

MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL PREVENTION & EARLY INTERVENTION (PEI) REPORT

REPORTING ON DATA FOR FISCAL YEAR 2021-22



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FY21/22 OUTCOMES AND ACTIVITIES: PREVENTION AND EARLY INTERVENTION (PEI)

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 unserved 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 delivery to support clients (such as building school-based coordination teams and building learning communities to share resources and best practices).

PREVENTION AND EARLY INTERVENTION (PEI) PRIORITIES FOR FY20/21 THROUGH FY22/23

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 guided our PEI program and service priorities for the next three years. These four priorities included:

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 in this 3-year plan was 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.

Priority Two: 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.

Priority Three: 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.

Priority Four: 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 [Strategic 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 2017-2019, 16.2 people per 100,000 died by suicide in Marin County, well above the state average over the same period (11.1) Marin County’s proximity to the Golden Gate Bridge makes the bridge an accessible lethal mean for those who are in distress. Our County has experienced the tragic loss of several youth to suicide. Additional data from FY20-21 can be found in the Marin County Suicide Prevention Collaborative [Annual Report](#) attached to this report and found on the newly launched [website](https://prevention.marinbhhs.org/suicide-prevention) (<https://prevention.marinbhhs.org/suicide-prevention>).

CHANGES FOR FY22/23: The major priority for FY22/23 was to increase recruitment and retention of PEI provider organizations. PEI Providers were invited to submit contract increase requests to better promote recruitment and retention of staff and expanded needed services.

INTRODUCTION TO PEI PROGRAMS FOR FY20/21 THROUGH FY22/23

Many of the existing PEI programs have been successful in reaching underserved communities and achieving mental health related goals (see FY2020/21 Annual Update) and therefore will be continued in this Three-Year Plan. In response to stakeholder input, evaluations of existing PEI programs, and the gaps identified through these processes, some of the ongoing programs will be changed or expanded in FY21/22. Requests for Proposals (RFP) were released in the Spring of 2020 for all continued and new PEI programs.

In FY 21/22, in order to expand and strengthen the Community Health Advocates (CHA) programs *Promotores*, these programs were moved to the Outreach and Engagement component of Community Services and Supports (CSS). In fall of 2021, RFPs were released 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 Outreach and Engagement coordinator (new position in FY20/21) provides 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. Please note that this position has been vacant since December of 2021. BHRS is actively recruiting to fill this vacancy.

OVERVIEW OF FY 21/22 PROGRAMS (OUTCOMES REPORTING YEAR)

MHSA Prevention and Early Intervention (PEI) funds are intended to help prevent mental illnesses from becoming severe and disabling. This includes:

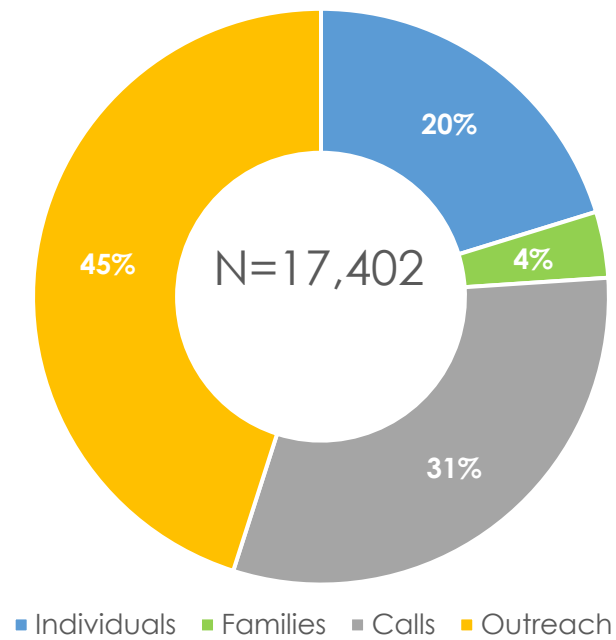
- **Prevention:** Reduce risk factors and build protective factors associated with mental illness
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- **Reduce Stigma and Discrimination** related to mental illness
- Efforts and Strategies related to **Suicide Prevention**

A focus of PEI is to reach unserved 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

A minimum of 51% of PEI funds are required to be dedicated to youth and transition age youth (0-25 years old). In FY23/24, 64% of direct service funding is budgeted for youth—which is 54% of the total PEI budget. Recognizing that increased funding and services are not by themselves sufficient to reach PEI goals, the PEI Coordinator convenes the PEI Providers quarterly, conducts three site visits annually, attends various PEI provider events and trainings and convenes short-term work groups as needed to strategize around prevention efforts related to specific populations.

MHSA PEI PROGRAMS TOTAL SERVED IN FY 21/22:
INDIVIDUALS, FAMILIES, HOTLINE CALLS, OUTREACH ACTIVITIES







CLIENTS SERVED

Over the life of PEI, the programs have been adjusted to increase their ability to reach underserved populations. Locating programs within Marin City and West Marin have increased access for African Americans and geographically isolated communities. Providing programs specifically for Transition Age Youth (TAY), Older Adults (OA), Newcomers, and expanding school-aged services has ensured PEI services are available for residents of all ages. In addition, PEI providers consistently report that they are serving individuals and communities who prior to PEI would have not received mental health support, whether due to language, stigma, cost, or other barriers. This is also validated by the results of satisfaction surveys completed by clients. The program narratives in this report include program descriptions, outcomes, and client stories.

COMPLIANCE WITH REGULATIONS

BACKGROUND

New PEI Regulations were adopted effective July 1, 2018.

COMPLIANCE PLAN

There are many areas of the regulations that Marin was already in compliance with prior to the adoption of previous regulations that were effective October 6, 2015. These include:

- The purpose of PEI
- Implementing the types of programs (Prevention, Early Intervention, Outreach, Stigma and Discrimination Reduction, Access and Linkage to Treatment, Suicide Prevention - optional)
- Implementing the required strategies (Access and Linkage to Treatment, Improve Timely Access for Underserved Populations, Non-stigmatizing, Effective Methods)
- Collecting and reporting on the majority of required data (number served, number of family members served, previously required demographics, outcomes, etc.)

The following areas were implemented in FY 17/18 in compliance with new July 2018 regulations and continued to be strengthened:

Demographics

There are a number of new aspects to the demographics including a separation of race and ethnicity, types of disability, sexual orientation, gender assigned at birth, and current gender identity. As of July 1, 2017, all Early Intervention programs are collecting this data. This was a good way to introduce the new demographics because early intervention programs have more extensive interactions with clients than most other programs. As of July 1, 2018, all PEI funded programs were required to gather the expanded demographics when appropriate. For example, it may be appropriate to collect the data at the end of a long workshop or series of workshops, but not at a short presentation or outreach activity. The PEI Coordinator works with the programs to determine which activities are appropriate for gathering demographic data. New demographic forms were developed for the 20/21 FY through provider input in order to improve cultural sensitivity of the questions. The forms remain in compliance with MHS PEI regulations for demographic data collection.

Outreach Settings and Types of Responders

In the new regulations, programs that teach people to recognize and respond to early signs of potentially severe mental illness are expected to report on the settings where the trainees might use those skills (i.e., where they work) as well as the type of responder they are (i.e., what their job is). As of July 1, 2018, the programs began collecting information on the setting, type of responder and demographics, when appropriate. For Mental Health First Aid, we collect type of participant and demographic information at registration, which is done online.

Access and Linkage to Treatment

As of July 1, 2016, PEI providers began collecting information on referrals to the County of Marin Access Line. As of July 1, 2018, PEI providers are all required to collect and provide data to the County the:

- number of referrals to ACCESS (or other county mental health providers such as a school-based EPSDT clinician)
- percent of total referrals that were connected to service
- average time between referral and connection, and
- duration of untreated mental illness, as required by PEI regulations

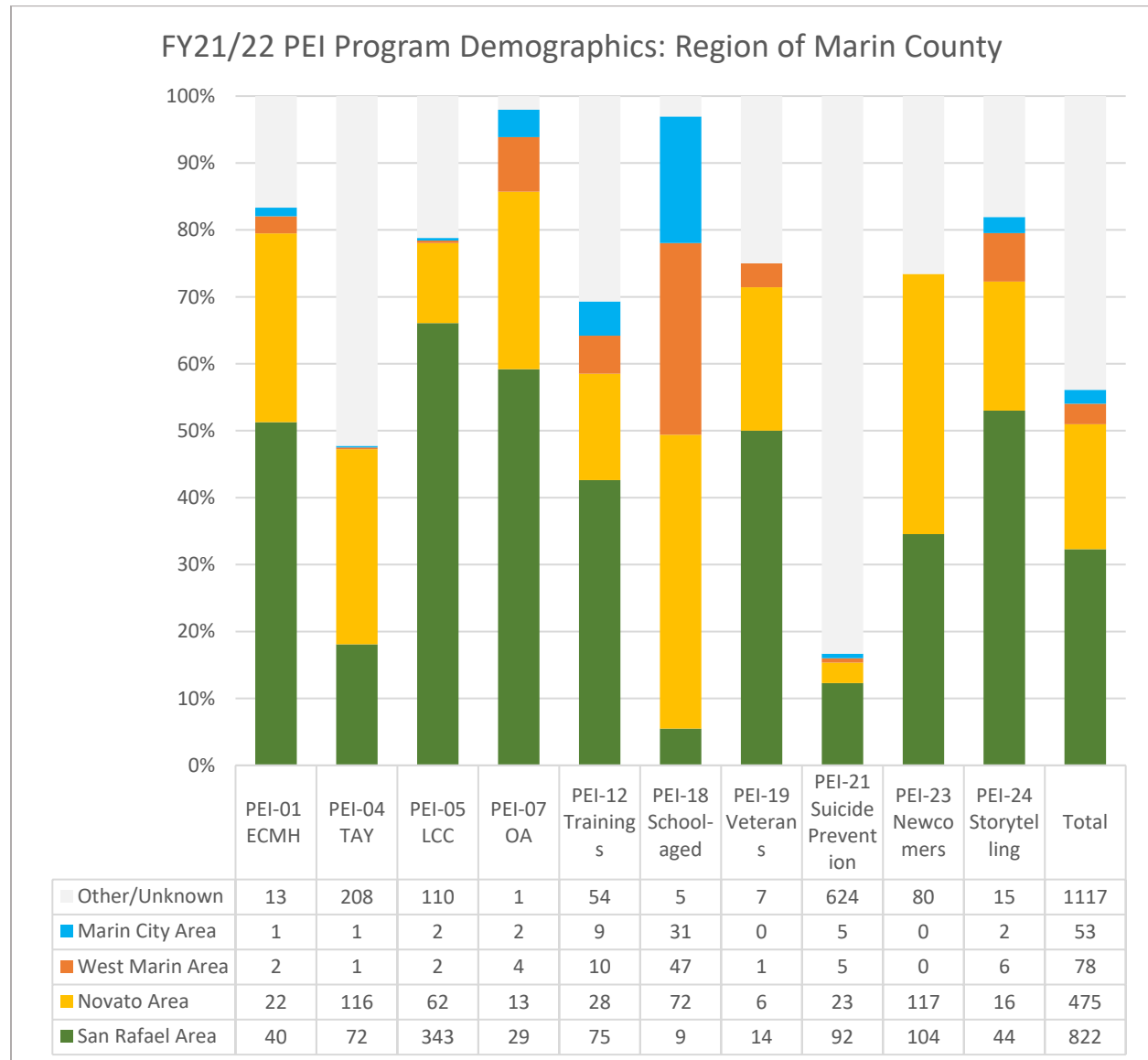
Improve Timely Access

PEI providers began collecting data on referrals to other PEI programs as of July 1, 2018. Based on conversations with PEI providers, they rarely provide a written referral to another PEI program, and therefore may have limited data to report in this area. The strategies used for encouraging timely access to services are described in the narrative part of the Annual Update.

FY 21/22 DEMOGRAPHICS

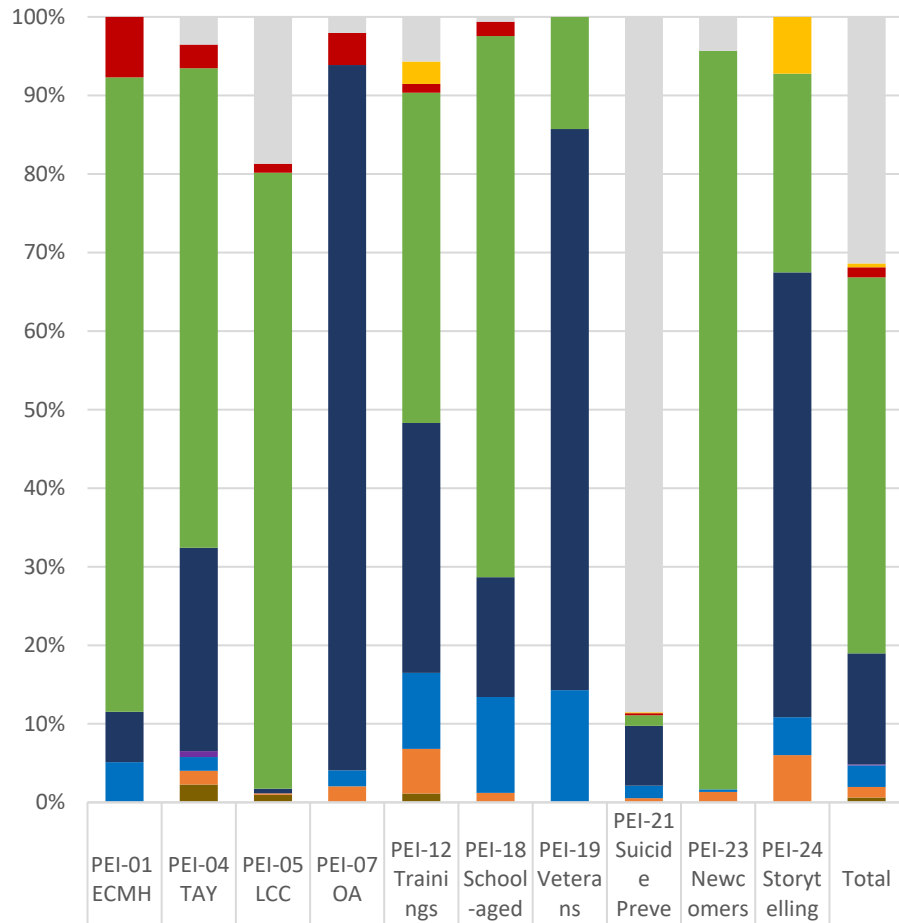
A breakdown of the of the populations served by PEI program in FY 21/22 is provided below. Demographics are collected for Prevention and Early Intervention programs that include services such as support groups, counseling, skill building, training and service navigation and advocacy.

Note: demographics were not able to be collected for all clients.



In FY 21/22, the breakdown of PEI clients by region that responded to this question was as follows: 56% San Rafael area, 5% Marin City, 33% Novato, 7% West Marin. These breakdowns exceed the Medi-Cal population in each region.

FY21/22 PEI Program Demographics: Race

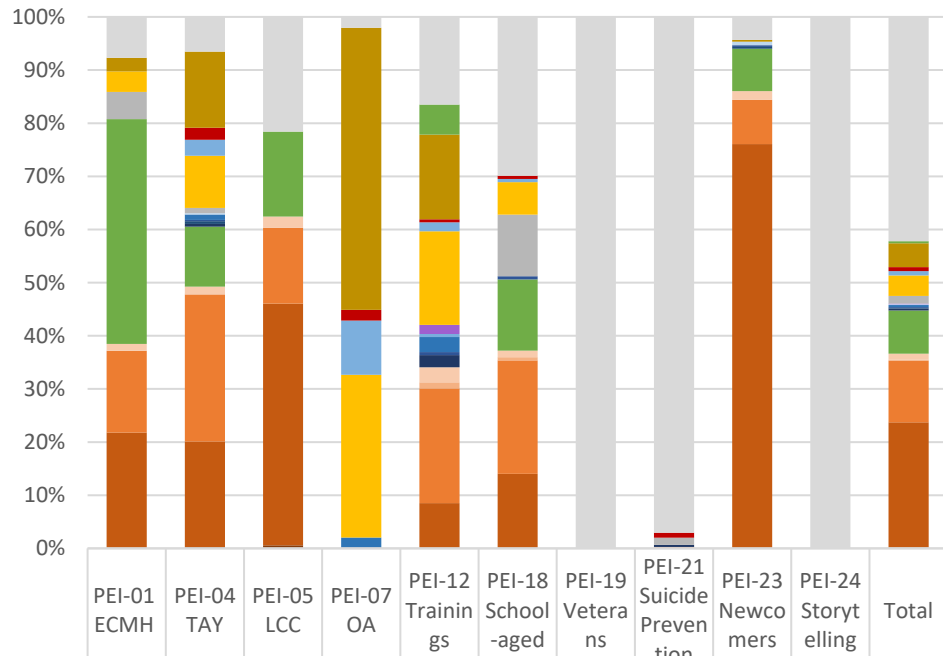


Missing or declined to answer	0	14	97	1	10	1	0	663	13	0	799
More than one race	0	0	0	0	5	0	0	1	0	6	12
Other	6	12	6	2	2	3	0	2	0	0	33
Hispanic or Latino	63	243	407	0	74	113	4	10	283	21	1218
White (Non-Hispanic)	5	103	3	44	56	25	20	57	0	47	360
Native Hawaiian or other Pacific Islander	0	3	0	0	0	0	0	0	0	0	3
Black or African American	4	7	0	1	17	20	4	12	1	4	70
Asian	0	7	1	1	10	2	0	4	4	5	34
American Indian or Alaska Native	0	9	5	0	2	0	0	0	0	0	16

70% of those served by MHSa Prevention and Early Intervention programs identified as Hispanic or Latino; 21% identified as White (Non-Hispanic); 4% identified as Black or African American; and 2% identified as Asian.

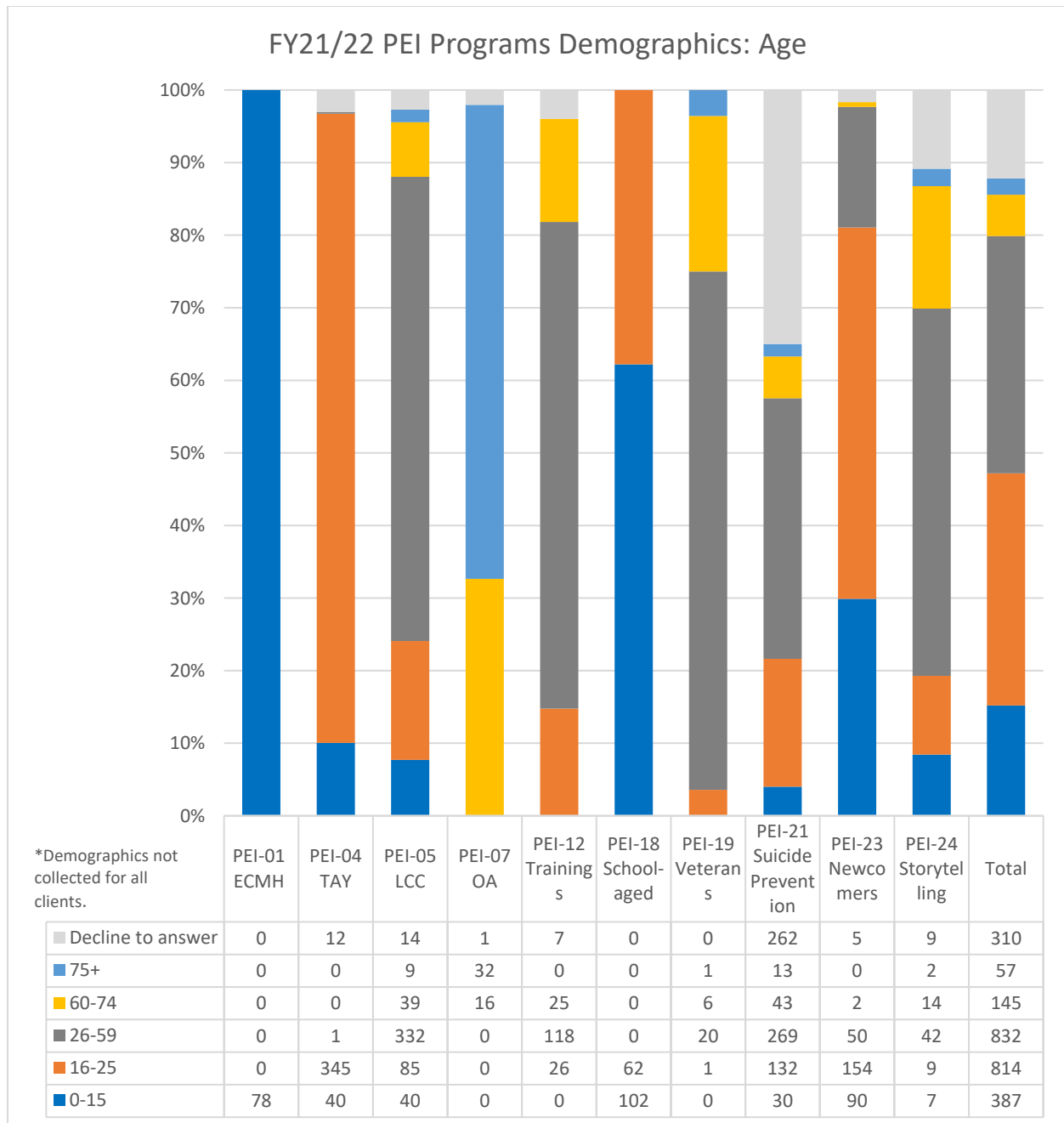
*Demographics not collected for all clients.

FY21/22 PEI Demographics: Ethnicity



	PEI-01 ECMH	PEI-04 TAY	PEI-05 LCC	PEI-07 OA	PEI-12 Trainings	PEI-18 School- aged	PEI-19 Veterans	PEI-21 Suicide Prevention	PEI-23 Newcomers	PEI-24 Storytelling	Total
Missing or decline to answer	6	26	112	1	29	49	28	727	13	83	1074
More than one ethnicity	0	0	0	0	10	0	0	0	0	0	10
Other	2	57	0	26	28	0	0	0	1	0	114
Middle Eastern	0	9	0	1	1	1	0	7	0	0	19
Eastern European	0	12	0	5	3	1	0	0	0	0	21
European	3	39	0	15	31	10	0	0	0	0	98
African American	4	4	0	0	0	19	0	10	0	0	37
African	0	0	0	0	3	0	0	0	0	0	3
Vietnamese	0	1	0	0	0	0	0	0	2	0	3
Korean	0	0	0	0	1	0	0	0	0	0	1
Japanese	0	0	0	0	0	0	0	0	0	0	0
Filipino	0	4	0	1	5	0	0	0	0	0	10
Chinese	0	1	0	0	1	1	0	0	1	0	4
Cambodian	0	2	0	0	0	0	0	0	1	0	3
Asian Indian/South Asian	0	2	0	0	4	0	0	3	0	0	9
Other Latino not listed	33	45	83	0	0	22	0	0	24	0	207
South American	1	5	11	0	5	2	0	0	5	0	29
Puerto Rican	0	1	0	0	2	1	0	0	0	0	4
Mexican/Mexican American	12	110	74	0	38	35	0	1	25	0	295
Central American	17	79	236	0	15	23	0	1	229	0	600
Caribbean	0	1	3	0	0	0	0	0	0	0	4

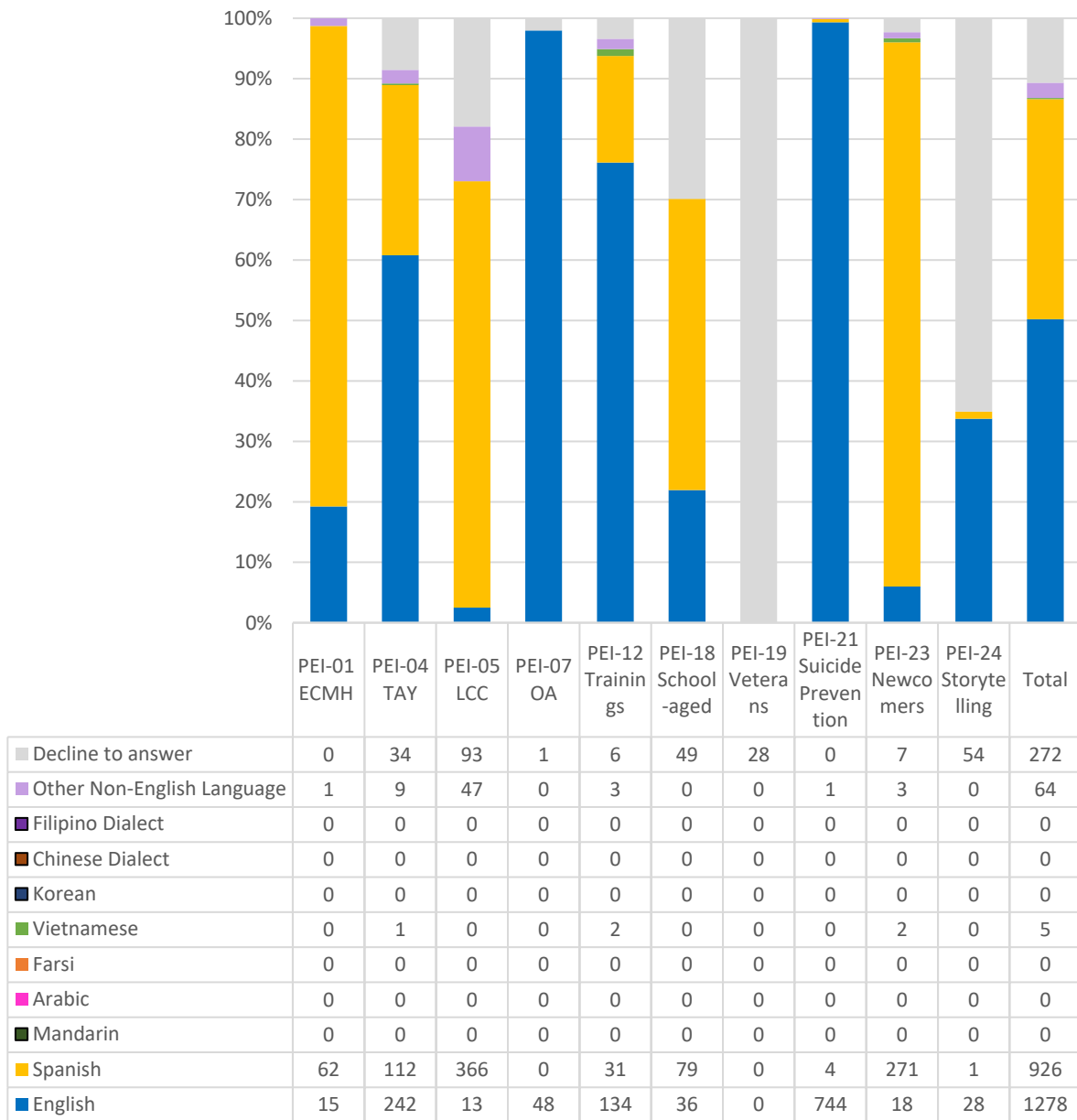
92% of PEI clients overall were from traditionally underserved racial/ethnic groups. 41% identified as Central American; 20% identified as Mexican/Mexican American; 14% identified as other Latino not listed; & 2% identified as South American. 8% more than one ethnicity or other.



53% of PEI clients served were between 0-25 years old. 37% served were between 26-59 years old. 6% were between the ages of 60-74 and 3% were ages 75 and up.

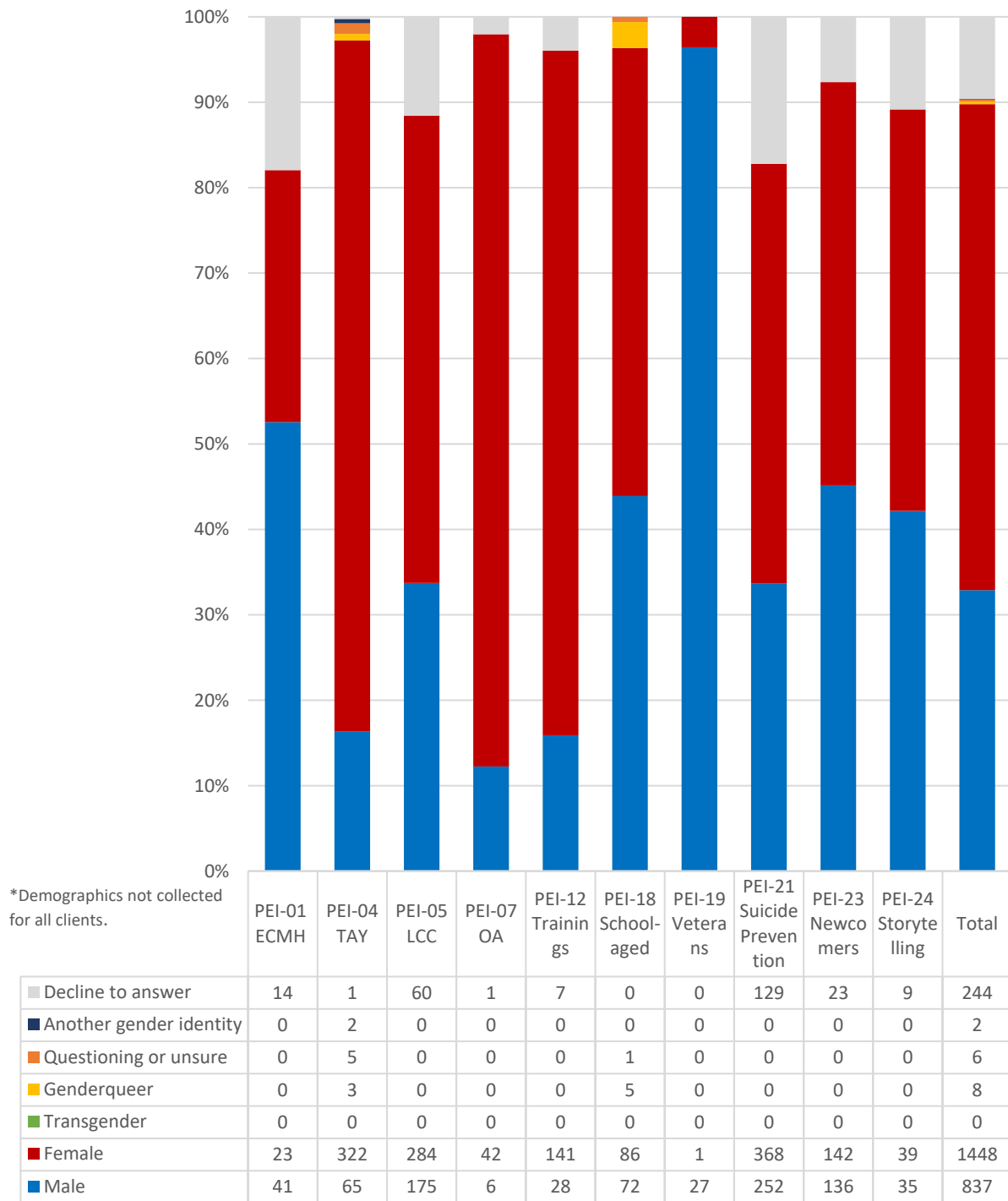
Note: A significant number of demographics were not collected due to COVID during the FY21/22. For example, in the Early Childhood Mental Health and school-aged programs, 100% of funding is dedicated to supporting youth by providing direct service to students and families as well as training and support for the adults in their lives. However only a limited number of demographics were not collected for staff and families and is therefore not reflected in the above data.

FY21/22 PEI Programs Demographics: Primary Language



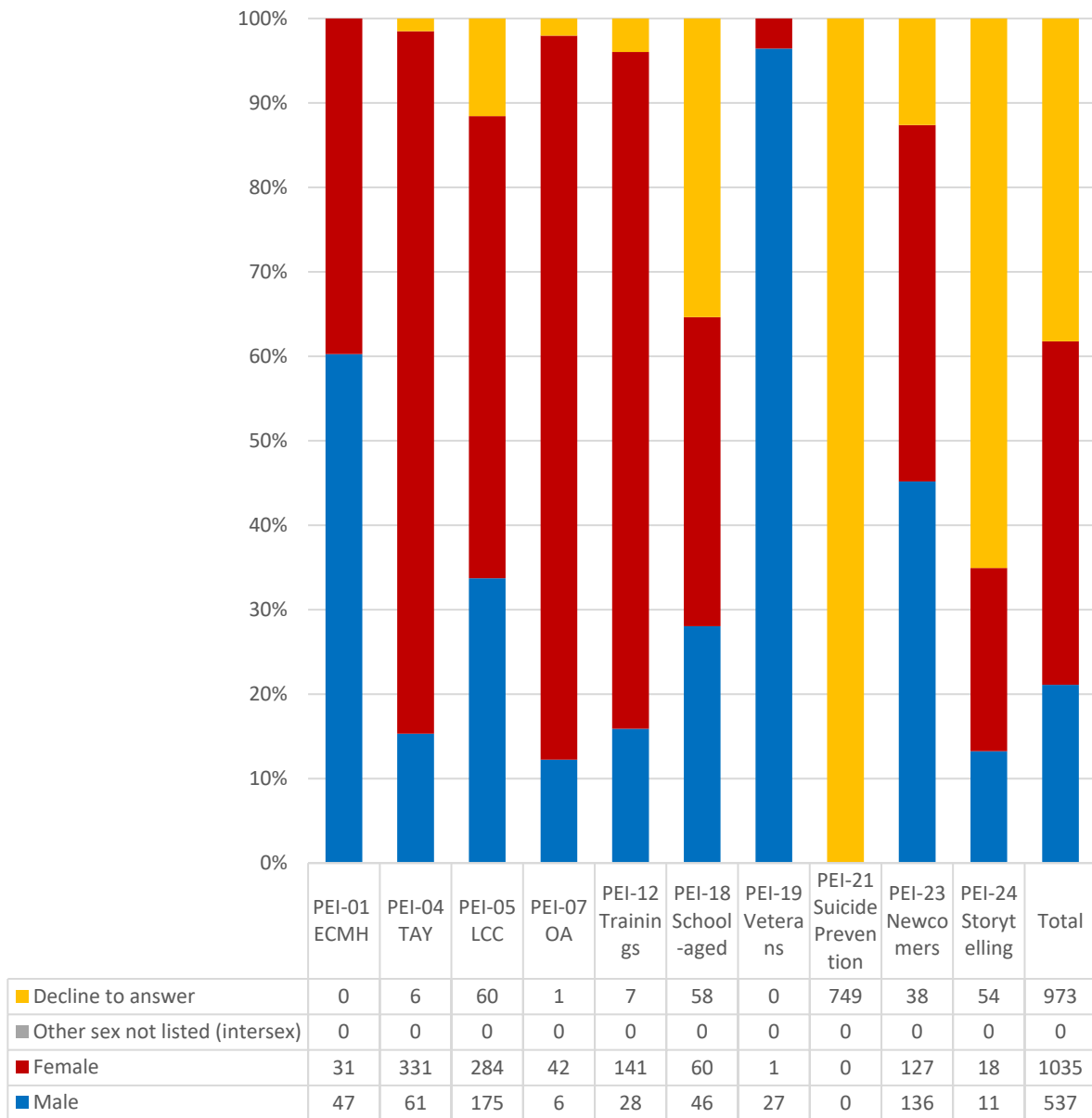
Spanish speaking individuals represented 41% of people served in PEI programs.

FY21/22 PEI Programs Demographics: Gender Identity



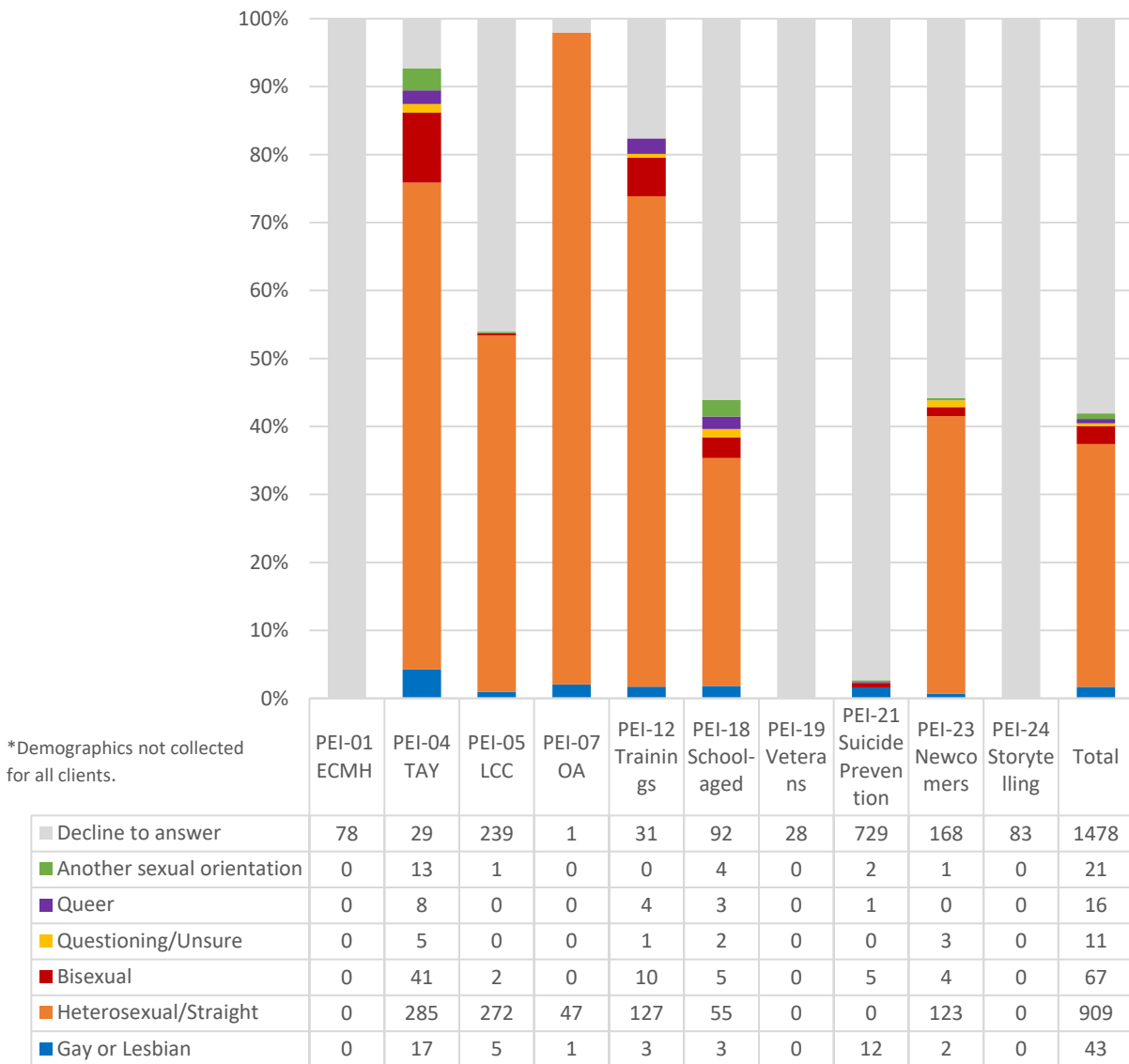
63% of PEI clients identified as female, 36% identified as male, 1% identified as transgender, genderqueer, questioning, or another gender identity.

FY21/22 PEI Programs Demographics: Sex Assigned at Birth

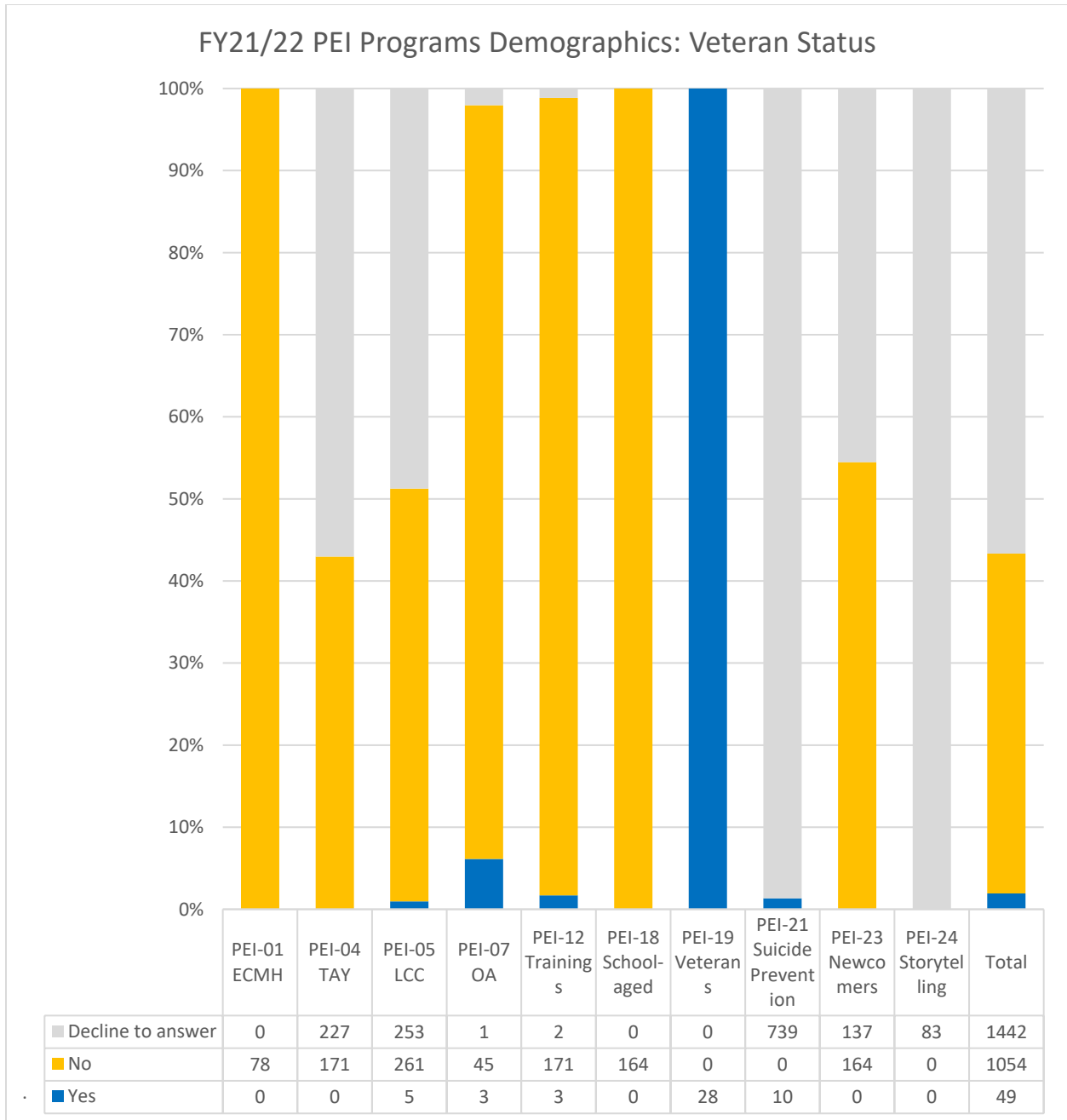


65% of PEI clients reported that they were assigned female at birth, 35% reported that they were assigned male.

FY21/22 PEI Programs Demographics: Sexual Orientation

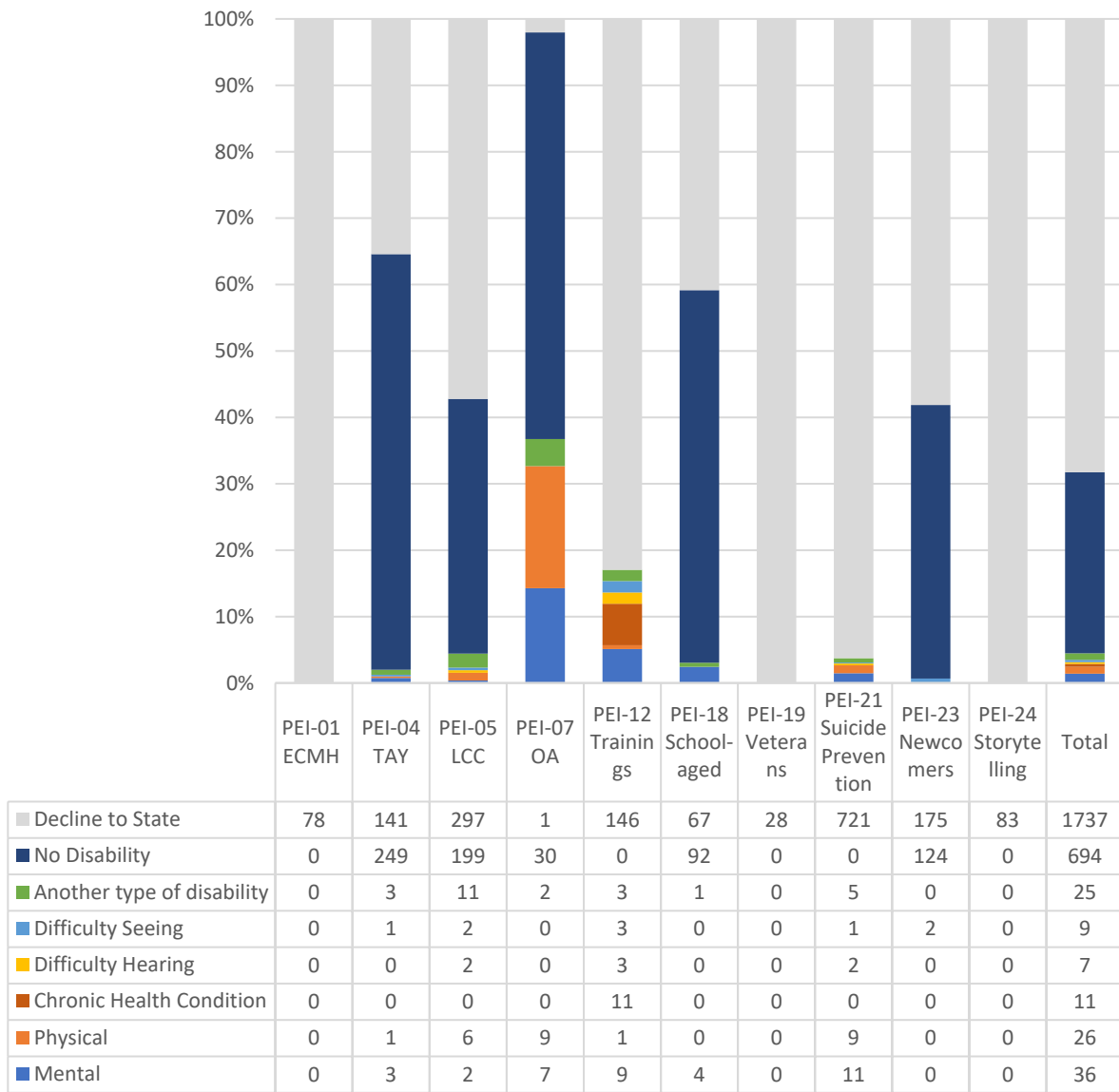


58% of clients declined to answer the question about sexual orientation or were not asked in early child and other youth programs serving young children. 15% of clients that noted their sexual orientation identified as Gay or Lesbian, Bisexual, Questioning/Unsure, Queer, or Another sexual orientation.



49 (or 4%) of total clients that responded to this question identified as Veterans, 40% of which were served through the PEI Veterans Case Management program. This question was not asked in the ECMH and school-aged programs.

FY21/22 PEI Programs Demographics: Disability Status



14% of clients that noted their disability status identified as having one or more disabilities.

Note: MHFA did not collect "disability status" information for clients and therefore is it not included in the graph.

Note: A disability for this data collection as defined by the State is "a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness."

EARLY CHILDHOOD MENTAL HEALTH (ECMH) (PEI 01)

SERVICE CATEGORY: PREVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: Capacity Building

PROVIDER: Jewish Family and Children's Services

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

ECMH

SUMMARY FY21-22

Clients Served: FY21-22

78 Individuals

91 Families

635 reached
through
Outreach/Training

EXPECTED NUMBERS TO BE SERVED: 500

TARGET POPULATION: The target population is pre-school students (0-5) who attend subsidized pre-schools, and their families. The children and families face risk factors including poverty, racism, social inequality, trauma, adverse childhood experiences, substance use, and others. In addition, the staff at the subsidized pre-schools are the target population for the training in recognizing and responding to risk factors and signs of emotional disorders.

PROGRAM DESCRIPTION: The Early Childhood Mental Health Program at Jewish Family and Children's Services increases the availability of early interventions for emotional or behavioral health issues by providing highly trained mental health consultants in childcare centers throughout Marin County that serve low-income families with children from birth to age five. Direct intervention by consultants includes assessment of children with social/emotional risk factors utilizing evidence-based tools and, development and facilitation of intervention plans for at-risk children, including consultation and psycho-education with parents and linkages to community resources.

"[Our consultant] was absolutely invaluable! [She] was able to support her sites teachers during a time of significant stress, providing them with the support and tools they needed to effectively serve their most challenging children."

Early Childhood Mental Health Consultation is intended to **Reduce Prolonged Suffering** for those at significantly higher risk for mental illness by increasing protective factors and reducing risk factors. The ECMH PEI program aims to reduce Prolonged Suffering by providing:

“[Our JFCS consultant] was helpful & supportive. I appreciate her insight & ideas. There were many changes in the classroom this year (changes with teachers, and even locations opening/closing). We did our best to meet the needs in not great conditions, and her support was much appreciated”

Training for teachers and childcare providers: Early Childhood Mental Health Consultation is promoting the mental health of children 0-5 by helping teachers and parents to observe, understand, and respond to children’s emotional and developmental needs. Childcare providers receive training and ongoing coaching to integrate evidence-based practices and best practices into their daily interactions with children and families. Practices include:

- Powerful Interactions
- Social and Emotional Foundations for Early Learning, and
- Triple P.

Gaining skills in these areas increases the providers’ abilities to reduce behavioral issues in the classroom, increase the social-emotional skills of the students, and identify and respond to behaviors that may be due to mental or emotional difficulties.

Assessment and brief intervention: JFCS’ “Consultation Questionnaire” is completed by pre-school staff to track changes in relevant knowledge and skills. The “Parents’ Questionnaire” is completed by families at the conclusion of receiving intervention services to track changes in parenting skills and strategies. A DECA-C pre- and post-test is completed by teacher to track changes in the child’s behavior in the preschool setting. If a child is identified as potentially having mental or emotional difficulties, the child and family are assessed by a consultant using methods such as parental depression screening and/or a validated social-emotional screening for children aged 3-5 (DECA-C: Devereux Early Childhood Assessment-Clinical Form). When children or families are identified as needing intervention, consultants assist with developing and facilitating the implementation of an intervention plan. Interventions may include: meeting with the adults in the child’s life (family and childcare) to identify the function of the child’s behavior; identifying the child’s areas of resilience and creating a support plan to build on these strengths; supporting staff and parents with self-initiated strategies (both child-directed and programmatic) to meet the needs of the child’s identified behavior; encouraging the development of strong bonds between teacher and child, and between teacher and parents; facilitating meeting(s) between parents and staff; helping parents identify areas of personal/familial stress as a bridge to referrals; and providing linkages to additional services.

Timely Access to Services: The program improves access for underserved populations by being located in pre-schools with high rates of students/families from underserved populations, and by ensuring service providers are culturally and linguistically competent. Services are free, culturally appropriate, and provided in the home and other community settings as needed. Services are non-stigmatizing by being initiated through the pre-

100% of Caregivers reported that the JFCS consultant respected their ethnic/cultural/religious identity

100% of caregivers reported that their child built stronger relationships with family/friends/teachers

88% of caregivers reported that their child is doing better in school (academically and socially)

school and identified as assisting with school success, rather than specifically identified as mental health related.

Access and linkage to Treatment: Individuals/families at risk or showing signs of developing mental illness are linked to additional risk reduction services, early interventions, and other resources as needed. Access and linkage to treatment for individuals experiencing symptoms of serious mental illness or emotional disturbance is achieved through assessment and referral by ECMH consultants, who are licensed mental health providers. They make the referrals to County Behavioral Health and Recovery Services (BHRS), private health coverage, and primary care and assist with making an initial appointment as needed. Referrals to County BHRS go to the “Access and Assessment line,” enabling the County to track referrals, timeliness of services, and services received. PEI staff will maintain relationships with referral sites and participate in the PEI Committee that includes representatives from all PEI programs, County Behavioral Health and Recovery Services (BHRS), clients, families, and other key agencies to facilitate successful collaboration.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- The number and types of individuals trained, types of trainings provided and demographics
- Participant/provider surveys are conducted to show changes in knowledge and skill for those receiving training
- Client/family demographics and satisfaction surveys to show impact of services provided (see PEI overview section)
- Referral data to show improved recovery through access and linkage to services
- Results of validated clinical tools (DECA-C) used to measure changes in child behaviors and staff and parent questionnaires to measure changes in skills and knowledge
- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable. The ECMH program provided an adapted survey to school staff and administrators
- Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire - Social Emotional (ASQ-SE)

Anticipated data collection changes and additions for FY 22/23:

Efforts to streamline accessing and using the ASQ-SE scores are ongoing. In the 21/22 Fiscal year consultants continued to provide psychoeducation to staff on the importance of gathering completed screenings toward identifying baselines and concerns and tracking progress. Consultants assisted CAM sites in implementing this as a requirement for all parents at the beginning of each year, at regular intervals, and as needed when social emotional issues arise; however, sites continue to struggle to get parents to return completed forms. The ASQ and ASQ-SE tools remain powerful data collection tools and ECMH consultants will continue to work with sites toward their ongoing and consistent use, and toward developing systems that enable sites to share this data with consultants on a consistent basis.

In FY21/22, JFCS used both paper surveys and digital surveys in an effort to accommodate school staff and families and to gather as much data as possible. ECMH refines our data collection methods on an

ongoing basis, as this has historically been a challenge, and because data collection is a crucial component of tracking progress and identifying areas of improvement. For the 22/23 FY, some strategies we are using to improve data collection include:

- Working with JFCS's administrative team to ensure that surveys go out automatically immediately upon the closing of a case
- Engaging teachers and site directors to assist us in gathering data and surveys as needed by reminding them that this is a component of our funding and that it provides us with feedback helpful in improving our services to them
- Having individual consultants and the Program Director send end –of –year surveys personally rather than in a form email to increase the likelihood and timeliness they are completed and following up personally when they are not returned

OUTCOMES:

N = the total number in the sample (i.e., total number who received services or completed a survey).

Outcomes	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Children that received prevention services through staff consultation (number of students at school site)	250-535	472	535	635
Percent of these children that come from un/underserved cultural populations (Latino, Asian, African American, West Marin).	70%	93% N=439	70%	93% N=590
Children/families identified for enhanced intervention (through observation or validated screening tools for child behavior or family caregiver depression) and provided services through ECMH Consultation.	65	114	65	78
Children in childcare settings served by ECMH Consultants retained in their current program or transitioned to a more appropriate setting. <i>*Case notes</i>	95%	100%	95%	100%
Parents/primary caregivers of families receiving intensive services who report increased	85%	97%	85%	90%

understanding of their child's development and improved parenting strategies. <i>*JFCS multi-county parent questionnaire</i>				
Caregivers reporting satisfaction (strongly agree or agree) with the PEI services (would recommend, use again, etc) <i>* (PEI Caregiver Survey)</i>	75%	92% N=22	75%	75% N=56
Total referrals to County Behavioral Health (BHRS)	N/A	11	N/A	6
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	5	N/A	0
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	6	N/A	6
Total referrals to other PEI providers	N/A	2	N/A	1
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	2	N/A	0
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	N/A	N/A	2
Total referrals to other mental health services or to resources for basic needs	N/A	14	N/A	22
Early Childhood Education Sites Receiving Services	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Childcare staff receiving ECMH Consultation who report increased ability to identify, intervene with, and support children in their care with emotional/behavioral issues. <i>*JFCS multi-county provider questionnaire</i>	85%	88% N=30	85%	88% N=119
Staff receiving ECMH Consultation services who report satisfaction with the services (would use again, would recommend, were helpful). <i>*PEI survey</i>	75%	96% N=33	75%	75% N=101

**Data Collection Method*

EQUITY STRATEGIES:

JFCS serves primarily low-income and predominantly Latinx children and families. ECMH works to recruit and retain bilingual staff representative of the population we serve. Starting in 2/23, the ECMH program director began meeting regularly with an HR recruiter specifically for the purpose of working to recruit bilingual staff with expertise and experience in working with children 0-5 and in serving un/underserved populations. JFCS and Marin County require ongoing training in cultural humility. Some recent trainings ECMH staff have attended have included: *Gender in All Its Splendor: The Gender Affirmative Model and Its Applications*;

Emergency Room: How it Impacts Healthcare Disparities in African Americans; LGBTQ 101: Understanding & Affirming the LGBTQ Community and Everything In Between, and Latina Mothers' Mental Health: An examination of its relation to parenting. In addition, ECMH leadership works to integrate concepts learned in these trainings into our weekly meetings, supervisions, and case consultations. ECMH, and its umbrella organization, JFCS, prioritize delivering culturally competent services that address a family's unique needs and focusing on and building upon families' strengths.

CHALLENGES AND UPCOMING CHANGES:

In **FY 2021-22**, this program was implemented as described in the MHSa Three-Year Program and Expenditure Plan for **FY2020-21** through **FY2022-23**. Data collection was limited despite efforts to outreach. Many of JFCS' workshops were conducted remotely, making it more difficult to get surveys back than years past. In addition, significant turnover in Early Education staff at many sites impacted data collection.

JFCS ECMH PEI program goals for **FY 22/23** included:

- Provide additional staff development on the topic of maternal depression toward ongoing effort to provide the highest quality of care as indicated by ECMH staff attending a training on maternal depression and integrating information and skills learned through ongoing consultation on the topic, and
- In order to assist parents in further developing parenting skills, practicing self-care, and enhancing parent-child relationships, the ECMH team will offer training for parents at CAM sites using the Positive Behavior Solutions model

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

This program will be expanded in the upcoming three-year plan to increase the reach of early childhood mental health consultation as well as introducing ECMH consultation for the county's home visiting program, which serves the county's most vulnerable newborn population.

Client Story

Four-year old “Asha” had been asked to leave two preschools prior to enrolling at a Community Action Marin site in San Rafael served by an ECMH consultant. Her parents were distrustful of staff due to negative experiences at past preschools, and were concerned that “Asha”, who was born male but identifies as a girl, would have yet another negative school experience. The site’s ECMH consultant worked diligently to develop rapport with Ash’s parents, exercising patience, using validation, and collaborating with them around steps being taken to ensure Ash’s success at the preschool. When Ash began exhibiting the same behaviors that had resulted in her expulsion from past preschools, such as hitting, biting, and spitting at staff and peers, the ECMH consultant offered a number of interventions, including arranging an Occupational Therapist to observe Ash toward addressing any sensory concerns, offering recommendations to help her regulate, providing the family with pertinent referrals for both Ash and her parents, helping staff to develop and implement a behavior support plan, and working closely with Ash’s teachers to provide them with support, empathy and suggestions to improve their capacity to serve Ash. The consultant provided ongoing psycho-education and consultation for teachers who struggled to use Ash’s chosen pronouns. The consultant worked tirelessly and patiently with one teacher in particular who was adamant that Ash be treated as and called a boy and was vocal about ways her values were antithetical to Ash and her family’s. The consultant’s patient and open-minded approach in her work with this teacher proved to be essential in Ash’s success, paving the way for Ash and her family to develop an authentic and strong relationship with this teacher and the entire staff. While it was not an easy year, Ash was able to remain at the CAM site and will attend again next year. Her outbursts have decreased dramatically, her parents readily collaborate with staff and report they feel respected, Ash has a peer group that seeks her out to play, rather than run from her in fear as they did when she first arrived, and Ash appears happy.

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 OVERVIEW

TAY PEI provides screening and brief intervention for behavioral health concerns in teen clinics and group and individual services in middle and 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 LGBT students.

PROVIDERS: Huckleberry Youth Programs, North Marin Community Services, and the Spahr Center.

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

EXPECTED NUMBERS TO BE SERVED: 850

PROGRAM DESCRIPTION:

The TAY PEI program aims to **reduce prolonged suffering** due to unaddressed mental illness by increasing identification of at-risk TAY, increasing protective factors for those with significantly higher risk, and providing access to services for those with early onset of signs of emotional disturbance. To accomplish this, Huckleberry Youth Programs, North Marin Community Services, and the Spahr Center provide:

Skill Building Groups: Multiple session groups are held at middle and high schools to promote coping and problem-solving skills. Services are for at risk students, such as those who have recently immigrated to the U.S. or those at risk for dropping out of traditional school settings. Skill building groups are offered at schools and in classrooms that specifically target these groups of students, therefore involvement in the groups is determined by participation in one of these schools and/or classrooms.

Brief Intervention: Youth screening positive for signs of emotional disturbance in the teen health clinics, identified through school skill building groups for high-risk students, or referred from school personnel or elsewhere, are linked directly to a licensed mental health provider at the clinics or school sites for further assessment. If identified as experiencing serious mental illness, clients are linked to medically necessary services. Brief intervention services are most often provided for TAY

PEI TAY

SUMMARY FY2021-22

Clients Served: FY2021-22

511 Individuals

115 Families

3316 reached through Outreach/Training

struggling with severe trauma, substance use, disordered eating, sexual identity and orientation issues, and complex family issues often experienced in immigrant families. Families of youth are included in brief intervention services as appropriate. The Spahr Center provides short-term counseling for a LGBTQ++ youth, with an emphasis on gender questioning and gender expansive youth.

Training for School Staff: The Spahr Center provides a series of trainings for educators and service providers regarding allyship with LGBTQ+ youth and the contribution they make to creating a safer and more welcoming environment in Marin’s middle and high schools.

Access and Linkage to Treatment: Mental Health and substance use screening is conducted for all clients of the teen health clinic and counseling clients. Clients screening positive are then assessed by a clinician and, if identified as experiencing serious mental illness, linked to medically necessary services. Individuals at risk or showing signs of developing emotional disturbance are linked to additional risk reduction services, early interventions, and other resources as needed. They make the referrals to County Behavioral Health and Recovery Services (BHRS), private health coverage, and primary care and assist with making an initial appointment as needed. Referrals to County BHRS go to the “Access and Assessment line,” enabling the County to track referrals, timeliness of services, and services received. PEI staff will maintain relationships with referral sites and participate in the PEI Committee that includes representatives from all PEI programs, County Behavioral Health and Recovery Services, clients, families, and other key agencies to facilitate successful collaboration.

Timely Access to Services: The program improves timely access to services for underserved populations by being located within health care services they already access, as well as in schools. Many TAY who experience distress are unable to identify when their distress falls outside of the norm or becomes a clinical concern. Behavioral health screening, provided along with routine health visits, enables them to recognize when the need for intervention is present, and in turn access services they might not have otherwise. Providers are culturally and linguistically competent and services are provided at low- to no-cost. Services are non-stigmatizing by being initiated through the clinic services and schools and identified as assisting with stress and school success, rather than specifically mental health related.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- Number of clients screened at Teen Clinics are tracked;
- Client/family demographics and satisfaction surveys to show impact of services provided (see PEI overview section);
- Referral data to show improved recovery through access and linkage to services;
- Health Education Presentation surveys;
- Results of validated clinical tools ((Global Appraisal of Individual Needs (GAIN-SS, Partners for Change Outcome Measurement System (PCOMS)) used to measure changes in functioning overtime. The Global Appraisal of Individual Needs (GAIN-SS) is a validated tool used to screen clients at the Teen clinics for psychosocial concerns. The Partners for Change Outcome Measurement System (PCOMS) is both an evaluation and an intervention (evidence based, SAMHSA NREPP). The system consists of two tools, the Outcomes Rating Scale (ORS) and the

Session Rating Scale (SRS). Clients are asked to complete the Outcome Rating Scale (ORS) at each session which asks the client to rate how they are doing individually, interpersonally, socially and their overall sense of well-being. The change in these scores is evaluated for clients that participate in three or more sessions;

- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable;
- Beginning in FY 19/20, The Spahr Center began utilizing the Child and Adolescent Needs and Strengths (CANS) as an additional tool to measure client outcomes.

Anticipated data collection changes and additions for FY 22/23: No anticipated data collection changes.

OUTCOMES:

N = the total number in the sample (i.e., total number who received services or completed a survey).

Huckleberry Youth Programs (HYP) provides early identification of TAY youth with behavioral problems and increased timely access to early intervention and subsequent screening and referral services, including services that increase protective factors and decrease risk factors.

Outcomes: Huckleberry Youth Programs*	Goal FY20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
TAY screened for behavioral health concerns	165	170	165	237
TAY participating in individual and/or family counseling in school or clinic settings	100	133	100	218
Family members participating in TAY counseling in support of the client	50	63	50%	6%
TAY participating in at least 3 sessions of counseling showing statistically significant improvement in client well-being.* PCOMS: Outcome Rating Scale Those not included either did not complete the PCOMS or had initial scores that precluded statistically significant change	75%	100% N=41	NA	NA

TAY participating in at least 3 sessions of counseling showing a validated positive therapeutic alliance, a significant predictor of clinical outcomes; *PCOMS: Session Rating Scale	75%	100% N=41	75%	71%
Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey	75%	98% N=41	75%	90% N=165
Total referrals to County Behavioral Health (BHRS)	N/A	30	N/A	6
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	30	N/A	4
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	Unknown	N /A	Unknown
Total referrals to other PEI providers	N/A	30	N/A	36
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	Unknown	N /A	32
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	N/A	N/A	N/A
Total referrals to other mental health services or to resources for basic needs	N/A	40	N/A	8

**Data Collection Method*

North Marin Community Services (NMCS) provides screening and brief intervention for behavioral health and reproductive health concerns at the Novato Teen Clinic, in schools and the community. In addition, NMCS provides direct linkages to mental health counseling, substance use counseling or case management, school-based groups, individual and/or family counseling, as well as targeted supports for immigrant and LGBTQ students.

Outcomes: North Marin Community Services (NMCS)*	Goal FY20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
PHP will serve annually as ambassadors to the NTC.	7	8	7	9
TAY screened for behavioral health concerns	200	164	200	151
Youth will receive education and outreach annually	500	541	500	2,156
Youth will be reached through NTC's social media presence	3,500	3,500	3,500	2,000
TAY participating in at least 5 sessions of school-based skill building groups showing statistically significant improvement in client well-being. PCOMS: Outcome Rating Scale Those not included either did not complete the PCOMS or had initial scores that precluded statistically significant change	N/A	N/A	N/A	N/A
TAY participating in individual and/or counseling in school or clinic settings	75	47	75	151
Family members participating in TAY counseling in support of the client	N/A	N/A	N/A	9
Youth participating in follow-up visits with the mental health clinician will demonstrate improvement in wellbeing, as measured by PHQ and GAD scores	60%	70% N=33	70	68%

Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey	75%	Exit surveys not completed due to pandemic	75%	100% N=8
Total referrals to County Behavioral Health (BHRS)	N/A	6	N/A	4
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	3	N/A	4
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	Unknown	N/A	24
Total referrals to other PEI providers	N/A	3	N/A	4
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	3	N/A	4
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	Unknown	N/A	1.5 weeks
Total referrals to other mental health services or to resources for basic needs	N/A	24	N/A	6

The Spahr Center provides clinic-based individual therapy to LGBTQ+ youth throughout Marin County.

Outcomes: SPAHR Center	Goal FY20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Provide a minimum of 130 hours of individual counseling for a minimum of 10 LGBTQ++ youth, with an emphasis on gender questioning and gender expansive youth	200	200	200 hours 10 clients	402 hours 10 clients
Provide Training for educators in a minimum of 5 middle and high schools	5	5	N/A	N/A

PEI clients completing more than 3 sessions of therapy will indicate a positive therapeutic alliance, a significant predictor of clinical outcomes.	75% of PEI clients	100% N=10	75% of PEI clients	100%
Increase self knowledge and self confidence for LGBTQ+ youth seen for at least 16 sessions	85% LGBTQ+ youth	100%	80%	100%
Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey	75%	100% N=10	75%	100%
Total referrals to County Behavioral Health (BHRS)	N/A	3	N/A	0
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	0	N/A	0
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	N/A	N/A	N/A
Total referrals to other PEI providers	N/A	4	N/A	2
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	4	N/A	2
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	1	N/A	1
Total referrals to other mental health services or to resources for basic needs	N/A	17	N/A	12

EQUITY STRATEGIES:

Prevention & Early Intervention (PEI) Transitional Age Youth (TAY) programs are designed to engage TAY in developing and implementing outreach activities to increase access to mental health services, as well as to facilitate ease of access to care through the provision of no-cost, confidential services that can be obtained both remotely and in-person. Screenings and brief behavioral health interventions are provided, as well as referrals to treatment for those TAY requiring a higher level of care. All youth

receive information about how to access services through BHRS ACCESS, as well as information about the mobile crisis and suicide hotline, as clinically indicated. TAY services are provided by staff that are bicultural, bilingual and have participated in more than 4 hours of training related to trauma-informed and culturally responsive care.

Additional equity strategies include:

Novato Teen Clinic utilizes a Peer Health Promoter (PHP) component to strengthen youth leadership and engage peers in educating and outreaching to their community, which is an effective and specific strategy to reduce isolation, stigma and build a greater sense of community resilience. Social media is a primary mechanism used for outreach as well as peer-led outreach activities in high schools and on college campuses. The programs provide essential access to services that they would otherwise not have in a community that lacks school-based health clinics. The majority of staff are representative of the BIPOC and LTBTQ+ communities, as we know representation matters and TAY feel more comfortable receiving services from providers that reflect their gender and ethnic identities.

Huckleberry Youth Programs (HYP) TAY continues to engage in assessment of service delivery and equity strategies. During the reporting period HYP re-assessed curriculum and information with UCSF's FUERTE curriculum lead researchers, re-assessed strategies using a Trauma Informed Systems framework, and adjusted to needs that school administrators shared. HYP services are offered in English and Spanish, by culturally competent and representative staff. 70% of the youth seen at the Teen Clinic, and 70% of Mental Health clients, identify as Latinx, African-American, or Multiracial. Additionally, Huckleberry supports Newcomers through *Charlas* and *Nuestra Salud*, which are expanded upon in the PEI Newcomers end of year report. HYP current staff reflects the population we serve, with 100% of current direct staff self-identifying as Latinx.

SPAHR's TAY therapy program works to ensure that young people have agency in the intake, assessment, and treatment planning process. SPAHR also prioritizes affirming clients in their identities, such as respective gender identity, cultural identity, sexuality, etc. SPAHR uses the child & adolescent needs & strengths assessment (CANS) in addition to our narrative style psychosocial assessment to ensure that our intake and assessment process is non-stigmatizing and non-discriminatory. We have conducted targeted outreach to schools with higher proportions of students of color to ensure our therapy program is accessing underserved populations. Also, during our intake process, we ask potential clients about their insurance and sliding scale needs. For clients who have insurance or the financial means to pay the standard rate in Marin County, we try to refer out, so that we can work with clients who cannot afford or access other means of therapy. The Spahr Center has listed a job posting seeking a full-time therapist who is bilingual in Spanish and English. We have also been working on launching a new website, which soon, will also include a Spanish version of our website to increase visibility and accessibility of our mental health services for Spanish-speaking clients.

CHALLENGES AND UPCOMING CHANGES:

In **FY 2021-22**, this program was implemented as described in the MHSA Three-Year Program and Expenditure Plan for **FY2020-21** through **FY2022-23** although services continued to be impacted by the evolving protocols around COVID-19.

The greatest challenge was the increased amount of mental health needs youth had this year. As the pandemic evolved, so did the mental health needs that arose in the youth community. To address increased needs TAY team's communication with schools utilized hybrid options to offer virtual and

onsite services, increased participation in coordination of services teams (COST) and continued collaboration with school community and CBO's to ensure TAY have access to the mental health care they need.

It continued to be difficult to collect client satisfaction surveys this year. At the onset of the pandemic, the move to telehealth created many forms and processes that youth and families had to fill out. The required and additional Covid-screeners added time to the process if it was an onsite client, and if it was a telehealth visit, the surveys were required to be sent at the end of services, and providers had no manner of ensuring their completion. For mental health clients, there were challenges in addressing their concerns within the allotted time and completing all the scales and surveys necessary for their treatment. Surveys were not completed as anticipated.

Almost three years into the pandemic, TAY programs were still able to offer excellent service that is relevant to youth, meets the needs of clients, and does so with respect and efficacy. The pandemic continued to affect services, with many staff testing positive throughout the year, clients needing to change plans and appointments due to exposure to COVID-19. Given all of these pressures and interruptions, TAY Programs were worked hard to ensure that youth continued to have timely access to services and to have support when barriers were exacerbated by the pandemic.

TAY PEI program goals for **FY22/23** included:

- NMCS: Streamline data collection and reporting, as well as referral tracking in Apricot (NMCS' electronic records system) by February 15, 2022.
- Increase outreach and social media presence related to health education topics (ie. suicide prevention, reproductive health, mental health, and wellness), as well as information about accessing Novato Teen Clinic and other community-based services.
- Decrease mental health waitlist and hire bilingual therapist.
- Increase staff training around interventions and mental health for TAY youth as related to grief and loss.
- Increase investment in staff development.
- Ensure Spahr therapy effectively and equitably serves youth of color.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

- PEI funding will support an expansion of TAY prevention and early intervention services including:
 - An expansion of NMCS' contract to increase their capacity to serve Latinx youth in Novato Marin city and Latinx expansion;
 - Contracting with a Marin City-based organization (through an RFP process) to serve African American TAY with a focus on young men.

CLIENT STORIES:

A female client was referred to Huckleberry Youth Program (HYP) counseling by the school under minor consent due to excessive absences and signs of depression. The client and HYP therapist worked together, and as sessions progressed and rapport was built our client disclosed she was using methamphetamine and wanted to receive support for it. HYP therapist worked with community partner BACR to get client connected to Substance Mis/Use program. The HYP therapist also worked with the client to open the conversation with the parents and get them involved. At the beginning of the therapy, the client had 20-30% grade averages, and towards the end of the school year, the client obtained 60-70% grade averages and obtained passing graduation grades! At the end of therapy, the client said, "I feel like for once in my life I have hope for the future." The client will now be entering a new school year and talking about college and has recently joined a soccer team.

CLIENT STORIES:

One youth called the Novato Teen Clinic (NTC) in distress feeling worried that she may be pregnant. She received support and reproductive health education from a NTC Health Educator, as well as an appointment with NTC (held at the Marin Community Clinics) for pregnancy and STI testing the following day. When the youth came for the in-person appointment at the Teen Clinic, they were further screened for strengths and needs using the Rapid Adolescent Prevention Screening (RAAPS) tool and shared with the Youth Wellness Coordinator concerns about her family's struggle with food insecurity. The NTC Wellness Coordinator made a warm handoff to the NTC Case Manager for follow up support and the family was connected to the NMCS Food Pantry, as well as emergency rental assistance, which they qualified for.

CLIENT STORIES:

"Shay" (a pseudonym) was referred to The Spahr Center by her high school counselor because they could not work together over the summer. Shay, an 18-year-old queer young adult, was struggling with family acceptance around her gender and sexuality, which led to an unsafe living environment. In addition, Shay was experiencing disordered eating, symptoms of PTSD from childhood sexual trauma, and symptoms of Bipolar 2. Throughout therapist's and Shay's work together, Shay was successfully referred to a psychiatrist and is experiencing a decrease in symptoms listed above that interfered with her daily life. Shay has found residential stability, holds a full-time management position, is beginning at a local community college in the Fall, and is continuing to process her experience of trauma in therapy. Shay is in recovery for her disordered eating, and is continuing to increase insight around the nuances of her identities. In addition to her progress in individual therapy, Shay has received various referrals from therapist that have given her supplementary support. These include a psychiatrist referral, a successful referral for CalFresh, a food pantry referral, harm reduction supplies through The Spahr Center, and a grant application for LGBTQ+ young people whose families have withdrawn from emotional and/or financial support because of their sexual orientation or gender identity (The Bee Winkler Weinstein Fund at Stonewall Community Foundation).

LATINO COMMUNITY CONNECTION (LCC) (PEI 05)

SERVICE CATEGORY: EARLY INTERVENTION

SB 1004 PRIORITY CATEGORIZATION: #4, #6

MARIN PEI PRIORITY STRATEGY AREA(S): Suicide Prevention, Newcomers Supports

PROGRAM OVERVIEW

Latino Community Connection (LCC) is a multi-layered program that provides behavioral health outreach, engagement, and prevention services in the Latino community. 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, groups, 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 through the Multicultural Center of Marin (formerly Canal Welcome Center).

PROVIDERS: Canal Alliance, North Marin Community Services and Multicultural Center of Marin

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 numerous significant risk factors for mental illness including severe trauma, ongoing stress, poverty, family conflict or domestic violence, racism and social inequality, and traumatic loss.

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. LCC provides:

- **Outreach for Increasing Recognition**
- **Radio Show “*Cuerpo Corazón Comunidad*”:** *Cuerpo Corazón Comunidad* is a one-hour weekly radio program/podcast in Spanish on topics related to the integral health and wellness of Latino

Latino CC

SUMMARY FY2021-22

Clients Served: FY2021-22

575 Individuals

71 Families

87 reached through Outreach/Training*

*does not include radio show listeners

individuals, families and communities. Its primary goals are to: increase community access to reliable information promoting health, help de-stigmatize relevant sensitive subjects (e.g., mental illness, addictions, LGBTQ+), and link community members to health resources. In each program, the host and guests present practical information in clear and engaging ways. It is broadcasted from stations in central Marin, West Marin and other regions in California. MCM provides **outreach** to the community to promote the show in a variety of ways including: social media, websites, newsletters, and short promos that are distributed to partner organizations before each show. Many partner organizations further share the information via social media, email, and text messaging in collaboration with community partners. Flyers are also distributed in food bags at MCM's Saturday food distribution, with 300-600 recipients each week.

- **Counseling and Case Management:** Individuals referred to the program are assessed for PTSD using the Posttraumatic Stress Disorder Checklist (PCL-C) at Canal Alliance. Those determined eligible are referred to ongoing groups provided at Canal Alliance for increasing coping skills and functioning. The groups utilize the framework developed by the Institute on Violence, Abuse and Trauma (IVAT) for addressing complex trauma, such as emotional regulation, stress reactions, psycho-education on trauma, dissociation, and other relational aspects. Partners for Change Outcome Measurement System (PCOMS) is used at North Marin Community Services used to measure changes in functioning overtime. In addition, clients not appropriate for the groups, but assessed as having significant risk, especially family conflict, or having signs/symptoms of mental illness, are provided one to three individual psycho-education sessions addressing coping skills, communication, and linkages to appropriate services.
- **Timely Access to Services:** The program improves timely access to services for underserved populations by being located within a trusted multi-service agency serving primarily Latino immigrants, as well as reaching hard-to-reach communities through *Promotores**. Services are provided at no-cost by culturally and linguistically competent providers. Services are non-stigmatizing by being co-located with other services and addressing “stress,” rather than specifying mental health issues.
- **Access and linkage to Treatment:** Individuals/families at risk or showing signs of developing mental illness are linked to additional risk reduction services, early interventions, and other resources as needed. Access and linkage to treatment for individuals experiencing symptoms of serious mental illness or emotional disturbance is achieved through assessment and referral by the program's behavioral health provider. *Promotores*, family advocates and others are trained to identify signs and symptoms and refer clients to the behavioral health provider as needed. The behavioral health provider makes referrals to County Behavioral Health and Recovery Services (BHRS), private health coverage, and primary care and assist with making an initial appointment as needed. Referrals to County BHRS go through the “Access and Assessment line,” enabling the County to track referrals, timeliness of services, and services received. PEI staff maintain relationships with referral sites and participate in the PEI Committee that includes representatives from all PEI programs, County Behavioral Health and Recovery Services, clients, families, and other key agencies in order to facilitate successful collaboration.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- The number and types of individuals trained, types of trainings provided and demographics (see PEI overview section)
- Participant surveys are conducted to show changes in knowledge and skill for those receiving training

90% of clients served built stronger relationships with family or friends

73% felt better connected to their community, as a result of services.

- Client/family demographics and satisfaction surveys to show impact of services provided (see PEI overview section)
- Number of individuals reached through outreach activities (tabling, resource fairs, etc.)
- Referral data to show improved recovery through access and linkage to services
- Results of validated clinical tools (PLC-C and PCOMS) used to measure changes in child behaviors and staff and parent questionnaires to measure changes in skills and knowledge
- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable.
- Multicultural Center of Marin quarterly and end-of-year listener surveys on Facebook and on paper to assess knowledge and skills attained through radio show

Anticipated data collection changes and additions: No anticipated changes in FY 22/23.

OUTCOMES:

N = the total number in the sample (i.e., total number who received services or completed a survey).

Canal Alliance	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Individuals participating in support groups or individual/family sessions	50	115	50	66
Family members participating in support of the client	30	9	15%	25%
Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey	75%	100% N=52	75%	100%

Total referrals to County Behavioral Health (BHRS)	N/A	6	N /A	20
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	2	N/A	5
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	12	N/A	12
Total referrals to other PEI providers	N/A	14	N/A	15
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	7	N/A	6
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	N/A	N/A	N/A
Total referrals to other mental health services or resources for basic needs	N/A	83	N/A	65

*percentage that agree or strongly agree

North Marin Community Services	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Individuals receiving health information and support from <i>Promotores</i> or Family Resource Advocates	See CSS Section	See CSS Section	See CSS Section	See CSS Section
Individuals participating in support groups or individual/family sessions	70	90	60	52
Family members participating in support of the client	30	9	15	16
Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) * <i>PEI Satisfaction survey</i>	N/A	Data unavailable	N/A	8 N=8
Total referrals to County Behavioral Health (BHRS)	N/A	16	N/A	8
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	Unknown	N/A	5
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	52	N/A	26-52 weeks
Total referrals to other PEI providers	N/A	11	N/A	6
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	11	N/A	5

Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	N/A	N/A	N/A
Total referrals to other mental health services or resources for basic needs	N/A	26	N /A	26

*percentage that agree or strongly agree

Outcomes: Multicultural Center of Marin	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Provide weekly one-hour radio show on topics of health and wellness of Latino individuals, families and communities, with a focus on mental health knowledge, signs, symptoms, skills, and related community resources, including PSAs and a community calendar for related events and services.	52	51	52	51
Radio Show Listener Survey Responses:				
<i>"I have a better understanding of resources in my community"</i>	N/A	90% N= 59	N/A	100% N=3
<i>"I learned something about mental health (emotional wellbeing) that I didn't know before"</i>	N/A	80% N= 59	N/A	100% N=3
<i>"I would recommend this radio show to a friend or family member"</i>	N/A	97% N= 59	N/A	100% N=3

EQUITY STRATEGIES:

Canal Alliance and North Marin Community Services provide a continuum of community-based, culturally and linguistically responsive services for at-risk, low-income, Latino residents in Marin County.

All social services are provided at no cost to clients, are highly-trauma informed, and the service design reflects the language and cultural norms of the Latino community they serve. All services are designed to meet the unique needs of this community with easy to access and drop-in services, bilingual and bicultural staff, and trauma-informed design. An important aspect of their capacity to address equity, inclusion and accessibility is their ability to provide quality mental health services for clients regardless of citizenship or access to insurance. The organizations strive to on-board staff and volunteers who reflect the diversity of their clients. More than half of their staff members are bilingual, which enables them to serve a culturally and socio-economically diverse mix of families in a manner that integrates and unites the community. The Mental Health Navigation Line is staffed with bilingual person who is trained in culturally-responsive practices and motivational interviewing which has helped to triage, screen, and connect callers to appropriate levels of care. When appropriate, staff, clinician and case managers change their language for appropriateness to be non-stigmatizing. For example, using “emotional support services” as opposed to “therapy” or “psychological services”. Staff clinician regularly normalizes that life can be challenging and everyone can benefit from a safe and confidential space to express their concerns and receive emotional support at various times in life.

The target audience of Multi-cultural Center of Marin’s Radio program is the Latinx population. The radio medium serves individuals who do not read, and the stations reach those who do not access media in English. The West Marin stations that air the program serve those who live in the more isolated rural regions of the county. As covid numbers have gone down, and more people have been vaccinated, the county of Marin has loosened up on its covid restrictions. As a result of this, organizations have begun to reach out to CCC to have the show play PSA’s for them. So far, CCC has created and played PSA’s for OD Free Marin and a campaign, sponsored by the county, that educates Spanish-speaking parents on the dangers of their adolescents recreationally using marijuana. This year CCC was recognized for being of the Champion for Immigrants in Marin Award at the Marin Immigrants’ Rights Justice Dinner.

During the **FY 21/22** year, the Latinx community in Marin County endured the ongoing impacts of COVID-19. *Cuerpo Corazon Comunidad* (CCC) continues to announce locations for where to get tested and or vaccinated for the virus and other resources related to the pandemic. The importance of mental health was also a priority for the program which addressed people’s concerns over the virus, how to address parent and child mental health, and how to deal with loneliness during the quarantine period.

CHALLENGES AND UPCOMING CHANGES:

In **FY 2020-21**, this program was implemented as described in the MHSA Three-Year Program and Expenditure Plan for **FY2020-21** through **FY2022-23**, although services continued to be impacted by COVID-19. Data collected proved to be a challenge even with modifications made after the first year of the pandemic. NMCS struggled in getting responses from LCC program participants via Survey Monkey despite making individualized phone calls and sending multiple emails and requests for completion. Paper surveys proved much more effective for this population, and it became critical to disseminate surveys immediately at the close of an episode of care, rather than wait until the end of the program year as the program did due to the pandemic. CCC is addressing the survey response challenge by continuing to remind listeners to complete surveys during the show. CCC also continues to remind listeners via social media to complete surveys.

CCC has gone back to in-person shows starting on June 8, 2022. Having the show back in person has already started to positively impact CCC as the viewer count has significantly increased. CCC changes this year include transition of studio coordinator staff and also an exciting move to new studio in downtown San Rafael as of June of 2022. With the transition of staff and roles for CCC it was realized considerable effort and time for radio content programming is required and the new studio coordinator was trained to temporarily support coordination and planning for programming. The plan is to work closer with new radio show host and interns to resume coordination of content and guest for future CCC radio programming.

Latino Community Connection program goals for **FY 22/23** included:

- Increase and coordinate outreach efforts in the Latinx community to engage new clients for individual therapy.
- Develop with data analyst more streamlined systems within Apricot for tracking client and family data and ensure adequate training and quality assurance activities are in place.
- Pursue additional funding sources to expand Behavioral Health program
- Gain knowledge on implementing mental health *Promotores* at Canal Alliance
- Reinforce cross training to support staff and program transitions

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

- Funds will support sustainability of bilingual, bicultural counseling services to immigrant and Spanish speaking residents in the Canal area of San Rafael.

CLIENT STORY

(Canal staff clinician) worked with a 19-year-old client who had recently arrived from Guatemala and was referred to therapy services from our Opportunities for Youth program. This client reported a history of sexual abuse from childhood and presented with symptoms indicative of PTSD such as: intrusive thoughts/memories, nightmares, disrupted sleep, was triggered by physical closeness of others, avoidance of trauma reminder, isolation, lack of trust in interpersonal relationships, and shame. This client shared with me that I was the first person he had ever disclosed his abuse to. In treatment I provided psychoeducation about symptoms of PTSD and the impacts of childhood sexual abuse, addressed feelings of shame, anger, and fear, and used mindfulness techniques to help the client self-regulate when triggered. We also discussed the impact of the abuse on his familial relationships and how challenging it had been for him to hide the abuse from his parents and siblings for so long. By the end of treatment this client reported he was no longer having nightmares about the abuse and was sleeping through the night, had disclosed the abuse to his parents and reported it was a positive/reparative emotional experience, was no longer triggered by physical touch from friends, and an overall increase in his self-esteem, and decrease in feelings of shame. This client also developed healthy personal boundaries with work and his friends and was able to clearly articulate an integrated trauma narrative and how therapy had helped improve or eliminate symptoms.

CLIENT STORY

Many of the participants served through NMCS' LCC program this year had previously experienced trauma, particularly related to domestic or interpersonal violence. One client stated, "Para mi el tomar está terapia estoy más motivada y dejando el miedo atrás es parte del pasado que viví con mucha violencia doméstica de mi ex pareja tanto tiempo ahora estoy mucho mejor cada día siempre an estado personas que nos ayudan a salir ymas fuertes y positivas siempre muchas gracias." This translates to, "For me, taking this therapy I am more motivated and leaving the fear behind it is part of the past that I lived with a lot of domestic violence from my ex partner for so long now I am much better every day there has always been people who help us get out and always stronger and positive thanks a lot."

OLDER ADULT PREVENTION AND EARLY INTERVENTION (PEI 07)

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

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

PROGRAM OVERVIEW

Older adults continue to represent a growing percentage of the population of Marin and face many risks for mental illness. Research and data show that due to changes brought on by aging and health decline, older adults are at-risk for isolation, chronic health problems, substance abuse, poverty, retriggering of early trauma, and other issues. The older adult prevention and early intervention programming in Marin County supports older adult health and wellness from directly with older adults to supporting and training families and community providers.

PROVIDERS: Jewish Family and Children’s Services BOOST & Physician Education Program and The Spahr Center (New Programs in FY 21/22)

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. Spanish speaking older adults are primarily served by the ACASA peer-counseling program provided by Behavioral Health and Recovery Services (BHRS) as part of the Helping Older Adults Excel (HOPE) program. The program also targets medical office providers and senior service providers through training on effectively meeting the needs of LGBTQ+ seniors and seniors as a whole to receive culturally relevant and affirming support.

PROGRAM DESCRIPTIONS:

Jewish Family and Children’s Services (JFCS) provides community education about mental health concerns in older adults and early intervention services for depression and anxiety. The JFCS BOOST program receives referrals of older adults diagnosed with depression and anxiety, often in connection with their medical issues, loss, or other difficult life transitions. JFCS’s model involves effective engagement with older adults through home visits and well as consistent collaboration with family members and health providers. At Jewish Family and Children’s Services, the BOOST Program provides Marin County seniors with screening for depression, anxiety, and trauma, as well as services that assist them in managing these mental health challenges. Many of the clients the BOOST Program serves are isolated and have undergone, or are going through, a major life transition (retirement, medical event, loss of spouse, etc.) and can struggle as they try to deal with these stressors and changes in their lives. These major transitions can often precipitate depressive symptoms in older adults or heighten their

Older Adult

SUMMARY FY2021-22

Clients Served: FY21/22

53 Individuals

21 Families

487 reached through Outreach/Training

anxiety, both of which can affect their ability to function, and impair their relationship with others. The Older Adult PEI program aims to **reduce Prolonged Suffering** by providing:

- **Brief Intervention:** JFCS' BOOST provides clinic or home-based early identification and intervention for those experiencing early onset of depression and/or anxiety by reducing symptoms and improving related functioning. For clients completing treatment, including Cognitive Behavioral Therapy or the Healthy IDEAS intervention, pre- and post-PHQ9s and GAD7s are conducted. Reduction in isolation and success in addressing goals in the client care plan are also measured through client reports. Changes in scores are tracked by individual and reported in aggregate. JFCS also works with clients to seek out and engage family members, when appropriate, to strengthen their support network.

87% of clients reported feeling that, as a result of services, they were better able to cope when things go wrong

91% reported feeling better able to advocate for their needs and things that are important to them

- **Training/psychoeducation:** Providers, older adults, community leaders and gatekeepers are trained to recognize signs of depression and other mental health concerns among older adults and how to get appropriate help.

- **Timely Access to Services:** The JFCS program improves timely access to services for underserved populations by providing outreach and education to diverse providers and community members throughout the County, as well as providing services within an agency that already provides many older adult services. Services provided by PEI funds are free, culturally appropriate, and provided in the home and other community settings as needed. Services are non-stigmatizing by being co-located with other services and focusing on "successful transitions for older adults." Program success lies in its flexibility, responsiveness and ability to coordinate care

with its longstanding partners in the health and social service systems that provide service to this vulnerable population.

- **Access and linkage to Treatment:** Individuals at risk or showing signs of developing mental illness are linked to additional risk reduction services, early interventions, and other resources as needed. JFCS's licensed mental health providers make the referrals to County Behavioral Health and Recovery Services (BHRS), private health coverage, and primary care and assist with making an initial appointment as needed. Referrals to County BHRS go to the "Access and Assessment line," enabling the County to track referrals, timeliness of services, and services received.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- The number and types of individuals trained, types of trainings provided and demographics (see PEI overview section)

Client feedback on BOOST program:

"My relationship with my BOOST provider is perhaps the strongest relationship I've had in my life. She has taught me a new way to be in relationships."

- Participant surveys are conducted to show changes in knowledge and skill for those receiving training
- Client/family demographics and satisfaction surveys to show impact of services provided
- Referral data to show improved recovery through access and linkage to services
- Results of validated clinical tools (PHQ9 and GAD7) used to measure changes or reductions in severity of symptoms
- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable.

Anticipated data collection changes and additions: No anticipated changes in **FY 22/23**.

OUTCOMES:

N = the total number in the sample (i.e., total number who received services or completed a survey).

Jewish Family and Children's Services (JFCS) BOOST provides community education about mental health concerns in older adults and early intervention services for depression and anxiety. The JFCS BOOST program receives referrals of older adults diagnosed with depression and anxiety, often in connection with their medical issues, loss, or other difficult life transitions.

Outcomes	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Individuals receiving education regarding behavioral health signs and symptoms in older adults	100	557	100	395
Seniors at Home clients screened for behavioral health concerns *PHQ9, substance use	150	156	150	170
Low income clients receiving brief intervention services	50	109	50	45
Low income clients receiving brief intervention services who are from underserved populations	20%	21% N=10	20%	20%
Clients completing a short-term treatment protocol for depression or anxiety	70%	85% N=40	70%	88%
Clients completing a short-term treatment protocol for depression or anxiety experiencing a decrease of	60%	78% N=46	60%	69%

at least one category of severity (i.e.: moderate to mild) *PHQ9, GDS, GAD7					*Data Collection Method
Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey	75%	96% N=45	75%	95.7%	
Total referrals to County Behavioral Health (BHRS)	N/A	4	N/A	3	
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	2	N/A	1	
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	19 days	N/A	16 days	
Total referrals to other PEI providers	N/A	2	N/A	1	
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	2	N/A	1	
Average time in weeks between when a referral was given to individual by your program and the individual's first in person appointment with the PEI-funded provider	N/A	2	N/A	N/A	
Total referrals to other of mental health services or resources for basic needs	N/A	110	N/A	75	

Jewish Family and Children's Services (JFCS) Physician Education Program provides training to medical office providers and staff to increase understanding of differential presentations of mental health concerns in older adults and offer referral resources to support patients.

Outcomes	Goal FY 21/22	Actual FY 21/22
Provide 4 trainings on mental health and older adults will be provided each year to medical personnel, with approximately 80 participants trained per year.	4 trainings 80 participants	4 Trainings 67 Participants

80% of participants will report an increase in their knowledge of mental health in older adults and their ability to detect symptoms.	80%	71%
80% of participants will increase ability to differentiate dementia and depression.	80%	92%
100% of participants will become familiar with mental health screening tool and will be knowledgeable in its appropriate usage.	100%	92%

SPAHR Center provides LGBTQ+ cultural competency trainings to senior service providers on effectively meeting the needs of LGBTQ+ seniors to receive culturally relevant and affirming support. Additionally, The Spahr Center will host educational panel featuring LGBTQ+ seniors sharing their stories.

Outcomes	Goal FY 21/22	Actual FY 21/22
Conduct 2 trainings for at least three individuals per training who will learn to successfully deliver LGBTQ senior cultural competency and allyship training to providers of social services to seniors, including residential care facilities for the elderly and skilled nursing facilities. These training are specifically intended to increase equity for LGBTQ seniors.	2 trainings 3 participants	1 training 2 participants
Develop a speaker's bureau of ten LGBTQ seniors annually who will accompany the TSC trainers and speak about their personal experiences and needs as an LGBTQ senior.	10 LGBTQ+ seniors	8 LGBTQ+ seniors
Conduct at least four cultural competency and allyship trainings per fiscal year for a total of at least 60 unduplicated employees of senior service providers, residential care facilities add skilled nursing facilities annually	4 trainings 60 employees	1 training 25 employees

EQUITY STRATEGIES:

JFCS BOOST Clinicians gather information around services designed for underserved populations, working to link clients with any beneficial services, as well as addressing individual barriers to treatment. During the FY 21/22, BOOST providers worked closely with the Multipurpose Senior Services Program

(MSSP) to increase services to very low-income clients, and clients in West Marin through extensive outreach and psychoeducation for MSSP staff and ongoing close collaboration. JFCS' "no wrong door" approach helps to ensure that once providers make contact with a senior, they are proactive in connecting them to any additional assistance they might need. This helps to reduce any feelings of embarrassment that may inhibit a senior for asking for support (such as food assistance) and helps us promote the highest level of functioning and wellbeing in our clients. JFCS BOOST staff completed a total of 13.5 hours of cultural humility training.

SPAHR Center trainings with community providers on LGBTQ+ cultural humility ensures that LGBTQ+ older adults under their care receive culturally relevant and affirming support. SPAHR prioritized reaching out to providers who serve isolated older adults. The training outreach with community providers increased connection and knowledge of The Spahr Center's services which resulted in more referrals to SPAHR. These services include our discussion groups and friendly visitor programs that provide mental health support for LGBTQ+ seniors. SPAHR Center staff completed a total of three hours of cultural humility training.

JFCS Physician Education Training Program incorporates The Commonwealth Fund data and information on achieving racial and ethnic equity in U.S. Healthcare (November 2021). This study scores healthcare access in the US by race and ethnicity. The measurement collects data on 24 health system performance indicators and compares access for Black, Latino/Hispanic, Asian, Native American, and White populations. They compare the following: healthcare access, outcomes, quality, and use of healthcare for all groups in all 50 states. All states perform higher for white patients than all other groups, although there are various scores from state to state. In the trainings the results of this study are presented and also shared are steps healthcare providers can take to make sure their clients have improved access to care and help them address racial or ethnic inequality.

CHALLENGES AND UPCOMING CHANGES:

JFCS BOOST hired a new program director and were in recruitment for a part time clinician role. Recruiting and hiring was challenging due to the older adult population specialized skills and experience, as well as general challenges across the organization with securing new talent during the pandemic. Obtaining survey data with the older adult population remains challenging. To address the challenge JFCS BOOST program mailed surveys and worked with clinicians to ensure clients were expecting them and requested that they be completed and mailed back. In addition, staff identified clients who would likely struggle to do this and asked many clients to complete surveys verbally/in-person with a BOOST representative.

SPAHR Center experienced difficulties hiring a staff member to begin program implementation and was able to fill the role in November of 2021. SPAHR also experienced challenges with virtual training participants to fill out feedback, demographic and satisfaction surveys. To streamline the process for training participants SPAHR Center created and utilized digital google forms documents for training participants to complete. Upcoming changes for next year include the creation of a Training Institute department where all SPAHR LGBTQ+ cultural humility trainings are centralized under one program manager to successfully coordinate program deliverables. This staff person was hired in July 2022 and has expertise in creating and delivering educational workshops and trainings, and has been working with Spahr as a volunteer, and then independent contractor for the last year.

JFCS Physician Education program did not collect demographic data for training presentations citing difficulty collecting this information in a virtual presentation format. JFCS is looking to provide more in-person trainings in the new fiscal year to address this challenge.

Older Adult PEI program goals for **FY 22/23** included:

- Provide additional staff development toward ongoing effort to provide the highest quality of care as indicated by: BOOST staff will further develop skills as indicated by participating in training on models of solution-focused treatment specific to seniors
- Continue to grow services to low income/Medi-Medi clients as indicated by: BOOST representatives will collaborate with MSSP staff toward serving clients; BOOST staff will develop and provide at least one training and/or outreach event for MSSP staff around referral process/ BOOST programing etc.; BOOST clinicians will attend MSSP case presentations for mutual clients as appropriate In the next six months 75% of MSSP clients receiving BOOST services will report a reduction in symptoms per the PHQ9.
- Recruit a more diverse group of LGBTQ+ seniors to speak on speakers bureau panels
- Develop curriculum regarding mental health in older adults and conduct 4 trainings reaching 80 healthcare professionals.
- Incorporate information on how race impacts mental health and conduct 4 trainings reaching 80 participants.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

Increased funding will support an expansion of BHRS' Senior Peer Counseling (SPC) support groups and other supportive activities for isolated seniors experiencing mild to moderate mental health challenges.

CLIENT STORY

Vivian is a 70-year-old woman living alone in subsidized housing in San Rafael. She was referred by her MSSP case worker after she called 911 multiple times over the course of a few months due to stomach pains, which doctors determined were likely caused by anxiety and panic. Her BOOST clinician, Jessica, provided psychoeducation around ways her anxiety manifests in physical symptoms and taught her tools to manage her symptoms. Jessica noted the extent of her social isolation and linked her with programs such as Help@Hand and the Friendship Line. Vivian's MSSP caseworker and her BOOST clinician collaborated with Vivian's daughter in New York and her physician toward comprehensive care to ensure Vivian's needs were met. After 7 months of treatment, Vivian had essentially stopped calling 911 and her score on an anxiety screening showed a significant reduction in symptoms. Her daughter, in a letter to Jessica, wrote, "...many thanks for your care and support of my mom. You have been a sturdy, warm, and helpful presence in her life and we're both so grateful for your help at a time that it was much needed."

CLIENT STORY:

"Julia" a 67 year old trans woman joined the training for senior speakers. Though she was committed to educating others about the experiences of LGBTQ+ (and particularly transgender) seniors, she expressed fear of rejection or ridicule. Other members of the training helped to show that it was a safe space and they modeled vulnerability in sharing their own stories. After hearing others tell their stories, Julie began to open up about her experiences. At first, her storytelling was anxious and erratic, but over the course of the two training sessions and with some one-on-one practice with staff, she honed a narrative that was powerful, informative, and edifying. She has become a passionate speaker and often volunteers or seeks

out opportunities to share her experiences. Julia has expressed that the process of learning to tell her story has been both empowering and personally healing.

TRAINING PROGRAM STORY:

During the Q&A for the 5/19/22 Training for Marin Section on Aging, participants had a lot of questions about using the assessment tools for dementia and cognitive impairment. Jen Tripathy, MFT led an extended discussion about the PHQ-9 screening and how to use it in a non-clinical setting. The assessment questions can be used as discussion points to get more detailed information, such as “Do you have little interest or pleasure in doing things?”, or, “Are you feeling bad about yourself?”. Several participants stated they did not ever really dig deeper when clients stated that they had depression because they did not know how. Participants also stated they appreciated knowing the importance of referring a client to their primary physician if they are experiencing symptoms of depression. During Dr. Catherine Madison’s part of the presentation, she introduced the AD8 cognitive screening tool that family members can easily do at home and requires no formal training. Questions on this screening include, “Does this person have trouble with complicated financial affairs?”, or, Does this person show problems with judgement or bad decisions?” This screening can be brought to a doctor’s appointment and given to the doctor with a request for more thorough screening. For most attendees, this was the first time they saw a screening they can use with their clients or share with family caregivers. Several participants approached the trainers after the sessions and commented that the screening tools would be helpful in their jobs.

COMMUNITY TRAINING AND SUPPORTS (PEI 12)

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION:
#2, #4, #5, #6

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

PROGRAM OVERVIEW:

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 the Mental Health First Aid (MHFA) community training that increases mental health literacy, helps the public identify, understand, and respond to signs of mental illness. 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; and more.

Individuals Served: FY2021-22

2400+ reached through Outreach/Training

TARGET POPULATION:

The target population for this area 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, 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.
- PEI providers

PROGRAM DESCRIPTION:

This program has two main components:

- Stigma and Discrimination Reduction Efforts, and
- Mental Health First Aid (MHFA) is an evidenced based training that:
 - increases understanding of mental health and substance use disorders;
 - increases knowledge about signs and symptoms of issues such as depression, anxiety, psychosis, and substance abuse;
 - reduces negative attitudes and beliefs about people with symptoms of mental health disorders;
 - increases skills for responding to people with signs of mental illness and connecting individual to services;

- increases knowledge of resources available.

MHFA trainings are offered throughout the community. Trainings include standard, youth, Spanish and Vietnamese. The type of trainings (in-person or virtual), locations, and frequency vary throughout the county.

Additional trainings on recognizing and responding to signs of mental illness, implementing PEI evidence-based practices, suicide prevention, and other related topics are scheduled throughout the year. In addition, funds support attendance at conferences on PEI issues and outreach opportunities.

The Community Training and Support programs improves timely access to services for underserved populations because a wide array of community members is trained in identifying signs/symptoms and responding appropriately, including skills on connecting individual to services. In some cases, the appropriate referral will be to the BHRS “Access and Assessment Line,” enabling the County to make appropriate assessments and referrals, and to track that process.

DATA COLLECTION METHODS:

The following MHFA data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

MHFA conducts pre and post surveys to assess change in knowledge and behavior.

In **FY 18-19** BHRS implemented a 3-month post survey to assess retention of knowledge and skills over-time. Data for the **FY 21/22** is reported in the Outcomes section below.

Anticipated data collection changes and additions: Due to challenges with very low 3-month post survey responses from MHFA past training participants the survey is to be reevaluated as an informative reporting tool and different data points may be considered for **FY 22/23**.

MENTAL HEALTH FIRST AID

In **FY2021-22**, a total of 15 trainings were planned in various delivery formats (in-person and or virtual) and in English and Spanish. Nine (9) MHFA trainings commenced that included 3 virtual (adult), 2 virtual (adult-Spanish), 2 in-person (adult), 1 in-person (youth), and 1 virtual (youth). Six (6) trainings were cancelled due to the low class enrollment and or due COVID 19. MHFA trainings continue to be very well received by the community. Schools and Community Based Organizations have expressed increasing interest in having their staff trained.

OUTCOMES

BHRS hosted four Mental Health First Aid Trainings during FY 21/22.

Mental Health First Aid Outcomes	FY 20/21	FY 21/22
Number of Marin County community members that participated in MHFA.	46	104

Mental Health First Aid Outcomes	FY 20/21	FY 21/22
Participants reporting increased knowledge about mental illness signs/symptoms. (0-5 scale) “As a result of this training, [Participants] feel more confident [they] can recognize the signs that someone may be dealing with a mental health problem or crisis.” (0-5 scale)	4.56	4.27
Participants recognize and correct misconceptions about mental health and mental illness as [they] encounter them (0-5 scale)	4.5	4.48
Participants are aware of [their] feelings and views about mental health problems and disorders. (0-5 scale)	4.4	4.31
Participants reporting ability to assist somebody experiencing a mental health problem or crisis to connect with community, peer or personal support. (0-5 scale)	4.3	4.22
Participants reporting feeling able to offer a distressed person basic “first aid” information and reassurance about mental health. (0-5 scale)	4.32	4.27
Participants reporting ability to assist somebody experiencing a mental health problem or crisis to seek appropriate professional help. (0-5 scale)	4.36	4.25

Mental Health First Aid Outcomes: 3 Month Follow-up	FY 20/21	FY 21/22*
Participants recognize and correct misconceptions about mental health and mental illness as [they] encounter them. (0-5 scale)	4.2 N=4	NA
Participants reporting feeling more confident that they can reach out to someone who may be dealing with a mental health problem or crisis. (0-5 scale)	4.3 N=4	NA

Participants reporting ability to assist somebody experiencing a mental health problem or crisis to connect with community, peer or personal supports. (0-5 scale)	4.2 N=4	NA
Participants reporting ability to assist somebody experiencing a mental health problem or crisis to seek appropriate professional help. (0-5 scale)	4.4 N=4	NA

*3-month surveys were not completed this year due to staff changes

Settings where participants might use MHFA	Number Served 20/21	Number Served 21/22
Community Members	11	38
Family Member of Person with Serious Mental Illness	5	6
Providers		
County Behavioral Health and Recovery Services	6	9
Community-based Mental Health and/or Substance Use Provider	15	20
Education (including High School Students)	1	12
Law Enforcement	0	0
Primary Health Care	1	3
Senior Centers/Services	1	2
Social Services (County and Community)	2	5
Veterans	0	0
Faith-based	1	1
Shelters/Homeless Services/Public Housing	1	0
Libraries	0	0

Public Transit	0	0
Employment	0	0
Other – List: DV, BOS, Parks Svcs, PH	1	3
Security, Emergency Svcs	0	0
Unknown	1	5

OTHER OUTREACH AND TRAINING ACTIVIES IN FY 2021-2022:

Participation in community outreach and education events including “Day of the Dead” in the Latino community.



Photos by Doug Kaye with the Multicultural Center of Marin. October/November 2021

MARIN COUNTY SUICIDE PREVENTION COLLABORATIVE:

The Marin County Suicide Prevention Collaborative launched in August 2020. The focus of the Collaborative is to build connection and community, create awareness and education, and implement the seven-strategy strategic plan, including: “Providing evidence-based training and education to Marin County residents (Strategy 4)” and “Provide outreach and engagement and support to all residents with targeted efforts to groups disproportionately affected by suicide (Strategy 5).”

The Training and Education Action Team is one of eight Community Actions Teams within the Collaborative providing recommendations and support in implementing the Strategic Plan with a focus on Strategies 4 and 5.

TRAINING AND EDUCATION ACCOMPLISHMENTS:

During a 10-month period in FY21-22, the Collaborative hosted over 60 community events with BHRS and community-based partners, including three Spanish language only trainings, trainings for older adults, and a series of events held during September Suicide Prevention and Recovery Month 2021 and May Mental Health Month 2022. Over 2300 community members received a training or presentation addressing a cross section of suicide prevention and behavioral health education. Our training and education accomplishments include but are not limited to the following examples:

- Offered presentations or events on mental health, lived experience, suicidality, and the connection between suicide and substance use evidence-based trainings to support mental health providers, including two safety planning trainings for clients,
- Hosted September Suicide Prevention and Recovery Months ([2020](#), [2021](#), [2022](#)) and May Mental Health events (2020, 2021, 2022, trainings, presentations, and Resolutions to raise awareness, including a Youth Art and Film Showcase ([2020](#), [2021](#), [2022](#)).
- Serve as key partner on the Marin Schools Wellness Collaborative review and plan for suicide prevention trainings to be implemented and supported at various levels in our community, including for students, staff and parent communities
- Maintain the newly launched (2021) BHRS Prevention and Outreach website, which provides a centralized and coordinated information hub for suicide prevention and other behavioral health resources and services for our community, including a [Training and Education](#) section promoting Gatekeeper Trainings, Community Trainings, and Trainings for Mental Health Providers and Health Professionals.
- Maintained contract with [Crisis Text Line \(CTL\)](#) with co-branding for Marin (text MARIN to 741741). This new Text Line has been promoted throughout trainings and events in follow up to a pilot test survey to maximize CTL usage among English and Spanish speakers
- Provided recommendations for training, including: American Foundation for Suicide Prevention Talk Saves Lives and More than Sad Buckelew Programs, Question-Persuade-Refer (QPR) and Mental Health First Aid (MHFA).

Question. Persuade. Refer. QPR

Three steps anyone can learn to help prevent suicide.

Help Play a Role in Suicide Prevention!

Sign up for this 1-hour FREE online, self-directed Suicide Prevention and Awareness Training.

Limited to 200 users.

KEY COMPONENTS COVERED IN TRAINING:

- How to Question, Persuade and Refer someone who may be in distress
- How to get help for yourself or learn more about preventing suicide
- The common causes of suicidal behavior
- The warning signs of suicide
- How to get help for someone in distress

FOLLOW THESE INSTRUCTIONS:

1. Navigate to: qprtraining.com/setup
2. Enter the organization code MCDHHS
3. Select Create Account
4. Complete and submit student registration form
5. QPR will display and email the newly created Username and Password.
6. Login to begin using the provided username and password at qprtraining.com

Marin Health & Human Services
Health, Well-being & Safety

Questions?
BHRSPreventionandOutreach@marincounty.org

- Hosted the Buckelew Programs SOS Allies in Hope monthly support group for suicide loss survivors in partnership with BHRS. This support group is promoted at all our trainings and events.
- Hosted 11 Collaborative monthly meetings addressing a variety of topics and actions by the Community Action Teams, including: Annual data, men and boy's mental health campaign, Gun Violence Restraining Order, digital storytelling, and others.
- Developed a first of its kind "From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County" for use as a training tool in "community conversations."
- Presented at the Board of Supervisors Meeting (September 2021) to adopt a resolution proclaiming September as "National Suicide Prevention and Recovery Month"
- Developed the online School-Based Suicide Risk Assessment Protocol for Marin County school-based providers training
- providers and County clinicians.
- Provided Hablemos sobre la Prevencion del Suicidio. This Spanish language only workshop provided basis foundation and introduction to suicide prevention.
- Presented to the Faith Collaborative of the Department of Health and Human Services on the role of
- faith in suicide prevention.
- In partnership with MCOE, hosted a series of 10 monthly American Foundation for Suicide Prevention Talk Saves Lives events, averaging 10-15 people.
- Continued the expansion of Community Health Advocates and *Promotores* model to support suicide prevention efforts among mental health ambassadors in communities of color and vulnerable populations that experience barriers to equitable and culturally appropriate health and wellness services.
- Supported community-based organization in hosting speaker series for residents from diverse communities with lived experiences around suicide to share their experiences in safe community spaces.
- Held two loss survivor "meet ups" for community connection and Collaborative events (image below)
- Hosted a community-wide information session on 988 with Marin County Mobile Crisis and Buckelew Programs to prepare for the launch of this crisis response number (image below).
- Completed the development of the Suicide Risk Assessment Protocol to create a uniformed district wide risk assessment tool based on the Mental Health Provider Trainings addressing student suicide risk for school-based providers. Content from this training was customized for an online training platform to be utilized by district providers launched in September 2022
- Included student ID card with new 3-digit 988 number for Fall 2022
- Provide the free and virtual Zero Suicide's Counseling for the Assessment of Lethal Means (CALM) featured on the BHRS website
- Promoted the September Suicide Prevention and Recovery Months (2020, 2021, 2022) events County wide through social media, print and digital banners and advertisements, and bus kiosks in English and Spanish and described in following sections in this report, including:

MARIN OUTREACH & PREVENTION TEAM **MARIN COUNTY SUICIDE PREVENTION COLLABORATIVE**
Join us! Loss Survivor Circle of Caring Virtual Meet Up – March 17 at Noon

The Marin County Suicide Prevention Collaborative relies on the voices of allies, loss survivors, attempt survivors and others to help make a difference in our community.

If you are a loss survivor, you are invited to join a conversation to:

- Get to know one another
- Discuss issues and special topics impacting loss survivors
- Share your ideas and solutions for the Collaborative

Join our Circle of Caring get togethers and meet other loss survivors. You do not have to be a family member to experience grief and loss. You can be a neighbor, caregiver, teacher, colleague, etc., who has experienced a loss.



Let's Get Together!
 March 17 from Noon to 1 pm
[Register here.](#)

Don't miss out on the next
 Suicide Prevention Collaborative
 meeting on March 2 at 2 pm.
[Register here.](#)

Questions?
 Email: BHSPreventionandoutreach@marincounty.org
 Or visit: <https://prevention.marinbhrs.org/>



Please Join Us!

A Community Informational Session on 988

June 15, 2022 at 6:00-7:00 pm

988 is more than just an easy-to-remember number—it's a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Join us to learn more!

During this virtual meeting, we will address the upcoming national launch of the 988 Suicide and Crisis Lifeline. You will learn about:

- What 988 is and the difference between 988 and 911
- Our County's crisis responses to a 988 call
- The role you can play in getting the word out to our shared community



Speakers:

- Steve Diamond, Program Director, Buckleup Programs
- Heather Costello, Communications Manager, Marin County Sheriff's Office
- Todd Schmeier, Division Director, Marin County Behavioral Health & Recovery Services

Questions?
BHSPreventionandOutreach@marincounty.org

REGISTER HERE

For disability accommodations please phone (415) 473-6387 (Toll-free), call Relay (711), or email disabilityaccess@marincounty.org at least ten business days in advance of the event. The County will do its best to fulfill requests consistent with the Americans with Disabilities Act. Certain accommodations are unavailable in alternative formats, upon request.

Supportive Transitions









Suicide Prevention Week: September 5-11, 2021
 World Suicide Prevention Day: September 10
 National Recovery Month: September


suicideispreventable.org

September Suicide Prevention and Recovery Month Events. Join Us!

Questions? Email or [visit: BHRSPrevention.org](https://BHRSPrevention.org)

- August 24 at 9:00-11:00 am.** Board of Supervisor's Presentation. Learn about the Marin County Suicide Prevention Collaborative's first year accomplishments and goals for the year ahead. [Zoom details](#).
- September 1 at 2:00-3:15 pm.** Marin County Suicide Prevention Collaborative Meeting. Attend and learn more about our county-wide suicide prevention efforts in Marin. [Register](#).
- September 8 at 7:00-8:30 pm.** Suicide Prevention and the Latinx/Hispanic Community (Spanish Language Only). Presenters: Maria Rea, LMFT, Marin County BHRS and Berta Campos-Anicetti, MPH, North Marin Community Services. [Register](#).
- September 14 at 11:00 am-Noon.** The Impact of Alzheimer's and Dementia on Suicidality among Older Adults. Presenter: Timothy Schmutte, Psy.D., Assistant Professor, Department of Psychiatry, Program for Recovery and Community Health, Yale University School of Medicine. [Register](#).
- September 21 at 7:00-8:30 pm.** Finding the Words: Creating Conversation with Our Teens About Mental Health and Suicide Prevention. Presenters: Tim Lea, Outreach and Education Coordinator for Suicide Prevention, Buckelew Programs and Jessica Colvin, MSW, MPH, PPSC, Wellness Director, Tam District. [Register](#).
- September 23 at 5:00-8:00 pm.** Recovery Month Community Celebration. Hosted by Buckelew Programs Helen Vine Recovery Center. Location: San Rafael Community Center, 618 B Street. Email: egreen814@earthlink.net. Mask required.
- September 23 at 6:00-7:15 pm.** Substance Use and Suicide Prevention: What Can WE Do? Presenters: Dr. Martin Epton, MD, JD, MTS, Staff Psychiatrist, Marin County, Dominique McDowell, Director of Substance Abuse and Homeless Services--Marin City Health and Wellness FQHC, Timothy Dillon, community member with lived experience and Kara Connors, MPH, Senior Program Coordinator for Suicide Prevention, BHRS. [Register](#).
- September 25 at 4:00-6:00 pm.** A Youth Art and Film Showcase for Suicide Prevention. Location: Marin Health and Wellness Campus, 3240 Kerner Blvd., Room 109, San Rafael, CA. Mask required.
- September 28 at 8:00 am-5:00 pm.** Mental Health First Aid Training (Spanish Language Only). Facilitator: Maria Rea, LMFT, Marin County-BHRS. Location: 3270 Kerner Blvd, Room 109/110, San Rafael. [Register](#). Mask required.
- September 30 at 9:00 am-4:30 pm.** Multi-County Suicide Prevention Summit 2021 for Mental Health Providers. Keynote: Kelechi Ubozoh, author and mental health advocate. CEU's available for MFTs, LPCCs, and/or LCSW. [Register](#).
- Anytime! Question, Persuade, Refer (QPR) Training and Lethal Means Counseling Training.** Self-directed, online training for suicide prevention. Work at your own pace on your own schedule.




Mes de Prevención del Suicidio 2021

Adaptar los Contidos por Necesidades, Idiomas y Habilidades
elsuicidiooesprevenible.org

Septiembre Mes de Prevención y Recuperación del Suicidio Eventos. ¡Únete a nosotros!
Correo electrónico o BHRSPrevention.org

- Agosto 24 de 9:00-11:00 am. Presentación de Junta de Supervisores. Aprenda acerca de los logros del primer año y las metas del próximo año del grupo de colaboración de Prevención del suicidio del Condado de Marin. [Detalles de Zoom](#).
- Septiembre 1 de 2:00-3:15 pm. Reunión del Grupo de Colaboración de Prevención del Suicidio. Acompañenos y aprenda más acerca de los esfuerzos de todo el condado de Marin para prevenir el suicidio. [Regístrese](#).
- Septiembre 8 de 7:00-8:30 pm. Prevención del Suicidio y la comunidad LatinX/Hispana (Lenguaje español solamente). Presentadoras: Maria Rea, LMFT, Condado de Marin BHRHS y Berta Campos-Anicetti, MPH, North Marin Community Services. [Regístrese](#).
- Septiembre 14 de 11:00 am-Medio Día. El Impacto del Alzheimer y la Demencia en el suicidio entre las personas de la tercera edad. Presentador: Timothy Schmutte, Psy.D., Profesor Asistente, Departamento de Psiquiatría, Programa para la recuperación y salud comunitaria, Escuela de Medicina de la Universidad de Yale. [Regístrese](#).
- Septiembre 21 de 7:00-8:30 pm. Encontrando palabras: Creando conversación con nuestros adolescentes acerca de la salud mental y la prevención del suicidio. Presentadores: Tim Lea, Coordinador de educación y alcance comunitario para la prevención del suicidio, Programa Buckelew y Jessica Colvin, MSW, MPH, PPSC, Directora de Bienestar, Distrito Tam. [Regístrese](#).
- Septiembre 23 de 5:00-8:00 pm. Celebración comunitaria del mes de la recuperación. Presentado por Programas Buckelew Centro de Recuperación Helen Vine Lugar: Centro Comunitario San Rafael, 618 B Street. Correo electrónico: egreen814@earthlink.net. Se requiere el uso de máscara.
- Septiembre 23 de 6:00-7:15 pm. Uso de Sustancias y Prevención del Suicidio: ¿Qué PODEMOS hacer? Presentador: Dr. Martin Epton, MD, JD, MTS, Personal de Psiquiatría, Condado de Marin, Dominique McDowell, Directora de Servicios de abuso de sustancias y de ayuda para las personas sin hogar--Salud y Bienestar Marin City FQHC, Timothy Dillon, miembro de la comunidad con experiencia vivida y Kara Connors, MPH, Coordinadora del programa de adultos mayores para la prevención del suicidio, BHRHS. [Regístrese](#).
- Septiembre 25 de 4:00-6:00 pm. Arte Juvenil y exhibición de películas para la prevención del suicidio. Lugar: Marin Health and Wellness Campus, 3240 Kerner Blvd., Room 109, San Rafael, CA. Se requiere el uso de máscara.
- Septiembre 28 de 8:00 am-5:00 pm. Primeros Auxilios para la Salud Mental (Lenguaje español solamente). Facilitador: Maria Rea, LMFT, Condado de Marin-BHRHS. Lugar: 3270 Kerner Blvd, sala 109/110, San Rafael. [Regístrese](#). Se requiere el uso de máscara.
- Septiembre 30 de 9:00 am-4:30 pm. Cumbre multi-condado 2021 para la prevención del suicidio dirigido a proveedores de salud mental. Palabras de apertura: Kelechi Ubozoh, autor y defensor de la salud mental. CEU's disponible para MFTs, LPCCs, y/o LCSW. [Regístrese](#).
- Cuando Sea! Capacitación Pregunta, Persuade, Refiere (OPPI) y [consejería de medios letales](#). Autodirigido, capacitación en línea para la prevención del suicidio. Trabaja a tu propio ritmo y en tu propio horario.



In support of Mental Health Awareness Month, May, 2022, Marin County Behavioral Health and Recovery Services promoted themes of taking action, connection, equity, hope and recovery by hosting over fifteen different events. These included:

- A Board of Supervisors Proclamation. The Marin County Board of Supervisors [proclaimed\[PDF\]](#) the month of May as Mental Health Awareness Month
- The Mental Health Youth Summit. During these two interactive and youth-led sessions, participants will learn about demystifying mental health, suicide prevention, and how to support themselves and their peers with mental health struggles. Guest speaker: Mark Parker, Peer Resource Coordinator, Marin County and member of the Men and Boy's Action Team.
- Youth Art and Film Showcase in partnership with the Marin County Office of Education. Youth in Marin were invited to tell their story of emotions, justice, equity mental health through art.
- Mental Health Awareness Roundtable Hosted by PEI program, Jewish Children and Family Services.

- "Redefining Strength: A Community Conversation on Men and Boy's Mental Health." Leaders across the life span from Marin examine what it means to be strong, where men and boys draw strength, and how to ask for help and be a helper.
- Youth Art and Film Showcase
- Spanish Language Suicide Prevention to support the facts of suicide and how to help someone in distress.
- Mental Health Recovery Show and Tell for peers with lived experience to tell a story and favorite wellness tools.
- Bike for Buckelew provided an event to raise awareness for mental health.
- Behavioral Health Career Mental Health Pathways.
- More than Sad for Parents/Caregivers with the Marin County Office of Education and the American Foundation for Suicide Prevention.
- REALTALK Session in partnership with Mental Health Association of San Francisco and 1000 Cranes. Learn how to be an advocate for Asian American mental health.
- Mental Health First Aid for Adults in Spanish.
- Redefining Strength: A Community Conversation about Men and Boys' Mental Health.
- Mental Health Shabbat: Creating connections, rebuilding relationships, and supporting each other as we emerge from isolation hosted by the Congregation Rodef Sholom.

Marin County Behavioral Health and Recovery Services
Prevention & Outreach Team
 May Mental Health Matters Month Events – 2022
 Connect and Join Us!




- **May 4 at 2 pm. Marin County Suicide Prevention Collaborative Meeting.** Join us and learn more about the Men and Boy's Action Team grassroots campaign, "Redefining Strength" and upcoming events. Virtual. Closed caption. [Zoom details](#).
- **May 7 at 9:30 am-1:00 pm. Mental Health Festival.** Youth Leadership Institute. Location: Marin County Office of Education, 1111 Las Gallinas Ave., San Rafael. [Register here](#).
- **May 10 at 9:00 am-11:00 am. May Mental Health Board of Supervisor's Resolution.** Virtual. Visit or go to: www.zoom.us/join. Meeting ID: 947 4251 8384; Password: 352533.
- **May 12 at 5:00-7:00 pm. Youth Art Showcase.** Increase awareness and conversations around mental health and well-being within Marin through sharing youth art and perspective. [Digital submissions](#) through **Monday, May 9th**. Location: Marin County Office of Education, 1111 Las Gallinas Ave., San Rafael.
- **May 12 at 6:00-7:00 pm. Spanish Language Suicide Prevention.** Learn about the facts of suicide and how to help someone in distress. North Marin Community Services. Virtual. No registration required. [Join here at 6 pm](#).
- **May 13 at 5:00-8:00 pm. Mental Health Recovery Show and Tell.** Hosted by Enterprise Resource Center (ERC). Location: 3270 Kerner Blvd., Suite #C, San Rafael. Join us and share anything about recovery, tell your story, your favorite wellness tool, etc.
- **May 14 at 8:00 am. Bike for Buckelew.** An event to raise awareness for mental health. [Register here](#).
- **May 16 at 3:30-5:00 pm. Behavioral Health Career Mental Health Pathways.** Spanish live translation. Closed caption. Virtual. [Register here](#).
- **May 17 at 6:00-7:30 pm. More than Sad for Parents/Caregivers.** Marin County Office of Education and the American Foundation for Suicide Prevention. Live Spanish translation. Virtual. [Register here](#).
- **May 18 at 5:00-6:30 pm. REALTALK Session in partnership with MHASF and 1000 Cranes.** Learn how to be an advocate for Asian American mental health. Virtual. [Register here](#).
- **May 19 at 8:30 am-3:30 pm. Mental Health First Aid.** Adult-In Person-Spanish. Location: 3240 Kerner Blvd, San Rafael. [Register here](#).
- **May 19 at 5:30-8:00 pm. Redefining Strength: A Conversation about Men and Boys' Mental Health.** Location: Marin County Civic Center, Board Chambers, 3501 Civic Center Dr, San Rafael. [Register here for in-person](#). [Facebook livestreamed](#).
- **May 20 at 6:15 pm. Mental Health Shabbat: Creating connections, rebuilding relationships, and supporting each other as we emerge from isolation.** In person: Congregation Rodef Sholom, 170 N. San Pedro Rd., San Rafael. Virtual: [Zoom Meeting ID: 812 8293 6615; Passcode: 132846](#) or via [Facebook livestreamed](#).












If you are concerned for yourself or someone you know, help is available: National Suicide Prevention Lifeline 1-800-273-8255 or text MARIN to 747741.
 For mental health or other behavioral health issues: BHRS Access Line (888) 818-1115 or www.marinbhhs.org

For disability accommodations please phone 415-475-6844 (toll-free), CA Relay 711, or e-mail access@marincounty.org at least five business days in advance of the event.

SPEAKERS BUREAU TRAININGS WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) MARIN:

In September thru May, NAMI hosted an online Speakers Bureau to raise awareness of mental health, suicide and substance use. NAMI events during the **FY 21/22** included:

- Opening Up: Where Healing Begins and Stigma Fades. This NAMI hosted event in September 2020 focused on two friends who both lost their mothers to suicide in the late 1950's.
- NAMI Marin Story Telling Series. This Five-Part Series featured people with lived experience with mental health challenges.
- NAMI Virtual Walk was hosted in October 2020, 2021, 2022

In FY 2022-23, highlights include (to be described in more detail in the next annual update):

- May Mental Health Month 2023 will include addressing men and boys' mental, annual youth art and film showcase, and youth mental health, Mental Health First Aid, and events by community partners, including NAMI, Buckelew, Opening the World and others. Take Action for Mental Health materials will be distributed among identified school districts.
- Expansion of training efforts addressing specific populations including Black, Indigenous and People of Color (BIPOC), LGBTQ+ youth and adults, and middle age/older men.
- Hosting informational sessions to become a member of the LOSS Team. Conducting trainings for school and County based mental health providers utilizing the Suicide Risk Assessment Online Training program.
- Planning for May Mental Health and Suicide Prevention month events in September 2022-23 in collaboration with BHRS community-based organization partners and CalMHSA.
- Contracting with a community-based organization to host training for primary care providers working with older adults to identify mental health and suicide risk.
- Expanding Spanish only language suicide prevention trainings in partnership with community-based partners throughout Marin.
- Hosting two safety planning trainings for families and mental health providers.
- Hosting the International Survivors of Suicide Day with Marin County Office of Education, Felton Institute and Buckelew Programs.
- Hosting a LOSS Team training for volunteers supporting bereaved families following a suicide.
- Serving on a multi-county suicide prevention summit planning team for upcoming regional event.
- Implementing the county-wide Newcomer's Wellness Toolkit for school partnerships.
- Implementing MHSA Innovations Student Wellness Ambassadors Program (SWAP), a County-Wide Equity-Focused program focusing on enhancing peer wellness supports for Marin students grades 6-12 through a centralized coordination, training and evaluation structure.
- Increasing community awareness of lethal means reduction (firearm, substances, bridge, rail) through a series of community conversations with expert panelists on specific actions community members can take to keep themselves and others around them safe.
- Implement the Counseling for Assessment of Lethal Means (CALM) training for use by providers.

Challenges and Upcoming Changes:

Continued funding was determined by the MHSA Three Year planning process for **FY2020-21** through **FY2022-23**. In the upcoming Fiscal Year, there will be focused suicide prevention trainings for the community and high-risk groups as well as a continuation of Mental Health First Aid and other evidenced based community trainings and capacity building activities.

In FY2022-23, additional suicide prevention events will be held. The challenge and opportunity is to continue to expand our audience to ensure we are reaching as many people in our community as possible. We rely on our BHRS network of over 2,000 people to help with outreach and in the upcoming year will be attending a CBO networking program that allows for coordinated and aligned networking and resource sharing. In addition, we have been able to provide suicide prevention in Spanish language, but a key challenge is to determine creative ways to engaging populations where there are cultural taboos associated with suicide. We plan to engage Palo Alto University to bring training to support suicide prevention through a socio/cultural lens. By participating in the state-wide learning Collaborative, there are learning exchanges and lessons learned that we can apply in our communities to breakthrough stigma and resistance to discussing suicide openly through training and education. Building our collective competency is a continued focus in our training efforts.

In addition, in FY22/23 we expect the launch of the West Marin training/event series around Mental +Health.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

Upcoming changes for MHFA FY 23/24 include a closer examination and implementation of data outcomes from current measure of standards.

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 OVERVIEW:

During the FY 20/21-22/23 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.

The expansion of school-based PEI services 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. Services to Spanish speaking students and families were added to Shoreline Unified (through Petaluma Health Center) and Novato Unified (through a contract with North Marin Community Services).

School-Aged Programs

SUMMARY FY2021-22

Individuals Served: FY2021-22

365 Individuals

161 Families

1993 reached through Outreach/Training

PROVIDERS:

West Marin (Shoreline Unified):
Petaluma Health Center

Novato (Novato Unified): North
Marin Community Services

Marin City (Sausalito Marin City
School District): Sausalito Marin City
School District

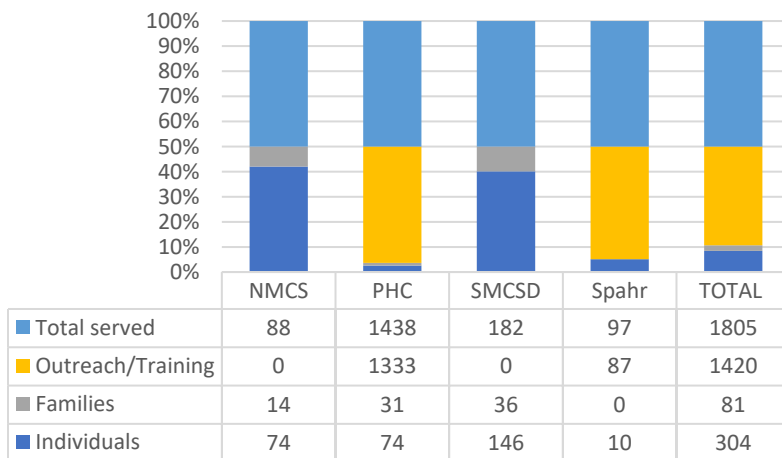
County-wide: Spahr Center

TARGET POPULATION:

The target population for school-aged programming 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. Classrooms and students may be referred for services through school staff, Coordination of Services Teams (COST), Success/Study Teams (SST), or Student Attendance Review Teams (SART) and Boards (SARB). Students are then be assessed to determine whether they are appropriate for PEI services or are linked to other services. In FY 21/22, the program targeted three areas of Marin County.

Target Schools	Latino	American Indian	Asian	African American	Multiple Races	English Learners	Free and Reduced Meals
Shoreline Unified	60.6%	0.6%	.8%	0.0%	.8%	40.2%	50.9%
Sausalito/Marin City Schools	30.2%	0.3%	8.4%	25.1%	9.6%	20.6%	53.3%
Novato	40.9%	0.6%	5.3%	2.2%	7.1%	17%	31.9%

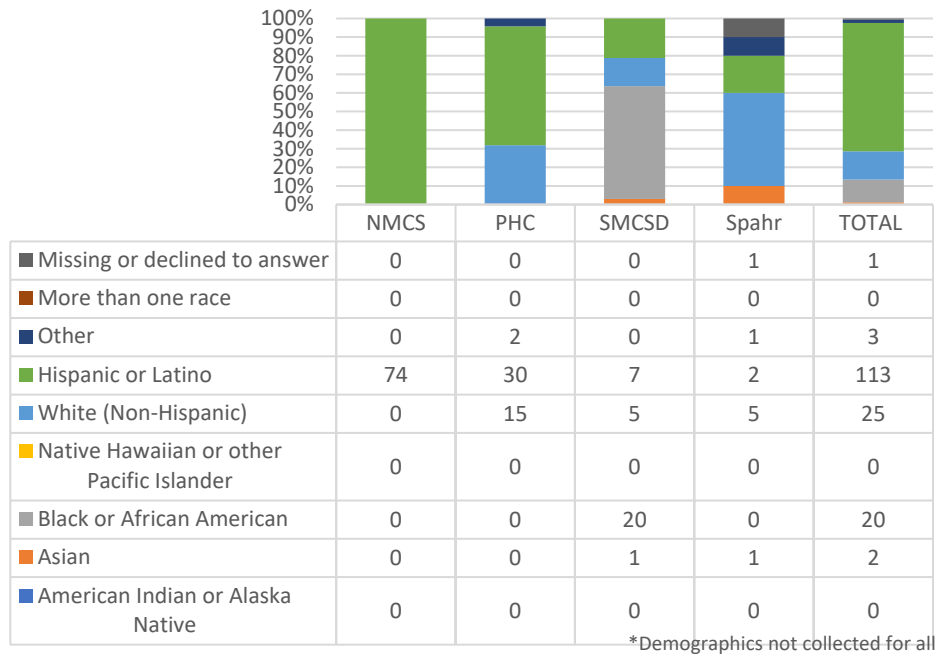
FY21/22 PEI School-Aged Programs
Demographics: Total Served by Program



*Demographics not collected

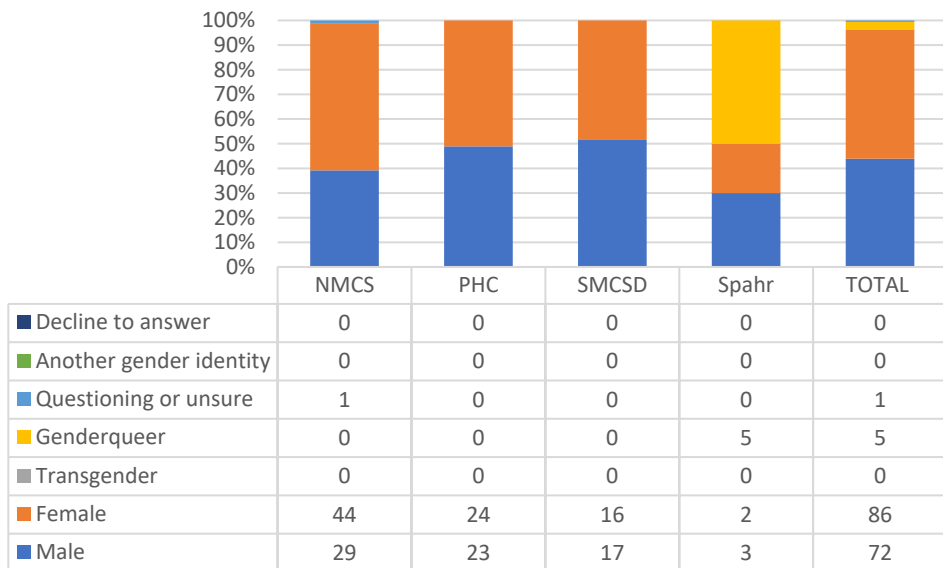
In **FY 21/22**, PEI school-based providers provided individual and group counseling to **304** youth and family counseling and support to **81** caregivers. They conducted outreach and training to 1420 staff, family, and community members.

FY21/22 PEI School-Aged Program Demographics: Race



Latinx youth represented **67%** of individuals served, Whites represented **15%**, African Americans represented **12%**, other races or those that identified as “more than one race” represented **1%**.

FY21/22 PEI School-Aged Programs Demographics: Gender Identity



52% of PEI school-aged clients identified as female. **44%** identified as male. **4%** identified as genderqueer or questioning/unsure.

PROGRAM DESCRIPTION OF SERVICES PROVIDED IN FY 21/22:

The program aims to **reduce prolonged suffering** for those at significantly higher risk of mental illness by increasing protective factors and reducing risk factors. 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/Capacity Building** 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 such as COST 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;
- **Building partnerships** to support the positive and healthy youth development which engages youth as active leaders and resources in their communities;
- **Conducting Assessments:** Assessments using validated tools (such as CANS) are conducted when a student enters the program and at the end of each school term, or at the time of completing the program. Results for each student are analyzed to measure amount of change over time. Results for all individuals are aggregated and reported. This data, as well as student demographics, are reported annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis;
- **Timely Access to Services:** This program improves timely access to services for underserved populations by being in schools with high rates of underserved students/families, ensuring service providers are culturally and linguistically responsive, and being offered at no-cost. Services are non-stigmatizing in that they are initiated through the school and identified as assisting with school success, rather than specifically mental health related, and;
- **Access and Linkage to Treatment:** Individuals/families at risk or showing signs of developing serious emotional disturbance or mental illness are linked to services as needed. These services may be provided by the PEI program, the school, community-based organizations, or other available providers. Individuals eligible for services through health coverage, including Medi-Cal, Early Periodic Diagnosis Screening and Treatment (EPDST), or private coverage are referred to those resources. Individuals experiencing symptoms of serious mental illness or emotional disturbance are referred to Marin County Behavioral Health and Recovery Services (BHRS), private health coverage or primary care. Families are assisted with making an initial appointment as needed. Referrals to County BHRS go to Access, enabling the County to track referrals, timeliness of services, and services received.

Each school district has a different service provider or multiple service providers with a program designed based on community needs and existing gaps. Program descriptions by school district are provided in the Outcomes Section of this report.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis:

- The number and types of individuals trained, types of trainings provided and demographics;
- Participant surveys to show changes in knowledge and skill for those receiving training;
- Client/family demographics and satisfaction surveys to show impact of services provided;
- Referral data to show improved recovery through access and linkage to services;
- Results of validated clinical tools, if applicable, used to measure changes in child behaviors and staff and parent questionnaires to measure changes in skills and knowledge;
- Staff training surveys;
- COST rubric to measure impact of coordination team and assess progress in identified areas of improvement;
- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable, and;
- School discipline and attendance records.

Anticipated data collection changes and additions: Given significant challenges in implementing CANS in FY20/21, providers opted to discontinue use during FY 21/22. NMCS continued to use the C-SSRS, PHQ-A and/or GAD-7 as clinically indicated, for assessing for suicide risk and measuring depression and anxiety as part of the behavioral health assessment process. Spahr has continued to utilize CANS in its school-based counseling programs and will continue moving forward during the FY22/23.

OUTCOMES:

Petaluma Health Center:

Petaluma Health Center provides an array of services, including stigma reduction which is addressed through education for school staff, students and families about mental health and available resources. Evidence based social emotional lessons are provided to each kindergarten through eighth grade class to build coping and resiliency skills. Individual services are provided for students and families at school and through home visits.

Petaluma Health Center	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Students with mild to moderate mental health concerns receiving at least 3 sessions of individual or group counseling	25	28	25	64
Students (or parents of) receiving at least 3 sessions reporting improvement on the SDQ or PEI survey (emotional problems, conduct problems, hyperactivity problems, peer problems and/or socialization)* (PEI Survey)	65%	66% N=18	65%	40% N=15
Students completing at least 3 sessions showing improved attendance or improved school performance* (PEI Survey)	65%	66% N=18	65%	33% N=15
At least 2 families with mild to moderate mental health concerns will receive at least 2 sessions of family counseling	10	2	10	5
Caregivers receiving 3 or more counseling services reporting satisfaction (strongly agree or agree) with the PEI services (would recommend, use again, etc)* (PEI Caregiver Survey)	75%	83% N=8	75%	Not Collected
Total referrals to County Behavioral Health (BHRS)	N/A	2	N/A	6
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	1	N/A	4
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	1	N/A	1
Total referrals to other PEI providers	N/A	0	N/A	0
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	N/A	N/A	N/A
Average time in weeks between when a referral was given to individual by program and the individual's first in person appointment with the PEI funded provider	N/A	N/A	N/A	N/A
Total referrals to other mental health services or resources for basic needs	N/A	2	N/A	0

**Data
Collection
Method*

*N = the total
number in
the sample
(i.e., total
number who
received
services or
completed a
survey)*

Spahr Center:

The Spahr Center School-based PEI program facilitates middle school and high school youth leadership programs to support students in addressing LGBTQ+ inequities in their schools. Students gain leadership experience and professional skills. Both groups collaborate with schools to provide professional development to staff and address infrastructural issues to ensure LGBTQ+ student needs are more fully met.

SPAHR Center	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Youth will participate in advocacy projects	10 youth	11	10 youth	10
Spahr will provide at least 5 hours of leadership development training for 10 youth	5 hours	5 hours	5 hours	5 hours
Spahr will hold youth meeting time	60 hours	60 hours	40 hours	40 hours
Youth engaged in program will report that they have learned new skills, feel empowered, and that their voices are heard.	85% of youth	100%	85% of youth	Unable to collect surveys
Provide capacity building to schools	5 Schools	5 schools	3 schools	3 schools
75% of staff participating in program will report that they: Understand LGBTQ+ identities, feel equipped to support LGBTQ+ students, and know the LGBTQ+ resources available	75% of staff	Trainings were not provided this year due to Covid	75% of staff	75% of staff

North Marin Community Services

NMCS school-based PEI program provides comprehensive clinical supports to Spanish speaking Latinx students and families at Novato High School. A part-time masters-level bilingual clinician works closely with NMCS' Latinx Youth Wellness Coordinator, as well as NUSD's Newcomer Counselor, school administrators, counselors, and other school staff to engage Spanish speaking students in mental health services and connects them and their families to appropriate school and community-based resources, including NMCS' Case Management services and the Novato Teen Clinic.

North Marin Community Services	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Students will receive school based mental health services (screening, brief interventions, referrals)	35 students	33 students	25-30 students	74 students
Students will participate in group therapy	8-12 students	8 students	8-12 students	6 students
Student will complete at least 3 sessions will demonstrate improvement in school performance	65% of students	67% N=22	65% of students	68% of students
Total referrals to County Behavioral Health (BHRS)	N/A	1	N/A	3
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	1	N/A	3
Average duration in weeks of signs of untreated mental illness	N/A	8	N/A	6-12 months
Total referrals to other PEI providers	N/A	5	N/A	6

Sausalito Marin City School District

School-based Clinicians provide individual and group emotional support and social skills development. Clinicians coordinates services, in classroom SEL classes, and support and training to staff members. Services provided to Sausalito Marin City School District children (K-8) and their families.

Sausalito Marin City School District	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Students with mild to moderate mental health concerns will receive at least 3 sessions of individual or group counseling.	30 Students	28 students	30 students	146 students
Families with mild to moderate mental health concerns will receive at least 2 sessions of family counseling.	10 Families	7 families	10 families	36 families
Individuals served will accomplish two or more of the following outcomes: Doing better in school (i.e. academically, socially) and /or work; Stronger relationships with family/friends/teachers or others; Better able to cope when things go wrong; More connected to community; Better able to advocate for needs	65% of students	N/A CANS not implemented	75% of students	100% of students
Caregivers of individuals served with at least 3 or more counseling sessions will report overall satisfaction of services their child received.	75%	100% N=9	75%	100% N=6
Caregivers of individuals served will report that their child accomplished two or more of the following (PEI Caregiver Satisfaction survey): agree or strongly agree that their child is doing better in school; agree or strongly agree that their child has built stronger relationships with family, friends, teachers, or others; agree or strongly agree their child is better able to cope when things are going wrong; agree or strongly agree that they have people they feel comfortable talking with about their child's problem(s); agree or strongly agree they are better able to advocate for their child's and/or family's needs	75%	100% N=9	75%	100% N=6
Parents/teachers of students (under age 11) receiving at least 3 sessions will report a reduction in children's/student's difficulties in one or more of the following areas:	65% of students	N/A CANS not implemented	65% of students	85% of students

emotional problems, conduct problems, hyperactivity problems, peer problems, and/or socialization (CANS assessment).					<i>*Data Collection Method</i> <i>N = the total number in the sample (i.e., total number who received services or</i>
Conduct home visits for students/caregivers identified through COST or administration	10	8	10	15	
Total referrals to County Behavioral Health (BHRS)	N/A	8	N/A	10	
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	4	N/A	N/A	
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	N/A	N/A	N/A	
Total referrals to other PEI providers	N/A	1	N/A	0	
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	0	N/A	N/A	
Average time in weeks between when a referral was given to individual by program and the individual's first in person appointment with the PEI funded provider	N/A	N/A	N/A	N/A	
Total referrals to other mental health services or resources for basic needs completed a survey)	N/A	3	N/A	10	

EQUITY STRATEGIES:

PEI school-based providers collaborate extensively with school and community partners to support connection/access to services, specifically for families with limited access due language, socio-economic status, and geographic location (such as in West Marin). Providers utilize the support of Family Advocates to support relationship building and connecting families with services, including basic needs. Placing a bilingual mental health clinician at Novato High School has provided access for Monolingual Spanish-speaking individuals (English Language and Newcomer students) who otherwise had none. The Spahr Center provides LGBTQ+ centered support services to youth, and a large part of the leadership program focuses on youth developing their voices and ability to self-advocate.

CHALLENGES AND UPCOMING CHANGES:

In FY 2021-22, this program was implemented as described in the MHSA Three-Year Program and Expenditure Plan for FY2020-21 through FY2022-23 although services continued to be impacted by COVID-19. Programs discontinued the use of CANS this year despite training and support being provided by BHRS. It continued to prove challenging for providers to collect demographic information and Client Satisfaction Surveys. Surveys were provided via hard copy directly to youth, as well as sent

out via text and email to students and parents/guardians. Hard copy surveys were more successful, but many students reported that they did not have time or were not comfortable completing the long survey.

School-based provider program goals/changes for **FY22/23** included:

- Revamp of the COST Process on the middle school campus
- Work with the school principals to ensure that the newly hired school-based clinician has access to the full scope of services, and a thorough understanding of what this job will entail
- Obtain real-time feedback from students exiting services through implementation of satisfaction survey upon completion of services
- Continue training of staff in clinical documentation standards to ensure all data components are tracked, including sexual orientation and household data fields
- Recruit and diversify youth program participants
- Spahr added school-based counseling services in addition to capacity building
- Addition of a School Partnership Supervisor in the Children's System of Care as well as a second clinician for the Sausalito Marin City School district so one can be present at each school site.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

- Substance use prevention services in selected middle schools;
- RFP to be released by spring of 2023 for a new provider for Shoreline Unified to expand services to Latinx youth and families

CLIENT STORY

Client Story 1:

Client Success Story – Student Referral – 1st Grade Student Referral: This child has been a tremendous success story as it relates to COST and our service delivery model here at Dr. MLK. His teacher referred him to COST as he was demonstrating a lot of emotional turmoil due to his father facing possible deportation due his immigration status. His dad has been detained and then subsequently released and the family has been facing the uncertainty and fear for well over a year with regard to this situation. After our COST discussed this case, he was referred to an intern clinician on our campus and was seen weekly for counseling. The child's mother has also been in communication with the clinician and support has been provided across the family when possible. At this child's 10 week follow up COST meeting, his teacher noted that his affect and behavior has shown dramatic improvement since he started with counseling and he was doing extremely well in the classroom. Our teachers/staff and COST team at times face challenges in serving students that can feel overwhelming. This case, along with several others this year, has shown us that if we follow our COST processes and work closely with our internal and external partners, we can truly make a difference in the lives of the students and families with whom we work.

Client Story 2:

A Spanish-speaking student transferred to Novato High School after experiencing a psychiatric hospitalization related to a very serious suicide attempt. Unfortunately, there was no coordination with NMCS staff and the school (the district did not inform NHS administrators), resulting in the student demonstrating significant behavioral health concerns that were not identified until there was an incident in which this student came to campus under the influence of substances. An NMCS clinical staff funded through this grant was able to screen, assess and provide crisis intervention for the student. The staff person consulted with their clinical supervisor and the Director of Wellness Programs who immediately submitted a referral to BHRS for urgent assessment. The PEI School-Based Spanish Speaking therapist provided support to the student while the Director of Wellness Programs and the Clinical Director worked with the mother via home visits in support of obtaining the appropriate level of care for the student, who subsequently was placed in residential services.

Client Story 3:

“Sam” has been a participant of the Youth Advocacy Coalition for the last three years. One year ago, they began a conversation with their school district about increasing the number of all-gender restrooms on campus. They conducted walk-throughs to understand the current accessibility of restrooms and what improvements needed to be made. Then, they mobilized students from the school GSA, leadership groups, and other student leaders to advocate for increased number of restrooms. Over the course of a year, these students met with district and school staff members to create, then implement, a plan to convert staff restrooms into all-gender restrooms open to all. At the end of the year, the change was implemented, and the students led an all-staff training to explain the changes and why they were needed.

VETERANS COMMUNITY CONNECTION (PEI 19)

SERVICE CATEGORY: OUTREACH

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

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

PROGRAM ALLOCATION: \$73,000

PROGRAM OVERVIEW: 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. MHSA PEI funds 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.

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.

PROGRAM DESCRIPTION:

This program does active outreach and support for Veterans, particularly those who are homeless or involved in the criminal justice system, to link them to medically necessary mental health services. Many of the Veterans are provided the support they need, such as transportation and entry into housing and Veterans Administration (VA) benefits, to access needed mental health services. Some are already connected to the VA and have a mental health treatment plan. The VA usually covers clinical treatment costs associated with the plan, but there are many barriers to a veteran completing their treatment. When they do not complete their treatment, they are at high risk for escalating mental health needs and substance use disorders, as well as recidivism. The program aims to **Reduce Prolonged Suffering** by ensuring veterans experiencing symptoms of mental illness engage in services expected to reduce their symptoms and increase their functioning. The PEI Case Manager (CM) provides:

- **Outreach and Engagement:** Clients are identified through outreach, in-reach and referrals from the VA.

Veteran's Community Connection

SUMMARY FY2021-22

Clients Served: FY2021-22

117 Individuals

3 Families

44 Outreach

14 permanently housed

- **Case Management:** The PEI Case Manager links clients to housing, behavioral health services, and more. In addition, the CM assists with logistical barriers to completing a treatment plan, provides ongoing contact to increase likelihood of engaging with services and services for significant support people, such as family. The CM also assists with obtaining other forms of support available to the veterans and their families, such as financial benefits or community resources.
- **Timely Access to Services:** The program improves timely access to services for underserved populations by providing the support services needed to access treatment that is available and required. These support services are provided by a veteran who can meet the client where they are literally and figuratively and can help to de-stigmatize the situation.
- **Access and linkage to Treatment:** Individuals/families at risk or showing signs of developing mental illness are linked to additional risk reduction services, early interventions, and other resources as needed. Access and linkage to treatment for individuals experiencing symptoms of serious mental illness or emotional disturbance is achieved through assessment and referral by the PEI Case Manager, who is a licensed mental health provider. The Case Manager makes the referrals to County Behavioral Health and Recovery Services (BHRS), private health coverage, and primary care and assist with making an initial appointment as needed. A significant number of referrals are made to the Veteran's Administration for health and mental health services.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- Client/family demographics and satisfaction surveys to show impact of services provided
- Referral data to show improved recovery through access and linkage to services
- Marin County PEI client satisfaction survey that looks at both quality of service and outcomes based on various indicators. All Prevention and Early Intervention providers are asked to administer this ten-question survey to clients and caregivers if applicable.

Anticipated data collection changes and additions: No anticipated changes in FY 22/23.

OUTCOMES:

N = the total number in the sample (i.e. total number who received services or completed a survey).

Outcomes	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Number of veterans that received support services to increase likelihood of completing the veteran's mental	100	82	100	117

health treatment plan. (Average number of services: 8)				
Number of family members that received services to increase their capacity to support the client	20	6	20	3
75% of veterans receiving support achieved at least one goal towards stability and recovery	75%	75% N=62	75%	75% N=
Clients receiving 3 or more counseling services reporting satisfaction (strongly agree or agree) with the PEI services (would recommend, use again, etc)* (PEI Survey)	N/A	91% N=10	N/A	89% N =9
Total referrals to County Behavioral Health (BHRS)	N/A	0	N /A	2
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	N/A	N/A	2
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	N/A	N/A	N/A
Total referrals to other PEI providers	N/A	0	N/A	3
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	N/A	N/A	3
Average time in weeks between when a referral was given to	N/A	N/A	N/A	N/A

individual by program and the individual's first in person appointment with the PEI funded provider				
Total referrals to other mental health services or resources for basic needs	N/A	80	N/A	77

EQUITY STRATEGIES:

The goals of the HHS Veterans PEI program are to provide comprehensive services to veterans that have lost housing or are at risk of losing housing to end veteran homelessness in Marin County. Working in conjunction with the VA Healthcare System, the program conducts outreach throughout Marin County, focusing on homeless and incarcerated veterans. Serious mental illness often is evident in this population. The program provides transportation and warm hand offs for those experiencing SMI to appropriate providers within the VA system. Additionally, Marin County has just formed the Veteran's Treatment Court. The HHS PEI Veterans team currently work with the DA, Public Defenders Office, Jail Mental Health, Probation and Parole departments to intervene in court cases and provide advocacy, and linkages to local resources including healthcare and housing. Many veterans are unsure of the benefits they are entitled to. The Case Manager provides education, enrollment, and specific referrals for homeless and incarcerated veterans. The program also does outreach to encampments, hotels, jails, car campers etc. and has expanded its services to include veterans that did not complete their tour, received less than honorable discharges.

Additionally, to gain knowledge and insight into the service needs of various cultural, ethnic, and special populations protected by civil rights legislation the veterans case manager completed four hours of civil rights non-discrimination training at UC Davis.

CHALLENGES AND UPCOMING CHANGES:

In FY 2021-22, this program was implemented as described in the MHSA Three-Year Program and Expenditure Plan for FY2020-21 through FY2022-23 although services continued to be impacted by COVID-19. There were challenges in collecting surveys due to brief interactions that were usually on the telephone and or via email. Surveys that were collected were from individuals in jail or walk-ins to the Veterans office which also presented some challenges due to time constraints and environmental circumstances. Further challenges include the limitations of resources available for some veterans that do not qualify for services due to their characterization of discharge and the amount of time served. Homeless Veterans are still identified in Marin County and most of them present with needs that require support in areas such as drug and alcohol recovery services, MH connection and treatment, medication, healthcare, etc. These cases are challenging as they are more time consuming and complex.

PEI Veterans program goals for the Fiscal Year 22/23 include:

- Continue making efforts to conduct outreach to underserved communities throughout Marin County including West Marin and Marin City.

Anticipated upcoming Changes for FY23/24: None

CLIENT STORY

A Veteran with acute schizophrenia paranoid type has been slow to engage but eventually was willing to get a hotel voucher. He had been homeless for 14 years and has a few secret places in San Rafael where he had been sleeping. We have registered him with the HUDVASH program. His recent correspondence with me has been an expression of appreciation over sleeping in a real bed and taking a hot shower regularly.

CLIENT STORY

Veteran that had served 4 years honorably. He had been on the road for 12 years and was originally from Florida. He was homeless in Bolinas and in need of a State ID and wanted to open a bank account in order for him to receive benefits. Spent 2 days working with him in collaboration with the West Marin Land Trust staff. We got him housed, the ID, and a bank account.

PEI STATEWIDE (PEI 20)

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION: #2

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

PROGRAM ALLOCATION: \$81,000

PROGRAM DESCRIPTION:



California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project at a Statewide level. The PEI Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. These campaigns are: Know the Signs, Directing Change, and Each Mind Matters (EMM). The EMM campaign was the original stigma reduction campaign and primarily focused on reducing stigma around mental health. The EMM campaign was an early trailblazing effort in stigma reduction. Following the direction of the CalMHSA Board of Directors, CalMHSA staff sought to reimagine the next iteration of the PEI Project towards one that is building off the work done by EMM to move California into a new phase of Taking Action. The Take Action for Mental Health campaign helps individuals learn how to Take Action for the mental health of themselves and those around them through three pillars: Check In, Learn More, and Get Support.

In FY 20/21, CalMHSA selected Civilian through a Request for Proposals (RFP) process to begin developing the social marketing campaign that would build on the legacy of the EMM campaign, with a new focus and expanded reach to traditional and non-traditional partners. In addition, the campaign will more tightly connect each of the campaigns, and the RAND evaluation efforts, to provide counties with a more interconnected suite of campaigns to support their communities. In FY 21/22, the Take Action for Mental Health campaign expanded through development of a website, a storefront, new materials and resources, a May is Mental Health Matters Month toolkit, an influencer, and more.

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.

Strategies of the PEI Project in FY 21/22:

Funding to the PEI Project supported programs such as:

- Continued production, promotion, and dissemination of the Take Action for Mental Health campaign's materials and messages
- Providing technical assistance and outreach to Members contributing to the PEI Program
- Providing mental health and suicide prevention trainings to diverse audiences
- Engaging youth through the Directing Change program
- Strategizing on evaluation and best practices with RAND Corporation

STATEWIDE ACHIEVEMENTS in FY 21/22:

The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of *Take Action for Mental Health* is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work or play. Key statewide achievements of the Statewide PEI Project in FY 2021-2022 include:

- The YSM team conducted regular meetings with PEI contributing counties throughout the year to provide technical assistance and resource navigation.
- The Directing Change Program received 1,242 videos submissions from 176 schools across California, engaging over 2,500 students.
- 34,154 parents were reached through Directing Change webinars and Facebook Live events.
- More than 13,250 youth, parents, and community members reached through Directing Change awareness activities created by youth and educators through mini grant funding to 31 schools.
- 8 monthly contests through the Directing Change Hope and Justice Category
 - “You Are Not Alone” (September 2021)
 - “Back to School: The Good, the Bad, and the Unexpected” (October 2021)
 - “Art of Gratitude” (November 2021)
 - “What are your hopes for 2022?” (December 2021/January 2022)
 - “#TakeAction4MH” (March 2022)
 - “Hope for Change” (April 2022)
 - “Dear Future Me” (May 2022)
- *Take Action for Mental Health* developed a new identity that included a brand toolkit, logo, collateral, resource materials, templates, and the launch of a new [website](#)
- *Take Action for Mental Health* developed and disseminated materials and information for the May is Mental Health Matters Month toolkit in English and Spanish.
- *Take Action for Mental Health* campaigns’ 3 Earned Media Pushes (Take Action brand launch, Suicide Prevention, and Directing Change) included \$1,619,529.47 total earned in media coverage as well as 32 articles that had coverage in 16 counties throughout California
- *Take Action for Mental Health* launched an Influencer campaign with *Queer Eye’s* Karamo Brown which included 2 Take Action Facebook posts + Karamo’s Instagram stories shared. This garnered 393,518 total impressions across the campaign and an ROI of \$109.27 CPM
- *Take Action for Mental Health* campaign’s social media platforms saw growth:
 - Facebook: +8% growth
 - Instagram: +14.6% growth
 - Twitter: +6.2% growth
- Take Action for Mental Health’s Paid Media efforts generated over: 11 million impressions, 69,000 impressions, and 40,000 website clicks*

**People under the age of 25 that were served through this Program and Disclaimer*

CalMHSA is unable to provide an exact number, however, based on the funded programs it is estimated that around 65% of services of this program are provided to individuals under 25 (as defined by Title 9 Regulations). For context, the program estimates are below:

- Directing Change: estimated at 95% under 25 years old

- Social Marketing: estimated at 55% under 25 years old
- Training and Technical Assistance: estimated at 55% under 25 years old
- Evaluation: 51%

OUTCOMES:

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

CaIMHSA TECHNICAL ASSISTANCE TO MARIN COUNTY:

Technical assistance (TA) is provided by all PEI Project contractors, each targeting a different audience. TA includes providing crisis support, capacity building, guidance, and resource navigation on stigma reduction, suicide prevention, and student mental health. It also includes building and maintaining a statewide network of providers and organizations who collaborate and learn from each other to implement more effective efforts and reach broader audiences.

Below you will find notes from the various Technical Assistance instances that occurred in FY 21-22 for Marin County with the PEI Program Contractor, Your Social Marketer (YSM):

The YSM TA Team met with staff from Marin County Behavioral Health to discuss postvention after their second youth suicide, in particular support to develop a community postvention plan and promote the Directing Change program in schools. (YSM, 8.17.21)

The YSM TA Team met with staff from Marin County Behavioral Health to discuss plans for a campaign focused on mental health and suicide prevention for men and boys. The TA team reviewed examples of campaigns from other counties and provided feedback on ideas for an event featuring an Oakland-based founder of the 100k Mask Challenge and strategies for a media campaign that would promote positive help seeking for men and boys. The county suicide prevention coalition has a workgroup focused on men and boys that includes broad representation from the target group, that have brainstormed messaging and will continue to work out the details of the campaign. The county is interested in further TA and support for developing images and taglines as well as media assets (posters, graphics, etc.) and strategies for where to place media to reach the target population most effectively. The TA team will share contact information for the Santa Clara men campaign and videos (e.g., Directing Change, Know the Signs, and others) that can be incorporated into events they are planning and possibly other venues. The county will also work on beefing up their website for men and boys. (YSM, 1.6.22)

The YSM TA Team also met with staff from Marin County Behavioral Health to provide input on draft materials that are being developed by a men's workgroup to promote men's mental health. (YSM, 3.28.22)

Directing Change Program & Film Contest

Below you will find the number of submissions from Marin County to the Directing Change Program & Film Contest.

- Annual Contest:
- Entries: 12
- Schools: 4
- Participants: 31
- Mini-Grant: 1

Anticipated upcoming Changes for FY23/24: None

SUICIDE PREVENTION (PEI 21)

SERVICE CATEGORY: SUICIDE PREVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: Suicide Prevention

Marin County Suicide Prevention Collaborative

SUMMARY FY2021-22

PROGRAM OVERVIEW: In June of 2020, Marin County Behavioral Health and Recovery Services (BHRS) hired a full-time Suicide Prevention Coordinator to coordinate all aspects of the strategic plan implementation advanced by the Marin County Suicide Prevention Collaborative. Meetings are held the first Wednesday of each month at 2 pm and are open to the community. Community Action Teams provide leadership and implementation to advance the strategic plan. These Teams meet monthly and are actively engaged in carrying out our efforts.

To address the issue of suicide in our county, in October 2018, 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 and is implemented by the County's Suicide Prevention Collaborative.

By June 2020, a full-time Suicide Prevention Coordinator was hired for coordinating the implementation of the seven key strategic areas of the suicide strategic plan. The Coordinator's role is to ensure accountability, chair oversight for the Collaborative and the Community Action Teams, coordinate data collection amongst key entities, enhance data collection/sharing systems, and represent the county on regional and statewide suicide prevention collaboratives. The Collaborative conducts monthly meetings that are open to the public and attended virtually by an average of 40-50 participants.

Clients Served: FY2021-22

11 meetings

50 participants

(average) per meeting



Access and Assessment Line	Crisis Stabilization Unit (CSU)	Crisis Text Line
 (888) 818-1115	 (415) 473-6666	 Text MARIN to 741741
National Suicide Prevention Lifeline	Línea de Prevención del Suicidio	
 (800) 273-8255	 (888) 628-9454	

Suicide Prevention

While suicide is a complex public health issue, we know that it can be prevented. It takes a whole community to prevent suicide. Let's work together to create hope, foster connection and support recovery for those in distress and create a safe community for all. Learn more about the role you can play by joining the Marin County Suicide Prevention Collaborative and reading about our first year's accomplishments in our newly released [2021-22 Annual Report](#).

Join us!

The next Suicide Prevention Collaborative meeting is scheduled for Wednesday March 2 at 2 pm. [Please register here.](#)

Upcoming Winter-Spring suicide prevention [events](#) (will be updated periodically).

[Join the Collaborative](#)



Need Help Now?

Call the National Suicide Prevention Lifeline

[800-273-8255](#)

Marin's Strategic Plan for Suicide Prevention



Marin County Board of Supervisors approved the County's first Suicide Prevention Strategic Plan in February 2020. This seven-strategy plan is our call to action to reduce deaths by suicide and suicide attempts in our community. At the heart of this plan is the knowledge that preventing suicide is achievable. Together, we are challenging our long-held beliefs and perceptions about suicide and creating a new way to work across agencies and institutions to prevent suicide. To learn more about the work we've accomplished in our first year, please read the newly released [Annual Report: 2021-22](#).

Marin County Suicide Prevention Collaborative



The Marin County Suicide Prevention Collaborative Meeting: A Safety Planning Intervention Training January 5, 2022 at 2 pm. Join us!

Let's start the New Year by building our collective skills in supporting someone who may be in distress.

Whether you are a mental health provider, case worker, health professional, caregiver/family member or ally, safety planning has been utilized to help reduce suicide risk and improve coping skills for those in distress. **During this training, you will receive handouts and:**

- Learn about this widely used 6-step safety planning framework developed by Stanley and Brown
- Engage in group discussion
- Review important resources

All participants will receive a Circle of Caring e-card to acknowledge your attendance in the training and your role in building a safe community.

Presenters:

Vanessa Blum, PhD, Clinical Psychologist, Marin County-BHRS and Kara Connors, MPH, Senior Program Coordinator for Suicide Prevention, Marin County-BHRS

For disability accommodations please phone (415) 475-4300 (voice, CA Relay 711, or email disabilityaccommodations@marincounty.org) at least five business days in advance of the event. The County will do its best to fulfill requests received with less than five business days' notice. Copies of documents are available in alternative formats, upon request.



Time/Date and Registration:

January 5 at 2 pm

[Register here.](#)

Questions?

BHRSPreventionandOutreach@marincounty.org,
visit: www.BHRSPrevention.org

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

ACCOMPLISHMENTS AND NEXT STEPS

Examples of the Collaborative's and Community Action Teams activities in FY2021-22 follow and are reflected in the [Year Two Annual Report](#).

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

- Participated in the Mental Health Services Oversight and Accountability Commission (MHSOAC) Training and Technical Assistance Program to strengthen planning, implementation and momentum through curriculum modules, meetings, and consultations with other suicide prevention collaboratives from across the state. Presented to the program participants on the Collaborative's annual report as a model and the Caring Cards initiative as a form of follow up with those in distress.
- Collected and monitored local data to identify existing trends, help inform priorities, implementation, and effectiveness. Presented key data to the Collaborative on deaths, attempts, and emergency room visits. Compiled and presented annual data on suicide with key partners, including the Golden Gate Bridge Patrol and the Gun Safety Collaborative.
- Expanded efforts to address specific populations including Black, Indigenous and People of Color (BIPOC), LGBTQ+ youth and adults, and boys and middle age/older men.
- Conducted evaluations of training and events throughout Marin.

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

- Through a competitive RFP process utilizing Mental Health Services Act funding, the Felton Institute was awarded a contract which includes funding for a Program Coordinator to lead the development and implementation of the Local Outreach to Survivors of Suicide (LOSS) program for Marin and support groups.
- Established an innovative partnership with Marin County Mobile Crisis and Marin Medical Reserve Corps (MMRC) Trauma Response Team to augment postvention response and notification of suicides to BHRS and Marin County Office of Education.
- Collaborated in the first of its kind "Marin Medical Tow" with Golden Gate Bridge Patrol and Highway Safety, MarinHealth, and AAA Insurance which safely stores cars of patients who are transferred from the Golden Gate Bridge to Unit A Psychiatric Unit at MarinHealth. This initiative is designed to reduce compounded stress and trauma of patients who might otherwise have their cars towed and stored for a fine.
- Offered evidence-based trainings to support mental health providers, including two safety planning trainings addressing adults and youth. Continued support for the Buckelew SOS Allies for Hope Loss Survivor Support Group to provide essential community support for suicide loss survivors. Hosted twice monthly for as many as 20 participants.

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

- Launched the Men and Boy's Community Action Team representing those who self-identify as male and represent diversity across the lifespan. Engaged this Team in the design and implementation of a men and boy's mental health, grassroots county-wide campaign,

“Redefining Strength,” in English and Spanish with print/digital ads/banners and social media during May Mental Health Month.

- Implemented Directing Change campaign for student art submissions. Awarded local students for state-wide recognition of poetry addressing mental health and suicide prevention.
- Launched the Crisis Text Line campaign (text MARIN to 741741) through county-wide dissemination, including school districts public spaces.
- Coordinated with County high school students on multiple youth-led social media outreach campaigns in Marin, including September Suicide Prevention and Recovery Month and May Mental Health Month.

Strategy 4: Provide evidence-based suicide prevention trainings and education to Marin County residents

- Hosted over 50 different community events (trainings, presentations, meetings) with BHRS and community-based partners, including Spanish language only trainings (n=3), Mental Health
- Psychological First Aid (n=10) for over 100 participants, September Suicide Prevention and Recovery
- Month 2021 (n=10) and May Mental Health Month 2022 (n=13) events. Participated in a regional
- suicide prevention planning committee for September Suicide Prevention and Recovery Month
- hosting over 600 participants.
- Engaged over 2,600 community members in suicide prevention and mental health education and training events.
- Hosted Marin’s first hybrid community event focusing on the “Redefining Strength” campaign for men and boys attended by 140 individuals held at the Board of Supervisors Chambers at the Marin Civic Center.
- Developed a first of its kind “From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County.”



Supportive Transitions

Suicide Prevention Week: September 5-11, 2021
World Suicide Prevention Day: September 10
National Recovery Month: September

suicideispreventable.org

September Suicide Prevention and Recovery Month Events. Join Us!
Questions? Email or [visit: BHRSPrevention.org](http://BHRSPrevention.org)

- August 24 at 9:00-11:00 am. Board of Supervisor's Presentation. Learn about the Marin County Suicide Prevention Collaborative's first year accomplishments and goals for the year ahead. [Zoom details](#).
- September 1 at 2:00-3:15 pm. Marin County Suicide Prevention Collaborative Meeting. Attend and learn more about our county-wide suicide prevention efforts in Marin. [Register](#).
- September 8 at 7:00-8:30 pm. Suicide Prevention and the LatinX/Hispanic Community (Spanish Language Only). Presenters: Maria Rea, LMFT, Marin County BHRS and Berta Campos-Anicetti, MPH, North Marin Community Services. [Register](#).
- September 14 at 11:00 am-Noon. The Impact of Alzheimer's and Dementia on Suicidality among Older Adults. Presenter: Timothy Schmutte, Psy.D., Assistant Professor, Department of Psychiatry, Program for Recovery and Community Health, Yale University School of Medicine. [Register](#).
- September 21 at 7:00-8:30 pm. Finding the Words: Creating Conversation with Our Teens About Mental Health and Suicide Prevention. Presenters: Tim Lea, Outreach and Education Coordinator for Suicide Prevention, Buckelew Programs and Jessica Colvin, MSW, MPH, PPSC, Wellness Director, Tam District. [Register](#).
- September 23 at 5:00-8:00 pm. Recovery Month Community Celebration. Hosted by Buckelew Programs Helen Vine Recovery Center. Location: San Rafael Community Center, 618 B Street. Email: egreen814@earthlink.net. Mask required.
- September 23 at 6:00-7:15 pm. Substance Use and Suicide Prevention: What Can WE Do? Presenters: Dr. Martin Epton, MD, JD, MTS, Staff Psychiatrist, Marin County, Dominique McDowell, Director of Substance Abuse and Homeless Services—Marin City Health and Wellness FQHC, Timothy Dillon, community member with lived experience and Kara Connors, MPH, Senior Program Coordinator for Suicide Prevention, BHRS. [Register](#).
- September 25 at 4:00-6:00 pm. A Youth Art and Film Showcase for Suicide Prevention. Location: Marin Health and Wellness Campus, 3240 Kerner Blvd., Room 109, San Rafael, CA. Mask required.
- September 28 at 8:00 am-5:00 pm. Mental Health First Aid Training (Spanish Language Only). Facilitator: Maria Rea, LMFT, Marin County-BHRS. Location: 3270 Kerner Blvd, Room 109/110, San Rafael. [Register](#). Mask required.
- September 30 at 9:00 am-4:30 pm. Multi-County Suicide Prevention Summit 2021 for Mental Health Providers. Keynote: Kelechi Ubozoh, author and mental health advocate. CEU's available for MFTs, LPCCs, and/or LCSW. [Register](#).
- Anytime! [Question, Persuade, Refer \(QPR\) Training](#) and [Lethal Means Counseling Training](#). Self-directed, online training for suicide prevention. Work at your own pace on your own schedule.



Mes de Prevención del Suicidio 2021

suicideispreventable.org

Septiembre Mes de Prevención y Recuperación del Suicidio Eventos. ¡Únete a nosotros!
[Correo electrónico](mailto:Correo electronico) o BHRSPrevention.org

- Agosto 24 de 9:00-11:00 am. Presentación de Junta de Supervisores. Aprenda acerca de los logros del primer año y las metas del próximo año del grupo de colaboración de Prevención del suicidio del Condado de Marin. [Detalles de Zoom](#).
- Septiembre 1 de 2:00-3:15 pm. Reunión del Grupo de Colaboración de Prevención del Suicidio. Acompañenos y aprenda más acerca de los esfuerzos de todo el condado de Marin para prevenir el suicidio. [Regístrese](#).
- Septiembre 8 de 7:00-8:30 pm. Prevención del Suicidio y la comunidad LatinX/Hispana (Lenguaje español solamente). Presentadoras: Maria Rea, LMFT, Condado de Marin BHRS y Berta Campos-Anicetti, MPH, North Marin Community Services. [Regístrese](#).
- Septiembre 14 de 11:00 am-Medio Día. El Impacto del Alzheimer y la Demencia en el suicidio entre las personas de la tercera edad. Presentador: Timothy Schmutte, Psy.D., Profesor Asistente, Departamento de Psiquiatría, Programa para la recuperación y salud comunitaria, Escuela de Medicina de la Universidad de Yale. [Regístrese](#).
- Septiembre 21 de 7:00-8:30 pm. Encontrando palabras: Creando conversación con nuestros adolescentes acerca de la salud mental y la prevención del suicidio. Presentadores: Tim Lea, Coordinador de educación y alcance comunitario para la prevención del suicidio, Programa Buckelew y Jessica Colvin, MSW, MPH, PPSC, Directora de Bienestar, Distrito Tam. [Regístrese](#).
- Septiembre 23 de 5:00-8:00 pm. Celebración comunitaria del mes de la recuperación. Presentado por Programas Buckelew Centro de Recuperación Helen Vine Lugar: Centro Comunitario San Rafael, 618 B Street. Correo electrónico: egreen814@earthlink.net. Se requiere el uso de máscara.
- Septiembre 23 de 6:00-7:15 pm. Uso de Sustancias y Prevención del Suicidio: ¿Qué PODEMOS hacer? Presentador: Dr. Martin Epton, MD, JD, MTS, Personal de Psiquiatría, Condado de Marin, Dominique McDowell, Directora de Servicios de abuso de sustancias y de ayuda para las personas sin hogar—Salud y Bienestar Marin City FQHC, Timothy Dillon, miembro de la comunidad con experiencia vivida y Kara Connors, MPH, Coordinadora del programa de adultos mayores para la prevención del suicidio, BHRS. [Regístrese](#).
- Septiembre 25 de 4:00-6:00 pm. Arte Juvenil y exhibición de películas para la prevención del suicidio. Lugar: Marin Health and Wellness Campus, 3240 Kerner Blvd., Room 109, San Rafael, CA. Se requiere el uso de máscara.
- Septiembre 28 de 8:00 am-5:00 pm. Primeros Auxilios para la Salud Mental (Lenguaje español solamente). Facilitador: Maria Rea, LMFT, Condado de Marin-BHRS. Lugar: 3270 Kerner Blvd, sala 109/110, San Rafael. Regístrese. Se requiere el uso de máscara.
- Septiembre 30 de 9:00 am-4:30 pm. Cumbre multi-condado 2021 para la prevención del suicidio dirigido a proveedores de salud mental. Palabras de apertura: Kelechi Ubozoh, autor y defensor de la salud mental. CEU's disponible para MFTs, LPCCs, y/o LCSW. [Regístrese](#).
- Cuando Sea! Capacitación Pregunta, Persuade, Refiere (QPR) y [consejería de medios letales](#). Autodirigido, capacitación en línea para la prevención del suicidio. Trabaja a tu propio ritmo y en tu propio horario.

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

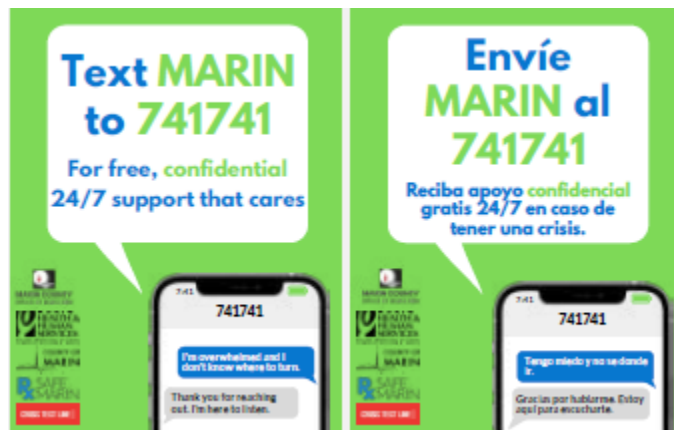
- Launched the Men and Boys Action Team for those who self-identify as male and represent diversity across the lifespan with 50 unique members. Created a grassroots campaign, Redefining Strength, and engaged community groups, schools and individuals.
- Launched the Caring Card initiative to support those transitioning from a treatment/recovery center or psychiatric unit, and/or participating in family support groups. Cards were written by youth in Marin following a sensitivity training. The cards feature artwork submitted to the Youth Art and Film Showcases and referral information on the back. Established key partners to distribute 1500 completed cards in both English and Spanish with referral information.
- Supported community-based organizations in hosting live and virtual speaker series for residents from diverse communities with lived experiences around mental health and suicide to share their experiences.
- Supported digital story telling series with a community-based organization of diverse individuals sharing their experience with substance use, suicidality, and mental health.
- Provided LGBTQ+ equity training at 10 schools (Archie Williams High School, Redwood High School, Tamescal High School, Tamalpais High School, San Andreas High School, Hall Middle School, Neil Cummins Elementary School, Cove School, Glenwood Elementary School, Terra Linda High School through a contract with Spahr Center.

Strategy 6: Foster safe and healthy environments on all school campuses

- The Marin County Schools Wellness Collaborative in partnership with BHRS, Each Mind Matters, and Marin County Special Education Local Plan Area (SELPA), developed a School-Based Suicide Risk Assessment Protocol grounded in evidence-based protocols. The protocol is available to all school-based mental health providers in the County.
- Launched the MCOE Marin Schools Wellness Website and the Marin Schools Gun Safety Website to ensure centralized and coordinated information on mental health, wellness and suicide prevention resources and information in alignment with Marin County BHRS website on suicide prevention.
- Adopted the Kognito online role-play simulations: At Risk Early Childhood, At Risk Elementary, At Risk Middle and At Risk High School (in English and Spanish) for all school staff and any agency serving students. The simulations help to recognize the signs of distress, use conversations to approach a student and discuss concerns, and, if necessary, refer parents/students to the appropriate resources. Only one simulation is required to complete the mandate under California Education Code 215.
- Supported nine schools (middle, high school) in the implementation of Signs of Suicide developed by Mindwise.

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

- Partnered with Golden Gate Bridge, Highway and Transportation District and the Bridge Patrol Team. Provided data presentation by the Bridge Patrol and created awareness around the role of the Bridge Patrol Team in intervention.
- Partnered with OD Free Marin on the connection between suicidality and substance use through events and campaigns.
- Partnered with the Brady Campaign to launch a 30-day End Family Fire digital campaign in Marin County focused on the nexus between safe gun storage and suicide prevention.
- Distributed gun safety information through the Healthy Youth pamphlet to parents and guardians of all entering 6th and 9th graders.



CHALLENGES AND UPCOMING CHANGES:

- **In FY2021-22**, the Marin County Suicide Prevention Collaborative met 11 times, all virtually. The Collaborative is very intentional about creating learning opportunities and establishing shared language and understanding. The Collaborative brings in different community speakers and experts, and addresses a variety of prevention, intervention and postvention topics. We are fortunate for attendance being maintained by an average of 40-50 people monthly with new people attending each month. The Collaborative will be assessing via community survey the member's interest in frequency, format, topics and dates for future meetings. With Zoom accessibility, many have informally expressed interest in continuing in this format with periodic in-person "pop up" meetings.
- **In FY2021-22**, leadership changes have occurred among Co-Chairs in the Collaborative. The Co-Chair who stepped down after a full year commitment provided an opportunity to determine who would be the next best fit for this role. At the time of this writing, we have identified a new Co-Chair, though during most of 2022, this role was vacant without any negative impact on the Collaborative. There have been no significant changes among our Community Action Team Leaders. For the most part, these Teams are incredibly active and producing significant work in advancing the Strategic Plan. However, as many of the Teams have achieved goals and milestones, they have "retired" to play more of an advisory rather than an action role. In addition, some team membership has become more inward, drawing upon the immediate resources within BHRS and HHS. For those teams that are more active, we have moved from monthly meetings to quarterly meetings, or more, depending upon the projects or activities being addressed by the Team.

In FY2021-22, a challenge has been creating awareness of suicide and the Collaborative among communities of color, which has been difficult post Covid. However, we have been very active in providing suicide prevention trainings for Spanish speaking populations and creating community outreach engagement activities, including campaigns. BHRS implemented the Men and Boy's "Redefining Strength" campaign promoting men and boy's mental health for those that self-identify as male across the lifespan and diversity. This grassroots universal campaign featured images of local men and were featured among local and social media, promoting flyers, cards, and video. In addition, BHRS, Marin County Office of Education and the Collaborative's Youth Action Team promoted the Crisis Text Line by promoting it across the county and the school districts. Because men/boys are disproportionately represented among suicide deaths (83% in 2021), there is an intentional effort to take a universal approach around limited help-seeking and address it directly with this population.

The following communication data is an example of two community-wide awareness campaigns for suicide prevention and mental health in May 2022 distributed via bus shelter kiosks, print and digital ad, social media, email, posters and postcards. In addition to campaign awareness, several suicide prevention and mental health efforts received media attention via editorials, digital/print news articles, radio and TV broadcasts.

REDEFINING STRENGTH:

Print Advertisement: The campaign consisted of (4) 1/4 page ads in the Marin Independent Journal. According to a Scarborough Readership Study, the paper's current circulation is 17,000 per day. The print ads ran on May 8, 15, 22 and 29.

– On May 10th, an email was sent out to Spanish speaking populations in Marin County.

- On May 25th an email was sent to the 55,000 plus subscribers of the Good Morning Marin email.
- From May 3 - May 30, 109,354 banners were served on smart phones to a Spanish speaking audiences.
- From May 3 - May 30, 99,795 banners were served on www.marinij.com.

CRISIS TEXT LINE:

Outdoor Advertising (Transit Shelter Kiosks): The Crisis Text Line campaign was delivered in both English and Spanish at twenty bus shelter kiosks throughout the County during the month of May (4 weeks). Ads stayed up past the scheduled date with additional coverage at no additional cost. Those ads generated an estimated 990,000 impressions per week for the paid coverage time plus additional impressions when the ads stayed up for bonus coverage, for a total of 4 million impressions.

Changes/events in 2022-23:

- Expansion of efforts addressing specific populations including Black, Indigenous and People of Color (BIPOC), LGBTQ+ youth and adults, and middle age/older men.
- Implement pre-planning for an evaluation and performance measures for each Strategic Plan strategy.
- Pre-launch Felton Institute's youth loss survivor support group and adult attempt survivor support group. Conduct a youth assessment for what youth would like to have in a support group, including location, activities, group discussion on grief, and more.
- Continue men and boy's mental health campaign, Redefining Strength, to reach groups disproportionately impacted by suicide and mental health in our community. This grassroots effort will continue to draw upon the leadership and influence of the Men and Boys Action Team.
- Host a series of May Mental Health and September Suicide Prevention month events in 2023 in collaboration with BHRS community-based organization partners and Each Mind Matters.
- Co-host the College of Marin Equity in Mental Health Symposium: Creating a Culture of Community to be held in Summer 2022. This event focuses on culturally responsive pedagogy, healing, and mental health to create an equitable community.
- Host International Survivor's of Suicide Loss Day in November 2022.
- Expand Spanish only language suicide prevention trainings and education materials in partnership with community-based partners throughout Marin.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

Expand support for the Felton Institute's efforts to develop and launch the youth loss support group and adult attempt survivor support group. This support includes critical facilitator training for both groups that will be provided by Didi Hirsch's Suicide Prevention Center and the American Foundation for Suicide Prevention. (See FY2023-25 three-year plan for more detail).

BUCKELEW'S NORTH BAY SUICIDE PREVENTION PROGRAM

Funding under Suicide Prevention continued 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 by an Outreach and Education Coordinator for those at disproportionate risk of suicide.

Buckelew continues to staff the SOS Allies for Hope Suicide Loss Survivor Support Group. The group is facilitated by a person with lived experience and provides crucial support to those who have lost someone to suicide. This group meets twice monthly, and 24 groups were held in FY21/22. This group has been attended by 72 unique individuals over the last two years, with 12 unique individuals attending this year.

PROGRAM DESCRIPTION:

The North Bay Suicide Prevention Program provides 24/7 suicide prevention and crisis telephone counseling to Marin County residents through a regional hotline. Highly trained and supervised phone counselors provide crisis prevention and intervention to people in distress and/or their family and friends. Counselors help to enhance the callers' coping and problem-solving skills, providing alternatives to harm toward themselves or others and relief from the profound isolation of crisis, loss, and/or chronic mental illness. It serves as a vital link to mental health resources and referrals throughout Marin County. The program aims to **Reduce Prolonged Suffering** by providing:

- **Training and Outreach:** This program provides training and outreach to diverse community stakeholder groups on recognizing and responding to warning signs of suicide as well as serving on community panels for the school community
- **Timely Access to Services:** The hotline serves underserved populations by providing free and accessible help 24/7 which allows access for people of all ages and socioeconomic status. It is accessible by anyone who has access to a telephone including those who may have limited access to services due to geographic location or mobility issues. The translation services used by the program offer translation in over 200 languages allowing individuals whose primary language is not English to access the hotline. In addition, the Hotline has an ongoing contract with the National Suicide Prevention Lifeline to answer calls from Veterans who prefer not to call the Veteran's Lifeline or other Veteran resources due to stigma around mental health issues, and

Suicide Prevention Hotline

SUMMARY FY2021-22

Clients Served: **FY2021-22**

5391 calls

105 Families

175 Outreach/training

1150 individuals reached,

12 unique support group members

- **Access and linkage to Treatment:** The Hotline collaborates with Marin County’s Crisis Stabilization Unit (CSU) and refers individuals needing face-to-face crisis evaluation and intervention to County Behavioral Health and Recovery Services (BHRS) crisis services. Likewise, CSU staff frequently refer people to the Hotline in order to help prevent a crisis from escalating and to keep them safe and at a lower level of care. In addition, the Hotline maintains ongoing collaboration with Marin County law enforcement, who are a primary resource used by phone counselors in managing suicidal emergency calls, as well as Federally Qualified Health Clinics (Marin Community Clinics, Ritter Center, Coastal Health Alliance and Marin City Health and Wellness Center), primary health clinics serving low and moderate-income residents, who distribute Hotline resource materials. Callers are routinely referred to BHRS Access Line for appropriate assessment and referral. PEI staff members maintain relationships with referral sites and participate in the PEI Committee that includes representatives from all PEI programs, BHRS, clients, families, and other key agencies in order to facilitate successful collaboration.

DATA COLLECTION METHODS FOR SUICIDE PREVENTION HOTLINE:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis.

- Number of unique individuals and families served during FY 21/22
- The number and types of individuals trained, types of trainings provided, demographics (see PEI overview section), and the number of support groups attended, including number of unique participants
- The number of callers to the crisis hotline
- Number of callers who express a reduction in level of suicidal risk by 1 level or who maintained Low level of suicidal risk
- Referral data to show improved recovery through access and linkage to services
- Number of Agencies receiving suicide prevention campaign materials, and how many materials distributed
- Efforts to improve access to underserved populations using culturally appropriate and sensitive strategies, and train Hotline Counselors in culturally responsive practices

OUTCOMES:

N = the total number in the sample (i.e., total number who received services or completed a survey). N/A refers to data not being collected.

Outcomes	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Calls to hotline originating in Marin County	5000	3807	5000	5391
Callers who express a reduction in level of suicidal risk by 1 level or	N/A	N/A	N/A	472

maintain Low (Low, Medium, High)				
Agencies receiving suicide prevention campaign materials	50	20+	50	25
Community members receiving training that report they can describe suicide warning signs (agree/strongly agree)	50%	N/A	50%	N/A
Community members receiving training that feel prepared to help a friend/loved one who is feeling suicidal or in a crisis situation (agree/strongly agree)	50%	N/A	50%	N/A
Community members receiving training that can describe the work of Buckleup Suicide Prevention Hotline and Program (agree/strongly agree)	50%	N/A	50%	N/A
Training participants that would recommend the training to a friend or loved one (agree/strongly agree)	50%	N/A	50%	N/A
Total referrals to County Behavioral Health (BHRS)	N/A	17	N/A	18
Total referrals to other PEI providers	N/A	15	N/A	4
Total referrals to other mental health services or resources for basic needs	N/A	63	N/A	6

EQUITY AND CULTURAL RESPONSIVENESS:

The hotline staff participated in a minimum of 4 hours of training around cultural competency with regards to age, communication, LGBTQ+, Tribal Communities, Race, Ethnicity, and Implicit Bias. Efforts continue to be made to expand language capacity of hotline volunteers. Hotline staff now includes several members who speak Spanish.

CHALLENGES AND UPCOMING CHANGES:

This program was implemented as described in the MHSA Three-Year Program and

Expenditure Plan for **FY2020/21-22/23** and continued despite COVID-19. The hotline has continued without disruption with a consistently steady number of calls, averaging 311 unduplicated callers per month. Hotline volunteers identified an increase in caller anxiety, fear about job loss, caring for children. Staff saw a delayed trauma response from COVID, the last three years of social unrest and fears of a recession expressed as an increase in hopelessness and an insecurity about remaining housed in Marin. Younger callers reported being concerned with shame and stigma surrounding suicide, and

older callers expressed more concern that authorities would be contacted due to their call to the hotline.

Buckelew increased coordination with other Bay Area/Marin community-based organizations to raise awareness of the Hotline and Signs of Suicide (SOS) group via Covid Response Networks and Marin Advocates Network. Buckelew staff have utilized outreach in-person, by phone and via Zoom to participate in various community meetings, press interviews, panel discussions, support group facilitation, and postvention events in order to promote hotline utilization and to de-stigmatize its use within the community. Buckelew collaborated with Suicide Prevention Collaborative's Community Action Teams such as the Men and Boys Team, County of Marin Behavioral Health, and Marin County community partners such as the Felton Institute's LOSS Program. All networking and outreach meetings were held virtually on Zoom or by phone.

Buckelew continued to offer SOS Allies for Hope, an ongoing monthly support group. Having the SOS group on an ongoing basis ensures there is a place for someone to "go" to get support for their grief in a group of peers who share similar losses. The groups were facilitated by a loss survivor and hotline counselor with over 25+ years of experience. There were 24 groups offered and a total of 12 unique members participated.

A key challenge for the Hotline team was collecting demographic data for hotline clients in crisis. Asking demographic questions can interrupt the first priority of creating a warm connection and resolving the suicidal crisis---and ensuring that a positive experience will lead to future utilization of the hotline. For example, asking demographic questions over the phone with callers who are in acute/subacute states in such a fashion can impact their comfort with calling back. In addition, the collection of demographic data continued to be disrupted due to Covid-19. While all calls were answered, having a smaller workforce impacted the ability to collect data. With the Hotline fully staffed by the end of FY 21/22, the Hotline is committed to collect demographic information more regularly.

Plans are also underway to collect demographic information for trainings and support groups in the coming year. The ability to collect data for training and outreach was impacted by Covid-19 by changes in best practices: The field of suicide prevention still needs to determine the impact of safety when conducting trainings virtually as best practice is based on only in-person trainings. The field overall has adjusted to the new norm of virtual training. As national organizations continued to lead the way, it has become easier to conduct trainings virtually but that impacted the overall training goals and fewer trainings were provided. Additional staff turnover impacted regular implementation of trainings. A renewed effort to recruit and identify qualified staff to deliver trainings has been underway. Moving forward, collection of training evaluation will be possible and on a more consistent basis.

Continued funding was deemed necessary through the MHSA Three Year planning process for **FY2020-21** through **FY2022-23**. The Buckelew Hotline will continue to be funded through HHS as it was in the previous 3-year plan. Programmatic goals for the Hotline for **FY22/23** include:

- Continuing the implementation of 988 Crisis Hotline
- Implementing a new phone system for the Hotline which will increase and ease the ability to collect called data
- Crisis Text line number up, operational and accredited by June 2023
- Increasing the number of non-English speaking clients served by phone and text Hotline by hiring more Spanish speaking staff
- Implementing culturally responsive hotline trainings and community-based workshops that more explicitly address culture and equity

- Creating more specific and more detailed suicide prevention trainings for providers regarding specific populations such as youth, elders and persons of color
- Integrating trauma informed practice into provider and Hotline staff trainings to address delayed trauma response observed in Hotline calls
- Joining BHRS in a community event to increase awareness about 988

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail): In light of efforts to expand reach of 988 and support for callers, as well as outreach and education, funding will increase for this provider. Buckelew Programs is expecting to increase Spanish language outreach and new capabilities for 988 via chat/text.

CLIENT STORY

Caller had recently lost a family member who had died by suicide. Caller was distraught and struggling with grief. The hotline counselor was able to engage the caller and build a connection. The hotline counselor was able to provide validation and support the caller in finding additional resources such as the warmline phone number and the grief line. The hotline counselor also shared information about the SOS (survivors of suicide) group that is offered twice per month. The caller later joined the group and has started to engage regularly in the SOS group, reporting that it has been very helpful in building connection to others in the community.

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

PROVIDERS: North Marin Community Services, Canal Alliances, Bay Area Community Resources, Huckleberry Youth Programs

PROGRAM ALLOCATION: \$130,000

PROGRAM DESCRIPTION: This program targets newly arrived immigrant youth primarily in middle and high schools in San Rafael and Novato. Utilizing a multi-tiered system 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 strength and resilience in order to help them to succeed in school and beyond. Coordinators provide assessment, linkage to resources, and short-term case management for students at San Rafael secondary schools. Newcomer providers also conduct training for school staff on how to understand the unique needs of this population and support their educational and social-emotional development. Providers also facilitate school-based newcomer groups that focus on issues such as grief, loss, acculturation, and building resources and supports.

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, and
- Increased service integration, more effective linkage to/engagement with school and community resources for Newcomers.

Newcomers Supports

SUMMARY FY2021-22

Individuals Served: FY2021-22

443 Individuals

165 Families

2035 reached through Outreach/Training

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis:

- The number and types of individuals trained, types of trainings provided, demographics (see PEI overview section), and training evaluations. The number and type of outreach activities and participants reached client/family demographics and satisfaction surveys to show impact of services provided Referral data to show access and linkage to services in Marin County

**All Prevention and Early Intervention providers are asked to administer a ten-question survey to clients and caregivers, if applicable. This survey examines both quality of service and outcomes based on various indicators.*

Anticipated data collection changes and additions for FY 22/23:

No anticipated changes in **FY 22/23**.

OUTCOMES:

- N = the total number in the sample (i.e., total number who received services or completed a survey).*

North Marin Community Services (NMCS) partners with the Novato Unified School District to conduct outreach, screening and implement school-based Newcomer groups in middle and high schools focused on issues such as grief and loss, acculturation, and building resources and supports.

Outcomes: North Marin Community Services	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
EL Level 1 and targeted EL Level 2 students will receive information about the Newcomer Workshops (via attendance at classes, ELAC and newcomer parent meetings, etc).	100%	100%	100%	100%
Students will participate in Newcomer Workshops at Novato High Schools.	50-60 Students	58	75	114

Individuals served will report overall satisfaction with received.	75%	93% N= 39	75%	100% N=60
Total referrals to County Behavioral Health (BHRS)	N/A	9	N/A	6
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	0	N/A	0
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	Unknown	N/A	Unknown
Total referrals to other PEI providers	N/A	10	N/A	7
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	7	N/A	6
Average time in weeks between when a referral was given to individual by program and the individual's first in person appointment with the PEI funded provider	N/A	N/A	N /A	N/A
Total referrals to other mental health services or resources for basic needs	N/A	12	N/A	10

Client Satisfaction Surveys for Newcomers Programs:

93% of Students reported feeling that their counselor respected their identity (i.e. ethnic/cultural/religious background, sexual orientation, gender identity)

93% Students reported feeling that, as a result of services, they are better able to cope when things go wrong

88% of Students report they have built stronger relationships with family/friends/teachers or others

95% Students agreed that during sessions they were able to express their thoughts and create goals they want to achieve

93% of Students report they are better able to advocate for my needs and/or the things that are important to me.

95% agreed that the workshop facilitators were able to communicate the information in an effective way

Huckleberry Youth Programs (HYP) provides early identification of San Rafael high school and TAY Newcomer youth experiencing issues connected with immigration, and offers a bridge to aid in acculturation, exposure to community resources, addressing grief, loss, and trauma, as well as leadership opportunities through peer health education.

Outcomes: Huckleberry Youth Programs	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Students at San Rafael and Terra Linda High Schools will engage in one of 8 groups that are offered throughout the 20-21 school year	75 students 8 groups	31 students engaged 8 groups	65 students 8 groups	107 students 8 groups
Individuals served will report overall satisfaction with services received	75%	72%	75%	100% N=60
Youth trained through “Nuestra Salud” initiative	15	15	15	23
Youth served through outreach events	N/A	100	N /A	0
Total referrals to County Behavioral Health (BHRS)	N/A	0	N/A	0
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	N/A	N/A	N/A
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	N/A	N/A	N/A
Total referrals to other PEI providers	N/A	15	N/A	0
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	15	N/A	0
Average time in weeks between when a referral was given to individual by program and the individual’s first in person appointment with the PEI funded provider	N/A	Unknown	N/A	Unknown
Total referrals to other mental health services or resources for basic needs	N/A	2	N/A	0

HABLA DE TUS SENTIMIENTOS

LOS SENTIMIENTOS SON IMPORTANTES PORQUE FORMAN PARTE DE NUESTRA INTIMIDAD Y IDENTIDAD SOBRE NOSOTROS MISMOS.

ESTA BIEN SENTIR TUS SENTIMIENTOS



Los sentimientos se pueden expresar de forma verbal (hablando de ellos) o de forma no verbal (actuando en función de ellos).

Muchas personas les cuesta expresar o hablar sobre sus sentimientos pero es recomendable que hables con tu consejera personal o de la escuela. También con tus amigos para que ellos te puedan ayudar y para que no te sientas solo.



Porque no estas solo.



PARA OBTENER MÁS INFORMACIÓN, VISITE @HUCKLEBERRY_HEALTH EN INSTAGRAM O ENVÍE UN CORREO ELECTRÓNICO A [MHMARIN@HUCKLEBERRYYOUTH.ORG](mailto:mhmarin@huckleberryyouth.org)



SALUD MENTAL



5 IDEAS PARA LIDIAR CON PENSAMIENTOS NEGATIVOS

- Aleja gente negativa.
- No trates de complacer a todos.
- Aprende de tus errores.
- No gastes tiempo lamentandote.
- Proyecta en tu cabeza como te gustaría ser en un futuro.



EJERCICIOS PARA LA SALUD MENTAL

- Meditación
- Salir a caminar, O correr
- Escuchar musica
- Comer saludable



CONSEJOS PARA ENCONTRAR EL AMOR PROPIO

- Permanece atento y conciente a lo que tu cuerpo necesita
- Establece limites.
- Protegete de las personas toxicas
- Perdonate a ti mismo



MANTEN TU MENTE Y CUERPO SALUDABLES

- Mantente en comunicacion.
- Has ejercicios diariamente.
- Escucha tus canciones favoritas.
- Busca formas para reirte.
- Manten contigo un diario.

ALÉJATE DE LO QUE NO TE PERMITE CRECER

Para obtener más información, visite [@huckleberry_health](https://www.instagram.com/huckleberry_health) en Instagram o envíe un correo electrónico a mhmarin@huckleberryyouth.org



Canal Alliance PEI Newcomers contract provides reunification groups for newly arrived immigrant youth and their families primarily in the San Rafael area of Marin County.

Outcomes: Canal Alliance	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
Serve approximately 6 to 8 families with 2 to 8 members per family	N /A	N/A	6-8 families & 2-8 family members	14 families All families were minimum of 2 members, other families had up to 5 members attend
Total referrals to County Behavioral Health (BHRS)	N/A	0	N /A	5
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	N/A	N/A	Unknown
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	N/A	N/A	6-12 months
Total referrals to other PEI providers	N/A	0	N/A	6
Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	0	N/A	2
Average time in weeks between when a referral was given to individual by program and the individual's first in person appointment with the PEI funded provider	N/A	151	N/A	Unknown
Total referrals to other mental health services or resources for basic needs	N/A	12	N/A	6



LAZOS FAMILIARES

¿Ha sido su familia separada a causa de inmigración? El proceso de separación y reunificación puede ser largo y doloroso.

EN ESTE GRUPO TRABAJAREMOS JUNTOS EN:

- Reanudar y fortalecer lazos familiares
- Conectarnos con otras familias
- Fortalecer nuestra fe en nosotros mismos

HORARIO E INFORMACIÓN:

- Todos los martes
- Desde el 31 de marzo al 12 de mayo
- De 6 a 8 pm
- En Bahía Vista Elementary
- Gratis, con cena incluida

Si está interesado llame a:

San Pedro Elementary:
Rosa Gonzales (415) 485-6078

Bahía Vista Elementary:
Flor Gonzales (415) 485-2477

91 Larkspur St., San Rafael, CA 94901
www.CanalAlliance.org



Bay Area Community Resources (BACR) provides support to students at Davidson Middle School and will have a half time Coordinator to support the San Rafael High Bridge Program, starting in FY 22/23. In coordination with school staff, BACR facilitates assessment, short-term case management and referral for Newcomer students, in addition to working with families. BACR also trains staff and leads parent workshops to build the capacity of adult support systems in the lives of Newcomer youth benefiting from intensive supports.

Outcomes: Bay Area Community Resources	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
By the end of the school year the newcomer youth and their families will have completed 2 sessions to learn about how to cope with stress, recognize signs of substance abuse and the	50% completed	48% completed	50% completed	50% completed

health and legal consequences of using substances.				
By the end of the school year, newcomer students will participate in cultural circles with former newcomer students .	50% of newcomer students	20% of newcomer students	75% of newcomer students	82% of newcomer students
By the end of the school year, newcomer students will participate in out of school time activities that will help them gain access to academic language, enrichment and recreational opportunities	60% of newcomer students	64% of newcomer students	60% of newcomer students	75% of newcomer students
By the end of the school year, Newcomers will attend at least one tutoring session per week with a school teacher from an academic subject they are struggling with.	50% of newcomer students	33% of newcomer students	50% of newcomer students	70% of newcomer students
By the end of the school year teachers working with Newcomers will have completed at least 2 of the training offerings	75% of teachers	75% of teachers participated in professional development workshops	75% of teachers	0% of teachers
PEI Satisfaction Survey will be responded to by the caregivers who received support from the NFC, or were contacted by the NFC staff at least 3 times.	75% of caregivers	75% of caregivers	75% of caregivers	84% of caregivers
Total referrals to County Behavioral Health (BHRS)	N/A	23	N/A	20
Number of individuals who were successfully referred and linked to a Marin County mental health treatment program	N/A	0	N/A	2
Average duration in weeks of signs of untreated mental illness (per client or caregiver report)	N/A	Unknown	N/A	Unknown
Total referrals to other PEI providers	N/A	2	N /A	2

Number of individuals followed through on referral & engaged in a PEI-funded program	N/A	2	N/A	1
Average time in weeks between when a referral was given to individual by program and the individual's first in person appointment with the PEI funded provider	N/A	Unknown	N/A	1 week
Total referrals to other mental health services or resources for basic needs	N/A	154	N/A	78

Círculo para Adolescentes Latinas Newcomers



La Mariposa

Participa de este espacio de desarrollo personal sólo para adolescentes latinas newcomers.

Hablaemos acerca de cómo manejar tus emociones, uso de afirmaciones positivas, aprender a poner límites, etc. Además tendremos actividades como hacer un diario, meditación y más!

Te esperamos!
Empezamos el Miércoles 15 de Setiembre por 10 semanas

Los Miércoles - 12:52 a 1:20pm
En la Biblioteca

Para mayor información, comunícate con
Romy Chavez - rchavez@srcs.org - Oficina del Centro Familiar








GRATIS - TALLER VIRTUAL PARA PADRES

REUNIFICACION FAMILIAR DE INMIGRANTES



EN ESTE TALLER APRENDERÁ

a entender y procesar la REunión de su familia y a cómo Reconectar en su relación padre/madre e hij@

Zoom ID: 924 5061 2279

Passcode: 940044

MARTES

8

Marzo del 2022

Para más información comuníquese con: **ROMY CHAVEZ 415-683-6750**

EQUITY STRATEGIES:

Newcomers PEI providers create linkages to services for Newcomers, immigrants, monolingual Spanish-speakers, LGBTQ+, and unaccompanied minors. They build on their resiliency by providing guidance and connecting them to safety net systems, providing concrete supports, creating safe spaces to connect to their peers, and other supportive adults in their community. Program staff are all bilingual and bicultural and immigrants and can easily build trust with students and their families to better connect them to services. In addition to increased in-person services at the schools; Newcomers PEI programs continued to offer telehealth and electronic signature options to ensure that clients were served without a lapse in support. Digital equity advocacy and support continued to ensure that Newcomers and families had access to internet, computers, and phones to be able to access services and continue studying and working. Outreach strategies utilize non-traditional methods to engage youth and deliver services, including activities such as, soccer training and games, group picnics, group chats, and individual meetings for coffee or a meal. Providing and or referring Newcomers participants for mental health and basic needs are a fundamental part of service delivery for all PEI Newcomers providers.

CHALLENGES AND UPCOMING CHANGES:

In FY 2021-22, this program was implemented as described in the MHSA Three-Year Program and Expenditure Plan for FY2020-21 through FY2022-23 although services continued to be impacted by the evolving directives of COVID-19.

Complete survey and data gathering proved challenging to complete this year for Newcomer youth and families. The virtual formats are not applicable for working with youth who have never met providers before as the questions asked are personal and require building connection with youth. The technological ability required to fill out an online survey presented challenges for some of the youth and was an additional barrier to data collection. A strategy utilized to address this challenge was to incorporate physical, virtual and QR code access for surveys and data gathering.

Due to county BHRS staffing transitions the PEI funded Newcomers providers monthly meeting was paused during FY 21/22. This challenge also impacted the implementation of the Newcomers Toolkit [“Championing Newcomer Success: Best Practices & Approaches”](#) that was developed by the PEI funded Newcomers providers and the BHRS Prevention and Outreach team in early FY 21/22. Restructuring of the PEI child and youth contract management team should allow BHRS child, youth and family staff to resume the Newcomers workgroup along with the implementation of the Newcomers toolkit to strengthen coordination, identify trends, and address challenges into FY 22/23. and family staff to resume the



Newcomers workgroup along with the implementation of the Newcomers toolkit to strengthen coordination, identify trends, and address challenges into FY 22/23.

BACR added a new position to work with newcomer students in high school that was not hired until September 2022 and the individual resigned in December 2022. Qualified applicants were not identified until late March at which point San Rafael city schools preferred to wait until the next school year to bring a person on board.

Huckleberry increased staffing to have an additional clinician for a total of three full-time AMFTs with bilingual ability. Huckleberry also expanded their Health Education team with an additional full time health educator with the ability for more programming for Newcomer youth.

PEI Newcomers program goals for **Fiscal Year 22/23** included:

- Increase number of students that agree to participate in one on one sessions and complete the RAAPS assessment tool;
- Increase the number of students that complete the end of program survey; Establish High School meet and greet meetings;
- Taking the FUERTE training complemented loess plans for cultural circles and healing art session created for newcomers;
- Secure location and complete MOU with Bahia Vista Elementary School to host the Newcomers group;
- Increase collaboration between San Rafael HS, Terra Linda HS, and Madrone Continuation HS.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

Additional funding will be added over the next three years to support increased coordination for Newcomers students and families between BHRS, MCOE, CBOs and the schools.

CLIENT STORY

A newcomer student arrived in the US and Davidson Middle School last October. He arrived with his 2 youngest sisters, to stay with his aunt. The student was successfully enrolled in virtual classes. He quickly learned to advocate for himself, visiting the DMS family center to request more support with his Aeries account, and emailing me to help him register for his electives at San Rafael High School. Eventually he was invited to be part of the HUB, an opportunity that helped him continue to improve academically; he graduated middle school with straight A grades. In November, his aunt was struggling financially, so staff connected with coordinator and the student and his family received clothing for 5 children and gift cards for the family. Four months ago, his mother reunited with him and his siblings. Mom is working and with staff support, she registered her student in High School and her little daughter in kindergarten. Right now, the student is participating in the DMS summer program and receiving leadership academy workshops that are preparing him to transition into high school.

CLIENT STORY

Client is a 16-year-old newcomer student who attended our 5-session Social Emotional Newcomer workshop Series at Novato High School (NHS). Before client was connected to services, they were going through a difficult time. When the Latinx Youth Wellness Coordinator met with the student during their one-on-one session, the GAIN screener was administered and the student scored relatively high. As a result, mental health services were offered through our NMCS school-based clinician serving NHS students. Unfortunately, the student had denied services during the one-on-one session. At that time, the student was told that our door will always be open. A month later the student reached out to the Latinx Youth Wellness Coordinator stating that they would like to be connected to our school-based clinician, and the connection was made. The community liaison later contacted us, asking if we could connect this student with Marin Community Clinic (MCC) to help setup their health insurance coverage. The student had not received any medical care because they didn't have health insurance. The Latinx Youth Wellness Coordinator connected with MCC to help coordinate care for this student so that they could receive coverage and have access to medical care. The student was enrolled in Medi-Cal, is receiving medical care and counseling support all due to their participation in the Newcomer workshops.

CLIENT STORY

One family from Guatemala, which consisted of 4 children (ages 2, 8, 15, and 19) along with their mother (35), attended the group with the hopes of increasing their communication and strengthening their relationships. The mother reported that the identified patient (8 yo son) came to the US first with his father and was reunited with his mother 6 years later. The mother reported that the son was very standoffish at home and appeared hesitant to get physically or emotionally close to her. At one point in the group, using the intervention of a communication tool, the 8 yo son was able to express to his mother that there were some times in his life when he wasn't sure if she was his real mom because he had no memories of her prior to their separation, and that it him hesitant to get close to her. He was also able to express that he sometimes feared that she would leave him again. In this moment she was able to listen and reflect back the child's feelings. She told him that she understood his fear, and hoped that with time he will feel comfortable getting close to her and trust that she will not leave him again. In the groups that followed, this mother approached me and told me that since that session her son was more open to spending quality time with her, and that he sometimes asked for hugs at home. We also observed, during groups, that this 8yo child was more vocal and openly expressive with his feelings in the remaining groups.

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 ALLOCATION: \$50,000

PROVIDERS: National Alliance on Mental Illness (NAMI) and Opening the World (OTW)

TARGET POPULATION: Community members and those with lived mental health and substance use experiences. Transition Age Youth (TAY) and the broader community benefit from the development of these mental health educational and awareness raising videos.

EXPECTED NUMBERS TO BE SERVED: 500

PROGRAM DESCRIPTION

Marin County Storytelling Program was created in FY20/21 and 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 this 3-year MHSA plan, the Storytelling Program under PEI has been expanded (through an RFP process) to include a digital storytelling component. Participants in the digital storytelling program have the opportunity to create short videos that share their personal experiences with mental illness, substance use, and recovery. Themes of social justice, housing, discrimination, and others are interwoven in these stories.

DATA COLLECTION METHODS:

The following data is reported to BHRS annually to assist with an analysis of whether the target population and outcomes are being reached, and how to improve the program on an ongoing basis:

- The number and types of individuals trained, types of trainings provided, demographics (see PEI overview section), and training evaluations
 - The number and type of outreach activities and participants reached client/family demographics and satisfaction surveys to show impact of services provided
 - OTW collects data based on the number of views of their story telling videos. To date, there have been a total of 189 views of videos. Included in each video is a link for a survey ([example here](#)) for viewers to complete.

Anticipated data collection changes and additions for FY 22/23: For community trainings, we anticipate using the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire, speakers' evaluations to measure skill development and satisfaction with training

Storytelling Programs

SUMMARY FY2021-22

Individuals Served: FY2021-22

606 Individuals

6 Digital Stories

component of program. 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.

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;
- improved skills and comfort level amongst speakers in public speaking and sharing their stories.

NAMI-MARIN: In **FY 21/22**, National Alliance on Mental Illness (NAMI)-Marin developed “Stories of Marin” storytelling series. NAMI Marin's Stories of Marin is a 6-week workshop series for people with lived-experience of mental health challenges who want to be a part of a community of storytellers exploring the intersections of creative play for individual well-being and community health. The series is a great space for peers wanting to reclaim their personal journeys among a cohort of compassionate individuals wanting to use their experiences as a tool to advocate for change and bust stigma on the topic of mental health. The workshop series are led by a national mental health peer, storyteller, filmmaker, and trainer.

The workshop series is designed for all experience levels. Participants engaged in weekly writing and public speaking exercises that builds trust and intimacy in the practice of storytelling. The Curriculum for the workshop follows:

WEEK 1: Meeting Ourselves

WEEK 2: Honoring Our Stories

WEEK 3: Reclaiming Our Narratives

WEEK 4: Support One Another

WEEK 5: Sharing Our Truths

WEEK 6: Living Our Values

Stories of Marin presentations are given to people going through a mental health challenge, including students, law enforcement officials, hospitals, educators, providers, faith community members, interested civic groups and more.

In **FY 21/22**, there were a total of 9 story telling events representing individuals who have lived experience with substance abuse, mental illness and/or suicide loss and suicide survivors that span the spectrums of race, religion, age, gender, socio-economic and cultural backgrounds, romantic affiliation, ethnicity, and experience.

This program helps to dispel many myths surrounding mental illness. Audiences benefit from this type of presentation by trained story tellers because they learn, firsthand, what it means to have a serious mental illness and how the recovery process works. Presenters often find that participating in this program helps build self-esteem and competency. Presenters may learn new coping strategies from one another and are given hope and strength by finding a community of peers.



NAMI Marin's Stories of Marin is a 6-week workshop series for people with lived-experience of mental health challenges who want to be a part of a community of storytellers exploring the intersections of creative play for individual well-being and community health.

Starting every Sunday, October 16th- November 20th, 2022 at 1PM.

Participants must be able to attend all 6-weeks. Accommodations can be made upon request. These workshops are IN-PERSON. Location will be revealed after participant selection.

[REGISTER TODAY](#)

Outcomes: NAMI-Marín	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
By the end of the year, recruit speakers through outreach and engagement	N=8	N=8 speakers	N=8	N=9 speakers
By the end of the year, train speakers in the Speaker Training "In Our Own Voice." Improve skills and comfort level amongst speakers in public speaking and sharing their stories	N=5	N=5	N=5	N=9
By the end of the year, complete a minimum of 4 hours of training annually to stay abreast of new learning regarding cultural humility, racial equity and trauma-informed practices	4 hours	4 hours	4 hours	6 hours

OPENING THE WORLD:

Opening the World (OTW) serves underprivileged, transitional age youth (ages 16 to 26) from culturally diverse backgrounds who have experienced trauma, relational conflicts, loss, substance abuse, homelessness, educational challenges, and poverty. The OTW program connects these young adults with OTW senior peers who have lived through similar challenges but are now able to share their stories of struggle, hope, growth, and success. Through OTW, young adults learn quality film techniques that transfer to community short film clips (one to four minutes in length) that increase the public's knowledge about the cause or impact of mental health issues. Following each video, resources are provided and a survey for completion. The final videos can be found at the Opening the World [website](#).

Outcomes: Opening the World	Goal FY 20/21	Actual FY 20/21	Goal FY 21/22	Actual FY 21/22
By the end of the year, instruct two youth interns to develop short film clips on mental health	N=2	N=2	N=2	N =2
By the end of the year, develop 6-8 short film clips	N=6	N=6	N=6	N=6

EQUITY STRATEGIES:

The OTW and NAMI took a minimum of 4 hours of training around cultural humility, racial equity, and trauma-informed practices by completing the Marin County Leadership and Equity training. OTW and NAMI utilizes the power of storytelling to address mental health among populations impacted, particularly during this period of Covid. By highlighting these issues and identifying sources of support, the story telling series are showcasing that recovery is possible and that help is available.

CHALLENGES AND UPCOMING CHANGES:

During FY 21-22, a core challenge in developing the films is the role of specific questions to draw out interviewees on mental health, how they've been impacted by mental health, ways of coping, and messages for the community to support mental health and reduce stigma. Identifying people who are comfortable in front of a camera, have a well-crafted life story to share, and are available can present

some difficulties. However, through persistent outreach, OTW has successfully completed the videos for distribution and use by community-based partners.

Completion of evaluations is an ongoing challenge. There are plans to create a flyer with a listing of all of the videos and a description with a link to complete demographic and survey information by OTW and NAMI will be sending out evaluations after each event.

Anticipated upcoming Changes for **FY23/24** (see **FY 2023/24-FY 25/26** three-year plan for more detail):

Opening the World has completed a significant volume of digital stories for ongoing dissemination in our community. Having reached a threshold of these digital stories, we anticipate changes with providers in FY23/24.

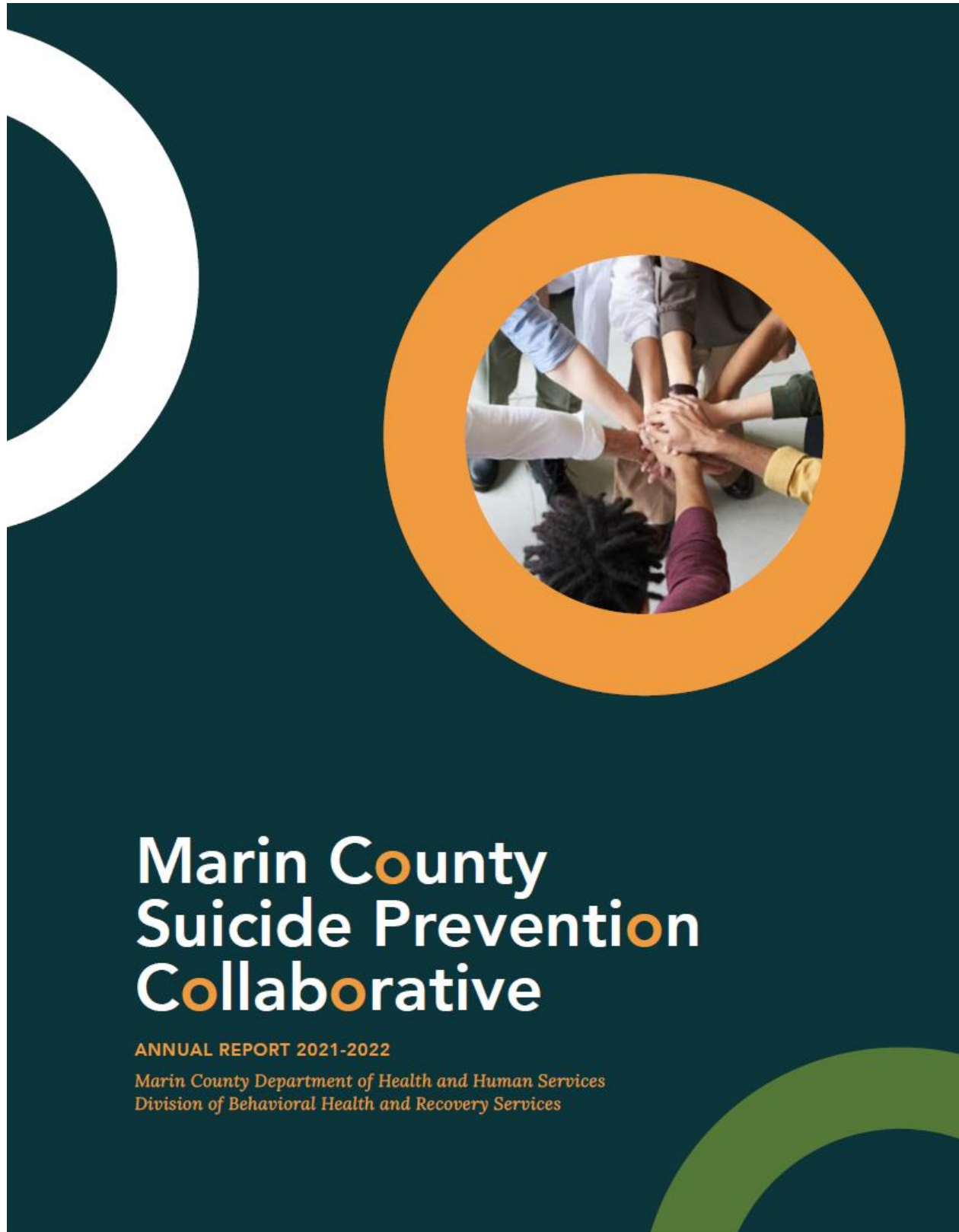
CLIENT STORY

“Our daughter has an eating disorder (ED) amongst other undiagnosed issues but hearing from [redacted storyteller] showed it is real and gave us hope we can get help for her. The storytelling put a voice to ED.”

CLIENT STORY

“I work with young people and it was a powerful reminder of the unseen things that they are going through. I was reminded I need to be caring and thoughtful in all my interactions because I may not know the full story.”

Attachment 1: Marin County Suicide Prevention Collaborative FY21/22 Annual Report





Marin County Suicide Prevention Collaborative

*This annual report honors those
lives lost to suicide, families
bereaved by suicide, and allies.*



CRISIS TEXT LINE |



**IF YOU OR SOMEONE YOU KNOW IS IN
DISTRESS, THERE IS HELP. CONTACT:**

Suicide and Crisis Lifeline/Línea de Prevención
del Suicidio y Crisis: 988

Crisis Text Line (text MARIN to 741741)

Marin County Behavioral Health and Recovery
Services Access Line: 888-818-1115

Additional support resources can be found on the
BHRS website: www.marinbhrrs.org/

Marin County Suicide Prevention Collaborative

ANNUAL REPORT 2021-2022

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“While our Strategic Plan is a thoughtful and comprehensive guide in our efforts, I believe our commitment to the practice of collective care will help to provide the necessary hope this work requires today and in the years ahead.”

Todd Schirmer, PhD, CCHP
Director, Behavioral Health and Recovery Services

Reflections of Year Two

BY TODD SCHIRMER, PHD, CCHP
DIRECTOR, MARIN COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

The Marin County Suicide Prevention Collaborative has completed its second year working to build community, create awareness, and reduce suicide attempts and death in our community. Many of you have played a critical role in this effort in both large and small ways, both seen and unseen, with compassion and humility. What makes our Collaborative unique is the way in which people truly show up, provide care, and walk together on a path to take life-saving actions.

This is no small feat. Suicide prevention demands urgent action and easy answers are often evasive. Addressing this complex health issue during a global pandemic has heightened our priority and response. While our [Strategic Plan](#) is a thoughtful and comprehensive guide in our efforts, I believe our commitment to the practice of collective care will help to provide the necessary hope this work requires today and in the years ahead.

Collective care is based on the belief that our health and well-being are inextricably connected to each other. While it does not and should not come at the expense of self, collective care broadens our vision of what it means to live in an inclusive and accepting community with one another. It means we embrace the action of looking out for each other, even someone you don't know, and creating care and safety within our communal interactions. Asking, “do you want to talk about it?” or “are you thinking of suicide?” or “what is the source of your pain?” can bring us closer together, cultivate belonging, and provide hope—and help—for someone on their darkest day. You can learn more on ways to care for others and raise awareness by reading our newly released, [“From Compassion to Action: A Community Guide to Suicide Prevention and Support in Marin County 2022.”](#) Also available in [Spanish](#).

Suicide can be prevented. However, we stand a greater chance when we walk together in the spirit and act of meaningful collective care.

Thank you for your compassion, connection, and care of one another as we build a community of belonging and safety, for all.

Todd Schirmer, PhD, CCHP
Director, Marin County Behavioral Health and Recovery Services

Talking About Suicide Can Be Life-Saving

Here are steps you can take to keep you or someone you know, safe.

KNOW THE SIGNS:
Pay attention to any sudden changes in feelings, words, or actions of those around you such as: increased substance use, difficulty sleeping, acting recklessly, feeling depressed, talking about suicide, feeling like a burden, access to firearms, etc. Consider those signs expressed through a sociocultural lens that may inform your concern.

1

ASK DIRECTLY:
“I’m concerned about you. You’ve seemed really withdrawn. Are you thinking about suicide?” Asking will not give the person ideas to take their life. Consider unique sociocultural factors to help demystify the myths around suicide.

2

LISTEN AND SHOW SUPPORT:
“I’m sorry you’re in this much pain. I’m here for you.” Let them talk.

3

REFER FOR HELP:
Find resources together. Do not assume a person will get help on their own and assume you can help. “I’d like to sit with you while you call your (hotline, therapist, hospital) for help.”

4

FOLLOW-UP:
“Let’s make a plan to connect again.” A phone call or note to show you care can help in the healing.

5

IF YOU OR SOMEONE YOU KNOW IS IN DISTRESS, PLEASE CONTACT:
Suicide & Crisis Lifeline: 988 and in Spanish: Línea de Prevención del Suicidio y Crisis: 988

Crisis Text Line (text MARIN to 741741)

Additional support resources can be found on the BHRS Prevention and Outreach [website](#).

6

Overview

Marin County Suicide Prevention Collaborative, Strategic Plan

The Marin County Suicide Prevention Collaborative—led by two Co-Chairs and Community Action Teams, and supported by Marin’s first Suicide Prevention Senior Program Coordinator and BHRS’ Prevention and Outreach team—launched in August 2020 to implement the Board of Supervisor’s approved [Marin County Suicide Prevention Strategic Plan](#). The focus of the Collaborative is to implement the following seven strategies of the Strategic Plan:

- 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

The Collaborative pursues a comprehensive socio-ecological framework to provide a structured approach to implementing prevention, intervention and postvention strategies (activities that reduce risk and promote healing after a suicide death) at the individual, community, and institutional levels. Members of the Collaborative serve on Community Action Teams focusing on: Training and Education, Postvention, Data, Schools, Communication, Lethal Means, Youth, Men and Boys, and others.

The Collaborative has established key partnerships to advance the plan’s strategies and which are outlined in more detail in this report, including:

- The [Marin Schools Wellness Collaborative](#). Formed in 2019 with Marin County Office of Education and the Marin County school district representatives, the mission of the Collaborative is to develop, coordinate, implement, and improve policies and programs that will improve the mental health and wellbeing of students. The Wellness Collaborative focuses on Strategy 6 of the suicide prevention strategic plan which promotes and fosters safe and healthy environments on all school campuses.
- The Marin Gun Safety Collaborative, OD Free Marin, Marin Healthy Youth Partnerships, and Golden Gate Bridge. These groups work to address Strategy 7 of the strategic plan which focuses on reducing access to lethal means for those at risk of suicide.

A Snapshot Of Year Two Accomplishments And A Look Into Our Next Steps:

The Collaborative's Community Action Teams provide key leadership and vision in advancing the Strategic Plan goals. Throughout this past year, the Teams have worked hard to stay on top of trends impacting our community, achieving important milestones and expanding our efforts in responsive ways. The following summary describes examples of the Collaborative's year two accomplishments and a window into our next steps for the year ahead. The Collaborative holds monthly meetings that are open to the public. Please join us!

Strategy 1

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

ACCOMPLISHMENTS:

- Maintained membership in the Collaborative of 40–50 participants during monthly virtual meetings
- Continued leveraging the role of the Schools Team in providing support and recommendations to the Marin Schools Wellness Collaborative.
- Participated in the Mental Health Services Oversight and Accountability Commission (MHSOAC) Training and Technical Assistance Program to strengthen planning, implementation and momentum through curriculum modules, meetings, and consultations with other suicide prevention collaboratives from across the state. Presented to the program participants on the Collaborative's annual report as a model and the Caring Cards initiative as a form of follow up with those in distress.
- Collected and monitored local data to identify existing trends, help inform priorities, implementation, and effectiveness. Presented key data to the Collaborative on deaths, attempts, and emergency room visits. Data indicate a decline in suicide deaths from 2019 to 2021.
- Compiled and presented annual data on suicide with key partners, including the Golden Gate Bridge Patrol and the Gun Safety Collaborative.
- Hosted presentations by the Suicide Review Team from Humboldt County and the Chief Epidemiologist of Washington County recognized for developing and implementing an innovative suicide surveillance system for targeted interventions.
- Posted the newly released Suicide Dashboard by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which supports suicide prevention planning by increasing public access to and awareness about trends in deaths by suicide in California to the Collaborative's website.
- Expanded efforts to address specific populations including Black, Indigenous and People of Color (BIPOC), LGBTQ+ youth and adults, and boys and middle age/older men.
- Conducted evaluations of training and events throughout Marin.
- Engaged in a state-wide Collaborative discussion on evaluation with State leadership as part of establishing evaluation and performance measures for each Strategic Plan strategy.

NEXT STEPS:

- Compile year three data for presenting to the Collaborative and community.
- Formalize plan for Strategic Plan evaluation.
- Develop a year three strategy for the development of a Suicide Fatality Review program in Marin County.
- Launch a First Responder Community Action Team.

Strategy 2

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

ACCOMPLISHMENTS:

- Through a competitive RFP process utilizing Mental Health Services Act funding, the Felton Institute was awarded a contract which includes funding for a Program Coordinator to lead the development and implementation of the Local Outreach to Survivors of Suicide (LOSS) program for Marin and support groups.
- Continued contract with a LOSS Team expert to guide programmatic and operational components of the program. Established recruitment for volunteers protocol, hosted two informational sessions, created dispatch workflow for the timely notification for and arrival of LOSS Team volunteers to site immediately after a suicide, formalized resources for families and witnesses, and engaged in the pre-planning for a volunteer training to be held in the Summer 2022.
- Secured leadership support with the Marin County Sheriff's and Coroner's Office and the Marin County law enforcement to address loss survivor's needs at time of death.
- Support the development of the Felton Institute's community support group for youth loss survivors and attempt survivors to be launched in 2023.
- Established an innovative partnership with Marin County Mobile Crisis and Marin Medical Reserve Corps (MMRC) Trauma Response Team to augment postvention response and notification of suicides to BHRS and Marin County Office of Education.
- Launched the Crisis Text Line (text MARIN to 741741) in Spring 2022 emphasizing confidentiality which led to an increase in the use of CTL.
- Hosted a community-wide presentation on the pre-launch of the national Suicide & Crisis Lifeline three digit 988 number.
- Collaborated in the first of its kind “Marin Medical Tow” with Golden Gate Bridge Patrol and Highway Safety, MarinHealth, and AAA Insurance which safely stores cars of patients who are transferred from the Golden Gate Bridge to Unit A Psychiatric Unit at MarinHealth. This initiative is designed to reduce compounded stress and trauma of patients who might otherwise have their cars towed and stored for a fine.
- Offered evidence-based trainings to support mental health providers, including two safety planning trainings addressing adults and youth.
- Continued support for the Buckelew SOS Allies for Hope Loss Survivor Support Group to provide essential community support for suicide loss survivors. Hosted twice monthly for as many as 20 participants.
- Finalized the development of the School-based Suicide Risk Assessment Protocol for training and implementation by school-based mental health providers and County clinicians.

WHAT'S NEXT:

- Launch the School-based Suicide Risk Assessment Protocol for school-based providers and County clinicians in Summer 2022.
- Promote and market the roll out of the Suicide & Crisis Lifeline 988 national number.
- Conduct training of LOSS Team volunteers and law enforcement for the launch of the LOSS Team program.
- Launch the Felton youth loss survivor group and adult attempt survivor support groups.
- Develop a County peer-based follow-up at discharge program to support suicide attempt and overdose survivors in their recovery.
- Implement Counseling for the Assessment and Management of Suicidality (CAMS) training for behavioral health clinicians.
- Host a training with BHRS clinicians and Mobile Crisis on the Columbia-Suicide Severity Rating Scale (C-SSRS).

Accomplishment Spotlight:

Finalized the development of the School-based Suicide Risk Assessment Protocol for training and implementation by school-based mental health providers and County clinicians in partnership with Marin County Office of Education (MCOE) and Special Education Local Plan Area (SELPA).

Strategy 3

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

ACCOMPLISHMENTS:

- Launched the Men and Boy's Community Action Team representing those who self-identify as male and represent diversity across the lifespan. Engaged this Team in the design and implementation of a men and boy's mental health, grassroots county-wide campaign, "Redefining Strength," in English and Spanish with print/digital ads/banners and social media during May Mental Health Month.
- Disseminated Each Mind Matters Toolkit, "Take Action for Mental Health," and evidence-based content adapted for the County.
- Implemented Directing Change campaign for student art submissions. Awarded local students for state-wide recognition of poetry addressing mental health and suicide prevention.
- Launched the Crisis Text Line campaign (text MARIN to 741741) through county-wide dissemination, including school districts public spaces.
- Coordinated with County high school students on multiple youth-led social media outreach campaigns in Marin, including September Suicide Prevention and Recovery Month and May Mental Health Month.

WHAT'S NEXT:

- Implement the Each Mind Matters Toolkit for September Suicide Prevention and Recovery Month, "Take Action for Suicide Prevention: Thriving at all Ages" and place bus shelter ads addressing recovery.
- Implement the "Redefining Strength" campaign activities in September 2022 and May 2023 to promote help seeking and stigma reduction among those who self-identify as male.
- Implement the Crisis Text Line campaign community-wide in both English and Spanish at partner events and social media videos/geo-targeted ad buys.
- Promote the national Suicide & Crisis Lifeline 988 number.
- Implement a youth-led wellness campaign with elements that include a digital youth resource guide.

Accomplishment Spotlight:

Launched the Men and Boy's Action Team representing those who self-identify as male and represent diversity across the lifespan. Engaged this Team in the design and implementation of a men and boy's mental health, grassroots county-wide campaign, "Redefining Strength," in English and Spanish with print/digital ads/banners, social media, video and stickers during May Mental Health Month.



Campaign elements for the Men and Boy's Action Team.



Strategy 4

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

ACCOMPLISHMENTS:

- Hosted over 50 different community events (trainings, presentations, meetings) with BHRS and community-based partners, including Spanish language only trainings (n=3), Mental Health Psychological First Aid (n=10) for over 100 participants, September Suicide Prevention and Recovery Month 2021 (n=10) and May Mental Health Month 2022 (n=13) events. Participated in a regional suicide prevention planning committee for September Suicide Prevention and Recovery Month hosting over 600 participants.
- Engaged over 2,600 community members in suicide prevention and mental health education and training events.
- Hosted Marin's first hybrid community event focusing on the “[Redefining Strength](#)” campaign for men and boys attended by 140 individuals held at the Board of Supervisors Chambers at the Marin Civic Center.
- Developed a first of its kind “[From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County](#).” This Guide, also available in [Spanish](#), will be used for training and addresses foundation suicide prevention information, perspectives from a loss survivor and an attempt survivor, and tips for supporting families following a suicide.
- Hosted a series of sensitivity trainings for the development and implementation of Caring Cards with youth in school and community-based settings (described more below).
- Presented to the Faith Collaborative of the Department of Health and Human Services on the role of faith in suicide prevention.
- In partnership with MCOE, hosted a series of 10 monthly American Foundation for Suicide Prevention Talk Saves Lives events, averaging 10-15 people.
- Continue to recommend and provide other suicide prevention programs including: Buckelew Programs, online and self-directed [Question-Persuade-Refer \(QPR\)](#), Mental Health First Aid (MHFA), and Talk Saves Lives, Kognito and Signs of Suicide (SOS) for school districts.
- Developed the online [School-Based Suicide Risk Assessment Protocol](#) for Marin County school-based providers and County clinicians.
- Hosted a training for pediatric providers on suicide prevention and risk assessment.
- Updated the MCOE School-based Suicide Postvention and Crisis Response Protocol and hosted a training with school-based providers to build skills and knowledge in postvention response.

WHAT'S NEXT:

- Host a series of September Suicide Prevention and May Mental Health month events in collaboration with BHRS and community-based organization partners. Examples of topics to be addressed: Columbia-Suicide Severity Rating Scale (C-SSRS), American Foundation for Suicide Prevention (AFSP) Talk Saves Lives trainings, Conversation Circles for LGBTQ+ youth, older adults, men, parents/caregivers, as well as celebrations for substance use recovery, a substance use panel in Spanish, and a regional multi-county Suicide Prevention Summit.
- Continue to measure the quality and impact of suicide prevention training and education in our community.
- Distribute 500 Guides and 500 marketing postcards of “[From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County](#)” throughout Marin health care and community settings in English and Spanish.
- Strengthen partnerships for training for primary care providers working with older adults to support them in identifying mental health and suicide risk.
- Expand Spanish only language suicide prevention trainings and education materials in partnership with community-based partners throughout Marin.

Accomplishment Spotlight:

Developed a first of its kind “From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County.” This Guide will be used for training and addresses foundation suicide prevention information, perspectives from a loss survivor and an attempt survivor, and tips for supporting families following a suicide.



From Compassion to Action booklets are used for training and community education.

Strategy 5

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

ACCOMPLISHMENTS:

- Contracted with the Felton Institute to launch a county-wide Local Outreach to Suicide Survivors (LOSS) Team to support loss survivors.
- Launched the Men and Boys Action Team for those who self-identify as male and represent diversity across the lifespan with 50 unique members. Created a grassroots campaign and engaged community groups, schools and individuals.
- Launched the Caring Card initiative to support those transitioning from a treatment/recovery center or psychiatric unit, and/or participating in family support groups. Cards were written by youth in Marin following a sensitivity training. The cards feature artwork submitted to the Youth Art and Film Showcases and referral information on the back. Established key partners to distribute 1500 completed cards in both English and Spanish with referral information.
- Supported community-based organizations in hosting live and virtual speaker series for residents from diverse communities with lived experiences around mental health and suicide to share their experiences.
- Supported digital story telling series with a community-based organization of diverse individuals sharing their experience with substance use, suicidality, and mental health.
- Provided LGBTQ+ equity training at 10 schools (Archie Williams High School, Redwood High School, Tamiscal High School, Tamalpais High School, San Andreas High School, Hall Middle School, Neil Cummins Elementary School, Cove School, Glenwood Elementary School, Terra Linda High School) through a contract with Spahr Center.
- Hosted three loss survivor virtual gatherings for group discussions to engage participants in education and support.
- Engaged in pre-planning for youth-led wellness festival for September Suicide Prevention and Recovery Month 2022.
- Participated in the Call to Action Wellness Team, a multi-Collaborative County initiative to support youth and transition age young adults in the development of a wellness resource guide for youth. This early in design project will help youth navigate important resources.

WHAT'S NEXT

- Host a series of Conversation Circles addressing topics related to parents/caregivers, LGBTQ youth, first responders, older adults, men, and parents/caregivers utilizing the "From Compassion to Action: A Community Guide for Suicide Prevention and Support in Marin County."
- Distribute virtual training for Caring Cards and implement and distribute 2,000 Caring Cards written by youth and schools with partner organizations.
- Host high school-wide youth led health festival addressing suicide prevention, mental health, help seeking and support.
- Launch the Call to Action Wellness Team youth resource guide to schools and youth groups across the County.
- Host International Survivor's of Suicide Loss Day in November 2022.

Accomplishment Spotlight:

Launched the Caring Card initiative to support those transitioning from a treatment/recovery center or psychiatric unit, and/or participating in family support groups. Cards were written by youth in Marin following a sensitivity training. The cards feature artwork submitted to the Youth Art and Film Showcases and referral information on the back. Established key partners to distribute 1500 completed cards in both English and Spanish with referral information.



Writers for the Caring Cards initiative that provide messages of hope and healing for community members in recovery.

Strategy 6

Foster safe and healthy environments on all school campuses

ACCOMPLISHMENTS

- Launched the [MCOE Marin Schools Wellness Website](#) and the [Marin Schools Gun Safety Website](#) to ensure centralized and coordinated information on mental health, wellness and suicide prevention resources and information in alignment with Marin County BHRS website on suicide prevention.
- Adopted the Kognito online role-play simulations: At Risk Early Childhood, At Risk Elementary, At Risk Middle and At Risk High School (in English and Spanish) for all school staff and any agency serving students. The simulations help to recognize the signs of distress, use conversations to approach a student and discuss concerns, and, if necessary, refer parents/students to the appropriate resources. Only one simulation is required to complete the mandate under [California Education Code 215](#).
- Supported nine schools (middle, high school) in the implementation of [Signs of Suicide](#) developed by Mindwise.
- Expanded student training in suicide prevention through the launch of a School-based Team to develop the “Not Alone Curriculum” featuring the film, [Not Alone](#).
- The Marin County Schools Wellness Collaborative in partnership with BHRS, Each Mind Matters, and Marin County Special Education Local Plan Area (SELPA), developed a [School-Based Suicide Risk Assessment Protocol](#) grounded in evidence-based protocols. The protocol is available to all school-based mental health providers in the County.
- Reviewed suicide prevention notification and response protocol to provide County mobile crisis response services during the academic day. These skilled clinicians are available to clinically evaluate the need for a psychiatric hospital placement at a school site.
- Developed the [Crisis Response: Suicide Prevention and Postvention Protocol](#) based on key literature, resources and best practice guidance. Hosted a [training](#) for school staff on the document.
- Hosted [Wellness Week Marin](#) focusing on two Dimensions of the 8 Dimensions of Wellness. Each session can be viewed [here](#).
- Provided mental health and wellness trainings and initiatives such as [Mental Health First Aid](#) (adults and teens) and [Directing Change](#).
- Hosted a [May Mental Health Art and Film Showcase](#) to increase awareness and conversations around mental health and well-being within Marin through sharing youth art and perspective.
- Launched a Marin-specific [Crisis Text Line](#) with the purpose of providing all Marin residents with a free and confidential counseling, with trained professionals. Marin County students created a Social Media Toolkit as part of the launch campaign.

- Implemented the [Caring Cards](#), a youth-led initiative to provide support to those who are experiencing mental health, suicidality, and/or substance use issues.
- Applied for and received additional MHSSA funding to expand wellness supports in Novato and San Rafael (to be implemented in FY 2022-23).
- Expanded MHSA funding for school-based PEI providers for FY 2022-23.
- Developed a School-based Newcomer’s Toolkit for launch in 2022.

WHAT’S NEXT

- Co-host the College of Marin Equity in Mental Health Symposium: Creating a Culture of Community to be held in Summer 2022. This event focuses on culturally responsive pedagogy, healing, and mental health to create an equitable community.
- Expand implementation of Kognito and SOS trainings across the district for students and staff.
- Evaluate K-5 student training opportunities.
- Launch the Not Alone Curriculum with identified schools.
- Launch the School-based Suicide Risk Assessment Protocol, an online training of these procedures and protocols in Summer 2022.
- Develop and support a pilot program to evaluate the implementation of an evidence-based wellness screener with the potential intention of implementing countywide.
- Develop and implement “Wellness Week Marin.”
- Introduce and enhance mental health service delivery through a key initiative [School Wellness Ambassadors Program \(SWAP\)](#) (peer counselors) in middle and high schools and implement SWAP across the first cohort of schools in Fall 2022.



Strategy 7

Reduce access to lethal means for those at risk of suicide

ACCOMPLISHMENTS:

- Partnered with Golden Gate Bridge, Highway and Transportation District and the Bridge Patrol Team. Provided data presentation by the Bridge Patrol and created awareness around the role of the Bridge Patrol Team in intervention.
- Partnered with OD Free Marin on the connection between suicidality and substance use through events and campaigns.
- Launched the “Marin Gun Safety Resources for the School Community” [website](#).
- Partnered with the Brady Campaign to launch a 30-day End Family Fire digital campaign in Marin County focused on the nexus between safe gun storage and suicide prevention.
- Distributed gun safety information through the Healthy Youth pamphlet to parents and guardians of all entering 6th and 9th graders.
- Partnered with Marin County Office of Education in distributing gun safety promoting messages to all schools.
- Partnered with an 8th grade student group to communicate and educate the entire class about gun safety and mental health as part of an educational project with the District Attorney’s Office, Marin County BHRS, community leaders, and a youth kindness speaker.
- Hosted seven Gun Violence Restraining Order (GVRO) trainings for community-based leaders across the County and a Marin GVRO public forum.
- Hosted in partnership with county-wide partners, led by the Gun Safety Collaborative, a [gun buy back program](#), receiving over 500 guns in exchange.
- Collected data on impact of firearms and suicide in Marin County and presented to key stakeholders.

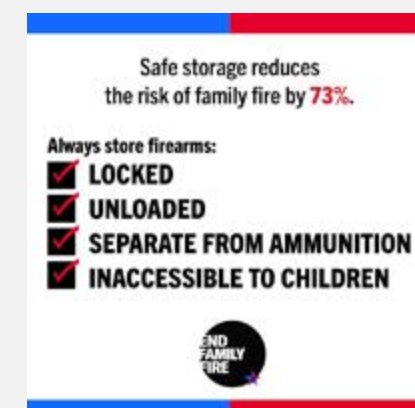
WHAT’S NEXT:

- Host training for SMART Train staff on suicide prevention and grief in Summer 2022.
- Promote Zero Suicide’s Counseling for the Assessment of Lethal Means (CALM) featured on the BHRS website with BHRS clinicians.
- Host a community-wide event to increase community awareness on lethal means reduction with OD Free Marin, Golden Gate Bridge Patrol, MCOE, Gun Safety Collaborative and Brady Campaign.
- Operationalize systems change to identify vulnerable individuals with suicidality who use or overuse substances. Work with OD Free Marin to align with screening of those at risk for suicidality when identified by Emergency Medical Services (EMS) and peer:peer follow up after discharge.



Accomplishment Spotlight:

Partnered with the Brady Campaign to launch a 30-day End Family Fire digital campaign in Marin County focused on the nexus between safe gun storage and suicide prevention and partnered with Marin Office of Education in distributing firearm safety promoting messages to all schools, including firearm safety information through the Healthy Youth pamphlet to parents and guardians of all entering 6th and 9th graders.



Examples of Brady campaign elements shared throughout the County in 2022.

What Role Can You Play?

As the Collaborative reflects on our accomplishments and looks ahead to our next year, we invite your continued role in this collective and community-wide effort. What role would you like to play? There is a role for everyone in working together to prevent injury and save lives.

Contact us :
Behavioral Health and Recovery Services
www.prevention.marinBHRS.org
BHRSPreventionandOutreach@marincounty.org



Actions You Can Take

While suicide is a complex public health issue, we know that it can be prevented. It takes a whole community to prevent suicide. Let's work together to create a safe and healthy community for all. Here are a few actions each of us can take:

- Attend the [Marin County Suicide Prevention Collaborative](#) meetings and join a [Community Action Team](#).
- Share important telephone numbers such as the national Suicide & Crisis LIneline (988), the Crisis Text Line (text MARIN to 741741) and the BHRS Access Line (888-818-1115) with your family and friends.
- Learn more about [safety planning](#) for yourself or your loved one. Ask your care team for a safety plan.
- Take a [suicide prevention training](#).
- Support survivors and those who have suffered loss by checking in, offering assistance, supporting their grief process, and/or sharing resources. Attend the International Survivors of Suicide Loss Day each November.
- Attend a suicide [loss survivor support group](#).
- Develop greater health literacy, share the facts about suicide and create conversation around suicide prevention. Download a copy of "[From Compassion to Action: A Community Guide to Suicide Prevention and Support in Marin 2022](#)" or use the information in this report to create conversation!
- Promote personal stories of recovery and learn from others, such as [NAMI-Marin's](#) or [Opening the World's](#) story telling series.
- Help promote information about the interconnectedness of lethal means (firearm and substances) and suicidality.
- Be a fearless ally and take a stand against stigma (ie., language, social media).
- Spread positive messages around help seeking for groups disproportionately impacted by suicide.
- Engage in suicide prevention and mental health community events hosted by our community-based partners.
- Stay informed of state and federal legislation for mental health and suicide prevention.
- Become a phone counselor for the [Buckelew Suicide Prevention Phone Counseling Team](#) at HR@buckelew.org.
- Join the [Felton Institute Local Outreach to Suicide Survivors \(LOSS\)](#) Team.

Appendices

APPENDIX A

The Status of Suicide in Marin County: A Review of the Data (2016-2021)

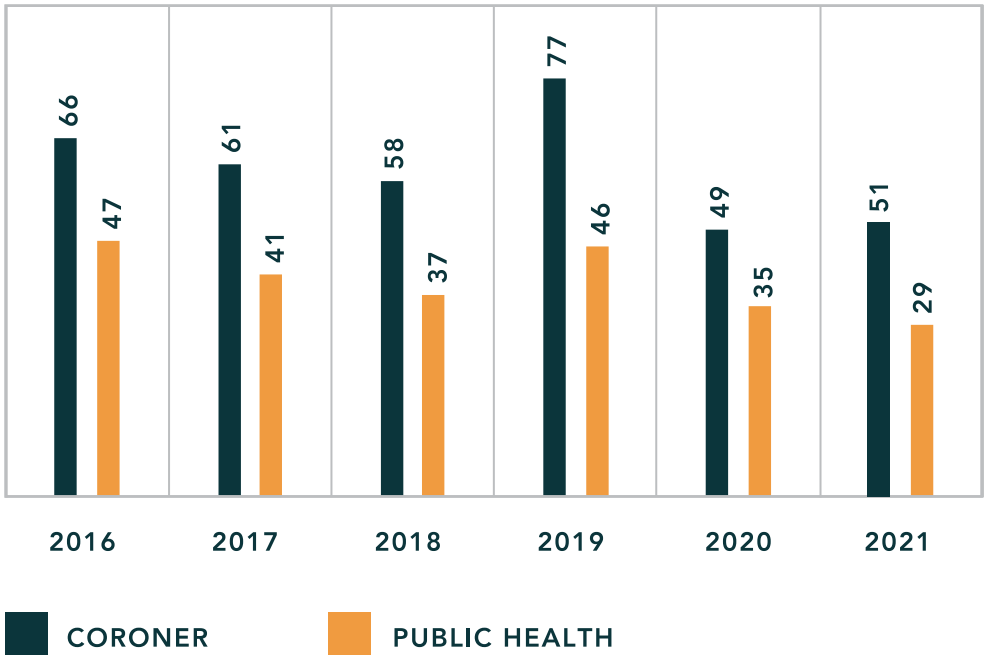
The following summary is created in sacred honor to those who these statistics represent. Numbers, graphs, and charts are a way to help us see the big picture of how tragedy and suffering might be prevented in our community. Each 'data point' represents a life, a family, loved ones, pain, and in some cases, recovery. Fluctuations in suicide data can not be attributed to any one event or factor. Please take care of yourself as you review this data which can be activating.

- Between 2016-2021, there were 235 deaths by suicide among Marin County residents. In 2021, data for Marin County residents indicates a slight decrease in suicide from the previous five years. The data from 2021 shows that 29 Marin residents died by suicide, compared to 35 the year before (and 46 the year before that).
- Suicide and suicidal thoughts and behaviors in our community impact individuals across race, life span and gender. However, white middle age and older adult men and youth/young adults are disproportionately impacted by suicide which follows national trends. Men in Marin make up 49% of the population of Marin and 83% of deaths by suicide. Adults age 45 and older represent 53% of the population and 65% of deaths by suicide.
- While youth between the ages of 15-24 represent 10% of the population, they represent 30% of emergency room visits, 31% of hospitalizations, and 7% of the deaths. The methods used by males and females result in different rates of fatality. For example, teenage girls disproportionately engage in non-fatal self-harm and suicide attempts that result in ER visits or hospitalizations while boys—though they attempt less frequently—die at higher rates than girls.
- Data indicate that race and ethnicity is somewhat proportional for ER visits and hospitalizations, but Caucasians make up a significantly higher proportion of the deaths (83%) than their proportion of the population (70%) in Marin County.



APPENDIX A CONTINUED

*Understanding the Data Around Deaths
Figure 1. Deaths by Suicide: Coroner's Data and Public Health Data*

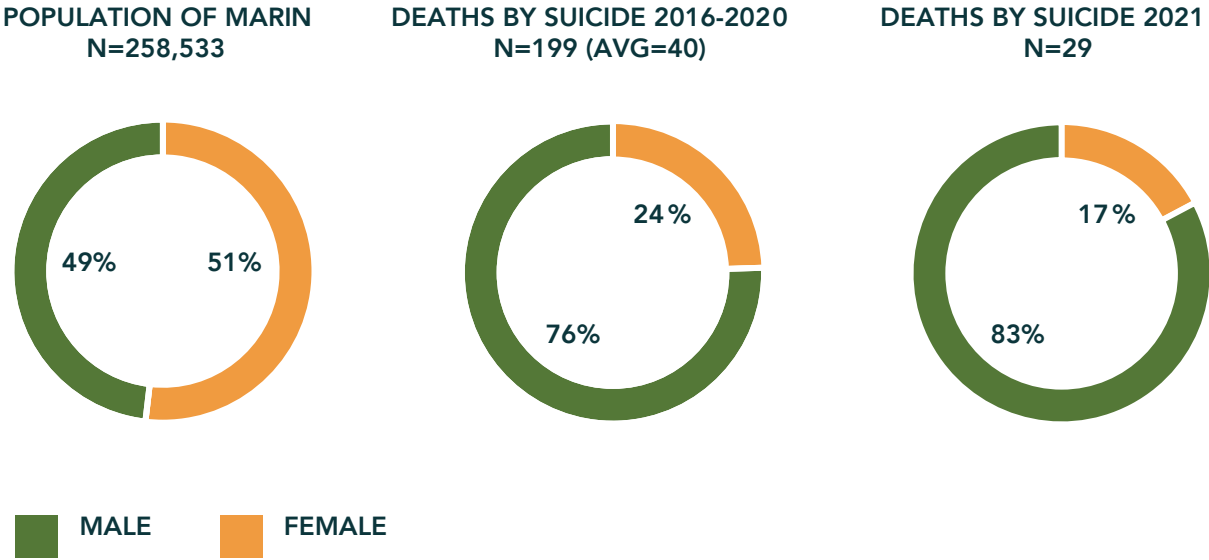


WHAT DOES EACH DATA SOURCE SHOW?
Coroner's Data: Represents data for all deaths investigated by the Marin County Coroner where suicide was determined to be the immediate cause of death—regardless of residency of the individual who died.
Public Health Data: Shows deaths of Marin County residents where suicide was listed as the immediate cause of death on their death certificate—regardless of where the death occurred.

DATA SOURCES:
Coroner's Data: Marin County Sheriff's Office, reported in final report 4/7/22
Public Health Data: VRBIS, CCDF, 2016-2021, accessed on 8/15/22

APPENDIX A CONTINUED

Figure 2. Proportion of Deaths by Gender



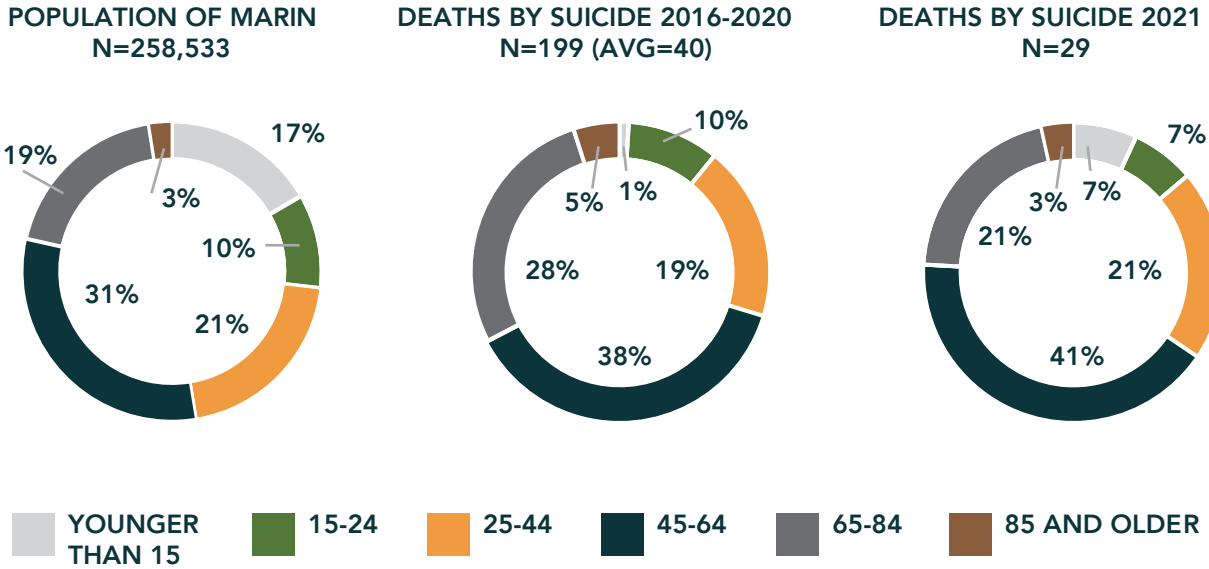
DATA SOURCES

Population of Marin: U.S. Census Bureau, 2019: American Community Survey 5-Year Estimates Data Profile for Marin County, CA.

Death of Marin County Residents: VRBIS, CCDF, 2016-2021, accessed on 8/15/22

APPENDIX A CONTINUED

Figure 3. Deaths by Suicide of Marin County Residents by Age Group



DATA SOURCES

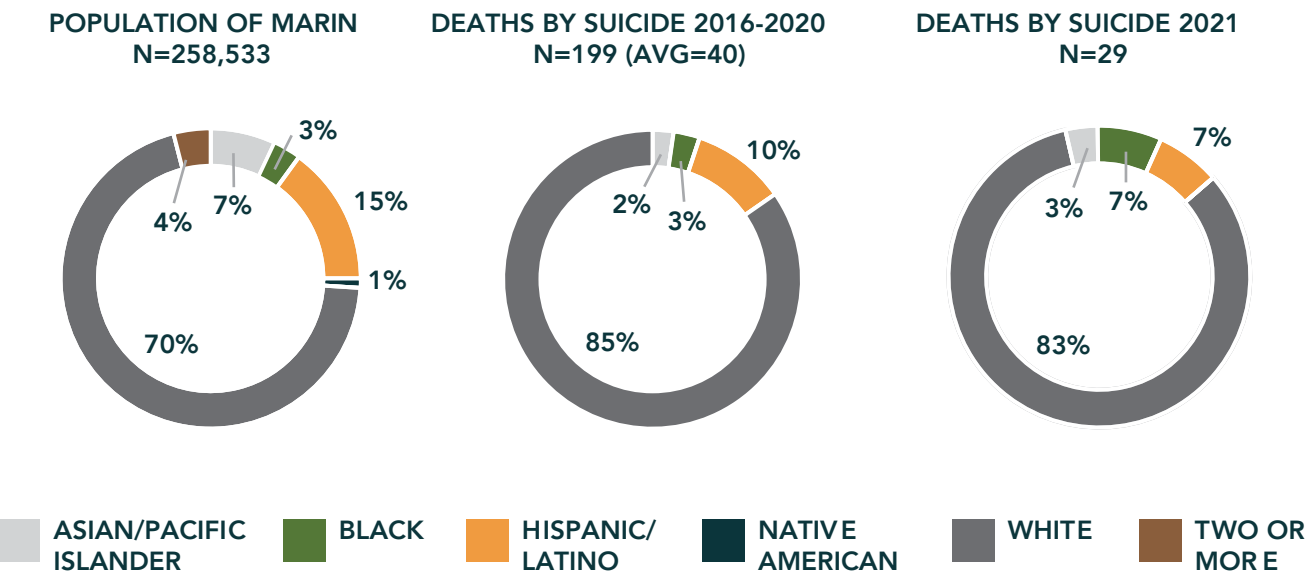
Population of Marin: U.S. Census Bureau, 2019: American Community Survey 5-Year Estimates Data Profile for Marin County, CA.

Death of Marin County Residents: VRBIS, CCDF, 2016-2021, accessed on 8/15/22



APPENDIX A CONTINUED

Figure 4. Deaths by Suicide of Marin County Residents by Race/Ethnicity



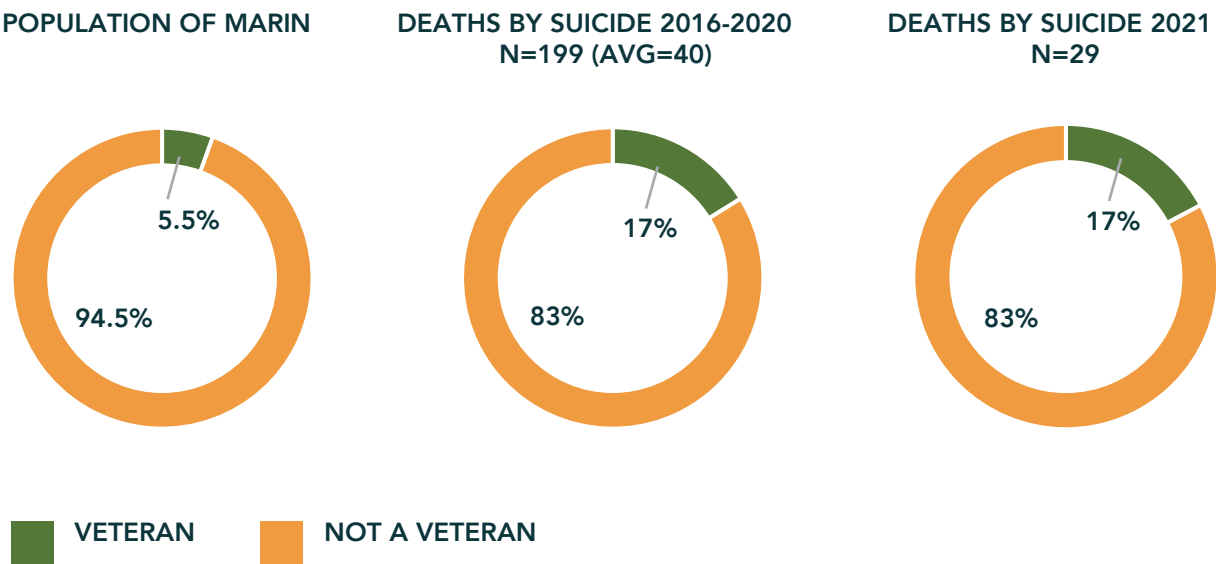
DATA SOURCES

Population of Marin. U.S. Census Bureau, 2019: American Community Survey 5-year Estimates Data Profile for Marin County, CA.

Deaths Of Marin County Residents: Vrbis, Ccdf, 2016-2021, accessed on 8/15/22

APPENDIX A CONTINUED

Figure 5. Deaths by Suicide of Marin County Residents by Veteran Status



DATA SOURCES

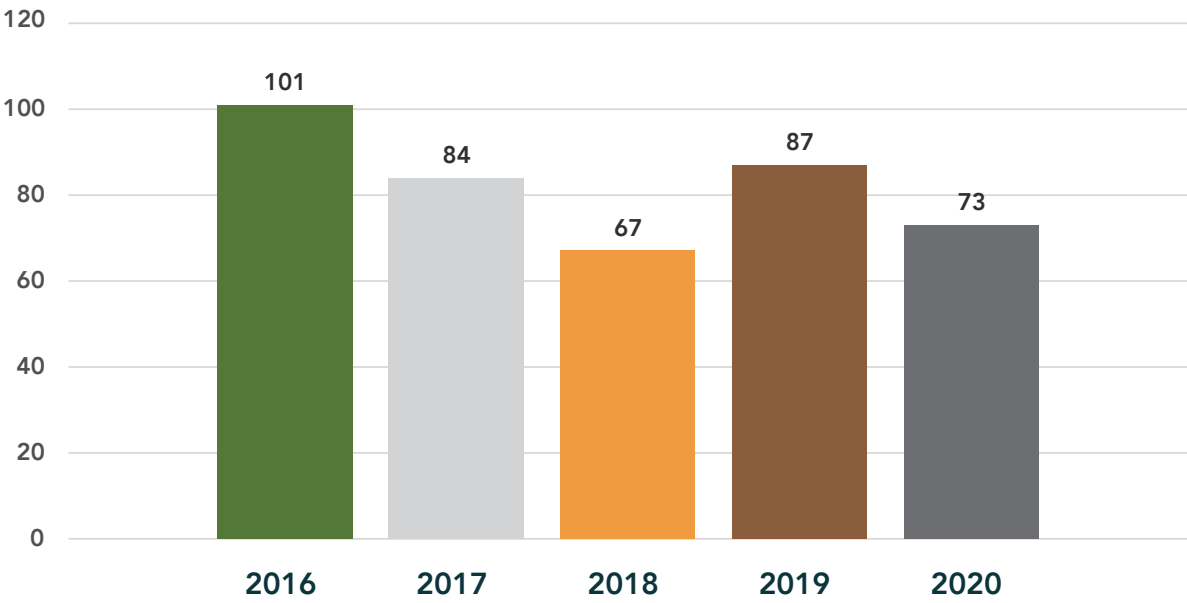
Population of Marin. U.S. Census Bureau, 2019: American Community Survey 5-year Estimates Data Profile for Marin County, CA.

Deaths Of Marin County Residents: Vrbis, Ccdf, 2016-2021, accessed on 8/15/22



APPENDIX A CONTINUED

Figure 6. Annual Hospitalizations of Marin County Residents Related to Intentional Self-Harm or Attempted Suicide



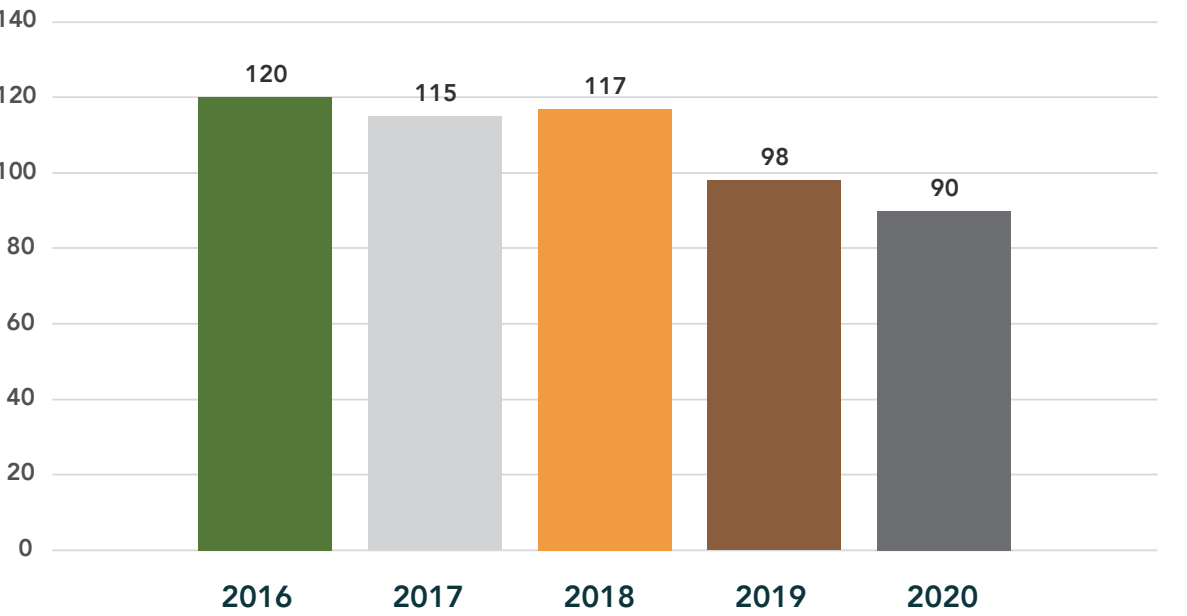
DATA SOURCES

Office of Statewide Health Planning and Development (OSHPD) emergency department data.

The chart above represents non-fatal emergency department visits where any ICD-10 code on the record indicated that the visit related to intentional self-harm or attempted suicide.

APPENDIX A CONTINUED

Figure 7. Annual Non-Fatal Emergency Department Visits Related to Intentional Self-Harm or Attempted Suicide



DATA SOURCES

Office of Statewide Health Planning and Development (OSHPD) emergency department data.

The chart above represents non-fatal emergency department visits where any ICD-10 code on the record indicated that the visit related to intentional self-harm or attempted suicide.

APPENDIX B

Communication Data

The following communication data is an example of two community-wide awareness campaigns for suicide prevention and mental health in May 2022 distributed via bus shelter kiosks, print and digital ad, social media, email, posters and postcards. In addition to campaign awareness, several suicide prevention and mental health efforts received media attention via editorials, digital/print news articles, radio and TV broadcasts.

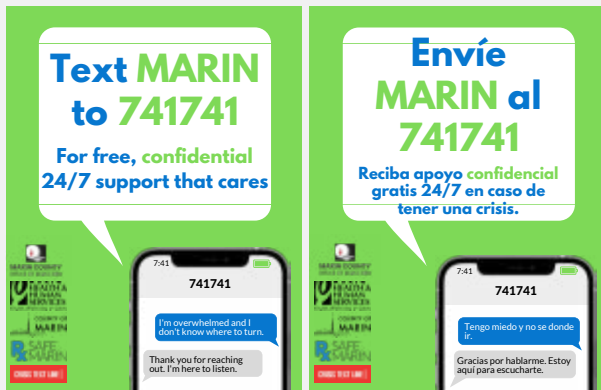
REDEFINING STRENGTH

Print Advertisement: The campaign consisted of (4) 1/4 page ads in the Marin Independent Journal. According to a Scarborough Readership Study, the paper's current circulation is 17,000 per day. The print ads ran on May 8, 15, 22 and 29.

- On May 10th, an email was sent out to Spanish speaking populations in Marin County.
- On May 25th an email was sent to the 55,000 plus subscribers of the Good Morning Marin email.
- From May 3 - May 30, 109,354 banners were served on smart phones to a Spanish speaking audiences.
- From May 3 - May 30, 99,795 banners were served on www.marinij.com.

CRISIS TEXT LINE:

Outdoor Advertising (Transit Shelter Kiosks): The Crisis Text Line campaign was delivered in both English and Spanish at twenty bus shelter kiosks throughout the County during the month of May (4 weeks). Ads stayed up past the scheduled date with additional coverage at no additional cost. Those ads generated an estimated 990,000 impressions per week for the paid coverage time plus additional impressions when the ads stayed up for bonus coverage, for a total of 4 million impressions.



Redefining Strength and Crisis Text Line were just some examples of campaign elements disseminated in the County.

APPENDIX C

Resources and Support

HOTLINES AND WARMLINES

- [Marin County BHRS Access Line](#): 1-888-818-1115
- [National Suicide & Crisis Lifeline \(text/call\)](#): 988
- Crisis Text Line: Text MARIN to 741741
- [The Friendship Line](#) (60 years old+): 1-800-971-0016
- [Peer-Run Warm Line](#): 1-855-845-7415
- [California Youth Crisis Line](#): 1-800-843-5200
- [The Trevor Project](#): 1-866-488-7386
- [Trans Lifeline](#): 877-565-8860
- [NAMI-Marin Family Support Group](#): 415-444-0480
- The Spahr Center Parent/Caregiver Support Group—for parents/caregivers of transgender, non-binary, or gender questioning children youth. Email: jbarkin@thespahrcenter.org.

POSTVENTION RESPONSE AND GRIEF SUPPORT

- [Felton Institute and LOSS Team](#): Email: sbalestreri@felton.org or 415-726-4685
- [Buckelew Programs SOS Allies for Hope](#): Support Group for Loss Survivors. Email: sosinfo@buckelew.org
- [By the Bay Health](#): 415- 927-2273
- [Compassionate Friends–Marin Chapter](#): 415-457-3123
- [Josie's Place](#): 415-513-6343
- [MCOE Crisis Response](#): Suicide Prevention & Postvention Protocols
- Visit the [BHRS website](#) for additional support group and postvention resources

SUPPORT AFTER A SUICIDE ATTEMPT

- [After an Attempt: A Guide for Taking Care of Yourself after Treatment in the Emergency Department](#)
- [A Journey Toward Health and Hope: Your Handbook for Recovery After a Suicide Attempt](#)
- [Live Through This](#)
- [With Help Comes Hope](#)

NATIONAL ORGANIZATIONS

- [Alliance of Hope Support Group for New Survivors and Counseling and Consultations](#): 847-868-3313
- [American Foundation for Suicide Prevention Healing Conversations](#): Email: healingconversations@afsp.org
- [Center for Complicated Grief](#): 212-851-2107
- [The Dougy Center](#): 503-775-5683
- [Samaritans SafePlace Support Groups](#): 617-536-2460





Marin County Suicide Prevention Collaborative

Division of Behavioral Health and Recovery Services
www.BHRSPrevention.org
BHRSPreventionandOutreach@marincounty.org

