state"

72% of individuals reported having one or more disabilities

n=43

Disability

Mental Domain	63%
Seeing	0%
Hearing	2%
Other Communication	0%
Physical	2%
Chronic Health Condition	2%
Another Disability	2%

n=43
Another disability includes Autism, Borderline Personality Disorder, Narcolepsy.

0% of respondents were veterans

n=43

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

THE EPICENTER

Successes and Learning

Notable Strengths

- Creating and maintaining networks.
- Creating a culture of support between program staff, youth staff, and drop-in youth participants.
- Creating access to services for our target populations.

Challenges

It has been a struggle to engage with recurring and pre-shelter-in-place clients after moving to a new location. Youth staff experienced a lack of motivation due to this change.

Achievements

- Hosted several community health events centering on topics such as mental health strategies and services, MPox awareness, and HIV/AIDS awareness and risk reduction.
- An increase in youth leaders' confidence when tasked with planning and implementing social events with little to no guidance from program staff.
- Continued and strengthened collaboration with other community organizations and entities.

Case Example/Narrative

The younger cousin of a former program participant had become unhoused outside of the county late last year and was afraid for their safety while they figured out their living situation here in Monterey County. The uncertainty had bled into all other aspects of their life, and they were brought to the center to find community with other youth and support with academics and seeking employment. Through our programming, they found friends to lean on and a place where they could fully express their authentic self in an accepting environment. Since then, they have joined the Queer/Trans Youth Collective team, turned 18, finished all required credits to graduate high school, received mental health services through MCBH, are seeking independent housing, and have recently accepted our offer to be a full-time staff member under our new unhoused youth support program.

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 and caregivers of children ages 0–12

138 program events and activities

449 individuals engaged in program activities

Program Activities

Activities Hosted

Community Presentations – 305 individuals attended 1 community event.

Parenting Education Classes – 144 individuals attended 137 classes of the Nurturing Parenting Program. **served:** Parents of children ages 0 to 12

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=14–15)	Before (% Agree)	After (% Agree)	% Impacted
I knew a lot about the topic of this session/training/class.	60%	93%	33%
I knew where to go for mental health services.	60%	93%	33%
I knew when to ask for help with an emotional problem.	67%	93%	26%
I felt good about myself.	80%	87%	7%
I felt hopeful when I thought about the future.	93%	87%	-7%

33% of participants (5 individuals) **learned something new from the session/training/class**.

33% of participants (5 individuals) **learned where to go for mental health services**.

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=15)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	13%	87%
The program had services in the language that I speak best.	7%	93%
Materials provided were useful.	0%	100%
The program/training/course was practical and useful.	0%	100%
I would recommend this program/training/course to others.	7%	93%

"Everything I learned about how to discipline my son and how to maintain respectful communication."

"I feel like everything was excellent. I would like classes in Triqui."

What was most useful or helpful about this program? (n=15)

- Learning how to understand, help and care for children (n=10)
- Increased knowledge on parenting and child development (n=8)
- Information provided about self-care (n=4)
- Friendly/supportive staff (n=3)

What are your recommendations for improvement? (n=14)

- Nothing (n=8)
- Additional classes/services (n=4)
- Additional information and learning materials (n=2)
- Additional languages (n=2)

PARENT EDUCATION PROGRAM

Referrals to Mental Health Services

Total Referrals Made

6 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

2 referrals were made to clients with **serious mental illness**

5 referrals were made to clients from **underserved populations**

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

PARENT EDUCATION PROGRAM

Demographic Data

Race

American Indian/Alaskan Native	2%
Asian	1%
Black/African American	3%
Native Hawaiian/Other Pacific Islander	1%
Latino	71%
White	22%
Another	0%
Declined to state	2%

n=132

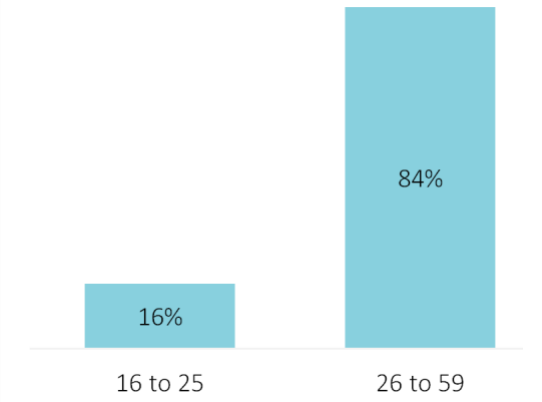
79% Hispanic/Latino
23% Non-Hispanic/Latino

Ethnicity*

Caribbean	0%	Hispanic/Latino
Central American	3%	
Mexican/Mex.-Am./Chicano	40%	
Puerto Rican	0%	
South American	1%	
Other Hispanic/Latino	35%	
African	0%	Non-Hispanic/Latino
Asian Indian/South Asian	1%	
Cambodia	0%	
Chinese	0%	
Eastern European	1%	
European	2%	
Filipino	1%	
Japanese	1%	
Korean	0%	
Middle Eastern	1%	
Vietnamese	0%	
Other Non-Hispanic/Latino	16%	
Declined to state	4%	

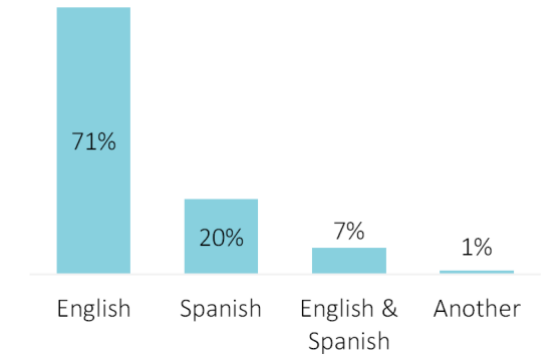
n=134

Age



n=136
3 individual selected "decline to state"

Primary Language

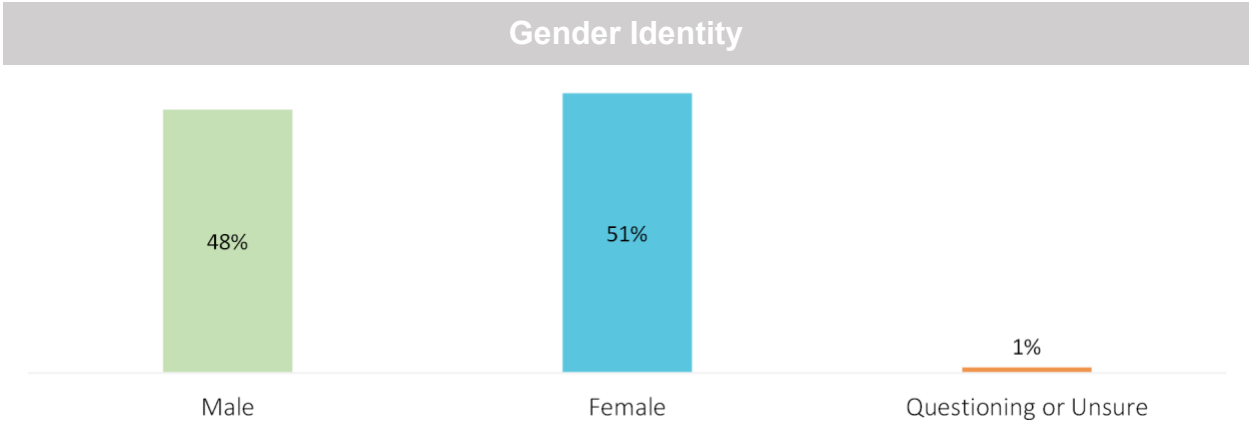


n=139
Another includes Q'anb'al.
1 individual selected "decline to state."

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

PARENT EDUCATION PROGRAM

Demographic Data



n=136
1individual selected "decline to state."

Sexual Orientation

Heterosexual or Straight	88%
Gay or Lesbian	1%
Bisexual	2%
Pansexual	1%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	8%
Declined to state	1%

n=127

Sex

Male	48%
Female	51%
Another Sex	0%

n=139
1 individual selected "decline to state."

14% of individuals reported having one or more disabilities

n=133
2 individuals selected "decline to state."

Disability

Mental Domain	35%
Seeing	6%
Hearing	1%
Other Communication	2%
Physical	0%
Chronic Health Condition	0%
Another Disability	4%

n=133
Another disability includes Learning Disability.
2 individuals selected "decline to state."

1% of individuals were veterans

n=136
3 individuals selected "decline to state."

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

PARENT EDUCATION PROGRAM

Successes and Learning

Notable Strengths

- The Nurturing Parenting Program equips participants with essential parenting skills, knowledge, and tools to create a healthier and more empathetic environment for their children. This fosters more functional households and happier parents and children within our community.
- The program provides a safe and welcoming space for community members to openly discuss their parenting concerns, learn new skills and share positive feedback.
- The program is delivered by culturally aware, bicultural instructors.

Challenges

The organization has faced challenges in offering planned courses due to a shortage of staff. Filling open positions has been particularly challenging. The organization remains committed to diligently filling the remaining positions.

Achievements

The organization successfully hosted its 6th Annual Parent University, attracting over 300 attendees. The dedicated leadership team, staff, and community partnerships enabled participation in resource events, reaching and providing information about their programs to numerous attendees.

Case Example/Narrative

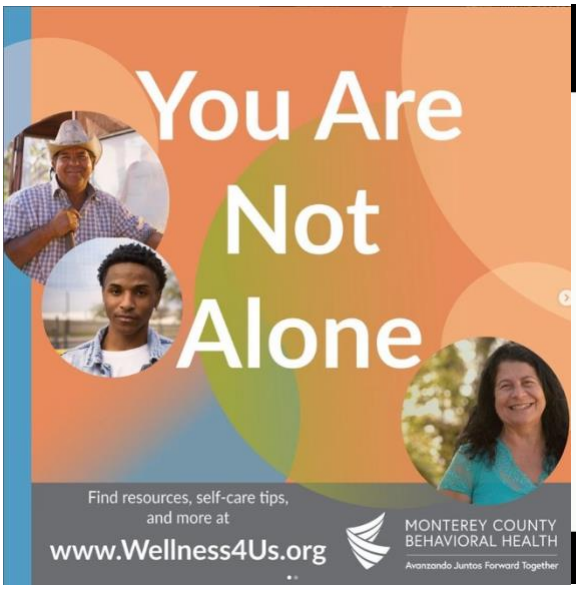
We continue to receive positive feedback from our participants. The participants in our Nurturing Parenting Program Spanish class, that began on January 31, 2023, were very engaged in the curriculum. They shared examples of how they were applying at home the tools and skills that they were learning in class. They also shared many comments and asked questions. This class was a group of 10 men and 2 women. It was very interesting to see the dynamic of this group, as the fathers were very open, vulnerable, and willing to evolve.

CULTURALLY SPECIFIC OUTREACH AND ENGAGEMENT
COMMUNITY HUMAN SERVICES (CHS)

Community Human Services (CHS) partnered with Your Social Marketers (YSM) to develop and execute a plan of culturally specific outreach and community education strategies including social marketing campaigns, community presentations, outreach events, and other promotional activities to engage historically underserved populations (Latino, African American/Black, LGBTQ+) in identified priority geographic regions in mental health services to support their health and wellness.

Program Highlights

- PARTNERSHIP WITH LA PRECIOSA AND TRI COLOR RADIO ON 8 "EL MANANERO LUNCHES." Free lunch provided by local restaurants was delivered to contest-winning field worker crews along with multi-agency branded promotional items and bilingual outreach information about how to access free mental health services in the community. Items included lip balm, sunscreen, backpacks, water bottles and other "swag" selected specifically for the target populations.
- SPONSORSHIP OF THE CALIFORNIA RODEO SALINAS ON 2 NIGHTS. Community Human Services and Monterey County Behavioral Health branded items were distributed along with bilingual outreach information about how to access free mental health services in the community.



Website Banner

Program Activities

Activities Hosted

Narrowcast Outreach Effort – 31,250 brochures were distributed at 267 venues specifically selected for the target populations.

Bilingual Mental Health-Specific Website – www.wellness4us.org / www.bienestarparati.org was launched.

Advertising Effort – Targeted radio and television advertising campaigns promoted free and low-cost mental health services to the target populations.

- Radio: 865 spots/2.4M impressions
- Television: 447 spots/1.5M impressions
- Social Media: 900,000 impressions over 3 months

Community Events – 10 targeted outreach events reached over 1,000 individuals.

Social Media Post

CULTURALLY SPECIFIC OUTREACH AND ENGAGEMENT

Successes and Learning

Notable Strengths

The website promoted multiple service providers such as The Village Project, Inc., The Epicenter, NAMI, Central Coast Center for Community Advocacy and Pajaro Valley Prevention and Student Assistance, which expanded its reach and effectiveness.

Notable Learnings

Conducting outreach to agricultural workers in the fields brought useful information directly to individuals who may benefit from it.

Notable Successes

Local business that participated in narrowcasting efforts reported that interest in the information was high and information was regularly picked up by their visitors/clientele, and they requested more materials when supplies were exhausted. Multi-agency materials with the wellness4us and bienestarparati brands were developed and distributed in narrowcasting, promoting the mental health services of several participating providers to the target populations.

El Mananero Lunches

www.bienestarparati.org

SENIOR COMPANION PROGAM
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

10 program events and activities

15 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 10 individuals attended 9 presentations.

Community Events – 5 individuals were engaged in 1 community event.

Volunteer and Intern Trainings – 10 in-service trainings were held for volunteers.

SENIOR COMPANION PROGAM

Successes and Learning

Notable Strengths

- Senior companion volunteers were allowed to visit their clients in person.
- Connections with Monterey County Behavioral Health were established again at the end of 2022.

Challenges

After the COVID-19 pandemic, we had lost a coordinator, our contract with MCBH in Salinas, and our contacts. Since then, we have a new contract and new contacts. This involved persistent calling and follow up—and it worked!

Achievements

- Created new pamphlets/data sheets with strong visual effects.
- Older adults were actively engaged with the program's outreach materials.
- Cultivated interest among potential volunteers.
- Senior companion volunteers continued outreach through their networks by sharing their own positive experiences.

Case Example/Narrative

In the last quarter, through ongoing communications as well as our in-service meetings, we saw a great need for our volunteers to obtain senior resources after the COVID-19 pandemic. The volunteers conveyed information about their needs and issues, such as challenges to pay rent, illegal evictions, and the necessity of fresh food and water. As more of these individuals regained their energy to volunteer again, we could see them become stronger citizens in our community.

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR
ALLIANCE ON AGING

The Alliance on Aging provides two primary programs to seniors aged 55 and older in Monterey County (the **Senior Peer Counseling [SPC]** Program and the **Fortaleciendo el Bienestar [FEB]** Strengthening Wellness Program). 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. The Fortaleciendo el Bienestar Strengthening Wellness Program meets the unique needs of Latino elders residing in Salinas and Salinas Valley. Using a culturally competent approach focused on activities and conversations that address overall health and wellness, it is a natural complement to Alliance on Aging's Senior Peer Counseling (SPC) Program.

Program Highlights

Population served: Seniors (ages 55 and older)

430 individuals engaged in program activities

Program Activities

Activities Hosted

Peer Support Meetings – 790 hours of individual peer-to-peer support counseling was provided to 65 individuals.

Support Group Meetings – 163 individuals were engaged in 1,346 hours of support for both Spanish- and English-speaking older adults.

Volunteer and Intern Trainings – 28 volunteers who support the program and 3 bilingual interns received 876 supervision hours.

FEB Wellness Events – 15 events were held for 202 clients. Through Strengthening Wellness classes, the overarching goal is to combat isolation, loneliness, and life challenges—common incubators of anxiety and depression—through Spanish-facilitated discussions that honor Latino culture, spirituality, mysticism, and overall identity.

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR

Program Outcomes, Satisfaction, and Feedback

Nearly all of the time… (n=20–102)	% After
Given my current physical condition, I am satisfied with what I can do.	38%
I have confidence in my ability to sustain important relationships.	71%
I feel hopeful about my future.	60%
I am often interested and excited about things in my life.	48%
I am able to have fun.	67%
I am generally satisfied with my psychological health.	43%
I am able to forgive myself for my failures.	57%
My life is progressing according to my expectations.	48%
I am able to handle conflicts with others.	43%
I have peace of mind.	62%

71% of respondents **felt confident in their ability to sustain their relationships nearly all of the time** after participating in this program.

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=22–27)	% 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.	0%	**100%**
I was happy with this program.	0%	**100%**
I would recommend this program to a friend or family member.	0%	**100%**

100% of respondents agreed or strongly agreed that they **would recommend the program to a friend or family member**.

"The program had given me hope. I look forward to our meetings."

"We are happy with everything they taught us."

What was most useful or helpful about this program? (n=20)

- Feeling connected and supported (13)
- Having access to a counselor (2)

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

- Additional visits, times, days, and locations (4)
- General positive feedback (4)

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR

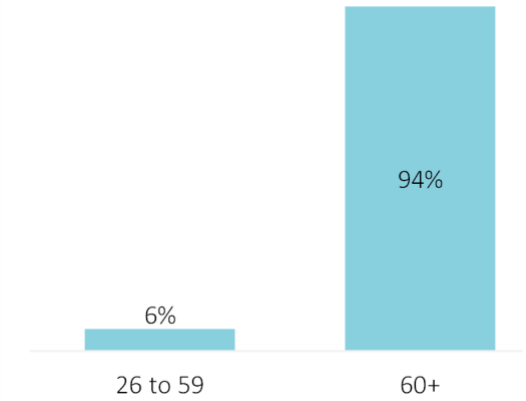
Demographic Data

Race

American Indian/Alaskan Native	0%
Asian	0%
Black/African American	1%
Native Hawaiian/Other Pacific Islander	0%
Latino	49%
White	50%
Another	0%
Declined to state	1%

n=171

Age



n=170
1 individual selected "decline to state."

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

Ethnicity*

Hispanic/Latino

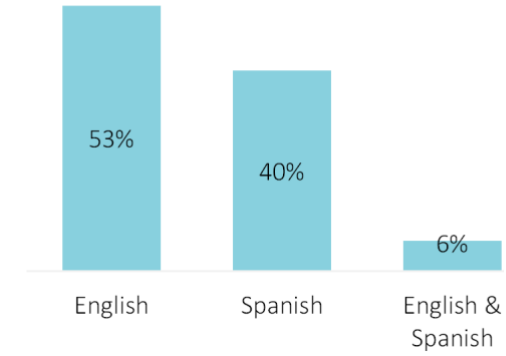
Caribbean	0%
Central American	1%
Mexican/Mex.-Am./Chicano	48%
Puerto Rican	0%
South American	1%
Other Hispanic/Latino	1%

Non-Hispanic/Latino

African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	1%
European	50%
Filipino	0%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Decliend to state	2%

n=171

Primary Language*



n=172

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

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR

Demographic Data

n=172
1 individual selected "decline to state."

Sexual Orientation

Heterosexual or Straight	96%
Gay or Lesbian	1%
Bisexual	0%
Pansexual	0%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%
Declined to state	4%

n=168

Sex

Male	28%
Female	72%
Another Sex	0%

n=172

51% of individuals reported having one or more disabilities

n=172
1 individual selected "decline to state."

Disability

Mental Domain	9%
Seeing	13%
Hearing	4%
Other Communication	1%
Physical	26%
Chronic Health Condition	31%
Another Disability	1%

n=172
Another disability includes Asthma, Blind, Cancer, Diabetes, Hypertension, Kidney Failure, MS, Paraplegic, Parkinsons, Terminal Illness.

3% of individuals were veterans

n=171

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

SENIOR PEER COUNSELING AND FORTALECIENDO EL BIENESTAR

Successes and Learning

Notable Strengths

- Effective partnership with California State University, Monterey Bay (CSUMB) master's program increases capacity.
- Agreement with three MSW interns offers better senior care.
- Adaptable team excels in handling unforeseen challenges.

Challenges

We had delays in launching Soledad due to challenges securing a site. The group met for the first time in February. Several support groups were canceled due to winter storms.

Achievements

- Pot painting and art therapy rekindled childhood creativity and memories for clients who hadn't experienced art before.
- Activities allowed members to tap into their creative sides and fostered engagement and discussions about their creations.
- Clients showcased their creations and shared the plants they had planted in their pots, highlighting the meaningful impact of the activity.

Case Example/Narrative

A trained Senior Peer Counselor had successfully assisted a first client, an 82-year-old navigating a housing crisis, leading to a more stable living situation. A second client, a fiercely independent 78-year-old former military woman with health problems, struggled with disconnected relationships with her adult daughters. Through counseling and reflective life review sessions, the client was able to reframe her perspective, acknowledging the benefits of her self-reliance. With the counselor's guidance, she overcame guilt and shame, and ultimately reached out to one of her daughters after 15 years of silence. Their positive reconnection marked a significant milestone in the client's life, and the counselor found immense personal fulfillment, feeling that they gained as much from the program as their clients did.

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 established protective factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of 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

823 program events and activities

5,632 individuals engaged in program activities

Program Activities

Activities Hosted

Community Presentations – 333 individuals attended 37 community presentations.

Community Events – 2,580 individuals attended 6 events.

Outreach Activities – 1,341 individuals participated in 24 outreach activities to help recruit and engage families.

Education/Training Sessions – 1,082 individuals and 525 families attended 720 parent education classes, and 152 individuals attended 9 family skills workshops. Parents also attended support groups at the conclusion of the class series.

Training of Potential Responders – 254 potential responders, including parents, youth, probation officers, and social workers, were trained on how to identify early signs of mental illness.

CULTURALLY RELEVANT PARENTING CLASSES

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=39)	% Disagree	% Agree
I feel that I have better relationships with people.	4%	96%
I know where to go for mental health services.	6%	94%
I know when to ask for help with an emotional problem.	5%	95%
I am able to deal with problems better.	4%	96%
I feel less stress or pressure in my life.	5%	95%
I feel better about myself.	3%	97%
I feel good when I think about the future.	5%	95%
I feel less worried or afraid.	7%	93%
I feel I have more energy during the day.	13%	87%
I care about more things in my life.	10%	90%

95% of respondents said that they **were more aware of when to ask for help with an emotional problem** after participating in this program.

CULTURALLY RELEVANT PARENTING CLASSES

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=136–150)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	8%	92%
The program was provided in the language that I speak best.	6%	94%
The program was right for me.	3%	97%
I was happy with this program.	4%	96%
I would recommend this program to a friend or family member.	5%	95%

97% of respondents agreed or strongly agreed that **the services were right for them** in this program.

CULTURALLY RELEVANT PARENTING CLASSES

Demographic Data

Race

American Indian/Alaskan Native	1%
Asian	1%
Black/African American	2%
Native Hawaiian/Other Pacific Islander	0%
Latino	69%
White	12%
Another	1%
More than one race	3%
Declined to state	11%

n=769
81 individuals selected "decline to state."

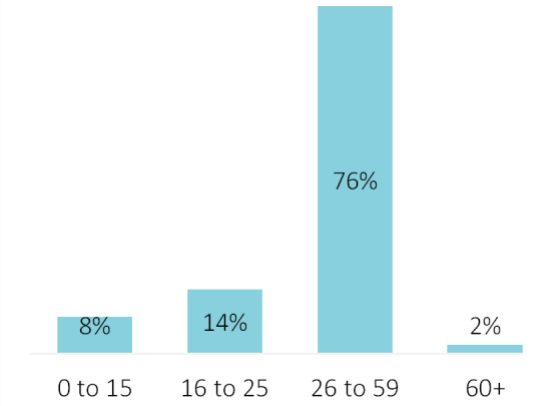
73% Hispanic/Latino
8% Non-Hispanic/Latino

Ethnicity

Hispanic/Latino	
Central American	2%
Mexican/Mex.-Am./Chicano	60%
Puerto Rican	0%
South American	1%
Other Hispanic/Latino	10%
Non-Hispanic/Latino	
African	1%
Asian Indian/South Asian	0%
Chinese	0%
Eastern European	0%
European	3%
Filipino	1%
Japanese	0%
Korean	0%
Middle Eastern	0%
Other Non-Hispanic/Latino	3%
More than one ethnicity	4%
Declined to state	14%

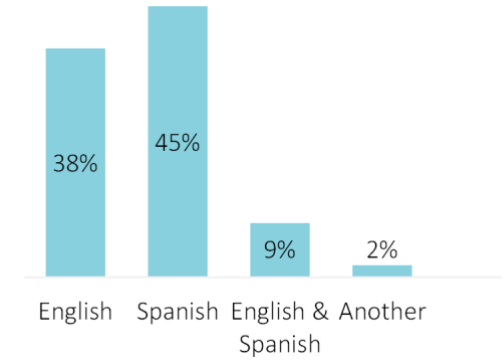
n=769

Age



n=767

Primary Language



n=769
39 individuals selected "decline to state."

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

CULTURALLY RELEVANT PARENTING CLASSES

Demographic Data

Sexual Orientation

Heterosexual or Straight	66%
Gay or Lesbian	0%
Bisexual	1%
Queer	0%
Another Sexual Orientation	1%
Declined to state	32%

n=769

Sex

Male	24%
Female	68%
Another Sex	0%

n=769
54 individuals selected "decline to state"

1% of individuals were veterans

n=769
43 individuals selected "decline to state."

4% of individuals reported having one or more disabilities

n=769
63 individuals selected "decline to state"

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

CULTURALLY RELEVANT PARENTING CLASSES

Successes and Learning

Notable Strengths

- Partners For Peace effectively addresses the concerns of parents and caregivers, including school absenteeism, vaping, fentanyl use, inappropriate media use, and levels of depression and anxiety in their children through prevention/intervention classes.
- 100% of families verbally express a willingness to recommend the programs to others. The Strengthening Families post-program evaluation shows positive outcomes, with 80% of families reporting increased youth adherence to family rules, increased family activities, improved school attendance, and enhanced youth-parent communication.

Achievements

- Partners For Peace has significantly increased the number of series conducted per quarter, resulting in 8.5% more parents, caregivers, and youth served by the third quarter of 2023 compared to all quarters in 2022.
- Despite challenges like atmospheric rivers, power outages, and class cancellations, the program scheduled a record 19-class series during the Winter quarter and successfully completed 8-to-10-week classes of that series. Both staff and parents/caregivers displayed resilience and dedication to family education.

Challenges

Partners For Peace faced challenges with the transition of their data system to Apricot Social Solutions, which was bought out by Bonterra. These challenges were overcome by purchasing consulting hours to address registration and report writing issues.

CULTURALLY RELEVANT PARENTING CLASSES

Successes and Learning

Case Examples/Narratives

"We have a better structure now. My youth follows the rules, and I learned the value of positive reinforcement. I have also noticed that my youth keeps me informed now of anything I need to know. This program was Awesome to the T and super knowledgeable of everyday issues to help parents."

– Parent from Strengthening Families

"My son has been doing really good in his attendance and grades since we came to the program. We learned the importance of having fun family time and how to build a strong and healthy family. I would recommend this program to other parents!"

– Parent from Strengthening Families

“This class was really the instruction manual that we needed as parents. Our son was chronically truant and vaping. We did not know what to do. The support we received from our Facilitators and classmates gave us many new tools for our toolbox. We say "I love you" every day and make time for family meals and conversations. Our son’s grades and school attendance has improved. His behavior has improved, and so has ours!”

– Parent from The Parent Project, Sr.

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 to 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

51 program events and activities

248 individuals engaged in program activities

Program Activities

Activities Hosted

Community Events – 114 individuals and 2 families attended 4 community events.

Maternal Health Individual Services – Perinatal individual services resulted in 7 referrals for mental health higher level of care, mental health early intervention, speech, and early childhood services.

Pop-up and Play Outreach – 134 individuals and 56 families attended Pop-up and Play 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

Comparison of Before and After Knowledge (n=9–15)	Before (% Agree)	After (% Agree)	% Impacted
I knew a lot about the topic of this session/training/class.	60%	73%	13%
I knew where to go for mental health services.	57%	67%	13%
I knew when to ask for help with an emotional problem.	80%	70%	-10%
I felt good about myself.	80%	80%	0%
I felt hopeful when I thought about the future.	89%	78%	-11%

13% of participants (2 individuals) **learned something new from the session/training/class**.

13% of participants (2 individual) **learned where to go for mental health services**.

MATERNAL MENTAL HEALTH (MMH)

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=14–15)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	13%	87%
The program had services in the language that I speak best.	13%	87%
Materials provided were useful.	14%	86%
The program/training/course was practical and useful.	13%	87%
I would recommend this program/training/course to others.	13%	87%

87% of respondents agreed or strongly agreed that they **would recommend this program to others**.

"That my child learns to interact with other children."

"More promotion of the services on television and radio."

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

- The social skills their child(ren) learn (6)
- The parenting support received (3)

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

- Promoting services more widely (1)
- General positive feedback (4)

MATERNAL MENTAL HEALTH (MMH)

Referrals to Mental Health Services

Total Referrals Made

10 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

4 referrals were made to clients with **serious mental illness**

7 referrals were made to clients from **underserved populations**

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

Referrals for Individuals with Serious Mental Illness

Referred to County Treatment:

1 individual confirmed to have engaged in treatment

2 days average interval between the referral and participation in treatment

1 year average duration of untreated mental illness prior to referral

Kinds of County Treatment Referred to:

Monterey County Behavioral Health Avanza ● Access

Kinds of Non-County Treatment Referred to:

Beacon ABA

Referrals for Members of Underserved Populations

3 individuals confirmed to have engaged in treatment

2 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

Salinas City Elementary ● Access ● Early Childhood Services

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	2

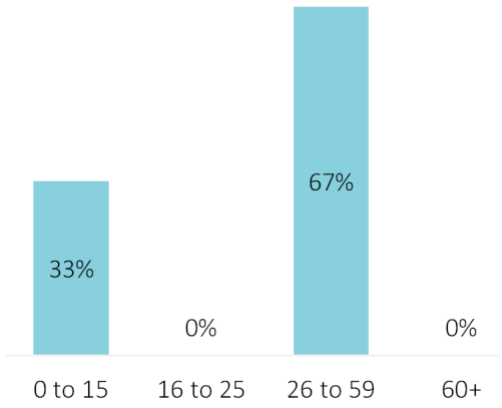
Others include assistance with phone calls and emailing resources

MATERNAL MENTAL HEALTH (MMH)

Demographic Data†

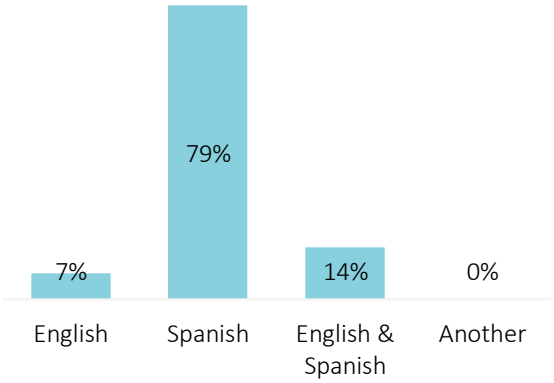
100% Hispanic/Latino
n=13

Age



n=12
2 individuals selected “decline to state.”

Primary Language



n=14

MATERNAL MENTAL HEALTH (MMH)

Successes and Learning

Notable Strengths

- Community-based Pop-Up and Play groups that support at-risk mothers in improving mental health and reducing stigma.
- Active collaboration with WIC to reach out to new families to participate in playgroups.

Challenges

Obtaining demographic information has been a challenge since the first quarter. In addition, we had to cancel one Pop-Up and Play group due to limited staff capacity.

Achievements

- The team organized an event for participants to share birth stories and discuss pregnancy challenges.
- The team joined a community walk to raise awareness and provide resources for perinatal families.
- At the Birth and Baby Fair, the team promoted mental health resources during the perinatal period and infant massage benefits while offering a massage session.

Case Example/Narrative

A father who has been attending playgroup for about 9 months had difficulties engaging in play with his child. He would encourage his child to explore as he sat and watched her. This father also had difficulties in offering co-regulation to his child and would wait for facilitators to intervene when needed. This quarter, the father has been observed following the lead of his child, sitting on the floor with her to play, and making efforts to comfort her when she is crying. Further, the child is seeking her father for support, asking for help, and hugging him when she needs connection.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM
PARENTING CONNECTIONS OF MONTEREY COUNTY

Parenting Connections of Monterey County's Maternal Mental Health Peer Navigation Program provides free services for Monterey County mothers, caregivers, and families to prevent perinatal mood and anxiety disorders from developing and provide early intervention mental health supports for mothers experiencing these disorders. The Maternal Mental Health Peer Navigation Program uses a three-tiered targeted outreach strategy intended to reach Salinas and South County low-income, Spanish- and Indigenous language-speaking residents.

Program Highlights

Population served: Mothers, caregivers, and families

61 program events and activities

350 individuals engaged in program activities

Program Activities

Activities Hosted

Maternal Mental Health Warmline – 34 individuals were helped through phone calls to the warmline.

Circle of Security – 6 individuals attended an 8-session class.

Family Circles – 48 support groups were held where 11 individuals attended.

Childbirth Education – 3 individuals attended a 2-session class.

Pop-up Support Services and Outreach – 11 events were held where 296 individuals attended.

Training of Peer-to-Peer Support Specialists – 2 4-session classes were facilitated via Zoom to train community members, activists, staff of nonprofit organizations and in-home nurses as support specialists.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=76–79)	Before (% Agree)	After (% Agree)	% Impacted
I knew a lot about the topic of this session/training/class.	71%	81%	10%
I knew where to go for mental health services.	88%	78%	10%
I knew when to ask for help with an emotional problem.	84%	81%	-3%
I felt good about myself.	83%	82%	-1%
I felt hopeful when I thought about the future.	87%	79%	-8%
I was able to recognize early signs of mental illness.	81%	94%	13%
I felt able to respond effectively to early signs of mental illness.	68%	90%	22%
I was likely to assist someone with a mental illness who needed help.	68%	94%	26%

9% of participants (7 individuals) **learned something new from the session/training/class**.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=31–32)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	10%	90%
The program had services in the language that I speak best.	10%	90%
Materials provided were useful.	7%	93%
The program/training/course was practical and useful.	10%	90%
I would recommend this program/training/course to others.	10%	90%

90% of respondents agreed or strongly agreed that they **would recommend this program to others**.

"I learned how to be a better parent."

"My only wish is that they had playgroups every day. We love them so much!"

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

- Greater frequency/duration/locations (9)
- More topics (6)
- General positive feedback (10)

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Referrals to Mental Health Services

Total Referrals Made

52 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

0 referrals were made to clients with **serious mental illness**

34 referrals were made to clients from **underserved populations**

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

Referrals for Members of Underserved Populations

6 individuals confirmed to have engaged in treatment

7 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

Lactation Support ● Mothers and Babies
Wellness Circles ● Birthing Support

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	0
Transportation	0
Reminder Calls	1
Translation/Interpreter Services	0
Accompaniment	0
Other	4

Others include sharing resource information and Mothers and Babies participant handbook

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	5%
Black/African American	6%
Native Hawaiian/Other Pacific Islander	1%
Latino	56%
White	34%
Another	3%
Declined to state	1%

n=103
Another includes Arab.

72% Hispanic/Latino
32% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino

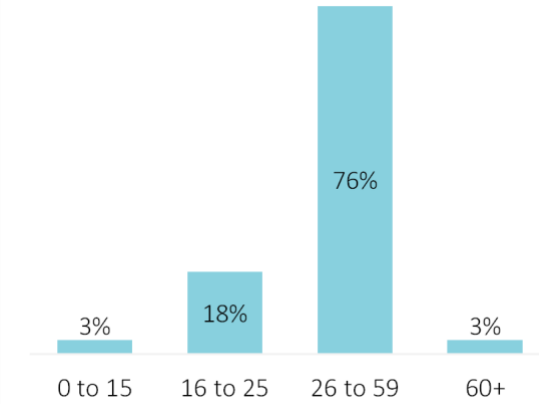
Caribbean	0%
Central American	0%
Mexican/Mex.-Am./Chicano	60%
Puerto Rican	1%
South American	3%
Other Hispanic/Latino	8%

Non-Hispanic/Latino

African	0%
Asian Indian/South Asian	1%
Cambodia	0%
Chinese	0%
Eastern European	1%
European	18%
Filipino	1%
Japanese	0%
Korean	0%
Middle Eastern	3%
Vietnamese	1%
Other Non-Hispanic/Latino	7%
Declined to state	7%

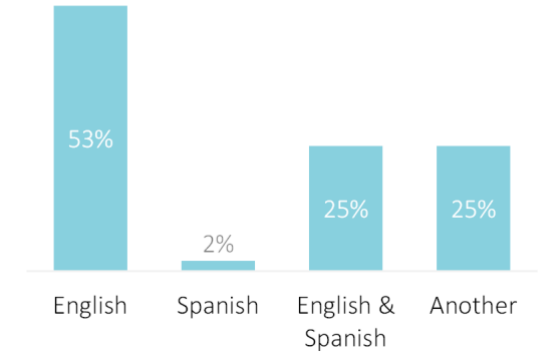
n=81
Other includes Triqui, Spanish.

Age



n=100
2 individuals selected "decline to state."

Primary Language*

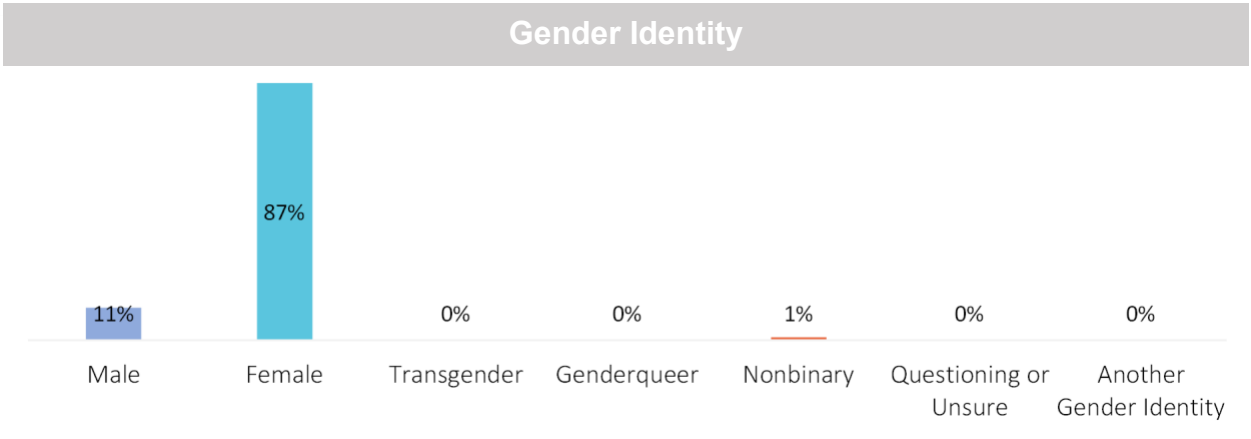


n=103
Another includes Arabic, Vietnamese.
2 individuals selected "decline to state".

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

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Demographic Data



n=86
2 individuals selected "decline to state."

Sexual Orientation

Heterosexual or Straight	76%
Gay or Lesbian	1%
Bisexual	1%
Pansexual	1%
Queer	2%
Questioning or Unsure	1%
Another Sexual Orientation	0%
Declined to state	0%

n=82

Sex

Male	10%
Female	85%
Another Sex	0%

n=86
2 individuals selected "decline to state."

Disability

Mental Domain	41%
Seeing	2%
Hearing	0%
Other Communication	0%
Physical	0%
Chronic Health Condition	3%
Another Disability	1%

n=86
Another disability includes ADHD, Bipolar Personality Disorder.

30% of individuals reported having one or more disabilities

n=86
79 individuals did not answer this question.

2% of individuals were veterans

n=87
2 individuals selected "decline to state"

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

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Successes and Learning

Notable Strengths

- The organization has been successful in securing spaces and partnering with various organizations to offer Spanish-language Maternal Mental Health program services and Mothers and Babies Wellness Circles. These spaces are spread across different locations, enhancing community outreach.
- The organization has established a partnership with CSUMB, allowing them to have a master's student as an intern and staff member. This partnership is helping to build internship opportunities and increase staff capacity.

Achievements

- Partnerships were established with various entities, including the Alisal Family Resource Center, Hartnell, WIC, Greenfield Unified School District, and the Soledad Women's Clinic. These partnerships led to requests for Maternal Mental Health program presentations, program expansion beyond the main location in Salinas, and increased awareness of the organization's services.
- Successfully established a Mothers and Babies Wellness Circle at the Soledad Women's Clinic through outreach efforts at farmers markets. The organization serves as a referral agency for mothers facing barriers to accessing clinical support.

Challenges

- To address challenges related to parents' commitments, programming is modified to allow participants to drop into programs. This provides them with flexibility while allowing for tracking of program participation.
- The organization recognizes potential areas for growth related to cultural competencies and knowledge of Indigenous populations and impoverished farm worker communities. Partnerships and trainings are being sought to increase understanding of these underserved communities and their needs.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM

Successes and Learning

Case Example/Narrative

During our outreach efforts in Soledad, we were approached by staff from the Soledad Women's Clinic which serves Hispanic/Latinx and Indigenous families in the greater South County region. The clinic provides comprehensive medical support for many families during their pregnancies and immediately postpartum; however, they had no mental health supports. When speaking with the leadership onsite, they conveyed a great need for accessible mental health support as they often saw birthing people exhibiting signs of anxiety and depression. Despite the current systems in place, they had low follow-up rates in regard to referrals to county behavioral health services due to distance, transportation barriers, and lack of familiarity with the system. The clinic was able to provide us space to create a weekly Mothers and Babies Wellness Circle. This was a win-win for both agencies. By offering postpartum circles in their neighborhood and in a location they are familiar with, many of the barriers that previously existed are being removed. Since August 2022, we have received 12 referrals from Soledad and have supported four women through our wellness circles.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM
CENTRO BINACIONAL PARA EL DESARROLLO INDÍGENA OAXAQUEÑO (CBDIO)

The Maternal Mental Health Peer Navigation Program by Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO) provides free services for Indigenous mothers, caregivers, and families to prevent Perinatal Mood and Anxiety Disorders from developing and provide early intervention mental health supports for mothers experiencing Perinatal Mood and Anxiety Disorders. CBDIO's Maternal Mental Health Peer Navigation program is the first and only program in Monterey County that specifically targets Indigenous communities. Currently, and especially in the South part of the county, there is no existing support for Perinatal Mood and Anxiety Disorders in Greenfield, Soledad, and King City, putting our Indigenous mothers at higher risk. Within CBDIO's team, the program is referred to as "Mamás Platicando y Sanando" (Mothers Talking and Healing) or "Mamás." Data presented below reflects data collected on services provided between July 1, 2022, and June 30, 2023.

Program Highlights

Population served: mothers experiencing Perinatal Mood and Anxiety Disorders

208 program events and activities

365 individuals engaged in program activities

Program Activities

Activities Hosted

Support Group Meetings – 87 "Pláticas" were held in three different Indigenous languages (16 in Mixteco, 40 in Triqui, 8 in Mixteco) and an additional 8 were held in Spanish. A total of 142 individuals participated.

Screenings – 208 screenings for Perinatal Mood and Anxiety Disorders were completed in Mixteco and Triqui.

Individual Therapy – 15 total individuals were provided one-on-one therapy services. Seven individuals received ongoing therapy while another 8 were referred to other services.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM (CBDIO)

Program Outcomes, Satisfaction, and Feedback

To assess program outcomes, survey questions were asked to program participants verbally in their preferred language at the beginning of services and then again after receiving services. This approach aligns with cultural considerations, recognizing that many Indigenous mothers may face challenges in reading or writing, not only in Spanish but also in their specific Indigenous languages. Employing oral evaluations as a best practice not only ensures accessibility but also honors the diverse linguistic backgrounds of the participants, acknowledging the profound importance of oral traditions within many Indigenous cultures. By valuing and incorporating these oral practices, the assessment process becomes more culturally resonant, fostering a deeper connection and respect for the rich heritage of the participants. Results below reflect qualitative data captured during conversations regarding knowledge and attitudes about mental health and associated resources.

What does mental health mean to you?

Pre-survey responses (n=20) reflected a general lack of awareness and an associated negative stigma surrounding mental health. Only a limited number of responses expressed a positive connection to mental well-being or between mental health and the capacity to navigate emotions. This information underscores the importance of culturally sensitive mental health awareness initiatives, recognizing the unique perspectives and challenges within Oaxaqueñan Indigenous groups and emphasizing the need for positive narratives around mental health.

Of all Post survey responses (n=11), four made connections between mental health and emotions or feelings (4) or indicated that they have improved their understanding of mental health.

How do you feel when talking about your emotions?

CBDIO is working with mothers who are describing long-held stigmas and beliefs about mental health. Pre-survey/focus group for both platicas Triqui and Mixteco (n=21) showed that mamas felt shame and embarrassed to talk about their emotional health and well-being because they were afraid of what other community members would say. This survey/focused group also showed that it is not normal in the indigenous culture to talk about their feelings, and some mothers do not have words for some of their feelings. This pre-survey/focused group stated that it is difficult for the mamas to seek help because of the stigma, the not knowing where to go for help, and/or because they do not qualify for services due to their immigration status in this country.

Post survey responses (n=11) indicated that individuals were more comfortable discussing emotions or were learning how to have these discussions. Only one individual indicated that they were still embarrassed to discuss emotions.

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM (CBDIO)

Program Outcomes, Satisfaction, and Feedback (cont.)

How easy is it for you to ask for help for your emotional health?

Participants were asked to rate their comfort level on a scale of 0 to 10, with 0 being easy and 10 being hard. Of 19 responses on the pre-survey, the average response was 4.2. Of 12 responses on the post survey, the average response was 4.0. This does reflect a decrease in comfort talking about emotional help and reflects a strong cultural stigma that remains in the community at-large. This highlights the importance of the program for these mothers to have a safe place to explore their emotions and receive mental health services.

Is it embarrassing for you to think you have an emotional health problem?

Out of 20 responses to the pre-survey, 11 participants indicated that it was not embarrassing to think they have an emotional health problem and 7 responses suggested that they were growing in comfort with the idea. Of post-survey response (n=11), 8 indicated that it would not be embarrassing to think they had an emotional health problem and three indicated that it would be embarrassing. Three individuals indicated that they had a fear of criticism and judgement while only one response shared a similar sentiment on the post survey. Again, these results reflect the need for additional outreach and stigma and discrimination reduction efforts in the indigenous communities of Monterey County.

Did you know there were these mental health services here at the center?

Out of 19 responses to the pre-survey, 8 participants indicated they knew of the services at the center and 11 indicated they did not. Of post-survey response (n=12), 7 participants indicated that they knew the center had mental health services and 5 indicated that they did not know of the services.

Please choose how much you agree or disagree with each sentence below (n = 31-32)	% 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.	0%	**100%**
I was happy with this program.	0%	**100%**
I would recommend this program to a friend or family member.	0%	**100%**

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM (CBDIO)

Referrals to Mental Health Services

Total Referrals Made

14 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

0 referrals were made to clients with **serious mental illness****

14 referrals were made to clients from **underserved populations**

* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.
**Due to staff turnover, referral data for mothers with high PHQ-9 scores were not retained for FY 22/23

Referrals for Members of Underserved Populations

13 individuals confirmed to have engaged in treatment

Kinds of Treatment Referred to:

Mamas Platicando y Sanando

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	0
Transportation	0
Reminder Calls	14
Translation/Interpreter Services	14
Accompaniment	9
Other	7

Others include Therapy Consultation, Food Distribution, and Diaper Distribution

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM (CBDIO)

Demographic Data

Race

American Indian / Alaskan Native	2%
Asian	0%
Black / African American	0%
Native Hawaiian / Other Pacific Islander	0%
Latino	73%
White	0%
Another	2%

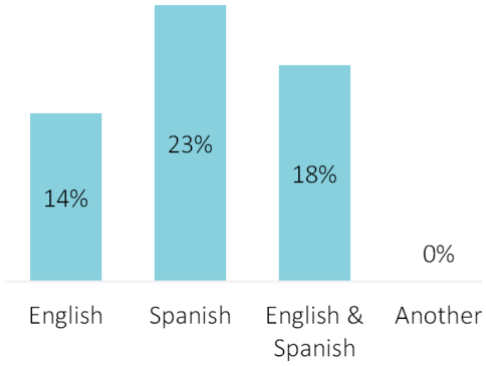
n=55
1 individual selected "decline to state."

Ethnicity

Caribbean	0%
Central American	2%
Mexican/Mex.-Am./Chicano	48%
Puerto Rican	0%
South American	0%
Triqui	44%
Mixteco	22%
Zapoteco	20%

n = 54
1 individual did not answer this question

Primary Language



n = 55

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

MATERNAL MENTAL HEALTH PEER NAVIGATION PROGRAM (CBDIO)

Successes and Learning

CBDIO has been successful in addressing the unique mental health needs of Indigenous mothers, strongly committed to culturally sensitive and impactful interventions. Its strengths lie in creating a safe and supportive environment, providing vital education on maternal mental health, and effectively adapting content to the community's languages. These achievements, coupled with its emphasis on emotional support and the development of practical coping strategies, have made it a model for similar initiatives.

Notable Strengths

- Cultural Sensitivity and Relevance: In a culture that often views asking for help and sharing feelings as a sign of weakness, CBDIO has broken through these cultural barriers to provide a place for Indigenous mothers to receive support and education about mental health issues.
- Educational Impact: CBDIO is a primary source of knowledge for mothers from Indigenous populations about the development of their children. Mothers learn strategies to manage personal mental health, coping strategies, and knowledge about child development starting in the womb.
- Commitment to Safety: The office location for services has become a safe place for mothers to receive support outside of traditional therapy. CBDIO has worked with mothers to develop individualized support plan and emergency protocols to assist in managing their mental health. This level of interaction with clients would not be possible without the commitment to helping mothers feel safe and comfortable.

Accomplishments

- Established the first Indigenous program in Monterey County
- Successfully engaged mothers from the Triqui and Mixteco communities and facilitated a significant transformation in their understanding and management of mental health issues.
- Built and strengthened relationships with regional and local organizations to enhance outreach and referrals.
- Increased participation and received positive feedback on cultural sensitivity.
- Respected and addressed the cultural needs of Indigenous mothers, including language, cultural norms, roles, and values.
- Delivered knowledge in an easily understandable and replicable manner.
- Empowered mothers to address mental health stigma and feel more confident discussing their well-being.

Despite its significant impact, CBDIO encountered several key challenges in its journey to support Indigenous mothers.

Challenges

- Staffing: It was key to hire and train Indigenous Community Workers who could navigate the cultural and linguistic nuances of the Indigenous community. Further recruitment hurdles were faced as the community exhibits stigma toward receiving mental health services, family roles are not conducive to supporting mothers, and the availability of workers in the community primarily rely on seasonal work.
- Curriculum and Training: CBDIO was committed to ensuring cultural and linguistic appropriateness of the curriculum used. This commitment faced hurdles due to the need to develop training materials and processes that were culturally sensitive and aligned with the unique needs of both the staff and the program participants. Staff than needed training that allowed them to navigate the cultural and linguistic nuances of the Indigenous community.
- Consistent Participation: Weather conditions, seasonal work, and cultural practices all impacted participant attendance as mothers had to overcome transportation difficulties during floods or full-time work and family duties to be able to participate.

Case Example/Narrative

Throughout each quarter, we have seen a lot of growth in our participants. One specific mother who has demonstrated being a star participant reported that before the program she had a hard time processing her child's passing. Before learning about our program, she reported feeling sad, worried, and overwhelmed. In just a short time, this mother has reported that she feels equipped to learn how to identify her feelings and has the tools to manage them. The program has helped her integrate into her community and participate in different activities outside our program.

TEEN SUCCESS, INC. PROGRAM
HARMONY AT HOME

Harmony at Home's Teen Success, Inc. (TSI) program provides a springboard for teenage mothers to be successful by helping them finish high school, supporting their 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. The program is currently being offered virtually and in person across Monterey County and does not require insurance or collect fees from participants.

Program Highlights

Population served: Teenage mothers

103 program events and activities

124 individuals engaged in program activities

Program Activities

Activities Hosted

Education/Training Sessions – 89 individual coaching sessions given to 5 participants.

Support Group Meetings – 14 family support group meetings provided for 4 families.

TEEN SUCCESS, INC. PROGRAM

Successes and Learning

Notable Strengths

- Engaging in community outreach.
- Forming new partnerships with similar agencies.
- Boosting expectant mothers' confidence and reducing postpartum fear.

Challenges

A significant obstacle the program faces is the need for more available childcare services. The Teen Success team is consistently looking for community programs that provide childcare services.

Achievements

- Prioritized professional development to support members on their education journeys.
- Connected with a local agency offering childbirth education.
- Focused on helping undocumented members navigate resources and overcome barriers.
- Attended a conference that provided valuable information on supporting undocumented individuals and accessing resources.

Case Example/Narrative

The Teen Success, Inc. program recently overcame a significant challenge when one of its members faced a housing crisis that had been ongoing since 2021. Despite this demanding situation, the member remained committed to completing her high school education while working part time to support herself and her unborn child. During this time, the member had to sleep at shelters or with friends and family—making it difficult for her to focus on her studies and maintain a stable living environment for herself and her family. Nevertheless, the program was able to provide the member with the support she needed to overcome this challenge. With the encouragement of program staff, the member was able to secure her very own apartment at the beginning of 2023—providing her with a stable and safe living environment for her and her child. The member is now attending college and is able to focus more fully on her studies and parenting while feeling secure and supported.

BULLYING PREVENTION PROGRAM
HARMONY AT HOME

Harmony At Home has been implementing Bullying Prevention programs throughout Monterey County since 2012. Every year, approximately 11,000 children, parents, teachers, non-teaching staff, administrators and community partners are served. The goals of the program are to reduce existing bullying problems among students, to prevent the development of new bullying problems, and to achieve better peer relations at school. This school year, comprehensive social and emotional supports will also be introduced to all school partners. This model will include, in addition to bullying prevention, mental health support, mentoring, coaching and psychoeducation for children, school staff and families.

Program Highlights

Population served: Children, parents, teachers, non-teaching staff, administrators, and community partners

74 program events and activities

1,762 individuals engaged in program activities

Program Activities

Activities Hosted

Outreach Activities – 53 assemblies reached 1,673 students, 80 teachers, and 9 administrative staff.

Support Group Meetings – 21 group activities served 9 families.

BULLYING PREVENTION PROGRAM

Successes and Learning

Notable Strengths

- Leading multiple schoolwide events.
- Coordinating “Pink Shirt Day” to raise anti-bullying awareness.

Challenges

Our program is currently supporting two middle schools. We have discovered that our approach to providing bullying prevention support in elementary schools should be different from the approach we use in middle schools.

Achievements

- Established strong partnerships with administration and staff at the assigned school sites throughout the school year.
- Supported schools with bullying prevention programs.
- Built the trust of staff, administrators, parents, and students.

Case Example/Narrative

Some of the school sites we are supporting in bullying prevention have severe issues with cyberbullying, physical bullying, and other serious bullying-related issues. Our Bullying Prevention Specialist has expressed the need for more support with bullying at one particular middle school with a high number of students. We are grateful to have meetings with leaders in this project who these recommendations can be relayed to. Due to our monthly meetings, consideration for more bullying prevention support at our school sites for the upcoming school year might be a possibility.

AFTER SCHOOL ACADEMY
THE VILLAGE PROJECT, INC.

The Village Project, Inc. is an African American Family Resource Center which provides culturally affirming counseling, group therapy, and therapeutic programs and services to African Americans, other individuals and families of color, and the LGBTQ+ community. Services also include outreach, presentations, and workshops to increase mental health awareness, reduce stigma and provide timely access to mental health services among unserved and underserved communities. The Village Project, Inc. is a place where African Americans and communities 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: African Americans, other individuals and families of color, and the LGBTQ+ community

30 program events and activities

70 individuals engaged in program activities

Program Activities

Activities Hosted

Mental Health and Educational Services – 70 students engaged through 30 different activities and events.

AFTER SCHOOL ACADEMY

Demographic Data

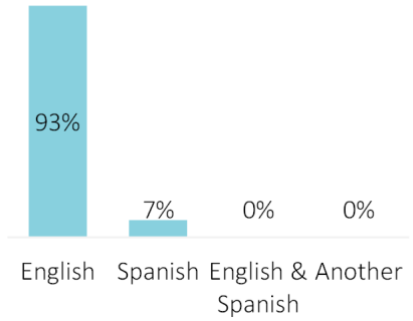
Race*

American Indian/Alaskan Native	0%
Asian	17%
Black/African American	93%
Native Hawaiian/Other Pacific Islander	7%
Latino	28%
White	14%
Another	3%
Declined to state	0%

n=29

100% Participants 4–17 years old

Primary Language



n=30

34% Hispanic/Latino
27% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino

Caribbean	3%
Central American	3%
Mexican/Mex.-Am./Chicano	21%
Puerto Rican	7%
South American	0%
Other Hispanic/Latino	0%

Non-Hispanic/Latino

African	76%
Asian Indian/South Asian	3%
Cambodia	0%
Chinese	0%
Eastern European	0%
European	0%
Filipino	0%
Japanese	21%
Korean	3%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Declined to state	0%

n=29

Sex

Male	50%
Female	50%
Another Sex	0%

n=30

10% of individuals reported having one or more disabilities

n=30

Disability

Mental Domain	30%
Seeing	0%
Hearing	0%
Other Communication	0%
Physical	0%
Chronic Health Condition	0%
Another Disability	0%

n=30

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

AFTER SCHOOL ACADEMY

Successes and Learning

Notable Strengths

- Cultivating new partnerships.
- Engaging community members.
- Developing Youth Leaders.

Challenges

A challenge we have has been hiring qualified therapists so that we can serve more individuals and families who have been referred to our agency.

Achievements

- Collaborated with a variety of outside organizations and businesses.
- Created an Instagram docuseries.
- Conducted interviews that were nationally aired.
- Honored as the featured charity of the 2023 AT&T Pebble Beach Pro Am.

Case Example/Narrative

Our After School Academy wanted to keep providing enrichment opportunities throughout the school year to continue to help students build self-esteem and confidence, as well as empower them to keep making good decisions. Now, the After School Academy has enrichment opportunities at least once a week.

OUTREACH AND ENGAGEMENT
THE VILLAGE PROJECT, INC.

The Village Project, Inc. is an African American Family Resource Center which provides culturally affirming counseling, group therapy, and therapeutic programs and services to African Americans, other individuals and families of color, and the LGBTQ+ community. Services also include outreach, presentations, and workshops to increase mental health awareness, reduce stigma and provide timely access to mental health services among unserved and underserved communities. The Village Project, Inc. is a place where African Americans and communities 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: African Americans, other individuals and families of color, and the LGBTQ+ community

39 program events and activities

13,365 individuals engaged in program activities

Program Activities

Activities Hosted

Lucille Hralima Mental Health Series Presentations – 11,187 individuals attended 2 presentation series where community members gained insight from Latinx, Native/Indigenous, and LGBTQ+ communities by learning about stigma reduction, effective mental health treatment, and available services.

Presentations at Schools and Parent Groups – 1,100 individuals attended 20 school presentations and/or parent groups. Parents and guardians learned how to help students who may need additional support.

Community Events – 900 individuals participated in 10 community events where members discussed available services and how to reduce stigma around mental health treatment.

Culturally Informed Training for Clinical Staff – 3 individuals, both internal and external staff, completed culturally informed training.

OUTREACH AND ENGAGEMENT

Successes and Learning

Notable Strengths

- Cultivating new partnerships.
- Engaging community members.
- Developing Youth Leaders.

Challenges

A challenge we have has been hiring qualified therapists so that we can serve more individuals and families that have been referred to our agency.

Achievements

- Collaborated with a variety of outside organizations and businesses.
- Created an Instagram docuseries.
- Conducted interviews that were nationally aired.
- Honored as the featured charity of the 2023 AT&T Pebble Beach Pro Am.

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT
CENTER FOR COMMUNITY ADVOCACY (CCA)

Center for Community Advocacy's Culturally Specific Prevention and Early Intervention Through Outreach and Engagement 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

29 program events, classes, and activities

57 individuals engaged in program activities

Program Activities

Activities Hosted

Outreach Activities – 10 tabling events occurred.

Education/Training Sessions – 13 training or educational sessions were conducted, which resulted in 49 individuals trained.

Support Group Meetings – 6 support group events or activities were held, with 8 unduplicated participants served and a total of 57 attendees.

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=77-343)	Before (% Agree)	After (% Agree)	% Impacted
I knew a lot about the topic of this session/training/class.	56%	90%	34%
I knew where to go for mental health services.	66%	91%	25%
I knew when to ask for help with an emotional problem.	72%	92%	20%
I felt good about myself.	71%	93%	22%
I felt hopeful when I thought about the future.	76%	95%	19%
I was able to recognize early signs of mental illness.	43%	79%	36%
I felt able to respond effectively to early signs of mental illness.	37%	78%	41%
I was likely to assist someone with a mental illness who needed help.	39%	82%	43%

34% of participants (116 individuals) **learned something new from the session/training/class**.

41% of participants (32 individuals) **learned how to effectively respond to early signs of mental illness**.

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=74–87)	% Before	% After
I knew where to go for mental health services near me.	41%	90%
I thought people should share about their mental health struggles.	62%	80%
I would feel embarrassed about having personal mental health issues.	26%	19%
I thought the behavior of people with mental illness was unpredictable.	36%	42%
I was scared of people with mental illness.	19%	15%

90% of participants **knew where to go for mental health services** after participating in this program.

Program participants were asked to indicate their attitudes about seeking help for a mental health problem. Findings below shed light on important implications for efforts to promote a more open and supportive environment for individuals struggling with mental health issues.

If I had a mental health problem, seeking help would be… (n=87)	% Agree
Useful	71%
Important	68%
Healthy	60%
Effective	57%
Good	68%
Healing	60%
Empowering	51%
Satisfying	60%
Desirable	54%

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=339–353)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	1%	99%
The program had services in the language that I speak best.	1%	99%
Materials provided were useful.	1%	99%
The program/training/course was practical and useful.	1%	99%
I would recommend this program/training/course to others.	1%	99%

99% of respondents agreed or strongly agreed that they **would recommend this program to others**.

"Now I know how to seek help and get ahead if the case arises."

"These groups should happen more often."

What was most useful or helpful about this program? (n=57)

- Information on mental health disorders (12)
- Information about drugs (8)
- Knowing that help is available (7)

What are your recommendations for improvement? (n=60)

- More time and more sessions (9)
- More examples and real-life stories (6)

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Referrals to Mental Health Services

Total Referrals Made

13 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

0 referrals were made to clients with **serious mental illness**

13 referrals were made to clients from **underserved populations**

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

Referrals for Members of Underserved Populations

1 individual confirmed to have engaged in treatment

Kinds of Treatment Referred to:

Access

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

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

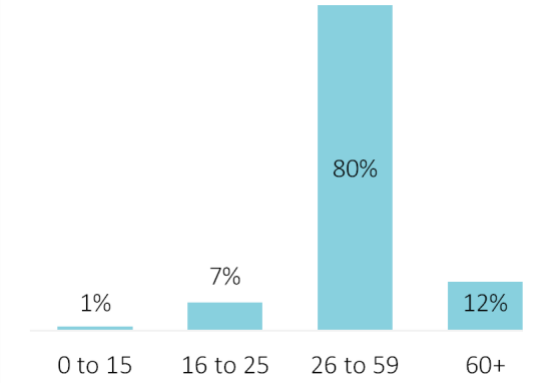
Demographic Data

Race

American Indian/Alaskan Native	0%
Asian	0%
Black/African American	0%
Native Hawaiian/Other Pacific Islander	0%
Latino	98%
White	0%
Another	2%
Declined to state	0%

n=219
Another includes Indigenous, Triqui.

Age



n=216
3 individuals selected "decline to state."

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

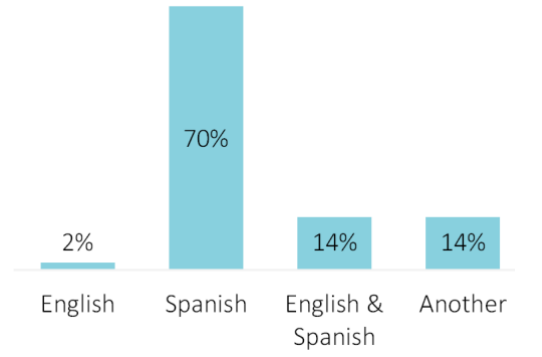
Ethnicity*

Hispanic/Latino	
Caribbean	1%
Central American	2%
Mexican/Mex.-Am./Chicano	93%
Puerto Rican	0%
South American	0%
Other Hispanic/Latino	4%

Non-Hispanic/Latino	
African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	0%
European	0%
Filipino	0%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Declined to state	0%

n=100

Primary Language

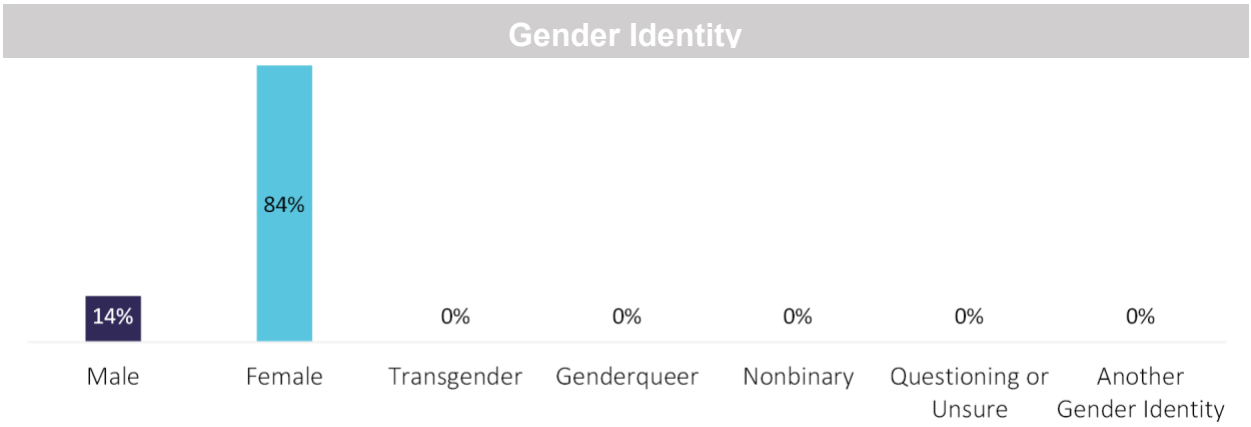


n=221
Another includes Mixteco, Triqui, Zapoteco.

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

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Demographic Data



n=96
2 individuals selected "decline to state."

25% of individuals reported having one or more disabilities

n=116
14 individuals did not answer this question.

Disability

Mental Domain	26%
Seeing	5%
Hearing	3%
Other Communication	1%
Physical	4%
Chronic Health Condition	6%
Another Disability	0%

n = 102
Another disability includes Depression.
1 individual selected "decline to state".

Sex

Male	10%
Female	69%
Another Sex	0%

n=116
2 individuals selected "decline to state"

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

CULTURALLY SPECIFIC PREVENTION AND EARLY INTERVENTION THROUGH OUTREACH AND ENGAGEMENT

Successes and Learning

Notable Strengths

- The program excels in direct community engagement, resource distribution, and shifting care responsibility to providers.
- The program offers culturally relevant services in Spanish—fostering trust, confidence, and community engagement.

Challenges

Severe weather was one recent obstacle. Community members in our support groups were directly affected by the floods that destroyed their homes, properties, and jobs.

Achievements

- Gained 52 new participants.
- Established a new mental health support group in Salinas.
- Facilitated connections and peer support among neighbors, friends, and family members.
- Direct provision of resources and services was made in community members' homes and community spaces.
- Provided information in participants' main language for easy comprehension and implementation.

Case Example/Narrative

The example narrative is a direct experience of one of our participants in their words:

"I harmed my kids because I came to this country and I left them alone and I only had communication with my oldest daughter. I worked for my kids. I left them with my sister. I haven't had time to tell them that I love them since I came 16 years ago. I have not stopped thinking about them, but they only come to me when they need money. They never ask me how I am. I feel like a bad mother because I left them and I wish I could hug them and feel their heartbeat. I am thankful for this space to be able to share my feelings."

PROYECTO CONTIGO AND SCHOOL-BASED COUNSELING
PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE

The mission of Pajaro Valley Prevention and Student Assistance (PVPSA) is to improve the quality of life of children, youth, and families of the greater Pajaro Valley by providing health education, mental health, and substance use services, and by advocating for public policies that protect the wellbeing of our community. By helping prevent criminal behavior, gang involvement, truancy, and drug, alcohol and tobacco use, PVPSA promotes student success and improves the quality of life in our community and its schools.

In its **School-Based Counseling** programs, PVPSA delivers outpatient mental health services to North Monterey County's children aged 0–5 years and school-age children attending schools in the Pajaro/Las Lomas area, and their Medi-Cal-eligible family members, addressing diverse mental health needs. **Proyecto Contigo** is a community program aimed at fostering resilience, reducing isolation, and strengthening social bonds among residents of Pajaro, Las Lomas, and Royal Oaks. A dedicated Promotora de Salud leads continuous outreach and engagement initiatives by actively participating in community activities and facilitating meaningful conversations.

Program Highlights

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

15 program events and activities

580 individuals and 16 families engaged in program activities

Program Activities

Activities Hosted

Proyecto Contigo Presentations – 38 individuals and 15 families attended 5 presentations where they received information about mental health and how to access resources.

Proyecto Contigo Outreach – 540 individuals attended 7 outreach events that promoted self-care strategies (yoga, muscle relaxation, link between nutrition and mental health) and how to access mental health support.

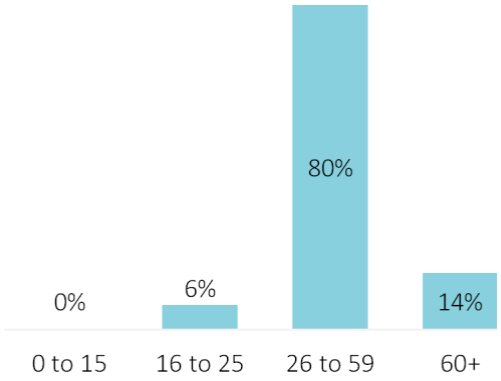
Trainings – 2 individuals and 1 family attended 3 workshops where they learned about available services, signs and symptoms of when to seek help, and emotional support strategies that allowed them to express themselves.

PROYECTO CONTIGO AND SCHOOL-BASED COUNSELING

Demographic Data

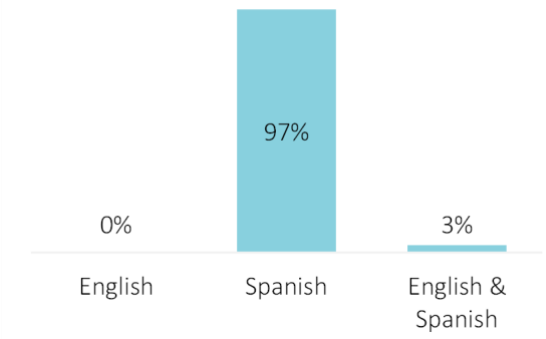
100% Hispanic/Latino

Age



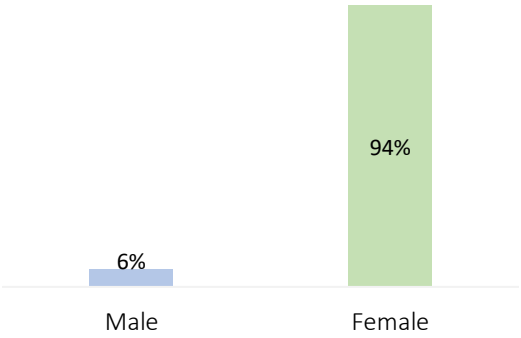
n=65
2 individuals selected "decline to state."

Primary Language



n=62

Gender Identity and Sexual Orientation



n=18
100% of respondents identified as Heterosexual.

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

PROYECTO CONTIGO AND SCHOOL-BASED COUNSELING

Successes and Learning

Notable Strengths

- Working diligently to continue building relationships with the community of Pajaro/Las Lomas via in-person presentations and outreach efforts.
- Being adaptable and flexible to meet the needs of the community.

Challenges

The families of Pajaro are working class and continue to struggle to make ends meet. A major barrier our community faced was the recent floods—this impacted their mental health tremendously.

Achievements

- Linked more individuals to mental health resources.
- Reached more participants through presentations.
- Presented mental health resources and information pertinent to community needs.
- Adapted program materials to be relevant to the immediate crises that community members faced.

Case Example/Narrative

Our staff has had a great experience in assisting the community of Pajaro with this program. A young woman was referred to PVPSA in April whose mental health had been affected by the floods. The client was linked to and started receiving mental health services. Her mother has mentioned that she is grateful to the staff and that she has seen a positive impact on her daughter. We also learned that the Pajaro/Las Lomas community is resilient. Considering the traumatic event they went through [the flood], these families were open to hearing and learning more about mental health and how to support each other as a community. We will continue to provide services for the clients, their families, and the community as whole.

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

12 family support groups

11 individuals and 11 families engaged in family support groups

Program Activities

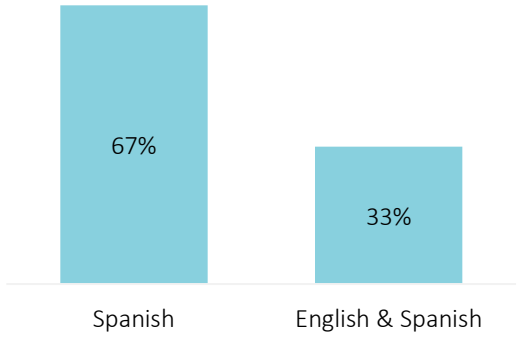
Activities Hosted

Support Group Meetings – 12 family support groups held in total, with groups meeting 4 times per month.

FAMILY SUPPORT GROUPS

Demographic Data

Primary Language



n=15
6 individuals did not answer this question.

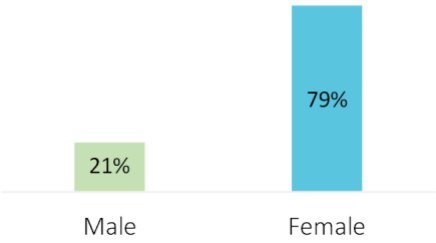
100% Respondents Aged 26–59

n=15
6 individuals did not answer this question.

100% of Respondents identified as Mexican/Mexican American/Chicano

n=19

Gender Identity and Sexual Orientation



n=14
100% of participants identified as Heterosexual .

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

FAMILY SUPPORT GROUPS

Successes and Learning

Notable Strengths

- The family group meets weekly with a consistent attendance of 3–5 recurrent clients (about 95% attendance) in a rural area with limited mental health services.
- The group provides educational materials for clients, that teach coping skills and help participants access support for their loved ones.

Challenges

The greatest challenge the facilitator has is time. While the group is held weekly, it is difficult to keep up with the quarterly reports partly due to technology. The facilitator is not well-trained on how to submit the forms in a timely manner.

Achievements

- There is consistent group attendance by individuals who come seeking support during difficult times and return periodically to reset and manage their lives.
- Testimonials from group members indicate that the group provides a sense of belonging and understanding—helping them cope with challenges and not feel alone.
- The program has a positive impact on community members, offering valuable support and a sense of connection.

Case Example/Narrative

Most of the success of the groups is evidenced by client comments on how the groups help them. South Monterey County is a rural area where resources are very limited. There is a tremendous lack of information on mental health and mental illness. Some of the participants are parents or siblings of individuals who have a mental illness, and they are frequently frightened by the symptoms of someone who is going through a psychotic phase. They are often confused and have no idea how to react to their loved ones. These are the people who most appreciate, and usually bring others to, the family support group.

(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

1,085 program events and activities

162 individuals and 55 families engaged in program activities

Program Activities

Activities Hosted

Presentations – 6 presentations were provided to the community that discussed psychosis, admission criteria, and resources that Felton provides.

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

Family Psychoeducation – 55 families joined 295 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 66 participants across 299 sessions.

Case Management – Case management services were provided to 96 participants across 477 sessions.

Program Outcomes, Satisfaction, and Feedback

Nearly all of the time… (n=2–78)	% Before	% After
Given my current physical condition, I am satisfied with what I can do.	32%	100%
I have confidence in my ability to sustain important relationships.	32%	100%
I feel hopeful about my future.	21%	100%
I am often interested and excited about things in my life.	24%	100%
I am able to have fun.	30%	100%
I am generally satisfied with my psychological health.	20%	100%
I am able to forgive myself for my failures.	21%	100%
My life is progressing according to my expectations.	17%	100%
I am able to handle conflicts with others.	19%	100%
I have peace of mind.	28%	100%

(RE)MIND®

Referrals to Mental Health Services

Total Referrals Made

12 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

9 referrals were made to clients with **serious mental illness**

10 referrals were made to clients from **underserved populations**

* 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:

7 individuals confirmed to have engaged in treatment

20 days average interval between the referral and participation in treatment (standard deviation: 21.5)

1.7 years and 1 month average duration of untreated mental illness prior to referral (standard deviation: 1.8 and 3, respectively)

Kinds of County Treatment Referred to:

Monterey County Behavioral Health Avanza

Kinds of Non-County Treatment Referred to:

OHANA

Referrals for Members of Underserved Populations

6 individuals confirmed to have engaged in treatment

29 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

Monterey County Behavioral Health Avanza ● Private Insurance ● Monterey County Behavioral Health TAY

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	0
Transportation	1
Reminder Calls	1
Translation/Interpreter Services	0
Accompaniment	0
Other	0

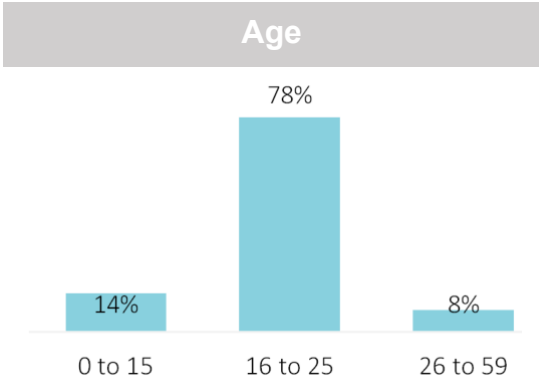
(RE)MIND®

Demographic Data

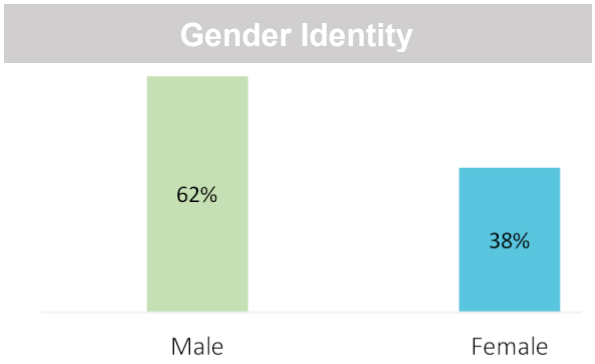
Race

Black/African American	62%
Latino	0%
White	14%
Another	24%

n=50†



n=50†



n=50†

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

(RE)MIND®

Successes and Learning

Notable Strengths

- Commitment to utilizing evidence-based practices to support the lasting recovery of those served.
- The division's network of providers committed to the specialty of early psychosis.

Challenges

While we have received regular referrals from MCBH and other sources, not all referrals lead to participant engagement.

Achievements

- Numerous participant success stories.
- Filling a crucial role on the team that is a difficult position to fill. This vital position has allowed the program to expand the services it provides to participants and engage them on a more personal level.
- A specialist on the team started a Family Support Group, which provides crucial psychoeducation, information, and resources to participant caregivers/main support persons.

Case Example/Narrative

A young adult was experiencing their first psychosis episode and had been in a state of catatonia along with experiencing a slew of other psychosis-related symptoms. This individual has made such a vast turnaround from fully engaging in the services our program offers, doing the work in therapy, and really embracing the Early Psychosis Intervention model and treatment. Through this full engagement, they have now completed vocational school and are preparing to sit for the certification exam to be a Certified Nursing Assistant.

STICKS & STONES® SCHOOL-BASED COUNSELING HARMONY AT HOME

The Sticks & Stones® school-based counseling program, sponsored by Harmony at Home, is a prevention and intervention program for children in grades K–12 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 displaying behaviors at school, home or in the community that suggest an underlying concern. 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.

Program Highlights

Population served: Children who have experienced trauma and their families

8,916 program events and activities

782 individuals engaged in program activities

Program Activities

Activities Hosted

School-based Group and Individual Therapy – 782 individuals served through 8,916 sessions of school-based group and individual therapy.

STICKS & STONES® SCHOOL-BASED COUNSELING

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=114–115)	Before (% Disagree)	After (% Disagree)	% Impacted
I knew a lot about the topic of this session/training/class.	67%	4%	63%
I knew where to go for mental health services.	55%	3%	52%
I knew when to ask for help with an emotional problem.	54%	4%	50%
I felt good about myself.	51%	8%	43%
I felt hopeful when I thought about the future.	50%	9%	41%

63% of participants (72 individuals) **learned something new from the session/training/class**.

52% of participants (60 individuals) **learned where to go for mental health services**.

STICKS & STONES® SCHOOL-BASED COUNSELING

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=113–115)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	1%	99%
The program had services in the language that I speak best.	1%	99%
Materials provided were useful.	2%	98%
The program/training/course was practical and useful.	1%	99%
I would recommend this program/training/course to others.	4%	96%

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

"The most helpful thing about this program was talking about your feelings. Opening up to someone you trust."

"This program could be better by making the sessions longer or having more sessions."

What was most useful or helpful about this program? (n=99)

- Improved communication and the opportunity to share experiences with others (63)
- Felt more educated on how to manage emotions (43)

What are your recommendations for improvement? (n=89)

- More time and sessions (13)
- General positive feedback (61)

STICKS & STONES® SCHOOL-BASED COUNSELING

Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	1%
Black/African American	3%
Native Hawaiian/Other Pacific Islander	2%
Latino	88%
White	13%
Another	1%
Declined to state	0%

n=419
Another includes Portuguese.

99% Hispanic/Latino
8% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino

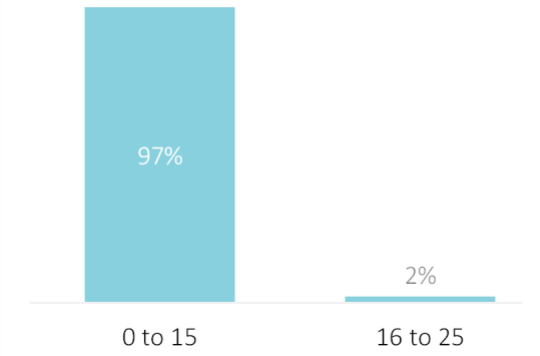
Caribbean	0%
Central American	2%
Mexican/Mex.-Am./Chicano	91%
Puerto Rican	1%
South American	1%
Other Hispanic/Latino	4%

Non-Hispanic/Latino

African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	1%
European	3%
Filipino	1%
Japanese	1%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	2%
Declined to state	2%

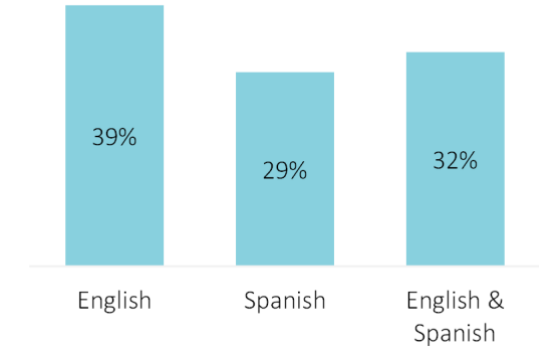
n=369
Other includes Afro-Mexican and Guerrero.

Age



n=439
6 individuals selected "decline to state."

Primary Language

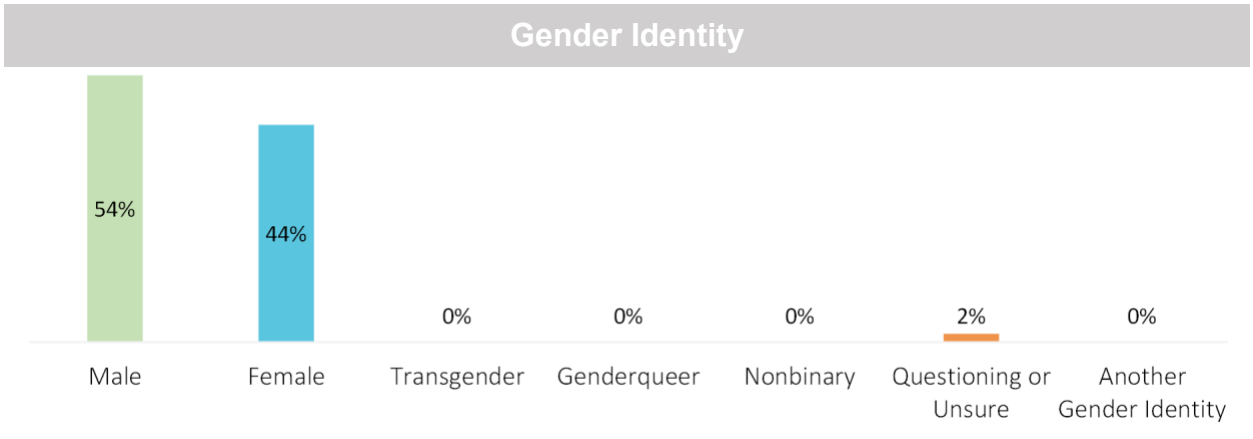


n=392

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

STICKS & STONES® SCHOOL-BASED COUNSELING

Demographic Data



n=59

Sexual Orientation

Heterosexual or Straight	79%
Gay or Lesbian	0%
Bisexual	4%
Pansexual	2%
Queer	0%
Questioning or Unsure	6%
Another Sexual Orientation	0%
Declined to state	9%

n=47

Sex

Male	51%
Female	41%
Another Sex	0%

n=410

11% of individuals reported having one or more disabilities

N=366
5 selected "decline to state."

Disability

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

n=366
Another disability includes ADHD, Autism, Depression, Panic Attacks, Social Anxiety.

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

STICKS & STONES® SCHOOL-BASED COUNSELING

Successes and Learning

Notable Strengths

- The curriculum is designed to work with students in small groups.
- The program is well known and accepted in the community.
- There is a low number of waitlisted students.

Challenges

For the past couple of years, staffing has been our greatest challenge. We are excited that this is the first time in a long time that we are fully staffed.

Achievements

- Served 10 school districts—for a total of 43 schools—throughout Monterey County and South County.
- Served most of the students that have been referred to the program.
- Achieved full staffing levels.
- Reduced the number of students on the waitlist.
- Cultivated high demand.
- Continued to grow.

Case Example/Narrative

One of the challenges that our program has had to overcome has been ensuring that our partners at the district level truly understand the impact of our work through data. It is very difficult to ensure that the data we collect reflects the impact of our work—especially as our program continues to expand. The success of our program therefore depends greatly on the continuous collaboration of each of our counseling staff within their assigned sites. We have learned what data we need to collect to help make sure that everyone has a clear understanding of our progress and that the data collected also helps us identify potential areas for growth. Data collection has also given us the opportunity to assist our partners in identifying what changes need to be implemented in order to help students. We continue to meet monthly with district partners to share our progress and discuss needs. Doing this has helped us establish closer working relationships and help students achieve academic success through mental health stability.

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

135 program events and activities

210 individuals engaged in program activities

Program Activities

Activities Hosted

Outreach Activities – 50 individuals participated in 1 outreach activity.

Youth Support Group Meetings – 55 individuals participated in 22 support group meetings.

Coordination Meetings – 35 individuals participated in 46 coordination meetings.

Mental Health Consultations – 45 individuals were seen in a total of 62 mental health consultations.

Training Sessions – 25 individuals were trained in 2 training sessions.

SERVICES TO EDUCATION

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=16)	% Before	% After
I knew where to go for mental health services near me.	88%	94%
I knew a lot about the topic of this training/class.	75%	94%
I was able to recognize early signs of mental illness.	88%	94%
I felt able to respond effectively to early signs of mental illness.	94%	81%
I was likely to assist someone with a mental illness who needed help.	81%	81%

94% of respondents said that they were able to recognize the early signs of mental illness after participating in this program.

"I appreciated learning about the positive effects of connecting with morning sun."

"It was helpful to learn ways to help with self-care that I can use."

SERVICES TO EDUCATION

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=15-16)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0%	100%
The program was provided in the language that I speak best.	0%	100%
The program was right for me.	0%	100%
I was happy with this program.	0%	100%
I would recommend this program to a friend or family member.	0%	100%

100% of respondents agreed or strongly agreed that they **would recommend the program to a friend or family member**.

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

- Leaning about tools that support my mental health (9)
- Receiving information about anxiety, depression, or suicide (2)
- General comments about enjoying the presentation (2)

What are your recommendations for improvement? (n=4)

- Have a more interesting, engaging, or interactive presentation (3)
- Have more examples, real-world applications (1)

SERVICES TO EDUCATION

Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	4%
Black/African American	0%
Native Hawaiian/Other Pacific Islander	0%
Latino	82%
White	18%
Another	0%
Declined to state	0%

n=73

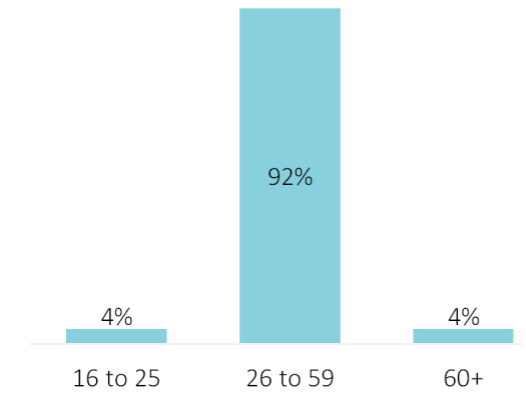
100% Hispanic/Latino
5% Non-Hispanic/Latino

Ethnicity*

Caribbean	0%	Hispanic/Latino
Central American	0%	
Mexican/Mex.-Am./Chicano	95%	
Puerto Rican	0%	
South American	0%	
Other Hispanic/Latino	5%	
African	0%	Non-Hispanic/Latino
Asian Indian/South Asian	0%	
Cambodia	0%	
Chinese	0%	
Eastern European	0%	
European	0%	
Filipino	0%	
Japanese	0%	
Korean	0%	
Middle Eastern	0%	
Vietnamese	0%	
Other Non-Hispanic/Latino	5%	
Declined to state	10%	

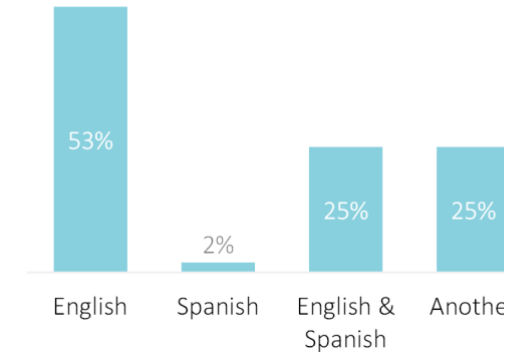
n=73

Age



n=71
2 individuals selected "decline to state."

Primary Language*



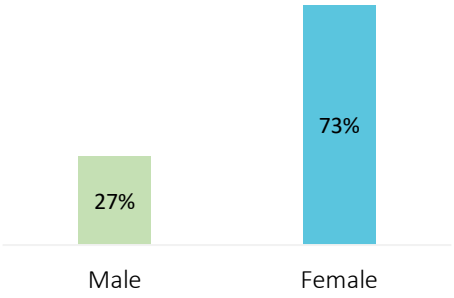
n=73
Another includes Mixteco.
2 individuals selected "decline to state."

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

SERVICES TO EDUCATION

Demographic Data

Gender Identity



n=22

14% of individuals reported having one or more disabilities

n=21
3 individuals selected “decline to state.”

Sexual Orientation

Heterosexual or Straight	82%
Gay or Lesbian	0%
Bisexual	0%
Pansexual	0%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%
Declined to answer	14%

n=22
3 individuals selected “decline to state.”

Disability

Mental Domain	27%
Seeing	0%
Hearing	0%
Other Communication	0%
Physical	0%
Chronic Health Condition	0%
Another Disability	0%

n=21

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

SERVICES TO EDUCATION

Successes and Learning

Notable Strengths

- Collaborative partner with schools and other community agencies.
- Integrated into all levels of mental health services at schools.
- Available to triage on student needs to support in building capacity to address co-occurring needs in schools.

Challenges

Staffing challenges continue, so we have learned to utilize other supports within our agency like social workers. Another challenge is screening referrals to triage referrals and make efforts to not duplicate services.

Achievements

- Offered more training opportunities on Healing Centered Engagement, Trauma-Informed Care, Cultivating Relationships with Students, Mindfulness and Risk Assessments.
- Offered training specific to LGBTQ populations and developed the Rainbow Connections Program.
- Promoted inter-agency and community collaboration.
- Increased access to integrated affirming care.
- Built capacity across family, school, and community settings.

Case Example/Narrative

Our program assisted a school district in providing group services focused on skill building to support student re-entry rather than possible expulsion.

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

115 program events and activities

210 individuals engaged in program activities

Program Activities

Activities Hosted

MDT Team Meetings – 25 MDT team meetings were conducted, serving 91 new referrals.

Individual Youth Client Services – 119 individuals received youth client services.

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=37–40)	Before (% Disagree)	After (% Disagree)	% Impacted
I knew a lot about the topic of this session/training/class.	35%	8%	27%
I knew where to go for mental health services.	38%	0%	38%
I knew when to ask for help with an emotional problem.	28%	0%	28%
I felt good about myself.	40%	8%	32%
I felt hopeful when I thought about the future.	30%	5%	25%

38% of participants (15 individuals) **learned where to go for mental health services**.
28% of participants (11 individuals) **learned when to ask for help with an emotional problem**.

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=37–39)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	0%	100%
The program had services in the language that I speak best.	0%	100%
Materials provided were useful.	0%	100%
The program/training/course was practical and useful.	0%	100%
I would recommend this program/training/course to others.	0%	100%

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

"Learning how to cope and understanding my emotions."

"Hearing from different generations, talking about mental health from their racial and cultural backgrounds."

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

- Connection with others and the opportunity to share experiences (11)
- Learning how to care for own mental health (11)

What are your recommendations for improvement? (n=31)

- Hearing from more diverse perspectives (3)
- General positive feedback (12)

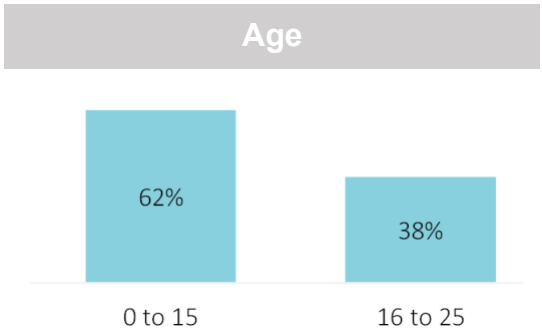
SILVER STAR RESOURCE CENTER

Demographic Data

Race

n=119†

Black/African American	2%
Latino	34%
White	1%
Another	64%



n=119†

Sex

n=119†

Male	39%
Female	61%

†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 Strengths

- Offering extensive engagement efforts for our new referrals.
- Linking families to community resources or other providers.
- Implementing a consent form to allow for collaboration to occur for court-ordered referrals.

Challenges

We are encouraging referring parties to ask if the family is already involved with MCBH prior to making a Silver Star Resource Center (SSRC) MCBH referral, and this is decreasing some duplicate referrals.

Achievements

- MCBH team collaborated multiple times per day with each other, which allowed for more in-depth processing of referrals.
- Even with severely short staffing, the waitlist has been eliminated.
- Most clients set an intake within 5–7 days.
- Most services occur in person at SSRC with SSRC PSW.

Case Example/Narrative

In order to refine and best use the MCBH team's time more effectively, MCBH streamlined a few program elements: 1) we utilize a live shared Excel spreadsheet to track referral status, triage, and prioritize cases, 2) MDT are held two Thursdays per month and, 3) on the immediate Friday after the MDT, the core MCBH SSRC team meets to review, process, and triage MCBH SSRC referrals. The end goal was to assign a Social Worker III to call for a symptom screener and set up an intake appointment for an onset packet, in prep for the PSW assignment. This led to faster turnaround, immediate contacts following MDT, and timelier appointments/intake interviews for clients.

MATERNAL, CHILD AND ADOLESCENT HEALTH HOME VISITING PROGRAM
PUBLIC HEALTH BUREAU

The Maternal, Child and Adolescent Health (MCAH) Home Visting Program is committed to serving women, children, teens, and their families in Monterey County by improving access to comprehensive, quality health care, and focusing on prevention and early intervention strategies.

Program Highlights

Population served: Women, children, teens, and their families

64 program events and activities

65 individuals engaged in program activities

Program Activities

Activities Hosted

Screenings – 18 participants served through screenings.

Interventions – 45 individuals served through PMAD, SED, and client interventions.

Education/Training Sessions – 1 training held with 2 individuals trained.

MATERNAL, CHILD AND ADOLESCENT HEALTH HOME VISITING PROGRAM

Successes and Learning

Notable Strengths

- Working to increase presence in the community to generate more referrals.
- Participating in outreach events.

Challenges

We continue to have challenges with filling the other MHSA vacancies. A PHN II Interview panel is tentatively scheduled for early May 2023 and Office Assistant III interviews were conducted in April.

Achievements

- Presented at WIC pregnancy classes to introduce the program to potential clients.
- Hired a PHN II at the end of quarter 3 who begin to see clients in quarter 4.
- Much work was done internally to spread the word of recruitment and hire the candidate.
- A PMAD onboarding training packet was put together to provide the new staff with the support and knowledge needed to start to see clients.

Case Example/Narrative

We successfully onboarded a PHN II at the end of the quarter. She quickly learned the SOC as well as the policies and procedures of MCAH. We are excited for her to begin to build her MHSA caseload and provide client-centered interventions around PMAD and infant growth and development.

CULTURALLY SPECIFIC SHORT-TERM THERAPEUTIC SERVICES (CSSTS)
COMMUNITY HUMAN SERVICES (CHS)

Community Human Services (CHS) provides Culturally Specific Short-term Therapeutic Services (CSSTS) in English, Spanish and other languages to uninsured individuals experiencing mild to moderate mental health issues and stressors, including those associated with immigration-related issues, institutional racism, discrimination, and trauma experienced over the lifetime of one's cultural identity. Connections to community services and supports in a variety of settings are offered by the program to reduce access barriers.

Program Highlights

Population served: Adults and youth who are uninsured

142 individuals engaged in therapeutic assessment activities

Program Activities

Activities Hosted

Assessments – 142 individuals received 212 assessment sessions.

Initial Therapy Contacts – 138 initial therapy sessions were provided.

Individual Therapy Contacts – 606 individual therapy sessions were provided.

Case Management – 137 sessions of 15- to 30-minute case management services were held.

CULTURALLY SPECIFIC SHORT-TERM THERAPEUTIC SERVICES (CSSTS)

Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	0%
Black/African American	0%
Native Hawaiian/Other Pacific Islander	0%
Latino	97%
White	6%
Another	1%
Declined to state	0%

n=88

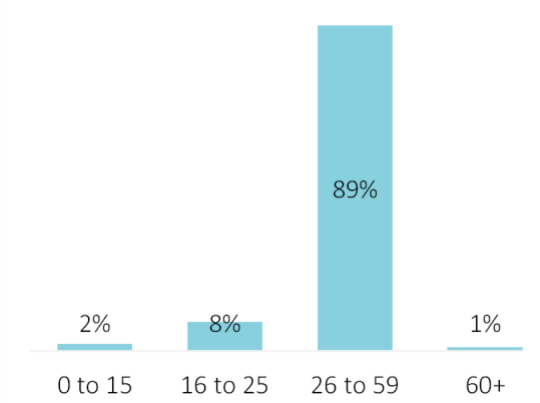
99% Hispanic/Latino
1% Non-Hispanic/Latino

Ethnicity

Hispanic/Latino	
Caribbean	0%
Central American	3%
Mexican/Mex.-Am./Chicano	91%
Puerto Rican	0%
South American	0%
Other Hispanic/Latino	5%
Non-Hispanic/Latino	
African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	0%
European	1%
Filipino	0%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Declined to state	3%

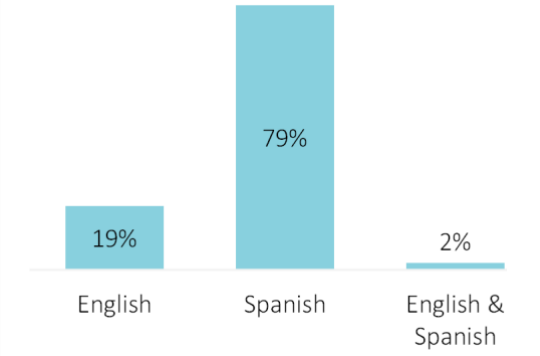
n=79

Age



n=93

Primary Language



n=90

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

CULTURALLY SPECIFIC SHORT-TERM THERAPEUTIC SERVICES (CSSTS)

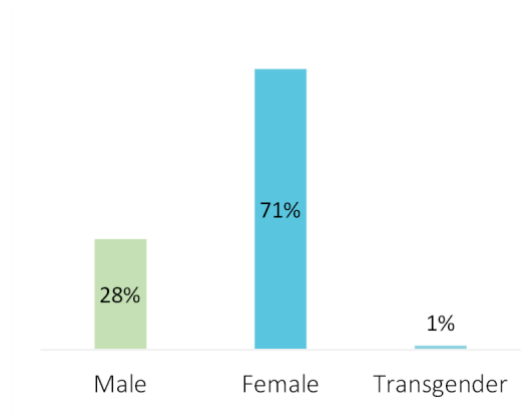
Demographic Data

Sex

Male	30%
Female	70%
Another Sex	0%

n=93

Gender Identity



n=92

Sexual Orientation

Heterosexual or Straight	78%
Gay or Lesbian	%
Bisexual	2%
Pansexual	0%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	4%
Declined to state	4%

n=93

11% of individuals reported having one or more disabilities

n=90
3 individuals selected “decline to state.”

Disability

Mental Domain	43%
Seeing	0%
Hearing	0%
Other Communication	0%
Physical	0%
Chronic Health Condition	0%
Another Disability	1%

n=90
Another disability includes Adjustment Disorder, Depression, Diabetes.

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

CULTURALLY SPECIFIC SHORT-TERM THERAPEUTIC SERVICES (CSSTS)

Successes and Learning

Notable Strengths

- The program offers accessible mental health services for individuals without medical insurance, with a particular focus on underserved communities who might not otherwise have access.
- Providing services in both English and Spanish, with a focus on underserved communities, helps to reduce stigmas associated with mental health services and eliminate barriers to access for many individuals.

Achievements

- These programs have achieved success by meeting and exceeding utilization rates and expectations. Continued demand is evident through a current waitlist, showing the community's need for their services.
- A major achievement of the program is its outreach to historically underserved communities, raising awareness about the services offered. Services are also provided in various languages, including English, Spanish, and Oaxacan dialects, with professional language services for comprehensive support.

Challenges

- Challenges include addressing the negative stigmas associated with mental health services in underserved communities. More psychoeducation and outreach efforts are necessary to reduce these stigmas and make it easier for individuals to seek support.
- High demand for services has led to a current waitlist, and some individuals may complete services before feeling fully prepared, highlighting the challenge of balancing service demand with appropriate timing.
- Providing services in Indigenous languages remains a challenge. We currently have an agreement with at&t language line for this purpose.

CULTURALLY SPECIFIC SHORT-TERM THERAPEUTIC SERVICES (CSSTS)

Successes and Learning

Case Example/Narrative

The program has supported several clients newly immigrated to the U.S. from other countries. These clients were suffering from mental health issues related to childhood trauma, domestic violence, and sexual identity. Several of these clients did not have legal residency status making it difficult to access services that typically require private insurance, state Medi-Cal coverage, or the ability to self-pay for these services. One of the clients served was experiencing active suicidal ideation and was able to receive timely services to address these issues. The clinician who worked with this client was able to create a safety and support plan that included connecting the client to other community resources. This client is now working to transition out of services and is participating in collateral sessions with their parent who is also providing vital support to the client in addressing their mental health care needs.

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)
COMMUNITY HUMAN SERVICES (CHS)

Community Human Services' (CHS's) Drug and Alcohol Intervention Services for Youth (DAISY) program provides services for substance-using, pre-delinquent youth (including status offenders, pre-court, probation without wardship, and first-time offenders). The program utilizes two evidence-based curricula: The Seven Challenges (for high-risk youth) and Brief Challenges (for youth at lower risk). Bilingual drug intervention and education services are offered for youth who are primarily in grades 7–12 or ages 13–18. Through individual and group counseling and interactive journaling, DAISY works to raise youths' consciousness, inspire hope, and motivate informed, internally driven, sincere decisions to change behaviors. DAISY also offers parent support groups to provide parents with information and tools to help them better understand and support their children in recovery. The program is located at Silver Star Resource Center in Salinas.

Program Highlights

Population served: Youth and parents

140 individuals engaged in counseling activities

Program Activities

Activities Hosted

Substance Use Counseling – Across 140 youth, individuals attended a total of 1,533 counseling sessions, for an average of 10–11 sessions per participant.

Parent Support Groups – Across 11 families, 115 sessions of support groups were held for an average of 10 sessions per family.

151 additional services were provided to clients, and a total of 1,968 units of service (including individual and group counseling) were provided to clients.

*These values do not include activities that took place in Quarter 1 of FY 22–23.

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)

Program Outcomes, Satisfaction, and Feedback

Comparison of Before and After Knowledge (n=11)	Before (% Agree)	After (% Agree)	% Impacted
I knew a lot about the topic of this session/training/class.	64%	82%	18%
I knew where to go for mental health services.	55%	91%	36%
I knew when to ask for help with an emotional problem.	64%	100%	36%
I felt good about myself.	64%	100%	36%
I felt hopeful when I thought about the future.	73%	100%	27%

36% of participants (4 individuals) **learned where to go for mental health services**.
36% of participants (4 individuals) **learned when to ask for help with an emotional problem**.

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=11)	% 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.	0%	100%
Materials provided were useful.	0%	100%
The program/training/course was practical and useful.	0%	100%
I would recommend this program/training/course to others.	0%	100%

"Being able to learn more about myself and learning how to cope with my issues."

"They have a very good program and I like my counselor a lot."

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

- Improved symptoms/behavior (n=4)
- Increased knowledge about mental health (n=3)
- Therapeutic communication (n=3)
- Other positive impacts (n=2)

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

- Nothing/unsure (n=7)
- Additional activities (n=2)

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)

Demographic Data

Race*

American Indian/Alaskan Native	2%
Asian	0%
Black/African American	0%
Native Hawaiian/Other Pacific Islander	2%
Latino	98%
White	2%
Another	0%
Declined to state	0%

n=55

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

Ethnicity

Hispanic/Latino

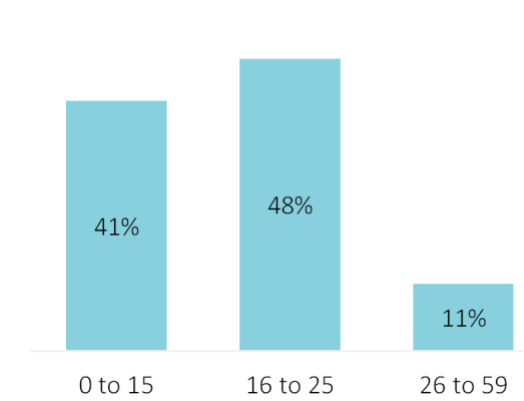
Caribbean	0%
Central American	6%
Mexican/Mex.-Am./Chicano	92%
Puerto Rican	0%
South American	0%
Other Hispanic/Latino	0%

Non-Hispanic/Latino

African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	0%
European	0%
Filipino	2%
Japanese	0%
Korean	0%
Middle Eastern	0%
Vietnamese	0%
Other Non-Hispanic/Latino	0%
Unspecific Non-Hispanic/Latino	0%
Declined to state	0%

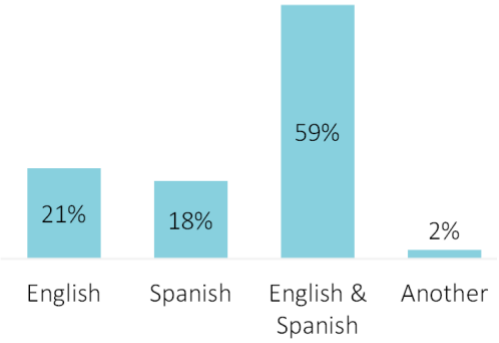
n=52

Age



n=56

Primary Language

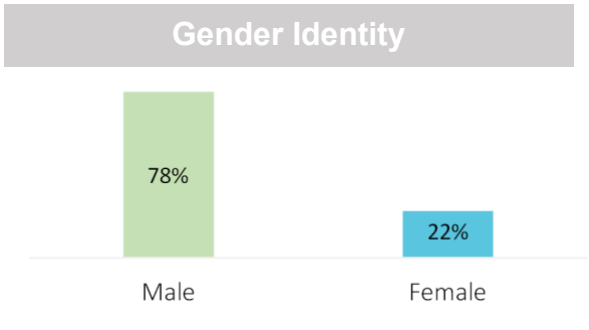


n=56
Another includes Tongan.

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

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)

Demographic Data



n=50

Sex

Male	71%
Female	29%
Another Sex	0%

n=56

Sexual Orientation

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

n=47

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

DRUG AND ALCOHOL INTERVENTION SERVICES FOR YOUTH (DAISY)

Successes and Learning

Notable Strengths

- The program offers a non-judgmental, evidence-based curriculum, creating a supportive and effective environment for clients.
- The availability of bilingual staff enhances communication and support for clients.

Achievements

Flexible scheduling through Zoom sessions, dual curriculums tailored to individual assessment results, and a parent support group have all contributed to client successes, an increase in graduation rates, and program curriculum completion.

Challenges

A persistent challenge for the program is a lack of client commitment, often stemming from preconceptions about the program and a lack of motivation to continue.

Case Example/Narrative

At the beginning of program enrollment, one student presented as unstable and was actively engaging in high-risk behavior. After a couple of months of participating in The Seven Challenges curriculum, staff began to notice positive changes. The student's high-risk behavior decreased, and she was open to receiving more support to stabilize her mental health and home environment. This student has recently graduated from the program, increased her school credits, and has developed strong problem-solving and decision-making skills.

OUTPATIENT MENTAL HEALTH SERVICES
THE VILLAGE PROJECT, INC.

The Village Project, Inc. is an African American Family Resource Center which provides culturally affirming counseling, group therapy, and therapeutic programs and services to African Americans, other individuals and families of color, and the LGBTQ+ community. Services also include outreach, presentations, and workshops to increase mental health awareness, reduce stigma and provide timely access to mental health services among unserved and underserved communities. The Village Project, Inc. is a place where African Americans and communities 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: African Americans, other individuals and families of color, and the LGBTQ+ community

254 program events and activities

60 individuals engaged in program activities

Program Activities

Activities Hosted

Culturally Specific Short-term Therapy for Mild to Moderate Mental Health Issues – 35 individuals and 25 families attended 209 presentations where they received therapy for mental health issues.

Group Sessions – 45 group sessions were conducted for mental health support.

Therapeutic Services – 121 individuals or families at risk for or with moderate mental illness received therapeutic services.

OUTPATIENT MENTAL HEALTH SERVICES

Successes and Learning

Notable Strengths

- Cultivating new partnerships.
- Engaging community members.
- Developing Youth Leaders

Challenges

A challenge we have has been hiring qualified therapists so that we can serve more individuals and families that have been referred to our agency.

Achievements

- Collaborated with a variety of outside organizations and businesses.
- Created an Instagram docuseries.
- Conducted interviews that were nationally aired.
- Honored as the featured charity of the 2023 AT&T Pebble Beach Pro Am.

ACCESS AND LINKAGE TO TREATMENT

211
UNITED WAY MONTEREY COUNTY – TBD

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. **The Smart Referral Network (SRN)** is a referral platform that allows case managers, other front-line workers, and residents in need of services to identify resources and enroll in them through "closed-loop referrals." **The Hope and Help Network** is a collaborative of organizations working in the mental health, substance use disorder, and social determinants of health sectors committed to working together to more effectively connect residents to care.

Program Highlights

Population served: Individuals in need of health and social services

115 program presentations, events, and outreach activities

3,290 individuals engaged in program activities

Program Activities

Community and Partner Engagement

Presentations – 296 individuals were engaged in 23 total presentations at 211 events such as the Emergency Operations Center Briefings and the Access and Functional Needs Meetings. An additional 26 individuals benefited from 26 presentations about the Hope and Help Network.

Community Events – 1,355 individuals participated in 25 community events attended by 211. Additionally, 850 individuals engaged with the Hope and Help Network in 17 community events.

Outreach Activities – 113 individuals attended 11 outreach activities where 211 shared activities with Monterey County community members. Hope and Help Network information was shared with 650 individuals at 13 different outreach events.

Smart Referral Network – Quarterly meetings bring community organizations together to discuss partnerships and referrals through the SRN. There were 23 new social determinants of health referral partners in FY 22/23, 3 of which that are contracted Behavioral Health partners.

Hope and Help Network – The Hope and Help Network brings partners together quarterly as well. In FY 22/23, there were two additional referral relationships from the SRN referral network and four total partners with MOUs.

211, SRN AND HOPE AND HELP NETWORK

Referrals to Mental Health Services

239 referrals were made to **mental/behavioral health treatment by 211.**

1,694 referrals were made through the Smart Referral Network. **53 that led to confirmed enrollment into services.** Three partners made more than 30 referrals: CCA, CHS, 211.

One of the most active partners in the Hope and Help Network and SRN, Sun Street Centers, engaged in 147 referral-based activities through the Smart Referral Network.

Referrals to Behavioral Health Treatment

Kinds of County Treatment Referred to:

Monterey County Behavioral Health ● Monterey County Rape Crisis Center

Kinds of Non-County Treatment Referred to:

Community Human Services ● Montage Health ● Shine a Light Counseling Center

211, SRN, AND HOPE AND HELP NETWORK

Demographic Data of Residents Accessing 211†

Race

American Indian/Alaskan Native	1%
Asian	2%
Black/African American	5%
Native Hawaiian/Other Pacific Islander	1%
White	36%
Another	55%

n = 8,643
366 individuals did not answer and 1,418 were not asked this question.

Sex at Birth*

Male	27%
Female	73%
Another Sex	0%

n = 19,288
*Call specialist infers this information.

77% Hispanic/Latino

23% Non-Hispanic/Latino

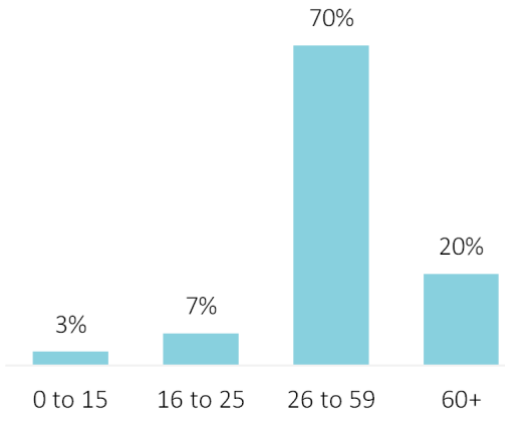
28% of individuals reported having one or more disabilities

n = 8,438
412 individuals did not answer and 443 were not asked this question.

2% of individuals were veterans

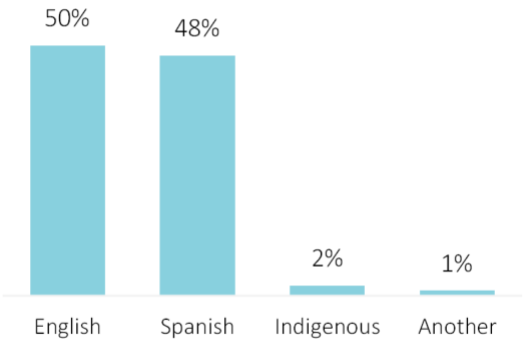
n = 8,516
406 individuals did not answer and 458 were not asked this question.

Age



n = 8,587

Primary Language



n = 8,578

314 individuals did not answer and 186 were not asked this question.

†Demographic data presented was from County residents accessing 211 during FY 22-23. Race, ethnicity, primary language, and veteran status questions were asked only of first-time callers.

211, SRN, AND THE HOPE AND HELP NETWORK

Successes and Learning

Notable Strengths

- Increasing capacity to support and grow the Hope and Help Network.
- Bringing new mental health, substance use disorder, and SDOH partners onto the Smart Referral Network.

Challenges

A challenge that we continue to face is onboarding partners in the Smart Referral Network (SRN) who work in mental health and substance use disorder programs. In many cases, this is due to restrictions on how they can make and/or receive referrals.

Achievements

- Added a new staff member.
- Facilitated Hope and Help Network Meetings.
- Expanded participation in groups and with partners who serve residents in relation to mental health, substance use disorder, and SDOH.
- Socialized keyword texting and chatbot tools with partners and community members. Keyword texting allows community members to text to a designated phone number to receive resource information on suicide prevention, mental health, substance use disorder, and youth programs. The chatbot allows community members have a guided search and refer themselves directly to agencies for services on 211montereycounty.org.

Case Example/Narrative

United Way Monterey County, through the Smart Referral Network (SRN) and our Hope and Help program, has created a chatbot which is currently hosted on 211montereyounty.org. The chatbot provides the opportunity for residents to be guided through looking for resources in our community and send a referral on their own behalf to a service provider to get connected to resources. After launching the chatbot, we have continued to refine the tool to ensure it is a helpful tool for our community. Going into the project, our team knew that a chatbot would create access for many residents who may be hesitant to reach out for resources. Simultaneously, we also acknowledged that with technology there can be barriers that are created for many in our community. Therefore, we decided to hold focus groups to understand those barriers better and reduce them through improvements to the chatbot. An example of this is our first focus groups with Mujeres en Accion—where participants were able to test the chatbot, provide individual feedback, and discuss as a group their impressions and ways to improve the tool. We have processed that feedback and begun to incorporate it into the design of the chatbot.

VETERANS REINTEGRATION TRANSITION PROGRAM COUNTY OF MONTEREY 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, legal assistance, 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, transitioning service members, and their families

49 program events and activities

1,135 individuals engaged in program activities

Program Activities

Activities Hosted

Community Events – 1,036 people attended 49 community events, including Veterans Issues Advisory Committee meetings, the Lotus Fair, the Monterey County Fair Senior, and Veteran Resource Expo.

Mental Health Outreach Activities – 197 individuals were reached through 14 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 – 361 people attended 15 County of Monterey Veterans Treatment Court or Military Diversion Court sessions, to include meeting with Veterans Justice Outreach or County Behavioral Health, Peer Mentors, and MVAO staff. In addition, 5 incarcerated veterans were reached through 5 outreach sessions.

VA Services and Benefits Education – 572 individuals were reached through 45 briefings on benefits available to veterans, transitioning service members, dependents, and survivors.

VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	10%
Black/African American	19%
Native Hawaiian/Other Pacific Islander	0%
Latino	5%
White	62%
Another	0%
More than one race	10%
Declined to state	0%

n=21

12% Hispanic/Latino
101% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino

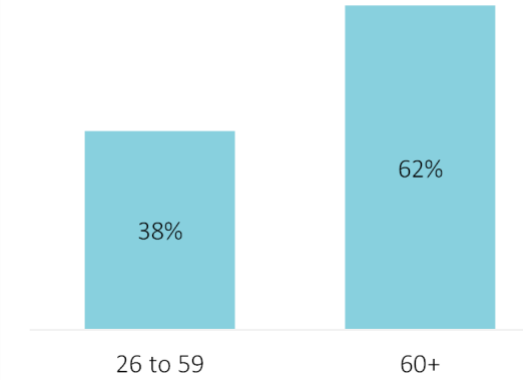
Caribbean	0%
Central American	0%
Mexican/Mex.-Am./Chicano	12%
Puerto Rican	0%
South American	0%
Other Hispanic/Latino	0%
Unspecified Hispanic/Latino	0%

Non-Hispanic/Latino

African	24%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	12%
European	35%
Filipino	0%
Japanese	6%
Korean	0%
Middle Eastern	0%
Vietnamese	6%
Other Non-Hispanic/Latino	0%
Unspecific Non-Hispanic/Latino	18%
Declined to state	0%

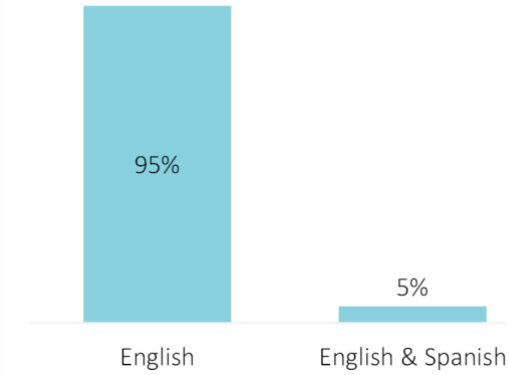
n=19
Other includes Native American.

Age



n=21

Primary Language



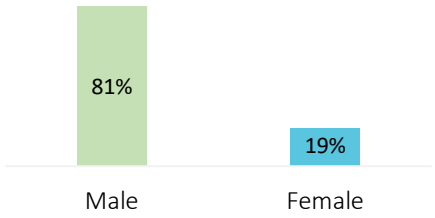
n=20

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

VETERANS REINTEGRATION TRANSITION PROGRAM

Demographic Data

Gender Identity and Sexual Orientation



n=21
100% of respondents identified as Heterosexual.

95% of individuals were veterans

n=20

76% of individuals reported having one or more disabilities

n=21
1 individual selected "decline to state."

Disability*

Mental Domain	105%
Seeing	0%
Hearing	24%
Other Communication	0%
Physical	38%
Chronic Health Condition	38%
Another Disability	5%

n=21
Another disability includes Depression, Hip Replacement, Insomnia.

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

VETERANS REINTEGRATION TRANSITION PROGRAM

Successes and Learning

Notable Strengths

- Advocacy for increased benefits and services for veterans, service members, and their families.
- Collaboration with county agencies, the Department of Veterans Affairs, and local/regional elected officials to improve access, funding, and availability of veterans benefits and services.

Challenges

Staffing shortages continue. Our office is operating with four of six Veterans Service Representatives and the Management Analyst III has a dual role as the Interim Director. Staff have stepped up to fill multiple roles and responsibilities.

Achievements

- Despite continued reduced staffing, responded to 7,898 telephone/email inquiries and made 4,238 in-person or remote appointments to serve 3,040 unique veterans during FY 22–23.
- Filed 6,149 benefit claims which resulted in 3,040 VA disability compensation awards amounting to $4,671,975 in retroactive payments and $8,728,049 in recurring monthly benefit payments (annualized).

Case Example/Narrative

Our office made a concerted effort to increase outreach and services to South County veterans—specifically in Greenfield, King City and Ft Hunter-Liggett. Our office contacted seven veterans over three separate outreach events. While the outreach numbers remain low, this is noteworthy in that these areas are traditionally underserved and distant from the main population centers around Monterey and Salinas—including the VA Clinic in Marina.

KEEP IT REAL INTERIM

The PEI-funded Keep It Real Community Outreach & Navigation team provides outreach to residents of Monterey County to facilitate advocacy and access to services. The target population for this team is the community at large, including transitional age youth (TAY) and other adults served by MCBH, and individuals who are exiting the emergency room or mental health unit. The team provides outreach to TAY and adults who have mental health and/or substance use problems that they or others have identified as interfering with their lives, such as creating barriers to employment, education, activities of daily living, other meaningful activities, and social and family relationships.

Program Highlights

Population served: Adults and transitional age youth with co-occurring mental health and substance use challenges

50 individuals engaged in program activities

Program Activities

Activities Hosted

Referrals – 50 individuals were referred to mental health and substance use services.

KEEP IT REAL

Referrals to Mental Health Services

Total Referrals Made

82 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

2 referrals were made to clients with **serious mental illness**

24 referrals were made to clients from **underserved populations**

* 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

Kinds of County Treatment Referred to:

None

Kinds of Non-County Treatment Referred to:

MCHOME ● Bridge House

Referrals for Members of Underserved Populations

4 individuals confirmed to have engaged in treatment

5 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

OMNI ● MCHOME ● Access

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	0
Transportation	2
Reminder Calls	2
Translation/Interpreter Services	0
Accompaniment	2
Other	0

KEEP IT REAL

Successes and Learning

Notable Strengths

- Increasing clients' confidence through outreach.
- Staff members supporting each other in reaching out to community resources and meeting with potential clients.

Achievements

- Staff members' confidence increased, which led to more client outreach.
- Improved linkages with additional community resources that can be provided to clients.
- Increased staff knowledge of community resources.

Challenges

We had one wellness navigator hired for most of the year instead of two individuals. In addition, providing services to South Monterey County locations can be difficult due to the remote location, transportation, and language barriers as our team did not have a bilingual PEI wellness navigator. Despite these challenges, we met our PEI goal and were able to outreach to new individuals through presentations during the Keep It Real group in South Monterey County (which is not PEI funded). Our team also looked at the program and what it could offer and began to develop a system that will allow us to continue to grow in the next fiscal year, adding additional PEI services including outreach group support for clients in all regions of Monterey County.

Case Example/Narrative

During the fourth quarter, we learned that our PEI program would be reduced to one wellness navigator position due to funding changes. When we informed the staff, one of our navigators put in their letter of resignation. At that time, we still had over 10 clients that we needed to outreach. Despite this challenge, we were able to meet our goal and provide additional follow-up services to many of our PEI clients including transportation to appointments, getting clients set up with cell phone services provided by the county, and connecting clients with the local foodbank. In addition, we were able to work collaboratively with the Methodist Church, which works with primarily homeless individuals, where we were provided access to an office as well as space to run outreach groups to the community. This space will eventually be used to follow up with clients, connecting them to other services in the county (appointments, food, mental health, dental and vision, call-the-car, MST Rides/courtesy cards, etc.) as well as providing group support services such as Seeking Safety, Substance Use Recovery, Symptoms Management, Harm Reduction and DBT groups such as Mindfulness and Art groups.

FAMILY PARTNERS PROGRAM
SENECA CENTER

The Family Partners program provides peer support to family members of clients receiving mental health services. Family partners work individually with family members to engage them in the process of mental health services and assist them in achieving their individual/family goals. They can also support families in navigating the system of care, build engagement, and provide support to bridge communication between families and providers. Family partners are employed across multiple programs within the agency and will perform a wide range of activities to function as a member of the supporting team as well as provide individual support to parents. Family partners have personal experience as caregivers of a youth who has been the recipient of child welfare, probation and/or behavioral health services, and are practiced and/or interested in working with youth and families.

Program Highlights

Population served: Family members of youth receiving mental health services

10 program events and activities

8 individuals/families engaged in program activities

Program Activities

Activities Hosted

Supportive Services – 8 individuals/families received psychoeducation, parenting coaching, and emotional support and validation across 10 supportive service program activities.

FAMILY PARTNERS PROGRAM

Successes and Learning

Notable Strengths

- Delivering family services.
- Ensuring comprehensive and consistent care.
- Excellent partnership with Monterey County.

Achievements

- Hired two bilingual family partners.
- Received first two referrals.

Challenges

Seneca did not receive any referrals until 3/30/23.

Case Example/Narrative

We coordinate and collaborate in care planning efforts with other child-serving agencies and institutions involved in delivering services to the child and family to ensure that comprehensive and consistent care is provided. Seneca Center's Family Partners program supported families in connecting to other community resources, coached parents through hard moments with their children, helped establish natural support networks and provided collaborative care with our county partners.

STREET OUTREACH PROGRAM
COMMUNITY HUMAN SERVICES (CHS)

Community Human Services (CHS) provides street outreach services to homeless youth ages 18–24 throughout Monterey County (particularly Salinas Valley and Monterey Peninsula). This program improves the mental health of youth by addressing immediate crises, providing survival aid like food and water, and creating access to behavioral health services.

Program Highlights

Population served: Unaccompanied homeless youth ages 18–24

89 individuals served through program outreach activities

Program Activities

Activities Hosted

Outreach Activities – 89 homeless youth were provided street outreach services, case management and housing navigation services.

Referrals to Mental Health Services – 48 homeless youth were referred to mental health services.

Referrals to Substance Use Treatment – 23 homeless youth were referred to substance use treatment (which may include treatment for individuals with a dual diagnosis for mental illness).

STREET OUTREACH PROGRAM

Referrals to Mental Health Services

Total Referrals Made

48 referrals were made to **mental/behavioral health treatment**

Types of Referrals Made*

34 referrals were made to clients with **serious mental illness**

29 referrals were made to clients from **underserved populations**

* 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:

17 individuals confirmed to have engaged in treatment

15 days average interval between the referral and participation in treatment

3 years average duration of untreated mental illness prior to referral

Kinds of County Treatment Referred to:

Monterey County Behavioral Health

Kinds of Non-County Treatment Referred to:

CHS Inpatient ASAM ● CHS Genesis House ● CHS Outpatient

Referrals for Members of Underserved Populations

13 individuals confirmed to have engaged in treatment

14 days average interval between the referral and participation in treatment

Kinds of Treatment Referred to:

Monterey County Behavioral Health ● CHS Mental Health Counseling

Ways members of underserved populations were assisted in accessing services	
Bus Tokens	4
Transportation	8
Reminder Calls	12
Translation/Interpreter Services	2
Accompaniment	2
Other	4

Others include text message reminders, in-person reminders, advocacy, and phone calls to connected services

STREET OUTREACH PROGRAM

Successes and Learning

Notable Strengths

- The program excels in collaborating with external agencies to meet clients' diverse needs and to provide access to services beyond its scope.
- The staff's resourcefulness, creative solutions, and determination in advocating for clients—whether for legal matters or housing—have resulted in positive outcomes.

Achievements

- The program has improved collaboration among regions and enhanced support for clients, including those who are undocumented.
- Notable accomplishments include helping clients secure housing in various programs and vocational schooling, thanks to staff availability, strong rapport, and increased funding support.

Challenges

- Advocating for clients initially excluded from Housing Authority referrals has successfully increased the number of referrals.
- The program has learned to provide proper notice to homeless encampments before sweeps to reduce trauma for residents and offers support during encampment visits, addressing a significant challenge.

Case Example/Narrative

Rose* was a mother of 3 young children and accompanied by her significant other. They were couch surfing and living primarily with their mother-in-law until they were kicked out and ended up living in their vehicle with their children. The client is the household's main source of income. Our Salinas Valley Street Outreach Program (SVSOP) helped them and their family get an eligibility appointment with the Housing Authority, as well as conducted a housing search with them once they were approved for an emergency housing voucher. They and their family now have permanent housing. SVSOP was also able to provide rapid rehousing assistance for the first month's rent and security deposit, as well as some household items and food. (*Name changed to protect privacy.)

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

156 program events and activities

2,303 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 2,209 individuals were engaged through 98 presentations on suicide prevention, with 307 unduplicated providers.

Support Group Meetings – 31 individuals participated in 18 meetings to increase support and reduce isolation for survivors of suicide loss.

Responder Recruitment and Trainings – 63 individuals were trained through 40 classes. Thirty-nine of these individuals were new volunteers.

Suicide Crisis Line – 3,236 calls were answered.

SUICIDE PREVENTION SERVICE

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=507)	% Before	% After
I knew where to go for mental health services near me.	59%	88%
I knew the warning signs of suicide.	65%	90%
I knew ways to help a person who is dealing with a mental problem or crisis.	56%	89%
I knew how to find someone who could help me with issues related to suicide.	60%	91%

91% of respondents said that they **knew how to find someone who could help them with issues related to suicide** after participating in this program.

SUICIDE PREVENTION SERVICE

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=507) *between 15–498 individuals declined to respond	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	4%	**96%**
The program was provided in the language that I speak best.	3%	**97%**
Materials provided were useful	0%	**100%**
The training/course was practical and useful.	5%	**95%**
I would recommend this program to a friend or family member.	5%	**95%**

91% of respondents agreed or strongly agreed that they **would recommend the program to a friend or family member**.

"The most helpful thing about this training was how to help someone who is having thoughts of suicide."

"Having more examples of how suicidal thoughts can look for different people."

What was most useful or helpful about this program? (n=480)

- Learning how to help people (111)
- Learning about the hotline phone number (105)
- Learning how to ask for help (53)

What are your recommendations for improvement? (n=229)

- More resources and information (e.g., on warning signs) (50)
- Greater accessibility (e.g., online and in more languages) (40)
- Making it more interactive (31)

SUICIDE PREVENTION SERVICE

Demographic Data

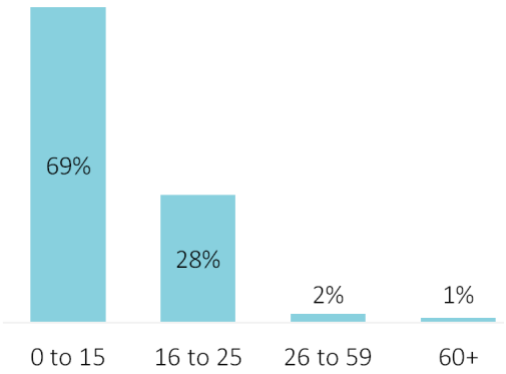
Race*

American Indian/Alaskan Native	2%
Asian	5%
Black/African American	3%
Native Hawaiian/Other Pacific Islander	1%
Latino	69%
White	18%
Another	1%
More than one race	7%
Declined to state	6%

n=1,033
Another includes Afro-Mexican, Arab.

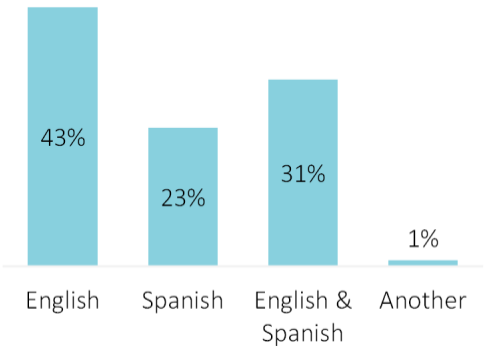
69% Hispanic/Latino

Age



n=950
67 individuals selected "decline to state."

Primary Language



N=1,023
Another includes Arabic, Korean, Mixteco.
30 individuals selected "decline to state."

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

SUICIDE PREVENTION SERVICE

Successes and Learning

Notable Strengths

- Restructured service and program delivery.
- Restructuring resulted in the ability to handle increased call volume and improved “customer/caller” service and program/project efficiency.

Challenges

The storms, heavy rains, flooding, and wind the Central Coast experienced resulted in staff transportation/commute barriers and power/internet outages for our remote call responders.

Achievements

- Suicide Prevention Service (SPS) was an active participant in local, national and agencywide Suicide Prevention Month (September) campaigns and activities.
- SPS responded to requests for media interviews (English and Spanish) for print, radio and TV news outlets, spoke at community forums and gatherings, distributed press releases, and increased its social media outreach/engagement.
- Media activities included 9 interviews (KSBW, KION, Telemundo, Unison, Santa Cruz Sentinel and Santa Cruz Local Online newspaper).

Case Example/Narrative

The transition to 988 has been incredibly positive and impactful in terms of providing accessible, professional and compassionate support for people experiencing a mental health crisis themselves or who are concerned for someone else. An upward trajectory for program, as well as staff growth and expansion, are anticipated for months and years to come. The challenge we face is ensuring the positive mental health of our workforce (staff and volunteers). To this end, the SPS staff and management met as a team to explore and share the “why” of the work we do on a personal and professional level. This helped us to begin to look at our policies through a lens of equity, diversity and inclusion, and to rethink how we can take care of ourselves while delivering our vital services and programs.

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

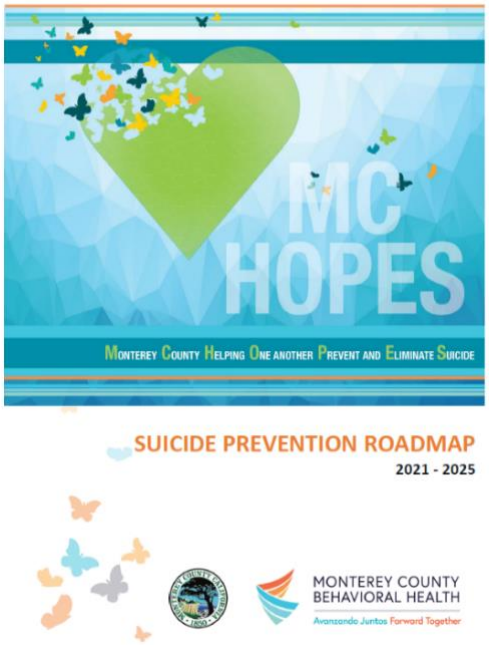
Monterey County Behavioral Health (MCBH) contracted with Applied Crisis Training and Consulting, Inc. to provide consultation and facilitation in the establishment of the Monterey County Helping One another to Prevent and Eliminate Suicide (MC HOPES) Coalition for suicide prevention, as well as training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

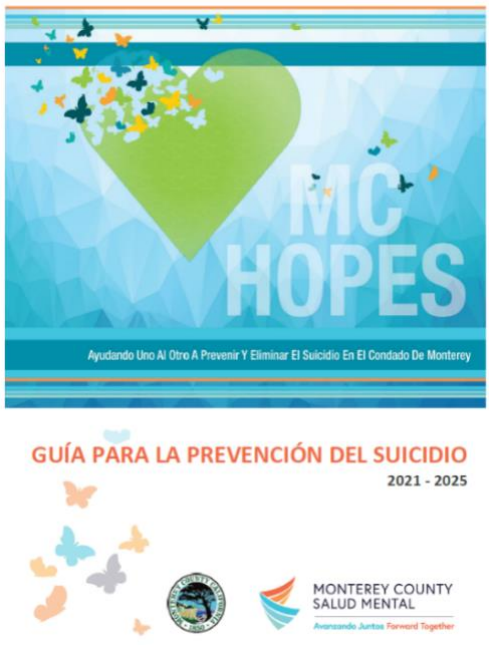
Coalition Highlights

78 individuals added to the MC HOPES Coalition

6 bi-monthly MC Hopes Coalition meetings were held

26 workgroup meetings were held that spanned three different areas (Postvention, Wellness and Prevention, Youth and Education) with an average attendance per meeting ranging from 5–8 individuals





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

Program Outcomes, Satisfaction, and Feedback

The Coalition… (n=13)	% Never	% Sometimes	% Most of the Time	% All of the Time
Meetings are aligned with the Community Agreements.	0%	0%	8%	92%
Offers opportunities for members to work collaboratively with one another in workgroups.	0%	9%	9%	82%
Monitors progress towards goals and on shared information on successes, challenges, etc.	0%	0%	17%	83%
Shares local suicide-related data for Monterey County.	0%	25%	25%	50%
Strives for inclusivity and language equity in meetings, presentations, and activities.	0%	0%	9%	91%
Increases my awareness of the individuals, groups, and networks working to prevent suicide in Monterey County.	0%	0%	0%	100%
Presents information on resources available in Monterey County to address suicide prevention.	0%	0%	0%	100%

Please share your feedback on coalition meetings that you have attended. (n=13)

- Useful and informative materials (38%)
- Facilitation and connection by training staff (23%)

Do you see areas for improvement? (n=13)

- More time to cover materials (15%)
- A system for sharing resources covered in workgroups (15%)

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

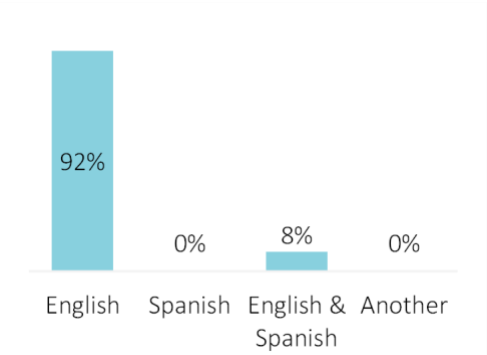
Demographic Data

Race*

American Indian/Alaskan Native	0%
Asian	15%
Black/African American	15%
Native Hawaiian/Other Pacific Islander	0%
Latino	46%
White	23%
More than one race	15%

n=13

Primary Language



n=13

Agencies and Systems Represented (n=13)*	%
An education-related organization	**46%**
Faith-based/Spiritual organization	**0%**
First-responder/Law enforcement	**8%**
Healthcare	**15%**
Monterey County Behavioral Health	**0%**
Personal or family experience with suicide or suicide loss	**8%**
LGBTQ+ community	**8%**
General community member	**23%**

*More than one category can be selected. Total may equal more than 100%.

Current Coalition Involvement (n=13)	%
I receive and read the emails.	69%
I attend most of all coalition meetings.	38%
I attend some coalition meetings.	31%
I am not involved in the coalition.	8%
Postvention workgroup member.	23%
Prevention/wellness workgroup member.	23%
Youth and education workgroup member.	38%

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

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

Successes and Learnings

Notable Strengths

- Implemented effective structures, processes, and interactive meetings to ensure long-term engagement and sustainability within the coalition.

Challenges

We continue to seek stronger representation from underserved and under-represented groups in our work. This includes individuals from our Hispanic/Latinx communities who are monolingual Spanish speakers and/or those who speak Indigenous languages. Additionally, we continue to work to identify appropriate strategies, messaging, and programs to reach adult males, who are statistically at highest risk for suicide death.

Achievements

- Broad participation in coalition meetings—including diverse representation—has facilitated collaboration and idea sharing.
- Active partnerships with key community organizations, such as Suicide Prevention Service and local schools, have been pursued.
- Achieved substantial engagement by promoting local and state mental health resources in order to reduce stigma.

Case Example/Narrative

While we have, as a group, succeeded in sharing community-wide suicide prevention messaging and resources in multiple ways, languages, and settings, we have been working to understand how to best approach groups that are either at disproportionate risk or for whom the typical community messaging is not traditionally effective. Our Wellness and Prevention Workgroup has been investigating resources, approaches, and strategies that are being used locally in other counties to understand what is or is not working, and to design an approach that will be successful with these various groups. We continued by exploring the application of the Cultural Model of Suicide for some of this work, acknowledging how some of these groups (e.g., first responders, BIPOC communities, LGBTQ+ youth, veterans, others) may display idioms of distress or warning signs in unique ways.

STIGMA AND DISCRIMINATION REDUCTION

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS
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 lived experience. The program is designed to help the family and friends 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 with lived experience. 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

68 NAMI signature programs facilitated

2,875 individuals and 72 families engaged in program activities

Program Activities

Activities Hosted

Community Outreach – 2,875 individuals were engaged at 19 outreach events. Community members were introduced to NAMI programs and services and had the opportunity to register for upcoming programs and support groups.

Programs – 52 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. Another 10 participants participated in 3 Family to Family and Familia a Familia classes. An additional 20 families participated in 3 Peer-to-Peer programs, which are designed to support individuals along their mental health journeys.

Trainings – 18 individuals were trained as Peace Officers through 1 Crisis Intervention Team (CIT) session.

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS

Program Outcomes, Satisfaction, and Feedback

Positive impact from before to after participation (n=17)	% Impact
Given my current physical condition, I am satisfied with what I can do.	35%
I have confidence in my ability to sustain important relationships.	29%
I feel hopeful about my future.	29%
I am often interested and excited about things in my life.	29%
I am able to have fun.	29%
I am generally satisfied with my psychological health.	35%
I am able to forgive myself for my failures.	29%
My life is progressing according to my expectations.	18%
I am able to handle conflicts with others.	29%
I have peace of mind.	29%

65% of participants **(11** individuals**) experienced some kind of positive impact on their lives** as a result of the program.

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=22)	% Before	% After
I knew where to go for mental health services near me.	41%	82%
I thought people should share about their mental health struggles	64%	95%
I would feel embarrassed about having personal mental health issues.	77%	91%
I thought the behavior of people with mental illness was unpredictable.	59%	86%
I was scared of people with mental illness.	73%	95%

Please choose how much you agree or disagree with each sentence below (n=17)	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	11%	**89%**
The program was provided in the language that I speak best.	11%	**89%**
The materials provided were useful.	11%	**89%**
This program was practical and useful.	11%	**89%**
I would recommend this program to others.	11%	**89%**

89% of respondents agreed or strongly agreed that they **would recommend this program to others**.

"Meeting other individuals and having a safe space to talk about worries."

"More frequent support groups. Weekly and not just on Saturdays would be ideal."

What was most useful or helpful about this program? (n=15)

- The support group and feeling more connected to others (7)
- Felt more educated on the topic (4)

What are your recommendations for improvement? (n=13)

- Offered on different days and times (3)
- More structured and neutral facilitation (2)

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS

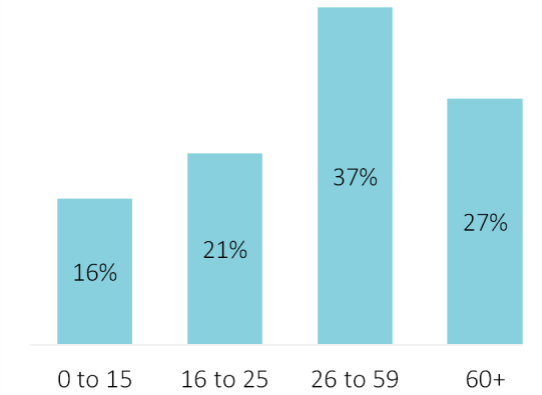
Demographic Data

Race*

American Indian/Alaskan Native	2%
Asian	8%
Black/African American	2%
Native Hawaiian/Other Pacific Islander	3%
Latino	36%
White	55%
Another	2%
Declined to state	2%

n=130
Another includes Filipino, German, Guamanian.

Age



n=116
12 selected "decline to state."

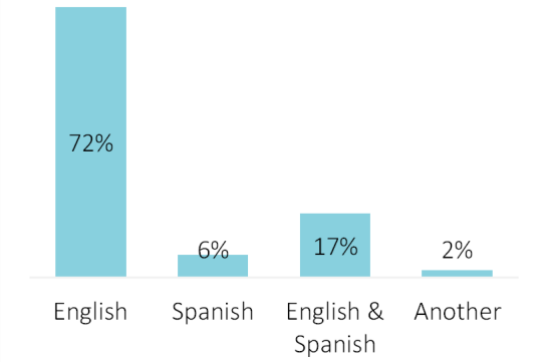
44% Hispanic/Latino
84% Non-Hispanic/Latino

Ethnicity*

Caribbean	1%	Hispanic/Latino
Central American	1%	
Mexican/Mex.-Am./Chicano	41%	
Puerto Rican	1%	
South American	0%	
African	0%	Non-Hispanic/Latino
Asian Indian/South Asian	2%	
Cambodia	0%	
Chinese	2%	
Eastern European	7%	
European	38%	
Filipino	7%	
Japanese	22%	
Korean	0%	
Middle Eastern	0%	
Vietnamese	1%	
Other Non-Hispanic/Latino	5%	
Declined to state	8%	

n=95
Other includes Chamorro, Portuguese.

Primary Language

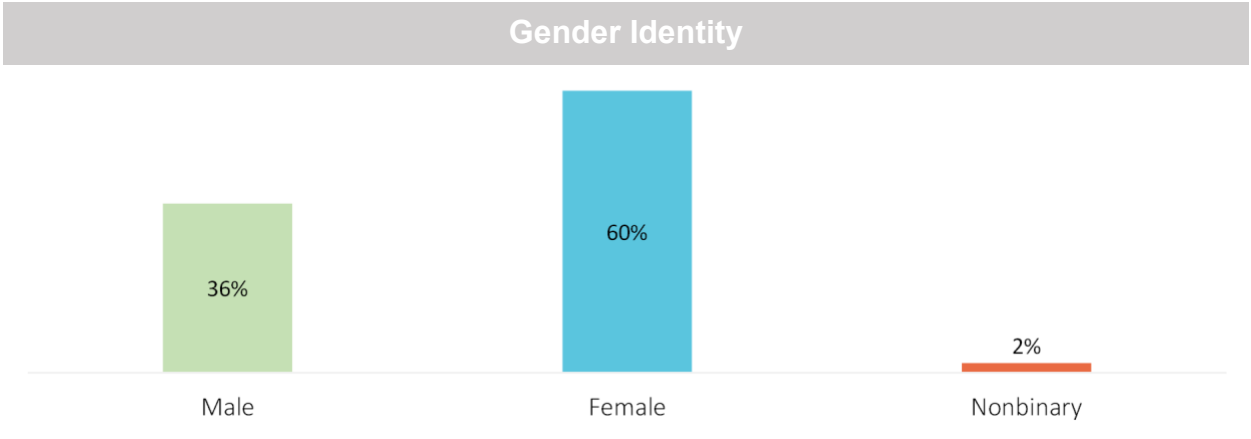


n=129
Another includes Portuguese.
3 individuals selected "decline to state."

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

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS

Demographic Data



n=108
2 individuals selected "decline to state."

Sexual Orientation

Heterosexual or Straight	82%
Gay or Lesbian	2%
Bisexual	3%
Pansexual	2%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	1%
Declined to state	1%

n=108
Another sexual orientation includes Biromantic Asexual.

35% of individuals reported having one or more disabilities

n=107
7 individuals selected "decline to state."

Disability

Mental Domain	44%
Seeing	1%
Hearing	3%
Other Communication	1%
Physical	6%
Chronic Health Condition	8%
Another Disability	2%

n=107
Another disability includes Obstructive Sleep Apnea, Psychosis.

35% of individuals were veterans

n=103
4 individuals selected "decline to state."

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

FAMILY SELF-HELP SUPPORT AND ADVOCACY – NAMI SIGNATURE PROGRAMS

Successes and Learning

Notable Strengths

- Capacity to serve families in English and Spanish is expanding.
- Developing a stronger network with state trainers to provide programs in Spanish.
- Building a sense of community.
- Expansion of services to South Monterey County communities.
- Establishing NAMI on high school campus clubs with the Salinas Union High School District.

Achievements

- Provided 55+ weeks of mental health education over 4 different programs.
- Facilitated over 25 support groups for family members, friends, and peers with lived experience.
- Conducted 38 presentations serving over 700+ participants.
- Participated in 19 community outreach events providing mental health resources to over 2,800 community residents.

Challenges

We currently have a shortage of English- and Spanish-speaking program and support group facilitators.

Case Example/Narrative

NAMI continues to strengthen its delivery of services to Monterey County residents despite the many obstacles that we encounter. There is a rejuvenation of excitement from NAMI board members and staff to provide quality services to those in need of our support. In addition, we are building stronger collaborations with prevention and early intervention providers in a joint effort to address youth mental health.

SUCCESS OVER STIGMA (SOS) INTERIM

Success Over Stigma (SOS) is a consumer-driven, community advocacy and educational outreach program designed to combat the three most prevalent forms of stigma: community perception, internal stigma, and external stigma. This is accomplished by recruiting and training mental health clients to share their successful stories of recovery with others.

Program Highlights

Population served: Community members

18 program events and activities

14 individuals engaged in program activities as SOS speakers

Program Activities

Activities Hosted

Presentations – 18 stigma reduction presentations held for approximately 362 community members.

SUCCESS OVER STIGMA (SOS)

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=123)	% Before	% After
I knew where to go for mental health services near me.	59%	90%
I thought people should share about their mental health struggles.	72%	84%
I would feel embarrassed about having personal mental health issues.	22%	6%
I thought the behavior of people with mental illness was unpredictable.	23%	6%
I was scared of people with mental illness.	3%	2%

Program participants were asked to indicate their attitudes about seeking help for a mental health problem. Findings below shed light on important implications for efforts to promote a more open and supportive environment for individuals struggling with mental health issues.

If I had a mental health problem, seeking help would be… (n=123)	% Agree
Useful	88%
Important	51%
Healthy	90%
Effective	84%
Good	49%
Healing	45%
Empowering	82%
Satisfying	44%
Desirable	50%

90% of respondents said that they were **more aware of where to go for mental health services** after participating in this program.

SUCCESS OVER STIGMA (SOS)

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=109-118)	% 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%**
Materials provided were useful.	0%	**100%**
Training/course was practical and useful.	0%	**100%**
I would recommend this program to a friend or family member.	1%	**99%**

92% of respondents agreed or strongly agreed that they **would recommend the program to a friend or family member**.

"Listening to others about their experiences was very helpful."

"Learning about more of the programs and opportunities at Interim!"

What was most useful or helpful about this program? (n=108)

- Hearing people's stories (67)
- The resources provided (14)

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

- Knowing help is available (14)
- General positive feedback (73)

SUCCESS OVER STIGMA (SOS)

Demographic Data

Race*

American Indian/Alaskan Native	3%
Asian	5%
Black/African American	4%
Native Hawaiian/Other Pacific Islander	4%
Latino	43%
White	31%
Another	8%
More than one race	7%
Declined to state	11%

n=456
Another includes Chamorro, Middle Eastern, Portuguese.

71% Hispanic/Latino
31% Non-Hispanic/Latino

Ethnicity*

Hispanic/Latino

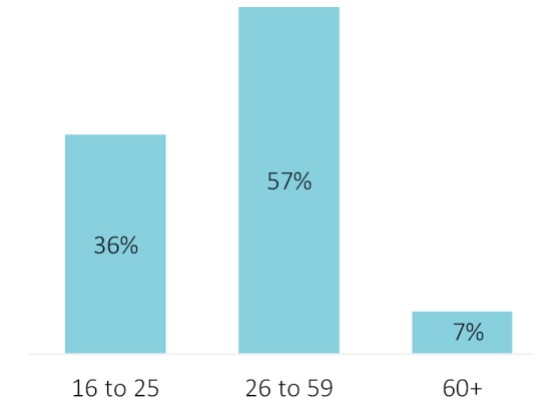
Caribbean	0%
Central American	0%
Mexican/Mex.-Am./Chicano	71%
Puerto Rican	0%
South American	0%
Other Hispanic/Latino	0%
Unspecified Hispanic/Latino	0%

Non-Hispanic/Latino

African	0%
Asian Indian/South Asian	0%
Cambodia	0%
Chinese	0%
Eastern European	0%
European	13%
Filipino	8%
Japanese	0%
Korean	0%
Middle Eastern	5%
Vietnamese	0%
Other Non-Hispanic/Latino	5%
Declined to state	0%

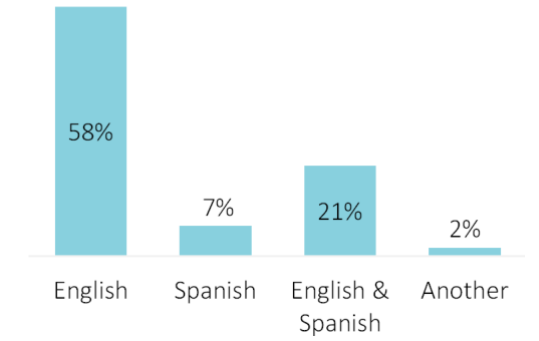
n=38
Other includes Pacific Islander, White.

Age



n=414
40 individuals selected "decline to state."

Primary Language



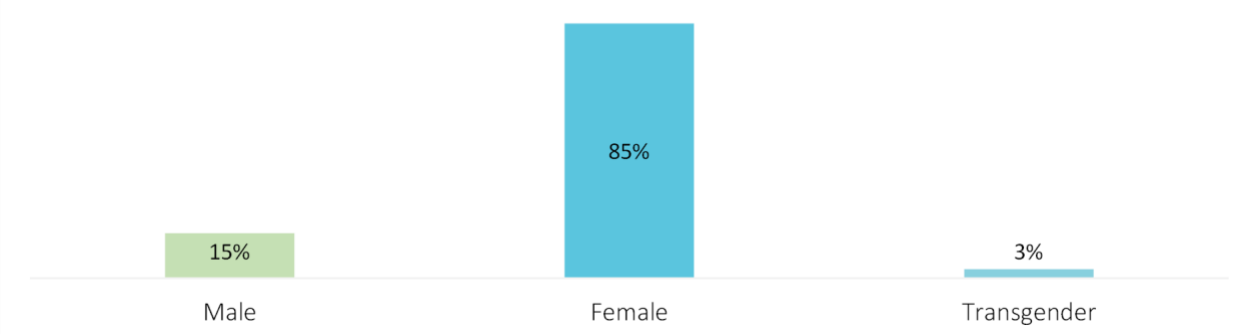
n=456
Another includes Indonesian, Tagalog, Vietnamese.
57 individuals selected "decline to state."

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

SUCCESS OVER STIGMA (SOS)

Demographic Data

Gender Identity*



n=40

Sexual Orientation

Heterosexual or Straight	83%
Gay or Lesbian	5%
Bisexual	8%
Pansexual	0%
Queer	5%
Questioning or Unsure	0%
Another Sexual Orientation	0%
Declined to state	0%

n=40

Sex

Male	13%
Female	88%
Another Sex	0%

n=40

Disability

Mental Domain	58%
Seeing	3%
Hearing	0%
Other Communication	0%
Physical	5%
Chronic Health Condition	8%
Another Disability	0%

n=40

33% of individuals reported having one or more disabilities

n=40

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

SUCCESS OVER STIGMA (SOS)

Successes and Learning

Notable Strengths

- Ensuring that new speakers feel supported and share a collaborative spirit.
- Strong speaker training curriculum.
- Reducing stigma in the community around mental health.

Challenges

Between January and March 2023, there were extreme weather situations. Due to excessive rainfall and the threat of flooding, we had to reschedule two in-person presentations.

Achievements

- Trained 14 new speakers.
- Booked 18 presentations during the fiscal year.
- Started a monthly advocacy group.
- Increased appeal of the program for potential speakers.

Case Example/Narrative

SOS worked with a client, GD. GD had been a past speaker with SOS five years ago. Her strengths were that she was a great storyteller and that she used cartoons and anime in her stories to connect with young people. Her life changed after she married and attempted to work full time. She did not tell her current employer about her mental illness. Over several conversations, the SOS Peer Outreach & Advocacy Coordinator convinced her to advocate for herself and disclose her condition to her employer. They offered her support in a way that allowed her to flourish within the company. She was able to take control of her symptoms due to the support she received. She does not feel stigmatized at work, and she is happy and doing well.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

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

4 program events and activities

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 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

Program Outcomes, Satisfaction, and Feedback

"It was helpful to learn about the resources and direct contact numbers to partner agencies provided at the end of the presentation!"

" Each presenter spoke a different language and gave a lot of information. They were very clear in explaining each program."

Because of this program… (n=43)	% Before	% After
I knew where to go for mental health services near me.	40%	98%
I knew a lot about the topic of this training/class.	30%	67%
I was able to recognize early signs of mental illness.	70%	86%
I felt able to respond effectively to early signs of mental illness.	37%	81%
I was likely to assist someone with a mental illness who needed help.	56%	81%

86% of respondents said they were able to recognize the early signs of mental illness after participating in this program.

COMMUNITY PRESENTATIONS AND OUTREACH

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n = 43) **between 1 – 2 individuals declined to respond*	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	7%	**93%**
The program was provided in the language that I speak best.	7%	**93%**
The program was right for me.	7%	**91%**
I was happy with this program.	5%	**91%**
I would recommend this program to a friend or family member.	5%	**91%**

91% of respondents agreed or highly agreed that the **services were right for them** in this program.

What was most useful or helpful about this program? (n=34)

- Learning about where to go for help or for more information (14)
- Receiving information about anxiety, depression, or suicide (7)
- Everything about the presentation was helpful (4)

What are your recommendations for improvement? (n=21)

- The community needs more services available for those that need help (8)
- Have more information that can be used right away (4)

COMMUNITY PRESENTATIONS AND OUTREACH

Successes and Learning

Notable Strengths

- Staff that are knowledgeable about mental health and how to help residents access behavioral healthcare.
- Strong collaborative relationships with community agencies and programs that can be leveraged to reach community members.

Challenges

Challenges are limited availability of MCBH staff and no dedicated staff to conduct outreach and give presentations.

Achievements

- Collaborated effectively with partner agencies for a mental health summit in Soledad and a community event in September.
- The mental health summit provided information on mental health, warning signs, resources, and supportive programs that was well received by participants.
- The "End of Summer Celebration" event successfully promoted non-stigmatizing mental health awareness with a resource fair, entertainment, speakers, and a raffle.

FAMILY SELF-HELP SUPPORT AND ADVOCACY – YOUTH LEADERSHIP AND EMPOWERMENT NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

National Alliance on Mental Illness of Monterey County (NAMI MC) provides education, outreach, support, and referrals to individuals affected by mental illness and their family members, loved ones, and professional providers. As part of its programming, NAMI MC facilitates youth leadership and empowerment regarding mental health in Monterey County. NAMI MC provides a Youth Program Coordinator and develops processes to empower high school students and transitional age youth (ages 16–25) to communicate information about mental health needs and the gaps in services, while stressing the importance of eliminating stigma. Connections amongst youth-centric organizations are also facilitated, and NAMI MC provides a lead role in coordinating efforts across Monterey County. In addition, youth leaders are sought and identified to be involved in these efforts, and develop and serve on a Youth Empowerment Council.

Program Highlights

Population served: Monterey County high school students and transitional age youth

38 community presentations on mental health awareness, suicide prevention awareness, and community-based mental health services

Program Activities

Activities Hosted

Community Presentations – 750 participants attended 38 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.

Youth Mental Health Summit – A Youth Mental Health Summit was organized and held on October 7, 2023 at California State University, Monterey Bay. NAMI MC collaborated with Monterey County Behavioral Health, NAMI California, and The Epicenter, The Village Project, Inc., Seneca, and Urban Arts Collaborative.

NAMI on Campus – Rancho San Juan High School finished its first year of being a NAMI on Campus club. NAMI MC held a closing ceremony for the academic year and presented awards to (?) the club advisors and student leaders for their commitment and dedication to reducing stigma associated with mental illness.

FAMILY SELF-HELP SUPPORT AND ADVOCACY – YOUTH LEADERSHIP AND EMPOWERMENT

Program Outcomes, Satisfaction, and Feedback

"I appreciated learning about the types of conditions there are and how they affect people in their social and daily life."

"This program was helpful because you learn how to get help and that you are not alone."

Because of this program… (n=364)	% Before	% After
I knew where to go for mental health services near me.	54%	88%
I knew a lot about the topic of this training/class.	34%	74%
I was able to recognize early signs of mental illness.	46%	78%
I felt able to respond effectively to early signs of mental illness.	39%	68%
I was likely to assist someone with a mental illness who needed help.	46%	74%

88% of respondents said that they now **know where to go for mental health services** after participating in this program.

FAMILY SELF-HELP SUPPORT AND ADVOCACY – YOUTH LEADERSHIP AND EMPOWERMENT

Program Outcomes, Satisfaction, and Feedback

Please choose how much you agree or disagree with each sentence below (n=351-364	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity).	2%	98%
The program was provided in the language that I speak best.	2%	98%
Materials provided were useful.	3%	97%
Training/course was practical and useful.	3%	97%
I would recommend this program to a friend or family member.	4%	96%

96% of respondents agreed or strongly agreed that they **would recommend the program to a friend or family member**.

"Learning about most/the main conditions of mental illness was most helpful because it helped me understand what that person is going through and maybe it can help me respond to them to help."

"The most helpful thing is learning where and how I can get resources to help myself or friends."

What was most useful or helpful about this program? (n=241)

- Learning about anxiety, depression, or suicide (77)
- Learning about the hotline when there is an emergency (54)
- Learning how to identify warning signs (53)

What are your recommendations for improvement? (n=68)

- More information to assist self or others with mental illness (22)
- Providing more examples and real-life scenarios (14)
- No improvements needed (15)

FAMILY SELF-HELP SUPPORT AND ADVOCACY – YOUTH LEADERSHIP AND EMPOWERMENT

Demographic Data

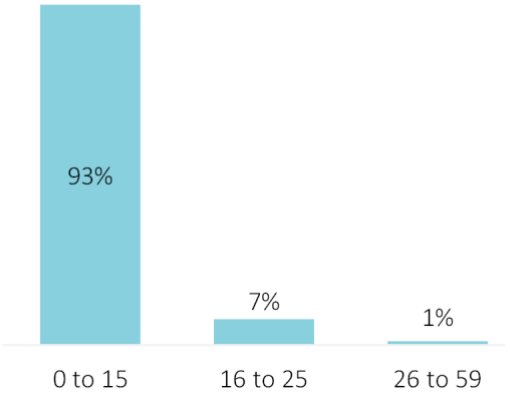
Race*

American Indian/Alaskan Native	2%
Asian	5%
Black/African American	2%
Native Hawaiian/Other Pacific Islander	1%
Latino	80%
White	12%
Another	0%
Declined to state	5%

n=668

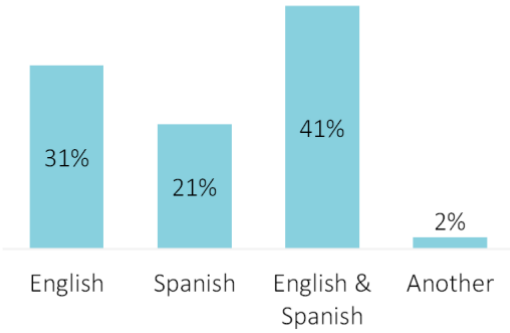
80% Hispanic/Latino

Age



n=581
69 individuals selected "decline to state."

Primary Language



n=668
Another includes Arabic, Filipino, Japanese, Korean, Mandarin, Nepali, Pashto, Portuguese, Russian, Tagalog, Telegu.
31 individuals elected "decline to state."

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

FAMILY SELF-HELP SUPPORT AND ADVOCACY – YOUTH LEADERSHIP AND EMPOWERMENT

Successes and Learning

Notable Strengths

- Expanding capacity to serve families in both English and Spanish.
- Strengthening connections with state trainers for Spanish programs.
- Enhancing youth outreach through collaborations with local schools.

Challenges

We currently have a shortage of program and support group facilitators in English and in Spanish.

Achievements

- Reached contractual goal of facilitating 16 weeks of mental health educational material to community residents.
- Reached contractual goal of completing community presentation requirements.
- Completed a total of 38 presentations year to date. (Okay? P. 146 has 38 presentations…)

Case Example/Narrative

NAMI continues to strengthen its delivery of services to Monterey County residents despite the many obstacles that we encounter. There is a rejuvenation of excitement from NAMI board members and staff to provide quality services to those in need of our support. In addition, we are building stronger collaborations with prevention and early intervention providers in a joint effort to address youth mental health.

APPENDIX A. FY 22–23 PEI PROGRAMS BY CATEGORY

Prevention

The Epicenter

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

Culturally Specific Outreach and Engagement *(Community Human Services [CHS])*

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

Senior Peer Counseling and Fortaleciendo el Bienestar *(Alliance on Aging)*

Culturally Relevant Parenting Classes *(Partners for Peace)*

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

Maternal Mental Health Peer Navigation Program *(Parenting Connections of Monterey County)*

Maternal Mental Health Peer Navigation Program *(Centro Binacional para el Desarrollo Indígena Oaxaqueño [CBDIO])*

Teen Success, Inc. *(Harmony at Home)*

Bullying Prevention *(Harmony at Home)*

After School Academy *(The Village Project, Inc.)*

Outreach and Engagement Services *(The Village Project, Inc.)*

Culturally Specific Prevention and Early Intervention Through Outreach and Engagement *(Center for Community Advocacy [CCA])*

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

Early Intervention

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

(re)MIND® *(Felton Institute)*

Sticks & Stones® School-Based Counseling *(Harmony at Home)*

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

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

Maternal, Child and Adolescent Health Home Visiting Program *(Public Health Bureau)*

Culturally Specific Short-term Therapeutic Services (CSSTS) *(Community Human Services [CHS])*

Drug and Alcohol Intervention Services for Youth (DAISY) *(Community Human Services [CHS])*

Outpatient Mental Health Services *(The Village Project, Inc.)*

Access and Linkage to Treatment

211 *(United Way Monterey County)*

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

Keep It Real *(Interim)*

Family Partners Program *(Seneca Center)*

Street Outreach Program *(Community Human Services [CHS])*

Suicide Prevention

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

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

Stigma and Discrimination Reduction

Family Self-help Support and Advocacy – Signature Programs *(National Alliance on Mental Illness [NAMI] Monterey County)*

Success Over Stigma (SOS) *(Interim)*

Outreach for Increasing Recognition of Early Signs of Mental Illness

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

Family Self-Help Support and Advocacy – Youth Leadership and Empowerment *(National Alliance on Mental Illness [NAMI] Monterey County*

APPENDIX B. FY 22–23 NUMBER OF INDIVIDUALS ENGAGED BY EACH PROGRAM

Prevention	**24,796**
The Epicenter	349
Parent Education Program *(Community Human Services [CHS])*	449
Culturally Specific Outreach and Engagement *(Community Human Services [CHS])*	1,000
Senior Companion Program *(Seniors Council of Santa Cruz and San Benito Counties)*	15
Senior Peer Counseling and Fortaleciendo el Bienestar *(Alliance on Aging)*	430
Culturally Relevant Parenting Classes *(Partners for Peace)*	5,632
Maternal Mental Health (MMH) *(Monterey County Behavioral Health [MCBH])*	248
Maternal Mental Health Peer Navigation Program *(Parenting Connections of Monterey County)*	350
Maternal Mental Health Peer Navigation Program *(Centro Binacional para el Desarrollo Indígena Oaxaqueño [CBDIO])*	365
Teen Success, Inc. *(Harmony at Home)*	124
Bullying Prevention *(Harmony at Home)*	1,762
After School Academy *(The Village Project, Inc.)*	70
Outreach and Engagement *(The Village Project, Inc.)*	13,365
Culturally Specific Prevention and Early Intervention Through Outreach and Engagement *(Center for Community Advocacy [CCA])*	57
Proyecto Contigo and School-Based Counseling *(Parajo Valley Prevention and Student Assistance)*	580
Early Intervention	**1,782**
Family Support Groups *(Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC])*	11
(re)MIND® *(Felton Institute)*	162
Sticks & Stones® School-Based Counseling *(Harmony at Home)*	782
Services to Education *(Monterey County Behavioral Health [MCBH])*	210
Silver Star Resource Center *(Monterey County Behavioral Health [MCBH])*	210
Maternal, Child and Adolescent Health Home Visiting Program *(Public Health Bureau)*	65
Culturally Specific Short-term Therapeutic Services (CSSTS) *(Community Human Services [CHS])*	142
Drug and Alcohol Intervention Services for Youth (DAISY) *(Community Human Services [CHS])*	140
Outpatient Mental Health Services *(The Village Project, Inc.)*	60
Access and Linkage to Treatment	**4,572**
211 *(United Way Monterey County)*	3,290
Veterans Reintegration Transition Program *(Monterey County Military & Veterans Affairs Office)*	1,135
Keep It Real *(Interim)*	50
Family Partners Program *(Seneca Center)*	8

Street Outreach Program *(Community Human Services [CHS])*	89
Suicide Prevention	**2,381**
Suicide Prevention Service *(Family Service Agency of the Central Coast)*	2,303
Monterey County Helping One another to Prevent and Eliminate Suicide *(Applied Crisis Training and Consulting, Inc.)*	78
Stigma and Discrimination Reduction	**1,112**
Family Self-help Support and Advocacy – Signature Programs *(National Alliance on Mental Illness [NAMI] Monterey County)*	2,875
Success Over Stigma (SOS) *(Interim)*	362
Outreach for Increasing Recognition of Early Signs of Mental Illness	**1,595**
Community Presentations and Outreach *(Monterey County Behavioral Health [MCBH])*	845
Family Self-Help Support and Advocacy – Youth Leadership and Empowerment *(National Alliance on Mental Illness [NAMI] Monterey County)*	750
Total	**36,238**

PREFACE TO APPENDICES C AND D

Demographic and Outcome Data Across Programs

Appendix C presents aggregate PEI participant demographics across all programs and primary program categories. 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. 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 and primary program categories. Data are organized by survey type. Questions from each survey type are presented in the rows. Columns with percentages of change are also provided to highlight positive or negative impact. The numbers or range of number of respondents who answered each question on the survey are presented in parentheses after each question.

APPENDIX C. FY 22–23 PARTICIPANT DEMOGRAPHICS

Race	4,618
American Indian or Alaska Native	58
Asian	147
Black or African American	148
Hispanic/Latino	2,929
Native Hawaiian or Pacific Islander	55
White	870
Other	83
More than one race	164
Declined to answer/skipped	164
Ethnicity	1,453
Hispanic or Latino	1,100
Caribbean	6
Central American	22
Mexican/Mexican American/Chicano	935
Puerto Rican	6
South American	13
Other	118
Non-Hispanic or Latino	288
African	24
Asian Indian/South Asian	5
Cambodian	0
Chinese	3
Eastern European	15
European	157
Filipino	17
Japanese	13
Korean	2
Middle Eastern	5
Vietnamese	3
Other	44
More than one Ethnicity	26
Declined to answer/skipped	39
Primary Language	4,175
English	1,754
Spanish	1,146
English and Spanish	1,070
Other	79
Declined to answer/skipped	126
Veteran Status	1,066
Yes	47
No	1,010
Declined to answer/skipped	9

Age	4,165
0 to 15 years	1,759
16 to 25 years	631
26 to 59 years	1,028
60+ years	516
Declined to answer/skipped	231
Current Gender Identity	1,044
Female	671
Male	346
Transgender	4
Genderqueer	1
Non-Binary	9
Questioning or unsure	2
Another gender identity	2
Declined to answer/skipped	9
Sex Assigned at Birth	1,641
Female	976
Male	656
Another sex	0
Declined to answer/skipped	9
Sexual Orientation	1,239
Bisexual	21
Gay or Lesbian	14
Heterosexual or Straight	1,103
Pansexual	12
Queer	8
Questioning or unsure	7
Another sexual orientation	16
Declined to answer/skipped	58
Disability	1,400
Has a disability	328
No disability	1,046
Declined to answer/skipped	26
Type of Disability	649
Difficulty seeing	46
Difficulty hearing or having speech understood	26
Other communication difficulty	9
Mental domain disability	398
Chronic health condition	86
Physical disability	67
Another disability	17

APPENDIX D. FY 22–23 OUTCOMES ACROSS PROGRAMS

Prevention and Early Intervention Program Survey

Percentage/number of respondents who selected "agree" or "strongly agree"	Before Services	After Services	% Change
I knew/know a lot about the topic of this session/training/class. (n=648 & 656)	52%	87%	35% ↑
I knew/know where to go for mental health services. (n=644 & 651)	60%	88%	28% ↑
I knew/know when to ask for help with an emotional problem. (n=645 & 646)	65%	88%	23% ↑
I felt/feel good about myself. (n=642 & 648)	64%	88%	24% ↑
I felt/feel hopeful when I thought/think about the future. (n=632 & 633)	68%	86%	18% ↑

Stigma and Discrimination Reduction Survey

Percentage/number of respondents who selected "agree" or "strongly agree"	Before Services	After Services	% Change
I knew/know where to go for mental health services. (n=225 & 221)	52%	87%	35% ↑
I thought/think people should share about their mental health struggles. (n=219 & 215)	70%	87%	17% ↑
I would feel embarrassed about having personal mental health issues. (n=218 & 217)	29%	19%	10% ↓
I thought/think the behavior of people with mental illness was/is unpredictable. (n=213 & 205)	32%	28%	4% ↓
I was/am scared of people with mental illness. (n=217 & 214)	16%	17%	1% ↓

If I had a mental health problem, seeking help would be…	% Agree
Useful (n=179)	88%
Important (n=174)	51%
Healthy (n=170)	90%
Effective (n=171)	84%
Good (n=172)	49%
Healing (n=169)	45%
Empowering (n=161)	82%
Satisfying (n=170)	44%
Desirable (n=167)	50%

PEI Multi-Session Pre/Post Survey

Percentage/number of respondents who indicated higher level of health (4+ on a 7-point scale)	Before	After	% Change
Given my current physical condition, I am satisfied with what I can do. (n=197 & 52)	73%	73%	0%
I have confidence in my ability to sustain important relationships. (n=197 & 53)	81%	74%	7%
I feel hopeful about my future. (n=196 & 52)	75%	70%	5%
I am often interested and excited about things in my life. (n=197 & 53)	79%	78%	1%
I am able to have fun. (n=198 & 53)	77%	74%	3%
I am generally satisfied with my psychological health. (n=197 & 53)	68%	74%	6%
I am able to forgive myself for my failures. (n=197 & 53)	74%	69%	5%
My life is progressing according to my expectations. (n=195 & 53)	62%	68%	6%
I am able to handle conflicts with others. (n=197 & 53)	74%	75%	1%
I have peace of mind. (n=644 & 51)	76%	75%	1%

Suicide Prevention Survey

Percentage/number of respondents who selected "yes"	Before Services	After Services	% Change
I knew/know where to go for mental health services. (n=497 & 494)	59%	88%	29%
I knew/know the warning signs of suicide. (n=493 & 493)	65%	90%	25%
I knew/know the ways to help a person who is dealing with a mental problem or crisis. (n=497 & 494)	56%	89%	33%
I knew/know how to find someone who could help me with issues related to suicide. (n=493 & 496)	60%	91%	31%

Outreach Survey

Percentage/number of respondents who selected "yes"	Before Services	After Services	% Change
I knew/know where to go for mental health services. (n=528 & 523)	53%	90%	37%
I knew/know a lot about the topic of this training/class. (n=528 & 516)	32%	76%	44%
I was/am able to recognize early signs of mental illness. (n=527 & 519)	51%	82%	31%
I felt/feel able to respond effectively to early signs of mental illness. (n=524 & 517)	43%	74%	31%
I was/am likely to assist someone with a mental illness who needed/needs help. (n=524 & 518)	49%	79%	30%

PEI Program Satisfaction

Percentage/number of respondents who selected "agree" or "strongly agree" across programs	% Agree
Staff respected my culture and background (e.g., ethnicity, beliefs, identity). (n=1,964)	97%
The program had services in the language that I speak best. (n=1,954)	97%
Materials provided were useful. (n=1,460)	98%
This training/course was practical and useful. (n=1,945)	97%
I would recommend this training/class to others. (n=1,936)	97%