County of Marin

BEHAVIORAL HEALTH AND RECOVERY SERVICES

Prevention and Early Intervention (PEI)

Component of the Three-Year MHSA Program and Expenditure Plan

FY2020-21 through

FY2022-23

Draft plan released for 30 day Public Comment Period:
February 10, 2020

COUNTY OF MARIN

DRAFT

Table of Contents

Introduction

The Prevention and Early Intervention (PEI) Component of the Three-Year Mental Health Services Act (MHSA) Program and Expenditure Plan is being released for an early review public comment period in order to release Requests for Proposals (RFPs) in a timely manner. The vast majority of the programs in the Prevention and Early Intervention component will be operated by community-based organizations and in order to ensure they are able to plan for FY20/21 we wanted to release this component as early as possible. The entire plan will be released later this Spring and all RFPs will be awarded with funding pending Board of Supervisor approval.

MARIN COUNTY CHARACTERISTICS

Marin County is a mid-sized county (as defined by the State as between 200,000 and 749,000 residents) with a **population of 262,879** (a two-thousand person increase from the last 3-year plan) and spanning 520 square miles of land. The majority of residents live in the eastern region of the county, along the Highway 101 corridor. Ranching and dairying are major features of the rural areas of West Marin. Marin is a beautiful county with 58% of land considered protected open space comprised of local, state, and Federal parkland including the Golden Gate National Recreation Area and Point Reyes National Seashore. Factoring in Agricultural Land Trusts and zoning rules, **over 85% of Marin's lands are protected from development** according to the Greenbelt Alliance 2012 report. Due to the **lack of affordable housing**, **62% of people who are employed in Marin commute into the county each day** for work.

Spanish is the only threshold language, although most county documents are also available in Vietnamese.

For the ninth time in 10 years, Marin County was ranked as the **healthiest county in California** by the Robert Wood Johnson Foundation. The 2019 County Health Rankings, released March 19, 2019, evaluated counties across the nation to measure how healthy residents are and how long they live. Marin scored **highest in life expectancy statewide**, with San Mateo and Santa Clara counties following closely.

While Marin scored near the top in most health factors, there were important exceptions. Housing affordability, income inequality, high rates of substance use, and racial disparities in health were highlighted as weaknesses in Marin's health profile. Among 58 California counties, **Marin ranked 39th in housing cost burden, 54th in income inequality, and 48th in high rates of binge drinking**.

The results also show clear racial disparities in health in Marin. **African American and Latino children are four and eight times more likely, respectively, to live in poverty** than their white counterparts.

While Marin ranks first in clinical care, these benefits differ greatly among racial groups. For example, mammography rates for African American women are less than half of the rates among white women.

Hand in hand with the longest life expectancy, Marin County has the **oldest population of any county in the state**, and it's estimated that one-third of the local population will be 60 or older by 2030.

In 2018 Marin County was ranked for the first time as the **most racially disparate county in California** by the Advancement Project. The Bay Area has experienced a **rise in inequality** over the last decade where the highest income families are now earning over 21 times more than the lowest income families in Marin County.

In December 2018, after a thorough data review combined with multiple perspectives gathered from clients, community members, community organizations, Marin County Department of Health and Human Services released a Strategic Plan to Achieve Health and Wellness Equity[PDF] focused on race.

In recent years, residents of Marin County have also experienced an increase in the tragic and far-reaching impacts of suicide. Marin County has the **highest suicide rate in the Bay Area**. Between 2015 and 2017, 14.1 people per 100,000 died by suicide in Marin County, well above the state average over the same period (10.7). The data shows that white middle-aged and older men and LGBTQ+ youth are at highest risk of suicide, however suicide is public health a concern across the lifespan and can affect people of all races, sexual orientations, and gender identities.

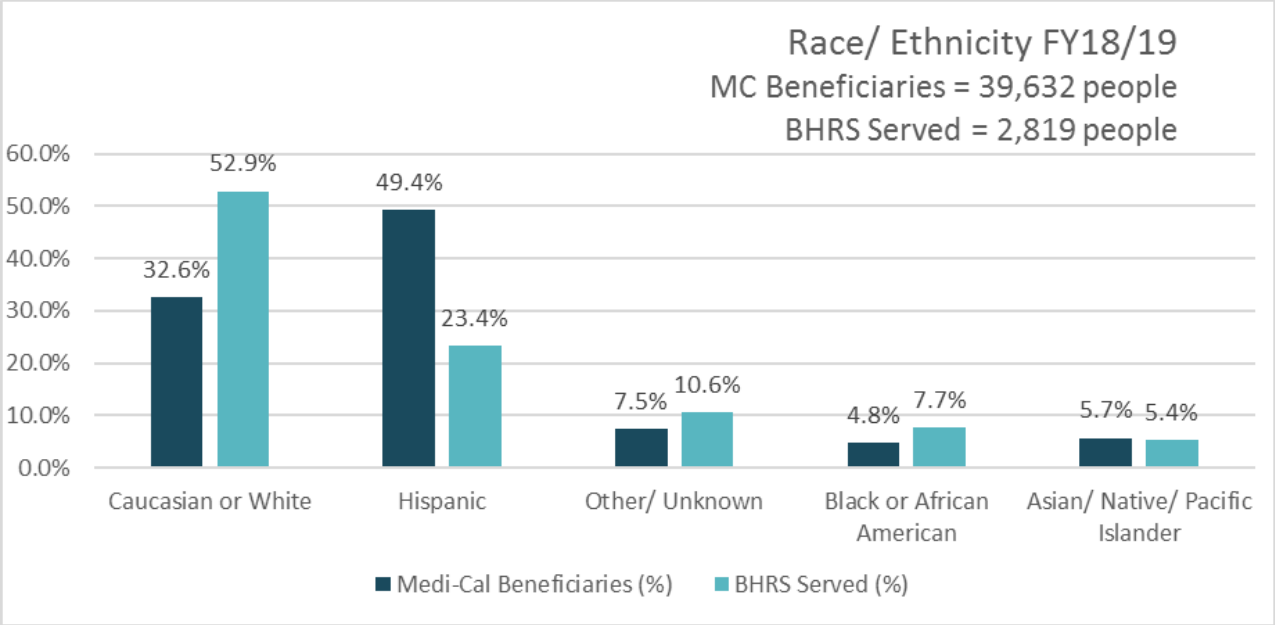
RACIAL/ETHNIC DISPARITIES IN SERVICE UTILIZATION:

During Marin's initial 2004 MHSA planning process the adult Latinx population was identified as the most underserved racial/ethnic population by the existing County Mental Health Services. Despite ongoing and substantial efforts over the years to address this trend, this disparity remains true today.

Asian/Pacific Islanders were also categorized as underserved in the initial MHSA planning process however significant progress has been made on this front including the hiring of three bilingual Vietnamese providers and extensive Prevention and Early Intervention work focused on this population. When analyzing the FY18/19 utilization data, Asian/Pacific Islanders are now served at a substantially equivalent rate as the Medi-Cal population (5.4% served vs 5.7% of the Medi-Cal population). Asian/Pacific Islanders also have a higher penetration rate in Marin (3.22%) than they are in other medium sized counties (2.41%) or the state as a whole (2.25%) based on the Medi-Cal claims data from 2018.

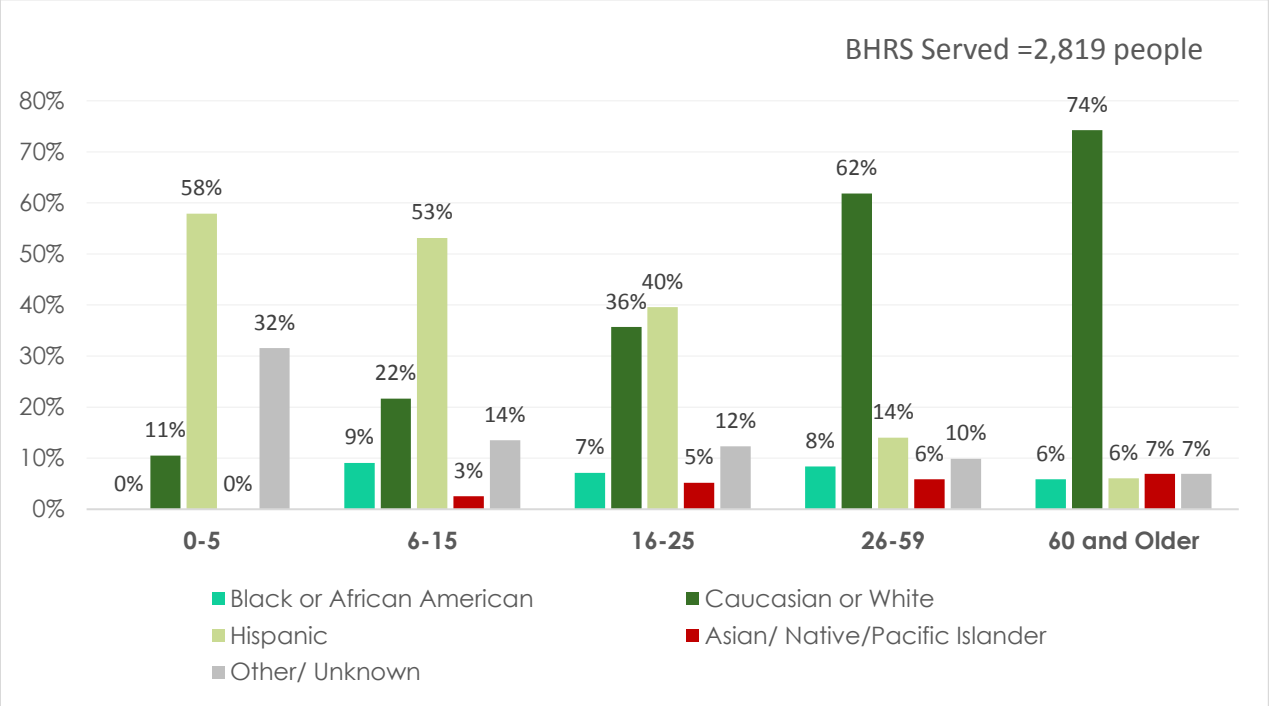
Designation of unserved/underserved populations is based on the distribution of Marin residents who are eligible for County mental health services—best represented by the "Medi-Cal Beneficiaries'" dark blue bars in the following table—compared to the distribution of those receiving county mental health treatment services "BHRS Served" shown in lighter blue.

RACIAL/ETHNIC DISTRIBUTION OF MARIN MEDI-CAL BENEFICIARIES VS THOSE SERVED BY BHRS



When looking at the data for the race and ethnicity of those served by Behavioral Health and Recovery Services (BHRS) in FY18/19 broken down by age group, there is a striking trend of the Latinx population receiving a significantly higher proportion of services as youth than adults.

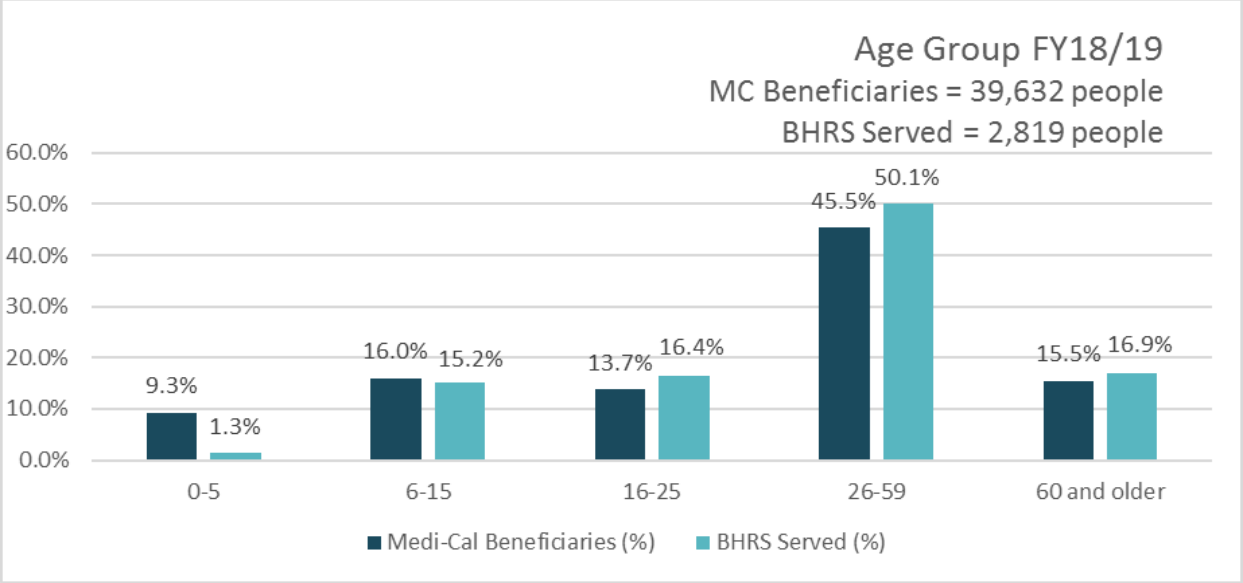
RACIAL/ETHNIC DISTRIBUTION OF THOSE SERVED BY BHRS BY AGE GROUP



AGE DISPARITIES IN SERVICE UTILIZATION:

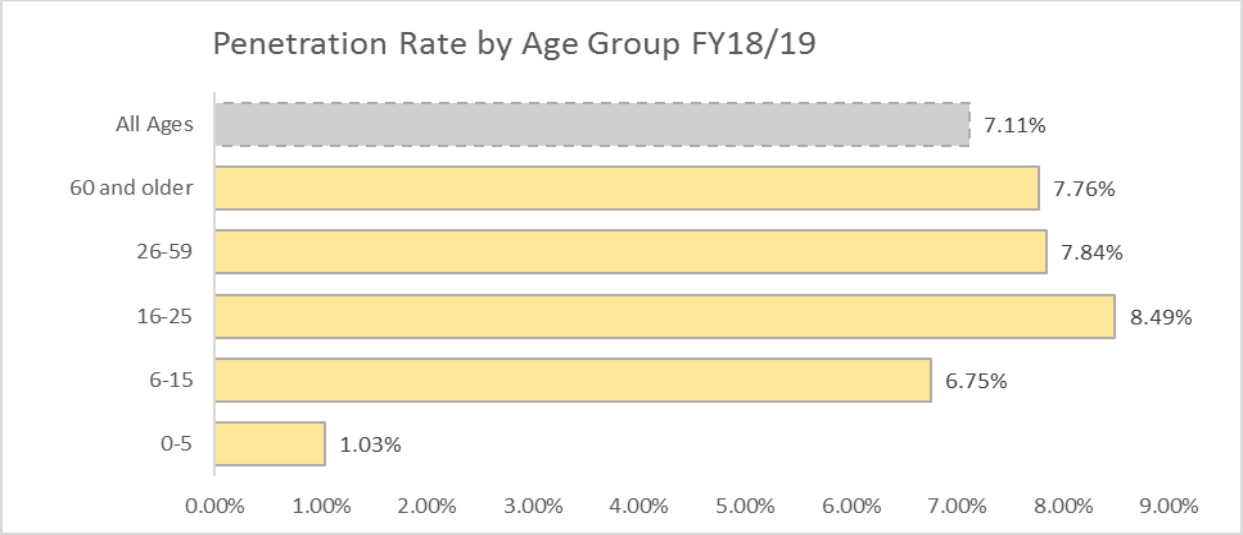
Young children are represented in those receiving county mental health treatment services at a much lower rate than their representation in the Medi-Cal population as a whole. This is unsurprising given developmental stages, however when comparing Marin County's Medi-Cal claims data for young children to the claims data for the State as a whole or to other medium sized counties, young children are served at a lower rate in Marin and it is thus an area for increased investment in this Plan.

AGE GROUP DISTRIBUTION OF MARIN MEDI-CAL BENEFICIARIES VS THOSE SERVED BY BHRS



In 2004 it was also identified that Older Adults (60 and older) and Transition Aged Youth (TAY, between 16-25 years of age) were underserved. These two priority populations have been the focus of Marin's two most recent MHSA Innovation Projects (Growing Roots and the Older Adult Technology Project) to address this. In 2018 at the culmination of the Growing Roots Innovation Project, BHRS now has the **highest penetration rate with TAY**, providing mental health treatment services to an equivalent of 8.5% of Marin Medi-Cal beneficiaries between the ages of 16-25.

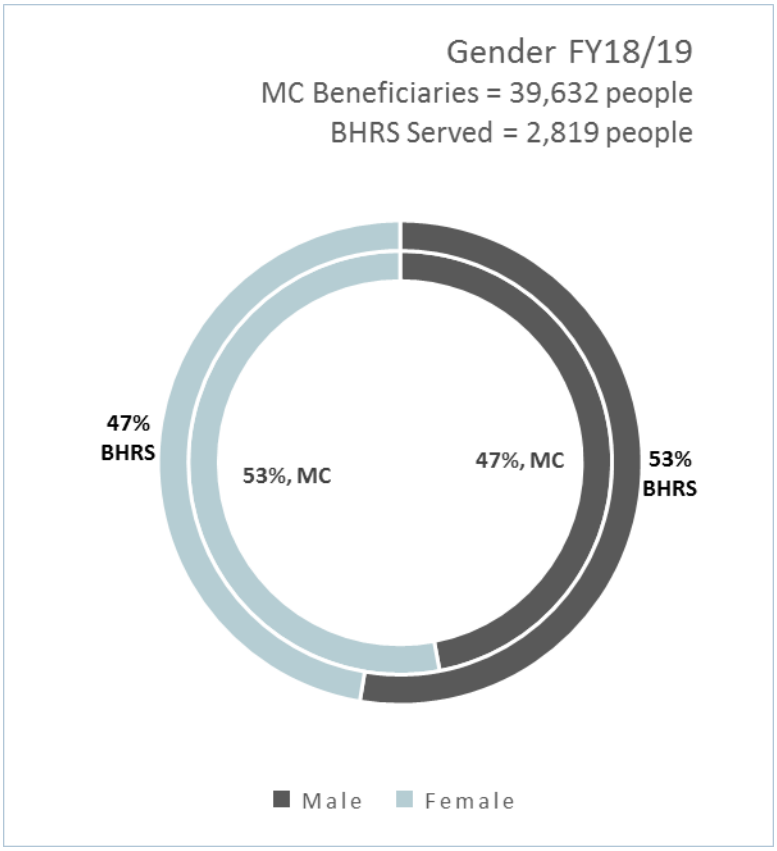
PERCENT OF MARIN MEDI-CAL BENEFICIARIES SERVED BY BHRS BY AGE GROUP



GENDER DISPARITIES IN SERVICE UTILIZATION:

Males continue to be served at a higher rate than females by BHRS mental health treatment programs. This is consistent with other counties as the Medi-Cal claims data indicates that males are served at a higher rate in the state as a whole, as well as in other medium-sized counties.

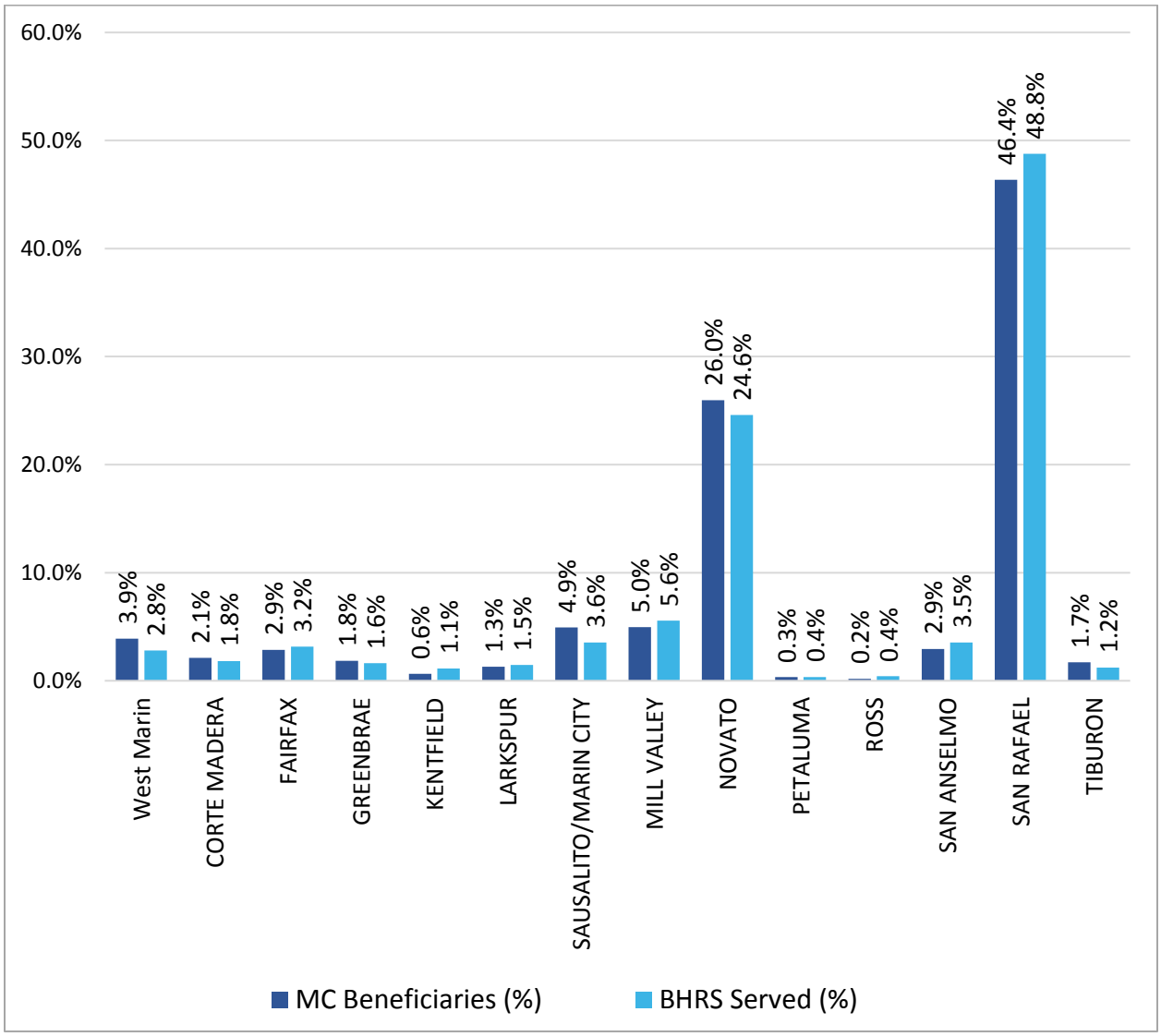
GENDER DISTRIBUTION OF MEDI-CAL BENEFICIARIES VS THOSE SERVED BY BHRS



GEOGRAPHIC DISPARITIES IN SERVICE UTILIZATION:

Over 70% of Marin Medi-Cal beneficiaries live in either San Rafael or Novato which is very similar to the percentage served by BHRS in those geographic areas, with Novato being slightly less well served. West Marin and Marin City/Sausalito also remain underserved with their proportion of beneficiaries slightly higher than their proportion of BHRS clients. However, services to residents of Marin City/Sausalito improved over the last fiscal year from 2.9% of those served by BHRS in FY17/18 to 3.6% of those served by BHRS in FY18/19. There is still more work to do to increase the proportion of people served in Marin City/Sausalito to 4.9% which would mirror the Medi-Cal beneficiaries and therefore strategies to increase outreach and engagement in Marin City as well as West Marin are included in this Three-Year Plan.

DISTRIBUTION OF MARIN MEDI-CAL BENEFICIARIES VS THOSE SERVED BY BHRS BY CITY OF RESIDENCE



COMMUNITY PROGRAM PLANNING PROCESS (CPPP): STAKEHOLDER ENGAGEMENT

BACKGROUND

In 2004, before the first Mental Health Services Act (MHSA) funds were provided to counties, Marin conducted an extensive community stakeholder process to identify unmet needs and strategies for addressing those needs. Over 1,000 people participated in that planning process, including clients, their families, diverse community members, providers, and other sectors of the community. (For a copy of the original Community Services and Support Plan, visit the following web-link: www.MarinHHS.org/MHSA). The results of this process developed the underlying framework for ensuing MHSA component plans.

The funding for the five (5) components of the Mental Health Services Act was released at different times after the Act was approved by voters. For each MHSA component, additional community stakeholder processes were conducted to develop the specific component plans. These are posted on the MHSA website at: www.MarinHHS.org/MHSA. Every year, Marin County develops an MHSA Annual Update that reports on each program including the number of individuals served, average cost per client, outcomes for the reporting period, and identifies any challenges and changes to programs as needed.

Beginning in FY2014-15 the State required that all counties develop a MHSA Three-Year Program and Expenditure Plan for FY2014-15 through FY2016-17 that included all five (5) MHSA components. In May of 2016 Marin County began a third in-depth community planning process for the MHSA Three-Year Program and Expenditure Plan for FY2017-18 through FY2019-20 which includes all five (5) MHSA components.

In October of 2018, the County of Marin Behavioral Health and Recovery Services (BHRS) initiated a suicide prevention strategic planning process in collaboration with the Department of Public Health, the Marin County Office of Education, stakeholders and community partners. The first phase of this effort was a countywide Community Needs Assessment to better understand the specific context of suicidal behavior in Marin County. Once data was collected and analyzed, the Strategic Planning Committee—which was comprised of a wide range of stakeholders—developed comprehensive strategies, objectives, and activities aimed at promoting wellness and reducing suicide attempts and deaths across the county. The Suicide Prevention Strategic Plan was released in January 2020 and is a key part of the MHSA Three Year Plan.

In May of 2019, Marin County began the community planning process for the wider MHSA Three-Year Program and Expenditure Plan for FY2020-21 through FY2022-23 which includes all five (5) MHSA components. This Plan was developed with local stakeholders, including adults and seniors with serious mental illness, families of children, adults, and seniors with serious mental illness or serious emotional disorders, community-based providers of mental health and alcohol and other drug services, law enforcement, education, social services, veterans, health care organizations, representatives of unserved and/or underserved groups, and other important interests.

ONGOING STAKEHOLDER INPUT

Marin County's MHSA Community Planning Process includes a wide array of community stakeholders, system partners, consumers and families, and Marin County Health and Human Services (HHS) staff. The County receives input on an ongoing basis from stakeholders through a variety of forums, including through the Mental Health Board, the MHSA Advisory Committee, Cultural Competency Advisory Board/WET Steering Committee, Growing Roots Transitional Age Youth (TAY) Advisory Committee, and the Prevention and Early Intervention Steering Committee.

Behavioral Health and Recovery Services (BHRS) Division representatives regularly discuss MHSA services and supports with individuals, the Mental Health Board, MHSA Advisory Committee, Alcohol and Other Drug Advisory Board, the Quality Improvement Committee, Probation and other forums. Input received in these settings is brought to BHRS Senior Management, the MHSA component coordinators, and as appropriate, to the MHSA Advisory Committee, for consideration.

MHSA THREE-YEAR PLANNING PROCESS FOR FY2020-21 THROUGH FY2022-23

Program Evaluations

All MHSA programs submit outcome data and narratives annually in the MHSA **Annual Updates**. This data is used to make adjustments to the existing programs each year. In preparation for the MHSA Three-Year Program and Expenditure Plan, this data was used to assist in determining if there were more significant changes needed, such as changing program capacity or significantly altering the program.

Training for Stakeholders

To kick off the MHSA Three Year Community Program Planning Process (CPPP) in Marin County, BHRS partnered with the *California Associate of Mental Health Peer Run Organizations (CAMHPRO)* to hold a **full day workshop for stakeholders called "*Delivering the ABCs of Local Advocacy for Effective Participation in Community Planning*" on April 5, 2019**. This training also included three webinars that were shared with all participants covering "*Advocacy Basics,*" "*Best Community Planning,*" and "*Community Planning: How to Work It."*

32 community members participated in the full day workshop. The learning objectives from the workshop included:

- Recognizing your rights to participate in stakeholder activities which may shape public policy and services for years to come.
- Identifying the background, values and mechanics to better act in the interests of your community.
- Locating County processes and venues for stakeholder involvement.
- Practicing skills needed to effectively participate.
- Collaborating to develop a plan for collective action.

To ensure all stakeholders who participated were trained in the CPPP process BHRS held a **stakeholder training at the beginning of each community planning meeting**. This training covered the **history of MHSA, the key regulations, the guiding values, and the steps of the community planning process**.

IMAGE 2: GALEN MAIN, MHSA COORDINATOR, PROVIDING MHSA TRAINING FOR STAKEHOLDERS PARTICIPATING IN THE COMMUNITY PLANNING PROCESS IN WEST MARIN ON JUNE 18, 2019

Meeting flyers and PowerPoint presentations as well as community input gathered from all the MHSA Community Planning Meetings can be found in the Appendix under Community Meeting Documents. Documents provided at the meetings were available in English and Spanish. Interpreters were available on site at each of the regional community planning meeting for participants if needed.

Suicide Prevention Focus:

Based on community input, advocacy, and an analysis of the data, the County of Marin Behavioral Health and Recovery Services (BHRS) began the MHSA 3-Year Community Planning process wanting to take a focused look at how to prevent suicide in this county. In October of 2018, BHRS the initiated a suicide prevention strategic planning process in collaboration with the Department of Public Health, the Marin County Office of Education, stakeholders, and community partners.

The first phase of the Suicide Prevention Strategic Planning process was a county-wide Community Needs Assessment to better understand the specific context of suicidal behavior in Marin County. This consisted of:

- **9 community focus groups** (63 people) focused on suicide prevention, including groups of:
  - Transitional Age Youth
  - Middle School Students
  - Older Adults/people who work with older adults
  - Leaders in communities of color
  - Middle Aged men
- **1,307 responses** to the BHRS Suicide Prevention Community Survey
- **370 responses** to the Marin County Office of Education Student Survey
- **13 key informant interviews** around Suicide Prevention

Following the Suicide Prevention Needs Assessment, BHRS hosted a **Community Forum on May 2, 2019,** for residents of Marin County to provide input on the strategic planning process. After sharing key findings from the Needs Assessment, attendees participated in a series of brainstorming activities. Forum participants crowd-sourced ideas for strategic planning goals, new programs and services, and other key considerations, working in three different breakout groups:

1. Strategies to engage community members at heightened risk for suicide or suicidal ideation (i.e., middle-aged and older men, LGBTQ+ residents, people of color, youth in schools, veterans);

2. Strategies to increase community members' help-seeking behavior, and decrease stigma around discussing suicide and accessing mental health services; and

3. Strategies to enhance resilience and strengthen protective factors for all Marin County residents

Over 40 community members participated in the community forum, and their contributions laid the groundwork for the strategies, goals, and actions included in this strategic plan. In addition to participating in formal activities, attendees were able to network with each other and strengthen community ties.

Following the community forum, BHRS convened the Strategic Planning Committee, to participate in strategic planning sessions and establish priorities for the strategic plan. Over 30 key stakeholders—representing a variety of public agencies, health clinics, hospitals, community organizations, veterans groups, faith-based organizations, First Responders, commssions, neighborhoods, and lived experiences—gathered for a three-part series of strategic planning sessions, between June 3 and July 12, 2019. Strategic planning participants were integral in the development and refinement of the plan's core components and areas for action. Planning activities included:

- Developing, validating, and refining particular strategy areas, objectives, and action items
- Identifying ongoing programs and services in Marin County communities that could be linked to broader coordination efforts in suicide prevention
- Naming real-world challenges and barriers to the implementation of evidence-based practices
- Troubleshooting potential challenges in interagency collaboration and cross-systems coordination, such as standardizing care practices across sectors and improving the capacity of health care providers to share data
- Brainstorming lists of recommended partners for the strategic plan's priority areas and goals

Participants worked in a trio of breakout groups, which remained intact across all three sessions:

1. The **systems-level** breakout group focused on high-level, countywide strategies involving interagency collaboration, policy change, and cross-systems partnerships. Priority areas included the enhanced coordination of primary and behavioral health care networks; standardizing school programming and policies across school districts; and avenues for lethal means reduction.

2. The **community-level** breakout group focused on strategies and programs at the mid-level scale of cities, towns, and neighborhoods. Priority areas included on-campus programs and services at schools; training and education for service providers, clinicians, and community members; and programs to decrease isolation and improve connectedness between residents.
3. The **individual-level** breakout group focused on strategies to enhance individual residents' knowledge of suicide prevention resources, access to services, and willingness to seek help in times of stress or crisis. Priority areas included strategies for communicating with residents and raising public awareness; crafting targeted approaches to community members at heightened risk for suicide; and addressing culturally specific or age-related risk factors.

Each of the three planning sessions prioritized different phases in the suicide prevention continuum of care. The first two sessions emphasized strategies in suicide prevention and intervention; while the third session involved both a discussion of postvention strategies and a collaborative review of the strategies and activities that had been drafted to date.

Wider Three-Year Planning Community Program Planning Process:

For the wider MHSA Three-Year Community Program Planning Process, Marin County determined it was important to start it off by raising the voices of young people in talking about mental health. We began with a **Youth Mental Health summit** designed, presented, and lead by youth and held at the College of Marin on Saturday, **May 10th, 2019**. Following this, the **MHSA Transitional Age Youth (TAY) Advisory Council convened a forum at** the Marin County Office of Education on **June 26, 2019**, presenting on what they learned and recommendations for how it can be incorporated into the MHSA Three Year Plan.

IMAGE 1: KRISTEN GARDNER (MHSA GROWING ROOTS INNOVATION PROJECT COORDINATOR), GALEN MAIN (MHSA COORDINATOR), ALYSSA MARTINES (TAY ADVISORY COUNCIL), AND NAFESAH WADUD (TAY ADVISORY COUNCIL), AT THE YOUTH MENTAL HEALTH SUMMIT ON MAY 10, 2019 AT COLLEGE OF MARIN

This is the first time since the establishment of the Mental Health Services Act that the planning timeline **lined up with the Substance Use Services 5-Year Planning cycle,** so we took full advantage of that opportunity here in Marin. Given the high rates of co-occurring substance use and mental health, the similarity in many of our prevention efforts, and in order to help address self-medicating with other substances to address mental health concerns, we held many of our community planning meetings jointly. The breakout

groups did not separate by Substance Use and Mental Health, but rather by Prevention/Early Intervention and Treatment/Recovery Services. This was very effective at getting to address the many overlaps.

In addition, the Federal Grants division of the county **Community Development Agency (CDA)** also had their 4 year plan on the same cycle for a FY2020 start date. Due to the high housing costs, housing is often raised as the number one concern in our county and for our clients, so we coordinated our community planning efforts to invite CDA to participate in our community meetings as well to maximize the effectiveness of our stakeholder's time.

In this next major phase of the Community Program Planning Process BHRS held large meetings in each region of Marin County, starting with West Marin on June 18, 2019, and followed with more targeted and focused planning meetings. Please see a list below of the large community planning events for the MHSA Three Year Plan:

Kick-Off Community Forums:

- **Suicide Prevention Community Planning Forum, May 2, 2019**
- **Youth Mental Health Summit, May 10, 2019**
- **MHSA Transitional Age Youth (TAY) Advisory Council Growing Roots forum, June 26, 2019**

Large Regional MHSA Community Planning Meetings at different times to accommodate different schedules:

- **West Marin**—Point Reyes Station, **June 18, 2019 (5pm)**
- **North Marin**—Hamilton Field Community Center, Novato, **July 22, 2019 (7pm)**
- **San Rafael**—Marin County Office of Education, **August 1, 2019 (1pm)**
- **Southern Marin**—Bayside/Martin Luther King, Jr., Academy, Marin City, **August 5, 2019 (4pm)**
- **Central Marin**—College of Marin, Kentfield, **August 14, 2019 (6pm)**

Image 2: Participants, including Marin County Board of Supervisor Dennis Rodoni (second from the left), at the West Marin MHSA Community Planning Meeting in Point Reyes Station on June 18, 2019

These regional meetings were followed by more focused meetings around certain topics or target populations:

- **Prevention and Early Intervention-Focused** MHSA Planning Meeting—At the Health and Wellness Campus in San Rafael, **August 27, 2019 (4:30pm)**
- **Spanish** Language MHSA Planning Meeting—in the Canal District of San Rafael at Bahia Vista Elementary, **September 26, 2019 (6pm)**
- **Family Member-Focused** MHSA Community Planning Meeting, San Rafael, **October 9, 2019 (6pm)**
- **Older Adult-Focused** MHSA Community Planning Meeting, WhistleStop Senior Community Center, **October 24, 2019 (10am)**
- **Peer/Consumer-Focused** MHSA Planning Meeting, **November 4, 2019 (12pm)**

Image 3: Jane Ireland, Unit Supervisor for the Helping Older Adults Excel (HOPE) Full Service Partnership (FSP), answering questions at the Older Adult Focused Community Planning Meeting on October 24, 2019, also pictured is Jordan Hall, Program Manager for Substance Use Services

After the kick-off events, each meeting began with a brief PowerPoint presentation to provide training to the stakeholders on MHSA and the Community Planning Process including giving the history and an overview of MHSA's purpose, guiding principles, funding estimates, examples of MHSA programs from the current three year plan in that region of the county, and steps and timeline for plan approval and ways to remain involved. Following the training, there were a series of questions used to poll participants on their priorities for the upcoming plans using voting technology.

The vast majority of each meeting was spent in breakout groups as the goal was to hear from the community. There were three (3) breakout groups and participants were given the opportunity to rotate through their top two choices.

Break Out Groups (All community input received during the planning process is posted on our website: www.MarinHHS.org/MHSA and can be found in the Appendix):

- **Prevention and Early Intervention** (both mental health and substance use)
- **Treatment and Recovery Services** (both mental health and substance use); and
- **Housing and Public Services** (lead by the Community Development Agency)

Community meetings were conducted throughout the County and included translation and interpretation in Spanish (as well as breakout group discussions in Spanish lead by bilingual/bicultural

staff members at each meeting as well as a meeting held entirely in Spanish), in addition bus passes, food, non-alcoholic beverages, and childcare was provided. Invitations were distributed to community members, BHRS staff, BHRS contractors, all MHSA related committees, including the MHSA Advisory Committee, the Mental Health Board, the Alcohol and Other Drug Advisory Board, BHRS Stakeholder contact list, NAMI, Board of Supervisors and other interested parties. Flyers were displayed at MHSA program locations, libraries, laundromats, stores and other locations throughout the community. Gift cards and bus passes were given to participants with lived experience and raffles were held at meetings targeting underserved community members.

Community Planning Survey

In addition to the Suicide Prevention planning survey described in the suicide prevention section of the community planning process which had 1,307 responses, BHRS, in partnership with the Community Development Agency and the Substance Use Services team, released a community survey to gain input for our plans from people who might not be able to attend meetings in person in order to ensure stakeholders have an opportunity to participate. Behavioral Health questions included questions around barriers to accessing services and strategies that should be implemented in the Three Year Plan.

Online and paper surveys available in English, Spanish, and Vietnamese were used to gather community input to inform funding priorities. Surveys were disseminated in partnership with local nonprofit service and housing providers and County departments including the Community Development Agency and the Marin County Free Library. To enhance and encourage participation staff attended numerous community events, including weekly Health Hubs organized through the Marin Community Clinics in both Novato and San Rafael, the Canal Alliance food pantry, and events put together by local organizations, including Community Action Marin, the Marin Organizing Committee, and Performing Stars. A **total of 352 surveys were collected, with 259 in English, 92 in Spanish, and one (1) in Vietnamese.**

The answers to the key behavioral health related questions on the survey are displayed on the next two pages broken down to show the distribution of answers in both the Spanish version of the survey and the English version. The top three barriers identified for accessing behavioral health services were the perceived *Limited Availability of High Quality Treatment Options*, the *Belief that Services Won't Be Helpful Even if Accessed,* and *Unsure of How to Access Services.*

The top strategies that respondents thought would be the most effective for delivering behavioral health services where slightly different in the English response and the Spanish responses.

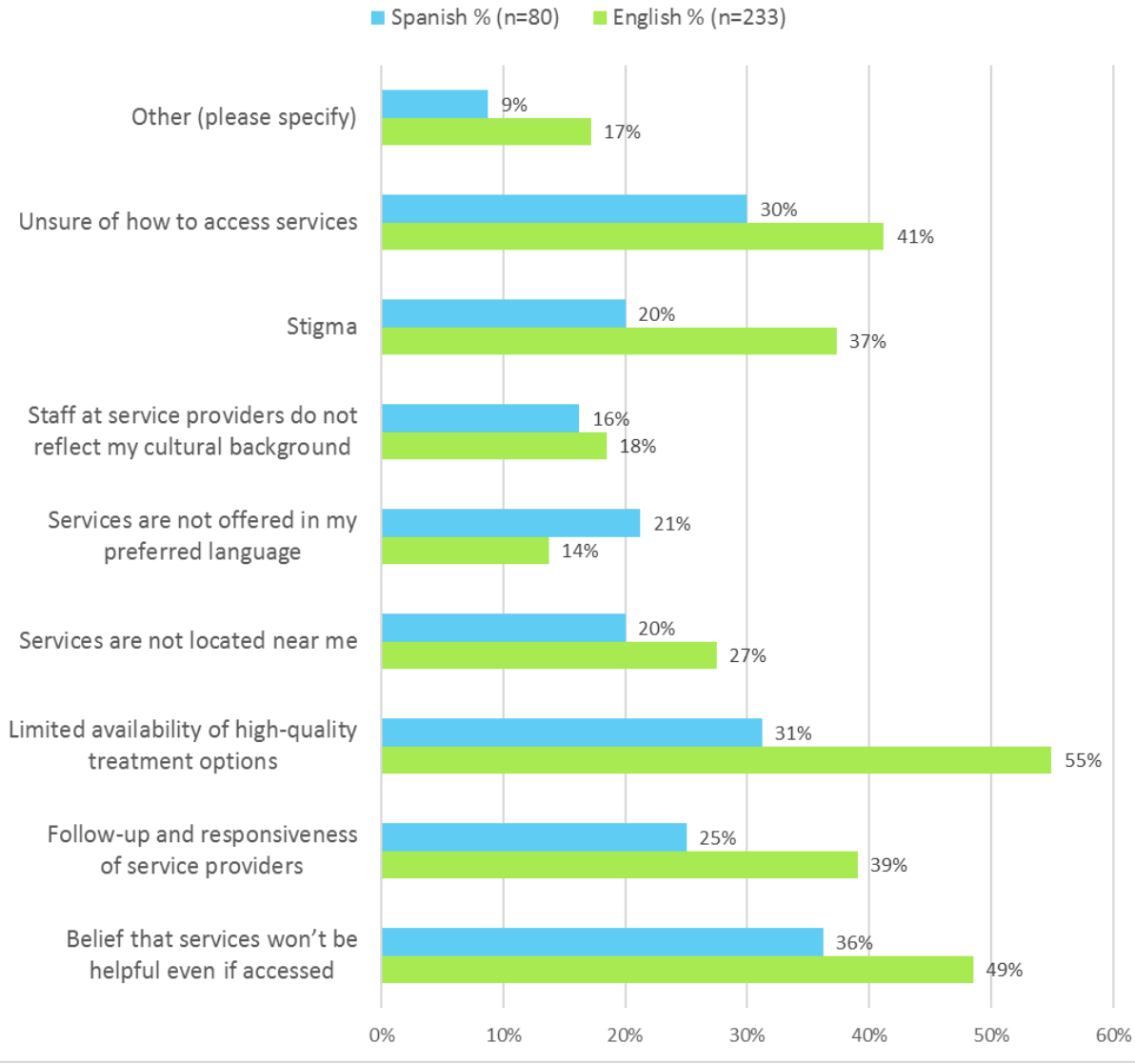
In English, the top three answers were:

1) *Co-location of behavioral health services with other services*
2) *Prevention and Early Intervention activities targeted to high-risk populations*, and
3) *Services to Increase Social Connection and Community Engagement.*

In Spanish the top three answers were:

1) *Prevention and Early Intervention activities targeted to high-risk populations*
2) *Co-location of behavioral health services with other services,* and
3*) Broad Prevention Strategies*

Please identify any barriers to accessing mental health and/or substance use services (check all that apply). *Note: This question applies to services for Marin Medi-Cal beneficiaries and low-income uninsured residents with a substance use disorder and/or*




Please select up to three (3) strategies that you think would be the most effective for delivering behavioral health services in your community
Spanish % (n=74)
English % (n=238)
Treatment services spread out in more geographical locations throughout Marin County
27%
34%
Strengthening/expanding partnerships with non-traditional or "informal" service providers (e.g. faith-based organizations; cultural and community groups)
23%
23%
Stigma reduction initiatives (e.g. media campaigns, provider and community education about treatment effectiveness)
19%
22%
Services to increase social connection and community engagement (e.g. Inter-generational programming, mentoring)
30%
36%
Prevention and intervention activities specific to high-risk populations (e.g. children of family members with mental health and/or substance use conditions; binge drinking, those using high potency THC cannabis products, etc.)
49%
41%
Expanding peer services (e.g. recovery coaches, empowerment clubhouse, family partners)
18%
27%
Co-location of behavioral health services with other services (e.g. co-location of behavioral health with primary care, wellness centers in schools, community centers, libraries, retailers, etc.)
43%
52%
Broad prevention strategies (e.g. community coalitions, youth development programs) throughout Marin County
35%
30%
0%
10%
20%
30%
40%
50%
60%

THREE-YEAR PLAN STAKEHOLDER PARTICIPATION DEMOGRAPHICS

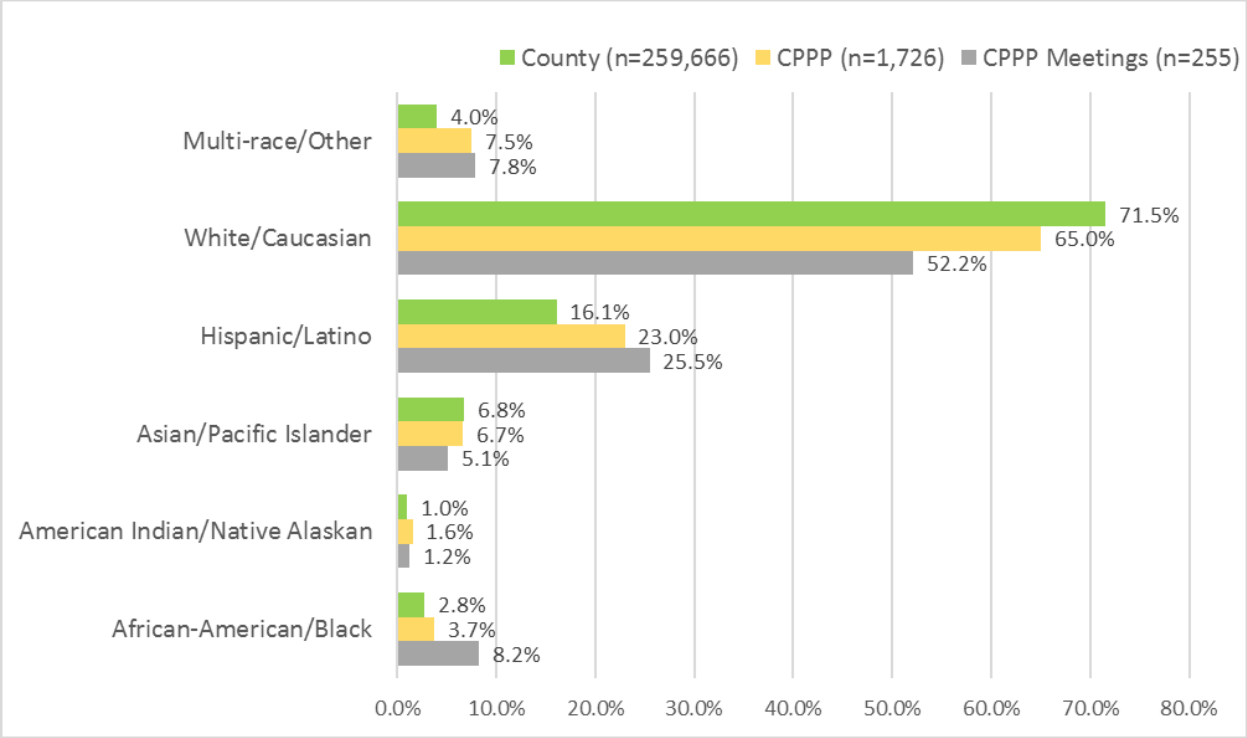
Overall, well **over 2,000 community members**, consumers, families, BHRS staff, providers of service, law enforcement/criminal justice, LGBTQ+ individuals, Veterans, and other interested parties attended the community meetings, participated in a focus group or key informant interview, or completed one of our online surveys (suicide prevention planning or community planning). Of those who participated, **1,726 people completed a demographic form**. Over 500 people attended the in person meetings with 255 completing the demographic survey.

BHRS conducted planning meetings in each region of the county to be sure to capture the input from individuals representing the full **geographic location diversity** of the county.

Females were over-represented in the community planning process so there were focus groups specifically targeting men for their input. 51.1% of the county identifies as female whereas 71.6% of those who participated in our community planning meetings identified as female. This community planning cycle we did have an increase of 4 percentage points for males as compared to the community planning cycle for the last 3-year plan, however engaging men to discuss topics of mental health remains a challenge.

Below is summary information of the racial and ethnic diversity of the county as a whole (green); participants in the community planning process—including both in person and online—(yellow); and attendees of the MHSA Community Planning meeting (grey).

RACIAL/EHTNIC DISTRIBUTION OF THE COUNTY VS
TOTAL MHSA COMMUNITY PLANNING PARTICPANTS (INCUDES SURVEYS) VS
MHSA COMMUINTY PLANNING MEETING ATTENDEES



The unserved and underserved racial/ethnic populations in Marin participated in the community program planning process at a higher rate than their white counterparts, for instance **the Latinx population represented 23% of the total community planning participants and 25.5% of the meeting participants, but only 16.1% of the county**.

IMAGE 4: STAKEHOLDERS PARTICIPATING IN THE MHSA COMMUNITY PLANNING MEETING HELD ENTIRELY IN SPANISH AT BAHIA VISTA ELEMENTARY SCHOOL IN THE CANAL NEIGHBORHOOD OF SAN RAFAEL ON SEPTEMBER 26, 2019.

Demographic forms were not collected at the youth mental health summit or the forum lead by the TAY Advisory council, however **youth under 16 represented 2%** of the participants who completed demographic forms in the regional and targeted community planning meetings (excluding the 30 plus children who participated in the child care offered at the community planning meetings) and **TAY made up 7.5%** of the regional and targeted meeting participants. Adults between the ages of **26-59 made up 57.5%** of participants in those meetings, and older adults between **60-74 made up 30%.** Those **over 75 year of age made up the final 5% of the participants**. Given that Marin County is the oldest county in the state and has a rapidly aging population it was important to get input from older adults in the community.

In addition, 13.7% of MHSA Community planning meeting participants identified as part of the **LGBTQ+ community (32 individuals).** In addition, 7.3% of meeting participants unidentified themselves as **currently homeless (17 individuals).** 1.7% identified as **veterans (4 individuals)** and 23.5% reported having a **disability (55 individuals),** and 37.2% identified as a **service providers (87 individuals).**

BHRS **conducted significant outreach to clients with serious mental illness (SMI) and Serious Emotional Disturbances (SED) and their families** to ensure the opportunity to participate in the Community Program Planning Process. Gift cards for their time and bus tickets were provided to all clients who participated in the community planning process.

Outreach techniques included:

- Hosting specific targeted community planning meetings for consumers/peers and one focused on family members to ensure they felt welcome
- Individualized one-on-one outreach to clients from their case managers and from peers working and volunteering for the county
- Flyers and handouts in all the waiting rooms where BHRS services are provided
- Outreach through the Peer Wellness Programs including the Empowerment Clubhouse and Enterprise Resource Center
- Outreach through the National Alliance on Mental Illness (NAMI Marin) and other family member and consumer groups
- Through our all stakeholder email list

As a result of the intensive outreach to the consumers and family members throughout our system, **82 consumers attended community planning meetings making up 35% of the participants**. In addition, **94 family members participated, representing 40.2% of meeting attendees**.

Image 5: Jaime Faurot (left), Peer Advocate, Family Member, MHSA Advisory Committee Member, and Mental Health Board Member, participating in a community planning meeting. Jaime was an integral part of the MHSA Planning Process and was honored at the "Celebrating the Uncelebrated" Dinner this year honoring those individuals from the Behavioral Health Communities who have selflessly contributed to improving the lives of Marin residents. Jason Faurot (right)

has also been a dedicated advocate and provided significant assistance during the MHSA Community Planning Process. A huge thank you to both of them!

UPCOMING STAKEHOLDER PARTICIPATION OPPOTUNITIES

PEI COMPONENT OF THE THREE YEAR PLAN:

During the 30 day public comment period (February 10-March 10, 2020) for this draft plan, you can submit comments online at MarinHHS.org/MHSA or in writing and mailed to:

Galen Main
20 North San Pedro Rd, Suite 2020
San Rafael, CA 94903

If you would like to request a printed copy of the draft plan, reach out to Galen Main at (415) 473-6238 or by emailing gmain@marincounty.org

The Public Hearing for the PEI Component of the MHSA Three-Year Plan will be held on March 10, 2020, at the Mental Health Board Meeting at 6pm. The location of the hearing will be:

20 North San Pedro Rd, Point Reyes Conference Room
San Rafael, CA 94903

All are welcome!

MENTAL HEALTH SERVICES ACT (MHSA)FY2020/2021 through FY2022/2023 THREE-YEAR PLAN

The entire MHSA Three-Year Plan will be going out for 30 day public comment later this Spring and will also include a Public Hearing at the close of those 30 days.

Annual Updates

Each year of this Three Year Plan, BHRS will conduct an Annual Update community planning process to make any changes to the plan and to report on outcomes from each program.

Innovation Planning Process

A community planning process will be conducted in FY2020/21 to define the next Innovation Project(s).

MHSA PLAN APPROVAL PROCESS

The PEI Component of the MHSA Three-Year Program and Expenditure Plan for FY2020/21 Through FY2022/23 was posted in advance of the complete MHSA Three-Year Plan for **30-day Public Comment** beginning on **February 10, 2020 and will remain posted through March 10, 2020**. The rationale for sending the PEI component for Public Comment first was in order to respect our community providers and

give enough time to RFP services before the start of the new Fiscal Year to allow different organizations the ability to apply for funding. The PEI Component Three-Year Plan has been posted on Marin County's website at: MarinHHS.org/MHSA including instructions on how to receive a copy of the report, how to submit comments and the date of the Public Hearing. An email with a link to the website posting was sent to all Behavioral Health and Recovery Services (BHRS) staff, contracted providers, community based organizations, Marin Mental Health Board, Alcohol and Other Drug Board, BHRS staff, MHSA Advisory Committee, and the BHRS Stakeholder email list.

On **Tuesday, March 10, 2020** a Public Hearing will be held at the Mental Health Board meeting at 6pm at 20 N. San Pedro Road, San Rafael, CA 94903 in the Point Reyes Conference Room. All input received will considered and any substantive comments are summarized below. All are welcome!

The MHSA Three-Year Program and Expenditure Plan for FY2020/21 Through FY2022/23 including all components will go out for public comment later this spring and then it will have another public hearing and then before the Board of Supervisors.

Prior MHSA Annual Updates are available at: www.marinhhs.org/mhsa

Prevention and Early Intervention

OVERVIEW

MHSA Prevention and Early Intervention (PEI) funds are intended to help prevent mental illnesses from becoming severe and disabling. This includes intervening early in the onset of symptoms; reducing risks related to mental illness; increasing recognition of signs of mental illness; reducing stigma and discrimination related to mental illness; preventing suicide; and connecting individuals to appropriate services. A minimum of 51% of PEI funds are required to be dedicated to youth and transition age youth (0-25 years old).

PEI emphasizes improving timely access to services for underserved populations and incorporating robust data collection methods to measure quality and outcomes of services. Programs incorporate strategies to reduce negative outcomes of untreated mental illness: **suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes**.

PEI funds are intended to help prevent mental illnesses from becoming severe and disabling. This includes:

- **Prevention:** Reduce risk factors and build protective factors associated with mental illness
- **Early Intervention:** Promote recovery and functional outcomes early in emergence of mental illness
- **Outreach:** Increase recognition of and response to early signs of mental illness
- **Access and Linkage to Treatment** for those with Serious Mental Illness
- **Reduce Stigma and Discrimination** related to mental illness
- Efforts and Strategies related to **Suicide Prevention**

A focus of PEI is to reach un- and underserved populations. Some of the strategies employed are:

- **Improve Timely Access:** Increase the accessibility of mental health services for underserved populations by being culturally appropriate, logistically and/or geographically accessible, and financially accessible
- **Non-stigmatizing:** Promote, design and implement services in a way that reduces the stigma of accessing services, such as locating them within other trusted services
- **Effective Methods**: Use evidence-based, promising and community defined practices that show results

PEI strategies are aligned with BHRS efforts to reduce inequities in service delivery and Marin County Health and Human Services Equity and Operational Plan. This includes strengthening accessibility and cultural responsiveness of services and integrating service to delivery to support clients (such as building school-based coordination teams, building learning communities to share resources and best practices).

PEI PRIORITIES FOR FY20-23

During the MHSA community planning process as well as the suicide prevention strategic planning process that was conducted between November 2018 and July of 2019 (details to be discussed later in this document), community members, providers and county staff identified a range of Prevention and Early Intervention program priorities. The themes that emerged from the discussions and the surveys that were collected guide our PEI program and service priorities for the next three years. These four priorities include:

Priority One: Expanding School-Age Prevention and Early Intervention Services, with a focus on enhancing school climate and coordination systems**.**

Priority Two: Enhancing services for newly arrived immigrant youth or "Newcomers" by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports.

Priority Three: Building capacity of individuals, organizations and schools to implement culturally responsive, best practices around mental health and wellness across the lifespan. This includes supporting and facilitating professional development workshops and trainings, providing coaching and consultation, and promoting youth-led activities that raise awareness and build community.

Priority Four: Implementing newly released Suicide Prevention Strategic Plan, including funding a full-time Suicide Prevention Coordinator to engage key county and community partners in prioritizing and carrying out the objectives and activities outlined in the plan.

RATIONALE FOR KEY PRIORITY AREAS

Priority One: Expanding School-Age Prevention and Early Intervention Services with a focus on enhancing school climate and coordination systems**:**

During the MHSA planning process, stakeholders emphasized the need for expanded school-based mental health supports for students and families to address student depression, anxiety and lack of school connectedness. They identified the need for additional mental health counseling, streamlined coordination systems and school climate/prevention efforts. Primary and secondary data from the Suicide Prevention needs assessment highlighted similar concerns around student mental health and wellness. Per the 2015-2017 California Healthy Kids Survey, over one-quarter of Marin County high school students (25% of 9th graders and 28% of 11th graders) reported feeling chronic sad or hopeless feelings in the 12 months prior to taking the survey. Around one in eight high schoolers (14% of 9th graders and 11% of 11th graders) had seriously considered attempting suicide in the past 12 months.

The expansion of school-based PEI services to in this 3-year plan is intended to address some of the gaps identified by stakeholders. School-based mental health programs help to build resiliency, increase protective factors and create meaningful connections between students, staff and caregivers. By providing linkages to appropriate supports, consultation and training, counseling, coordination of services, and supporting the implementation of school climate initiatives, school-based PEI programs play an instrumental role in promoting the healthy social-emotional development and academic success of students.

<u>Priority Two</u>: Enhancing supports for "Newcomers" by partnering with schools and community-based organizations to increase coordination and linkages to health and wellness supports.

"Newcomers"- or recently arrived immigrant youth, often from Central American countries- were identified by stakeholders as needing additional, targeted and coordinated support. Many of these young people are unaccompanied and have not only fled violence and exploitation in their home countries but have endured additional trauma during their dangerous journeys to the border. The urgency of addressing the unique mental health and related challenges that newcomers face is underscored by the current political climate and recent trends that show a significant increase in the numbers of newcomers in Marin County schools. According to school district enrollment data, in 2019 alone, over 400 Newcomers entered San Rafael and Novato Unified secondary schools, with hundreds more at schools throughout the county. This unique, vulnerable population is at heightened risk for school drop-out, homelessness and long-term mental health challenges. Newcomers supports in this MHSA 3-year plan are designed to intervene early to address the emotional, social, and physical health needs of these youth by assessing, actively linking to school and community resources and providing targeted mental health support.

<u>Priority Three</u>: Building capacity of individuals, organizations and schools to implement culturally responsive, best practices around mental health and wellness across the lifespan:

During the MHSA planning process, stakeholders emphasized the importance of building the skills, knowledge and leadership capacity of community members, school staff and providers in order to improve service delivery and build community. Investing in the development of community members, providers and organizations strengthens our county's ability to implement culturally responsive, best practices and achieve shared goals around wellness and equity. Through training, coaching, consultation and other capacity building efforts, we can impact practices and systems on a larger scale and improve our collective understanding of how to best address the mental health and wellness needs of the communities we serve. We can also help to ensure that resources are aligned and prioritized to meet the needs of communities with limited opportunity and access to supports.

<u>Priority Four:</u> Implementing Suicide Prevention Plan including funding a full-time Suicide Prevention Coordinator to engage key county and community partners in prioritizing and carrying out the objectives and activities outlined in the plan:

Despite being one of the healthiest and wealthiest counties in the state, Marin county has among the highest suicide rates in all of the Bay Area and the highest among all metropolitan counties in California. Between 2015 and 2017, 14.1 people per 100,000 died by suicide in Marin County, well above the state average over the same period (10.7) In the span of just one month in 2017, we experienced the tragic loss of three high school students to suicide.

To address the issue of suicide in our county, in October 2018, Marin County Behavioral Health and Recovery Services (BHRS) initiated a suicide prevention strategic planning process in collaboration with the Department of Public Health, the Marin County Office of Education and community partners. The first phase of this effort was a countywide Community Needs Assessment to better understand the specific context of suicidal behavior in Marin County. Once data was collected and analyzed, the Strategic Planning Committee- which was comprised of a wide range of stakeholders- developed comprehensive strategies, objectives, and activities aimed at promoting wellness and reducing suicide attempts and deaths across the county. The Suicide Prevention Strategic Plan, which is Marin County's

first comprehensive plan, was released in January 2020. (The full needs assessment and plan as well as the short version are attached to this 3-year plan).

BHRS has started the process of hiring a full-time Suicide Prevention Coordinator who will be responsible for coordinating the implementation of the seven key strategic areas of the suicide strategic plan. This position is fully supported by the Board of Supervisors and was approved in November of 2019. The Coordinator will work to ensure accountability, chair oversight body and work-groups, coordinate data collection amongst key entities, enhance data collection/sharing systems, and represent the county on regional and statewide suicide prevention collaboratives.

SB 1004 PEI PROGRAM PRIORITY AREAS

All PEI programs are required to comply with WIC Section 5840.7 enacted by Senate Bill 1004 which requires counties to specify how they are incorporating the following six Commission-identified priorities in the FY20-23 MHSA plan:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs;
2. Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan;
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs;
4. Culturally competent and linguistically appropriate prevention and intervention;
5. Strategies targeting the mental health needs of older adults;
6. Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis

Each of these priorities outlined in WIC Section 5840.7/SB 1004 are integrated into our plan and aligned with our previously outlined strategies which are consistent with our community planning process (see subsequent sections for details).

Per WIC Section 5840.7/SB 1004, counties are also required to provide an estimate of the share of PEI funding allocated to each priority. The following table provides these estimates:

SB 1004 PRIORITITY CATEGORES:	Percentage of Funding Allocated to Priority:
1: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs	42%
2: Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan	63%
3: Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs	46%
4: Culturally competent and linguistically appropriate prevention and intervention	83%
5: Strategies targeting the mental health needs of older adults	15%
6: Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis	56%

PEI PROGRAMS FOR FY2020-21 THROUGH FY2022-23

Many of the existing PEI programs have been successful in reaching underserved communities and achieving mental health related goals (see FY2018-19 Annual Update) and therefore will be continued in this Three-Year Plan. In response to stakeholder input, evaluations of existing PEI programs, and gaps identified, some of the ongoing programs will be changed or expanded and several new programs will be started in FY2020-21. Requests for Proposals (RFP) will be released in the spring of 2020 for all continued and new PEI programs.

In order to expand and strengthen the Community Health Advocates (CHA) programs including the *Promotores*, these programs will be moved to the Outreach and Engagement component of Community Services and Supports (CSS). This will consist of RFPs (to be released later this Spring/Summer) for three (3) Community Health Advocates programs targeting the following underserved populations:

1. Latinx individuals with a focus on West Marin, Novato, and the Canal District of San Rafael (*Promotores*)
2. Vietnamese and other Asian/Pacific Islander populations with a focus on mono-lingual and recent immigrants from Asian and the Pacific Islands.
3. Marin City residents

In addition to other responsibilities, the new Outreach and Engagement lead position under Community Services and Supports (CSS)—will provide structured support of the three contracts and coordinate additional training opportunities. They will also provide a structure where the CHA programs can learn from each other.

Required Service Category	Programs	SB 1004 Priority Categorization(s)	Average Annual Expenses by Program	Marin PEI Priority Strategy Area(s)
Prevention and Early Intervention	PEI-04 Transition-aged youth individual and group mental health services, including targeted counseling for LGBTQ youth	#1, #3, #4, #6	$265,000	
	PEI-18 School-based individual and group mental health services, school climate and service coordination	#1, #2, #3, #4, #6	$570,000	School-based Mental Health
	PEI-07 Older Adult Prevention and Early Intervention • Early Intervention mental health services • Training for Primary Care providers to provide linkage to services • Training for Providers on supporting LGBTQ older adults	#2, #4, #5	$230,000	Capacity Building
Prevention	PEI-01 Early Childhood Mental Health • Training and Consultation • Screening and Linkage	#1, #4	$270,000	Capacity Building
Early Intervention	PEI-05 Latino Community Connection: • Community based individual and group mental health services for Spanish Speaking adults and youth • Radio Show	#4, #6	$290,000	
Stigma Reduction	PEI-12 Community Training and Supports • Mental Health Consultation in schools • Community trainings in West Marin • Mental Health First Aid	#2, #4, #6	$160,000	Capacity Building Suicide Prevention
	PEI-20 Statewide PEI	#2	$81,000	Suicide Prevention
	PEI-24 Storytelling Programs*	#2, #4	$60,000	Capacity Building Suicide Prevention
Suicide Prevention	PEI-21 Suicide Prevention: • Suicide Prevention Coordinator • Community and targeted suicide prevention trainings	#2, #3, #4, #5	$310,000*	Suicide Prevention
Access and Linkage	PEI-23 Newcomers Coordination and Support • School-aged Newcomers Assessment and Linkage • Newcomers school-based groups	#1, #3, #4, #6	$210,000	Newcomers Supports School-based Mental Health
Outreach	PEI-19 Veteran's Community Connection	#2, #4, #6	$80,000	Suicide Prevention
Total Direct			**$2,526,000**	

*One component of this program, formerly called the "Speakers Bureau" began in April of 2019 and was previously under the Community Training category (PEI-12)

PROGRAM CONTINUATION	X	PROGRAM EXPANSION		NEW PROGRAM	

TRANSITION AGE YOUTH (TAY) PREVENTION AND EARLY INTERVENTION (PEI 04)

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

SB 1004 PRIORITY CATEGORIZATION: #1, #3, #4, #6

PROGRAM DESCRIPTION: TAY PEI provides screening and brief intervention for behavioral health concerns in teen clinics and group and individual services in high schools for at-risk students. Providers conduct psychosocial screening at health access points, direct linkage to mental health counseling, substance use counseling or case management, school-based groups, individual and/or family counseling, targeted supports for immigrant and LGBTQ students, as well as trainings for educators on supporting LGBTQ students.

ESTIMATED ANNUAL MHSA EXPENDITURES: $265,000

TARGET POPULATION: The target population is 16-25 year-olds, and some younger teens, from underserved populations such as LGBTQ youth; school staff and providers who receive training and consultation.

EXPECTED NUMBERS TO BE SERVED: 850

KEY OUTCOMES:

- Reduced likelihood of school failure and/or unemployment;
- Early identification of youth with behavioral problems that may indicate mental/emotional difficulties; and increased timely access to early intervention or treatment services;
- Increased capacity of teachers and providers to support LGBTQ youth;
- Reduced Prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI client satisfaction surveys, workshop/training evaluations. Additional outcomes measurement tools to be determined based on RFP process.

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

SCHOOL-AGED PEI (PEI 18)

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

SB 1004 PRIORITY CATEGORIZATION: #1, #2, #3, #4, #6

MARIN PEI PRIORITY STRATEGY AREA: School-Aged Prevention and Early Intervention

PROGRAM DESCRIPTION: School-based mental health programs help to build resiliency, increase protective factors and help to create meaningful connections between students, staff and caregivers. Providers support the implementation of **Multi-Tiered Systems of Supports (MTSS)** and provide a range of services and supports including:

- **Individual and group mental health counseling** to increase the students' protective factors, reduce the risk of developing signs of emotional disturbance and increase the likelihood of success in school
- **Training** for parents, school staff and community providers to identify and respond to signs of mental illness and support student wellness.
- **Coordination of Services** through multidisciplinary teams to improve coordination, communication and collaboration across disciplines and identify and address student needs holistically.
- **Supporting the implementation of school climate activities** such as Positive Behavior Intervention and Supports (PBIS), Social Emotional Learning (SEL) and Restorative Practices to help promote a school culture that is engaging and responsive to the needs of all students and their families.

ESTIMATED ANNUAL MHSA EXPENDITURES: $570,000

TARGET POPULATION: The target population is kindergarten through twelfth grade students (ages 5-18) who may be experiencing emotional disturbance or are at significantly higher risk due to adverse childhood experiences, severe trauma, poverty, family conflict or domestic violence, racism and social inequality or other factors.

EXPECTED NUMBERS TO BE SERVED: 500

KEY OUTCOMES:

- Reduced likelihood of behavioral problems and school failure;
- Improved academic performance and readiness to learn;
- Improved school connectedness;
- Early identification of students with behavioral problems that may indicate mental/emotional difficulties and increased timely access to early intervention or treatment services;
- Improved school culture and destigmatizing of mental health;
- Increased capacity of teachers to support students with challenges and understand the impact of trauma on learning;
- Increased service integration and more effective/equitable distribution of resources;
- Reduce Prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI caregiver and client satisfaction surveys, workshop/training surveys. For early intervention services, providers will use the Child and Adolescent Needs and Strengths (CANS) assessment tool. COST Rubric to measure quality of Coordination of Services Team and support the development of team goals. School discipline and attendance data will also be utilized.

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

OLDER ADULT PREVENTION AND EARLY INTERVENTION (PEI 07)

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

SB 1004 PRIORITY CATEGORIZATION: #2, #4, #5

MARIN PEI PRIORITY STRATEGY AREA: Capacity Building

PROGRAM DESCRIPTION: Older adults continue to represent a growing percentage of the population of Marin and face many risks for mental illness. The Older Adult PEI program provides community education about mental health concerns in older adults and early intervention services for depression and anxiety. The program receives referrals of older adults diagnosed with depression and anxiety, often in connection with their medical issues, loss, or other difficult life transitions. Clinicians engage with older adults through home visits and well as consistent collaboration with family members and health providers.

New in this three year plan, the Older Adult Prevention and Early Intervention program will also provide training for community providers on supporting LGBTQ older adults and for Primary Care providers to build their capacity to understand the mental health needs of their older adult patients and provide linkage to appropriate resources.

ESTIMATED ANNUAL MHSA EXPENDITURES: $230,000

TARGET POPULATION: The target population is older adults (60+ years old), including individuals from underserved populations such as Latino, Asian, African-American, LGBTQ, low-income, and geographically isolated. Target population also includes primary care and other providers working with older adults.

EXPECTED NUMBERS TO BE SERVED: 60 individuals served through early intervention services. 100+ providers through capacity building activities.

KEY OUTCOMES:

- Earlier identification of mental/emotional difficulties and increased timely access to medically necessary services;
- Increased provider awareness of the mental health needs of older adults and linkage to appropriate community resources;
- Reduced stigma around mental health and help seeking within the older adult LGBTQ community;
- Reduced Prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI client satisfaction surveys. Provider workshop surveys to assess satisfaction, skill development and awareness of community resources. Additional outcomes measurement tools for early intervention services to be determined based on RFP process.

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

EARLY CHILDHOOD MENTAL HEALTH (ECMH) (PEI 01)

SERVICE CATEGORY: PREVENTION

SB 1004 PRIORITY CATEGORIZATION: #1, #4

MARIN PEI PRIORITY STRATEGY AREA: Capacity Building

PROGRAM DESCRIPTION: The program aims to foster healthy social-emotional development and promote the mental health of young children by increasing the skills of teachers and parents to observe, understand and respond to children's emotional and developmental needs. This is done through training, coaching, screening and linkage to appropriate supports. The program works to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age 5.

New in this 3-year plan is additional funding for ECMH screening and linkage to appropriate community and county services.

ESTIMATED ANNUAL MHSA EXPENDITURES: $270,000

TARGET POPULATION: Pre-school students (0-5), caregivers, providers and school/childcare staff.

EXPECTED NUMBERS TO BE SERVED: 1000

KEY OUTCOMES:

- Reduced likelihood of behavioral problems and school failure in pre-school;
- Earlier identification of students with behavioral problems that may indicate mental/emotional difficulties;
- Increased timely access to medically necessary services;
- Increased capacity of staff to recognize and respond to early signs of significant risk for emotional disturbance;
- Reduced Prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI caregiver, provider and staff satisfaction surveys, workshop/training surveys. Additional outcomes measurement tools to be determined based on RFP process.

PROGRAM CONTINUATION	x	PROGRAM EXPANSION		NEW PROGRAM	

LATINO COMMUNITY CONNECTION (LCC) (PEI 05)

SERVICE CATEGORY: EARLY INTERVENTION

SB 1004 PRIORITY CATEGORIZATION: #4, #6

PROGRAM DESCRIPTION: The Latino Community Connection program aims to reduce prolonged suffering due to unaddressed mental illness by increasing identification of individuals with mental health difficulties and increasing protective factors for those with significantly higher risk for mental illness due to trauma. Bilingual behavioral health providers provide brief interventions for individuals, couples, and families including psycho-education, coping skills, communication skills, and referrals to appropriate behavioral health services. Clients may also be referred to trauma, stress management, depression/anxiety groups that help them develop coping and stress reduction strategies. In addition, PEI funds co-sponsor a radio show, "*Cuerpo Corazon Comunidad*", in Spanish on health issues, including mental health and substance use. This program is categorized as an early intervention program with an outreach for increasing recognition of mental illness strategy.

ESTIMATED ANNUAL MHSA EXPENDITURES: $290,000

TARGET POPULATION: The target population is Latinos throughout the County, especially newer immigrants facing many stressors and barriers to accessing services. The Latino population faces a number of significant risk factors for mental illness including severe trauma, ongoing stress, poverty, family conflict or domestic violence, racism and social inequality, and traumatic loss.

EXPECTED NUMBERS TO BE SERVED: 100 individuals served through early intervention services. Thousands of community members reached through weekly radio show.

KEY OUTCOMES:

- Reduced likelihood of school failure and unemployment due to mental health challenges;
- Earlier identification of mental/emotional difficulties and increased timely access to medically necessary services;
- Increased community awareness of mental health and community resources;
- Reduced stigma around mental health and help seeking within the Latino Community;
- Reduced Prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI caregiver and client satisfaction surveys, Radio show listener surveys: quarterly and end-of-year listener surveys on Facebook and on paper to assess knowledge and skills attained through radio show. This 3-year planning cycle PEI will also incorporate evidenced based strategies to evaluate stigma reduction programs and outcomes such as utilizing tools from Patrick Corrigan's stigma evaluation toolkit. Additional outcomes measurement tools to be determined based on the RFP process.

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

COMMUNITY TRAINING AND SUPPORTS (PEI- 12)

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION: #2, #4, #6

MARIN PEI PRIORITY STRATEGY AREA(S): Capacity Building, Suicide Prevention

PROGRAM DESCRIPTION: In order to support MHSA PEI goals including increasing recognition of mental illness, stigma and discrimination reduction, and implementing effective practices, Marin has designated funds to implement outreach, training and education. A central component is Mental Health First Aid (MHFA). MHFA trainings are offered throughout the community. Eight to ten trainings are offered per year. Trainings include standard, youth, Spanish and Vietnamese. The type of trainings, locations, and frequency depend on the demand for the trainings.

In addition, funds are used for other strategies, such as training in suicide prevention; outreach to those who could recognize and respond to mental illness, including individuals who may have signs of mental illness and their families; sending providers, consumers, families and others to conferences related to PEI efforts; trainings and stigma reduction efforts related to May is Mental Health Month including the Youth Mental Health Summit; and funding focused on community-wide equity and inclusion efforts aimed at reducing stigma.

Per the community planning process, this Three-Year Plan includes additional funding to increase community training and supports in community-led work in Marin City and a series of stigma reduction events/trainings in West Marin.

ESTIMATED ANNUAL MHSA EXPENDITURES: $160,000

TARGET POPULATION: The target population for this program is:

- Providers, consumers, family members and other community members who may be in a position to recognize and respond to early signs of mental illness. These include school staff, front-line workers in health and human service agencies, community health advocates/*Promotores*, family members, first responders, probation staff, security guards, librarians, and others.
- Providers, consumers, family members and other community members who are in a position to implement stigma and discrimination reduction activities. These include community leaders, peer providers, appropriate county staff, and others.

EXPECTED NUMBERS TO BE SERVED: 500

KEY OUTCOMES:

- increased understanding of mental health, suicide prevention and substance use disorders;
- increased knowledge about signs and symptoms of issues such as depression, anxiety, psychosis, and substance abuse;
- reduced negative attitudes and beliefs about people with symptoms of mental health disorders;

- increased skills for responding to people with signs of mental illness and connecting individual to services;
- increased knowledge of resources available.

MEASUREMENT TOOL(S): For community trainings, we will use the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire. For MHFA, pre and post surveys to assess change in knowledge and behavior as well as a 3-month post survey to assess retention of knowledge and skills overtime. This 3-year planning cycle PEI will also incorporate evidenced based strategies to evaluate stigma reduction programs and outcomes such as utilizing tools from Patrick Corrigan's stigma evaluation toolkit.

PROGRAM CONTINUATION	X	PROGRAM EXPANSION		NEW PROGRAM	

PEI STATEWIDE (PEI- 20)

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION: #2

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

PROGRAM DESCRIPTION: Marin County contributes PEI funds to support the California Mental Health Services Authority (CalMHSA) to conduct statewide efforts to reduce suicide and reduce stigma and discrimination. CalMHSA, a joint powers authority, represents county behavioral health agencies working to improve mental health outcomes for the state's individuals, families, and communities. On behalf of counties, CalMHSA has implemented statewide prevention and early intervention programs since 2011 to reduce negative outcomes for people experiencing mental illness and prevent mental illness from becoming severe and disabling. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention.

CalMHSA's current strategies include:

- Statewide **social marketing campaigns** including the Each Mind Matters stigma reduction campaigns and the Know the Signs suicide prevention campaign with an emphasis in reaching diverse communities throughout California
- **Community engagement programs** including the Walk In Our Shoes stigma reduction programs for middle school students, and the Directing Change stigma reduction and suicide prevention program for high schools and higher education
- **Technical assistance for counties and community-based organizations** to integrate statewide social marketing campaigns into local programs, and to provide support to counties in addressing county-specific stigma reduction and suicide prevention concerns
- **Facilitate collaboration and partnerships between counties** to create opportunities for shared learning and forging productive working relationships.

ESTIMATED ANNUAL MHSA EXPENDITURES: $81,000

TARGET POPULATION: CalMHSA targets all California residents with additional resources geared towards targeting high priority groups such as the Latino/Hispanic community, rural populations and youth.

OUTCOMES:

- Reduced Mental Illness Stigma and Increased Confidence to Intervene;
- Increased Knowledge and Improved Attitudes Toward Mental Illness;
- Increased capacity within counties to develop and implement comprehensive suicide prevention strategies.

MEASUREMENT TOOL(S): CalMHSA-Each Mind Matters California and Marin County Impact Statements

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

STORYTELLING PROGRAMS (PEI- 24)

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION: #2, #4

MARIN PEI PRIORITY STRATEGY AREA(S): Capacity building, Suicide Prevention

PROGRAM DESCRIPTION: Marin County Storytelling Program is designed to raise awareness of mental health, suicide and substance use, create safe and healthy environments for sharing and increase knowledge of community resources. In May of 2019, The National Alliance on Mental Illness (NAMI)-Marin was awarded a contract to expand their "In Our Own Voices" storytelling series. The program is designed to create healthy environments of compassion, kindness, respect, non-judgment, and support.

In this 3-year MHSA plan, the Storytelling Program under PEI will be expanded (through an RFP process) to include a digital storytelling component. Participants in the digital storytelling program will have the opportunity to create short videos that share their personal experiences with mental illness, substance use, and recovery.

ESTIMATED ANNUAL MHSA EXPENDITURES: $60,000

TARGET POPULATION: Community members and those with lived mental health and substance use experiences.

EXPECTED NUMBERS TO BE SERVED: 500

OUTCOMES:

- Increased understanding of mental health, suicide prevention and substance use disorders;
- increased knowledge about signs and symptoms of issues such as depression, anxiety, psychosis, and substance abuse;
- reduced negative attitudes and beliefs about people with symptoms of mental health disorders;
- increased skills for responding to people with signs of mental illness and connecting individual to services;
- increased knowledge of resources available;
- improved skills and comfort level amongst speakers in public speaking and sharing their stories.

MEASUREMENT TOOL(S): For community trainings, we will use the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire, speakers' evaluations to measure skill development and satisfaction with training component of program. This 3-year planning cycle PEI will also incorporate evidenced based strategies to evaluate stigma reduction programs and outcomes such as utilizing tools from Patrick Corrigan's stigma evaluation toolkit. Additional outcomes measurement tools to be determined based on the RFP process.

PROGRAM CONTINUATION		PROGRAM EXPANSION	X	NEW PROGRAM	

SUICIDE PREVENTION (PEI 21)

SERVICE CATEGORY: SUICIDE PREVENTION

SB 1004 PRIORITY CATEGORIZATION: #2, #3, #4, #5

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

PROGRAM DESCRIPTION: In January of 2020, Marin County released its Suicide Prevention Strategic Plan (please see attached plan). BHRS is currently in the process of hiring a full-time Suicide Prevention Coordinator to coordinate all aspects of the strategic plan implementation.

Funding under Suicide Prevention will continue to fund Buckelew's North Bay Suicide Prevention Program which provides a Suicide Prevention Hotline for Marin, Sonoma, Mendocino and Lake Counties. The hotline is answered 24/7 by a team of staff and volunteers trained to assist those in crisis. Services are available in a wide range of languages through a phone interpreter service. Additional PEI suicide prevention funds will be used to provide community and targeted suicide prevention trainings for those at disproportionate risk of suicide.

In addition to PEI funding for Suicide Prevention, this Three Year Plan will include Community Services and Supports (CSS) funding for postvention supports which could include identifying and implementing a suicide loss survivor outreach model (e.g. LOSS Team) and increasing access to support groups for loss survivors, as part of the CSS Crisis Continuum program.

ESTIMATED ANNUAL MHSA EXPENDITURES: $310,000

TARGET POPULATION: All of Marin County including veterans, middle-aged and older adults, LGBTQ and other residents at disproportionate risk for suicide; community-based organizations, school districts and county partners.

EXPECTED NUMBERS TO BE SERVED: 10,000

KEY OUTCOMES:

- Reduce suicide attempts and deaths in Marin County by:
  - Improving timely access to supports and services for individuals at risk of suicide, with targeted efforts for groups that are disproportionately affected by suicide;
  - Strengthening protective factors including building community connection and reducing stigma around discussing or seeking help for thoughts of suicide, mental health, or substance use issues;
  - Preparing individuals, communities, and organizations to recognize warning signs for suicide and confidence to intervene when someone is at risk.

MEASUREMENT TOOL(S): For community trainings, we will use the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire. Additional outcomes tools will be determined.

PROGRAM CONTINUATION		PROGRAM EXPANSION		NEW PROGRAM	X

NEWCOMERS SUPPORT AND COORDINATION (PEI 23)

SERVICE CATEGORY: ACCESS AND LINKAGE

SB 1004 PRIORITY CATEGORIZATION: #1, #3, #4, #6

MARIN PEI PRIORITY STRATEGY AREA(S): Newcomers Supports; School-Based Mental Health

PROGRAM DESCRIPTION: This program targets newly arrived immigrant youth primarily in middle and high schools in San Rafael, Novato, and West Marin. Utilizing a multi-tiered systems of support (MTSS) framework, the program is designed to support these young people in navigating school and community resources and accessing academic, legal, and mental health supports. Interventions are intended to build on their strengths and resilience in order to help them to succeed in school and beyond. A coordinator will provide assessment, linkage to resources, and short-term case management for students at San Rafael secondary schools. The coordinator will also conduct training for school staff on how to understand the unique needs of this population and support their learning and social-emotional development. This program also includes an expansion of existing school-based newcomer groups that focus on issues such as grief and loss, acculturation, and building resources and supports.

ESTIMATED ANNUAL MHSA EXPENDITURES: $210,000

TARGET POPULATION: Recently arrived immigrant youth in Marin County schools.

EXPECTED NUMBERS TO BE SERVED: 400

KEY OUTCOMES:

- Improved school attendance and retention;
- Reduced likelihood of behavioral problems and school failure and/or unemployment;
- Reduce Prolonged Suffering by increasing protective factors and reducing risk factors;
- Improved school and community connectedness;
- Increased capacity of teachers to support newcomers and understand the impact of trauma on learning;
- Increased service integration, more effective linkage to/engagement with school and community resources for newcomers.

MEASUREMENT TOOL(S): Baseline data on attendance, discipline and school connectedness will be collected and analyzed to evaluate impact overtime. PEI caregiver and client satisfaction surveys, workshop/training surveys will also be utilized. Additional outcomes measurement tools to be determined based on the RFP process.

PROGRAM CONTINUATION	X	PROGRAM EXPANSION		NEW PROGRAM	

VETERANS COMMUNITY CONNECTION (PEI 19)

SERVICE CATEGORY: OUTREACH

SB 1004 PRIORITY CATEGORIZATION: #2, #4, #6

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

PROGRAM DESCRIPTION: Veterans are recognized as being at high risk for mental illness and suicide, without adequate access to necessary care. While there are efforts on a Federal level to address this need, there is much that can be done on a local level to prevent prolonged suffering, as well as a need for more intensive services. In FY2014-15, MHSA PEI began funding the Marin County Veterans' Service Office, within the Department of Health and Human Services, to provide supportive services for veterans with a mental illness through a part-time Case Manager. This program continues to provide outreach to veterans throughout the county, particularly those who are homeless or involved in the criminal justice system, to link them to medically necessary mental health services.

ESTIMATED ANNUAL MHSA EXPENDITURES: $80,000

TARGET POPULATION: The target population is Marin County veterans who are homeless or involved in the criminal justice system. Most of the target population may be experiencing Post Traumatic Stress Disorder (PTSD), while some may experience depression or other concerns.

EXPECTED NUMBERS TO BE SERVED: 150

KEY OUTCOMES:

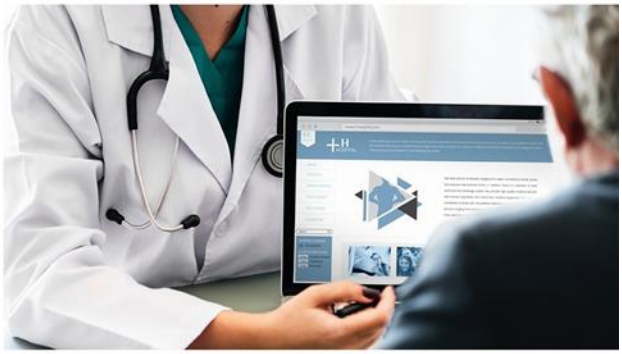
- Linkage to appropriate services within the county, community and the Department of Veteran's Affairs (VA);
- Increased number of veterans permanently housed;
- Reduced prolonged Suffering by increasing protective factors and reducing risk factors.

MEASUREMENT TOOL(S): PEI client satisfaction survey, housing and referral data, outreach logs. Additional outcomes tool to be determined.

PEI Component Budget

Program	FY20-21	FY2021-22	FY2022-23	% of budget for youth	FY20-21 Budget to be spent on youth 25 and under	Total
PEI-01 Early Childhood Mental Health Consultation ECMH	$270,000	$270,000	$270,000	100%	$270,000.00	$810,000
PEI-04 Transition Age Youth (TAY) PEI	$265,000	$265,000	$265,000	100%	$265,000.00	$795,000
PEI-05 Latino Community Connection	$290,000	$290,000	$290,000	20%	$58,000.00	$870,000
PEI-07 Older Adult Prevention and Early Intervention	$230,000	$230,000	$230,000	0%	$0.00	$690,000
PEI-12 Community Training and Supports	$160,000	$160,000	$160,000	43%	$68,800.00	$480,000
PEI-18 School Age Prevention and Early Intervention Programs	$570,000	$570,000	$570,000	100%	$570,000.00	$1,710,000
PEI-19 Veteran's Community Connection	$80,000	$80,000	$80,000	0%	$0.00	$240,000
PEI-20 Statewide Prevention and Early Intervention	$81,000	$81,000	$81,000	58%	$46,980.00	$243,000
PEI-21 Suicide Prevention	$310,000	$310,000	$310,000	35%	$108,500.00	$930,000
PEI-23 Newcomer Supports	$210,000	$210,000	$210,000	100%	$210,000.00	$630,000
PEI-24 Storytelling programs	$60,000	$60,000	$60,000	30%	$18,000.00	$180,000
Subtotal Direct Services	**$2,526,000**	**$2,526,000**	**$2,526,000**	**64%**	**$1,615,280.00**	**$7,578,000**
PEI Supervisor	$124,000	$124,000	$124,000			$372,000
Evidence Based Practice (EBP) Lead Staff	$55,000	$55,000	$55,000			$165,000
Administration and Indirect	$405,744	$405,744	$405,744			$1,217,232
Operating Reserve	$0	$0	$0			$0
Total	**$3,110,744**	**$3,110,744**	**$3,110,744**	**52%**		**$9,332,232**

Appendix: Suicide Prevention Strategic Plan



MARIN COUNTY
Suicide Prevention Strategic Plan

BEHAVIORAL HEALTH & RECOVERY SERVICES | JANUARY 2020

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

EachMind MATTERS
California's Mental Health Movement

prepared by Resource Development Associates

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This report was published by Resource Development Associates, under contract with Marin County Department of Health and Human Services' Behavioral Health and Recovery Services, with support from the Each Mind Matters Technical Assistance Team under the guidance of Stan Collins.

About Resource Development Associates
Resource Development Associates (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and non-profit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant-writing, organizational development, and evaluation.

LETTER FROM THE DIRECTOR

Dear Community Members,

I am pleased to present the Marin County Suicide Prevention Strategic Plan, a roadmap for reducing suicide deaths and attempts in communities and neighborhoods countywide.

Suicide is a public health issue that deeply affects Marin County residents and communities. We as a county have among the highest suicide rates in all of the Bay Area. In the span of just one month in 2017, we experienced the tragic loss of three high school students to suicide. Families, neighborhoods, and communities across the county continue to the feel the grief and confusion that result from these and other suicide deaths and attempts. While much attention has been brought to this issue by the spike in the number of adolescent suicides across the state, we know that suicide affects people of all ages and from all backgrounds. Suicide has now risen to the tenth leading cause of death in the United States across all ages.

However, we also know that suicide is preventable—and that the time for action is *now*. Research has shown that the public health model for suicide prevention, which brings together different fields of knowledge and expertise**, is successful in reducing deaths by suicide and suicide attempts**. For this reason, Marin County Behavioral Health and Recovery Services (BHRS) convened a Suicide Prevention Strategic Planning Committee made up of professionals and community members with a variety of perspectives and expertise to craft a way forward. This group included medical and behavioral health experts, school administrators and educators, leaders of social service agencies, representatives from marginalized and underserved communities, and Marin County residents with lived experiences of suicide loss. Together they developed a comprehensive set of strategies, objectives, and activities that promote residents' wellness and seek to reduce deaths by suicide and suicide attempts countywide.

The Suicide Prevention Strategic Plan is the culmination of this work. At the heart of this plan is the knowledge that preventing suicide is achievable, and that we all have a part to play in saving lives. For this plan to be effective, we will need to challenge conventional thinking, reconsider our previously held approaches, and build new partnerships across agencies and institutions. Importantly, this plan is a living document, and we will revisit these strategies as our understanding of suicide in Marin County continues to grow.

This document is an abridged version of the Strategic Plan. It contains an overview of a community needs assessment conducted to inform the planning process, and the complete listing of strategies, objectives, and activities. For the full version of the Strategic Plan that contains additional detail about the needs assessment, planning processes, and rationale for selection of strategies, please access the following link: www.Marinhhs.org/suicide-prevention.

We encourage all Marin County residents to participate in the activities outlined in this document: to attend a suicide prevention training, help your fellow community members find support in times of crisis, or simply be willing to talk openly about mental health and suicide with loved ones. Throughout the development of this Strategic Plan, we experienced an outpouring of support and enthusiasm from community members who want to be involved in this effort. As we now turn toward the implementation of this plan, continued involvement and support of community members and partners will be essential for our success. **Together we can prevent suicide.**

Dr. Jei Africa
Director
Marin County Behavioral Health and Recovery Services

OVERALL GOALS

Preparing individuals, communities and organizations to recognize warning signs for suicide and confidence to intervene with someone at risk.

Strengthen protective factors, including building community connections and reducing stigma around discussing or seeking help for thoughts of suicide, mental health and substance abuse issues.

Improve timely access to supports and services for individuals at risk of suicide, with targeted efforts for groups that are disproportionately affected by suicide

Reduce suicide attempts and deaths in Marin County

METHODS

County residents shared experiences & perspectives in focus groups & surveys

Community members provided input on ideas & activities for strategic plan

County partners reviewed local data & best practices in suicide prevention

Partners from multiple agencies collaborated on prioritizing strategic plan goals

COMMUNITY CHALLENGES

Marin County residents face the **highest rate of suicide among all Bay Area residents**

Certain groups are disproportionately affected by suicide thoughts and behaviors (attempts, deaths)
(including adult men, youth, LGBTQ+ residents, people of color, veterans)

Communities & school districts would benefit from **greater coordination of suicide prevention resources & efforts**

Many residents find it difficult to talk about suicide, and **many hesitate to seek help** for their mental health

Younger residents describe **hyper-competitive academic environments** that are harmful to many youths' wellness

Community Survey Highlights

1,307 people completed some or all of BHRS's Suicide Prevention Community Survey in February 2019.

Some of the key results include:

72% of respondents know at least one person who has attempted or died by suicide

82% perceive that stigma makes it hard to talk about mental health issues and suicide

23% could recognize the signs of suicidal behavior in someone whom they know

71% want to learn how to help someone who is considering suicide

78% are willing to talk to family and friends about the issue of suicide

CORE STRATEGIES

1 Establish infrastructure to provide leadership, oversight, and accountability to the Strategic Plan

2 Develop a coordinated system of care to promote suicide prevention and wellness

3 Implement public campaigns to raise awareness about warning signs, promote available resources, and increase help-seeking

4 Provide evidence-based training and education to Marin County residents

5 Provide outreach, engagement, and support to all residents with targeted efforts to groups disproportionately affected by suicide

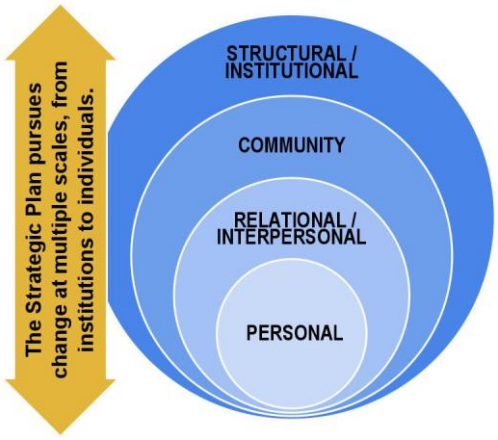
6 Foster safe and healthy environments on all school campuses

7 Reduce access to lethal means for those at risk of suicide

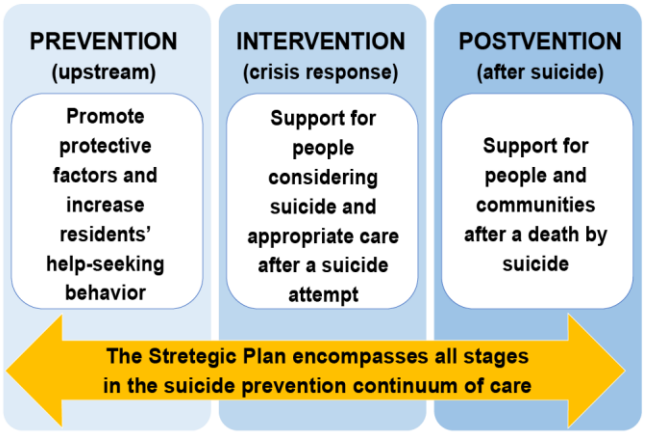
"We need to support a community culture of caring about our neighbors…Standing by and doing nothing is no longer an option!"

– MARIN COUNTY RESIDENT

KEY FRAMEWORKS



SOCIAL–ECOLOGICAL MODEL



CONTINUUM OF CARE

PARTNERS

Marin County Public Health
Marin County Office of Education
Marin County School Districts
Marin County Probation
Marin County Coroner's Office
Marin County Veterans Service Office
Buckelew Programs
Kaiser Permanente
Marin Community Clinics
MarinHealth
NAMI Marin
Aging Action Initiative
Marin County Commission on Aging
Marin County Youth Commission
Marin City Community Development Corporation
Marin Interfaith Council
Individual community members, including survivors of suicide attempts and those who have lost loved ones to suicide

STRATEGY 1

Establish infrastructure to provide leadership, oversight, and accountability to the Strategic Plan

It is important that Marin County create a strong, visible leadership structure to carry out the strategies, objectives, and activities outlined in this document. The Strategic Plan calls for the formation of a leadership group called the **Marin County Suicide Prevention Collaborative** (MCSPC). The MCSPC will coordinate the actions that are described in the Strategic Plan, ensure that all partners are accountable to the Plan, and maintain momentum around ongoing suicide prevention efforts.

Objective 1.1: Establish and convene a suicide prevention body to coordinate implementation of the Strategic Plan	i.	Recruit and engage diverse representatives including but not limited to: county and city agencies, community-based organizations, suicide prevention experts, health providers, private entities (including insurers and local business representatives), residents with lived experiences around suicide, as partners in the implementation of Strategic Plan activities
	ii.	Convene quarterly meetings to monitor progress towards Strategic Plan activities and objectives
	iii.	Review suicide death and attempt data on an annual basis and make recommendations to the Suicide Prevention Coordinator (SPC)
	iv.	Identify and leverage a variety of funding resources to support implementation of Suicide Prevention strategies and activities

Objective 1.2: Establish a dedicated position(s) to support activities of the Strategic Plan	i.	The position(s) will support recruitment, engagement and retention of diverse representatives as partners in the implementation of Strategic Plan activities
	ii.	The position(s) will serve as the primary point of contact between the coordinating body, county, and community partners

Objective 1.2 (Cont'd): Establish a dedicated position(s) to support activities of the Strategic Plan	iii.	The position(s) will coordinate and support the operations of the suicide prevention workgroups stipulated in the Strategic Plan
	iv.	The position(s) will compile and document progress towards Strategic Plan goals, for communicating and sharing with the public

Objective 1.3: Establish and convene subcommittees and/or workgroups to pursue and develop specific efforts outlined in the strategic plan	i.	Establish a school-based wellness collaborative to support the implementation of activities outlined in Strategy #6
	ii.	Establish Training and Education Workgroup to provide recommendations for trainings to be implemented and supports at various levels (i.e. community, school-based, professional, etc.)
	iii.	Establish and convene a workgroup with Marin County, Sonoma County, and the Sonoma-Marin Area Rail Transit (SMART) District to identify and support the implementation of best practices in prevention and postvention strategies along SMART Train railways
	iv.	Develop targeted workgroups to address identified needs for communities disproportionately affected by suicide (e.g., LGBTQ+ residents, adult men, older adults)
	v.	Establish a workgroup to support the implementation of activities outlined in Strategy #2 for coordination of care
	vi.	Additional workgroups will be created as needed

Objective 1.4: Advance data monitoring and evaluation to support data-driven decision-making	i. Continually utilize data to inform strategic plan priorities, implementation, and effectiveness
	ii. Monitor local data to identify existing and emerging trends, factors that may increase or lessen risk, and at-risk population groups
	iii. Identify opportunities to enhance data capacity and expand data collection processes (i.e. developing metrics and data collection strategies for aborted or interrupted suicide attempts, developing and/or refining centralized reporting systems, establishing data-sharing protocols)
	iv. Plan and conduct regular evaluation of Strategic Plan implementation
	v. Develop and release annual report on status of suicide related behaviors (deaths, attempts, hospitalizations) as well as prevention activities (i.e. calls to crisis lines, trainings, etc.)

STRATEGY 2

Develop a coordinated system of care to promote suicide prevention and wellness

It is crucial that Marin County's healthcare system - from hospitals to primary care clinics to student wellness centers - function as a unified whole in identifying and caring for people experiencing suicidal behavior. We envision a system where local behavioral health and primary care providers use a standard patient assessment for suicide risk, create seamless transitions for patients to the appropriate level of care, and share data in order to enhance patients' recovery.

Objective 2.1: Adopt universal suicide screening protocols for all county entities that conduct health assessments and provide training to ensure fidelity	i. Identify agencies, organizations, and key decision-makers to promote countywide adoption of a universal screening tool such as the Columbia-Suicide Severity Rating Scale (CSSRS)
	ii. Develop an implementation support package for agencies and organizations that will adopt the screening tool, including staff trainings and ongoing support
	iii. Improve health care system to provide best practices for individuals at risk of suicide using Zero Suicide as a potential model

Objective 2.2: Strengthen communication, linkages, and supports for individuals who may be at risk for suicide and who are transitioning between providers	i. Establish standardized transition protocols, such as access to peer navigation supports, for residents referred to services for higher-level care
	ii. Improve linkages to community-based care settings for individuals with Medi-Cal or low-income uninsured individuals before they are discharged from a hospital setting
	iii. Explore existing crisis response system and how it can be improved to focus on stabilization and linkages to services in least restrictive setting

Objective 2.3: Implement a coordinated support system to provide follow-up care for individuals experiencing suicide ideation and following a suicide attempt	i. Develop standard protocols for providing follow-up calls or visits to patients after discharge from a hospital or clinical setting, following a suicide attempt
	ii. Expand upon existing Memorandums of Understanding (MOUs) between hospitals & community behavioral health providers to encourage or require participation in “root-cause analysis” meetings following a suicide death or attempt to identify system issues and prevent future losses and attempts

Objective 2.3 (Cont'd): Implement a coordinated support system to provide follow-up care for individuals experiencing suicide ideation and following a suicide attempt	iii.	Develop and promote standard reentry protocols for individuals returning to their school, college, or workplace following a suicide attempt
	iv.	Identify and implement evidence-based practices for supports including safety planning, counseling on lethal means restriction and brief communications with patients during care transitions (such as "Caring Connections")
	v.	Implement suicide attempt survivor support groups

Objective 2.4: Develop, implement, and expand supports for community members after deaths by suicide	i.	Develop and implement written policies and procedures for coordinated, timely, and respectful responses by service providers following a suicide loss, including formal agreements with local coroners and medical examiners to support the initiation of services
	ii.	Work with communities, institutions, organizations, and places of worship, so that all settings have postvention plans and protocols in place to respond quickly and compassionately in the crisis period after a suicide death
	iii.	Identify and implement a suicide loss survivor outreach model (e.g. LOSS Team) and increase access to support groups for loss survivors
	iv.	Establish data-sharing protocols and refine centralized reporting systems

Objective 2.5: Explore avenues to improve access to services for residents with private health insurance	i.	Explore avenues to increase access to private behavioral health services
	ii.	Engage with private insurers and private behavioral health practitioners to identify barriers to access and potential solutions

STRATEGY 3

Implement public campaigns to raise awareness about warning signs, promote available resources, and increase help-seeking

Many Marin County residents noted that they did not know where to access support for themselves or their peers who are contemplating suicide. In addition, residents noted that many community members experience stigma in talking about suicide or seeking mental health care. A multimedia messaging campaign will be crucial step to raising residents' awareness about local suicide prevention resources and establishing safe community norms around openly discussing mental health and suicide.

Objective 3.1: Develop a broad campaign to increase public awareness about available wellness and mental health resources, promote help-seeking behavior, increase knowledge of warning signs, and inform residents on the county's commitment to suicide prevention	i. Develop implementation plan for messaging campaign, including promotion in traditional and social media sources
	ii. Develop a suicide prevention website and online resource hub, in conjunction with social media campaign efforts
	iii. Provide resources and incentives for schools and communities to engage in Suicide Prevention Week/Month activities

Objective 3.2: Tailor and diversify suicide prevention messaging and programming to improve engagement with groups and communities at heightened risk for suicide	i. Collaborate with community leaders and stakeholders to develop culturally relevant and age specific messaging
	ii. Engage community stakeholders across the lifespan to identify preferred methods of support
	iii. Support and expand youth-led awareness campaigns such as the Directing Change Program and Film Contest, NAMI on Campus, Active Minds, and others

Objective 3.2 (Cont'd): Tailor and diversify suicide prevention messaging and programming to improve engagement with groups and communities at heightened risk for suicide	iv. Train residents as peer advocates and spokespeople to disseminate messaging among key provider groups (e.g., first responders) and harder-to-reach communities through efforts such as a Speakers Bureau/Storytelling Programs
	v. Support and expand utilization of statewide efforts to reach diverse communities including Each Mind Matters and Know the Signs

Objective 3.3: Work with public information officers and local media outlets to promote effective messaging around suicide prevention	i. Promote, distribute and provide trainings on guidelines for safe reporting and messaging practices following a death by suicide or suicide attempt
	ii. Establish partnerships with local media outlets to ensure implementation of safe reporting practices

STRATEGY 4

Provide evidence-based suicide prevention trainings and education to Marin County residents

Many Marin County residents expressed a desire for additional in-person trainings on how to recognize the signs of suicidal risk in others, and how to connect them to help. We envision a comprehensive slate of suicide prevention education and trainings for many different residents: health care practitioners, social service providers, employees in other workplaces, and community members. A community where many residents are well-informed on best practices in suicide prevention will be safer and better connected.

Objective 4.1: Provide and promote evidence-based suicide prevention and ongoing care training to service providers	i. Provide and support trainings for clinicians on best practices for culturally competent suicide risk assessments
	ii. Provide and support trainings for clinicians and service providers on best practices in bereavement to support suicide loss survivors
	iii. Provide and support ongoing trainings for clinicians and healthcare professionals on best-practices in management, intervention, and ongoing care for individuals at risk of suicide (i.e. Collaborative Assessment and Management of Suicidality, Assessing and Managing Suicide Risk)

Objective 4.2: Provide and promote evidence-based suicide prevention training for community members, including employers and employees	i. Provide and support training of trainer (T4T) models for gatekeepers in communities with focus on groups disproportionately affected by suicide
	ii. Train agencies, organizations, and businesses that work with groups disproportionately affected by suicide as prioritized by data. For example, for men facing financial, legal, relationship, and/or chronic health problems in identifying and referring clients who may be at risk of suicide
	iii. Work with local employers to establish and implement suicide prevention protocols and procedures such as training requirements for all employees, training for supervisors and Human Resources on screening for suicide risk and referral for appropriate care

STRATEGY 5

Provide outreach, engagement, and support to all residents with targeted efforts to groups disproportionately affected by suicide

Because different community members in Marin County are at heighted risk for suicide, it is important that Marin County and its partners consider a number of different approaches to engaging residents. Outreach activities must be appropriate for people of different ages, and attentive to the cultural factors that can shape community members' attitudes around suicide and mental health. Using targeted approaches, instead of a "one size fits all" approach, ensure that more community members participate in outreach efforts. This is especially important for engaging individuals who are harder to reach.

Objective 5.1: Enhance protective factors and promote coping skills for community members, including targeted outreach for at-risk residents within informal settings	i. Provide messaging and increase awareness of resources in formal and informal community settings, such as barbershops, rotary clubs, bars, the Veterans of Foreign Affairs, and the American Legion
	ii. Identify and develop partnerships with community leaders to organize programs that promote protective factors among middle-aged and older men with common risk factors, such as unemployment or substance use

Objective 5.2: Strengthen peer support networks for communities and groups at heightened risk for suicide	i. Enhance peer connections and peer services for different at-risk populations, including first responders, men in middle age, veterans, transition-aged youth, LGBTQ+ residents, older adults, and formerly incarcerated individuals
	ii. Expand upon programs serving under-resourced groups, including Latino/a and Vietnamese communities and veterans
	iii. Develop support groups and workshops for suicide loss survivors, family caregivers, and residents who are retired or are planning to retire

Objective 5.2 (Cont'd): Strengthen peer support networks for communities and groups at heightened risk for suicide	iv. Support informal systems that create opportunities for social connectedness among isolated residents, especially middle-aged men and older adults

Objective 5.3: Implement culturally affirmative approaches in providing suicide prevention and wellness resources to underserved and isolated communities	i. Expand upon existing *Promotores* model to support suicide prevention efforts among mental health ambassadors in communities of color
	ii. Create opportunities for residents from diverse communities with lived experiences around suicide to share their experiences in safe community spaces
	iii. Promote alternatives to calling 911 for mental health concerns utilizing models such as Crisis Now which includes mobile crisis units, mutual aid networks, and other community-based supports

Objective 5.4: Utilize local data to identify other residents disproportionately affected by suicide deaths and attempts, and determine targeted approaches in suicide prevention supports	i. Increase understanding of risk factors and protective factors, and continually refine targeted approaches to intervention and supports

STRATEGY 6

Foster safe and healthy environments on all school campuses

Young people, parents, and educators in Marin County have all called for a more comprehensive approach to suicide prevention efforts in local schools. In addition, many residents have called attention to the toxic effects of hypercompetitive academic environments that place inordinate amounts of stress on students. Priority areas include increasing classroom instruction around mental health and suicide prevention, standardizing crisis response practices on all campuses countywide, and ensuring that all school campuses have adequate mental health services and supportive resources.

Objective 6.1: Through collaboration with county, district, and community partners, support school districts in the implementation of a three-tiered continuum of supports in all schools	i.	Develop recommendations around adopting evidenced based Tier 1 supports such as mindfulness and Social Emotional Learning (SEL)
	ii.	Provide recommendations for, and support implementation of, suicide prevention trainings for faculty, staff, on-campus providers, and students
	iii.	Implement trainings and education on screening and assessment for suicide risk
	iv.	Enhance the provision of individual and group mental health services to students, including targeted strategies for LGBTQ+ and justice-involved youth
	v.	Expand wellness supports for middle school students, and capacity building for middle school staff
	vi.	Develop standardized recommendations and guidelines for school districts and schools to implement coordination of services teams to streamline referral process and increase access to mental health supports for students
	vii.	Increase availability of crisis supports including expansion of Mobile Crisis Team hours to support the entire school day

Objective 6.2: Support the development of youth-led wellness and suicide prevention initiatives	i. Establish and strengthen peer-to-peer suicide prevention training, education, and mentoring programs for youth
	ii. Provide school districts and schools with mini-grants and/or funding supports to implement youth-led suicide prevention and mental health awareness activities

Objective 6.3: Build the capacity of schools to engage with and support families	i. Increase family outreach and education to provide resources around suicide prevention and mental health

Objective 6.4: Support the implementation of evidence-based crisis response and postvention services in schools	i. Support districts and schools with implementation, refinement, and evaluation of comprehensive suicide prevention, intervention, and postvention protocols, as mandated by Education Code, Section 215
	ii. Ensure annual trainings for school personnel in crisis response measures, memorialize designated school site crisis response point people
	iii. Continue and expand upon work of cross-system crisis response and postvention response team (MCOE, Health and Human Services, Kaiser Permanente, BHRS, county Mobile Crisis Team, law enforcement) and provide postvention training for school staff
	iv. Identify and implement best practice alternatives to 5585/5150 transfers to provide support and care in least restrictive settings
	v. Enhance supports and provide guidance to ensure continuity on re-entry after mental health crisis, suicide assessment and/or suicide attempts

STRATEGY 7

Reduce access to lethal means for those at risk of suicide

Reducing access to common means of self-harm has proven to be one of the most effective methods for preventing suicide, especially when combined with effective messaging and easy access to supportive services. Activities in this Strategic Plan will align with ongoing efforts to reduce the risk of suicide on the Golden Gate Bridge, on local railways, and with prescription drug use. In addition, we envision a more comprehensive series of efforts to improve gun safety practices and deter access to firearms among residents who are experiencing suicidal behavior.

Objective 7.1: Work with partners, existing initiatives, and key stakeholders to reduce access to lethal means for those in crisis and bolster suicide prevention messaging and supportive services	i. Collaborate with RxSafe Marin in their work with pharmacies, medical providers, and law enforcement to reduce access to potentially lethal medications
	ii. Collaborate with and support grassroots groups working to reduce suicide attempts on the Golden Gate Bridge
	iii. Monitor progress of the Golden Gate Bridge Net project through coordination of regular report outs from project representative(s) to the county's suicide prevention oversight body
	iv. Implement efforts to reduce suicide deaths by firearms such as working with local firearm dealers on prevention strategies (awareness/prevention activities), raise awareness of suicide prevention in the firearm community (including safe storage of firearms)
	v. Collaborate with the District Attorney's office to conduct gun buy-back events
	vi. Build upon existing partnerships to expand messaging and protective measures on and around railways

Objective 7.2: Provide education and training to service providers, community members, and gatekeepers on promoting best practices on counseling for lethal means reduction	i. Enhance clinical skills in lethal means assessment and counseling for healthcare providers, social service providers, behavioral health providers, and first responders
	ii. Train nonclinical providers, such as probation and parole officers, in lethal means reduction counseling
	iii. Implement efforts to reduce suicide deaths by firearms such as working with local firearm dealers on prevention strategies, raise awareness of suicide prevention in firearm community (including safe storage of firearms), Build relationships with local retailers, firing ranges, and sporting clubs to promote safe storage practices among gun owners
	iv. Train providers who work with veterans to develop tailored and individualized approaches to lethal means reduction

NEXT STEPS

BHRS is committed to sustaining the forward momentum from the strategic planning process and is working with its partner agencies and organizations to implement the strategies outlined in this plan. Critical next steps include:

- Starting the hiring process for the BHRS Suicide Prevention Coordinator
- Appointing county leaders to the suicide prevention coordinating body
- Inviting and recruiting community representatives to the planning workgroups
- Developing communications plans to keep residents up to date on the Strategic Plan
- Working with the Marin County Office of Education to start enacting school-based strategies

TOGETHER WE CAN PREVENT SUICIDE

Everyone has a role to play in saving lives and bringing together our communities. To achieve the goals of this strategic plan we will need your help. Whether it is providing us with feedback about this plan, learning how to recognize suicide warning signs, or finding new ways to connect with individuals in the community – **you can make a world of difference**.

With the support of community members, community groups, and our many agency and organizational partners, we can together increase wellness and reduce suicides and suicide attempts across Marin County. **Prevention is possible!**

To stay connected with current efforts and learn how to get involved, please visit www.marinhhs.org/suicide-prevention.



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