



MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Community Services & Supports Component FY20-21

**PROGRAM UPDATES &
CLIENT DEMOGRAPHIC DATA**



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FY 21 CSS Program Updates

The following updates were provided by Monterey County Behavioral Health Deputy Directors, Services Managers, and Contractors.

1. Early Childhood & Family Stability FSP (CSS-01)

PROGRAM: Family Preservation FSP

Impacts of COVID-19 Pandemic on Service Delivery:

Family Preservation is an intensive home-based service that is primarily provided in the family home and community. When COVID 19 hit in March 2020 services provided under CS Family Preservation initially had to transition to phone or tele-health-based services to protect the health and wellbeing of both the clients and the clinician. As more was learned about appropriate safety measures that could be taken (vaccinations, masking guidelines, social distancing guidelines) services resumed in the natural environments of the clients. At this time, we have resumed fully in-person services with enhanced safety protocols. There is one clinician who provides services to this program. During a typical fiscal year, a clinician in this program can serve up to 12 families. During this past fiscal year (2020/2021) the clinician assigned to this program served 6 families.

CHALLENGES:

- Initially, the program saw a decline in referrals as wider system moved to tele-health services.
- Additional time and consideration have gone into each contact to ensure maximum safety for the participants, including health screening, determining safest environment, and reviewing health guidelines at every session.
- There have been breaks in services when a client, family member or staff member is ill, has been exposed to COVID or has tested positive for COVID
- There have been limitations on the environments that services can be provided in to ensure safety. Inability to make reasonable safe accommodations in very small dwellings or single rooms occupied by a family etc. has significantly impacted provision of services.

STRENGTHS:

- The pandemic has broadened the ways we connect with families. We can now provide in-person (standard), tele-health or telephone-based services depending on the needs of the family and the health and wellbeing of the team.
- We have increased our safety awareness as we consider the multiple factors that create a safe environment for clinical work to be done including health status of participants and enhanced safety measures (mask wearing, social distancing, outside sessions etc.)

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Increase outreach to Children’s System of Care so that they are familiar with this program and how it can support their clients and families to generate referrals.
- Increase number of clients/families served from 6 to 10 over the next fiscal year.

PROGRAM: Family Reunification FSP

Impacts of COVID-19 Pandemic on Service Delivery:

CS Family Reunification FSP program is a collaborative program between DSS and CBH. This is a highly collaborative and intensive team that focuses on improving mental health symptoms and outcomes for children in the child welfare system. When COVID 19 hit in March 2020 services provided under CS Family Reunification FSP shifted from fully in-person services to a hybrid model of both in-person and tele-health services. As more was learned about appropriate safety measures that could be taken (vaccinations, masking guidelines, social distancing guidelines) most services returned to in-person in the clinic and community (determination is based on the needs of the client and health of the team). There are 4 clinicians who provide services to this program. The CS Family Reunification FSP typically serves 4-6 families at any given time. This program was able to maintain that level of service delivery throughout the last fiscal year.

CHALLENGES:

- Additional time and consideration go into each contact to ensure maximum safety for the participants including health screening, determining safest environment and reviewing health guidelines at every session.
- Breaks in services when a client, family member or staff member is ill, has been exposed to COVID or has tested positive for COVID

STRENGTHS:

- The pandemic has broadened the ways we connect with families. We can now provide in-person (standard), tele-health or telephone-based services depending on the needs of the family and the health and wellbeing of the team.
- We have increased safety awareness as we consider the multiple factors that create a safe environment for clinical work to be done including health status of participants and enhanced safety measures (mask wearing, social distancing, outside sessions etc.)
- We have been able to continue providing groups to parents via tele-health platforms which has allowed continuation of services for clients while being able to take appropriate safety precautions. The switch to tele-health-based groups did not change the number of participants.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Increase community based/home-based services as appropriate and safe to continue to meet the unique, intensive needs of this population

PROGRAM: Salinas Home Partners FSP

Impacts of COVID-19 Pandemic on Service Delivery:

Salinas Home Partners is an intensive home-based service that is primarily provided in the family home and community. When COVID 19 hit in March 2020 services provided under Salinas Home Partners initially had to transition to phone or tele-health-based services to protect the health and wellbeing of both the clients and the clinicians. As more was learned about appropriate safety measures that could be taken (vaccinations, masking guidelines, social distancing guidelines) services resumed in the natural environments of the clients. At this time, we have resumed in-person services with enhanced safety protocols. There is one clinician who provides services to this program. During a typical fiscal year, a clinician in this program can serve up to 12 families. During this past fiscal year 2020/2021 this clinician has been able to serve 8 families.

CHALLENGES:

- Initially program saw a drop in referrals as wider system moved to tele-health.
- Additional time and planning have been dedicated to each client contact to ensure maximum safety for the participants, including health screening, determining safest environment, and reviewing health guidelines at every session.
- There have been breaks in services when a client, family member or staff member is ill, has had COVID exposure or has tested positive for COVID.
- There have been limitations on the environments that services can be provided in to ensure safety. Inability to make reasonable safe accommodations in very small dwellings or single rooms occupied by a family etc. Has significantly impacted provision of services.

STRENGTHS:

- The pandemic has broadened the ways we connect with families. We can now provide in-person (standard), tele-health or telephone-based services depending on the needs of the family and the health and wellbeing of the team.
- We have increased our ability to assess safety as we now consider the multiple factors that create a safe environment for clinical work to be done including health status of participants and enhanced safety measures (mask wearing, social distancing, outside sessions etc.)

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Increase outreach to Children's System of Care so that they are familiar with this program and how it can support their clients and families.
- Increase number of clients/families served from 8 to 10 over the 2021/2022 fiscal year.

PROGRAM: Family Assessment Support & Treatment (FAST) FSP

Impacts of COVID-19 Pandemic on Service Delivery:

FAST FSP program is a highly collaborative and intensive team that focuses on improving mental health symptoms and outcomes for children in the child welfare system. As a result of

the COVID 19 pandemic service delivery shifted from fully in-person services to a hybrid model of both in-person and tele-health services. This model of service delivery remains in place allowing for services to be offered to many clients regardless of location and need.

CHALLENGES:

- Families with lower resources did not have the technology or data plans necessary to participate in telehealth services.
- Difficulties obtaining wet signatures for consents and releases for clients who are primarily receiving tele health services.
- Initially during general shut down, other community resources were not readily available to clients.
- Increased coordination efforts with child welfare to meet the coordination and case management needs safely and adequately for the clients given that staff from both Agencies were working remotely and were no longer co-located.
- Additional time and consideration go into each contact to ensure maximum safety for the participants including health screening, determining safest environment, and reviewing health guidelines at every session as well as additional time required to clean and maintain safe office spaces for additional client contact.
- Breaks in services when a client, family member or staff member is ill, has been exposed to COVID or has tested positive for COVID if they were receiving in person supports.

STRENGTHS:

- Clinical and support staff quickly adapted to new methods of service delivery and prioritizing client welfare and support services.
- Agency support services quickly mobilized and assisted our staff in establishing remote work practices to ensure access to all required documents.
- Staff reported high levels of satisfaction as they learned new and alternative ways of addressing mental health challenges via telehealth.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Increase direct in person community-based/home-based services when it is safe to engage further in these activities.
- Maximize IHBS, rehabilitation, and case management support services for clients through use of para-professional staff.

[PROGRAM: Kinship Center Adoption Preservation FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

The fiscal year of 2020-2021 was one that will not be forgotten. In Monterey County, we experienced consistently climbing COVID-19 cases, corresponding economic ramifications, school closures, and telehealth transitions. As we reflect on the last fiscal year and the work that our Clinic staff has done, we are proud of how our team has pulled together to find innovative ways to support children, youth, and families in the community and grateful for the growing connections and collaborative relationships that have helped us navigate this year.

As we began our journey through telehealth, we were faced with needing to develop a new and creative way to deliver effective services remotely. Beginning with offering all of our current clients' remote sessions, our small but diligent clinical team went above and beyond to develop strategies for crisis stabilization, building authentic engagement with youth, establishing trust and consistency in the community, and tirelessly working towards supporting families in finding stability during a year full of uncertainty. With this new era of shelter in place came many emerging challenges for our surrounding community.

CHALLENGES:

The team quickly noticed the growing difficulty to effectively reach youth through telehealth due to increasing technology fatigue, effects of isolation, and technological gap experienced by many families. With a lot of thoughtful planning, we developed safety protocols and creative support plans in order to provide in person services for youth and families that were presenting with high-risk behaviors. Some of the challenges we had to struggle with was finding safe, confidential, and convenient locations for clients to be served. Often families didn't have a space outdoors for services to be provided and during the winter months this become even more challenging. Transportation was another big barrier for many of our South County Families. Although, we faced these challenges, we often tried to meet the client in other locations such as schools, libraries, at their afterschool programs and clinics to avoid disruption in treatment.

STRENGTHS:

Another focus has been our expanding efforts to integrate cultural responsiveness and equitable services to families in the community. Our passionate staff have made it a point to consistently discuss and challenge all aspects of service delivery in order to remain true to our values. In addition, we have pushed for an increase in resources and trainings to deepen our understanding of how to better serve communities in our region in a more holistic and ethical manner. Trainings on Indigenous Oaxacan communities, Latinx populations, intersectionality and youth impacted by systems, implementing affirming care for queer and trans youth, and other topics have supported us in moving towards a more flexible and comprehensive view of our work as well as the diverse needs and values of the community.

ACTION PLAN FOR THE COMING FISCAL YEAR:

This fiscal year also saw a continued struggle to hire and fill positions leading to a heavy impact on staff working in the field providing in person sessions. Though we experienced high turnover rates in the early stages of fiscal year, our staff pulled together and were very determined to not allow staffing issues to impact quality of services to youth and families. We are still in process of hiring out our full clinical team.

Running our Clinics during a pandemic brought with it many challenges as well as triumphs. With everything that we have experienced this year, we have seen impressive outcomes and resiliency from the youth and families we served. With thoughtfulness, hard work, and determination we have met the challenges of the last fiscal year. While not everything has been perfect, we have grown as a team in this work and are looking forward to continuing to bring quality services to youth and families in Monterey County.

PROGRAM: Kinship Center First Five Trauma FSP

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PROGRAM: Kinship Center King City FSP

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As we began our journey through telehealth, we were faced with needing to develop a new and creative way to deliver effective services remotely. Beginning with offering all of our current clients' remote sessions, our small but diligent clinical team went above and beyond to develop strategies for crisis stabilization, building authentic engagement with youth, establishing trust and consistency in the community, and tirelessly working towards supporting families in finding stability during a year full of uncertainty. With this new era of shelter in place came many emerging challenges for our surrounding community.

CHALLENGES:

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Running our Clinics during a pandemic brought with it many challenges as well as triumphs. With everything that we have experienced this year, we have seen impressive outcomes and resiliency from the youth and families we served. With thoughtfulness, hard work, and determination we have met the challenges of the last fiscal year. While not everything has been perfect, we have grown as a team in this work and are looking forward to continuing to bring quality services to youth and families in Monterey County.

2. Dual Diagnosis FSP (CSS-02)

PROGRAM: Integrated Co-Occurring Disorders FSP

Impacts of COVID-19 Pandemic on Service Delivery:

Services at ICT were delivered in a virtual, hybrid model. Service delivery at ICT decreased significantly as most of our referrals are from probation who were working virtually too. Services declined by over 40%.

CHALLENGES:

Successfully engaging new children, youth, and families was the most challenging, as developing new therapeutic rapport virtually for ICT was difficult. The youth at ICT were less-motivated and we had to lean-in to our motivational enhancement practices. We had staffing difficulties at ICT. Some staff were exposed, and we had to work with the isolation and/or quarantine policies. Home visitation was ceased. We experienced staff resignations during the pandemic and some staff did not return to work. Staff recruitment is very challenging.

STRENGTHS:

We learned a lot of new engagement techniques that effectively met children, youth, and family needs. We changed our environmental cleaning practices and relied on electro-static sprayers to maintain safe and sanitized office space. We successfully vaccinated all staff. At ICT youth and families returned to in-person and some home visitation or community sessions. We conducted sessions in parks and other appropriate confidential community spaces, with everyone masked and socially distanced. We received excellent client/family satisfaction ratings.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Workforce development is still very difficult. We still prefer our ICT therapists and case managers to work in our clinic. We are enjoying having the schools open again for youth but are realistic that schools may again close with the new surge of infection. However, currently we are experiencing the highest staff infection rates with the omicron variant. We envision a flexible, supportive workplace and are creative in staff recruitment and retention strategies

PROGRAM: Santa Lucia Residential Treatment FSP

Impacts of COVID-19 Pandemic on Service Delivery:

There were considerable effects at Santa Lucia, an STRTP. Schools were operating remotely, special education services were not offered, and the clients were home-bound 24/7. This put increased pressure on program operations, which resulted in more AWOLs, acting out, disruptive behavior, anxiety, and depression. The support and assistance of the social workers in the placing counties was limited.

CHALLENGES:

The youth at Santa Lucia were less-motivated and we had to lean-in to our motivational enhancement practices. We had staffing difficulties at Santa Lucia. Some staff were exposed, and we had to work with the isolation and/or quarantine policies. We experienced staff resignations during the pandemic and some staff did not return to work. Staff recruitment is very challenging.

STRENGTHS:

We learned a lot of new engagement techniques that effectively met children, youth, and family needs. We changed our environmental cleaning practices and relied on electro-static sprayers to maintain safe and sanitized office space. We successfully vaccinated all staff. We conducted sessions in parks and other appropriate confidential community spaces, with everyone masked and socially distanced. We received excellent client/family satisfaction ratings. Santa Lucia operations have adjusted as we implemented service strategies to keep our youth engaged and satisfied.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Workforce development is still very difficult. We are enjoying having the schools open again for youth but are realistic that schools may again close with the new surge of infection. However, currently we are experiencing the highest staff infection rates with the omicron variant. We envision a flexible, supportive workplace and are creative in staff recruitment and retention strategies.

3. Justice-Involved FSP (CSS-13)

PROGRAM: Mental Health Treatment Court - Creating New Choices (CNC) FSP

Impact of COVID-19 Pandemic on Services:

The CNC team has continued to work to support our seriously mentally ill justice involved clients participating in Mental Health Treatment Court throughout the pandemic by offering in person, field, clinic, telephone/telehealth, and court support. In person groups were transitioned to remote Zoom groups and staff worked diligently to support clients in being able to access groups

via this secure remote telehealth platform. This has been a challenging time for our clients with the overall community service disruption, periods of social isolation it has been very unsettling for clients as their normal routines and coping outlets in many cases were disrupted. The CNC team has stepped in and up to meet the needs and provide support to our clients throughout the pandemic following all COVID precautions and continue to do so to date.

CHALLENGES:

Changes in the law due to AB1950 that went into effect 1/1/2021 and resulted in fewer referrals to CNC and reduced length of probation for those already in the program which resulted in a sharp reduction in the number of program participants the first few months of CY 2021. With Mental Health Diversion law (PC 1001.35-1001.36) in place since 2018 and the changes in the misdemeanor incompetent to stand trial law (PC 1370.01) due to SB317 which became effective 1/1/2022, the referrals to CNC are not as robust as in the past. Additionally, the court imposed zero-dollar bail, the jail released inmates at unprecedented levels in 2020 to get jail populations down and individuals were released suddenly without adequate discharge planning. Probation also stopped drug testing and there was little accountability as courts also closed and waived participants appearances in court.

STRENGTHS:

CNC is a small resourceful multidisciplinary team that works very well together. The staff seamlessly, in collaboration and with the support of their supervisor and manager, pivot to address and problem solve any challenges as they arise. The team is committed and dedicated to serving our justice involved seriously mentally ill population.

ACTION PLAN FOR THE COMING FISCAL YEAR:

To work with our justice and court partners to address the needs of the justice involved Specialty Mental Health Population and examine the impact of changes in the law and how our current program staffing can be best utilized to meet the needs of this population.

[PROGRAM: Juvenile Mental Health Court /Collaborative Action Linking Adolescents \(CALA\) FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

CS JJ CALA FSP program is a collaborative program between Monterey County Probation Department and CBH. This is an intensive team approach focusing on responding to the youth in Monterey County whose mental health needs and acuity bring them to the attention of Law Enforcement and the Juvenile Justice Court. Treatment is highly individualized and often occurs more than once a week, in addition to regular staffing and monthly court hearings. In March of 2020, when COVID first presented in Monterey County, all of the in-person services were converted to a virtual/tele-health format for the health and safety of clients and staff as much was unknown about COVID. In the last 20 months, much has been learned and in-person sessions have been offered to ensure treatment progresses and crises are averted. This program is allocated 1 full time clinician, and when staffed, can accommodate 10 to 15 clients. CS JJ CALA has experienced staffing shortages off and on over the last 2 years.

CHALLENGES:

- Virtual treatment needs to be continuously reviewed to ensure for treatment efficacy and to appropriately monitor for risk and mental health symptoms. Additional time has been needed to continuously review that process to ensure that if an in-person session is warranted, it is done safely.
- Concerns with confidentiality for those whose living environment is shared and where there is minimal privacy.
- Access to consistent technology for virtual services.
- Staffing shortages and burnout.
- Limited opportunities for the youth in treatment to practice the skills learned in treatment (i.e., coping with social anxiety at school when school is closed).

STRENGTHS:

- COVID has allowed us to explore different ways to deliver services and reduce the need/cost of transportation.
- As we grow in knowledge about COVID and how it is transmitted, we have developed protocols for evaluating and mitigating risk, allowing for in-person care to occur safely.
- Virtual services have reduced barriers for parents and caregivers to participate in treatment meetings and other collaborative efforts.
- Despite staffing challenges, services continue to be offered and available for youth and their families.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Continue to recruit and hire qualified staff.
- Look for additional ways to innovate as we continue to move through the uncharted COVID landscape.

PROGRAM: [Juvenile Sex Offender Response Team \(JSORT\) FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

The JSORT FSP program is a collaborative program between Monterey County Probation Department and CBH. This is an intensive team approach that focuses on responding to the youth in Monterey County whose sexually abusive behaviors have brought them before the Juvenile Justice Court. Treatment is provided in the individual and group formats, with monthly treatment team meetings to support and educate the family system. In March of 2020, when COVID first presented in Monterey County, all of the in-person services were converted to a virtual/tele-health format for the health and safety of clients and staff as much as was unknown about COVID. In the last 20 months, much has been learned and some in-person sessions have been offered to ensure treatment progresses and urgent and crisis needs are addressed effectively. This program is allocated 2 full time clinicians, and services 15 to 30 youth. JSORT has experienced staffing shortages and is currently operating at half capacity.

CHALLENGES:

- Virtual treatment needs to be continuously reviewed to ensure for treatment efficacy and to appropriately monitor for risk and mental health symptoms. Additional time has

needed to be dedicated to that review process to ensure that if an in-person session is warranted, it is done safely.

- Concerns with confidentiality for those whose living environment is shared and where there is minimal privacy.
- Access to consistent technology for virtual services.
- Staffing shortages and burnout.
- Limited opportunities for the youth in treatment to practice the skills learned in treatment (i.e., school closures etc.).

STRENGTHS:

- COVID has allowed us to explore different ways to deliver services and reduce the need/cost of transportation.
- As we grow in knowledge about COVID and how it is transmitted, we have developed protocols for evaluating and mitigating risk, allowing for in-person care to occur.
- We have been able to continue providing groups via tele-health platforms which has allowed continuation of services for clients while being able to take appropriate safety precautions. The switch to virtual services has also allowed some youth to speak more freely about their offending stories.
- Despite staffing challenges, bilingual and bicultural services continue to be offered.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Continue to recruit and hire qualified staff.
- Look for additional ways to innovate as we continue to move through the uncharted COVID landscape.

4. Transition Age Youth FSP (CSS-04)

PROGRAM: AVANZA FSP

Impacts of COVID-19 Pandemic on Service Delivery:

The TAY AVANZA program serves young adults aged 16-25 that suffer from severe mental health conditions. A large percentage of clients served within this program struggle with MH conditions that pose challenges for them with social engagement and/or going out into the community. These challenges frequently impact their ability to routinely attend their BH appointments. Prior to the pandemic if a client did not arrive to the clinic or pre-designated location for a scheduled appointment a phone call was made to check-in with them and attempt to reschedule and meet their care and support needs. These were missed opportunities to provide care and intervention. With the COVID-19 pandemic and the integration of telehealth services into the care array for clients, many of the clients that previously missed appointments have been able to participate with higher engagement rates. An important component of services within this program is the group therapy and social skills groups for clients. As a result of the pandemic these group services have been suspended.

CHALLENGES:

Multiple challenges have been faced by the program as a result of the Pandemic.

- Telehealth
 - Initially it was challenging for many clients to understand how to access zoom and how to use the technology. Our support staff quickly shifted to providing direct guidance and assistance to clients to ensure that both access and use of zoom was not a barrier for clients.
 - Inequity in internet access was a significant challenge for many clients that resided in areas where internet and cell phone service was limited and unreliable. For clients that had limited access to technology, the program has created telehealth offices that clients can come into the facility and are supported by staff with logging into devices so that treatment and psychiatry services can be accessed on site via telehealth or in person.

- Group treatment services via telehealth has been a challenge. Early in the pandemic the program attempted group teletherapy services and the clients were extremely displeased with this medium of services for group. The program next piloted a hybrid group approach allowing clients that preferred to be in the office to be present while others joined via zoom; this was also poorly received and ineffective. Group treatment with this population has been temporarily suspended due to the lack of efficacy. Clients have asked when in person groups will be provided again. Resuming group treatment will be contingent upon covid safety and transmission rates reached a reduced level and pending guidance from the county health officer that resuming group activity is acceptable.

STRENGTHS:

The program made a rapid transition to telehealth and telepsychiatry services within the first weeks of the pandemic shelter in place in 2020. This additional offering to the services array has allowed for continued participation in services (treatment and medication) for high needs and high-risk clients. For clients that needed in-person services the program has been able to accommodate this while ensuring COVID safety procedures are practiced.

ACTION PLAN FOR THE COMING FISCAL YEAR:

The program will continue to offer services via telehealth with increasing in-person services as the health situation allows and permits.

5. [Adults with Serious Mental Illness FSP \(CSS-05\)](#)

[PROGRAM: Assertive Community Treatment FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

ACT has implemented COVID-19 protocols for staff and client safety while complying with state and federal health guidelines including the provision of masks and PPE to all staff and clients. ACT staff continued to administer injectable medications during the COVID-19 pandemic and were able to adjust practices to administer medications to clients in their homes while they were quarantining. The ACT program reduced in-person sessions and home visits with increased telephone sessions during the height of the COVID-19 crisis in the county. The ACT program assesses the client's need for in-person sessions on a case-by-case basis and as the county and state reopened, the ACT team increased in-person sessions to better support clients' needs.

STRENGTHS:

The program was able to fill staff vacancies and train staff on the ACT model, motivational interviewing, Medi-Cal training, and participated in ACT refresher training through Alameda County Behavioral Health to further establishing the program and following the evidence base model. The ACT program worked closely with MCBH Adult System of Care (ASOC) for ongoing admissions of new clients to maintain a caseload of 50 clients. The program continues to focus on serving Latinos in the community. ACT staff meet with clients at least 2-3 times weekly and into their homes, communities, and adapted to COVID-19 protocols by increasing telecommunication services to clients. ACT staff continued to meet clients in-person dependent on need and following COVID-19 protocols for individual sessions and medication administration. The program met all contracted goals. The program served 63 clients in total and served 52 males and 11 females, 87% of consumers were not hospitalized and 94% of consumers were not incarcerated during the fiscal year. Additionally, staff have been able to participate in ACT regional meetings and trainings to receive support from other programs in neighboring counties that are working on implementing ACT to fidelity. Our program continues to attend these meetings and share successes and challenges in achieving fidelity to the ACT model.

CHALLENGES:

ACT program experienced transition with a few positions with the Admin Assistant position being filled and a recent need to fill a case coordinator/clinician (BHC I) to meet program goals and maintain client services. The program had to adapt services to meet client needs during a pandemic throughout the 2020-2021 fiscal year.

ACTION PLAN FOR THE COMING FISCAL YEAR:

The program will continue to schedule regular trainings in all areas of ACT fidelity (including knowledge with employment, substance use, housing, etc.) to meet program goals to reduce client crisis admissions and incarcerations. The ACT Program Manager will recruit and fill the open ACT clinician position and will ensure each staff is trained as they come on board and continue to receive ongoing trainings throughout employment in the program to achieve fidelity to the model. The ACT Program Manager will train staff to implement the IMR (Illness Management & Recovery) model to support the client's recovery goals within the ACT program. The ACT Program Manager and staff will receive verbal intervention training in Crisis Prevention Intervention (CPI) to deescalate clients experiencing crisis and prevent crisis situations.

- Continue with a limited number of in-clinic services simply to minimize clinic wide COVID exposures.
- Continue to problem-solve creative solutions to meet the needs of the clients while keeping staff safe.

6. Older Adults FSP (CSS-06)

PROGRAM: Older Adults FSP

Impacts of COVID-19 Pandemic on Service Delivery:

From July 1, 2020 to June 30, 2021 the impacts of the COVID-19 pandemic on service delivery for older adults was slightly more significant than with adults served by the Adult System of Care. Older adults are more vulnerable to severe illness from coronavirus and have experienced increased levels of anxiety and depression during the pandemic. This population is also more at risk for COVID-19 if they have co-morbid medical issues, leaving them vulnerable. Because of quarantine, older adults were confined to their homes and therefore were more isolated. The majority of services were provided via phone versus face-to-face at that time. As the COVID restrictions lifted, more services were provided face-to-face and in client's homes.

CHALLENGES:

Due to quarantine and extended isolation mandates, there were limited in-person visits and most services were provided via the telephone. Some older adults had smart phones and were able to navigate Zoom with training from county staff. This allowed face-to-face video visits, however others had limited access and cognizance of internet and smart phones.

STRENGTHS:

- County staff trained older adults in how to use smartphones to access Zoom to have in-person appointments with clinicians, social workers, and psychiatrists.
- This provided an opportunity to utilize the Transportation Coach and Wellness Navigator to help clients obtain a smart phone to access Zoom and have virtual appointments.

When clients were trained, they were able to decrease isolation by attending group therapies via Zoom and have virtual meetings with their treatment team.

- Older adults were also able to access other community resources to obtain social support rather than relying solely on behavioral health workers.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Continue to utilize Transportation Coach and Wellness Navigator to help older adults obtain smart phones and train in accessing Zoom.
- If weather permits, offer meetings and group therapies outside in a park setting.

PROGRAM: [Drake House FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

From July 1, 2020 to June 30, 2021 there were limitations for in person services due to COVID-19 positive cases at the residential facility. Drake House is an enhanced board and care for the elderly and many clients have co-morbid medical issues along with behavioral health conditions.

- Telehealth was utilized for psychiatry appointments. Residents were able to adjust, however some of the in-person interaction/connection is lost. Some residents would not meet with the doctor through telehealth.

- There were more medical doctors' office cancellation for in-person visits or soonest available was months out. Some of the residents refused to go to doctors' appointments due to fear of catching COVID and getting sick.
- For onsite mental health service provided by Drake House staff, they continue to meet and provide supports to the residents. It is stressful for the residents when routine is disrupted when Drake House must implement restriction protocol (cancelling groups, no communal dining, medication, and meal delivery in rooms, etc.) in the event of having positive case(s). Sometimes the residents will have to meet with a different coordinator if their normal coordinator is out on quarantine or illness.

CHALLENGES:

- Getting resources, securing PPE and dealing with the inflated cost is a hardship but a necessity, especially in the beginning.
- Having residents wear a mask and adhere to safety measures, encouraging unvaccinated residents to get vaccinated or to the booster.
- Residents had difficult remaining confined to their rooms interacting mostly with their roommate.
- Encouraging residents to get tested or go to their doctor's appointment when they are not feeling well.
- Staffing strain when staff test positive, get sick, or require quarantine due to exposure.
- Doing medication and meal delivery room to room for all residents.
- Technical difficulties for telehealth (connection issues, volume issues).
- Obtaining activities for residents to do in their rooms to decrease boredom.

STRENGTHS:

- Having a plan to mitigate/minimize exposure or spread of the virus.
- Having most of the residents vaccinated and almost all staff vaccinated.
- Having a great caring team that know how to pivot with the program needs.
- Drake House was able to get through 1 year and 9 months of the pandemic with all the changes and new information that comes out that required implementation.
- Staff trained residents on how to access the internet to reduce boredom.
- Obtained art activities for residents to utilize while in their rooms including adult coloring books and obtained headphones for each client so they could listen to music and/or watch YouTube on their smartphones.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Keeping residents safe.
- Continue to provide care and support to our residents.
- Resume group activities, communal meals, allow clients to spend time in communal areas of the board and care when it is safe.

7. Homeless Services & Supports FSP (CSS-14)

PROGRAM: MCHOME FSP

Impacts of COVID-19 Pandemic on Service Delivery:

Staff continued to meet with clients in person but increased the number of phone calls and teleconference sessions, when appropriate, to reduce unnecessary contact and Covid-19 exposure between people. The team facilitated psychiatry and doctor's appointments by Zoom and phone as well as in person. Due to the reduction of in-person services at government offices (i.e., DMV, Social Services, and Social Security), it became more difficult to get clients vital documents including state-issued ID cards, birth certificates, income verification, and documents from the Housing Authority, which had an impact on getting clients into housing in a timely manner.

STRENGTHS:

MCHOME met all goals with the exception of Primary Care Provider (PCP) attendance. PCP attendance was difficult to achieve due to COVID 19 restrictions. MCHOME increased collaboration with other agencies. MCHOME was an active participant in the Monterey County Vaccinations for the Homeless Taskforce. MCHOME had an active role in Project Roomkey (PRK) and through PRK MCHOME was able to get a significant number of people off the streets and into a temporary shelter. MCHOME referred clients to Project Homekey/Step-Up Salinas and supported eight clients to obtain permanent housing at Step-Up. MCHOME hired temporary employees for staffing support during multiple staff leaves. An added benefit of hiring the temporary staff was that when a vacancy arose the temporary staff were able to step into permanent positions allowing the program to avoid the disruption of services to clients that is usually caused by staff vacancies.

CHALLENGES:

Due to ending of Homeless Mentally Ill Outreach & Treatment grant, MCHOME FSP decreased number served from approximately 100 to 80 consumers this year. MCHOME had high staff resignations and staff FMLA this year. While the housing goal was met, it was a significant decrease from last year when 84% of clients were either in transitional or permanent housing when they exited the MCHOME program. MCHOME converted a Housing Navigator position into a case manager position when program changes occurred. MCHOME noticed challenges without the Housing Navigator duties. This fiscal year, budget cuts led to the elimination of the Housing Navigator position, which took away the dedicated staff time to search for housing for clients. Also, the COVID-19 pandemic created barriers to get into housing as well as a decreased inventory of available apartments.

ACTION PLAN FOR THE COMING FISCAL YEAR:

A new form will be completed quarterly by MCHOME staff to track PCP appointments and prompt discussion with clients about the benefits of scheduling and keeping PCP appointments. MCHOME will consider creating Housing Navigator duties using current staff. Continue to utilize temporary employees when appropriate to fill in gaps for staffing, especially planned family leaves. Staff will refer all eligible clients to the new Emergency Shelter Vouchers (ESV) program to increase the number of clients who obtain permanent housing.

PROGRAM: Lupine Gardens FSP

Impacts of COVID-19 Pandemic on Service Delivery:

As a result of the COVID-19 pandemic, there was less collaboration with other members of the treatment team (coordinators, OMNI, Dual Recovery Services) and outside service providers (MCBH, Bienestar - Primary Care Physician, Meals on Wheels, In-Home Support Services, Social Security office, Social Services offices, Post Office, Public Guardians office, payees). Face-to-face contact with other treatment team members was very limited and most members from other agencies were working remotely, which meant getting in contact with other treatment team providers was difficult. The clients' symptoms intensified when asked to isolate and shelter in place. Symptoms related to paranoia were greatly intensified (e.g., fearing the government and staff are tracking them, not wanting phone/Zoom appts for fear of staff/doctors conspiring against them). The use of technology continues to have an impact on day-to-day functioning because some residents do not know how to use the technology (computers, smartphones). Therefore, staff needed to assist with tasks that clients were able to do before the pandemic. Medical appointments that occurred on Zoom or over the phone were briefer than in-person appointments; these appts lasted 10 minutes. It was difficult for some clients to engage on a screen rather than in person. The agency cell phones continue to be helpful, and clients chose to store the cell phones in the staff offices when not in use; this seemed to lessen the paranoia surrounding the phones. Isolation has had an overwhelming effect on clients' drug and alcohol use. One resident who had over 10 years of sobriety relapsed; the resident reported that isolation due to the pandemic created the opportunity for him to relapse. This year, there was a client death in the Lupine community and the ability of clients to cope with this death was difficult due to Shelter in Place guidelines.

STRENGTHS:

Lupine Gardens demonstrated many strengths in that there was a sense of community among residents and new residents continue to engage in Lupine services (medication support, tenant meetings, weekly meetings). A pattern has been established in these last two years at Lupine. Two residents continued employment through the pandemic.

CHALLENGES:

Lupine Gardens continues to be challenged with the aging population and ways to serve clients who need a higher level of care for conditions related to their physical health. Staff will continue to work on different interventions to improve clients' ability to manage symptoms and possibly explore employment and furthering education.

PROGRAM: [Sunflower Gardens FSP](#)

Impacts of COVID-19 Pandemic on Service Delivery:

The pandemic impacted group services, collaboration with other members of the treatment team (OMNI, coordinators, family members, Keep It Real, and Manzanita) along with outside service providers (MCBH, primary doctors, and specialist). Clients had difficulty using technology to communicate with the treatment team and their support (i.e., friends, family). Residents who tested positive or were exposed to COVID-19 were encouraged to quarantine for up to 14 days or as recommended by physicians. The isolation during quarantine and challenges with limitations in socialization activities affected residents including more psychiatric hospitalizations than in previous years. Vacancies took more time to fill due to limited interaction with the MCBH

treatment team, use of technology to conduct interviews, and delay in gathering paperwork. Additionally, the program had challenges with hiring new staff due to background checks taking longer than usual and a limited number of applications and qualified applicants for the Resident Manager position, which is essential in the safety of the community.

STRENGTHS:

Sunflower Gardens has a sense of community in which residents support each other and are welcoming to new residents, voice their concerns, and collaborate with staff and neighbors to problem-solve issues that occur in the community.

The program served a total of 24 consumers while maintaining a 90% occupancy rate. Despite the challenges created by the pandemic, Sunflower Gardens met all seven goals this year:

- 96% of consumers remained housed
- 91% of consumers maintained or improved their mental health recovery
- 38% of consumers attained employment, attended school, or volunteered
- 96% of consumers reported satisfaction with the quality of services provided
- 75% of consumers eliminated psychiatric hospitalizations
- 100% of consumers did not experience incarceration
- In addition, the program continued to offer services and successfully housed 3 consumers out in the community, and 1 consumer in Interim's Community Housing program.

CHALLENGES:

Stressors caused some difficulty with residents' Interpersonal relationships and ongoing substance use. Sunflower also had many clients with physical health needs. Counseling staff encountered challenges in providing support to individuals who required a higher level of care because of their physical health needs.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Sunflower staff will continue to receive training in Motivational Interviewing and Harm Reduction to ensure services align with the consumer's readiness for change and challenges with substance use. Furthermore, the program will collaborate with substance use programs such as Keep it Real to better support consumers with co-occurring substance use diagnoses. Sunflower staff will continue to collaborate with providers (i.e., PCP, specialist, nurses) to support individuals who need assistance with their physical health needs. Sunflower staff will also connect clients to community resources such as the In-Home Supportive Services (IHSS) program, meals on wheels, and MST transportation services to help clients continue to live independently.

8. [Access Regional Services \(CSS-07\)](#)

[PROGRAMS: Access to Treatment Salinas, Coastal Region, King City, and Soledad](#)
[Access Medication Support, Promotores, GAP, Clinic Integration, USC Telehealth](#)
[Access AB109, Access Probation](#)

Impacts of COVID-19 Pandemic on Service Delivery:

Prior to the pandemic, Access Clinic Programs received approximately more than 300 walk-in clients monthly. This drastically changed with the pandemic and shelter in place as although all

our clinics remained opened, clients were redirected to call on the phone if no immediate risk factors were identified. Initially, almost no clients presented in person, and there were several weeks without someone presenting in person. During this time, an enormous number of referrals started being received by fax as well as phone inquiries for general mental health services from Primary Care Providers (approximately 1,500 in 2020 and 1,300 in 2021). At the same time, we transitioned client services to phone/telehealth as much as possible and staff to remote telework to stagger schedules to reduce the number of staff in the clinic at the same time to allow for physical distancing following all COVID precautions. In-office staff decreased as we adjusted to maintain a clinician of the day (COD) schedule. Initially only the assigned CODs were to come into the office and the remaining staff would work remotely. We have since routinely looked at the number of walk-ins at our respective clinics and adjusted the hybrid telework schedules of our staff accordingly.

Access AB109 and Access Probation was impacted by the pandemic significantly as in addition to the bureau wide transitions noted above, jails and prisons let individuals out of custody at unprecedented rates to reduce the overall jail and prison populations due to the pandemic and COVID outbreaks in these congregate settings. Inmates were released many times with inadequate or no discharge planning, the courts introduced zero-dollar bail, our probation partners closed their offices to the public for a period, stopped performing home visits and drug tests all together, etc. There was little accountability for AB109 program participants and an increase in the number of no shows and inability to contact. Probation continued to make referrals to Behavioral Health, however COVID complicated our team's ability to assess, make referrals and secure placement due to contract provider program closures and staffing issues as well as COVID screening / testing requirements and outbreaks in residential placements. Our staff faced challenges reaching our clients as many are homeless, had outdated contact information on file, do not have a phone, or access to a device that supports telehealth (Zoom).

CHALLENGES:

Overall maintaining adequate staffing has been a challenge as our clinics are constantly adjusting to changes due to COVID exposures of our staff. This has made it difficult to fully staff our clinics and respond to the incoming referrals. All our Access Programs have been impacted by the pandemic and are currently impacted by staff shortages from COVID related absences, leave of absences, as well as position vacancies due to the overall workforce shortage issues. Several staff that took leaves of absence for personal self-care, requested adjusted schedules due to childcare issues, etc. As our staff transitioned to telephone / telehealth sessions with clients there were also challenges and we saw a high number of assessment/psychiatry appointment no-shows for a variety of reasons. Although the facilitation of groups has been limited during the pandemic, and in person groups at the clinics have not been restarted, we have been facilitating some groups via Zoom across our Access Programs in a limited capacity.

We saw an increase in clients not attending services because they did not have a device or lacked privacy to attend their appointments remotely in their homes. There were a few

instances of people attending therapy/group/psychiatry while at the store, in their car, watching their children, or out of state. Attending to mental health needs seemed to decrease as families now had children home full-time as well due to school and daycare closures. As Access services are primarily clinic-based services (not field based) and several staff were working remotely on any given day we found ourselves calling law enforcement more routinely for welfare checks. Several county contract providers ceased services, closing their doors and or had staffing shortages of their own which made it difficult to refer mild to moderate and SUD clients out to appropriate level of care providers. We are also now seeing an increase in community members seeking services who have Private Insurance, Uninsured and those with out of county Medi-Cal coverage. We are also continuing to get large numbers of referrals from Primary Care Providers reporting that although they know they can/should refer directly to Beacon they prefer to refer to Behavioral Health because we are more responsive.

Another challenge is the ongoing struggles to refer out those with mild to moderate mental illness to Beacon. There are struggles with getting individuals successfully connected to Beacon and an overall lack of capacity at Beacon to meet the need. There is not an easy system in place to cross reference referrals and check on the status of referrals to them and this is very time consuming for our Access program staff. Beacon also indicates they do not have a mechanism in place to provide a report of all referrals they have received from our Access programs with status of that referral for our teams to cross reference with.

STRENGTHS:

The Access programs have continued to actively recruit and hire staff to fill vacancies. The team is highly collaborative with internal programs as well as community providers and are tremendous advocates for clients. There has been a greater sense of flexibility in terms of balancing the needs of staff and programs, in terms of adjusting hybrid telework schedules as necessary to meet the changing needs of the programs in the various regions while continuing to keep the clinic operations functioning. Access Salinas expanded services to begin a new MOU with NIDO clinic. Access Programs continue to develop post-hospitalization workflows to better streamline referrals coming in from both local and out of county hospitals. In addition, our Access Programs have been supporting several MSW and Bachelor level interns throughout the regional and specialty clinics as part of our overall effort to “Grow Our Own”.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Continue to adapt and adjust as needed to meet the changing needs of our clinics, workforce, and programs. Continue hybrid telework staff scheduling and the clinician of the day coverage schedule and revise as needed to address unplanned absences, COVID leaves and monitor the number of walk-ins and referrals that are being received to be responsive to increases and adjust staff scheduling accordingly. Creatively work to address workforce shortage issues and work to fill as many staff vacancies as we can

with qualified candidates. Continue to invest in supporting internship programs and potential expansion as part of growing our own.

- Maintain and renew our MOUs with contract providers to keep established referral resources. To maintain and monitor contracts with our providers, and work with partners such as CCAH, Beacon and Primary Care on referrals from SMHS. Access has been holding on to referrals for individuals who would more appropriately be served elsewhere due to capacity / staffing issues.
- Community Human Services requested to stop accepting referrals for 2-3 months at the end of 2021 due to staffing issues and caseload cleanup that needed to occur (reviewing charts and closing out clients who are no longer receiving services) to get an accurate number of active clients. They also noted an increase in individuals with significant case management needs which is a challenge for them. They have again started accepting referrals and are anticipated to be working at capacity starting in January/February.
- The USC Telehealth contract expired at the end of last fiscal year, and they were initially not responsive to our requests to negotiate a new contract. This was reportedly due to their internal program transitions, staffing changes and internal operational adjustments. With persistence and continued effort on our part we have been able to renegotiate a new contract with them and they will start accepting referrals effective 2/1/2022.
- This means the Access programs can once again refer appropriate clients to CHS and USC providers and stop holding these clients on the Access clinicians' caseloads which is significant. We are also working with our Access psychiatrists to review the medication step-down process which will also alleviate caseloads to make room to admit new clients.
- Another area of focus is the capacity issues and referral processes with Beacon Health Options. We need to continue to work with Central California Alliance for Health (CCA) and Beacon to address these issues that currently exist with Beacon as this greatly impacts Access teams in all regions. Beacon is unable to provide MCBH with a report of referrals received and status of those referrals, therefore the tracking and following up on referrals is falling on our staff. Our Access teams are making significant effort to facilitate warm handoff and ensure individuals get connected with services, however it is very time consuming for our Access staff in all regions and Beacon is not presently able to connect clients to service providers within two weeks as required under Cal AIM.
- Overall, the Access Leadership Team is working to breakdown any silos that exist in Access programs and ensure consistency in the regions regarding triage, assessment, and referral processes as well as in responding to calls that come in on the 888 Access Call Line.

PROGRAM: CALWORKS (All Regions)

Impacts of COVID-19 Pandemic on Service Delivery:

CalWORKS Salinas is co-located with the CWES clinic and therefore was subject to Department of Social Services (DSS) clinic requirements for their clients. Access South County is in the King City office, but program challenges were basically the same. The CWES building was completely closed, and no clients were allowed in the building for most of 2020 and part of 2021. Staff were asked to work remotely full-time and make as few visits to the clinic as possible. Staff were required to work heavily via phone and utilize telehealth (Zoom). This is difficult for most clients as they are in the Welfare to Work program because they lack employment and often do not have access to a device that will support telehealth. We saw an increase in clients not attending services because they did not have a device, had no privacy to attend their appointments in their homes, we also had people attending therapy/group/psychiatry while at the store, caring for children or out of state. Staff referrals decreased which means less services provided – one reason for this is that CWES deadlines and benefits were extended for the client. Attendance to MH services decreased as families now had children home full-time.

CHALLENGES:

Challenges for the staff were that they worked from their homes and often did not have ergonomic equipment making working from home difficult. Staff did not go on their usual welfare checks for at risk clients which we did have a higher number of calls to Salinas PD for welfare checks. We had a high number of no-shows because of such a dramatic change in client scheduling (kids at home, exposures to COVID, shelter-in-place orders). Clinicians and Psychiatrist often did not see their clients (and some were unable to see them for over a year) if they were initially referred during this time and only used phone to communicate. For higher risk clients there is a disadvantage in not seeing the client's presentation during an assessment/triage.

CWES also extended their deadlines for clients to meet their goals for training and obtaining employment and are tied into participation in mental health goals. With these deadlines removed many clients declined to attend assessment/therapy/group/psychiatry services and chose to extend their timelines which also decreased referrals.

STRENGTHS:

The CalWORKS team is a cohesive team and worked together to combine groups services for all our clinics. Groups were well attend, and we found more clients consistently attending. Teams built a greater community network for resources and linking clients to services. This program was able to fill a vacant PSW position and three staff obtained BBS licensure. The team also developed a group entitled "Weekly Spotlight" in which they would offer in service training to the CWES staff on various topics such as managing anxiety, self-care, benefits of mental health services to support overall education of mental health awareness.

A new MOU was developed for Victims of Domestic Violence. This MOU was a transfer of clients from the YWCA and included an additional staff position (Sr. PSW).

ACTION PLAN FOR THE COMING FISCAL YEAR:

This year CWES clinic is fully opened, and it is anticipating many clients to return to services as all deadlines to complete their program are back in place. Currently we have established a “clinician of the day” to support client walk-ins (this was not established prior to 2020); We have expanded this team and its services with the new MOU serving clients affected by Domestic Violence; we are assessing, providing case management, and developed group services specifically for this demographic and have added a Sr. PSW position for this purpose. Lastly, we are adding a SWIII position which will focus on expanding case management services to families that are at risk.

PROGRAM: [OMNI Resource Center](#)

Impacts of COVID-19 Pandemic on Service Delivery:

From July 2020 to March 2021, OMNI was limited to services provided via phone or Zoom. While in-person services returned starting in March 2021, many clients remained reluctant to return due to fears of contracting COVID-19. Staff were unable to provide transportation for residential care facilities or meet with clients in person, resulting in necessary paperwork being mailed to clients and increasing postage costs. Locations where staff provided outreach and presentations did not allow on-site services or have Zoom capability.

CHALLENGES:

Services in Spanish – Monolingual services were greatly reduced due to OMNI’s reliance on one volunteer to assist with interpretation.

Program attendance – Clients continue to be reluctant to return to the center due to fear of catching COVID-19 even with the reassurance that staff are cleaning and disinfecting regularly and that those who haven’t been vaccinated must continue to wear masks while indoors. Staff were unable to provide outreach at Board and Care facilities for Hope & Recovery due to safety concerns.

Staffing – At the start of the fiscal year, the reduction of staff presented challenges with Medi-Cal billing efficiency with this being a new process for the program. Additionally, due to illness & vacancies, Supported Education was understaffed for most of the year.

STRENGTHS:

Staff adapted to the challenges of billing Medi-Cal and exceeded set goals for the year. Most of the staff had little to no experience with Medi-Cal, however, they supported each other to quickly learn how to write progress notes and treatment plans. The first virtual volunteer recognition event took place in May 2021 with social distancing guidelines, The Exceptional Mental Health Service Awards, and was broadcast live on the intranet. Staff continued to serve clients throughout the pandemic using a variety of means including connecting with clients via Zoom, telephone, and in person. Staff also operated a reverse warmline where they called the clients weekly, as requested by the clients. OMNI staff were adaptable in working between programs,

sharing responsibilities between Supported Ed and Success Over Stigma to ensure that clients received services. Staff adapted COVID guidelines to welcome clients back to the center with groups held outdoors providing accommodations for various weather situations. Eventually, groups and drop-in programs returned to the center with the return of indoor services. SOS remained in high demand throughout the year with requests for presentations via Zoom with speakers trained to present using the new format.

ACTION PLAN FOR COMING FISCAL YEAR:

Staff will begin providing outreach to board & care homes monthly, encouraging clients to participate in OMNI services. Staff began planning monthly events, activities, and workshops, including recurring annual events. Staff are working to restart Hope in Recovery at CHOMP. Speakers continue to be recruited and trained to learn how to tell their story most effectively.

[PROGRAM: Outpatient Mental Health Services in Salinas/Seaside/South County](#)

Impacts of COVID-19 Pandemic on Service Delivery:

Over the past few years, Community Human Services (CHS) has struggled to maintain staff in clinical positions and to fulfill contractual obligations, offer case management services, and have experienced administrative changes in the clinical supervisor role that has impacted our ability to refer to this program.

CHALLENGES:

Due to CHS staffing and administrative challenges, Access teams have been asked to cease making new referrals to them several times over the past two years and more recently they needed to clean up caseloads as several inactive clients remained open to services in Avatar. Access managers have been reviewing and supporting CHS in cleaning up their caseload to get an accurate number of active clients they are serving to truly assess and know their capacity so Access can begin referring to them again which is expected this month (January). In the meantime, what this has meant for clients is they may not have access to services in a timely manner as Access staff have high caseloads and clients may not get picked up by CHS and provided services in a timely way. Having some administrative transitions on their end also resulted in workflow processes to be changed and there are routinely updates to the way refer, receive referrals, and communicate with their teams. Their program is focused on therapy and more frequently individuals also have case management needs that this provider has struggled to support.

STRENGTHS:

CHS has many programs and when fully staffed are an invaluable service to the community and to MCBH clients. CHS focus is on therapy, and they also work with CSOC and ASOC programs clients.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- CHS has hired a new Clinical Coordinator and we are currently working to update workflows and setting a date for Access teams to restart referrals.

- Working closely with CHS administration to develop a strategy/workflow to avoid having to have MCBH stop all referrals even if this means to have a small allocation for each clinic monthly.
- Expanding on the AVATAR forms to include CHS' new program that provides services for the uninsured.
- Utilizing the AVATAR Client Referral forms to ensure all referrals are documented and date/time stamped to monitor the provision of timely services.

9. Early Childhood Mental Health Services (CSS-08)

PROGRAM: CS MCSTART (formerly Secure Families)

The Secure Families program has been transitioning all services the MCBH CS MCSTART program. This administrative transition has no impact on the services, clients are able to access and receive the same array of mental health services.

Impacts of COVID-19 Pandemic on Service Delivery:

Covid-19 impacted all services during the Shelter in Place order and beyond as communities attempted to limit Covid exposures through moving to telehealth services. Some families had better access to the technology, and some clients responded more positively to telehealth than others. During the warmer months some services were provided in outdoor settings and others have been provided in office with physical distancing and masking. Clients/families remained engaged, but services were modified, and responses have varied.

CHALLENGES:

Some families had better access to the technology, and some clients responded more positively to telehealth than others. This disparity in technology access created a significant challenge for families to continue to receive mental health services during the shelter in place. Due to the age of the population served by the program, the younger children were more difficult to engage via telehealth and much of the service delivery came in the form of collateral services with parents and/or caregivers, empowering parents to engage children in activities on and off the screens.

STRENGTHS:

Move to telehealth opened access to children in families where in the past, parents struggled to get to services due to work demands. More agricultural families were able to benefit from shorter, more parent directed services. Using outside engagement during the warmer months allowed for children to be engaged more directly and provided more hands-on assistance to parents in utilizing therapeutic interventions with clinician coaching. Clinicians learned to

provide some Evidence Based Practice (EBP) strategies such as Parent Child Interaction Therapy (PCIT) via Telehealth video sessions with positive results.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Continue expansion of in-person services under Public Health protocols and continue to offer zoom for children/families who benefited from the increased access that this offered.

PROGRAM: MCSTART

Impacts of COVID-19 Pandemic on Service Delivery:

Services at MCSTART were delivered in a virtual, hybrid model. Many families at MCSTART preferred in-person sessions and delayed services until we returned to face-to-family work. Services declined by over 40%.

CHALLENGES:

Successfully engaging new children, youth, and families was the most challenging, as developing new therapeutic rapport virtually for MCSTART was difficult. This was compounded when treating young infants and children aged 0-5 years. MCSTART had a large waiting list, so we are able to continue a lot of our work. Some staff were exposed, and we had to work with the isolation and/or quarantine policies. Home visitation was ceased. We experienced staff resignations during the pandemic and some staff did not return to work. Staff recruitment is very challenging.

STRENGTHS:

We learned a lot of new engagement techniques that effectively met children, youth, and family needs. We changed our environmental cleaning practices and relied on electro-static sprayers to maintain safe and sanitized office space. We successfully vaccinated all staff. At MCSTART youth and families returned to in-person and some home visitation or community sessions. We conducted sessions in parks and other appropriate confidential community spaces, with everyone masked and socially distanced. We received excellent client/family satisfaction ratings.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Workforce development is still very difficult. We still prefer our MCSTART therapists and case managers to work in our clinic. We are enjoying having the schools open again for youth but are realistic that schools may again close with the new surge of infection. However, currently we are experiencing the highest staff infection rates with the omicron variant. We envision a flexible, supportive workplace and are creative in staff recruitment and retention strategies

10. Supported Services to Adults with Serious Mental Illness (CSS-10)

PROGRAM: Peer Partners for Health/Wellness Navigators (Marina & Salinas)

Impacts of COVID-19 Pandemic on Service Delivery:

The Peer Partners for Health (PPH) program abruptly stopped services in March 2020 due to the COVID-19 pandemic and resumed services in January 2021. Since staff had been relocated to

other programs the previous fiscal year, PPH hired two (2) new Wellness Navigators for the program.

STRENGTHS:

PPH staff are enthusiastic and enjoy working with their clients on symptom management and skills building. Staff have built great working relationships with MCBH staff and report feeling a part of the team at both Salinas and Marina clinics. Staff attend weekly MCBH Team meetings as well as group supervisions on a bi-weekly basis. Group supervisions are attended by Wellness Navigator, MCBH Supervisor, and Program Director. To increase referrals in the PPH program, staff assist with cofacilitating a WRAP group at MCBH which is held virtually. This has increased referrals for PPH clinics as it was initially a challenge at the beginning of January. In a 6-month period, staff served a total of twenty-six (26) clients. Out of the 26 clients, 100% were linked to two or more community resources. The Recovery Assessment Scale, which is completed at intake and at the eighth appointment, shows that 60% of clients, who completed the survey, reported maintaining or improving their wellness. Further, 97% of clients, who completed the survey, reported satisfaction with the services received through PPH.

CHALLENGES:

PPH was closed to services during the first and second quarters and did not reopen until January 2021. There was a turnover in staff this year due to staff resignations and staff being reassigned the previous fiscal year due to COVID-19. Further, there was an adjustment to Medi-Cal documentation as the program did not document Medi-Cal previously.

[PROGRAM: Return to Work Benefits Counseling](#)

Impacts of COVID-19 Pandemic on Service Delivery:

At the beginning of the COVID pandemic, Central Coast Center for Independent Living (CCCIL) staff began working as it had the ability to do so. Accessing technology has not been a concern as all CCCIL staff are equipped with laptops and their phone extensions were forwarded to a Google number allowing consumers to maintain communication with them directly.

With access to self-addressed pre-stamped envelopes CCCIL was able to collect the needed paperwork from the consumers through correspondence; those consumers who were technology savvy were able to sign documents electronically via DocuSign. CCCIL was short-staffed for a small amount of time however, the number of services provided, and number of consumers served remained steady compared to the last fiscal year. CCCIL staff rose to the occasion.

CHALLENGES:

FY 2020-2021 continued to be an increase in homelessness, for people with disabilities. The majority of our homeless consumers are battling more than one disability including mental health. Monterey County continues to have a housing crisis, i.e., lack of inventory that is both affordable and accessible continues to create competitiveness among people with disabilities. The majority of consumers calling CCCIL and our partners working with CCCIL seek rental housing that is no longer affordable, or programs that are no longer available, are capped out, or have extended waiting lists. The eviction moratorium that was set up to protect renters, resulted in evictions for many people renters renting fair market-rate dwellings. Landlords are selling and taking their business elsewhere, resulting in evictions for long-term renters on a fixed income.

Personnel changes and voluntary career moves also decreased the agency capacity in responding to 100% of requests for services in a timely manner, resulting in stress on current staff that has to pick up the additional work until we are able to hire new staff.

STRENGTHS: CCCIL continues to seek funding/partnerships to focus on increasing staff's capacity to address the issues affecting our community. As a member of the Coalition of Homeless Services Providers CCCIL was able to secure state funding to provide Homeless Prevention and Housing Assistance Services to people with disabilities. As the pandemic continued to impact our community, CCCIL was able to request and received financial assistance to provide its most vulnerable consumers and their families with disability in accessing emergency shelters. Emergency shelter resulted in permanent supportive housing for a majority of the program participants. CCCIL continued with ensuring that our consumers are protected during the pandemic. CCCIL was able to provide Personal Protective Equipment (PPE), and assisted consumers with vaccine understanding and registration.

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Staff will continue to work remotely *and* will also be stationed in the CCCIL office 3 days a week to ensure that services are not interrupted.
- CCCIL will begin exploring the implementation of a digital Consumer Service Record (CSR) that will eliminate paper usage.
- CCCIL's increased capacity with the hiring of additional staff and increase in the provision of services will impact CCCIL's effectiveness in serving the disability community. CCCIL's outreach and education efforts will also increase now that CCCIL has been certified as an Aging Disability and Resource Connection (ADRC).

11. Dual Diagnosis Services (CSS-11)

PROGRAM: Dual Recovery Services (Keep It Real)

Impacts of COVID-19 Pandemic on Service Delivery:

Throughout the pandemic, most services were virtual, however, some were in-person, including a few groups, while adhering to social distancing guidelines and masking. The program provided a forum and skills for clients to process how the pandemic was impacting them. The program continued to receive referrals and many clients joined the program throughout the year, and a new culture of teleconferencing became the new norm for clients with consistent attendance of groups and participation. Soon virtual groups also made it much easier for clients to attend, once they grasped the technology since they could be present from the comfort and sanctity of their homes.

STRENGTHS:

Keep It Real continued nurturing a space for clients based on harm reduction principles cultivating acceptance and respect for clients and their relationship to substance use, with a place to talk about their challenges and to receive peer and staff support as well as teaching distinct, evidence-based practice, harm reduction skills. The staff were very skilled in clinical interventions

correlated with harm reduction principles and were trauma-informed and client-centered. Keep It Real, also gained a Wellness Navigator in January 2021. This additional staff person allowed the program to increase support to clients with more groups, including starting and training peer staff to conduct Double Trouble in Recovery peer groups throughout the community as well as reach more individual clients. Keep It Real staff incorporated Harm Reduction principles and teaching into each group and individual session. Keep It Real staff also developed a collaboration with MCBH to engage clients in the initial intake process, Keep It Real Program manager and an administrative assistant worked collaboratively with Monterey County Behavioral Health support staff to arrange intake meetings through teleconferencing sessions, orienting interviewees to Keep It Real program, with potential clients from Monterey South County and the Monterey Peninsula. The program also collaborated with our IT team, who supplied mobile phones with internet for those clients lacking such resources to connect to teleconferencing groups.

CHALLENGES:

Meeting clients in their community to conduct intakes to remove potential barriers to services was a challenge due to the pandemic. Shelter-in-place restrictions created challenges with reaching out to more clients since hosting larger groups in person was prohibited during the pandemic, and some clients had challenges with technology with teleconferencing, or no or limited internet access and preferred in-person gatherings.

ACTION PLAN FOR THE COMING FISCAL YEAR:

In the next fiscal year, with the pandemic restrictions easing up due to increased vaccinations, including those of clients, Keep it Real will provide a more hybrid approach with both teleconferencing and more in-person groups, including transportation to groups in order to effectively meet the needs of a diverse community with co-occurring disorders. Keep it Real will continue to increase clinical expertise in harm reduction principles in providing therapeutic interventions to clients. Keep it Real will focus on Harm Reduction and evidenced-based practice to better serve clients in all stages of change with respect to mental health and substance use in an integrated manner. Staff sought client feedback regarding services and will implement the changes requested, such as a variety of modalities with the inclusion of the substance use approach in all services provided. Staff will meet challenges by creating a culture of acceptance and choice regarding substance use, by incorporating the principles of harm reduction in greater depth. The renewed and reinvigorated program will address challenges by changing the language about substance use to one that respects and recognizes an increasingly multi-faceted person impacted by stigma, trauma, and racism, as a few among many social inequalities and vulnerabilities.

12. Homeless Outreach & Treatment (CSS-15)

PROGRAM: Rockrose Gardens

Impacts of COVID-19 Pandemic on Service Delivery:

Due to the COVID-19 pandemic, our community room was closed for the fiscal period. Residents did not have an opportunity to gather socially in their community which added to their social

isolation. At the conclusion of this reporting period, Rockrose's community room is open to any resident between 8 am to 5 pm.

STRENGTHS:

Rockrose Gardens met the following program goals:

- 95% of consumers remained housed or exited to other permanent housing at the end of their opening year in the program.
- 85% of consumers will maintain or improve their mental health recovery.
- 95% percent of residents actively engaged in medical services with their Primary Care Physician.

CHALLENGES:

Rockrose Gardens did not meet the following program goals:

- 30% of consumers will attain employment, attend school or vocational training, or engage in volunteer work in the community. Only 14% of consumers engaged in these activities due to the pandemic.
- 80% of consumers will report satisfaction with the quality of services they received. Only 76% of consumers reported satisfaction with the services received.

ACTION PLAN FOR THE COMING FISCAL YEAR:

With fewer COVID-19 restrictions and businesses opening up, staff will promote employment, volunteer, and educational opportunities. Staff will increase one-on-one counseling services, incorporate social opportunities (i.e., art groups, walking groups, and breakfast gatherings), and organize community-building activities (i.e., BBQs, potlucks, and monthly community meetings) to support and foster community spirit. New counseling staff will inquire on a quarterly basis what additional services they desire to have offered in their community to promote the client's satisfaction with program services, counseling support, and additional needs.

13. Responsive Crisis Interventions (CSS-16)

PROGRAM: Archer Child Advocacy Center

Impacts of COVID-19 Pandemic on Service Delivery:

Archer Child Advocacy Center is a program provided in partnership with our local Child Advocacy Center. This program provides support to children and families during forensic interviews, brief assessment, crisis stabilization, case management and referral to ongoing treatment. When COVID 19 hit in March 2020 services switched to primarily tele-health services due to the location of the center (Natividad Medical Center) and difficulty assessing for and ability accommodate reasonable safety measures of social distancing due to the small size of the center and the number of essential personnel responding to each interview. There was no break in services as the team transitioned from in-person to tele-health response. Children and family continue to receive the same range of services that were provided pre-pandemic. There are 2 dedicated clinicians who provide services to this program. The service remains primarily tele-health based. During the 2020/2021 fiscal year 267 children and their families received this service.

CHALLENGES:

Initially the number of interviews provided in a week dropped as the Child Advocacy Center sought to develop protocols that would adequately address the safety needs of children, families, and staff.

STRENGTHS:

The Multi-disciplinary team providing services to this population was well organized and proactive in developing and implementing a protocol that would allow services to continue without break while addressing the safety needs of the children, families, and staff.

ACTION PLAN FOR THE COMING FISCAL YEAR:

Return to in-person response at the Child Advocacy Center once it is reasonably safe to do so.

PROGRAM: [Bates Treatment](#)

Impacts of COVID-19 Pandemic on Service Delivery:

Bates Treatment is a program provided in partnership with our local Child Advocacy Center. This program provides treatment to children who have undergone a forensic interview, are interested in mental health treatment, present with moderate to severe mental health needs, and have Medi-Cal or are Medi-Cal eligible. When COVID 19 hit in March 2020 services provided under CS Bates Treatment transitioned to a hybrid model, seeing some clients via tele-health while others continued to be seen in-person at the clinic site. There are 2 dedicated clinicians who provide services to this program. The service remains hybrid model providing both tele-health based and clinic-based services. During the 2020/2021 fiscal year 34 children received treatment under this program.

CHALLENGES:

- Additional time and consideration go into each contact to ensure maximum safety for the participants including health screening, determining safest environment and reviewing health guidelines at every session.
- Breaks in services when a client, family member or staff member is ill, has been exposed to COVID, or has tested positive for COVID

STRENGTHS:

- The pandemic has broadened the ways we connect with families. We can now provide in-person (standard), tele-health or telephone-based services depending on the needs of the family and the health and wellbeing of the team.
- We have become even more safety conscious as we consider the multiple factors that create a safe environment for clinical work to be done including health status of participants and enhanced safety measures (mask wearing, social distancing, outside sessions etc.)

ACTION PLAN FOR THE COMING FISCAL YEAR:

- Continue to provide the high level of services offered to this population.

PROGRAM: [Mobile Crisis Team](#)

Impact of COVID-19 Pandemic on Services:

Mobile Crisis Team field response was halted in March 2020. Mobile Crisis staff were reassigned to support other essential program operations such as the 24/7 Emergency Department Crisis Team at Natividad which were directly impacted by the pandemic. We reactivated the team and resumed field response in late April 2021. We did have some staff turnover during the pandemic and were able to relaunch with two out of the three positions filled which remains the case to date.

CHALLENGES: Program staffing, and workforce shortage continues to be a significant challenge. Specifically, finding qualified clinicians who are experienced in crisis triage/assessment, that are bilingual in Spanish and willing to work the program hours (Wednesday – Saturday from 12:30pm to 10:00pm and alternating Tuesdays from 1:30pm from 10:00pm). Additionally, finding qualified individuals who want to do crisis work out in the field during this pandemic when many of their colleagues can have hybrid telework options is challenging as well as finding staff that can collaborate effectively with law enforcement and first responder partners.

STRENGTHS: Our current staff assigned to the South County region is one of our original mobile crisis staff and has been with them team since the program launched in November 2015. She is bilingual/bicultural and a resident of South County. She understands and relates well to the individuals and families she is called out to respond to and the feedback we receive on the services and supports she is providing is excellent.

ACTION PLAN FOR THE COMING FISCAL YEAR: MCBH received a Crisis Care Mobile Unit (CCMU) grant award for infrastructure support for mobile crisis field response. As a result of this funding and the current ongoing transition of ED based Crisis Team services to a more community facing crisis team that will work in an integrated manner to support mobile crisis field response, we are moving forward with being able to increase accessibility of crisis services throughout our county. One of our goals is to have a number (other than 911) for the community to call to speak to a trained crisis team member who will be able to triage and refer out a mobile crisis unit to the individual/family in crisis as appropriate. The goal is to be able to intervene sooner rather than later and prevent issues from escalating to the point where an Emergency 911 response is needed. Another program goal is to position MCBH for the anticipated future coordination that will be required with 988 going into effect this year. Additionally, we will be continuing to explore creative ways to address the workforce and staffing challenges experienced not only by this program but our agency as a whole and throughout California.

Community Services & Supports Client Demographic Data FY21

FY 2020-21_Community Services & Supports		AGE				Total Clients Served
		0-15	16 - 25	26 - 59	60+	
Strategy in FY21-23 Three-Year Plan						
CSS-01	Early Childhood & Family Stability FSP	90.2%	10.6%	0.0%	0.0%	123
CSS-02	Dual Diagnosis FSP	31.3%	75.7%	0.0%	0.0%	115
CSS-03	<i>Deactivated in FY21</i>					
CSS-04	Transition Age Youth FSP	0.0%	99.3%	0.7%	0.0%	275
CSS-05	Adults with SMI FSP	0.0%	11.1%	82.5%	6.3%	63
CSS-06	Older Adults FSP	0.0%	0.0%	5.7%	94.3%	35
CSS-07	Access Regional Services	17.3%	21.4%	55.6%	6.1%	7,146
CSS-08	Early Childhood Mental Health	89.9%	3.7%	6.4%	0.0%	327
CSS-09	<i>Deactivated in FY21</i>					
CSS-10	Supported Services to Adults with SMI	2.0%	3.1%	73.4%	21.4%	350
CSS-11	Dual Diagnosis Services	0.0%	7.5%	80.2%	12.3%	106
CSS-12	<i>Deactivated in FY21</i>					
CSS-13	Justice Involved FSP	25.0%	54.8%	18.3%	1.9%	104
CSS-14	Homeless Services & Supports FSP	0.0%	1.9%	74.1%	24.1%	158
CSS-15	Homeless Services & Supports	0.0%	0.0%	87.1%	12.9%	62
CSS-16	Responsive Crisis Interventions	66.8%	19.1%	10.7%	3.4%	319
GRAND TOTAL ALL PROGRAMS		21.0%	22.4%	50.2%	6.7%	9,183

FY 2020-21_Community Services & Supports		RACE/ETHNICITY					Total Clients Served
		Latino Hispanic	White	African American Black	Asian/Pacific Islander	Other & Not Disclosed	
Strategy in FY21-23 Three-Year Plan							
CSS-01	Early Childhood & Family Stability FSP	65.9%	15.4%	5.7%	0.8%	12.2%	123
CSS-02	Dual Diagnosis FSP	75.7%	10.4%	4.3%	0.0%	9.6%	115
CSS-03	<i>Deactivated in FY21</i>						
CSS-04	Transition Age Youth FSP	69.8%	13.8%	4.4%	3.3%	8.7%	275
CSS-05	Adults with SMI FSP	93.7%	3.2%	0.0%	0.0%	3%	63
CSS-06	Older Adults FSP	17.1%	65.7%	5.7%	0.0%	11.4%	35
CSS-07	Access Regional Services	51.6%	15.8%	2.9%	2.8%	26.9%	7,146
CSS-08	Early Childhood Mental Health	67.6%	4.6%	5.8%	2.1%	19.9%	327
CSS-09	<i>Deactivated in FY21</i>						
CSS-10	Supported Services to Adults with SMI	43.4%	33.1%	8.6%	3.4%	11.4%	350
CSS-11	Dual Diagnosis Services	43.4%	34.0%	13.2%	5.7%	3.8%	106
CSS-12	<i>Deactivated in FY21</i>						
CSS-13	Jusrstice Involved FSP	64.4%	21.2%	3.8%	1.9%	8.7%	104
CSS-14	Homeless Services & Supports FSP	19.6%	59.5%	10.1%	3.8%	7.0%	158
CSS-15	Homeless Services & Supports	12.9%	72.6%	12.9%	1.6%	0.0%	62
CSS-16	Responsive Crisis Interventions	50.2%	17.6%	3.4%	1.6%	27.3%	319
GRAND TOTAL ALL PROGRAMS		52.3%	17.5%	3.7%	2.7%	23.9%	9,183

FY 2020-21_Community Services & Supports		GENDER		
		Female	Male	Total Clients Served
Strategy in FY21-23 Three-Year Plan				
CSS-01	Early Childhood & Family Stability FSP	56.1%	43.9%	123
CSS-02	Dual Diagnosis FSP	56.5%	43.5%	115
CSS-03	<i>Deactivated in FY21</i>			
CSS-04	Transition Age Youth FSP	40.4%	58.2%	275
CSS-05	Adults with SMI FSP	17.5%	82.5%	63
CSS-06	Older Adults FSP	60.0%	40.0%	35
CSS-07	Access Regional Services	59.1%	40.0%	7,146
CSS-08	Early Childhood Mental Health	44.3%	55.7%	327
CSS-09	<i>Deactivated in FY21</i>			
CSS-10	Supported Services to Adults with SMI	62.0%	37.4%	350
CSS-11	Dual Diagnosis Services	51.9%	48.1%	106
CSS-12	<i>Deactivated in FY21</i>			
CSS-13	Jusrstice Involved FSP	16.3%	82.7%	104
CSS-14	Homeless Services & Supports FSP	55.7%	44.3%	158
CSS-15	Homeless Services & Supports	50.0%	48.4%	62
CSS-16	Responsive Crisis Interventions	74.9%	24.8%	319
GRAND TOTAL ALL PROGRAMS		57.6%	41.6%	9,183

FY 2020-21_Community Services & Supports		LANGUAGE			Total Clients Served
		English	Spanish	Other or Not Disclosed	
Strategy in FY21-23 Three-Year Plan					
CSS-01	Early Childhood & Family Stability FSP	83.7%	14.6%	1.6%	123
CSS-02	Dual Diagnosis FSP	96.5%	3.5%	0.0%	115
CSS-03	<i>Deactivated in FY21</i>				
CSS-04	Transition Age Youth FSP	92.4%	6.5%	1.1%	275
CSS-05	Adults with SMI FSP	87.3%	12.7%	0.0%	63
CSS-06	Older Adults FSP	94.3%	5.7%	0.0%	35
CSS-07	Access Regional Services	74.2%	18.9%	5.8%	7,146
CSS-08	Early Childhood Mental Health	59.0%	38.5%	2.4%	327
CSS-09	<i>Deactivated in FY21</i>				
CSS-10	Supported Services to Adults with SMI	92.3%	7.4%	0.3%	350
CSS-11	Dual Diagnosis Services	99.1%	0.9%	0.0%	106
CSS-12	<i>Deactivated in FY21</i>				
CSS-13	Jusrstice Involved FSP	94.2%	5.8%	0.0%	104
CSS-14	Homeless Services & Supports FSP	97.5%	0.6%	1.9%	158
CSS-15	Homeless Services & Supports	100.0%	0.000%	0.0%	62
CSS-16	Responsive Crisis Interventions	90.0%	9.7%	0.3%	319
GRAND TOTAL ALL PROGRAMS		76.7%	17.326%	4.7%	9,183

FY 2020-21_Community Services & Supports		REGION OF RESIDENCE					Total Clients Served
		Coastal Region	Salinas Valley	South County	North County	Other	
Strategy in FY21-23 Three-Year Plan							
CSS-01	Early Childhood & Family Stability FSP	12.2%	30.1%	39.0%	13.0%	5.7%	123
CSS-02	Dual Diagnosis FSP	7.8%	69.6%	13.0%	7.8%	1.7%	115
CSS-03	Deactivated in FY21						
CSS-04	Transition Age Youth FSP	17.5%	46.5%	24.4%	9.5%	2.2%	275
CSS-05	Adults with SMI FSP	3.2%	52.4%	34.9%	7.9%	1.6%	63
CSS-06	Older Adults FSP	82.9%	8.6%	0.0%	0.0%	8.6%	35
CSS-07	Access Regional Services	17.2%	48.1%	23.4%	8.1%	2.1%	7,146
CSS-08	Early Childhood Mental Health	11.6%	60.2%	18.3%	6.7%	3.1%	327
CSS-09	Deactivated in FY21						
CSS-10	Supported Services to Adults with SMI	31.1%	56.6%	6.3%	4.9%	1.1%	350
CSS-11	Dual Diagnosis Services	33.0%	45.3%	12.3%	7.5%	1.9%	106
CSS-12	Deactivated in FY21						
CSS-13	Justice Involved FSP	20.2%	58.7%	12.5%	8.7%	0.0%	104
CSS-14	Homeless Services & Supports FSP	23.4%	65.8%	1.3%	7.0%	2.5%	158
CSS-15	Homeless Services & Supports*						62
CSS-16	Responsive Crisis Interventions	25.7%	35.1%	22.3%	11.0%	6.0%	319
GRAND TOTAL ALL PROGRAMS		18.2%	48.4%	21.8%	8.1%	2.3%	9,183
*this program serves unsheltered individuals/those experiencing homelessness							

FY 2020-21_ Community Services & Supports		PAYOR SOURCE					Total Clients Served
		Medi-Cal	Medicare	Private Insurance	Self Pay	Other or Unknown	
Strategy in FY21-23 Three-Year Plan							
CSS-01	Early Childhood & Family Stability FSP	14.6%	0.0%	4.1%	14.6%	66.7%	123
CSS-02	Dual Diagnosis FSP	0.0%	0.0%	7.8%	3.5%	65.2%	115
CSS-03	<i>Deactivated in FY21</i>						
CSS-04	Transition Age Youth FSP	6.5%	1.8%	9.1%	6.5%	76.0%	275
CSS-05	Adults with SMI FSP	12.7%	30.2%	1.6%	12.7%	42.9%	63
CSS-06	Older Adults FSP	5.7%	77.1%	0.0%	5.7%	11.4%	35
CSS-07	Access Regional Services	19.6%	5.7%	6.6%	18.7%	49.4%	7,146
CSS-08	Early Childhood Mental Health	63.6%	0.3%	4.9%	20.8%	10.4%	327
CSS-09	<i>Deactivated in FY21</i>						
CSS-10	Supported Services to Adults with SMI	0.6%	2.3%	0.6%	0.6%	92.6%	350
CSS-11	Dual Diagnosis Services	0.9%	35.8%	0.0%	0.9%	62.3%	106
CSS-12	<i>Deactivated in FY21</i>						
CSS-13	Jusrstice Involved FSP	5.8%	10.6%	8.7%	5.8%	69.2%	104
CSS-14	Homeless Services & Supports FSP	0.6%	46.8%	0.6%	0.6%	51.3%	158
CSS-15	Homeless Services & Supports	25.8%	24.2%	0.0%		50.0%	62
CSS-16	Responsive Crisis Interventions	9.7%	2.8%	6.3%	9.7%	71.5%	319
GRAND TOTAL ALL PROGRAMS		18.9%	6.7%	6.1%	16.3%	51.9%	9,183