



MONTEREY COUNTY  
BEHAVIORAL HEALTH

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MICRO-INNOVATION GRANT ACTIVITIES FOR  
INCREASING LATINO ENGAGEMENT INNOVATION  
PLAN  
FINAL EVALUATION REPORT

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Measuring What Matters™

# Contents

- Executive Summary..... 3
- Introduction ..... 4
  - Project Overview..... 4
  - Learning Goals..... 4
- Evaluation Methods..... 5
- Findings ..... 6
- Discussion..... 12
- Focus Group Summary..... 14
- Recommendations ..... 14
- Program’s Future and Dissemination of Results..... 15
- Summary ..... 16

## Executive Summary

On August 30, 2018 the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the Micro-Innovation Grant Activities for Increasing Latino Engagement Innovation Plan (Micro-Inn) project. This report is the final evaluation report for the five-year project.

The Micro-Inn project was designed to uncover effective approaches to improving the outreach for and delivery of mental health services for the underserved Latino population in the county. The program intended to achieve this by enabling a diffuse network of micro-innovation grant-funded activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. The grant activities could be a one-time activity or a sustained activity not to exceed 12 months. The maximum allowable amount for each mini-grant was \$50,000.

MCBH accepted applications in six rounds. The applications were reviewed by the Micro-Innovation Grant Review Board. Thirty-two applications were received; 20 were approved, 14 were funded. The external evaluator, EVALCORP, used data submitted from the grantee's reports (n=13) and key informant interviews (n=6) with selected grantees to conduct the evaluation.

The program successes included reaching hundreds of Latino families, yet the exact number was not available. Programs, such as public service announcements, could not determine reach. Another success was the cultural relevancy of the programs. Programs included aspects of the Latino culture such as activities and traditions (e.g., dances). In addition, speakers and performances communicating stories and information about mental and behavioral health were Latino's from the community. During the programs, there were opportunities to share other resources such as food banks. Additionally, ideas, such as having a local text-based service for teens, were shared.

Challenges included collecting referral data as participants did not want to disclose that information (due to many reasons such as stigma, embarrassment). Program sustainability was limited as the grant money was needed to continuance. A couple of programs could possibly be sustainable. Data collection was difficult as the recipients of the mini-grants did not submit all information and it was not in a standized format.

In summary, the evaluation did not have ability to assess if referrals occurred from the available data, yet insights to lessons learned and recommendations were gained. The programs reached a large number of people, were culturally relevant, and a couple of potential promising programs were identified.

## Introduction

On August 30, 2018 the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the Micro-Innovation Grant Activities for Increasing Latino Engagement Innovation Plan (Micro-Inn) project. This report serves as the Final Evaluation Report as required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5 Section 3580. The purpose of this Annual Evaluation Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Micro-Inn Project.

## Project Overview

The Micro-Inn project is designed to uncover effective approaches to improving the outreach for and delivery of mental health services for the underserved Latino population in the county.

### Background

The Micro-Inn project was created to address the problem of a relatively low number of Latinos utilizing behavioral health services in the county. The program intended to achieve this by enabling a diffuse network of micro-innovation activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. The activities could be a one-time activity or a sustained activity not to exceed 12 months. To implement this Innovation project, MCBH created a grant application and scoring criteria (Appendix A) and the Micro-Innovation Grant Review Board scored the applications. MCBH created a referral tracking form for grantees to utilize in their programs (Appendix B).

## Learning Goals

The primary learning goal of this project is to determine if any of these micro-innovation activities are effective in engaging Latino populations with needed mental health services. Specific learning goals of this project are:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
- Identify if the total count of Latinos served increased during this Innovation project.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
- Identify if and how cultural barriers were addressed.

The evaluation questions for the Micro-Inn Program are aligned with the project learning goals established for the initiative (Table 1).

**Table 1. Evaluation Questions and Data Sources**

Evaluation Questions	Data Source
For each micro-innovation, how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services?	Grantee Evaluation Reports
For each micro-innovation, how many Latino individuals followed through on a referral and received mental health treatment services?	Grantee Evaluation Reports
Did the total count of Latinos served increase during this Innovation project?	Grantee Evaluation Reports
Did any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding?	Grantee Evaluation Reports and Interviews
How were cultural barriers addressed?	Grantee Evaluation Reports and Interviews

The grantees were required to maintain the following minimal records:

- Total client count
- Demographics
- Count of individuals that have not previously received mental health services
- Number of referrals
- Type of referrals
- Number of referrals where individuals followed through on an appointment

Thirty-two applications were received; 20 were approved, 14 were funded. An overview of funded projects that are included in this report are summarized in Table 2. Six projects were denied during FY 21/22 (Table 3). The reasons for denial included the activities being inconsistent with the intent or requirements of the Innovation Plan or due to several necessary components to explain the implementation and evaluation plan were not evident in the application. Full descriptions of approved and denied applications are in Appendix C.

## Evaluation Methods

The Micro-Inn evaluation is designed to answer the learning and evaluation questions posed for the project and includes both qualitative and quantitative data collection strategies. Data

utilized for the evaluation were from reports submitted by grantees who completed their projects (n=13) and key informant interviews (n=6). One grantee (MILPA /Rancho Cielo Youth Leadership Training) that completed the project did not submit a report.

Six 45-minute virtual key informant interviews were conducted with five grantees. The grantees were selected and interview questions created in consultation with MCBH. The programs that showed the greatest promise in terms of impact and sustainability were invited to participate in an interview. MCBH disseminated an email to introduce the grantee to the evaluators. The interview began with asking the grantee to describe the program followed by questions related to program implementation, impact, and sustainability.

Projects that showed to effectively engage and impact the Latino population were selected for the key informant interviews to explore in depth program details that led to successful engagement. More specifically, the evaluation uncovered the aspects of the programs that were most impactful and how the program was culturally tailored for the Latino population. The key informant interviews (see Appendix E for protocol) also engaged the program stakeholders in the evaluation and incorporated their ideas, experiences, and perspectives.

### Limitations

As with any evaluation, the Micro-Inn assessment confronted limitations imposed by circumstances. The EVALCORP team was not involved in the evaluation for the first four years of the project. Only one of the grantees submitted referral data and two submitted demographic data. This is due to challenges in capturing the data. Some project impacts, such as those from PSAs, cannot provide information about the number reached or those who received services as a result of the program. Lastly, projects included in Micro-Inn may take time to influence the seeking out of mental health services and the impacts may show in longer-term evaluations.

## Findings

### Program Reach and Participant Demographics

Referrals to mental health services among the Latino population was one on the main goals of the Micro-Inn project. Door to Hope (n=32) was able to capture referral data to show that approximately one-third (38%, n=12) of participants were referred to mental health services; nine participants were successfully connected to mental health services and continue to see their therapist regularly. Other referrals were made as well, including parent education, food banks, financial assistance, etc. Three programs tracked demographic information and seven were able to track program reach (Table 4).

**Table 2. Reach and Demographics by Project**

<b>Rnd</b>	<b>Provider Name/ Program Cost</b>	<b>Reach</b>	<b>Demographics</b>
1 <sup>st</sup>	Community Human Services/\$50,000	Approximately 2,000 participants across 19 events 35 individuals received triage services.	No demographic information was collected from participants
1 <sup>st</sup>	Building Health Communities/\$50,000	A total of 315 individuals participated in Culturally Rooted Holistic Health for Women Workshops and 223 referrals were provided to mental health services.	No demographic information was collected from participants
1 <sup>st</sup>	Baktun 12/ \$48,279	Not fully implemented	Not fully implemented
1 <sup>st</sup>	Center for Community Advocacy \$50,000	Eight one-hour Spanish-language radio shows were delivered, with a community town hall following each. 98 individuals engaged in the town hall events. Five referrals to mental health services were provided	100% Hispanic/Latino  Primary Language: Spanish: 83% Triqui: 10% English: 7%
1 <sup>st</sup>	Michael Houston /\$5750	2878 attendees at eight events in a two-month period.	Activities were focused on engaging unhoused individuals and the Latino community of the Salinas Chinatown. Demographic information was not collected from participants.
4 <sup>th</sup>	Michael Houston/ 6728	Unknown	Unknown
4 <sup>th</sup>	Door to Hope/\$50,000	32 participants	100% Hispanic/Latino/Indigenous

4 <sup>th</sup>	MILPA/ \$50,000	Report Not Submitted	Report Not Submitted
4 <sup>th</sup>	Precious Stone/ \$50,000	Unknown	Unknown
5 <sup>th</sup>	Monterey County Public Health Bureau/\$36,166	For the Mind Matters program, 65 peer educators were trained and 77 presentations were completed; peer educators reached 1,740 unduplicated youth.	Unknown
5 <sup>th</sup>	Community Human Services/\$50,000	Estimated 208,760	Unknown
6 <sup>th</sup>	Door to Hope/ \$50,000	Number of individuals reached through monthly outreach activities: 194 Number of individuals receiving mental health screenings and services: 21 Number of mental health service referrals provided: 8	Information provided not complete
6 <sup>th</sup>	Precious Stone/ \$50,000	Unknown	Unknown
6 <sup>th</sup>	United Way/ \$50,000	1,440 received information or training. 30 individuals received mental health referrals.	Information provided not complete



## Summary of the Project Outcomes and Impacts of Selected Projects

***Mi Via, Mi Arte, Mi Alegria.*** Located in south county, the grantee leveraged recognized community artists to combat mental health stigmas. Through live performances, these artists recounted their personal journeys with mental health challenges and recovery, advocating for mental health services within a secure and family-friendly environment. The initiative primarily catered to Oaxacan and Spanish-speaking farmworkers from Salinas, Greenfield, and King City in Monterey County.

These events were more than performances; they were platforms for open discussions on the therapeutic power of art, the joy inherent in dance, the significance of art-related activities for children, and the uplifting role of music in recovery. They showcased a mix of poetry, songs, and dances.

To gauge the impact, a survey was circulated among attendees. This survey, primarily in Spanish, aimed to help individuals determine if they or someone they knew might benefit from mental health service referrals. Of those who responded:

- 94% (n=141) expressed interest in attending future events.
- 29% (n=35 out of 121) acknowledged having friends or family experiencing unhappiness.
- All respondents (n=82) expressed a desire for assistance with social services in Spanish.

***Evaluation Perspective.*** The program was a success in terms of attendance (n=285) and cost-effectiveness. Its culturally tailored approach, emphasizing the storytelling tradition prevalent in Latino culture, likely played a significant role in its resonance with the target audience. Furthermore, its potential for self-sustainability, combined with active community engagement, indicates a promising future for similar initiatives.

***Door to Hope.*** Door to Hope facilitated the Circle of Security eight-week program in four separate sessions. Designed for group settings, approximately 10 parents engaged in two-hour virtual meetings each week for eight weeks. Each session had the consistent presence of two facilitators and a care coordinator.

In terms of actionable outcomes:

- 12 participants were referred to specialized mental health services, breaking down as:
  - 3 to the Access Line
  - 6 to the Community Human Services for uninsured individuals
  - 1 to Beacon Health
  - 1 to Door to Hope's Behavioral Health Integrated Program
  - 1 to a private insurance provider
- Out of these, 9 individuals successfully established a continued relationship with their therapist.

- Additionally, referrals were made for parent education, food banks, financial aid, and more.

A statement from the Circle of Security Program Administrator emphasized the importance of the initiative:

"Introducing Circle of Security classes to the unserved and underserved Latino communities laid the groundwork for delving into fundamental mental health themes. This initiative addresses a demographic that traditionally lacks easy access to mental health education or resources."

Participants provided feedback indicating introspection and application of the knowledge gained:

"I've transitioned from yelling at my daughter, which only exacerbated her crying, to adopting a softer approach. This shift has improved our interactions."

"I initially misinterpreted my daughter's curiosity as mischief. I now recognize her explorative nature as a keenness to learn."

"Past childhood traumas with my parents have left scars. At times, I fear repeating those patterns with my own children."

*Evaluation Perspective.* The program demonstrated effectiveness in its referral process and maintained cultural relevance in its curriculum. It's evident that the program significantly impacts parental self-awareness and their relationships with their children. With a sustainable model in view, charging participants a reasonable fee could ensure the program's continuity without excluding low-income individuals.

***Emeralda Owen/Public Service Announcements.*** Twelve monthly PSAs related to mental health were delivered in Spanish. No information was provided about the potential reach or impact of the announcements.

*Evaluation perspectives.* The program impact cannot be determined due to lack of data. The program is not expected to be self-sustaining even if the ads are delivered at no cost due to the expense of developing them.

***Monterey County Public Health Bureau.***

MCPHB introduced two key programs: Mind Matters and Postpone, sourced from The Dibble Institute.

- Mind Matters: Designed to bolster youth resilience, it has historically been deployed by various agencies to thwart violence, tackle chronic absenteeism, and nurture a wellness culture.
- Postpone: This teenage pregnancy prevention program delivered mental health education and resources alongside teen pregnancy prevention strategies.

The program’s goals and outcomes are in Table 5.

**Table 5. Goals and Outcomes**

Goals	Outcomes
Train a minimum of 30 high-school students at Alisal and Everett Alvarez High Schools and one college level student intern to serve as peer educators.	Sixty-five peer educators were trained.
Reach 1,030 students from Alisal and Everett Alvarez High Schools through classroom presentations.	Seventy-seven presentations were given to 1,740 students.
Refer into services 10% of youth reached (103 youth based on the original goal).	Unable to accurately track this number.

Successes associated with this project included initiating conversations and sharing information with youth about mental health and seeking mental health services. The programs provided a safe space for youth to hear about and normalize the topic of mental health. Some youth shared their own experiences, and this reminded other students that mental health issues are common, and that support is available.

Peer educators stated they really liked the Mind Matters content. The information they learned was shared with others via social media posts, and during one-on-one conversations with students. Peer educators also reported that they were using the information learned to help their siblings and friends. Peer educators learned to identify some of the signs, such as declines in school performance, poor grades, constant anxiety, social withdrawal, or aggression, which may indicate the need for mental health services. The Mind Matters curriculum assisted not only our Postpone peer educators but also facilitators and students across all our teen pregnancy prevention programs to clear away barriers. The curriculum helped to build skills in the educators that transferred to others through one-on-one interactions.

Postpone peer educators completed one-on-one outreach to their peers, documented their interactions, and posted positive messages about accessing mental health services, tips on mental health, and mental health resources to their personal social media accounts (e.g., Instagram, Snapchat). Posts were intended to reduce stigma and increase the understanding of mental health resources and services. Teens often go to other teens for help on topics such as reproductive health, homework, employment, etc. The Postpone program used a peer education model and students received accurate information and resources from their peers.

Postpone peer educators were assigned to classrooms to speak on topics such as depression, anxiety, and mental health to normalize discussing mental health services and to increase the likelihood that the youth in the classrooms will seek mental health services.

*Evaluation perspectives.* The program engaged students in discussions about mental health and could potentially lead to greater help-seeking behavior among our youth. The cultural relevance is related to having the peer model. Peers have similar generational cultures and are from the same community. The cost of the curriculums would be a one-time fee, and there is a fee for the participant's journal. These items could be incorporated into the school budget, and the program could be sustained. The evaluator is uncertain if the journals are required to deliver the program.

**Community Human Services.** The organization facilitated workshops about mental health in collaboration with Monterey County Office of Education's Migrant Education Program (MEP), disseminated materials, and delivered radio announcements. The topics were:

- No cost mental health services for uninsured or those with Medi-Cal (for parents)
- Tricolor Radio "Free Mental Health Counseling" Spots
- Workshops (five) on mental health topics for parents and students
- Tricolor radio stations in a "Lunchtime Giveaway" promotion to disseminate mental health information and free mental health services to Monterey County Latino/migrant families and farmworkers
- Mental health gift packs were disseminated at the Artichoke Festival on June 11, 2022, and during both days of the Salinas Rodeo on July 21 and 22, 2022.
- Facebook mental health and cross-promotional ads ran from June 1 through September 30, 2021; ad impressions: 539,000; ad reach: 151,000.

Their outreach for quarter one (when they shared materials about mental health) had an estimated reach of 600 people, the quarter two public radio announcement reached 55,400, quarter three workshops' (five) reach was estimated at 800, and for quarter four, the activities at festivals and events reached approximately 960 people. The grantee also ran Facebook ads that reached 151,000 people in four months.

*Evaluation perspectives.* The reach was high for these activities. The impact cannot be determined with the data that are available.

## Discussion

In this section of the report, the topics of reach, referrals, sustainability, and culturally tailored programs are addressed. The grantee evaluation reports are in Appendix F.

### Reach

The projects reached their intended audience, which was the Latino population, based on the limited demographic data available. The media and radio ads had a wide reach as well as the

performing arts program. The Circle of Security classes for parents offered by Door to Hope had a smaller reach but resulted in several referrals to mental health and other services. The MCPHB programs had a significant reach to youth. The Community Human Services program had a significant reach as well.

### Referrals

The data on the number of referrals for those that have never engaged with mental health services, the number who followed through with the referral, and the total count of Latinos served during this Innovation project is relatively unknown. There were 50 total referrals documented by three separate grants. It is possible that these projects had an impact on the mental health of the intended audience. The programs may have encouraged participants to engage in activities to assist with prevention or early intervention of mental health challenges. In addition, they may have opened the door to considering treatment in the future or engaging family and friends to participate in activities that promote mental health or seek help for themselves.

### Sustainability

With regards to sustainability, the performing arts program was cost efficient in terms of dollars spent and reach. It has the potential to be self-sustaining. Tickets to the event could be sold at a reasonable cost, and it is possible to have the entertainers perform pro bono and possibly have venues donate or provide space at a low cost. More rigorous evaluation strategies are needed to assess their impact on the attendees in terms of perspectives on mental health, ability to implement improvement strategies, and service seeking. The Door to Hope Circle of Security classes, while appearing to be effective, were expensive (\$50,000) for the number reached (n=32; average of eight per eight-week session course). The other programs had greater reach for the same amount or less money. It may be worth examining if the Circle of Security classes can be more cost efficient. The MCPHB programs are offered at schools and could be incorporated into the school budget. The cost is not prohibitive.

### Cultural Responsiveness

The programs utilized a variety of methods to address cultural barriers, including language. The Mi Via, Mi Arte, Mi Alegria incorporated lived experiences of how Latinos overcame barriers and incorporated dialogue about mental health. The program included culturally rooted stories, poems, and music. The Door to Hope program explored what a person already knows or has experienced around positive relationships, so the organization was able to learn the different practices parents already use to process mental health challenges. For example, cultures and communities already have mental health ideas and rituals and now need spaces in their new communities in Monterey County to practice their native traditions that help them heal their mind and body. When people have resources in their communities that reflect who they are and where they come from, they are more willing to accept help and support when they need it.

“...we learned that the Triqui community historically participates in ‘sweat lodge’ like

rituals when needing to heal their body and spirit. They also have leaders that guide a person through going back to painful memories or experiences that ‘robbed’ them of their positive spirit and process those negative experiences to bring their positive spirit back to them.”

– Circle of Security Program Administrator

The MCPHB programs were culturally relevant as they used a peer approach. The peers are of the same age, generational culture, school, and community. Being from the same school and community likely means that there are cultural similarities in terms of one or more of these factors: race, ethnicity, age, socio-economic status, and geography.

## Focus Group Summary

The focus group participants shared ways in which the programs were tailored for the Hispanic population. This included having them in Spanish, speakers being from the region and Hispanic, the integration of Hispanic art and content (medicinal medicine, focus on women as they typically make health decisions for the family, use of peer educations, Hispanic communication channels, using a self-exploration approach).

Successes included the willingness of participants to share their thoughts and feelings, high participation, educating participants on how to access resources, and sharing resources that are available in the county. In addition, getting information to the public about mental health and its importance was of value.

A challenge was tracking referrals. Participants did not want to share this information, and some may have sought a referral after the activity. Also, getting school staff to participate was difficult due to staffing shortages and workloads.

## Recommendations

Our recommendations encompass aspects such as tracking referrals, further evaluation of promising practices, examining the quality of the Behavioral Health referral number, and refining the school referral process. While MCBH may not have the capacity to implement all these changes, it's hoped that they can guide the relevant stakeholders.

### Tracking Referrals

- **Challenges.** Tracking referrals was found challenging due to factors like shame, fear, embarrassment, and stigma. There are instances where participants either self-managed their mental health post-program or may seek services at a later stage – both scenarios making tracking difficult.
- **Anonymity Concerns.** Door to Hope emphasized that youth were hesitant to share information about accessing behavioral health services due to concerns about confidentiality. This mirrors concerns raised when staff made referrals to Family Pact clinics. Given these confidentiality

worries, we recommend emphasizing education on privacy rights concerning behavioral health services.

- **Recommendation.** Referrals may not be the most reliable metric for evaluating program impacts due to tracking complexities. Alternative metrics should be considered.

### Promising Practices

- Several programs including Mi Via, Mi Arte, Mi Alegria, Door to Hope Circle of Security, and Postpone and Mind Matters show promise. However, the limited data prevents a conclusive impact assessment. Future evaluations of these programs are recommended. Specifically, the Circle of Security program should undergo a cost analysis for its eight-week course.

### Behavioral Health Referral Number

- **Service Quality.** Some youths reported hearing about "bad service" experiences from peers when calling the behavioral health referral number. This was partly attributed to students being asked for identifying details over the phone. However, others found the service helpful, though the timelines remain unclear.
- **Communication Clarity.** Confusion arose regarding the referral and intake process. Students were uncertain about follow-up procedures.
- **Comfort Level.** Peer educators from the Postpone program observed that students felt more at ease seeking on-campus services than calling a behavioral health clinic. The unfamiliarity of who might answer caused apprehension.
- **Recommendation.** A more immediate referral method, possibly a text-based system dedicated to teens, might prove more effective. While national and state crisis text lines exist, a local non-crisis text option is suggested.

### School Referral Process

- **Varying Procedures.** Students noted inconsistencies in procedures across schools when trying to access behavioral health or counseling services. Additional concerns were raised about unnecessary barriers, like mandatory counselor meetings before accessing other services.
- **Recommendation.** A clearer outline and communication of the role of school guidance counselors and their referral process to behavioral health is essential. Also, addressing concerns such as the complexity of intake forms will enhance the process for students.

## Program's Future and Dissemination of Results

MCBH will not be continuing to fund the projects, but some of them have created an infrastructure to be self-supporting. The reason for this decision is that none of the projects showed the ability to increase referrals to mental health services in the Hispanic community.

## Summary

Micro-Inn intended to lead to referrals to mental health services among the Latino population. For the most part, the evaluation did not have ability to assess if referrals occurred from the available data, yet insights to lessons learned and recommendations were gained. The programs reached a large number of people and a couple of potential promising programs were identified.