

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

REPORTING ON DATA FOR FISCAL YEAR 2022-23



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PREVENTION AND EARLY INTERVENTION (PEI)

COMPONENT OVERVIEW

MHSA Prevention and Early Intervention (PEI) funds serve the purpose of preventing mental illnesses from escalating into severe and disabling conditions. This involves early intervention at the onset of symptoms, minimizing risks associated with mental illness, enhancing awareness of mental health signs, diminishing stigma and discrimination, preventing suicide, and facilitating connections to suitable services. A minimum of 51% of PEI funds must be allocated to support youth and transition age youth (0-25 years old).

PEI places a strong emphasis on enhancing timely access to services for underserved populations and incorporates robust data collection methods to gauge the quality and outcomes of services. Programs within PEI are designed to implement strategies that mitigate the negative consequences of untreated mental illness, such as suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and the removal of children from their homes.

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

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

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

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

PEI strategies are aligned with BHRS initiatives aimed at diminishing disparities in service delivery, aligning with the Marin County Health and Human Services Equity and Operational Plan. This involves enhancing the accessibility and cultural responsiveness of services and integrating service delivery to better support clients.

PREVENTION AND EARLY INTERVENTION (PEI) PRIORITIES FOR FY23/24 THROUGH FY25/26

Throughout the MHSA Community Planning Process (CPP) conducted from November 2022 to February 2023, community members, providers, and county staff collaboratively identified a spectrum of priorities for the Prevention and Early Intervention (PEI) program. The themes derived from discussions and collected surveys now serve as the guiding framework for our PEI program and service priorities over the next three years. These five priorities include:

Priority One: Expanding Early Intervention Services for Older Adults through the Senior Peer Counseling program

Priority Two: Increasing resources for the Latine community by supporting trusted community partners

Priority Three: Enhancing Early Intervention and Prevention Supports to Transition Aged Youth (TAY) in Marin City and for Latine youth

Priority Four: Investing additional funding in Early Childhood Mental Health through the Public Health home visiting program and First 5

Priority Five: Expanding school-based programs in West Marin and implementing psycho-educational substance use curricula in Middle Schools

RATIONALE FOR KEY PRIORITY AREAS

Priority One: Expanding Early Intervention Services for Older Adults through the Senior Peer Counseling program:

During the MHSA planning process, stakeholders emphasized the need for expanded mental health supports for older adults to address depression, isolation, and loneliness. Many older adults live alone or have mobility issues and other factors that limit their interaction with others and may lead to feelings of disconnect and isolation. Inadequate mental health treatment and support can exacerbate these feelings and increase the risk for mental health concerns and suicide.

BHRS’ Senior Peer Counseling program trains volunteers to support adults 60 and over that are experiencing mild to moderate mental health symptoms and would benefit from additional support. Building on this program’s successful model, PEI funding will expand this program’s reach by providing stipends to retired licensed providers to support Marin older adults experiencing mental health symptoms due to grief/loss, issues of aging, health concerns and other precipitating factors. Expansion of early intervention groups and other supportive activities will be provided with a focus on those that are experiencing isolation and are disconnected from other resources.

Priority Two: Increasing resources for the Latine community by supporting trusted community partners:

The PEI Latino Community Connection (LCC) program provides funding to trusted community-based organizations to address mild to moderate mental health concerns in the Latine community. The program serves primarily immigrant and monolingual Spanish speaking adults and youth through brief individual, group, and family counseling. While data suggests that this program has had a positive impact on the clients they serve, the community need is greater than current provider capacity. Expansion of the LCC program under this current plan will help to secure funding for an additional bilingual, bicultural therapist and build capacity to provide groups and other early intervention services to clients.

Priority Three: Enhancing Early Intervention and Prevention Supports to Transition Aged Youth (TAY) in Marin City and for Latine youth:

A critical gap identified during the MHS community planning process was the insufficient number of resources and supports for TAY across the county. Stakeholders emphasized the need for addressing the stigma that often prevents young people, particularly young men, from accessing resources, and the importance of helping youth build the skills, knowledge, and relational trust to seek help when needed. Additional culturally responsive services that address the needs of youth and reflect an understanding of how mental health presents in the Latine and African American communities was a key priority of stakeholders.

To address the need for high quality culturally responsive TAY early intervention and prevention services, additional funding will:

- support expanded programming for Latine TAY in the Novato area by augmenting the contract with North Marin Community Services
- through an RFP process, support a community-based organization in Marin City to implement or expand an existing program. This program will focus on breaking down stigma and increasing access to community and county resources for TAY in Marin City.

Priority Four: Investing additional funding in Early Childhood Mental Health in partnership with the Public Health home visiting program and First 5, and expanding community education around Domestic Violence and resilience:

Addressing early childhood mental health was one of the top priorities that emerged from both focus groups and surveys. Stakeholders identified the need for additional supports for families of young children, particularly for families with those with limited means and access to resources. Providing early intervention to families of young children to build skills and resiliency in caregivers can play a critical role in promoting the long-term health and wellbeing of their children. This plan will add funding for ECMH in two areas:

- Increase funding for JFCS to expand its capacity to serve children and families throughout the county. The contract expansion will support a .5 FTE position that will be dedicated to supporting the county's home visiting program, ensuring that families and their newborn children have the information they need to access mental health services and other resources as indicated

- Funding will be provided to First 5 for outreach and marketing to support its efforts to promote and advocate for the physical and mental health of children across the county

Priority Five: Expanding school-based programs in West Marin and implementing psycho-educational substance use curricula in Middle Schools:

The last 3-year plan included a significant expansion of school-based early intervention and prevention services. Funding focused on improving access to short-term counseling to address issues such as depression and anxiety, improving coordination of services on school sites between staff and providers, and enhancing school climate efforts. Based on community feedback, two primary areas of focus will be integrated into the FY23/26 plan to fill other identified gaps in school-aged services:

- Through an RFP process, additional funding will be granted to an organization to provide services in Shoreline Unified. The increased funding will enhance the selected Provider's ability to recruit and retain a bilingual clinician to fill gaps in services for Spanish speaking students and families.
- Stakeholders identified the need for substance use services in schools to address the growing epidemic of youth opioid and other substance use problems. While previous PEI school-aged funding has focused on building systems to support access and linkage to resources, including substance use services, this current expanded funding will directly address substance use through the development and implementation of a psycho-educational curriculum in identified middle schools.

SB 1004 PEI PROGRAM PRIORITY AREAS

All PEI programs are required to comply with WIC Section 5840.7 enacted by Senate Bill 1004 which requires counties to specify how they are incorporating the following six Commission-identified priorities. These priorities were included in the FY20-23 MHSA plan and are included in this current FY23-26 plan:

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

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

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

| SB 1004 PRIORITY CATEGORIES: | Percentage of Funding Allocated to Priority FY 24/25: |
|---|--|
| 1: Childhood trauma prevention and early intervention to deal with the early origins of mental health needs | 53% |
| 2: Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan | 54% |
| 3: Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs | 57% |
| 4: Culturally competent and linguistically appropriate prevention and intervention | 96% |
| 5: Strategies targeting the mental health needs of older adults | 29% |
| 6: Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis | 82% |

INTRODUCTION TO PEI PROGRAMS FOR FY23/24 THROUGH FY25/26

Several current PEI programs have demonstrated success in reaching underserved communities and accomplishing mental health-related objectives, as outlined in the FY21/22 Annual Update. Consequently, these successful programs will be sustained in the upcoming Three-Year Plan. In line with stakeholder feedback, evaluations of existing PEI initiatives, and the identification of gaps, select programs will be expanded in FY23/24. Requests for Proposals (RFP) were issued in the Fall/Winter of 2023 to solicit providers interested in supporting these expansion endeavors.

| Required Service Category | Programs | SB 1004 Priority Categorization(s) | Marin PEI New Priority Strategy Area(s) |
|-----------------------------------|--|------------------------------------|--|
| Prevention and Early Intervention | PEI-04 Transition-aged youth individual and group mental health services, including targeted counseling for LGBTQ youth | #1, #3, #4, #6 | Transition-aged Youth Services and Supports |
| | PEI-18 School-based individual and group mental health services, school climate and service coordination | #1, #2, #3, #4, #6 | School-based Mental Health and Psychoeducation |
| | PEI-07 Older Adult Prevention and Early Intervention <ul style="list-style-type: none"> Early Intervention mental health services | #2, #4, #5, #6 | Older Adult Supports and Connections |
| Prevention | PEI-01 Early Childhood Mental Health <ul style="list-style-type: none"> Training and Consultation Screening and Linkage Home Visiting | #1, #4, #6 | Early Childhood Mental Health and Latine Prevention Supports |
| | PEI-05 Latino Community Connection: <ul style="list-style-type: none"> Cuerpo, Corazon, Comunidad Radio | | |
| Early Intervention | PEI-05 Latino Community Connection: <ul style="list-style-type: none"> Community based individual and group mental health services for Spanish Speaking adults and youth | #4, #6 | Latine Early Intervention Supports |
| Stigma Reduction | PEI-12 Community Training and Supports <ul style="list-style-type: none"> Mental Health Consultation in schools Community trainings in West Marin Mental Health First Aid | #2, #4, #5, #6 | Transition-aged Youth Services and Supports |
| | PEI-20 Statewide PEI | #2 | School-based Mental Health and Psychoeducation |
| | PEI-24 Storytelling Programs | #2, #4, #5 | |
| Suicide Prevention | PEI-21 Suicide Prevention: <ul style="list-style-type: none"> Suicide Prevention Coordinator Community and targeted suicide prevention trainings | #2, #3, #4, #5 | School-based Mental Health and Psychoeducation |
| Access and Linkage | PEI-23 Newcomers Coordination and Support <ul style="list-style-type: none"> School-aged Newcomers Assessment and Linkage Newcomers school-based groups | #1, #3, #4, #6 | Older Adult Supports and Connections |
| | | | School-based Mental Health and Psychoeducation |
| Outreach | PEI-19 Veteran’s Community Connection | #2, #5, #6 | Latine Early Intervention |
| | | | Older Adult Supports and Connections |

OVERVIEW OF FY 22/23 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
- **Early Intervention:** Promote recovery and functional outcomes early in emergence of mental illness
- **Outreach:** Increase recognition of and response to early signs of mental illness
- **Access and Linkage to Treatment** for those with Serious Mental Illness
- **Reduce Stigma and Discrimination** related to mental illness
- Efforts and Strategies related to **Suicide Prevention**

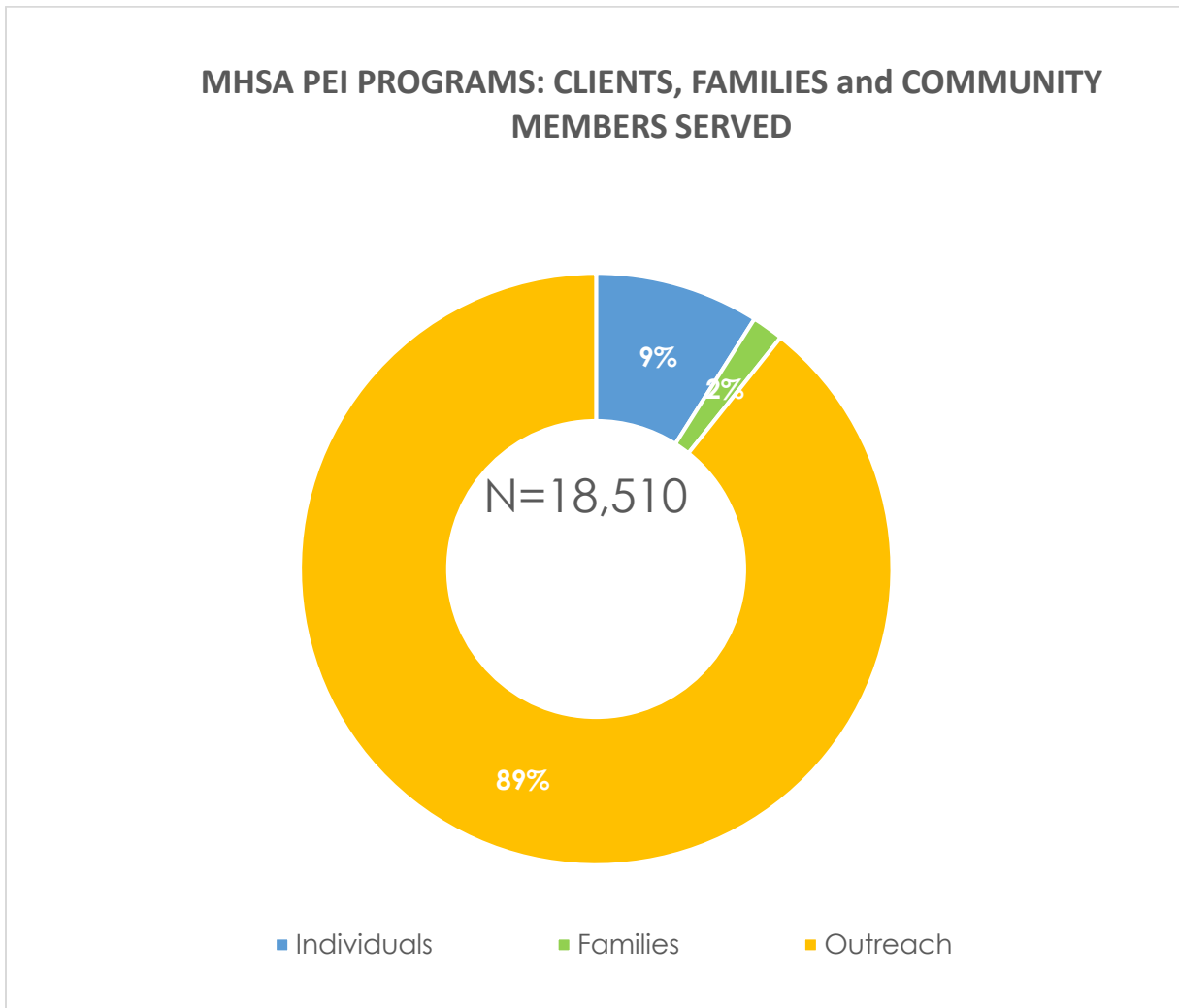
A focus of PEI is to reach un- and underserved populations. Some of the strategies employed are:

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

A minimum of 51% of PEI funds are required to be dedicated to youth and transition age youth (0-25 years old). In FY22/23, 64% of direct service funding was budgeted for youth—which is 53% of the total PEI budget. Acknowledging that enhanced funding and services alone are insufficient to achieve PEI goals, the PEI Program Supervisor organizes quarterly meetings with PEI Providers, conducts three annual site visits, participates in various PEI provider events and trainings, and as needed, assembles short-term targeted work groups to strategize on prevention efforts for specific populations.

CLIENTS SERVED

Throughout the delivery of Prevention & Early Intervention (PEI) services, program adjustments have been made to enhance their effectiveness in reaching underserved populations. For instance, the Behavioral Health Community Health Advocates/Promotores program has expanded its outreach to individuals from the Latino and Vietnamese communities, providing prevention, outreach, and educational services. The establishment of programs in Marin City and West Marin has improved access for African Americans and geographically isolated communities. To ensure inclusivity, programs are offered across the lifespan, catering to individuals from early childhood to older adults. PEI services are accessible to residents of all ages, addressing barriers such as language, stigma, cost, and others that previously hindered mental health support. The success of these efforts is reflected in satisfaction surveys completed by clients, further supported by program narratives featuring descriptions, outcomes, and client stories.

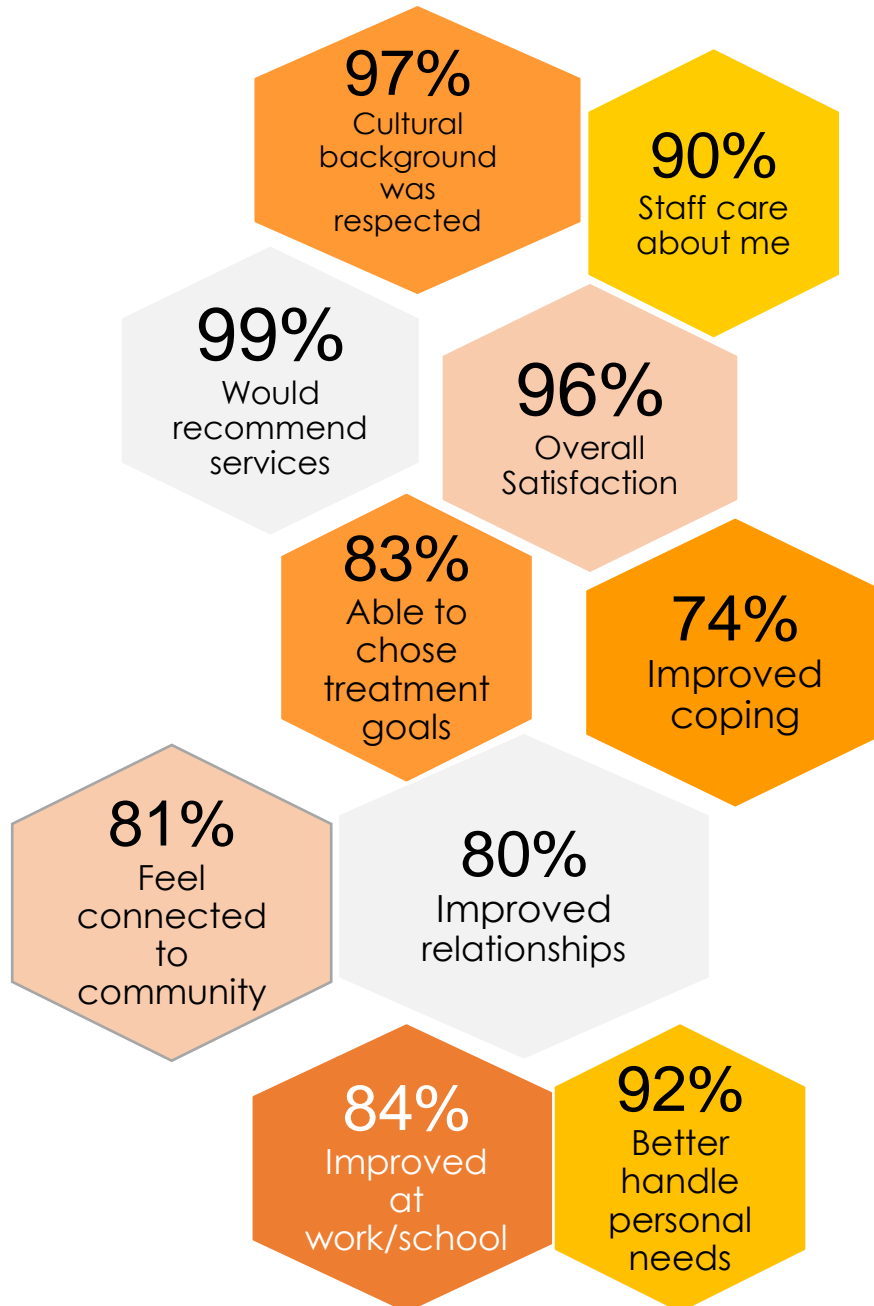


CLIENT SATISFACTION OUTCOMES

Clients

(n=333)

**Satisfaction
Outcomes**



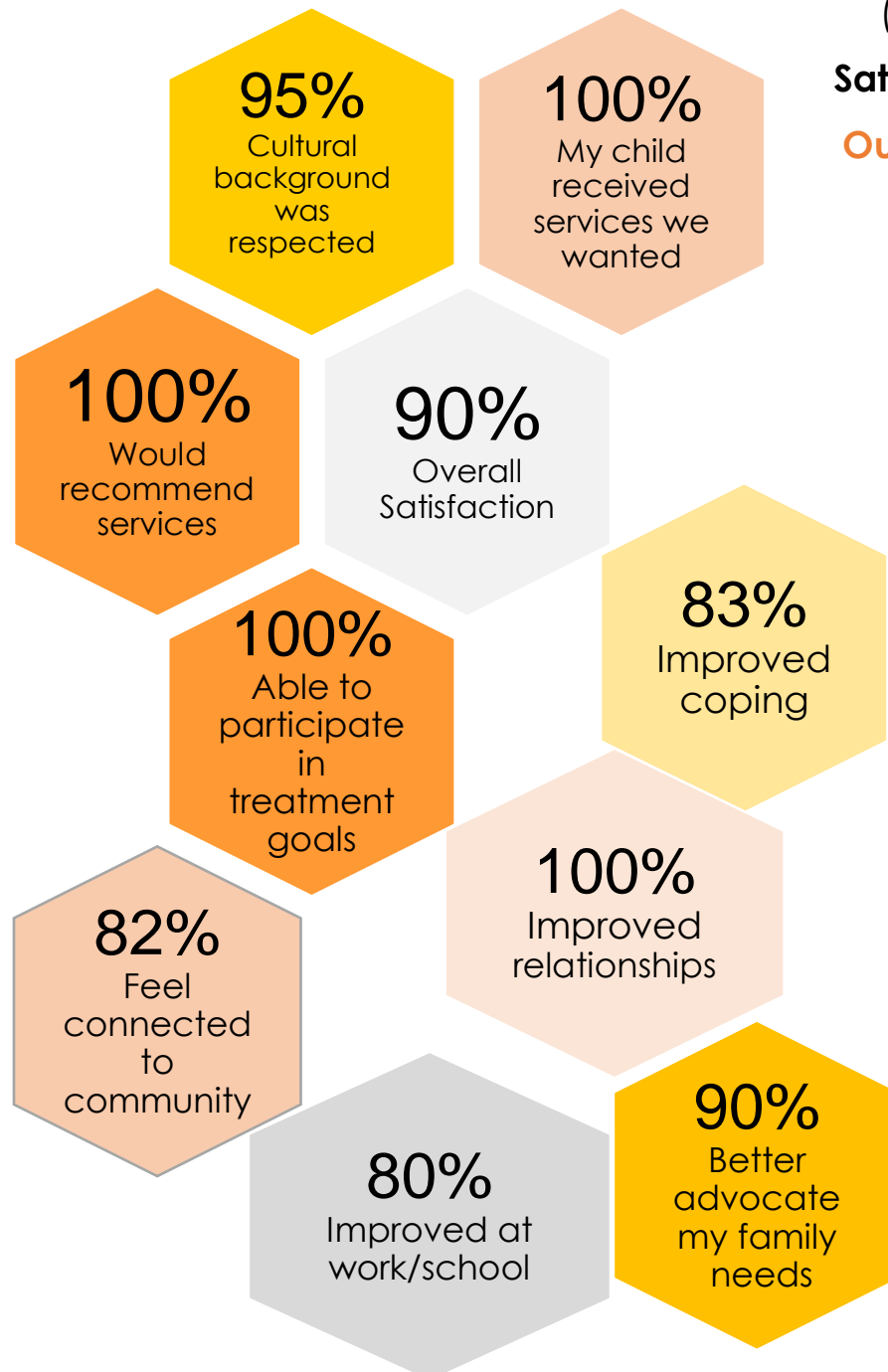
CAREGIVER SATISFACTION OUTCOMES

Caregiver

(n=31)

Satisfaction

Outcomes



COMPLIANCE WITH REGULATIONS

BACKGROUND

New PEI Regulations were adopted effective July 1, 2018.

COMPLIANCE PLAN

Marin was already compliant with various aspects of the regulations before the adoption of prior regulations effective October 6, 2015. These areas of compliance include:

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

Additionally, the following areas were implemented in FY 17/18 to comply with new July 2018 regulations and have since been further strengthened:

DEMOGRAPHICS

The demographics collection process has been enhanced with new elements, including a separation of race and ethnicity, types of disability, sexual orientation, gender assigned at birth, and current gender identity. Since July 1, 2017, all Early Intervention programs have been collecting this data. Furthermore, starting July 1, 2018, all PEI funded programs were mandated to gather expanded demographics when appropriate. The determination of appropriateness is made in collaboration with the PEI program supervisor, considering factors such as the duration and nature of the activity. For instance, data collection may be deemed suitable at the end of a lengthy workshop or series, but not necessarily at a brief presentation or outreach activity.

To enhance cultural sensitivity, new demographic forms were developed for the 20/21 fiscal year based on provider input. These forms remain in compliance with MHSA PEI regulations for demographic data collection.

OUTREACH SETTINGS AND TYPES OF RESPONDERS

Under the new regulations, programs focused on instructing individuals to identify and respond to early signs of potentially severe mental illness are required to provide reports on the settings where trainees might apply these skills (e.g., their workplace) and specify the type of responder they are (e.g., their job role). Starting July 1, 2018, these programs initiated the collection of information on the setting, type of responder, and demographics when deemed appropriate.

For Mental Health First Aid, we gather information on the type of participant and demographics during the registration process, which is conducted online.

ACCESS AND LINKAGE TO TREATMENT

Since July 1, 2016, PEI providers have been actively collecting information on referrals to the County of Marin Access Line. Subsequently, starting July 1, 2018, all PEI providers are mandated to collect and furnish data to the County, including:

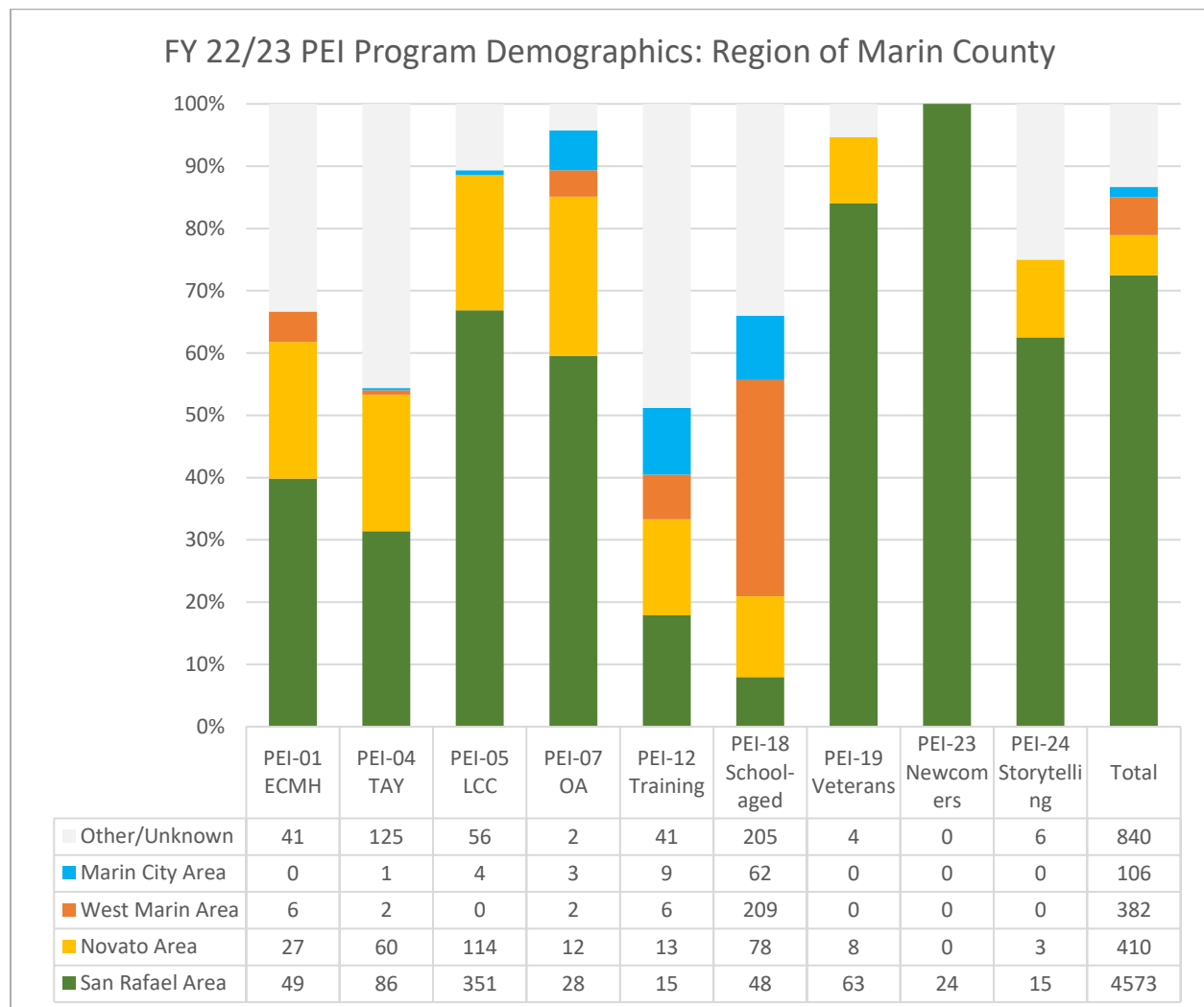
- The number of referrals to ACCESS (or other county mental health providers like a school-based EPSDT clinician)
- The percentage of total referrals successfully connected to services
- The average time elapsed between referral and connection
- The duration of untreated mental illness, as stipulated by PEI regulations.

IMPROVE TIMELY ACCESS

Commencing July 1, 2018, PEI providers initiated the collection of data on referrals to other PEI programs. Through discussions with PEI providers, it has been observed that written referrals to other PEI programs are infrequent, resulting in limited data for reporting in this aspect. The strategies employed to promote timely access to services are detailed in the narrative section of the Annual Update.

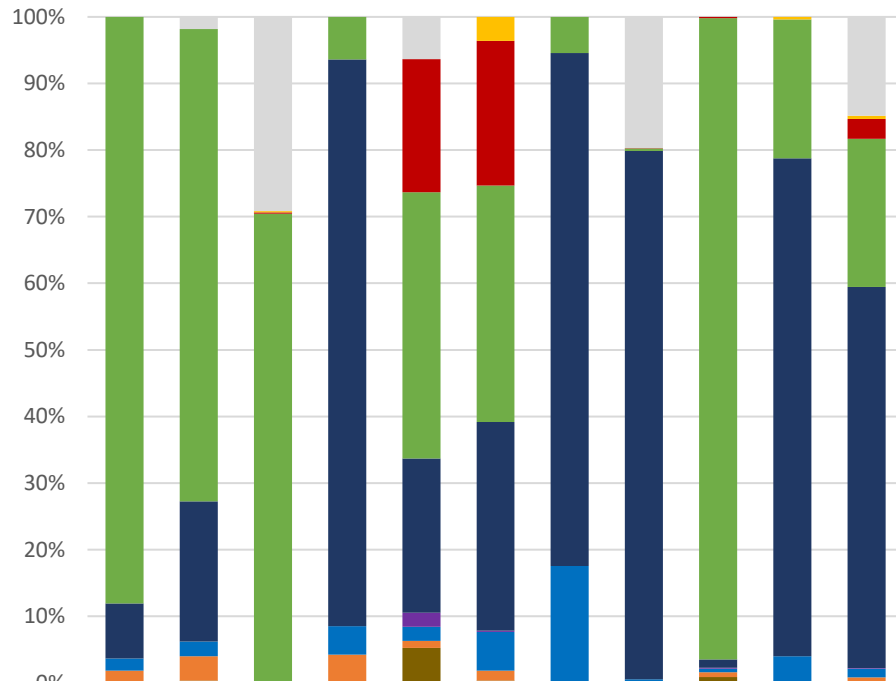
FY22/23 DEMOGRAPHICS

Below is a breakdown of the populations served by the PEI program in FY 22/23. Demographics are gathered for Prevention and Early Intervention programs encompassing services like support groups, counseling, skill building, training, and service navigation and advocacy. It's important to note that demographics were not collected for all clients.



The data on PEI demographics across different regions of Marin County reveals varying levels of representation within each area. The San Rafael Area stands out with the highest counts across multiple categories, particularly in PEI-05 LCC and PEI-19 Veterans, indicating a significant presence of individuals accessing services in these domains. The Novato Area shows moderate representation across several categories, while the West Marin Area notably demonstrates a higher concentration in PEI-18 School-aged. Marin City Area exhibits relatively lower counts compared to other regions. Additionally, there are notable counts of respondents categorized as Other/Unknown, indicating a portion of data with unspecified demographics.

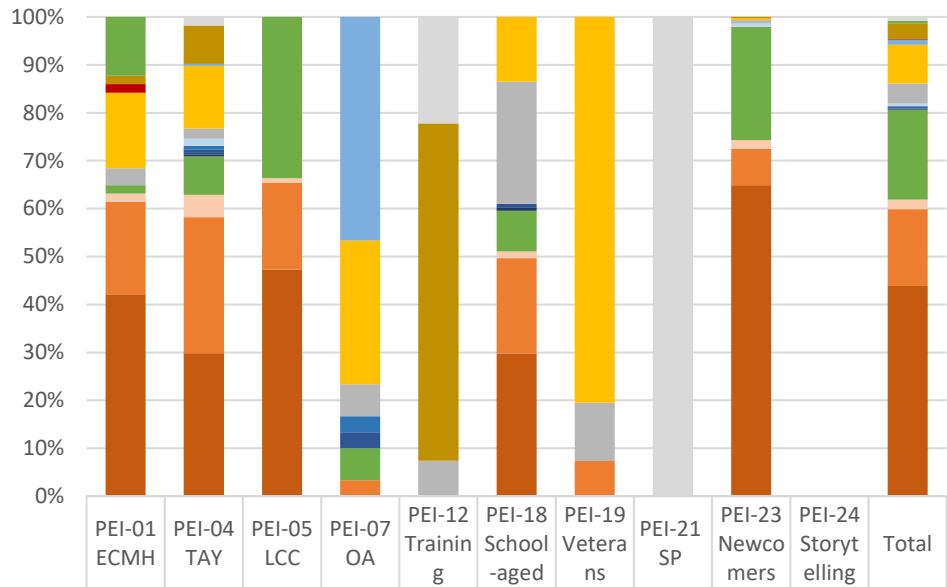
FY 22/23 PEI Program Demographics: Race



| | PEI-01 ECMH | PEI-04 TAY | PEI-05 LCC | PEI-07 OA | PEI-12 Training | PEI-18 School- aged | PEI-19 Vetera ns | PEI-21 SP | PEI-23 Newc omers | PEI-24 Storyt elling | Total |
|---|----------------|---------------|---------------|--------------|--------------------|---------------------------|------------------------|--------------|-------------------------|----------------------------|-------|
| Missing or declined to answer | 0 | 5 | 150 | 0 | 6 | 0 | 0 | 888 | 0 | 0 | 1049 |
| More than one race | 0 | 0 | 1 | 0 | 0 | 31 | 0 | 0 | 0 | 3 | 32 |
| Other | 0 | 0 | 1 | 0 | 19 | 188 | 0 | 2 | 1 | 0 | 211 |
| Hispanic or Latino | 96 | 195 | 361 | 3 | 38 | 307 | 4 | 16 | 551 | 173 | 1571 |
| White (Non-Hispanic) | 9 | 58 | 0 | 40 | 22 | 271 | 57 | 3575 | 7 | 619 | 4039 |
| Native Hawaiian or other Pacific Islander | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 1 | 0 | 5 |
| Black or African American | 2 | 6 | 0 | 2 | 2 | 50 | 13 | 14 | 3 | 32 | 92 |
| Asian | 2 | 10 | 1 | 2 | 1 | 13 | 0 | 9 | 4 | 1 | 42 |
| American Indian or Alaska Native | 0 | 1 | 0 | 0 | 5 | 3 | 0 | 2 | 5 | 0 | 16 |

The data on race highlights several notable trends across different categories. White (Non-Hispanic) individuals comprise the largest demographic in several categories, particularly in PEI-18 School-aged and PEI-19 Veterans, where their counts are significantly high. Hispanic or Latino respondents show substantial representation across various categories, with particularly high counts in PEI-05 LCC and PEI-23 Newcomers. Black or African American individuals are notably represented in PEI-18 School-aged and PEI-24 Storytelling categories. Additionally, a considerable number of respondents chose not to disclose their race or declined to answer, indicating a significant proportion of missing data in some categories.

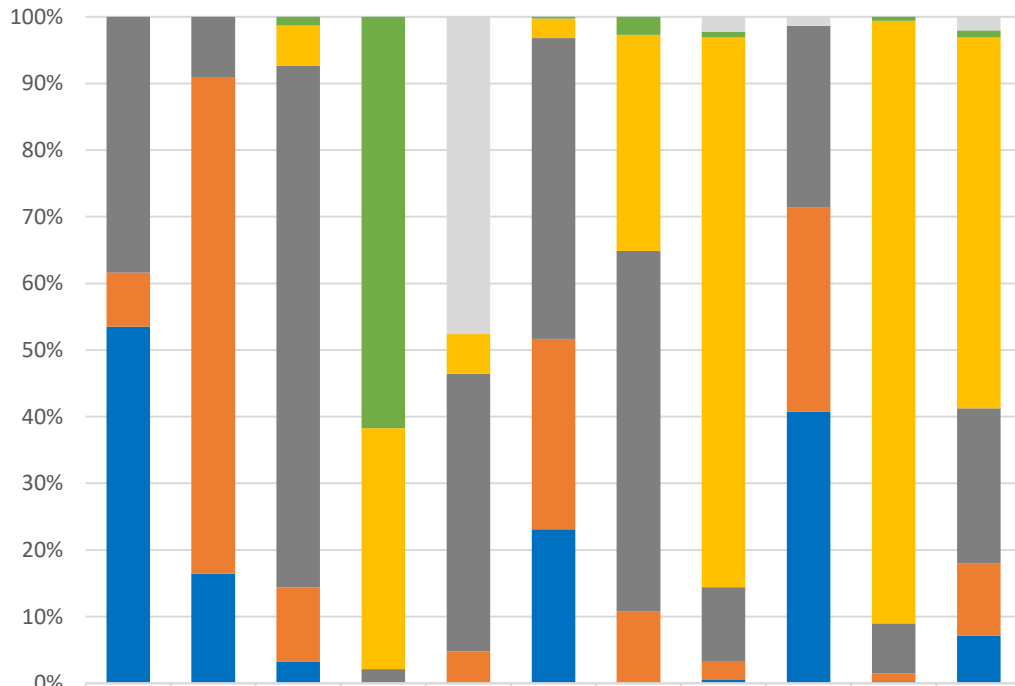
FY 22/23 PEI Program Demographics: Ethnicity



| | PEI-01 ECMH | PEI-04 TAY | PEI-05 LCC | PEI-07 OA | PEI-12 Training | PEI-18 School-aged | PEI-19 Veterans | PEI-21 SP | PEI-23 Newcomers | PEI-24 Storytelling | Total |
|------------------------------|-------------|------------|------------|-----------|-----------------|--------------------|-----------------|-----------|------------------|---------------------|-------|
| Missing or decline to answer | 0 | 5 | 0 | 0 | 6 | 0 | 0 | 888 | 0 | 0 | 11 |
| More than one ethnicity | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Other | 1 | 22 | 0 | 0 | 19 | 0 | 0 | 1 | 1 | 0 | 44 |
| Middle Eastern | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Eastern European | 0 | 1 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| European | 9 | 36 | 0 | 9 | 0 | 19 | 33 | 0 | 2 | 0 | 108 |
| African American | 2 | 6 | 0 | 2 | 2 | 36 | 5 | 0 | 3 | 0 | 56 |
| African | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vietnamese | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 7 |
| Korean | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Japanese | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Filipino | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Chinese | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 4 |
| Cambodian | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Asian Indian/South Asian | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Other Latino not listed | 1 | 22 | 111 | 2 | 0 | 12 | 0 | 0 | 103 | 0 | 251 |
| South American | 1 | 13 | 3 | 0 | 0 | 2 | 0 | 0 | 8 | 0 | 27 |
| Puerto Rican | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mexican/Mexican American | 11 | 78 | 60 | 1 | 0 | 28 | 3 | 0 | 33 | 0 | 214 |
| Central American | 24 | 82 | 156 | 0 | 0 | 42 | 0 | 0 | 282 | 0 | 586 |
| Caribbean | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

The data graph illustrates the distribution of respondents across various ethnicities in different categories. Central American, Mexican/Mexican American, and Other Latino not listed show the highest counts. African American respondents are notable in PEI-18 School-aged categories, while European ethnicity stands out in PEI-07 Older Adults and PEI-19 Veterans categories. Additionally, a few respondents have more than one ethnicity or have declined to answer.

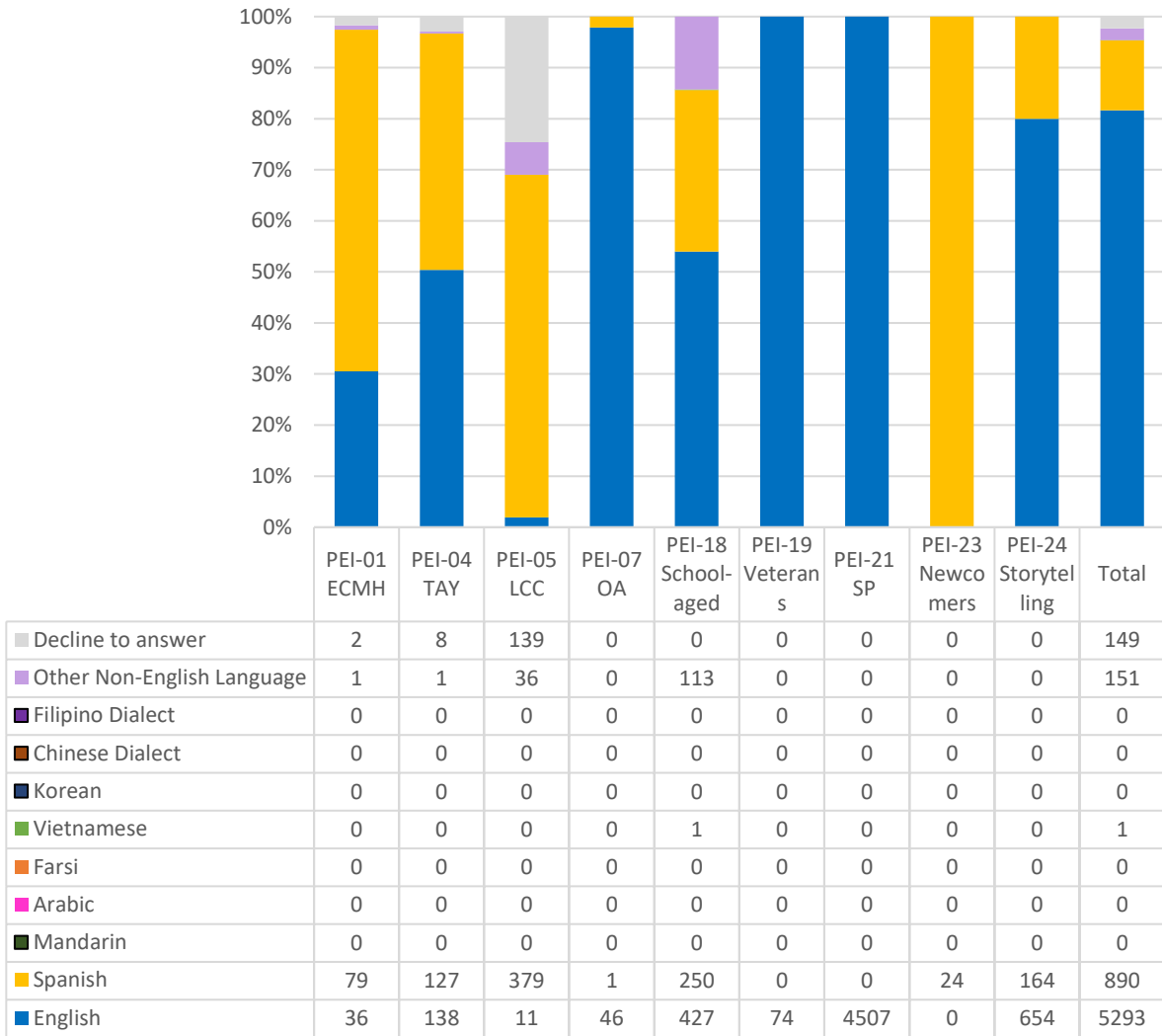
FY 22/23 PEI Program Demographics: Age



| | PEI-01 ECMH | PEI-04 TAY | PEI-05 LCC | PEI-07 OA | PEI-12 Trainin g | PEI-18 School- aged | PEI-19 Vetera ns | PEI-21 SP | PEI-23 Newco mers | PEI-24 Storytel ling | Total |
|-------------------|----------------|---------------|---------------|--------------|------------------------|---------------------------|------------------------|--------------|-------------------------|----------------------------|-------|
| Decline to answer | 0 | 0 | 0 | 0 | 40 | 0 | 0 | 103 | 8 | 0 | 151 |
| 75+ | 0 | 0 | 10 | 29 | 0 | 2 | 2 | 37 | 0 | 2 | 82 |
| 60-74 | 0 | 0 | 46 | 17 | 5 | 20 | 24 | 3739 | 0 | 302 | 4153 |
| 26-59 | 33 | 25 | 599 | 1 | 35 | 313 | 40 | 507 | 157 | 25 | 1735 |
| 16-25 | 7 | 204 | 85 | 0 | 4 | 198 | 8 | 123 | 176 | 4 | 809 |
| 0-15 | 46 | 45 | 25 | 0 | 0 | 160 | 0 | 23 | 235 | 1 | 535 |

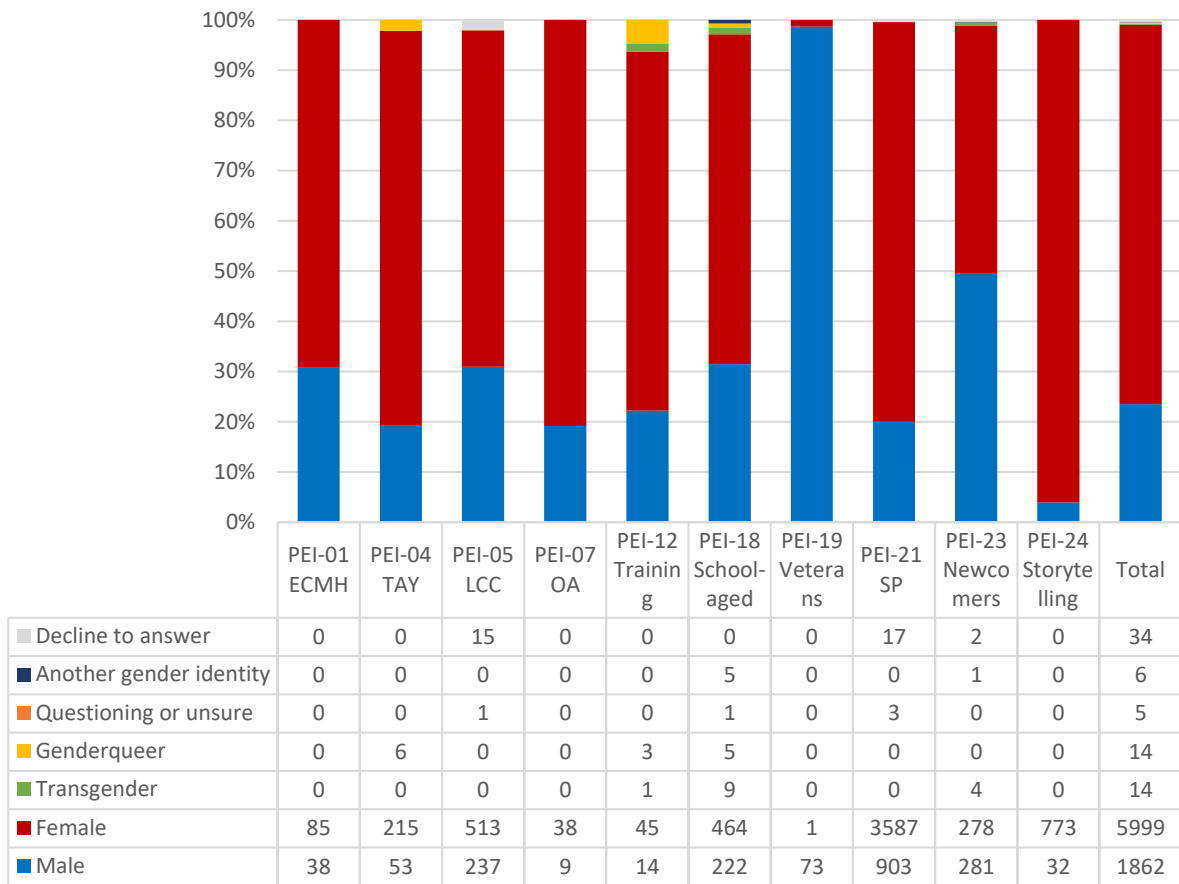
The data on PEI age groups in Marin County provides insight into the distribution of respondents across different age brackets. Individuals aged 26-59 demonstrate the highest representation across various categories, particularly in PEI-05 LCC and PEI-19 Veterans, highlighting the prevalence of this demographic in accessing services. The 0-15 age group also shows considerable representation, particularly in PEI-18 School-aged and PEI-01 ECMH, indicating a focus on providing services for children and adolescents. Respondents aged 60-74 exhibit significant counts in PEI-19 Veterans, while those aged 75 and above are notably represented in PEI-19 Veterans and PEI-24 Storytelling. Additionally, there are respondents who have declined to answer, contributing to a portion of missing data within the age demographic.

FY 22/23 PEI Program Demographics: Primary Language



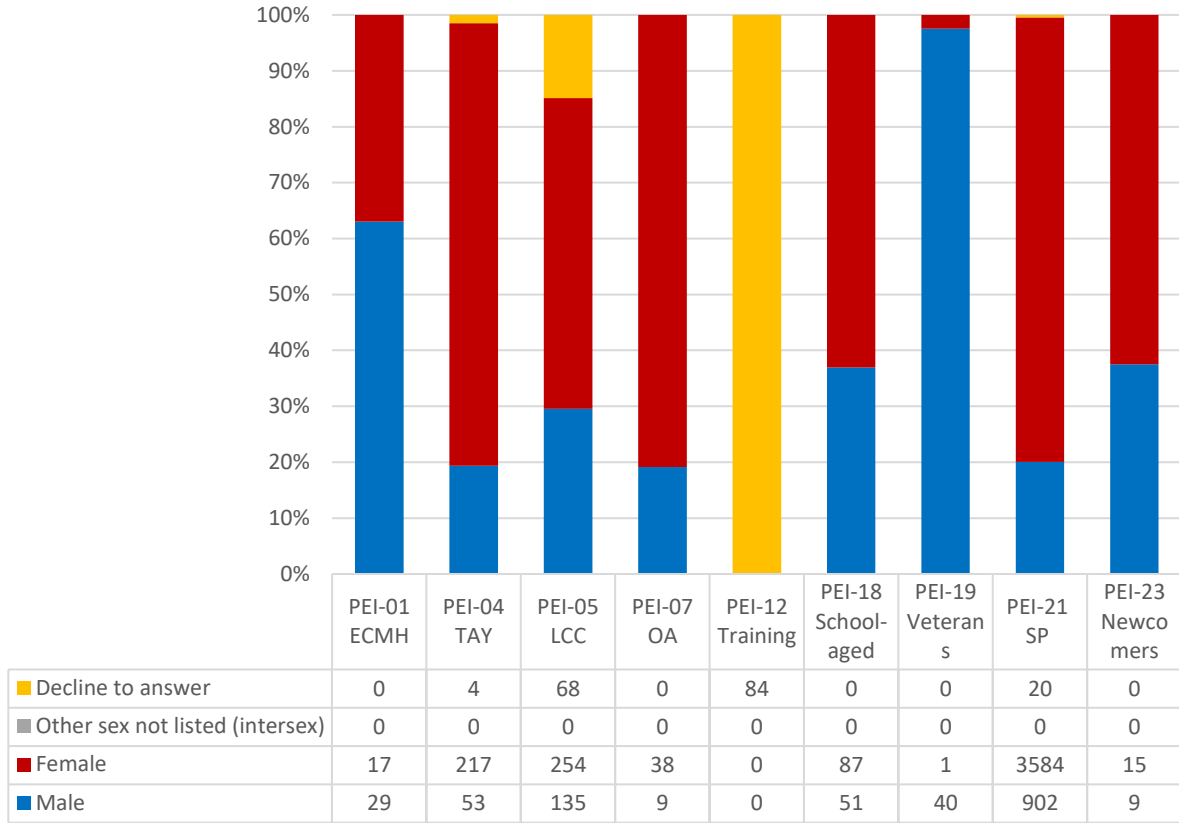
The data on PEI primary languages in Marin County reveals patterns of linguistic diversity among respondents accessing services. English emerges as the predominant language across various categories, particularly in PEI-19 Veterans and PEI-24 Storytelling, indicating widespread proficiency and usage. Spanish speakers also demonstrate significant representation, notably in PEI-05 LCC, PEI-01 ECMH and PEI-04 TAY, underscoring the importance of bilingual services to cater to this demographic. Additionally, there are respondents who speak other non-English languages, albeit in smaller numbers, highlighting the need for language-specific support services. Some respondents have declined to answer, contributing to a portion of missing data within the primary language demographic.

FY 22/23 PEI Program Demographics: Gender Identity



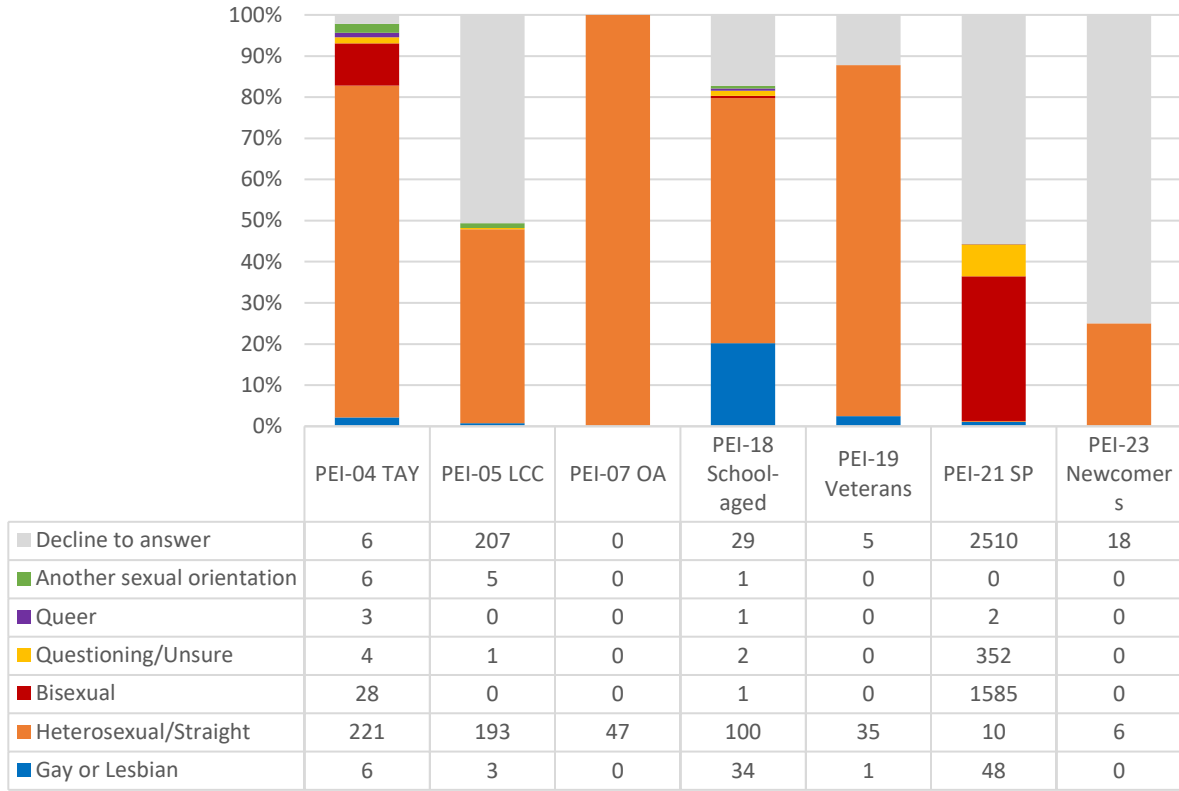
The data on PEI gender identity in Marin County sheds light on the diverse gender identities of respondents accessing services. Female respondents constitute the largest demographic across multiple categories, particularly in PEI-04 TAY and PEI-21 Suicide Prevention, indicating significant representation within these domains. Male respondents also show considerable presence, especially in PEI-19 Veterans and PEI-23 Newcomer categories. Additionally, there are respondents identifying as transgender, genderqueer, and questioning or unsure, as well as those identifying with another gender identity. A portion of respondents has declined to answer, contributing to a segment of missing data within the gender identity demographic.

FY 22/23 PEI Program Demographics: Sex Assigned at Birth

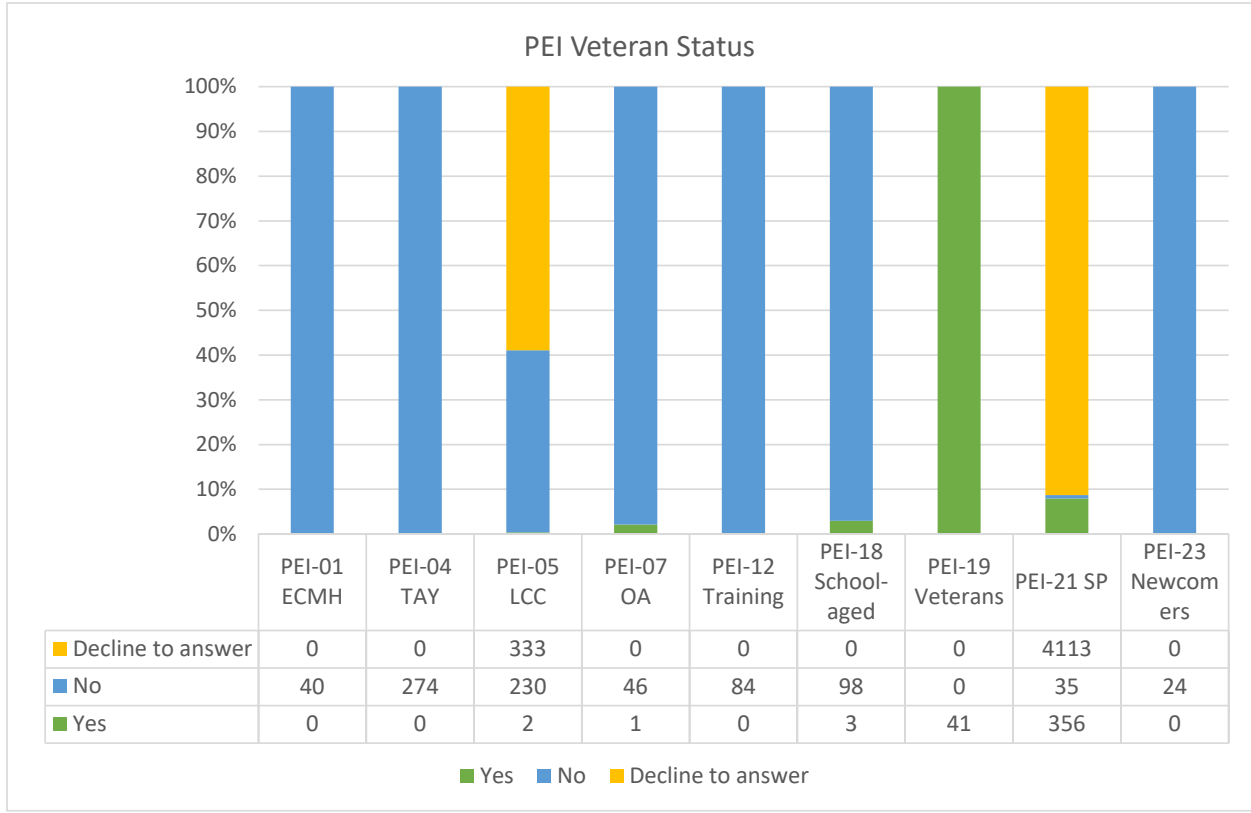


The data on PEI sex assigned at birth in Marin County provides insight into the gender identities of respondents based on their birth assignments. Male respondents constitute a significant portion across various categories, particularly in PEI-19 Veterans and PEI-01 ECMH, indicating notable representation within these domains. Female respondents also show considerable presence, especially in PEI-05 LCC, PEI-04 TAY and PEI-07 Older Adult categories. Additionally, there are no respondents identified as having another sex assigned at birth (intersex). Notably, there are respondents who have declined to answer, contributing to a segment of missing data within the sex assigned at birth demographic.

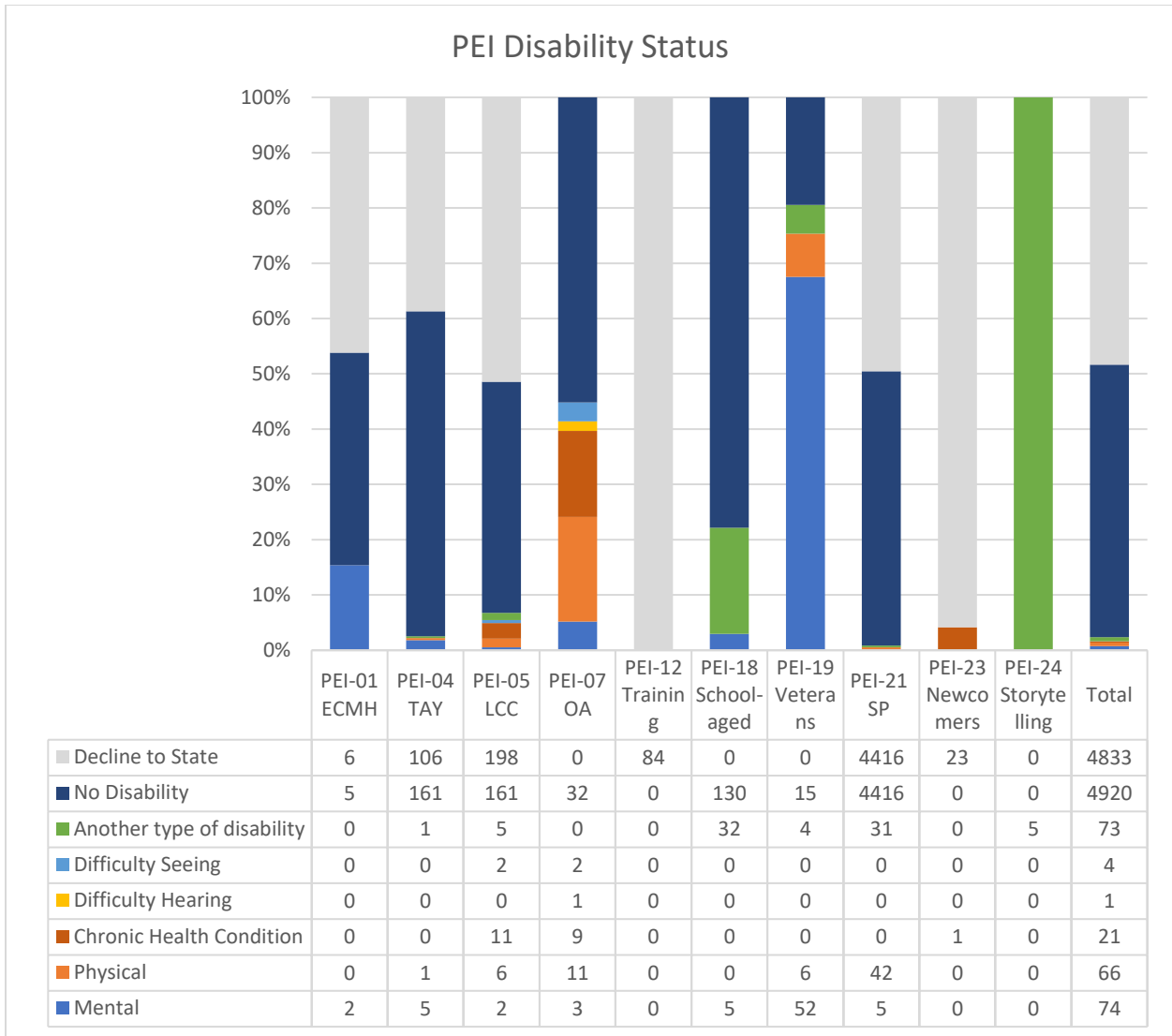
FY 22/23 PEI Program Demographics: Sexual Orientation



The data on PEI sexual orientation in Marin County presents a diverse range of sexual identities among respondents accessing services. Heterosexual or straight individuals represent the largest demographic across various categories, particularly in PEI-18 School-aged and PEI-19 Veterans, indicating significant representation within these groups. Respondents who identified as bisexual, gay or lesbian, questioning or unsure, queer, and with another sexual orientation, underscore the importance of inclusive support services. A portion of respondents declined to answer, contributing to a segment of missing data within the sexual orientation demographic.



The data on PEI veteran status in Marin County provides insight into the military service backgrounds of respondents accessing services. The majority of respondents indicate that they are not veterans. However, there is a significant proportion of respondents who declined to answer, contributing to a segment of missing data within the veteran status demographic. Additionally, there are respondents who affirm their veteran status, particularly in PEI-19 Veterans and PEI-21 Suicide Prevention, albeit in smaller numbers.



The data on PEI disability status in Marin County highlights the prevalence and diversity of disabilities among respondents accessing services. A significant portion of respondents reports having no disability, with notable representation across various categories. Mental disabilities are also prevalent among respondents. Physical disabilities and chronic health conditions are reported by a smaller proportion of respondents. Additionally, there are individuals who have declined to state their disability status, contributing to a segment of missing data within the disability demographic.

EARLY CHILDHOOD MENTAL HEALTH (ECMH): PEI 01

SERVICE CATEGORY: PREVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: Early Childhood Mental Health

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: The program aims to foster healthy social-emotional development and promote the mental health of young children by increasing the skills of teachers and parents to observe, understand and respond to children’s emotional and developmental needs. This is done through training, coaching, screening, and linkage to appropriate supports. The program works to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age 5.

Increased funding will expand JFCS’ capacity to serve families throughout the county by funding an additional .5FTE that will work in partnership with Marin County’s Public Health home visiting program. Funding will also support First 5’s outreach and advocacy efforts focused on promoting early childhood mental and physical health.

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

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 46 | 88 | 116 | 250 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): PEI client, caregiver, provider and staff satisfaction surveys, Ages and Stages Questionnaires (ASQ-3) screening tool, workshop/training surveys, demographics and numbers reached through outreach activities.

FY 2022-23 OUTCOMES:

| Outcomes: Jewish Family & Children Services | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|---|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|
| Children receiving prevention services through staff consultation | 535 | 472 | 535 | 635 | 535 | 656 |
| Percent from un/underserved cultural populations | 70% | 93% | 70% | 93% | 70% | 93% |
| Children/families identified for enhanced intervention by providers that received ECMH consultation | 65% | 114% | 65% | 78% | 85% | 96.15% |
| Children in childcare settings served by ECMH Consultants retained in current program or transitioned to an appropriate setting | 95% | 100% | 95% | 100% | 95% | 100% |
| Parents/primary caregivers reporting increased understanding | 85% | 97% | N/A | N/A | N/A | N/A |
| Caregivers reporting satisfaction with PEI services in two or more areas of satisfaction surveys | 75% | 92% | 75% | 75% | 50% | 100% |
| Total referrals to County Behavioral Health (BHRS) | N/A | 11 | N/A | 6 | N/A | 5 |
| Number of individuals successfully referred and linked to a Marin County mental health treatment program | N/A | 5 | N/A | 0 | N/A | 0 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | 6 | N/A | 6 | N/A | 6 |
| Total referrals to other PEI providers | N/A | 2 | N/A | 1 | N/A | 4 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 2 | N/A | 0 | 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 | N/A | N/A | 2 | N/A | 1.5 |

| Outcomes: Jewish Family & Children Services | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Total referrals to other mental health services or to resources for basic needs | N/A | 14 | N/A | 22 | N/A | 32 |

Early Childhood Education:

| Outcomes: Jewish Family & Children Services | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Staff receiving ECMH Consultation ability to identify, intervene, and support children | 85% | 88% | 85% | 88% | 85% | 96.15% |
| Satisfaction with ECMH Consultation services among staff | 75% | 96% | 75% | 75% | 50% | 100% |

CHANGES FOR FY 2024-25: Anticipated for FY 24-25 are several favorable developments in the delivery of Early Childhood Mental Health services. Service expansion has been implemented county-wide, including outreach to Marin City, specifically at the Horizon Community (Pre) School — an area previously lacking such services. The funding from First 5 (Help Me Grow) will additionally bolster service provisions and referrals for the Marin City community.

PROGRAM STORY

Evan*, a four-year-old student, faced severe separation anxiety at his preschool, causing disruptions and distress for both himself and those around him. His behavior escalated to the point where he had to leave his previous preschool. Upon enrolling at a site with an Early Childhood Mental Health (ECMH) Consultant, immediate intervention was initiated.

The ECMH consultant prioritized building a strong rapport with Evan's parents, offering culturally relevant support in their primary language (Spanish) and providing psychoeducation. Collaborative efforts between parents and preschool staff were made to understand the root causes of Evan's behavior and develop a tailored action plan.

Assessment for trauma and mental health issues was conducted, alongside the creation of a "social story" to aid Evan in managing his emotions. Consistent transition plans were established, aligning with the family's values and the site's protocols.

With these interventions, Evan's behavior significantly improved. The ECMH consultant facilitated workshops to equip staff with skills to address anxiety and supported parents in understanding Evan's social-emotional needs, connecting them with additional services as needed.

The consultant's non-judgmental and compassionate approach fostered an environment where both preschool staff and Evan's family felt supported. The site director credited the consultant with preventing Evan's potential expulsion, highlighting the invaluable impact of the ECMH service.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

TRANSITION AGE YOUTH (TAY): PEI 04

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: Transition-Aged Youth (TAY) Services and Supports

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: TAY PEI provides screening and brief intervention for behavioral health concerns in teen clinics and group and individual services in high schools for at-risk students. Providers conduct psychosocial screening at health access points, direct linkage to mental health counseling, substance use counseling or case management, school-based groups, individual and/or family counseling, targeted supports for immigrant and LGBTQ Transitional-Aged Youth, as well as trainings for educators on supporting LGBTQ youth.

During this reporting period, there have been expansions in TAY support in two key areas.

One area of expansion involved an increase in funding for North Marin Community Services to enhance English and Spanish language capacity at the Novato Teen Clinic (NTC), aimed at better serving the needs of the youth population at NTC.

Additionally, TAY support in Marin City was granted to the Marin County Cooperation Team's "Vision Project," with program implementation commencing in January 2024. The Vision Project entails mentorship from non-parental adults who play pivotal roles in fostering healthy development among Marin City youth within a strengths-based, advocacy framework. The objective of this mentoring initiative is to provide youth with positive adult interactions and consequently mitigate risk factors such as early antisocial behavior and alienation, while enhancing protective factors such as healthy beliefs and opportunities for involvement, along with social and material reinforcement for behavior change.

TARGET POPULATION: The target population is 16–25-year-olds—and some younger youth ages 12 to 15—from underserved populations such as LGBTQ+, Latine, and African American youth; school staff and providers who receive training and consultation.

NUMBERS SERVED:

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 684 | 59 | 3,748 | 4,491 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): Patient Health Questionnaire (PHQ), Generalized Anxiety Disorder scale (GAD), Partners for Change Outcome Management System (PCOMS), Global Appraiser of Individual

Needs (GAIN-I) and Rapid Assessment for Adolescent Preventive Services (RAAPS) screening tools, PEI client satisfaction surveys, workshop/training evaluations.

FY 2022-23 OUTCOMES:

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 FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|---|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|--|
| TAY screened for behavioral health concerns | 350 | 261 | 165 | 170 | 165 | 117 |
| TAY participating in individual and/or family counseling in school or clinic settings | 200 | 714 | 100 | 133 | 100 | 223 |
| Family members participating in TAY counseling in support of the client | 50 | 364 | 50 | 63 | N/A | N/A |
| 1/3 of families will engage in Early Intervention services in support of the TAY client | N/A | N/A | N/A | N/A | 1/3 of families | 5.4% of clients had family interaction |
| TAY participating in at least 3 sessions of counseling showing statistically significant improvement in client well-being* (PCOMS: Outcome Rating Scale) | 60% | 78% N=68 | 75% | 100% N=41 | N/A | N/A |
| 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% | 97% N=68 | 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 | N/A | 93% N=70 | 75% | 98% N=41 | 75% | 99.04% N=126 |
| Total referrals to County Behavioral Health (BHRS) | N/A | 23 | N/A | 30 | N/A | 3 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 15 | N/A | 30 | N/A | 2 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 49 | N/A | 30 | N/A | 14 |

| Outcomes: Huckleberry Youth Programs | Goal FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|---|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 45 | N/A | Not reported | N/A | 14 |
| 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 | Not reported | N/A | N/A | N/A | 2 |
| Total referrals to other mental health services or to resources for basic needs | N/A | 159 | N/A | 40 | N/A | 7 |

North Marin Community Services (NMCS) Screening and brief intervention services for behavioral health and reproductive health issues at the Novato Teen Clinic (NTC), within schools, and across the community. Moreover, NMCS facilitates direct connections to mental health counseling, substance use counseling, case management, school-based groups, individual and/or family counseling. Additionally, specialized support is provided for immigrant and LGBTQ+ students. Peer health promoters (PHP) play a crucial role in promoting behavioral health education. They actively participate in Teen Clinic days, engage in community outreach efforts, and contribute to the development of social media content. Their involvement helps normalize the concept of accessing these vital services among their peers.

| Outcomes: North Marin Community Services | Goal FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|--|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| Peer Health Promoters (PHP) will serve annually as ambassadors to the NTC. | N/A | N/A | 7 | 8 | 7 | 6 |
| PHP's will agree or strongly agree that the training and experience they have received have been valuable in preparing for their future. | N/A | N/A | N/A | N/A | 85% | 100% |
| TAY screened for behavioral health concerns | 350 | 261 | 200 | 164 | 200 | 209 |
| Youth will receive education and outreach annually | N/A | N/A | 500 | 541 | 500 | 1,219 |
| Youth will be reached through NTC's social media presence | N/A | N/A | 3,500 | 3,500 | 3,500 | 30,000 |
| 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) | 60% | 65% N=49 | N/A | N/A | N/A | N/A |
| TAY participating in individual and/or counseling in school or clinic settings | 200 | 714 | 75 | 47 | 75 | 104 |

| Outcomes: North Marin Community Services | Goal FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|---|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| Family members participating in TAY counseling in support of the client | 50 | 364 | N/A | N/A | N/A | N/A |
| Youth participating in follow-up visits with the mental health clinician will demonstrate improvement in well-being, as measured by PHQ and GAD scores | 60% | 78% N=68 | 60% | 70% N=33 | 70% | 57% |
| Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey | N/A | 93% N=70 | 75% | N/A | 75% | 100% |
| Total referrals to County Behavioral Health (BHRS) | N/A | 23 | N/A | 6 | N/A | 2 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 15 | N/A | 3 | N/A | 0 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | 52-136 weeks |
| Total referrals to other PEI providers | N/A | 49 | N/A | 3 | N/A | 4 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 45 | N/A | 3 | 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 | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other mental health services or to resources for basic needs | N/A | 159 | N/A | 24 | N/A | 45 |

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

| Outcomes: Spahr Center | Goal FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|--|-----------------|-------------------|-----------------|-------------------|--------------------------|--------------------------|
| Provide a minimum of 130 hours of individual counseling for a minimum of 15 LGBTQ++ youth, with an emphasis on gender questioning and gender expansive youth | 130 | 272 | 200 | 200 | 500 hours 20 youth | 558 hours 20 youth |
| Provide Training for educators in a minimum of 5 middle and high schools | 5 | 5 | 5 | 5 | 5 | Not reported |

| Outcomes: Spahr Center | Goal FY19/20 | Actual FY19/20 | Goal FY20/21 | Actual FY20/21 | Goal FY22/23 | Actual FY22/23 |
|---|--------------|----------------|------------------|----------------|--------------|----------------|
| PEI clients completing more than 3 sessions of therapy will indicate a positive therapeutic alliance, a significant predictor of clinical outcomes. | N/A | N/A | 75% | 100% | 75% | 100% |
| Increase self-knowledge and self-confidence for LGBTQ+ youth seen for at least 24 sessions | N/A | N/A | 85% LGBTQ+ youth | 100% | 85% | 100% LGBTQ+ |
| Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey | N/A | 92% N=15 | 75% | 100% N=10 | 75% N=20 | 100% |
| Total referrals to County Behavioral Health (BHRS) | N/A | 1 | 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 | 1 | N/A | 0 | N/A | 0 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 2 | N/A | 4 | N/A | 0 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 0 | N/A | 4 | 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 | 1 | N/A | Not reported |
| Total referrals to other mental health services or to resources for basic needs | N/A | 1 | N/A | 17 | N/A | 7 |

CHANGES FOR FY 2024-25: Effective as of February 16, 2024, The Spahr Center announced the indefinite suspension of all programs due to ongoing financial challenges. Consequently, The Spahr Center will cease to provide LGBTQ+ TAY services under PEI.

PROGRAM STORIES

Huckleberry

Esteban*, a 17-year-old high school student, was referred to Huckleberry counseling services by his school due to frequent absences, declining grades, and signs of depression. After multiple sessions, Esteban and his Huckleberry therapist built a strong bond, allowing him to open up about his struggles. Esteban revealed feeling isolated at school and unsupported at home, admitting to using methamphetamines to cope with loneliness and grief.

Working together, Esteban and his therapist set goals for counseling, focusing on improving his academic performance and addressing substance use. Huckleberry also involved Esteban's parents in his healing journey. Following brief intervention, Esteban was referred to another agency for long-term substance abuse treatment.

Upon completing therapy, Esteban expressed newfound hope for his future. Thanks to Huckleberry's support, his grades improved dramatically, enabling him to graduate high school. Engaging in recreational sports helped him connect with others and manage his depression.

Huckleberry's mental health services empower and support youth like Esteban by meeting them where they are and providing essential resources to help them thrive.

North Marin Community Services

This year has marked a period of transition for Novato Teen Clinic (NTC) and Marin Community Clinic, characterized by staffing changes and the return to fully in-person operations as the pandemic situation improves. Word-of-mouth has traditionally been a key driver of NTC participation, but this has presented challenges as many youth aged out of services during the pandemic, and educating younger youth requires time.

In response to lower attendance rates at the Teen Clinic and increase behavioral health education efforts changes have been made to expand outreach through social media platforms. Peer Health Promoters and NTC staff created a new TikTok account, complementing existing outreach strategies. This initiative has contributed to ensuring that NTC reaches capacity most Wednesdays. As we conclude our year-end outcome reporting, we are pleased to report that our NTC TikTok account has over 30,000 views, indicating promising momentum moving forward.

Spahr

Cam* was referred to Spahr Center TAY services by a friend who had previously benefited from individual therapy services. At the time of the referral, the youth was 17 years old and in the process of coming out as transgender. They were experiencing gender dysphoria and facing challenges with family members who lacked support for their gender and sexuality. The LGBTQ+ transition age youth services at Spahr Center provided Cam with access to LGBTQ+ affirming therapy under minor consent, as they were unable to afford the standard cost of individual therapy as a full-time student. Throughout their participation in therapeutic services, the client engaged in an in-depth exploration of their gender

identity and sexuality, improved coping skills, and reported a decrease in symptoms of anxiety and gender dysphoria.

Upon turning 18, Spahr center therapist supported them in connecting with the Kaiser Gender Clinic to undergo assessment and access hormone replacement therapy (HRT) to address persistent and severe symptoms of gender dysphoria. Since beginning HRT, Cam has reported a decrease in symptoms related to gender dysphoria and an increase in self-esteem, satisfaction, and overall well-being.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

LATINO COMMUNITY CONNECTION (LCC): PEI 05

SERVICE CATEGORY: EARLY INTERVENTION, PREVENTION

SB 1004 PRIORITY CATEGORIZATION: #4, #6

MARIN PEI PRIORITY STRATEGY AREA(S): Latine Early Intervention

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: The *Latino Community Connection* program aims to address mental health concerns within the Latine community by enhancing the identification of individuals struggling with mental illness and bolstering protective factors for those at heightened risk due to trauma. Bilingual behavioral health providers offer brief interventions to individuals, couples, and families, which include psychoeducation, coping skills training, communication techniques, and appropriate referrals to behavioral health services. Clients may also access group sessions focused on trauma, stress management, depression, and anxiety, aimed at developing effective coping and stress reduction strategies. Furthermore, the program includes the local Spanish-language radio show "Cuerpo Corazon Comunidad" to disseminate outreach and prevention information on various health topics, including mental health and substance use.

The LCC program expanded with increased funding allocated to Canal Alliance, enabling the addition of another behavioral health clinician. This expansion aimed to broaden services for Spanish-speaking residents, particularly immigrants, in the Canal Area of Marin.

TARGET POPULATION: The focus group comprises Latine individuals across the County, with particular attention to recent immigrants encountering numerous stressors and obstacles when attempting to access services. This demographic confronts various significant risk factors associated with mental illness, including but not limited to severe trauma, persistent stress, economic hardship, familial discord or domestic abuse, racial discrimination, social disparity, and traumatic loss.

| NUMBERS SERVED | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|---|--------|
| Fiscal Year 22/23 | 527 | 135 | 291 + 12,500 number of radio show streams | 13,453 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): In assessing the mental health status and wellbeing of the target population, a variety of measurement tools have been employed. These tools include the GAD-7 (Generalized Anxiety Disorder 7), BDI (Beck Depression Inventory), CES-D (Center for Epidemiologic Studies Depression Scale), PSI-4 (Personality Assessment Inventory-4), PHQ-9 (Patient Health Questionnaire), and PHQ-9A (Patient Health Questionnaire for Adolescents). Additionally, PEI caregiver and client satisfaction surveys have been utilized. Furthermore, radio program efforts have been assessed through quarterly and end-of-year listener surveys.

FY 2022-23 OUTCOMES:

| Outcomes: Canal Alliance | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|------------------------------|----------------------------|------------------------------|----------------------------|--|---|
| Individuals participating in support groups or individual/family sessions | 150 | 121 | 150 | 171 | N/A | N/A |
| Family members participating in support of the client | 30 | 9 | 30 | 9 | N/A | N/A |
| Individuals and their family will participate in individual/family sessions. | N/A | N/A | N/A | N/A | 70 individuals & 15% of family members | 475 individuals & 25% of family members |
| Individual/family session participants completing at least 3 sessions will report a reduction in symptoms by one category measured on the GAD-7, BDI, CES-D, or PSI-4. | 50% | 100% | 50% | 100% | 50% | 100% |
| Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey | 75% | 84% | 75% | 100% | 75% | 100% |
| Individuals being served will achieve two or more of the following outcomes: Improved performance in academic or social aspects of school or work. Strengthened relationships with family, friends, teachers, or other individuals. Enhanced coping skills for managing adversity. Increased sense of connection to the community. Improved ability to advocate for personal needs. | 75% | 100% | 75% | 100% | 75% | 100% |
| Conduct staff trainings on identifying mental health issues across different stages of life and on utilizing trauma-informed strategies and tools. | N/A | N/A | N/A | N/A | 10 trainings of 20 staff | 17 trainings with 20+ staff |
| Total referrals to County Behavioral Health (BHRS) | N/A | 55 | N/A | 6 | N/A | 70 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 11 | N/A | 2 | N/A | 15 |

| | | | | | | |
|---|-----|--------------|-----|--------------|-----|----------|
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | 8 | N/A | 12 | N/A | 32 weeks |
| Total referrals to other PEI providers | N/A | 19 | N/A | 14 | N/A | 55 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 19 | N/A | 7 | N/A | 25 |
| 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 | Not reported | N/A | Not reported | N/A | 12 weeks |
| Total referrals to other mental health services or resources for basic needs | N/A | 574 | N/A | 83 | N/A | 150 |

| Outcomes: North Marin Community Services | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|---|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|
| Individuals receiving health information and support from Promotores or Family Resource Advocates | 900 | 999 | See CSS Section | See CSS Section | See CSS Section | See CSS Section |
| Individuals participating in support groups or individual/family sessions | 150 | 171 | 70 | 90 | 60 | 52 |
| Family members participating in support of the client | 30 | 40 | 30 | 9 | 15 | 15 |
| Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey | N/A | 84% (N=128) | N/A | Data unavailable | 75% | 100% |
| Clients/Caregivers surveyed will indicate feeling more accomplished related to two or more areas on the county survey. | N/A | N/A | N/A | N/A | 75% | 100% |
| Facilitate a group intervention session as part of the "charla" newcomers programing | N/A | N/A | N/A | N/A | 12 students | 6 students |
| Total referrals to County Behavioral Health (BHRS) | N/A | 55 | N/A | 16 | N/A | 3 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 11 | N/A | Not reported | N/A | Not reported |

| | | | | | | |
|---|-----|--------------|-----|--------------|-----|--------------|
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | 8 | N/A | 52 | N/A | 52 |
| Total referrals to other PEI providers | N/A | 19 | N/A | 11 | N/A | 6 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 19 | N/A | 11 | N/A | Not reported |
| 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 | Not reported | N/A | Not reported | N/A | Not reported |

| Outcomes: Multicultural Center of Marin Cuerpo Corazon Comunidad | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|--|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|
| 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 | 52 | 52 | 51 | 52 | 52 |
| Radio Show Listener Survey Responses: | | | | | | |
| "I have a better understanding of resources in my community" | N/A | 95% (N=18) | N/A | 90% (N=59) | N/A | Not reported |
| "I learned something about mental health (emotional wellbeing) that I didn't know before" | N/A | 89% (N=18) | N/A | 80% (N=59) | N/A | Not reported |
| "I would recommend this radio show to a friend or family member" | N/A | 95% (N=18) | N/A | 97% (N=59) | N/A | Not reported |

| Top 5 Cuerpo Corazon Comunidad Radio Shows | English Translation | Number of Streams | Airdate |
|---|---|--------------------------|----------------|
| Inversiones y Mercado de Capitales | Investments and Capital Markets | 475 | 11/16/22 |
| Especial con Dolores Huerta | Special with Dolores Huerta | 434 | 6/21/23 |
| Cómo comprar una casa por primera vez | How to Buy a House for the First Time | 415 | 11/30/22 |
| Abogando por las necesidades en nuestra comunidad | Advocating for the Needs in Our Community | 386 | 1/4/23 |

| Top 5 Cuerpo Corazon Comunidad Radio Shows | English Translation | Number of Streams | Airdate |
|---|---|-------------------|---------|
| La conexión entre redes sociales y nuestra imagen | The Connection Between Social Media and Our Image | 352 | 4/29/23 |

CHANGES FOR FY 2024-25: There are no changes to report for FY 24-25.

PROGRAM STORIES

North Marin Community Services:

"Cuándo yo empecé con mi terapeuta no podía ni hablar ni una sola palabra, sólo llorar hacía y mi terapeuta respetó mi dolor y me hizo sentir en confianza, al término de mis sesiones yo ya era otra persona, ya podía sonreír y ver la vida desde otra perspectiva, gracias mil gracias, por tan valiosa ayuda, le estaré eternamente agradecida, saludos cordiales."

"When I started with my therapist, I couldn't even speak a single word, I only cried and my therapist respected my pain and made me feel confident. At the end of my sessions I was already another person, I could smile and see life from a different perspective. another perspective, thank you very much, for such valuable help, I will be eternally grateful, best regards."

Canal Alliance

A 44-year-old male client from El Salvador sought behavioral health treatment following a traumatic experience where he was attacked at knifepoint outside his home. Upon beginning treatment, the client exhibited symptoms consistent with post-traumatic stress disorder (PTSD), including persistent fear and anxiety, intrusive thoughts and nightmares, extreme guilt, shame, avoidance of triggers, and social withdrawal from loved ones. He expressed that he only felt comfortable going to work and returning home, which strained his relationship with his wife and children.

The client responded positively to psychoeducation about trauma and actively participated in mindfulness and somatic exercises to manage his anxiety and fears. Initially, he felt ashamed and embarrassed about his symptoms, viewing himself as weak for not being able to overcome the trauma. However, after normalizing his experiences and learning about PTSD, he experienced a significant reduction in feelings of shame and was able to communicate with his wife about his struggles, allowing her to provide support.

After four months of treatment, the client reported no longer experiencing nightmares and enjoyed spending quality time outdoors with his family and attending church. Feeling confident in his ability to utilize the coping skills learned in therapy and the support of his wife and community, he chose to conclude treatment at the four-month mark, believing he could continue to progress independently.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

OLDER ADULT: PEI 07

SERVICE CATEGORY: PREVENTION AND EARLY INTERVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: Older Adult Supports and Connections

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: Older adults continue to represent a growing percentage of the population of Marin and face many risks for mental illness.

The Older Adult PEI programs aim to address this by offering training and education for both the community and healthcare providers on mental health concerns specific to older adults. This includes support for LGBTQ+ older adults and training in suicide prevention tailored to their needs.

For those experiencing depression and anxiety, especially in connection with medical issues, loss, or life transitions, early intervention services are available. Clinicians provide support through home visits and maintain collaboration with family members and other healthcare providers.

The Hope Program's Senior Peer Counseling (SPC) volunteer program assists older adults in navigating the challenges of aging, such as loss of independence and isolation. SPC volunteers, supervised by mental health professionals, offer emotional support and practical advice to help clients cope with change and maintain independence.

PEI funding aims to expand the reach of the SPC program in by working with an older adult consultant to train staff and develop Early Intervention groups. Additional activities will target isolated individuals lacking access to resources. Future plans include providing stipends to volunteer SPCs to support older adults in Marin dealing with mental health issues related to grief, aging, health concerns, and other factors.

TARGET POPULATION: The target population is older adults (60+ years old), including individuals from underserved populations such as Latine, Asian, African American, LGBTQ+, low-income, and geographically isolated.

| NUMBERS SERVED | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 142 | 10 | 906 | 1,058 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): PHQ-9 (Patient Health Questionnaire-9), GDS (Geriatric Depression Scale) & GAD-7 (Generalized Anxiety Disorder 7). PEI client satisfaction surveys for groups and individual support

services. Provider workshop surveys to assess satisfaction, skill development and awareness of community resources.

FY 2022-23 OUTCOMES:

| Outcomes: JFCS BOOST | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|---|----------------------|------------------------|----------------------|------------------------|----------------------|------------------------|
| Individuals receiving education regarding behavioral health signs and symptoms in older adults | 100 | 240 | 100 | 557 | 100 | 423 |
| Seniors at Home clients screened for behavioral health concerns *PHQ9, substance use | 150 | 150 | 150 | 156 | 150 | 150 |
| Low income clients receiving brief intervention services | 50 | 49 | 50 | 109 | 50 | 51 |
| Low income clients receiving brief intervention services who are from underserved populations | 20% | 24% (N=12) | 20% | 21% (N=10) | 20% | 4% |
| Clients completing a short-term treatment protocol for depression or anxiety | 70% | 85% (N=49) | 70% | 85% (N=40) | 70% | 88% |
| Clients completing a short-term treatment protocol for depression or anxiety experiencing a decrease of at least one category of severity (i.e.: moderate to mild) *PHQ9, GDS, GAD7 | 60% | 100% (N=49) | 60% | 78% (N=46) | 60% | 77% |
| Clients receiving brief intervention reporting satisfaction (strongly agree or agree) with services (would use again, recommend) *PEI Satisfaction survey | 75% | 100% (N=27) | 75% | 96% (N=45) | 75% | 100% (N=25) |
| Total referrals to County Behavioral Health (BHRS) | N/A | 2 | N/A | 4 | N/A | 5 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 0 | N/A | 2 | N/A | 2 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | 17 days | N/A | 19 days | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 5 | N/A | 2 | N/A | Not reported |

| | | | | | | |
|---|-----|-----|-----|-----|-----|--------------|
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 2 | N/A | 2 | N/A | Not reported |
| 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 | N/A | Not reported |
| Total referrals to other of mental health services or resources for basic needs | N/A | 114 | N/A | 110 | N/A | 18 |

| Outcomes: JFCS Healthcare Provider Education | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|---|----------------------|------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Provide trainings on older adult mental health topics to healthcare providers (MD's, Nurses, Caregivers, healthcare support staff etc.) | N/A | N/A | 4 trainings 80 participants | 4 trainings 67 participants | 4 trainings 80 participants | 6 trainings 91 participants |
| Training participants will report an increase in their knowledge of mental health in older adults and their ability to detect symptoms | N/A | N/A | 80% | 71% | 80% | 100% |
| Training participants will increase ability to differentiate dementia and depression | N/A | N/A | 80% | 92% | 80% | 100% |
| Training participants will report increased understanding of impact of racism on older adult mental health, ethnic and cultural differences, and racial disparities that might impede appropriate diagnosis and treatment | N/A | N/A | 80% | 85% | 80% | 100% |
| Training participants will report increased knowledge of community resources and services that treat older adults with mental illnesses | N/A | N/A | 80% | 78% | 80% | 100% |
| Training participants will become familiar with mental health screening tool and will be knowledgeable in its appropriate usage | N/A | N/A | 100% | 92% | 80% | 100% |

| Outcomes: Spahr Center | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------|-----------------|----------------------------|---------------------------|---------------|--|
| LGBTQ+ older adult cultural competency trainings and or technical assistance to older adult service providers | N/A | N/A | 2 | 1 | 8 | 8 (5 trainings/3 technical assistance) |
| Training participants will better understand LGBTQ+ identities, feel more equipped to support LGBTQ+ older adults, know the resources available for LGBTQ+ older adults | N/A | N/A | N/A | N/A | 75% | 97.6% |
| Establish an annual speaker's bureau comprised of LGBTQ+ older adults who will collaborate with trainer to share their personal experiences and articulate the needs of LGBTQ+ seniors. | N/A | N/A | 10 | 8 | N/A | N/A |
| Conduct train the trainer to deliver LGBTQ+ older adult cultural competency and allyship training to healthcare and community service providers | N/A | N/A | 2 trainings 3 participants | 1 training 2 participants | N/A | N/A |
| Conduct cultural competency and allyship trainings annually for healthcare and community service providers | N/A | N/A | 4 trainings 60 employees | 1 training 25 employees | N/A | N/A |

CHANGES FOR FY 2024-25: Effective as of February 16, 2024, The Spahr Center announced the indefinite suspension of all programs due to ongoing financial challenges. Consequently, The Spahr Center will cease to provide LGBTQ+ Older Adult trainings under PEI.

The changes to the JFCS Healthcare Provider Education contract for FY 24/25 involve the addition of Suicide Prevention training for Older Adults which already includes the training, Detecting, Differentiating, and Addressing Depression and Dementia in Older Adults. These additional offerings aim to support healthcare providers and caregivers who work with older adults.

For FY 24/25, Helping Older People Excel (HOPE) Senior Peer Counseling program will undergo changes as two BHRS staff members have departed, and a new supervisor will assume responsibility for senior peer counseling, maintaining one-on-one support and exploring group options to expand services for the older adult community.

PROGRAM STORIES

JFCS BOOST

Rob*, a 79-year-old man residing alone in San Rafael, reached out to the JFCS BOOST program on his own initiative. He was grappling with a blend of depression and anxiety, compounded by feelings of social isolation. Rob articulated concerns about aging and the impact it had on his activities of daily living, coupled with apprehension about an uncertain future. Through consistent, personalized therapy sessions conducted in his home on a weekly basis, Rob effectively engaged with BOOST therapy. This facilitated his journey towards identifying and embracing positive activities, enhancing self-assurance, and fostering a sense of social belonging. With the guidance of his BOOST clinician, Rob recognized and addressed limiting beliefs that hindered his capacity for deeper interpersonal connections. After several months of dedicated work, Rob's transformation became evident as he transitioned into a more active and socially engaged lifestyle. He now volunteers weekly at a local animal agency, has participated in two 5K runs, joined recreational activities such as ping pong and chess at another local organization, enrolled in a community class, and forged new friendships along the way. Expressing his newfound joy, Rob recently conveyed to his clinician, "I'm experiencing so much fulfillment in my life now, thanks to your support!"

JFCS PROVIDER Education

In February 2023, we delivered an adapted version of the presentation titled "Detecting, Differentiating, and Addressing Depression and Dementia in Older Adults." This presentation was tailored for family caregivers participating in the JFCS Family Caregiver Support Group, many of whom have been providing care for their loved ones for many years. The group actively engaged with the material, posing numerous practical questions regarding behaviors, cognitive testing, home-screening tools, medication options, and more. In response to the audience's interest, we recorded the presentation, receiving multiple requests for access to the recording. One individual, who had missed the initial presentation, visited our office five months later to view the recording due to difficulties accessing it at home. Encouraged by the positive feedback, the group invited us to conduct another presentation focused on addressing challenging behaviors, expressing gratitude for the valuable insights provided. Recognizing the significant demand for information among family caregivers, particularly regarding topics typically addressed by neurologists, we realized the importance of broadening our audience reach. This presentation served as an opportunity for caregivers to have their practical questions addressed, filling a gap in their access to specialized knowledge and support.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

COMMUNITY TRAINING AND SUPPORTS: PEI 12

SERVICE CATEGORY: STIGMA REDUCTION, PREVENTION

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

MARIN PEI PRIORITY STRATEGY AREA(S): Transition-aged Youth Services and Supports; School-based Mental Health and Psychoeducation.

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: Marin County has allocated funds to support the goals of Prevention and Early Intervention (MHSA PEI), which include enhancing awareness of mental illness, reducing stigma and discrimination, and implementing effective practices. A significant aspect of this initiative involves outreach, training, and education.

An element of these efforts is the provision of Mental Health First Aid (MHFA) training sessions, which are conducted regularly throughout the community. Approximately four to six MHFA trainings are held each year, for both Adults and those that support Youth, with sessions available in both English and Spanish. These trainings are conducted across various communities within the county.

Furthermore, the allocated funds are utilized for various other strategies, including suicide prevention training and outreach efforts targeting individuals capable of recognizing and responding to mental illness, including both affected individuals and their families. These initiatives are conducted in English with Spanish translation support available. Additionally, there are some targeted activities specifically offered in only in Spanish or Vietnamese. Additionally, funds support sending professionals, consumers, families, and other stakeholders to relevant conferences, such as those pertaining to Mental Health and Suicide Prevention Awareness Month activities. Moreover, funding is directed towards community-wide initiatives promoting equity and inclusion, with a specific focus on reducing stigma.

The focus of the expansion in community training and prevention resources is on domestic violence prevention and outreach, with a primary emphasis on youth and families of young individuals who have encountered domestic violence. A request for proposals (RFP) was issued on November 1, 2023, seeking proposals for domestic violence prevention and outreach services. The RFP committee has chosen Canal Alliance as the awardee. The Behavioral Health program at Canal Alliance will serve the low-income, Latine community in Marin County through bilingual, trauma-informed, and culturally appropriate services for domestic violence prevention and education.

TARGET POPULATION: The target population for this program is:

- Individuals within the community who are capable of *identifying and addressing early signs of mental illness*, including but not limited to school staff, frontline workers in health and human service agencies, community health advocates/Promotores, family members, first responders, probation staff, librarians, teachers, counselors and others.
- Individuals within the community who are capable of executing activities aimed at *reducing stigma and discrimination*. This encompasses community leaders, peer providers, relevant county staff, and other stakeholders.

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | - | - | 2,400 | 2,400 |

KEY OUTCOMES:

- Enhanced comprehension of mental health, suicide prevention, and substance use disorders.
- Heightened awareness of indicators and symptoms associated with conditions like depression, anxiety, psychosis, and substance abuse.
- Diminished negative attitudes and misconceptions regarding individuals experiencing symptoms of mental health disorders.
- Improved capabilities for effectively responding to individuals displaying signs of mental illness and facilitating their connection to appropriate services.
- Expanded knowledge of accessible resources within the community.

MEASUREMENT TOOL(S): For community trainings; California Institute for Behavioral Health Solutions (CIBHS), Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire. For Mental Health First Aid (MHFA), pre and post surveys to assess change in knowledge. PEI Client and caregiver satisfaction surveys will be administered for domestic violence programming.

FY 2022-23 OUTCOMES:

| Outcomes: Mental Health First Aid | FY 20/21 | FY 21/22 | FY 22/23 |
|--|----------|----------|------------------|
| Number of Marin County community members that participated in MHFA | 46 | 104 | 84 |
| Participants reporting increased knowledge about mental illness signs/symptoms (0-5 scale) | 4.56 | 4.27 | 3.66 (1-4 scale) |
| Participants recognize and correct misconceptions about mental health and mental illness as they encounter them (0-5 scale) | 4.5 | 4.48 | 4.53 |
| Participants are aware of their feelings and views about mental health problems and disorders (0-5 scale) | 4.4 | 4.31 | 4.47 |
| 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 | 4.45 |
| 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 | 3.66 (1-4 scale) |
| 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 | 4.27 |

| Settings where participants might use Mental Health First Aid | FY 20/21 | FY 21/22 | FY 22/23 |
|---|----------|----------|----------|
| Community Members | 11 | 38 | 43 |
| Family Member of Person with Serious Mental Illness | 5 | 6 | 5 |

| Settings where participants might use Mental Health First Aid | FY 20/21 | FY 21/22 | FY 22/23 |
|---|----------|----------|----------|
| Providers | | | |
| County Behavioral Health and Recovery Services | 6 | 9 | 0 |
| Community-based Mental Health and/or Substance Use Provider | 15 | 20 | 21 |
| Education (including High School Students) | 1 | 12 | 1 |
| Law Enforcement | 0 | 0 | 0 |
| Primary Health Care | 1 | 3 | 0 |
| Senior Centers/Services | 1 | 2 | 1 |
| Social Services (County and Community) | 2 | 5 | 10 |
| Veterans | 0 | 0 | 0 |
| Faith-based | 1 | 1 | 1 |
| Shelters/Homeless Services/Public Housing | 1 | 0 | 0 |
| Libraries | 0 | 0 | 0 |
| Public Transit | 0 | 0 | 0 |
| Employment | 0 | 0 | 0 |
| Other – List: DV, BOS, Parks Svcs, PH | 1 | 3 | 0 |
| Security, Emergency Svcs | 0 | 0 | 0 |
| Unknown | 1 | 5 | 2 |

SUICIDE PREVENTION COLLABORATIVE ACTIVITIES

The Marin County Suicide Prevention Collaborative continues to adopt a comprehensive socio-ecological framework to systematically implement prevention, intervention, and postvention strategies across individual, community, and institutional levels. Over the past three years, Community Action Teams have made significant progress in advancing the strategic plan. By 2023, these teams encompassed vital areas such as Postvention, Data Analysis, Lethal Means Reduction, Youth Outreach, School Initiatives, Training/Education, and Support for Men and Boys. Furthermore, in May 2023, efforts were underway to broaden partnerships with law enforcement, fire services, emergency medical services, and healthcare providers.

Bi-monthly public meetings, typically attended by 50-60 participants, serve as a platform for engagement and collaboration. The Collaborative actively involves all residents of Marin County, including vulnerable groups such as veterans, middle-aged and older adults, LGBTQ+ individuals, and community-based organizations, school districts, and county partners.

Key partnerships have been established to advance strategic goals. For instance, the Marin County Schools Wellness Collaborative focuses on enhancing policies and programs to support student mental health, aligning with Strategy 6 of the suicide prevention plan. Similarly, the Lethal Means Action Team collaborates with various organizations to address Strategy 7.

A summary of accomplishments for FY 22/23 and future steps for each strategy is provided:

Strategy 1: Establish Leadership and Oversight

Accomplishments include maintaining leadership structures, collecting and analyzing local data, and fostering partnerships with key organizations. Next steps involve compiling and presenting year three data, launching a suicide data dashboard, and expanding the Lethal Means Action Team.

Strategy 2: Develop Coordinated Care Systems

Accomplishments encompass implementing support programs, increasing volunteer recruitment, and providing crisis response training. Future plans include launching additional training programs and campaigns to enhance suicide prevention efforts.

Strategy 3: Implement Public Awareness Campaigns

Accomplishments include launching wellness campaigns and raising awareness through community events and presentations. The next phase involves expanding campaign implementations and hosting targeted events.

Strategy 4: Provide Evidence-Based Training

Accomplishments involve hosting various community events and implementing training programs. Future efforts aim to expand training opportunities and distribute educational materials.

Strategy 5: Outreach and Support

Accomplishments include partnering in wellness festivals and delivering support services to affected individuals. Future plans include launching digital resources and hosting outreach events.

Strategy 6: Foster Safe School Environments

Accomplishments include implementing mental health initiatives and crisis response protocols. Next steps involve supporting evidence-based screening programs and hosting suicide prevention training for school staff.

Strategy 7: Reduce Access to Lethal Means

Accomplishments include conducting awareness campaigns and collaborating with community organizations. Future initiatives include hosting training sessions and integrating lethal means safety messaging into broader campaigns.

Overall, the Marin County Suicide Prevention Collaborative remains dedicated to its mission of reducing suicide rates and providing support to individuals and communities affected by suicidal behaviors.

SUICIDE PREVENTION MONTH ACTIVITIES 2022

- Marin County Suicide Prevention Collaborative Meeting: LGBTQ+ Allyship Training September 2022
- Suicide Prevention and Recovery Month Resolution: September 13, 2022
- Collaborative Event with American Foundation for Suicide Prevention and Marin County Office of Education: September 14, 2022.
- Meeting on Grief and Hope with Marin Schools Wellness Collaborative: September 15, 2022
- Film Screening and Discussion: "Marin Women in Recovery": September 15, 2022
- From Compassion to Action: A Community Guide for Suicide Prevention & Support in Marin County: Series of Five Conversation Circles
- Wellness Carnival for Suicide Prevention: Week of September 19, 2022. Supported by the Marin County Suicide Prevention Collaborative
- Information Session on Local Outreach to Survivors of Suicide (LOSS) Team: September 20, 2022
- Helen Vine Recovery Center Recovery Month Celebration: September 22, 2022
- Hike for Hope: Thursday, September 22, 2022
- Hike for Veterans and Men/Boys Action Team: Sunday, September 25, 2022
- Shine! A Community Event for Teen Mental Health and Suicide Prevention: September 25, 2022
- Pressing Play: A Creative Journey into Wellness Through Storytelling with Edward Gunawan: Thursday, September 29, 2022. Hosted by the National Alliance for Mental Illness-Marine
- Multi-County Suicide Prevention Summit: September 30, 2022

MAY MENTAL HEALTH MONTH ACTIVITIES 2023

- Marin County Suicide Prevention Collaborative presents a Resolution for May Mental Health Month at the Board of Supervisor Meeting on May 2, 2023.
- Virtual event hosted by Marin County Suicide Prevention Collaborative for May Mental Health Month on May 3, 2023.
- Let's Talk Community Discussion on Mental Health and Underage Substance Youth on May 3, 2023.
- Peer Coffee Talk: A Hybrid Event on May 4, 2023.
- A Youth Wellness Festival hosted by the Marin County Youth Commission and partners including Marin 9 to 25, the Marin County Suicide Prevention Collaborative, on May 6, 2023.
- Real Talk Matters: Fighting Fentanyl and Its Impact on Mental Health hosted by OD Free Marin during National Fentanyl Awareness Day on May 9, 2023.
- Mental Health First Aid Adult Training on May 10, 2023 at Mt. Tam Room, 20 North San Pedro Rd., San Rafael.
- Let's Talk about Suicide Prevention hosted by North Marin Community Services on May 11, 2023. Presented in Spanish.
- Buckelew Programs Bike for Mental Health on May 13, 2023 at Miwok Meadows, China Camp, Marin County.
- American Foundation for Suicide Prevention (AFSP) Talk Saves Lives: LGBTQ+ hosted with the Marin County Office of Education on May 16, 2023.

- Mental Health First Aid Training by Marin County-BHRS for adults on May 17, 2023.
- Mental Health First Aid Training presented in Spanish for adults on May 20, 2023.
- Mental Health First Aid Training presented in Spanish for youth on May 20, 2023. In-person.
- The Power of Storytelling on Mental Health hosted by NAMI-Marin and Opening the World on May 22, 2023.
- Peer Support: Introduction to the Practice and Model on May 23, 2023.

OTHER OUTREACH AND TRAINING ACTIVITIES FOR FY 2022-23:

- Youth Leadership Institute and Youth Mental Health Festival. This event included support and engagement with the Youth Art and Film Showcase through art, music, poetry.
- College of Marin Equity in Mental Health Symposium. This event hosted over 200 people to discuss equity, justice and culture.
- Caring Card Initiative. This initiative distributed over 2,000 caring cards that provide messages of hope and connection to resources and discharged from psychiatric units, treatment centers, support groups, etc.
- Suicide Attempt Survivor Facilitator Training. This training provided by Didi Hirsh support the facilitation skills to lead attempt survivors.

CHANGES FOR FY 2024-25: The Mental Health First Aid (MHFA) program will no longer be offered through the Community Training and Supports services PEI program. This decision comes as community members and providers faced various access barriers to the training. These barriers include the lengthy 8-hour commitment required, lack of childcare options, digital literacy challenges related to internet registration and web based pre-course work to participate in the trainings. These factors resulted in low participation rates and a high number of no-shows from registered participants.

Additionally, the MHFA training program has strict guidelines regarding participant age, participant-to-instructor ratios, and proprietary instruction materials, making it challenging to manage both participants and contracted instructors effectively.

Despite these challenges, MHFA training remains available for those interested in taking the course. Interested individuals can access the course through the [MHFA national website](#), where both Adult and Youth courses are offered in both virtual and in-person formats.

PEI programming is exploring alternatives to deliver mental health and recovery education sessions that prioritize accessibility and embrace flexible delivery approaches. The goal is to minimize barriers within the community, fostering open and adaptable mental health and recovery education through targeted language sessions and community conversations.

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-based Mental Health and Psycho-education

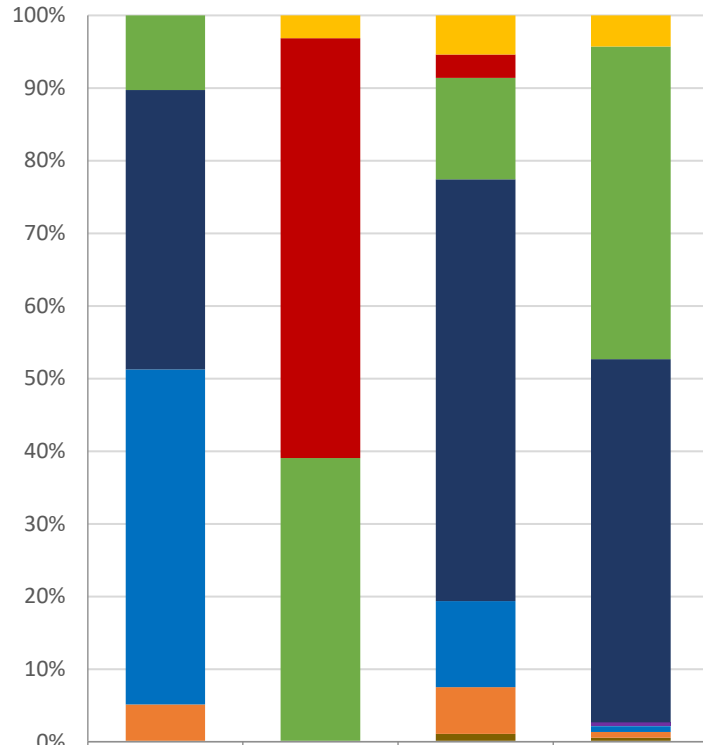
FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: School-based mental health programs help to build resiliency, increase protective factors and help to create meaningful connections between students, staff and caregivers. Providers support the implementation of **Multi-Tiered Systems of Supports (MTSS)** and provide a range of services and supports including:

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

Additional funding will be granted to an organization to provide services in Shoreline Unified through an RFP process with a focus on services for Spanish speaking students and families. Additional expanded funding will support the development and implantation of substance use prevention psychoeducation to be used in middle schools across the county.

TARGET POPULATION: The target demographic includes students from kindergarten through twelfth grade, ranging in age from 5 to 18. These students may be facing emotional disturbances or are at a significantly higher risk due to various factors such as adverse childhood experiences, severe trauma, poverty, family conflict, domestic violence, racism, social inequality, or other related issues. Additionally, middle school students are also targeted for substance use prevention and psychoeducation.

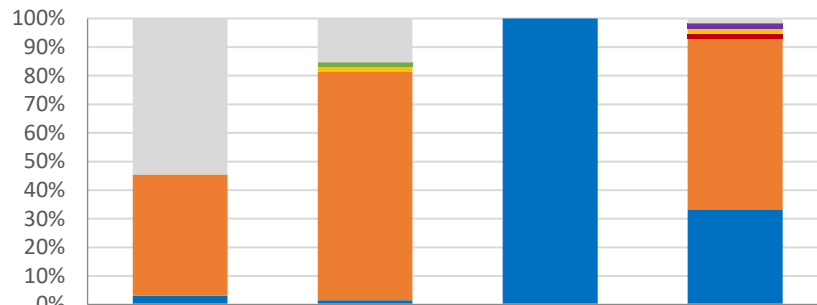
FY 22/23 PEI School Aged Programs Demographics: Race



| | PEI Schools -SMCS | PEI Schools - NMCS | PEI Schools -Spahr | PEI SCHOOLS - Petaluma Health Center |
|---|-------------------|--------------------|--------------------|--------------------------------------|
| ■ Missing or declined to answer | 0 | 0 | 0 | 0 |
| ■ More than one race | 0 | 10 | 5 | 16 |
| ■ Another race not listed | 0 | 185 | 3 | 0 |
| ■ Hispanic or Latino | 8 | 125 | 13 | 161 |
| ■ White (Non-Hispanic) | 30 | 0 | 54 | 187 |
| ■ Native Hawaiian or other Pacific Islander | 0 | 0 | 0 | 2 |
| ■ Black or African American | 36 | 0 | 11 | 3 |
| ■ Asian | 4 | 0 | 6 | 3 |
| ■ American Indian or Alaska Native | 0 | 0 | 1 | 2 |

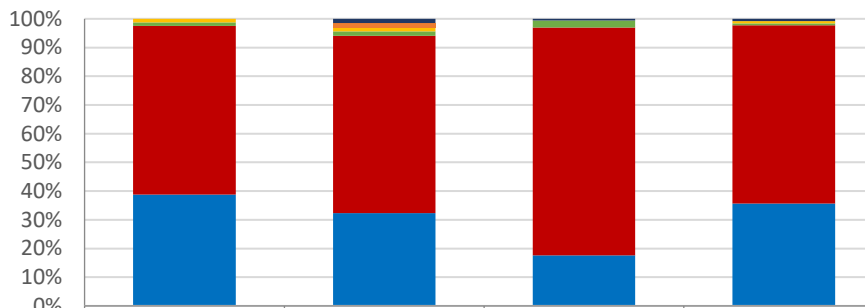
While most respondents provided demographic information, it's important to acknowledge that some responses were missing or declined.

FY 22/23 PEI School Aged Programs Demographics: Sexual Orientation



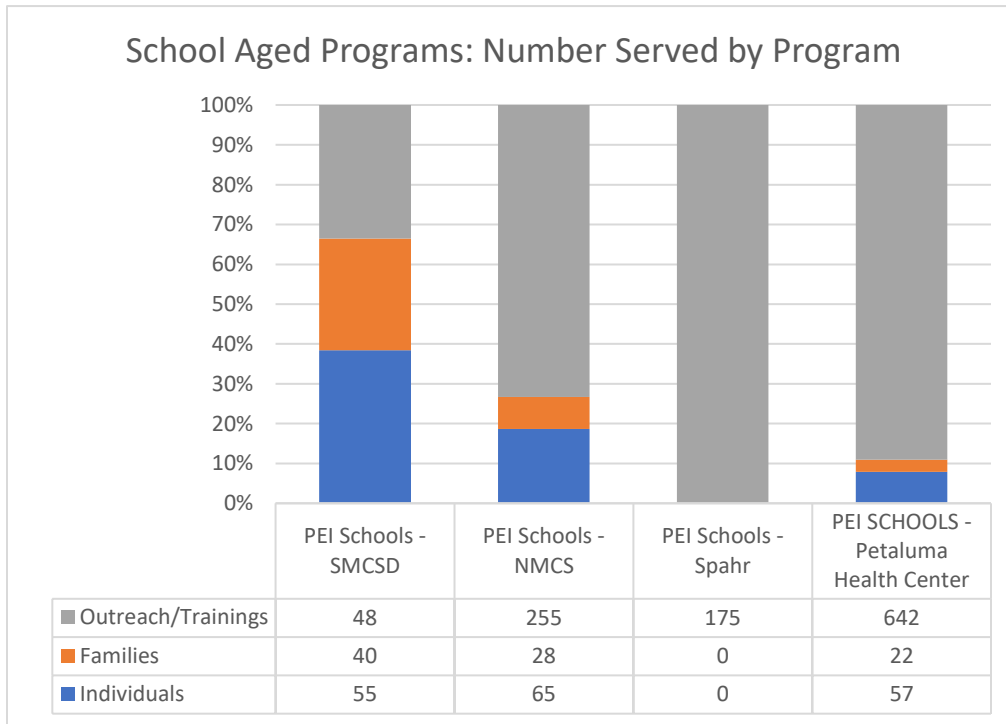
| | PEI Schools - SMCS | PEI Schools - NMCS | PEI Schools - Spahr | PEI SCHOOLS - Petaluma Health Center |
|----------------------------|--------------------|--------------------|---------------------|--------------------------------------|
| Decline to answer/unknown | 18 | 10 | 0 | 1 |
| Another sexual orientation | 0 | 1 | 0 | 0 |
| Queer | 0 | 0 | 0 | 1 |
| Questioning/Unsure | 0 | 1 | 0 | 1 |
| Bisexual | 0 | 0 | 0 | 1 |
| Heterosexual/Straight | 14 | 52 | 0 | 34 |
| Gay or Lesbian | 1 | 1 | 13 | 19 |

FY 22/23 PEI School Aged Programs Demographics: Current Gender Identity



| | PEI Schools - SMCS | PEI Schools - NMCS | PEI Schools - Spahr | PEI SCHOOLS - Petaluma Health Center |
|-------------------------|--------------------|--------------------|---------------------|--------------------------------------|
| Decline to answer | 0 | 0 | 0 | 0 |
| Another gender identity | 0 | 1 | 1 | 3 |
| Questioning or unsure | 0 | 1 | 0 | 0 |
| Genderqueer | 1 | 1 | 0 | 3 |
| Transgender | 1 | 1 | 4 | 3 |
| Female | 47 | 42 | 131 | 244 |
| Male | 31 | 22 | 29 | 140 |

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 177 | 90 | 1,120 | 1,387 |



KEY OUTCOMES:

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

MEASUREMENT TOOL(S): PEI caregiver and client satisfaction surveys, workshop/training surveys, and demographic surveys will be utilized to ensure effective reach and quality of services. COST Rubric to measure quality of Coordination of Services Team and support the development of team goals will also be used.

FY 2022-23 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.

| Outcomes: Petaluma Health Center | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------------|-----------------------|---------------------|--------------------|---------------------|--------------------|
| School staff participating in trainings reporting awareness of risks, signs, and symptoms of children experiencing emotional disturbances and/or risk of abuse (Post-survey) | 75% | 75% | 75% | 75%+ | 75% | Not reported |
| Students participating in Social Emotional Learning curriculum | 185 | 185 | 185 | Not Reported | 185 | Not reported |
| Students with mild to moderate mental health concerns receiving at least 3 sessions of individual or group counseling | 25 | 28 | 25 | 64 | 25 | 34 |
| 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 | 65% | Not Reported |
| Students completing at least 3 sessions showing improved attendance or improved school performance (PEI Survey) | 65% | 66% N=18 | 65% | 33% N=15 | 65% | Not Reported |
| Parents completing at least 3 sessions family counseling | 10 | 2 | 10 | 5 | 10 | 22 |
| Parents whose child received at least 3 sessions reporting a reduction in family stress and/or children’s difficulties in one or more of the following areas: emotional problems, conduct problems, hyperactivity problems, peer problems, and/or socialization (PEI Survey) | 65% | 73% | 65% | Not Reported | 65% | 100% |
| 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% | 75% | Not collected | 75% | Not reported |
| Total referrals to County Behavioral Health (BHRS) | N/A | 2 | N/A | 6 | 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 | N/A | 6 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | 1 | N/A | 1 | N/A | 2 |

| Outcomes: Petaluma Health Center | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------------|-----------------------|---------------------|--------------------|---------------------|--------------------|
| Total referrals to other PEI providers | N/A | 0 | 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 | 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 | N/A | N/A |
| Total referrals to other mental health services or resources for basic needs | N/A | 2 | N/A | 0 | N/A | 0 |

Spahr Center: The Spahr Center's School-based program plays a role in empowering middle and high school students through leadership programs focused on addressing LGBTQ+ inequities within their educational institutions. This initiative aims to cultivate leadership skills and provide valuable professional experiences for students. Additionally, the program fosters collaboration with schools to offer professional development opportunities for staff members. It also actively addresses infrastructural issues, ensuring a more comprehensive and inclusive approach to meeting the needs of LGBTQ+ students.

| SPAHR Center Goals | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|------------------|-----------------------|------------------|--------------------|------------------|--------------------------|
| Youth will participate in advocacy projects | 10 | 11 | 10 | 10 | 10 | 10 |
| Spahr will provide at least 5 hours of leadership development training for 10 youth | 5 hours | 5 hours | 5 hours | 5 hours | 5 hours | 5 hours |
| Spahr will hold youth meeting time | 60 hours | 60 hours | 40 hours | 40 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% | Not reported | 85% | Not reported |
| Provide capacity building to schools | 5 schools | 5 schools | 3 schools | 3 schools | 3 schools | 5 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% | No trainings provided | 75% | 75% | 75% | 98% |
| Technical assistance/cultural competency trainings for at least 15 schools | N/A | N/A | N/A | N/A | 15 | 19 |
| 4 LGBTQ+ student panels | N/A | N/A | N/A | N/A | 4 | 4 panels 12 panelists |

North Marin Community Services: The NMCS school-based PEI program offers extensive clinical support to Spanish-speaking Latine students and families at Novato High School. A part-time bilingual clinician with a master's degree collaborates closely with NMCS Latine Youth Wellness Coordinator, the NUSD's Newcomer Counselor, school administrators, counselors, and other staff. Their goal is to engage Spanish-speaking students in mental health services and connect them, along with their families, to suitable school and community-based resources. These resources include NMCS Case Management services and the Novato Teen Clinic.

| Outcomes: North Marin Community Services | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|------------------------|--------------------|------------------|--------------------|------------------|--------------------|
| Students will receive school-based mental health services (screening, brief interventions, individual/group therapy, referrals) | 35 students | 33 students | 30 students | 74 students | 50-75 students | 65 students |
| Students will participate in group therapy | 8 students | 8 students | 8 students | 6 students | 8 students | 8 students |
| Students' overall depression and anxiety will decrease from initial visit to final visit, as measured by the average overall score using the PHQ-A and/or GAD-7. | N/A | N/A | N/A | N/A | 65% | 50% |
| Students will complete at least 3 sessions demonstrating improvement in school performance | 65% of students (N=22) | 67% | 65% of students | 68% of students | 65% of students | Not reported |
| Spanish-speaking parents/guardians will be provided psychoeducation about risk and protective factors related to mental health and substance use. | N/A | N/A | 12 parents | 14 parents | 12 parents | 28 parents |
| Newcomer students at Novato High's Camp N will participate in social-emotional learning activities focused on strengthening family/peer connections, self advocacy, community building, and improved communication skills. | N/A | N/A | N/A | N/A | 15 | 14 |
| Newcomer students and U.S. allies in Novato High's Dreamer's Club will participate in weekly meetings, as well as contribute to community projects and social events. | N/A | N/A | N/A | N/A | 15 | 70 |
| Total referrals to County Behavioral Health (BHRS) | N/A | 1 | N/A | 3 | N/A | 3 |
| Number of individuals successfully referred and linked to a Marin County mental health treatment program | N/A | 1 | N/A | 3 | N/A | 12 |
| Average duration in weeks of signs of untreated mental illness | N/A | 8 | N/A | 6-12 months | N/A | - |
| Total referrals to other PEI providers | N/A | 5 | N/A | 6 | N/A | 6 |

Sausalito Marin City School District: School-based clinicians offer both individual and group emotional support as well as social skills development. They coordinate services within classrooms, including socio-emotional learning classes, and provide support and training to staff members. These services are available to children (K-8) in the district and their families.

| Outcomes: Sausalito Marin City School District Goals | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|---|---|--------------------|------------------|--------------------|------------------|--------------------|
| 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 | 30 students | 143 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 | 10 families | 48 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 (CANS not implemented) | N/A | 75% of students | 100% of students | 75% of students | Not reported |
| Caregivers of individuals served with at least 3 or more counseling sessions will report overall satisfaction of services their child received | 75% N=9 | 100% N=9 | 75% | 100% | 75% | Not reported |
| 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% N=9 | 100% N=6 | 75% | 100% | 75% | Not reported |
| Parents/teachers of students (under age 11) receiving at least 3 sessions | 65% of students | N/A | 65% of students | 85% of students | 65% of students | Not reported |

| Outcomes: Sausalito Marin City School District Goals | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|---|------------------------|--------------------|------------------|--------------------|------------------|--------------------|
| will report a reduction in children’s/student’s difficulties in one or more of the following areas: emotional problems, conduct problems, hyperactivity problems, peer problems, and/or socialization (CANS assessment) | (CANS not implemented) | | | | | |
| Conduct home visits for students/caregivers identified through COST or administration | 10 | 8 | 10 | 15 | 10 | 10+ |
| Total referrals to County Behavioral Health (BHRS) | N/A | 8 | N/A | 10 | N/A | 7 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 4 | N/A | - | N/A | 1 |
| Total referrals to other mental health services or resources for basic needs | N/A | 3 | N/A | 10 | N/A | 0 |

CHANGES FOR FY 2024-25: During the Fiscal Year 24-25, School-Based services will proceed as scheduled. However, it is important to note that as of FY23/24 Petaluma Health Center no longer is contracted to provide services in the Shoreline Unified School District (West Marin). In FY22/23 a RFP was issued and awarded to North Marin Community Services. This shift aims to enhance the assessment and response to mental health needs within the district's school population, with a particular focus on Newcomer students.

With the exception of The Spahr Center, all other contracts and associated services will remain unchanged and proceed as originally planned. Effective as of February 16, 2024, The Spahr Center has announced the indefinite suspension of all programs due to ongoing financial challenges. Consequently, The Spahr Center will cease to provide School-Based services under PEI.

PROGRAM STORIES

Spahr Program Story:

In January 2023, we provided training to a local elementary school, and our reception was incredibly warm. Following the training, several staff members expressed their appreciation for the valuable insights we shared regarding legal responsibilities, addressing parent and family concerns, utilizing Spahr resources, and more.

Since our training session, the school has taken proactive steps towards creating an elementary school version of a GSA (gender-sexuality alliance). Additionally, they successfully organized their inaugural Pride Week, during which they invited us to conduct read-alouds and participate in their parade. Furthermore, the school's principal has expressed interest in arranging a follow-up training session for the next academic year.

Moreover, the principal actively participated in an educator panel that we co-hosted with the Marin County Office of Education, where they candidly shared their learning journey regarding LGBTQ+ student support. As a result of their commitment, the principal also requested LGBTQ+ inclusive books for the school library and classrooms. Thanks to separate funding, we were able to provide them with over 80 LGBTQ+ inclusive books.

NMCS – Novato High School Program Story:

A huge program success this year is the addition of the Dreamer's Club, which was added in an effort to ensure that newcomer, immigrant and Spanish speaking youth feel safe, welcome and connected on campus. Our Navigator/Specialty Youth Case Manager and has helped create this unique club. While we anticipated only 15 unduplicated NHS students may participate, this target was exceeded by 367% with 70 students attending! The group met weekly, participated in a variety of campus activities that newcomer/immigrant youth are typically not as engaged in as the student population, as a whole (such as homecoming, Wellness events, dances and other activities). They even partnered with the LINK Crew (a campus leadership group) to co-host a Friendsgiving event at Thanksgiving! This was designed to bring together Spanish and English-speaking youth in a way that had not previously occurred. Finally, the Dreamers Club raised funds to go on field trips and visit local parks.

Petaluma Health Center – A Community Response

Tragically, a student at Tomales high school died in a tragic car accident at the end of the school year. The school community was greatly impacted by this loss and in need of immediate support for students, staff, and families. The district was already lacking mental health support staff and having a difficult time meeting the need prior to the accident. The Wellness Coordinator, funded through county PEI funding, acted quickly, reaching out to all networks. By the time students returned to school, therapy dogs and grief support staff provided by MCOE, PHC, HHS, and SAY were scheduled for the remainder of the year. By the Bay Health provided a parent support night about grief. The community came together to support one another, and the therapy dogs provided much needed comfort and company during the most challenging time of the school year.

VETERANS COMMUNITY CONNECTION: PEI 19

SERVICE CATEGORY: **OUTREACH**

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

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: Veterans experience mental health disorders, substance use disorders, post-traumatic stress, and traumatic brain injury at disproportionate rates compared to their civilian counterparts. While there are federal initiatives aimed at addressing this issue, there's also potential for impactful interventions at the local level to alleviate prolonged suffering and meet the demand for more intensive services. Beginning in FY2014-15, MHSA PEI initiated funding for the Marin County Veterans' Service Office, operating within the Department of Health and Human Services. This program offers supportive services for veterans dealing with mental illness through a part-time case manager. Its ongoing efforts involve outreach across the county, especially targeting unhoused veterans and those involved in the criminal justice system, to connect them with behavioral health and recovery services.

TARGET POPULATION: The target population is Marin County veterans who are unhoused or involved in the criminal justice system.

| NUMBERS SERVED | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 116 | 1 | 39 | 156 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): PEI client satisfaction survey, housing and referral data, and outreach logs.

FY 2022-23 OUTCOMES:

| Outcomes: Marin County Veterans' Service Office | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Veterans will be permanently housed | N/A | N/A | N/A | 14 | N/A | 17 |
| Number of veterans that received support services to increase likelihood of completing the veteran's mental health treatment plan. (Average number of services: 8) | 100 | 82 | 100 | 117 | 100 | 116 |
| Number of family members that received services to increase their capacity to support the client | 20 | 6 | 20 | 3 | 20 | 1 |

| | | | | | | |
|---|-----|--------------|-----|--------------|-----|--------------|
| 75% of veterans receiving support achieved at least one goal towards stability and recovery | 75% | 75% | 75% | 75% | 75% | 77% |
| 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/A | 89% | N/A | 77% |
| Total referrals to County Behavioral Health (BHRS) | N/A | 0 | N/A | 2 | N/A | 1 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | N/A | N/A | 2 | N/A | 0 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 0 | N/A | 3 | N/A | 1 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | Not reported | N/A | 3 | 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 | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other mental health services or resources for basic needs | N/A | 80 | N/A | 77 | N/A | 92 |

CHANGES FOR FY 2024-25: In the upcoming fiscal year alternative funding will be explored to enhance support for veterans engaged in our Veterans Treatment Court. The strategy involves the addition of one full-time equivalent (FTE) staff member to facilitate case management, attend court hearings, and offer referrals to better serve participating veterans.

PROGRAM STORIES

Sarah*, a 74-year-old veteran with 24 years of service in the U.S. Army, was struggling with untreated schizophrenia. Adult protective services intervened, seeking assistance from veterans' services to facilitate her placement and connection to VA healthcare services, as well as a secure facility placement, given her severe disability. Our program played a pivotal role as part of the care coordination team, enabling her transfer from Marin General to the VA in Palo Alto for additional observation and treatment.

Rick*, an 81-year-old Vietnam veteran with an honorable discharge, was living homeless in his car in San Rafael. Through our case management program, we successfully registered him for VA healthcare services. Additionally, we facilitated the process of obtaining disability benefits for him. Ultimately, our efforts resulted in securing placement for Rick at the Veterans Home in Redding, California.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

PEI STATEWIDE: PEI 20

SERVICE CATEGORY: STIGMA REDUCTION

SB 1004 PRIORITY CATEGORIZATION: #2

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: Marin County contributes PEI funds to support the California Mental Health Services Authority (CalMHSA) to conduct statewide efforts to reduce suicide and reduce stigma and discrimination. CalMHSA, a joint powers authority, represents county behavioral health agencies working to improve mental health outcomes for the state’s individuals, families, and communities. On behalf of counties, CalMHSA has implemented statewide prevention and early intervention programs since 2011 to reduce negative outcomes for people experiencing mental illness and prevent mental illness from becoming severe and disabling. The Statewide PEI Project accomplishes population-based public health strategies to reach its goals of mental health promotion and mental illness prevention.

CalMHSA’s current strategies include:

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

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

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

OUTCOMES:

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

FY 2022-23 ACTIVITIES:

In 23-23, funding to the PEI Project supported activities and programs such as:

- Expanding public awareness and education campaigns
- Creating new outreach materials for diverse audiences
- Providing technical assistance and outreach to county agencies, schools, and community-based organizations, including ongoing County liaison calls
- Providing mental health/stigma reduction/suicide prevention trainings to diverse audiences
- Engaging youth through Directing Change (September and May activities) and promotional content
- Building the capacities of schools to address mental health, stigma reduction, and suicide prevention
- Disseminating Take Action for Mental Health suite Toolkit, including May/Sept Toolkits and KTS Toolkits. Refer general public to Take Action and put the links on front facing communications
- Print outs and “swag” from the online store with bulk order discount
- Statewide Webinars (recordings provided)
- All communications are evaluated for best practices, effectiveness, equity and relatability
- Increased amount of in-print materials
- Support for one special project
- Building the capacities of schools to address mental health, stigma reduction, and suicide prevention. Modules included: Strategic Planning Framework; Using Data; Selecting Interventions; Means Safety; Population-Level Strategies, Reaching High Risk Populations, Postvention, Building and Maintaining a Coalition, Logic Models and Evaluation, and Messaging

In addition, CalMHSA highlighted Marin County Behavioral Health and Recovery Services (BHRS):

- Through participation in the state-wide Collaborative, BHRS staff members received support in the early efforts of suicide prevention through the process to develop a strategic plan for suicide prevention. Through support from the Learning Collaborative Team, a draft plan was edited, updated, and revised to result in the final plan being approved and released in February 2020.
- The Each Mind Matters (EMM) / Striving for Zero technical assistance (TA) team engaged with the SP Team on the development of an implementation plan for the advancement of the strategic plan and to be carried out by the respective Community Action Teams
- The EMM TA Team continues to provide as needed support and feedback regarding prevention, intervention or postvention supports, such as the development of the LOSS Team or evaluation.

LEARNING COLLABORATIVES AND TECHNICAL ASSISTANCE:

Each Mind Matters/Striving for Zero Learning Collaboratives: The Learning Collaborative utilizes a public health approach to suicide prevention and has supported more than 20 county teams (including Marin) in creating strategic plans for suicide prevention using national models aligning with the California Strategic Plan for Suicide Prevention. Support has been provided through a combination of online learning modules and individual technical assistance.

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. In addition, an Each Mind Matters Resource Navigation Team member provides regular communication in the form of in-person meetings, phone calls, and TA emails covering a range of topics with practical tools and information. During the FY **22/23**, the TA team provided five+ modules for Collaborative members across the state.

The BHRS Prevention Team has also presented to the state-wide Collaborative on the development of the Men and Boys Action Team and the Redefining Strength campaign, as well as the Caring Card Initiative which promotes connection to resources as part of a follow up process after discharge from treatment and recovery programs or psychiatric settings.

In addition, in **FY 22/23**, local schools (San Marin High, SR Terra Linda, Novato High School, Sinaloa, San Jose Middle School) received outreach materials, a training or a presentation about stigma reduction, suicide prevention, and/or student mental health through the collective efforts of all programs implemented under the PEI Project. Ongoing partnership with Marin County Office of Education and local CBO’s allow the county to created shared language and understanding by utilizing materials from the Learning Collaborative, and developing activities that are coordinated and aligned for the school and broader community.

CHANGES FOR FY 2024-25:

Marin has decided to discontinue its involvement in PEI statewide initiatives with CaIMHSA due to diminished interest from school partners. Additionally, the complexity of administering and accessing funds has hindered the efficient implementation of PEI projects within the community. While the initiatives “swag” produced is incredible, the costs were very high for the products.

SUICIDE PREVENTION: PEI 21

SERVICE CATEGORY: SUICIDE PREVENTION

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

MARIN PEI PRIORITY STRATEGY AREA: School-based Mental Health and Psychoeducation; Older Adult Supports and Connections

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: In January of 2020, Marin County released its Suicide Prevention Strategic [Plan](#). BHRS hired a full-time Suicide Prevention Coordinator to coordinate all aspects of the strategic plan implementation.

Funding under Suicide Prevention will continue to fund Buckelew’s North Bay Suicide Prevention Program which provides the 988 Suicide and Crisis Lifeline for Marin, Sonoma, Mendocino and Lake Counties. The hotline is answered 24/7 by a team of staff and volunteers trained to assist those in crisis. Services are available in a wide range of languages through a phone interpreter service.

Additional PEI suicide prevention funds will be used to provide community and targeted suicide prevention trainings for those at disproportionate risk of suicides as well as support groups (attempt survivors).

The postvention strategy supports the implementation of a suicide loss survivor outreach model (e.g. LOSS Team) and access to support groups for youth and adult loss survivors.

Expansion for the Suicide Prevention program will include additional funding for current suicide community partners including 988 to support Lifeline services and for Felton/LOSS team to support outreach efforts and implementation of support groups.

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

| NUMBERS SERVED | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 437+38 | 112 | 931 | 1,480 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): For community trainings, we will use the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire. Additional tools to be developed in support of comprehensive evaluation in FY23/24.

FY 2022-23 OUTCOMES:

Buckelew: Buckelew’s North Bay Suicide Prevention Program provides the 988 Suicide & Crisis Lifeline for Marin, Sonoma, Mendocino and Lake Counties. The Lifeline 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. In addition, Buckelew hosts twice/monthly Allies of Hope Support Group for loss survivors and provides community outreach, education and training to community partners and schools.

| Outcomes: Buckelew | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------|-----------------|---------------|-----------------|--------------------------|--------------------------|
| Calls to hotline originating in Marin County | 6,000 | 5,361 | 5,000 | 3,807 | 5,000 | 4,535 |
| Callers who express a reduction in level of suicidal risk by 1 level or maintain Low (Low, Medium, High) | 80% | 82% (N=428) | N/A | Not reported | N/A | Not reported |
| Offer SOS groups to at least 20 unduplicated individuals | 6 groups | 21 groups | 12 groups | 24 groups | 12 groups 20 individuals | 17 groups 36 individuals |
| Agencies receiving suicide prevention campaign materials | 50 | 37 | 50 | 20+ | 50 | 109 |
| Provide training and education in the community | 30 | 15 | 8 | 6 | 5 | 8 |
| Community members receiving training that report they can describe suicide warning signs (agree/strongly agree) | 50% | 100% (N=229) | 50% | N/A | 50% | Not reported |
| 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% | 93% (N=229) | 50% | N/A | 50% | Not reported |
| Community members receiving training that can describe the work of Buckelew Suicide Prevention Hotline and Program (agree/strongly agree) | 50% | 93% (N=229) | 50% | N/A | 50% | Not reported |
| Training participants that would recommend the training to a friend or loved one (agree/strongly agree) | 50% | 96% (N=229) | 50% | N/A | 50% | Not reported |
| Total referrals to County Behavioral Health (BHRS) | N/A | 68 | N/A | 17 | N/A | 40 |

| | | | | | | |
|--|-----|----|-----|----|-----|----|
| Total referrals to other PEI providers | N/A | 2 | N/A | 15 | N/A | 2 |
| Total referrals to other mental health services or resources for basic needs | N/A | 19 | N/A | 63 | N/A | 10 |

Felton Institute (LOSS): Felton Local Outreach for Survivors of Suicide (LOSS) Team offers a vital postvention service for those who have lost someone to suicide with immediate assistance. The LOSS Team is comprised of other survivors of suicide who serve as a guidepost for the newly bereaved in their process of grief and recovery and provides resources, support, connection, and understanding immediately after a suicide loss. In addition to the LOSS Team, Felton provides support groups for youth and young adults and attempt survivors.

| Outcomes: Felton Institute | Goal FY 19/20 | Actual FY 19/20 | Goal FY 20/21 | Actual FY 20/21 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------------|-----------------------|------------------|--------------------|------------------|------------------|
| Maintain volunteers with lived experience as a loss survivor span the spectrums of race, religion, age, gender, ethnicity, race, socio-economic and cultural backgrounds, etc. | N/A | N/A | 20-25 | 7 | 20-25 | 17 |
| Volunteers will report satisfaction of training as good or very good. Volunteers must demonstrate increased knowledge and confidence in family visits before active outreach with bereaved. | N/A | N/A | 80% | 86% | 80% | 80% |
| Distribute electronic/paper outreach materials that reflect the cultural/linguistic needs of the community to at least 20 | N/A | N/A | 20 | 20 | 20 organizations | 50 organizations |

| | | | | | | |
|--|-----|-----|-------------------------------|------------------------|-------------------------------|---|
| organizations who work with or offer any services to attempt survivors and/or loss survivors across Marin County | | | | | | |
| At least one After Care kit will be provided to families bereaved by suicide to increase family/individual awareness of supports and resources | N/A | N/A | 100% | 1 | 100% | 112 |
| Families or individuals will be outreached by phone in days following aftermath within 48 hours of notification | N/A | N/A | 100% contacted 85% reached | 1 family was contacted | 100% contacted 85% reached | 100% of 34 families served were contacted by phone in |
| Provide youth loss survivors support group. Engage 20 unduplicated participants. | N/A | N/A | 90% | 0 | 20 | 0 |
| Provide adult attempt survivor group. Engage 20 unduplicated participants. | N/A | N/A | 20 | 0 | 20 unduplicated participants | 2 participants currently engaged for groups starting 8/2023 |

CHANGES FOR FY 2024-25: There are no changes to report.

PROGRAM STORIES

Bucklelew

Anna* called our hotline feeling lonely and expressing suicidal thoughts and feelings. She rated her intent to harm herself as level 3. Throughout the conversation, Anna revealed that she had contemplated a plan for suicide but did not have immediate access to the means. The hotline counselor was able to establish a connection with Anna and helped her identify aspects of her life that she values. Together, they worked on developing a safety plan. By the end of the call, Anna had lowered her self-rated intent from a 3 to a 2.

Felton

Our team met with a woman who experienced the sudden loss of her husband. Despite being in shock, she displayed high levels of functioning. She and her son resided in the same house where the death occurred. We provided her with our aftercare guide and spent some time visiting her at home. A few days later, she reached out by phone to inform us that she had utilized one of the resources included in the Aftercare guide to help her articulate her husband's loss to her clients and friends, which proved to be beneficial. She also expressed her intention to explore the Allies of Hope Survivors group. Following up with the program coordinator, we confirmed that she indeed attended a meeting. This aligns with the goals of our program, aiming to alleviate some of the anxiety, pain, and suffering associated with suicide by offering practical resources and fostering connections with other survivors.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

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): School-based Mental Health and Psychoeducation; Latine Early Intervention

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: This program is aimed at newly arrived immigrant youth, primarily attending middle and high schools in San Rafael, Novato, and West Marin. Following a multi-tiered systems of support (MTSS) framework, the program is structured to assist these young individuals in navigating school and community resources, while also accessing academic, legal, and mental health assistance. The interventions are geared towards leveraging their strengths and resilience to foster success in both their academic endeavors and beyond.

Newcomer coordinators are tasked with conducting assessments, linking students to resources, and providing short-term case management at San Rafael middle and secondary schools as well as Novato Schools. Additionally, these coordinators offer training sessions for school staff to help them understand the unique needs of this population and to support their academic and social-emotional development effectively. The program addresses various issues such as grief, loss, acculturation, and the establishment of resources and support systems.

There is a particular focus on community outreach at a specific San Rafael middle school. This involves organizing parent workshops and holiday gatherings, which serve to involve other non-PEI community organizations, thereby enriching the available resources for both youth and their families.

Additional funding for newcomers expands and strengthens coordination efforts among school, county, and community-based organization partners. This, in turn, enhances the accessibility of services for immigrant youth and their families.

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

NUMBERS SERVED:

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | 340 | 91 | 1036 | 1467 |

KEY OUTCOMES:

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

MEASUREMENT TOOL(S): Baseline data on attendance, discipline and school connectedness will be collected and analyzed to evaluate impact overtime. PEI caregiver and client satisfaction surveys, workshop/training surveys will also be utilized. Staff interviews/surveys regarding Newcomers Toolkit implementation.

FY 2022-23 OUTCOMES:

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 | Goal FY 22/23 | Actual FY 22/23 |
|--|----------------|-----------------|---------------|-----------------|---------------|-----------------|
| EL Level 1 and 2 students will receive information about the Newcomer Workshops (via attendance at classes, ELAC and newcomer parent meetings, etc.) | 100% | 100% | 100% | 100% | 100% | 100% |
| Students will participate in Newcomer Workshops at Novato High Schools. | 50-60 Students | 58 | 75 | 114 | 100 | 106 |
| Individuals served will report overall satisfaction with received. | 75% | 93% N=39 | 75% | 100% N=60 | 75% | Not reported |
| Total referrals to County Behavioral Health (BHRS) | N/A | 9 | N/A | 6 | N/A | 5 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 0 | N/A | 0 | N/A | 3 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 10 | N/A | 7 | N/A | 12 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 7 | N/A | 6 | N/A | 9 |
| 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 | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other mental health services or resources for basic needs | N/A | 12 | N/A | 10 | N/A | 7 |

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 | Goal FY 22/23 | Actual FY 22/23 |
|--|-------------------------|-------------------------|-------------------------|--------------------------|--------------------------|---------------------------|
| Students at San Rafael and Terra Linda High Schools will engage in one of 8 groups that are offered throughout the school year | 75 students 8 groups | 31 students 8 groups | 65 students 8 groups | 107 students 8 groups | 115 students 8 groups | 115 students 13 groups |
| Individuals served will report overall satisfaction with services received | 75% | 72% | 75% | 100% | 75% | 90.1% |
| Youth trained through “Nuestra Salud” initiative | 15 | 15 | 15 | 23 | 15 | 18 |
| Youth served through outreach events | N/A | 100 | N/A | 0 | N/A | Not reported |
| Total referrals to County Behavioral Health (BHRS) | N/A | 0 | 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 | Not reported | N/A | Not reported | N/A | Not reported |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 15 | N/A | 0 | N/A | 0 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 15 | N/A | 0 | N/A | Not reported |
| 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 | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other mental health services or resources for basic needs | N/A | 2 | N/A | 0 | N/A | 0 |

Canal Alliance PEI Newcomers contract provides annual reunification group, *Lazos Familiares*, 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 | Goal FY 22/23 | Actual FY 22/23 |
|--|-----------------------|---|-----------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Serve 27 youth paired with an individual mentor with a minimum of a one-year commitment between the youth and mentor | 27 individuals served | 10 youth paired with individual mentors 17 youth are in mentor group settings | N/A | N/A | N/A | N/A |
| Serve approximately 6 to 8 families with 2-8 members per family. | N/A | N/A | 6-8 Families & 2-8 family members | 14 families with 2-5 family members | 6-8 Families & 2-8 family members | 10 families with 2-8 family members |
| Total referrals to County Behavioral Health (BHRS) | N/A | 0 | N/A | 5 | N/A | 0 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | 26-52 weeks | N/A | 13-26 weeks |
| Total referrals to other PEI providers | N/A | 0 | N/A | 6 | N/A | 2 |
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 0 | N/A | 2 | 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 | Not reported | N/A | 2 weeks |
| Total referrals to other mental health services or resources for basic needs | N/A | 12 | N/A | 6 | N/A | 4 |

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 21/22. 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 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| NFC will run groups in Year 1 with an average of 10 family members per group for 2-4 weeks each | 4 groups | 1 group | N/A | N/A | N/A | N/A |
| 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 health and legal consequences of using substances | 50% | 48% | 50% | 50% | 50% | 100% |
| By the end of the school year, newcomer students will participate in cultural circles with former newcomer students | 50% | 20% | 75% | 82% | 75% | 74% |
| 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% | 64% | 60% | 75% | 60% | 67% |
| 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% | 33% | 50% | 70% | 50% | 72% |
| By the end of the school year teachers working with Newcomers will have completed at least 2 of the training offerings | 75% | 75% | 75% | 0% | 75% | 100% |
| PEI Satisfaction Survey will be responded to by the parents who received support from the NFC, or were contacted by the NFC staff at least 3 times | 75% | 75% | 75% | 84% | 75% | 100% |
| Total referrals to County Behavioral Health (BHRS) | N/A | 23 | N/A | 20 | N/A | 5 |
| Number of individuals who were successfully referred and linked to a Marin County mental health treatment program | N/A | 0 | N/A | 2 | N/A | 1 |
| Average duration in weeks of signs of untreated mental illness (per client or caregiver report) | N/A | Not reported | N/A | Not reported | N/A | Not reported |
| Total referrals to other PEI providers | N/A | 2 | N/A | 2 | N/A | 0 |

| Outcomes: Bay Area Community Resources | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|--|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Number of individuals followed through on referral & engaged in a PEI-funded program | N/A | 2 | N/A | 1 | 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 | Not reported | N/A | 1 | N/A | Not reported |
| Total referrals to other mental health services or resources for basic needs | N/A | 154 | N /A | 78 | N/A | 227 |

CHANGES FOR FY 2024-25: There are no changes to report.

PROGRAM STORIES

North Marin Community Services

This is the story of a 17-year-old Latine student who attended our Newcomer workshops. After completing the 8-week workshop, we conducted one-on-one assessments with participants. During the assessment with this student, our Youth Wellness Coordinator noticed areas of concern and connected them with NMCS case management services and a school-based mental health clinician. Our Newcomers staff facilitated a smooth transition to these services. The youth wellness coordinator stayed involved, coordinating care with other providers. With the support of wraparound services, the student found hope and began their senior year successfully. Our Newcomers program conducts needs assessments and referrals for students, ensuring ongoing support through routine check-ins.

Huckleberry Youth Programs

*Sara, a rising Junior at a local high school, was actively involved in both ACE Academy and the Nuestra Salud newcomers program. Despite initially being reserved and quiet, she emerged as a strong facilitator and peer health educator during her second year in Nuestra Salud. Sara consistently contributed valuable insights and demonstrated critical thinking skills during program sessions, showcasing significant growth overall.

Bay Area Community Resources

At our school, we encounter newcomer students with very low Spanish literacy skills. This year, our Newcomer Family Services Specialist (NFS) advocated for a Spanish literacy class to address this need. In March 2023, we began sessions 2 to 3 times a week, serving 19 newcomer students referred by their English Language Development teachers. NFS played a crucial role in coordinating the program, including identifying a facilitator, obtaining principal approval, coordinating assessment placement, securing session space, and facilitating communication between ELD teachers, facilitators, and administrators. With grant funding, we provided incentives to keep students engaged. This collaborative effort involved administrators, staff, and ELD teachers working together to lay a literacy foundation for these students, enhancing their opportunities upon entering the ELD program. As a result, participants developed basic

literacy skills, showed improved attendance, improved self-confidence, and were excited to make progress academically. Moving forward, the school principal plans to assign a permanent teacher for the Spanish literacy class in the upcoming school year.

*Real names are not used, and any identifying information has been altered to protect the confidentiality of individuals' health information.

STORYTELLING PROGRAMS: PEI 24

SERVICE CATEGORY: STIGMA REDUCTION

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

FY23-26 THREE-YEAR PLAN PROGRAM DESCRIPTION: Marin County Storytelling Program is designed to raise awareness of mental health, suicidality and substance use, create safe and healthy environments for sharing and increase knowledge of community resources. In May of 2019, The National Alliance on Mental Illness (NAMI)-Marin was awarded a contract to expand their “In Our Own Voices” storytelling series. This series includes the training of speakers with lived experience to share their own story and experience in a welcome and accepting environment. The structure of the program allows for audience and participants to follow life journeys in which storytellers come to have insight about their illness and environment, sought help, and were on the road to recovery. The storytellers also share their coping strategies, care networks, and grounding techniques. NAMI storytellers range in age, gender, race, occupation, and health challenge. The program is designed to create healthy environments of compassion, kindness, respect, non-judgment, and support.

TARGET POPULATION: Community members and those with lived mental health, suicidality, and/or substance use experiences.

| Numbers Served | Individuals | Families | Reached Through Outreach/Training | Total |
|-------------------|-------------|----------|-----------------------------------|-------|
| Fiscal Year 22/23 | - | - | 522 | 522 |

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.

MEASUREMENT TOOL(S): For community trainings, we will use the CIBHS Measurements, Outcomes, and Quality Assessment (MOQA) participant questionnaire, speakers’ evaluations to measure skill development and satisfaction with training component of program.

FY 2022-23 OUTCOMES:

NAMI-Marín

The "In Our Own Voices" (IOOV) program, part of the National Alliance on Mental Illness (NAMI)-Marin, is a storytelling series aimed at fostering environments of compassion, kindness, respect, non-judgment, and support. This unique public education initiative features trained speakers sharing their personal journeys of living with mental illness and finding pathways to recovery. IOOV presentations are

delivered to diverse audiences, including students, law enforcement officials, hospitals, educators, healthcare providers, members of faith communities, and other interested civic groups.

| Outcomes: NAMI-Marin | Goal FY 20/21 | Actual FY 20/21 | Goal FY 21/22 | Actual FY 21/22 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Recruit speakers through outreach and engagement | 8 | 8 | 8 | 9 | 10 | 15 |
| Train speakers in the Speaker Training "In Our Own Voice". Improve skills and comfort level amongst speakers in public speaking and sharing their stories | 5 | 5 | 5 | 9 | 10 | 15 |
| 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 | 4 hours | 6 hours |

Opening the World

The Opening the World (OTW) program works with marginalized transitional age youth (ages 16 to 26) from diverse cultural backgrounds who have encountered various challenges such as trauma, conflicts in relationships, loss, substance abuse, homelessness, educational obstacles, and poverty. Through OTW, these young adults are paired with peers who have faced similar hardships but have overcome them, allowing them to share stories of struggle, hope, growth, and success.

Participants in the program also receive training in film techniques, enabling them to create short film clips (ranging from one to four minutes) that raise awareness about mental health issues and their impact on the community. Each video is accompanied by relevant resources and a survey for feedback. The completed videos are accessible on 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 | Goal FY 22/23 | Actual FY 22/23 |
|---|---------------|-----------------|---------------|-----------------|---------------|-----------------|
| Instruct two youth interns to develop short film clips on mental health | 2 | 2 | 2 | 2 | 2 | 2 |
| Develop 6-8 short film clips | 6 | 6 | 6 | 6 | 6 | 6 |
| By the end of the year, recruit speakers through outreach and engagement | 8 | 8 | 6 | 6 | 6 | 6 |
| 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 | 4 | 4 | 4 | 4 | 4 |

CHANGES FOR FY 2024-25

No changes to report for upcoming FY 2024-25

PROGRAM STORY

A Storytelling Workshop participant with lived experience expressed how helpful this program has been in feeling more confident and empowered talking openly about their experiences with mental illness. This participant expressed excitement at being part of our Speaker's Bureau, and at the opportunity to discuss not only what was helpful for them during their recovery, but also the juxtaposition of their experience with those that might face even more barriers through intersectionality. This participant noted that the accessibility of this program was particularly valuable, stating that the free access to this resource was "one of the single most additionally healing aspects" as much of their life has been dictated by access or lack thereof to mental health resources. In a response to a feedback survey the participant expressed that the workshop changed their life for the better, allowing them to embrace who they are and feel a renewed sense of importance to share their experiences with others.

PEI COMPONENT BUDGET

| Program | FY2023-24 | FY2024-25 | FY2025-26 | % of budget for youth | FY24-25 Budget to be spent on youth 25 and under | Total |
|--|--------------------|--------------------|--------------------|-----------------------|--|---------------------|
| PEI-01 Early Childhood Mental Health Consultation ECMH | \$453,000 | \$453,000 | \$453,000 | 100% | \$453,000 | \$1,359,000 |
| PEI-04 Transition Age Youth (TAY) PEI | \$470,500 | \$397,000 | \$397,000 | 100% | \$397,000 | \$1,264,500 |
| PEI-05 Latino Community Connection | \$642,170 | \$642,170 | \$642,170 | 11% | \$70,639 | \$1,926,511 |
| PEI-07 Older Adult PEI | \$320,050 | \$292,000 | \$292,000 | 0% | \$0 | \$904,050 |
| PEI-12 Community Training and Supports | \$127,700 | \$109,000 | \$109,000 | 46% | \$50,140 | \$345,700 |
| PEI-18 School Age PEI | \$934,622 | \$879,952 | \$879,952 | 100% | \$879,952 | \$2,694,527 |
| PEI-19 Veteran's Community Connection | \$76,650 | \$56,650 | \$56,650 | 8% | \$4,532 | \$189,950 |
| PEI-20 Statewide PEI | \$81,000 | \$0 | \$0 | 58% | \$0 | \$81,000 |
| PEI-21 Suicide Prevention | \$594,151 | \$583,141 | \$583,141 | 40% | \$233,256 | \$1,760,433 |
| PEI-23 Newcomer Supports | \$319,438 | \$316,146 | \$316,146 | 100% | \$316,146 | \$951,729 |
| PEI-24 Storytelling programs | \$63,000 | \$63,000 | \$63,000 | 40% | \$25,200 | \$189,000 |
| Subtotal Direct Services | \$4,082,281 | \$3,792,059 | \$3,792,059 | 59.5% | \$2,429,865 | \$11,666,400 |
| PEI Coordination, Evaluation, and Community Engagement | \$127,100 | \$154,100 | \$154,100 | | | \$435,300 |
| Administration and Indirect | \$631,404 | \$591,924 | \$591,924 | | | \$1,815,252 |
| Total | \$4,840,786 | \$4,538,083 | \$4,538,083 | 50.2% | | \$13,916,952 |