MENTAL HEALTH SERVICES ACT

FY 2023/24 - FY 2025/26

Three-Year Program

&

Expenditure Plan

Final
06/01/2023

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Letter from the Behavioral Health Director

Dear Community Members:

We are presenting our draft Mental Health Services Act (MHSA) FY23 – FY26 Three-Year Program & Expenditure Plan (Plan) to you with a sense of hope that we are making positive steps forward, and with concern that there are still community needs that are not yet being fully met.

Our world is getting increasingly complex. Individuals have been experiencing unprecedented levels of need coming out of the Covid Emergency. Homelessness, physical health care needs, substance use disorder and justice involvement are all factors further impacting mental health resiliency and recovery. There is increasing legislation that impacts programs, services, and funding. There is a significant workforce shortage. We have different complex needs with diverse populations AND everyone is important and deserves to be a priority!

Regardless of the complications, we, as a community and as a system of service providers here in Monterey County, continue to work together to build a better future to help our families, our friends, our neighbors, our communities, and sometimes even ourselves, live a life of resiliency, recovery, and hope. We can make a difference! We are committed to doing everything we can to make that positive difference!!!

Monterey County Behavioral Health's motto is "Forward Together." This MHSA 3-year plan is built upon that foundational belief that we must all plan and work together to serve our community best. All voices are important! All contributions are significant!

We need more financial resources and more individuals entering the behavioral health workforce. We are committed to continuing to seek creative ways to increase funding and to advocate for and support building a larger workforce. We are also looking at innovative ways to meet community needs in partnership with other organizations – truly together we are stronger!

I anticipate challenges ahead. As personal income taxes on millionaires, Mental Health Services Act funds are our most volatile funding source and easily can swing 50% up (or down) in any given year. Sometimes the change is not known until after the year is over and people have filed their income taxes. As you can imagine, it is challenging to build a budget and spend funds when there is no guarantee that those funds will ever be received!

There is also pending legislation that could significantly reduce the MHSA funds we receive. We are already expending at a level that is higher than our anticipated revenues. We are drawing down our fund balances as we are bridging to CalAIM Payment Reform and assessing and adapting to seek ways of sustaining services moving into the future.
We expect to address changes to our economic environment in our Annual Plan update process.

We are thankful to our community, who has taken the time to share perspectives throughout this process. We are grateful to our partners, who are essential service providers and valued collaborators. And we are incredibly thankful to the Behavioral Health workforce who demonstrate care and commitment to our community daily! Thank you all! I genuinely appreciate moving "forward together" with you!

Sincerely,

Katy Eckert, MBA
Behavioral Health Director

Introductio

In 2004, California voters approved Proposition 63 to enact the Mental Health Services Act (MHSA) with the goal of transforming public mental health systems across the state. More than two million children, adults and seniors in California are affected by a potentially disabling mental illness each year. In Monterey County, it is estimated that 4.9% of the total population (20,000 individuals) need mental health services. Californians approved the MHSA to create a mental health system that can guarantee the same level of care already extended to those who face other kinds of disabilities. Failure to address and treat mental illness as a public health issue not only creates grief and emotional pain, but it undoubtedly imposes significant public costs from increased levels of hospitalizations, unemployment, homelessness, academic failure, and incarcerations. With the funding and regulatory support of the MHSA, counties can build capacity and implement robust systems of care, resulting in greater accessibility and effectiveness of treatment services across the continuum of prevention to recovery. MHSA funds can also be used to develop a skilled workforce that builds cultures of acceptance and awareness of mental health issues and resources throughout their communities. The MHSA can also fund capital projects and technological infrastructure.

The MHSA created a dedicated funding source by imposing a 1% tax on California residents with personal incomes greater than one million dollars. MHSA funds are accumulated by the State before being redistributed to each mental health jurisdiction (all 58 counties, and 2 cities) according to their population size and other factors. To receive MHSA funds, jurisdictions must produce and locally approve a stakeholder-informed plan describing how funds will be utilized. These MHSA program and expenditure plans are required in three-year cycles, with annual updates required in the interim years. This document fulfills this regulatory requirement.

MHSA plans must identify services for all ages, as well as programs specific to the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years) and older adults (60 years and older). MHSA plans must also identify programs according to these five (5) MHSA components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). Descriptions of these components and their programs are described in their respective sections. Additionally, the most recent data (from FY 2021/222) for programs funded by the MHSA are reported in Appendices III, IV and V, which follow this document.

This document was informed by stakeholder input and feedback received during the Community Program Planning Process (CPPP). Following a discussion on Monterey County's demographics and characteristics, the process, and results of the CPPP is shared to provide insights on local community needs and perspectives that helped shape our MHSA Plan.

Monterey County Demographics & Characteristics

Geographic & Economic Overview

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur as well as its fertile Salinas Valley that is dubbed the "Salad Bowl of the World." With a total population of 446,229, and land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula on the coast. The City of Salinas is the County seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California, supplying the second-most jobs in the county. Educational services, including healthcare and social assistance is the leading sector for employment in the county, with tourism-based services, professional, and construction industries also playing significant roles in the local economy. Monterey County is also home to three Army bases, a Coast Guard Station, the Defense Language Institute, and the Naval Postgraduate School.

The Four Regions of the County

Monterey County has four geographic regions: The Salinas Valley, the Coastal Region, North County and South County. The Salinas Valley region is comprised of the City of Salinas and immediately adjacent towns. The Coastal Region encompasses all cities on the coast from Marina to Big Sur and includes Carmel Valley. North County is made up of the small, rural, and/or agricultural towns and districts north of Salinas. South County is the expansive area of Monterey County south of Salinas. The South County region consists of several larger cities with populations ranging between 15,000 and 30,000 people, as well as several remote, sparsely populated rural districts.

Age & Gender

The median age in Monterey County is 47 years, trending a couple years younger than the state median. Adults ages 25-59 make up 46% of the population, with Older Adults ages 60 and above making up another 18%. Children under 5 years old represent less than 8% of the population, Youth ages 5-15 represent 15% of the population, and Transition Age Youth (TAY) ages 16-24 represent 14% of the population. Regarding gender, 51% of Monterey County residents are male and 49% are female.

Ethnicity, Race & Language

Most Monterey County residents are Hispanic/Latino, comprising of about 60% of the population. The remainder of the population is comprised of individuals self-identifying as White (29%), Asian (6%), African American (3%), Native Hawaiian and Other Pacific Islander (1%), and Native American and Other representing 1% of the population. Of the total population, an estimated 128,954 or 30% of the total population are foreign-

born. Of this foreign-born population, 79% are of Hispanic or Latino origin, and 72% are not current U.S. citizens.

Spanish is the most common language spoken at home (48% of the households in Monterey County). English is the preferred language in 46% of households, while 4% prefer Asian or other Pacific Islander languages, 2% prefer an Indo-European language, and less than 1% speak an Other Language.

Housing, Income & Poverty

The total number of housing units in Monterey County is 144,403, with 51.7% being owner- occupied. Over the past three (3) years, the average home value in Monterey County has increased from $441,000 to $596,400 (37% increase) while the median household income is $82,013. Regarding housing affordability, like much of coastal California regions, Monterey County has a high cost of living relative to income levels. For nearly half (45%) of the 49% of county residents who are renters, their rental costs account for greater than 35% of their household income; while 32% of homeowners' mortgage costs are greater than 35% of their household income.

The total poverty rate in Monterey County is 12.15%, with 22% of all children in Monterey County living below the poverty level. The latest Monterey County Homeless Census conducted by Applied Survey Research found there are approximately 2,422 individuals who are homeless in the County.

Community Program Planning Process (CPPP)

MCBH engaged in a robust CPPP using multiple strategies that ensure residents were able to provide input and feedback to guide the development of the MHSA FY223-26 Three-Year Program and Expenditure Plan. Community engagement strategies included focus groups, and listening sessions, and two surveys, a Provider survey, and a Community Member survey. Each strategy is described in detail below.

Community Engagement Sessions

MCBH staff contracted with Evalcorp, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County. The purpose of this community program planning process (CPPP) assessment was to collect primary data from community members and providers about the current mental and behavioral health issues in Monterey County. Additionally, suggestions were gathered from both community members and providers for expanding access to care, improving services, and reducing health disparities.

Between October 2022 and January 2023, surveys, focus groups, and listening sessions were used for data collection. The two surveys, a Provider Survey (n=140) and a Community Member Survey (n=646), were administered throughout the county. Each instrument was designed to gather perspectives on the current state of mental and behavioral health services and needs in Monterey County. To accommodate people who did not have access to technology or were uncomfortable using it, paper surveys were made available at locations across the county. Twelve focus groups (n=78) were conducted in November, 2022 and January, 2023.

Focus Groups and Listening Sessions

A list of community organizations to serve as host agencies for the focus groups was developed in a purposeful way to reflect a diverse set of voices within the community (e.g., unhoused, veterans, LGBTQ+, under-represented racial and ethnic groups, immigrants) were asked to assist with enrolling focus group participants. These organizations, referred to as host sites, invited their clients to participate in a focus group at their organization; the facilitator joined virtually. Twelve focus groups were conducted with 78 total participants. Two listening sessions were conducted as in-person and open forums with participants being asked to register in advance. Four focus groups and the two listening sessions were conducted in Spanish; the rest were in English.

To accommodate populations that did not have access to technology or were not comfortable using it, nine focus groups were held with the community members at the host site (n=52). Three focus groups were virtual [one in English (n=2) and two in Spanish (n=24)] to accommodate those who would not be able to attend in person. Listening sessions were open to the community and not focused on a specific population. MCBH staff involved in the planning process were present during the focus groups and listening sessions to connect with community members and ask follow-up questions that would be helpful with their planning.

Participants of in-person focus groups and listening sessions were asked to complete a demographics form on paper. Demographic data was not captured during the virtual focus groups.

Results indicate that the major mental health issues as anxiety, chronic stress, depression, grief, and post-traumatic stress disorder. Behavioral issues that result from these leading mental health issues include abuse, bullying, substance misuse, violent behavior, and isolation. Other major contributing factors to mental and behavioral health issues were reported as homelessness; financial stress, unemployment, or lack of job opportunities; and stressful childhood experiences.

For availability of services, the population identified by the highest percentage of providers as lacking needed services to meet the need by age group was children while the highest unserved or underserved persons are those who are low-income. Focus group and listening session participants shared concerns about long wait lists and the affordability of services. Community members noted the biggest barriers to services are the cost and lack of health insurance. Focus group and listening session participants made comments about both of these issues being barriers as well as stigma related to seeking out services and transportation to services.

MCBH provides services to many people in need, including underserved populations. There is a need to improve access to services and reduce barriers. COVID-19 has impacted the community in many ways and hence the need for services appears to have increased, particularly the anxiety that residents are experiencing. MCBH will need to continue to leverage resources and work with partners to meet this increased need.

Surveys

The two surveys, a Community Member Survey, and a Provider Survey, were administered throughout the county. Each instrument was designed to gather a respondent's perspective on the current state of mental and behavioral health services in Monterey County. To gather detailed and robust feedback, the surveys included closed and open-ended questions. The surveys were open from October 1, 2022, to December 1, 2022.

The Community Member Survey was designed to gather feedback from residents of Monterey County with mental health needs, as well as family members and other community members affected by mental health issues. This survey was offered in both Spanish and English to mitigate any language barriers of Monterey County residents.

The Provider Survey was designed to gather feedback from a broad range of people, agencies, and systems who work directly with persons who are receiving or need mental health services. Respondents invited to take the survey represented multiple service sectors, such as education, law enforcement, social services, and other community service agencies and organizations.

The Community Member and Provider Surveys were distributed via email with a link that directed participants to the survey in the language of their choice. Email invitations to the online surveys were sent to all Monterey County staff; the Behavioral Health Commission;

community-based agencies that contract with MCBH; service providers from medical, public health, community, and public agencies; mental and behavioral health service providers; and other stakeholders. Providers of prevention and early intervention services in the county also were asked to distribute the Community Member survey to residents on their email listservs. In addition, MCBH delivered paper surveys to sites to help reduce the digital divide. The completed surveys were scanned and submitted via email.

Providers noted many strengths of the County's behavioral services such having a dedicated and helpful staff, collaboration with other agencies, addressing health disparities, and their support of underserved populations. The recommendations included a need for stigma reduction education and campaigns; more providers; additional translation services available in Trique, Zapoteco, and Mixteco; more services available for those with mild to moderate mental health issues; additional outreach; and transportation or clinic shuttle services.

Responses from the Community Member survey noted the impact that financial stress, homelessness, and stressful childhood experiences have on mental and behavioral health of the community. Top barriers to care that were identified by respondents include cost of services, stigma related to mental health, lack of information about where to get help. Additionally, more than 60% of respondents indicated certain logistical barriers prevented individuals from receiving care: lack of childcare or caregiver relief, appointment times are not convenient, and transportations issues that prevent care.

Findings from the Community Stakeholder Engagement Process

Core Themes for Priority Consideration

Focus group and listening session participants identified the needs in four themes.

1. *Emotional needs*. The emotional needs included anxiety, stress, grief, anger, aggression, gender dysphoria, and depression, including post-partum depression among new mothers.
2. *Behavioral needs*. It was noted that these emotional issues contribute to behavioral problems such as bullying, suicide, self-harm, isolation, domestic violence, child abuse, poor parenting, and substance misuse.
3. *Service needs*. The service needs included reduced wait times; outreach teams for the unhoused; services in Mixteco, Zapoteco, and Trique languages; shelters for domestic violence victims; Narcan kits; a website with a tutorial for youth and one for adults on how to access resources; a live chat and/or navigator about resource access; more services for mild to moderate need; services for middle-income families and individuals; additional needle-exchange programs; and more staff who have cultural knowledge of their backgrounds.. Parental support also is needed to assist with their past trauma and current situations such as financial stress. Participants also noted the need for services available in familiar community spaces, such as community centers and Parent Playgroups.
4. *Educational needs*. The educational needs included stigma reduction, how to identify mental illness, understanding the LGBTQ+ community (e.g., pronoun use, acceptance),

LGBTQ+ youth and parental communication, how to help a friend or family member with mental illness who refuses to get services, what therapy is and the benefits, how to identify post-partum depression, instructions on how to use Narcan in English and Spanish, the effects of substance misuse when taking medications and the importance of taking mental health medications, and information about current services in the community.

Specific Recommendations Organized by Core Theme

Contributing Factors to Mental and Behavioral Health Issues

Community Member and Provider Survey respondents were asked to identify factors that they believe influence mental and behavioral health needs. Community members and providers identified the same factors as the top three major barriers: **financial stress, homelessness**, and **stressful childhood experiences** (Table 3).

Table 3. Top Contributing Major Factors to Mental and Behavioral Problems

Community Survey (n=460-466)	Provider Survey (n=95-98)
1. Financial stress, unemployment, or lack of job opportunities 80%	1. Financial stress, unemployment, or lack of job opportunities 92%
2. Homelessness 72%	2. Stressful childhood experiences 75%
3. Stressful childhood experiences 61%	3. Homelessness 65%

In addition to the major factors listed in Table 3, focus group participants also noted poor parenting skills, bullying in schools, and trauma as contributing factors.

Availability of Services

Respondents to the Provider Survey were asked to rate the overall availability of services as either not available at all, available but insufficient to meet the need, or sufficiently available to meet the need. The two questions related to availability asked about unserved and underserved populations (Table 4) and specific age groups (Figure 1).

Unserved and Underserved Populations

Of all responses, 87% reported services for persons with low income are available but are insufficient to meet the need. Other highest underserved populations identified by providers were persons who primarily speak Spanish (82%), are trauma exposed (79%), and immigrants (79%). Twenty-three percent of respondents shared that services are not available at all for individuals who do not speak either English or Spanish.

Table 4. Service Availability for Specific Populations per the Provider Survey (n=95-99)

Population Type	Not Available at All	Available but Insufficient to Meet the Need
Persons who are low-income	2%	**87%**
Persons who primarily speak Spanish	2%	82%
Persons who are trauma-exposed	2%	79%
Immigrants	6%	79%
Persons experiencing homelessness	9%	75%
Family members, support persons, or caregivers of individuals with mental health conditions	6%	73%
Children/youth in stressed families	3%	72%
Persons who are victims/survivors of intimate partner/domestic violence	4%	70%
Children/youth at risk for school failure	2%	70%
Persons experiencing onset of serious psychiatric illness	6%	66%
Children 0-5 who have experienced early life stressors and/or trauma	6%	64%
Women with pre-/post-natal needs	2%	62%
Children/youth at risk of juvenile justice involvement	3%	63%
Persons with disabilities other than mental/behavioral health conditions	9%	60%
Persons who primarily speak a language other than English or Spanish	23%	55%
Persons who identify as LGBTQ+	6%	50%
Veterans	7%	48%
Persons who have been victims of human trafficking (including being commercially sexually exploited)	9%	47%
Other underserved populations	9%	36%

Participants in the CPPP also advocated for the expansion of equitable access to quality, effective mental health care, recommending the following potential strategies:

1. Focus groups participants stated that the lack of insurance, costs, long wait lists, and the locations of services being far were the most significant barriers. They also identified transportation, stigma, lack of knowledge about how to navigate the system, and lack of knowledge about therapy as barriers. Listening session participants noted technological limitations and inadequate or non-existent linguistically inclusive resources as significant barriers. MCBH will explore teletherapy and other hybrid strategies to address these issues with connecting to care.
2. Participants expanded on the need for linguistically as well as culturally responsive training for staff at all levels of care, but particularly at intake. It was noted that the first contact with service providers was an important touchpoint that could determine future

outreach. Staff who are experienced with working with the Latino population was encouraged. Listening session participants commented that cultural norms could inhibit community members from opening up to therapists and other mental health professionals and having staff who understood norms without judgement would build trust. For the unhoused population, it was noted that they do not want to see providers for medication, because they feel they are looked down upon and providers assume they are only there for pain medication. MCBH will discuss how training providers can address such cultural needs from the community.

3. Focus group and Listening session participants identified stigma as a prominent barrier. They noted that language highlighting the term "mental health" can push away individuals from accessing services, especially in Latino and Indigenous communities but pivoting to language that highlights emotions, feelings, and behaviors associated with mental health were more accepted. Participants recommended leveraging trusted community members or organizations in outreach and educational strategies, especially train-the-trainer models.

Additional Provider Responses and Recommendations

Respondents to the Provider Survey were given an opportunity to write in answers to open-ended questions. The questions inquired about the perceived strengths of the county's mental and behavioral health services and recommendations or suggestions they had on how to better meet the mental and behavioral health needs in the communities that they serve.

1. **Strengths of County Mental and Behavioral Services** Provider responses (n=114) converged into four major themes described in Table 7.

Availability of Services

- Text services offer an easier way for people to reach services and learn about resources
- Allows us to meet clients where they are
- Walk-in clinics
- Variety of services offered
- Access given to Medi-Cal enrolled children

Dedication and Expertise of Staff

- Exceptional leadership and collaboration
- Committed workers
- Diverse group of providers
- Culturally sensitive and compassionate staff
- Staff that responds empathetically to clients.

Coordination of Services across Providers

- Networks that work together to provide necessary services
- Effort in becoming more unified and less siloed
- Easy referral process.

Targeting Underserved Populations

- Expanded services to schools
- Funded programs that reach at-risk populations
- FSP programs
- Organizational focus on disparities.

2. Provider Recommendations for Growth

Responses from providers (n=91) on recommendations for Monterey County were grouped into the three themes described in Table 8.

Table 8. Provider Recommendations to Meet Mental/Behavioral Health Needs

Findings and Implications for Prevention and Early Intervention Programs

Enhance Program Resources and Infrastructure

- Additional preventative resources and services for 'less urgent' needs
- Parental mental health support
- Peer-to-peer education
- Residential services
- Family support
- Crisis services
- Funding

Improve Outreach and Education about Available Services

- Additional community and resource events
- Spaces embedded in the community that clinicians can utilize to see clients
- Outreach to reduce stigma
- Education about what mental health is and the process for getting treatment
- How to help someone with a mental illness

Improve Accessibility of Services

- Support expansion of available clinicians and the pipeline of future clinicians
- Access to translators for Triqui and Mixteco
- Provide transportation or clinic shuttle
- Expanded hours
- More staff

MCBH and contracted agencies provide services to many people in need, including underserved populations. COVID-19 has impacted the community in many ways and, hence, the need for services appears to have increased.

The CPPP assessment highlights that there is general alignment from both community members and providers with respect to unmet mental and behavioral health concerns in the county. Specifically, assessment findings showed:

1. There is a high need for mental health services for anxiety, chronic stress, depression, and alcohol and substance misuse.
2. There is a substantial impact from financial insecurity, childhood trauma, and homelessness on residents' mental and behavioral health.
3. There are continued challenges to accessing services including stigma, lack of knowledge about available services, transportation, and limited services in rural regions.

Important strengths in mental and behavioral health services were identified. Among these, top strengths included the experienced and dedicated staff, an easy referral process, and MCBH's focus on health disparities and the underserved.

In sum, there continues to be a need for services as wait lists are long and mental health issues related to anxiety, for example, are high. Services for low-income persons, the uninsured, and children are particularly insufficient to meet the need within the community. MCBH has dedicated and qualified staff, works well with community agencies as partners, and focuses on improving services for underserved populations. Recommendations include reducing wait lists; increased outreach; adding more services for those with mild to moderate mental health issues; and education for community members on how to support others with mental illness, how to access services, and how to navigate the system.

Demographic Information from Community Engagement Sessions:

The following tables provide information regarding participants who attended each session. Participants of in-person focus groups and listening sessions were asked to complete a demographics form on paper. Demographic data was not captured during the virtual focus groups.

Table 9. Community Participant Demographics by Percent, 2022-2023

Demographic	Community Member Survey	Focus Group and Listening Session Participants
Age	n=446	n=55
16-25	7%	20%
26-40	38%	29%
41-59	43%	36%
60 or older	13%	15%
Race/Ethnicity	n=446*	n=55*
American Indian or Alaska Native	3%	13%
Asian	3%	4%
Black or African American	2%	7%
Hispanic or Latino	66%	60%
Native Hawaiian or Pacific Islander	1%	--
White	28%	20%
Multiracial	5%	4%
Another race/ethnicity	4%	4%
Gender	n=442	n=55
Male	15%	29%
Female	84%	64%
Genderqueer	--	2%
Questioning/unsure of gender identity	--	2%
Other Gender Identity	1%	4%

*Respondents could select multiple options.

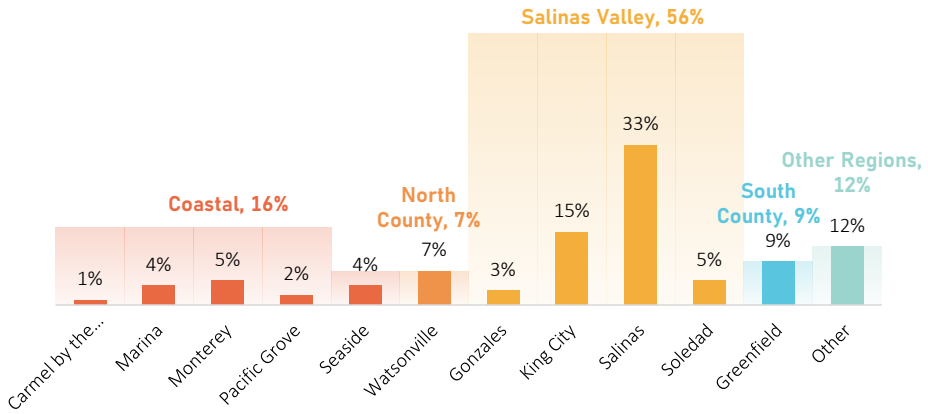
	Community Member Survey Respondents	Focus Grou and Listenir Session Participant
	n=444*	n=55*
Veteran	4%	18%
Have a disability	6%	36%
LGBTQ	4%	18%
I am a caregiver for an adult family member	7%	2%
I have personal experience with mental and behavioral health challenges	34%	42%
I do not have immigration status or live with someone who does not have immigration status	10%	4%
I am homeless or might become homeless in the near future	3%	16%
I am a single parent	13%	11%
Other	17%	--
Languages frequently spoken at home	n=437	n=55*
English	46%	53%
Spanish	30%	42%
English and Spanish	33%	13%
Another language	6%	13%

*Total percentages exceed 100% because respondents could select multiple options.

Community Member Respondents Demographic Information and Write-In Responses

Demographic and additional information from Community Member Survey respondents were elicited to help provide context to their responses. Figure 2 provides information about the city and county region where they live. For questions with an "other" response option, Tables 11 through 13 present the major themes for responses.

Figure 2. Community Member Place of Residence



30-Day Public Review and Comment Period

In accordance with MHSA regulations, the draft MHSA FY 23-26 Three-Year Program and Expenditure Plan was made available for public review and comment for a minimum 30-day period prior to approval by the Monterey County Behavioral Health Commission and Monterey County Board of Supervisors. Public comments are required to be submitted in writing via any of the following methods: the MCBH website, email to MHSAPublicComment@co.monterey.ca.us, regular mail or delivered to Monterey County Health Department, Behavioral Health Administration, 1270 Natividad Rd., Salinas, CA 93906, during the period from April 25, 2023 to May 25, 2023.

A summary of public comments/recommendations received, and county responses to these comments, is included in Addendum I.

Public Hearing

The Behavioral Health Commission will conduct a Public Hearing in-person at 1270 Natividad Road, Salinas, CA and virtual via ZOOM to review on Thursday, May 25, 2023, at 5:30PM. The Commission will receive the summary of comments received during the 30-Day Public Review Period and county staff responses to these comments. Staff will present recommended modifications to the draft document to address errors in the naming and numbering of several of the strategies as well in the expenditures section of the Plan to bring the final version of the document in alignment with the established financial reporting system. Members of the public will be offered the opportunity to provide face to face public comment and Spanish language interpretation services were available. Commissioners will consider any comments received, offered their comments, and the Commissioners shall take action to approve the MHSA FY 23 - 26 Three-Year Program and Expenditure Plan for forwarding to the County Board of Supervisors for adoption.

Please refer to the draft version of the May 25, 2023, Meeting Minutes of the Monterey County Behavioral Health Commission included in Addendum II.

Community Service & Supports (CSS) Component:

PROGRAM DESCRIPTIONS

Seventy-six percent (76%) of MHSA funds received by counties must be allocated for the CSS component. MHSA funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available. CSS programs serve individuals affected by moderate to severe mental illness and their families. These services must be community based, recovery-oriented, and culturally competent. Funding can only be used for voluntary services and no less than fifty percent (50%) must be allocated to "full service partnerships" (FSPs). FSP services provide a "whatever it takes" level of services—also referred to as "wraparound" services—to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, case management, peer support, transportation, housing, crisis intervention, family education, vocational training, employment services, as well as socialization and recreational activities, based upon the individual's needs and goals to obtain successful treatment outcomes. The remaining funds in the CSS component are to be used for General System Development programs that provide a less-intensive level of mental health treatment and supportive services, and often consist of peer supports, family education, wellness centers, and assistance with access to educational, social, vocational rehabilitative and other community services.

Full Service Partnerships

1. Early Childhood and Family Stability FSP [CSS-01]

The Early Childhood and Family Stability FSP will support programs for children and families that are designed to improve the mental health and well-being of children and youth, improve family functioning, and prevent out-of-home placement of children and youth whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. The goal of these services is to improve the child's overall functioning within their family, school, peer group and community; reduce risk and incidence of mental health disability; and improve family well-being and functioning. Children and youth who are at acute risk for disruption in home or school placement, or loss of access to extra-curricular activities, will receive a team based, "full service partnership" (FSP) approach that includes a Child & Family Therapist and Family Support Counselor, and priority access to psychiatric, psychological assessment, and occupational therapy services as needed. Adoption preservation is encouraged by integrating a parental component and additional mental health services in accordance with the FSP model.

Family Reunification Partnership, operated by MCBH, will offer a unique and innovative program model that integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/Department of Social Services) social workers into one cohesive program to help families in the reunification process. An intensive, short-term, in-home **Crisis Intervention and Family Education Program** will be provided to the same population, when less

intensive services are required along the continuum of care. Additional programs will be provided by contracted Partners.

Additionally, programs operated by a contracted service provider will offer outpatient mental health services to eligible children and their families. Mental health services will consist of individual, family, or group therapies and interventions designed to promote the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family function, abuse, neglect, domestic violence, parental incarceration, and parental substance abuse. The focus will be made on families with infants and children 0-5 who have been exposed to trauma and are exhibiting early signs of attachment disruption, poor attunement with their caregivers, and trauma symptoms and related behavioral dysregulation. Such services will improve the early attachment relationship, reduce mental health symptoms, and resolve trauma experiences for children as well as the impact of trauma on a child and his/her family.

2. Dual Diagnosis FSP [CSS-02]

The Dual Diagnosis FSP will include programs operated by a contracted service provider to support youth and young adults with co-occurring mental health and substance abuse disorders. This FSP strategy will include both an **Outpatient Program,** Integrated Co-Occurring Disorder, that provides integrative co-occurring treatment through an evidence-based practice and strengths-based home-visitation model; and a **Residential Program,** Santa Lucia, that will identify, assess and treat adolescent females in a residential facility who exhibit significant levels of co-occurring mental health and substance abuse needs. The goal of this FSP is to promote resiliency by reducing acute mental health and substance abuse symptoms, improving overall individual and family functioning, and reducing need for residential care.

3. Transition Age Youth FSP [CSS-04]

Monterey County Behavioral Health will provide an intensive **Outpatient Program** for transition age youth (TAY) who are experiencing symptoms of serious mental illness. Services will be youth-guided, strength-based, individualized, community-based and culturally competent. Youth will receive a psychiatric assessment, case management and individual/group/family therapy based on their mental health needs. TAY can also participate in skills groups, outings, and recognition events. Goals are tailored to each youth, and may include achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental illness.

4. Adults with Serious Mental Illness FSP [CSS-05]

The Adults with Serious Mental Illness FSP supports a range of services to adults with a serious mental health diagnosis in reaching their recovery goals and living in the least restrictive environment possible. This FSP is comprised of an **Outpatient Program** operated by a contracted service provider to serve this population of adults, including those with a co-occurring substance use disorder. Services within this outpatient program will include outreach

and engagement, employing a welcoming/engagement team, and providing an intensive outpatient alternative to the array of residential treatment services and supportive housing based FSP programs that often have long wait lists for entry to services.

5. Older Adults FSP [CSS-06]

The Older Adult FSP will offer a range of services and supports to older adults with a serious mental illness diagnosis in reaching their recovery goals and living in the least restrictive environment possible. The FSP **Outpatient Program** operated by the MCBH will provide intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. Outpatient services are to be focused on reducing unplanned emergency services and admissions to inpatient psychiatric hospitals, as well as preventing out of county and locked placements.

The Older Adult FSP will also include a **licensed residential care facility**, that serves older adults who have co- occurring mental health and physical health conditions. This residential program will assist residents with medication, medical appointments, daily living skills, and money management, and will provide daily structured activities.

6. Justice-Involved FSP [CSS-13]

The Justice-Involved FSP supports adolescents and adults with a mental health disorder who are involved with the juvenile/criminal justice systems. For adults, this FSP will include an **Adult Mental Health Court Program**. This program is a collaborative effort between the Superior Court, Behavioral Health, Probation Department, District Attorney's Office, Public Defender's Office, and the Sheriff's Office to reduce the repetitive cycle of arrest and incarceration for adults with serious mental illness by providing intensive case management, psychiatric care, Probation supervision, and a therapeutic mental health court.

For transition age youth, MCBH will work in partnership with public agencies and community partners in providing the Justice-Involved FSP's comprehensive programming to youth involved with MCBH, Juvenile Justice, and/or the Department of Family and Children Services. These FSP programs will include a **Juvenile Mental Health Court Program** in which Probation, Juvenile Court, and Behavioral Health provide supervision and support to youth and their families; and the **Juveniles Who Sexually Offend Response Team** (JSORT) program, a collaborative partnership between Monterey County Probation and MCBH to provide specialty mental health services to adolescents who have committed a sexually related offense. Families/caregivers may also receive services from both programs.

7. Homeless Services and Supports FSP [CSS-14]

The Homeless Services and Supports FSP includes an **Outpatient Program** operated by a contracted service provider that will offer wrap-around services and will conduct outreach for adults with a psychiatric disability who are currently experiencing homelessness or who are at

high risk of becoming homeless. Services will include mental health and psychiatry services, case management services, assistance with daily living skills, as well as supported education and employment services.

This FSP will also include **Supportive Permanent and Transitional Housing Programs** for vulnerable individuals over the age of 18 with a psychiatric disability who are currently experiencing homelessness or who are at risk of becoming homeless. Along with managing symptoms of mental health disorders and promoting recovery, the goals of these services are to prevent further homelessness, avoid costly hospitalization or use of short-term crisis residential programs, reduce the incidence of mental health crises, and avoid unnecessary institutionalization in residential care homes.

General System Development Programs

8. Access Regional Services [CSS-07]

The Access Regional Services strategy will support Monterey County Behavioral Health ACCESS walk-in clinics and community-based organizations who provide regionally based services to address the needs of our community. County **ACCESS clinics** function as entry points into the Behavioral Health system. These clinics are in the Coastal Region (I.e., Marina), Salinas, Soledad, and King City, providing reach in all four regions of the county. The clinics serve children, youth, and adults, and offer walk-in services and appointments to provide early intervention and referral services for mental health and substance use issues. Additional ACCESS clinics provide support specific to medication management and to those enrolled in the Welfare to Work program with the Department of Social Services (DSS).

The clinical support offered through ACCESS clinics will be supplemented by community, education, and therapeutic supports found at a **Wellness Center**, the OMNI Resource Center, now funded as part of this CSS Strategy. Located in Salinas and serving TAY and Adult populations, the Center is a peer and family member operated facility that will assist participants in pursuing personal and social growth through self-help and socialization groups, and by providing skill-building tools to those who choose to take an active role in the wellness and recovery movement through various initiatives.

Through a series of outpatient programs, this CSS strategy to promote access to services will also support community-based providers in making services accessible to children, youth, adults, and their families. These include tailored supports for LGTBQ+ individuals, individuals affected by HIV/AIDS, and individuals experiencing crisis and trauma. Programs also provide telehealth and in-person counseling services for individuals of all ages across the county, including services for non-English-speaking residents and those who are deaf or hard of hearing.

9. Early Childhood Mental Health Services [CSS-08]

The Early Childhood Mental Health Services strategy supports programs offering specialized care for families/caregivers with children ages 0-11. This will include an **Outpatient Program** that employs care coordination teams and therapists to provide culturally and linguistically

appropriate behavioral health services for children and their caregivers/family members. The program uses a family- and strengths-based approach to support positive emotional and cognitive development in children and increase caregiver capacity to address their children's socioemotional needs. The outpatient teams collaborate with community-based agencies to provide services for infants, children, and youth experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants, children and youth affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders by utilizing evidence-based practices and trauma-informed services.

10. Supported Services to Adults with Serious Mental Illness [CSS-10]

The Supported Services to Adults with Serious Mental Illness strategy supports adults ages 18 years and older who are served by the various programs in our Adult System of Care. Programs will employ peer support specialists (i.e., those with lived experience as a consumer or family member) as **Wellness Navigators** (WNs) stationed at each Adult Services clinic to welcome clients into the clinic, support completion of intake screening tools, and help clients understand how to access the services available to them. The **Transportation Coaching Program** assists consumers' independence by helping them learn how to utilize public transit and rideshares to engage in day-to-day-activities. The **Primary Care Integration Program** will offer voluntary training and supportive services that focus on creating a welcoming and recovery-oriented environment where clients accessing services at MCBH outpatient clinics can feel welcomed and supported by someone who may have a similar experience.

This strategy will also support a **Benefits Counseling Program** for transition age youth, adults, and older adults with mental health disabilities. The goal of this program is to increase the number of consumers returning to the workforce and to increase independence by providing the following: problem solving and advocacy, benefits analysis and advising, benefits support planning and management, housing assistance, independent living skills training, assistive technology services and information, and referral services.

11. Dual Diagnosis Services [CSS-11]

Dual Diagnosis Services will serve those impacted by substance abuse and mental illness by providing intensive and cohesive supports. **Outpatient Programs** will be operated by a community-based contracted service provider to assist clients in developing dual recovery skills to maintain successful community living and promote a clean and sober lifestyle as they transition out of dual recovery residential programs. In addition, a **Residential Program** will provide a home-like environment in a structured, non-institutional, therapeutic community to support independent living skills and assist adults in their recovery.

12. Homeless Outreach & Treatment [CSS-15]

The Homeless Outreach and Treatment strategy will include **Shelter/Housing Programs** for vulnerable individuals with a psychiatric disability who are currently experiencing homelessness or are at risk of becoming homeless. Two **Outreach Programs** are also included in this strategy to provide case management to both youth and adult individuals experiencing homelessness in the county.

13. Responsive Crisis Interventions [CSS-16]

County residents have identified the need for timely, responsive mental health services, particularly when an individual is experiencing a mental health crisis. The Responsive Crisis Interventions strategy will provide services to community members "where they are at" or otherwise provide services in a critical, time-sensitive manner. A **Mobile Crisis Team** will be deployed to help Monterey County residents when they are experiencing a mental health crisis. The mobile crisis team will work with law enforcement and emergency services in responding to individuals, youth, and families in crisis. They will intervene with individuals who are showing signs of psychiatric distress, initially assisting the individual to de-escalate and stabilize, and then providing available resources to help connect them with voluntary mental health and substance use disorder outpatient services and/or treatment as appropriate. Goals include avoiding unnecessary hospitalizations and diversion from emergency resources (hospital/jail), while providing the linkage to ongoing care as needed.

A county-operated **Forensic Outpatient Clinic**, the Archer Child Advocacy Center, will be supported through this strategy. This clinic will provide mental health assessments, referrals, and therapy services to children who have experienced sexual abuse. Crisis support services will also be available to the child's family/caregiver(s).

A **Residential Program** will offer crisis stabilization for adults with serious mental illness in a less traumatic environment, including support with daily living skills, personal hygiene, and treatment. Staff will work with residents to develop strategies to avoid the reoccurrence of crisis situations.

14. Mental Health Services for Adults [CSS-18]

The Mental Health Services for Adults strategy will provide specialty mental health care services to adults with severe and persistent mantal illness. **Outpatient Programs** will offer strengths-based services to individuals, such as case management, crisis intervention, therapy, medication management, and education and employment support. In addition, a **Supportive Housing Program**, Community Housing, will provide individual apartments and/or shared housing units to adults along with case management and mental health treatment services.

CSS Program Data for FY 2021-22

For CSS Program Data covering the Fiscal Year 2021-22 period, please refer to Appendix III.

Prevention & Early Intervention (PEI) Component: Program Descriptions

Nineteen percent (19%) of MHSA funds received by counties must be allocated for PEI services designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one program focused on delivering services for each of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and Discrimination Reduction, and 4) Suicide Prevention. All programs must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non- stigmatizing and non-discriminatory practices.

Counties must serve all ages in one or more programs funded by the PEI component. At least fifty-one percent (51%) of PEI funds must be allocated for serving individuals 25 years old or younger. Programs that serve parents, caregivers, or family members to address children and youth at risk of or with early onset of a mental illness can be counted as serving children and youth.

In addition, SB 1004 directs counties to focus on the following priority areas:

1) Childhood trauma prevention and early intervention.
2) Early psychosis and mood disorder detection and intervention.
3) Youth outreach and engagement strategies that target transition age youth.
4) Culturally competent and linguistically appropriate prevention and intervention.
5) Strategies targeting the mental health needs of older adults; and
6) Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis.

The following provides an overview of proposed PEI-funded programs and services that reflect the core themes and priority areas identified in the CPPP (see Community Program Planning Process section above).

Prevention

1. Family Support and Education [PEI-02]

Family members and caregivers living with and caring for loved ones with mental health conditions benefit from social connectedness and psychoeducation provided in family support groups. Support groups will be offered regionally throughout Monterey County in community-based locations in languages that support the needs of family members and caregivers. Groups will be open and accessible to residents of Monterey County who would like to learn how to support their family member and gain support from others who are experiencing similar issues related to caring for a loved one with mental illness.

Parents and caregivers have expressed the need for culturally relevant parenting classes that address issues throughout a child's development from infancy through adolescence and young

adulthood. Parents and caregivers will be offered options to choose a class that meets their family's needs, as all children have unique strengths and challenges, and families come from different cultural backgrounds. Some families have added challenges related to being a teen parent, and they will be afforded programming and supports under this strategy. Parenting classes and programming will be provided in Spanish, English, and Indigenous languages in community-based locations throughout Monterey County at times that are convenient for the families. Whenever possible, classes will provide childcare and meals to support families in addressing barriers to participation and enhancing their experience.

2. Prevention Services for Early Identification of Mental Health Symptoms Throughout the Lifespan [PEI-12]

PEI funding will be used to provide outreach, education, and linkages to behavioral health care using culturally specific messaging campaigns aimed at decreasing stigma related to mental health for historically underserved communities, including Latinx, Black and African Americans, and LGBTQ+ communities. MCBH will build upon proven communication mechanisms to provide information on mental health resources and programming to the community while developing new channels and mediums to respond to the preferred methods diverse community members use to access information related to mental health. This activity may include using bilingual and Spanish radio programming to provide information on behavioral health topics and how to access services.

Community information sessions and presentations on behavioral health and related topics will be provided in all four regions of Monterey County by MCBH and community-based organizations focusing on underserved areas. Sessions will be provided in locations where community members feel comfortable and will be offered to existing groups and organizations building on trusted relationships in the community. Community information sessions will address the top barriers to care identified during the CPPP regarding the current lack of knowledge of available behavioral health resources and to increase understanding in the community regarding behavioral health.

During the CPPP, focus group and listening session, participants identified stigma as a prominent barrier. They noted that language highlighting the term "mental health" can push individuals away from accessing services, especially in Latino and Indigenous communities. However, pivoting to language that highlights emotions, feelings, and behaviors associated with mental health was more accepted. Participants recommended leveraging trusted community members or organizations, especially train-the-trainer models. MCBH will explore opportunities to work with Community Health Workers (CHW's) and Promotoras to help bridge the gap between residents who are reluctant to engage in behavioral health care and local programs. The participants of one focus group stated, "Use Promotoras to help break the stigma among the Latino population. They can help people trust service providers and county agencies by vouching for them.".

Additionally, during the CPPP, participants identified the need for more community education on mental health. MCBH would like to support Mental Health First Aid (MHFA) and the variations of this model, including Youth Mental Health First Aide and other variations that are relevant to Monterey County residents and meet the linguistic and cultural needs of our communities. MHFA is a proven educational program that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. MHFA teaches skills to help people reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a mental health crisis. In prior fiscal years, MCBH was not able to develop capacity to provide MHFA training in all categories relevant to Monterey County and which could include Adult, Youth, Public Safety, Fire/EMS, Veterans, Older Adults, Rural and Higher Education. MCBH will explore options for implementing MHFA programs in Spanish and English for the 3-year cycle of this current MHSA plan.

Professional training on mental health and related topics may also be provided to professionals, medical providers, faith leaders, educators, law enforcement and other key groups that interact with community members.

MCBH may use PEI funding to support the maintenance and expansion of the Critical Incident Stress Management (CISM) Team. The CISM Team responds to residents and first responders in Monterey County who have experienced a traumatic event to address Critical Incident Stress (CIS) that if left untreated may result in Post-Traumatic Stress Disorder or other mental health conditions. The CISM Team also has staff from MCBH who can train other public agency staff and entities, such as law enforcement, to create their own internal CISM Teams.

Veterans are a vulnerable population for mental health conditions and suicide risk and were identified as a priority population in SB 1004 and in our local CPPP. MCBH will partner with an organization that will provide education and awareness to veterans, their dependents, and survivors on entitled benefits to include mental health services available in the community. Additionally, this program will streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment, and other community-based services. This helps to promote resilience, social connectedness and other protective factors for veterans and their family members which helps to decrease risk for mental health conditions and suicide.

3. Student Mental Health [PEI-08]

MCBH has a very strong partnership with the Monterey County Office of Education and school districts throughout Monterey County. MCBH staff will provide training, consultation, and support to schools to develop positive school climates, understand and address behavioral health issues in students and implement state mandated district suicide prevention plans. MCBH staff located in the schools will provide educational presentations to parents and caregivers on mental health related topics including, but not limited, to common childhood mental health disorders and how to access Behavioral Health services. MCBH staff will also

respond to emerging needs of the student population that are identified by district administrators and other relevant educational staff. Psychoeducation and training will be provided to educational staff to support trauma informed education practices and wellness for educators.

Primary prevention programs that support student mental health and focus on students who are experiencing or are at-risk of experiencing mental health conditions will be provided. Individual and group therapy for children who have been exposed to trauma and Adverse Childhood Experience (ACES), including domestic violence, will occur on school sites to minimize barriers to accessing care. Support will be provided to parents and caregivers in meeting their child's social and psychological needs along with psychoeducation in understanding ACES and how to support their children in building resilience. Bullying prevention programs and support for schools to address bullying will also be provided on school sites in coordination with other programming.

Wellness activities that assist children and youth in developing protective factors, such as social connectedness and emotional self-regulation skills, will be provided after the school day ends to support students who could benefit from positive interactions and decrease risk for developing a mental health condition.

4. Maternal Mental Health [PEI-15]

To address the prevention of childhood trauma at the earliest possible point in time, MCBH will develop community-based supports to help mothers/birthing people who are at-risk of or are experiencing mild to moderate Perinatal Distress in the form of anxiety, depression, and mood concerns. MCBH will offer trauma-informed dyadic play groups for families with children 0-5 in community locations, providing psychoeducation and support with a focus on Spanish speaking, Latina mothers who do not have access to mental health services through their health insurance provider. Groups will be provided in-person and online based on community needs and staffing capacity. These groups will increase opportunities for participants to have positive social interactions, develop support network and decrease stigma through shared experiences. A primary goal will be to increase group participants' knowledge and understanding of how being attuned with their child's cues positively impacts bonding and attachment. Additionally, the groups will incorporate culturally attuned healing practices that support women and families during the perinatal period.

Additional support to address Perinatal Mood and Anxiety Disorder (PMAD) will be provided through the Maternal, Child and Adolescent Health (MCAH) nursing program. The MCAH Case Manager and team members are in a unique position to screen, intervene, and refer clients who are at risk or experiencing PMAD symptoms. Through building a therapeutic relationship, case managers can deliver person-centered, holistic, and trauma-informed care to support the client's health and wellbeing.

Peer support programs and therapeutic treatment for addressing Maternal Mental Health will be provided by community-based agencies through staff and peers who reflect the racial, ethnic, and cultural groups that make up Monterey County. These supports will be provided 1:1 and in groups, in settings that support participation, including home visiting and community-based locations. Inclusion of partner involvement in interventions, such as fathers and/or co-parents, will be incorporated as capacity allows. Programs will also provide referrals to health and wellness resources through care navigation; concrete supports such as housing; and affiliation support that connects individuals with community resources like communal activities and events.

PEI funding will be used to develop culturally attuned outreach materials that provide information on perinatal mental health and offer relevant resources. Materials will be designed to raise awareness of resources, decrease stigma, and build connections between individuals and families in our community. Participation in community events will create bridges to community members in natural settings who can benefit from service offerings and build relationships with other community agencies who serve parents and birthing people with other needed services to promote referrals and resources. Funding will also be used to support the Monterey County Maternal Mental Health Task Force to achieve goals noted above of raising awareness, decreasing stigma and building connections so families receive support to maximize wellness during pregnancy and throughout the early years of their children's lives.

Early Intervention

5. Prevention Services for Older Adults [PEI-05]

A continuum of supports will be provided for Seniors to engage seniors and older adults in mental health care and in programming to support their health and wellness. Activities include:

- outreach and community education that is specific to seniors through social marketing campaigns, community presentations, outreach events, and other promotional activities
- activities that reduce isolation, promote resilience, recovery and social connectedness for seniors will be provided including individual and group support
- Senior Peer Companions and Counselors, often the cornerstone of programs serving seniors, will be incorporated whenever possible in these activities.

Short-term therapeutic interventions will be provided to seniors and older adults who are suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations and homes to support home bound seniors and increase an individual's comfort level with receiving therapy.

6. Early Intervention Strategies for Adolescents, Transition Age & College Age Youth [PEI-13]

A continuum of supports will be provided for transition age youth including:

Outreach and community education that is specific to youth will be provided to engage adolescents and transition age youth (TAY) ages 16-25 in mental health care and in programming to support their health and wellness. Activities include:

- social marketing campaigns, community presentations, outreach events, and other promotional activities
- a focus on youth who have experienced trauma and/or have been involved with public agencies, such as Juvenile Probation and Child Welfare, in supporting their successful transition to adulthood
- services for youth who have run away or are experiencing homelessness to connect them to programs to address risk factors and link youth to services that will meet their needs including, but not limited to, housing, substance abuse prevention, mental health counseling, benefits, health care, educational and employment opportunities.
- case coordination as indicated with social services, probation, behavioral health, schools, law enforcement, and other service providers.

Positive, youth-friendly activities that reduce isolation, promote resilience, recovery and social connectedness for youth will be provided including individual and group supports in a community-based setting that is youth led and informed by input from youth and young adults. Youth Mentors and Peers are highly essential and proven to be effective in youth engagement and will be incorporated whenever possible in outreach efforts and programming. MCBH will partner with youth-serving organizations and local youth councils to develop effective outreach strategies and mental health programs for youth and young adults.

Short-term therapeutic interventions will be provided to TAY who have mental health conditions that are impacting their developmental trajectories for transitioning to adulthood and/or are placing them at risk for involvement with public agencies, such as Juvenile Probation. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible for youth and young adults.

7. Culturally Specific Early Intervention Services [PEI-14]

A continuum of supports will be provided for vulnerable and historically underserved populations, such as: Latinos, African Americans, LGBTQ+ individuals and communities*.

Outreach and community education that is specific to each cultural group will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities to engage historically underserved populations (as noted above*) in behavioral health care and in programming to support their health and wellness. Holistic, wellness activities that reduce isolation, promote resilience, recovery and social connectedness for each cultural group will be provided including individual and group supports. Promotores and Peers that are representative of diverse populations are highly essential and will be utilized as they are key elements in engaging and effectively supporting historically marginalized populations in accessing behavioral health care and other resources.

Short-term therapeutic interventions will be provided to address mild to moderate mental health issues and stressors associated with immigration related issues, institutional racism, discrimination, and trauma experienced over the lifetime related to one's cultural identity. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible and build upon trusted relationships in diverse communities.

8. Prevention and Recovery for Early Psychosis [PEI-10]

Early psychosis programs have demonstrated effectiveness in helping individuals to return to baseline levels of functioning and prevent future occurrences of psychotic episodes. This strategy consists of an integrated array of evidence-based treatments designed for remission of early psychosis among individuals ages 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder. Core services will include individual therapy using Cognitive Behavioral Therapy for Psychosis, strength-based case management, algorithmic medication management, family and peer support, educational and vocational support.

In addition, outreach comprehensive community campaign providing education about early signs and symptoms of psychosis and the importance of early intervention, behavioral health wellness, psychosis and stigma. This may include individualized mental health consultation to caregivers and providers, including pre-screening of individuals for potential referral for early psychosis assessment and treatment or other behavioral health services, as indicated.

Outreach efforts will be focused on key stakeholders including medical providers, community health workers, educational partners and others who are connected to Medi-cal beneficiaries and residents in

9. Stigma and Discrimination Reduction [PEI-04]

One of the top barriers to individuals receiving the mental health care they need is stigma related to mental illness. This was echoed during our CPPP as community members shared concerns about the prevalence of stigma, particularly in the Latino community. To address this, community presentations and trainings on stigma and discrimination reduction will be provided throughout Monterey County. These programs will be designed and implemented by individuals with lived experience and will include a diverse panel to address cultural considerations and issues throughout the lifespan. Presentations will help dispel myths associated with mental health conditions and provide opportunities for individuals with lived experience to share their stories to increase compassion and decrease negative assumptions for those living with mental health conditions.

The California Mental Health Services Authority (CalMHSA) administers statewide projects taking a population-based approach to prevent mental illness from becoming severe and disabling through outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination against people

with mental health challenges. MCBH will provide funding as capacity allows to continue to participate in this statewide effort.

10. Suicide Prevention [PEI-06]

An integrated method of service delivery including a 24/7/365 free, multi-lingual suicide and crisis lifeline, educational outreach, and training, and postvention support services for those who have lost a loved one to suicide will be provided by a contract provider that is an Accredited Crisis Center through the American Association of Suicidology. High-risk individuals, families, and groups will be identified and provided with safe alternatives to suicidal behavior.

MCBH has developed a Roadmap to address suicide awareness and prevention in Monterey County and has formed a suicide prevention coalition named MC HOPES which stands for Monterey County: Helping One another to Prevent and Eliminate Suicide (Coalition). PEI funding will be utilized to facilitate the Coalition, make further progress on the Roadmap by creating workplans that include objectives and interventions identified by the Coalition to reduce suicide related deaths and attempts, as well as to increase protective factors in Monterey County.

Supports and trainings will be provided to better address suicide prevention and awareness to decrease the suicide related death rate in Monterey County. In addition, training will be offered for MCBH staff and community groups on the following: Applied Suicide Intervention Skills Training ("ASIST"), and Suicide Alertness for Everyone ("SafeTALK").

PEI Program Data for FY 21-22

For PEI Program Data covering the Fiscal Year 21-22 period, please refer to Appendix III

Innovation (INN) Component: Project Descriptions

Counties are required to allocate five percent (5%) of total MHSA Funds to INN projects. Innovation projects are defined as novel, creative, and/or ingenious behavioral health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of underserved individuals. The Innovation Component allows counties the opportunity to "try out" new approaches that can inform current and future behavioral health practices and approaches. These projects are intended to contribute to learning about what approaches to providing behavioral health services can be effective, rather than having a primary focus on providing a service. Innovation projects can only be funded on a one-time basis and are time limited. Innovation projects must also use quantifiable measurements to evaluate their usefulness. If any members of the public wish to identify a community need or suggest an innovative concept to improve the quality to, or access of, local behavioral health services, they are encouraged to contact MCBH at: MHSAinnovations@co.monterey.ca.us

Current Approved INN Projects

1. Micro-Innovation Grant Activities for Increasing Latino Engagement [INN-01]

The Micro-Innovation Grant Activities for Increasing Latino Engagement project was created to **identify and support community-driven responses to mental health related needs of Latino ethnicities, cultures, communities, neighborhoods, etc**. Monterey County residents, community partners and mental health services staff were encouraged to apply for funds to deliver localized services to engage Latino communities in ways not currently employed through existing behavioral health services in Monterey County. The Innovation Plan is concluding the sixth and final cohort of micro-innovation activities on June 30, 2023, with the remainder of the Innovation funding timeline, ending August 22, 2023, being dedicated to evaluation activities. This Innovation project utilized the maximum 5-year timeline available to Innovation plans, and as evidenced in the FY21/22 Innovation Evaluation Report included in Appendix IV.

Several promising culturally and linguistically responsive approaches towards community engagement were identified. Promising practices originating from this Innovation project will be made relevant to any future planning discussions to create or modify programs intended to provide outreach to Latinx communities.

2. Screening to Timely Access [INN-02]

The Screening to Timely Access project was created to **develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource**. This project has been implemented in coordination with the California Mental Health Services Authority as part of the multi-county Tech Suite Collaborative "Help @ Hand" project. As discussed in further detail in the FY21/22 Innovation Evaluation Report included in Appendix IV, MCBH and CalMHSA have contracted with CredibleMind, who has developed the web-based screening and referral tool, along with supported the development and

evaluation of a robust evaluation plan to assess the impact of this tool. Over the course of FY22/23, the tool, which has been named "WellScreen Monterey", has been made available for public use. Workflows for integrating user information for clinical use have been developed. Throughout the remainder of this Innovation plan 5-year funding timeline, ending December 31, 2023, continued marketing, implementation and evaluation activities will occur. Maintenance costs for supporting this tool beyond the Innovation funding timeline will be covered under the Prevention and Early Intervention component.

3. Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators) [INN-03]

The Transportation Coaching by Wellness Navigators project, also referred to as the "Transportation Coaching Project", **developed and tested a transportation needs assessment tool capable of informing transportation coaching strategies for behavioral health services clients. and measuring the impact of those strategies on staff costs and client levels of independence**. The goals of this project include improving consumer independence in accessing mental health treatment services and other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff developed the transportation needs assessment tool, in partnership with Interim, Inc., our community partner employing the Wellness Navigators who provide transportation coaching services. As evidenced in the FY21/22 Innovation Evaluation Report included in Appendix IV, this project demonstrated successful outcomes related to clients' ability to attend and/or participate in the mental health services appointments and other preferred wellness activities. Beginning in FY22/23, Transportation Coaching Project services provided by Interim, Inc., were sustained under the Community Services and Supports component. The remainder of Innovation funds available through the conclusion of the 5-year term of this project, ending August 22, 2023, are dedicated to evaluation activities.

4. Residential Care Facility Incubator [INN-04]

The Residential Care Facility Incubator project aims to develop and enact a plan that will **incentivize local property owners to establish culturally and linguistically responsive residential care facilities in within Monterey County**. Given the complexity and challenges associated with housing in Monterey County and California at-large, the Residential Care Facility Incubator projects is being carried out in two phases. Currently, MCBH has approval to support only Phase I of this project, which is to conduct the necessary research and planning required to support a successful implementation plan that will be carried out in a Phase II. identify the costs and steps required to establish residential care facilities, as well as an evaluation of the need for licensed residential care facilities versus unlicensed room and board with in-home support services being provided. Significant collaboration must occur between local agencies, businesses, non-profits, families, and individuals to identify prospective individuals or families within three different regions who would be interested in operating a residential care facility as described above.

During FY22/23, a Request for Proposal process was carried out, and a vendor was selected to assist MCBH in developing an actionable plan to incubate these residential care facilities. Additional information on this Innovation project can be found in its FY21/22 Innovation Evaluation Report included in Appendix IV.

5. Psychiatric Advance Directives [INN-05]

The Psychiatric Advanced Directive project is a multi-county collaborative project supported by the MHSOAC focusing on **deploying advanced directives to improve the response to individuals who are experiencing a mental health crisis by law enforcement, as well as physical health and behavioral health clinicians**. A psychiatric advance directive (PAD) is a legal document that details a person's preferences for future mental health treatment, services, and supports, or names an individual to make treatment decisions, when the person experiencing a psychiatric crisis is unable to make decisions. When a person has established a PAD, proper care can be provided, and involuntary treatment may be prevented. Individuals can also share their PADs with their local hospitals, providers, and police departments so their preference of care is clear and can be easily prioritized. Additionally, when family members are kept up to date on an individual's PAD, they can be better advocates for their loved one. MCBH is working collaboratively with the multi-county collaborative and its partners to support the created of the PAD template, technology platform on which it will be used and information can be shared, marketing and education materials, and policy advocacy. Locally, MCBH is working with Interim, Inc., in planning to pilot the use of PADs within two of their crisis stabilization programs (short-term residential crisis stabilization program and a day treatment intensive program) beginning in FY23/24. Additional information on this Innovation project can be found in its FY21/22 Innovation Evaluation Report included in Appendix IV.

Commented [CS1]: HIGHLIGHTED REVISION

INN Projects Under Development and/or Pending State Approval

In response to CPPP input and MCBH service data identifying needs that may be addressed through innovation methods, proposals are under development for the following projects. Detailed information concerning the implementation of each project, including vendor section, will be included in the upcoming proposals to be submitted to the Mental health Services Oversight & Accountability Commission (MHSAOAC) for approval, as required by MHSA regulations.

1. Trauma Healing and Wellness [INN-06]

Trauma Healing and Wellness, formerly termed as the Center for Mind-Body Medicine project in our approved FY21-23 Three-Year Plan, aims to increase capacity in Monterey County by training community leaders in effective culturally relevant supports to help community members cope with trauma and build resilience and protective factors. Community-based trauma is a mass trauma caused by political, financial, social, or other challenges commonly and uniquely experienced by segments of society who are identified by racial, ethnic, gender, and/or other demographic characteristics. Traditional mental health services provided by mental health professionals can address trauma, however the mental health service delivery system lacks capacity to effectively address widespread community-based trauma. In addition,

traditional mental health services are offered in a medical model that often does not resonate with historically underserved communities, particularly in communities of color. This Innovation project will seek out a promising practice to equip community leaders and representatives in skillsets for coping, managing, and healing from trauma, that can then be shared within their specific community.

As part of this Innovation Project, MCBH stakeholders will engage in a thorough assessment of community-based trauma factors that exist within the County, identify communities to be served, and recruit/engage with community representatives and leaders who will receive training and support to equip them to offer healing support and trainings within their respective communities. Trainings and healing practices will contain psychoeducational elements and build upon cultural healing practices present in these communities as well as foster connections to community resources. The learning goals of this Innovation project will assess the reduction of identified community-based trauma and its negative impacts and the anticipated increase in community health and resiliency factors. Community planning to inform this Innovation plan is currently on-going.

2. Rainbow connections [INN-07]

Rainbow Connections will increase interagency collaboration between MCBH, Monterey County Office of Education (MCOE), Monterey County Clinic Services (MCCS), Local Education Agencies (LEA's) and community-based organizations, to promote better health outcomes for the LGBTQ youth under 25 population in Monterey County. Integral to this interagency and community collaboration, Rainbow Connections will also be piloting an adapted version of an evidence-based practice to service LGTBQ youth and their families. In doing so, this Innovation project will create a new LGBTQ+ Continuum of Affirmative Care model, capable of improving the capacity of the adults, caregivers, providers, and systems responsible for the growth and well-being of LGBTQ youth to identify their mental health needs and promote their access to appropriate care.

Activities included within this proposed plan include the creation of dedicated staffing within MCBH to provide affirmative, integrated behavioral health and medical care for LGBTQ youth and their families. Staffing will include a team consisting of a Psychiatric Social Worker, Psychiatrist and Family Partner working in collaboration with or within MCCS to break down the silos that currently exist between the MCBH and MCCS systems. Additionally, a Social Worker III will be allocated to provide linkage to identified community resources and navigation of the various youth serving systems when specialized care is needed. The specialized services and supports that will be accessible to LGBTQ youth 24 and under in need will be provided through the MCBH LGBTQ Continuum of Affirmative Care for Learning Communities, an adaptation to the existing MCBH School-based Continuum of Care for Learning Communities that is currently being implemented in schools across Monterey County with high success rates and significant impact through a collaborative partnership with MCBH, MCOE and school districts. The LGBTQ Continuum of Affirmative Care is aligned with the Positive Behavioral Interventions and Supports (PBIS)/ Multi-Tiered System of Support (MTSS) frameworks to determine the various levels of

care needed by LGBTQ youth. Additionally, local community-based organizations will deliver affirmative outreach and education programs to students, school staff, parents and service providers as part of this project. Meanwhile, the participating community-based organizations and clinical staff persons will receive specialized training to tailor their service offerings and delivery to directly address the barriers and challenges experienced by LGBTQ persons and their families.

The evaluation plan of this Innovation Plan will assess the impact of the adapted PBIS framework on client utilization of the allocated specialized staffing resources and other identified LGBTQ community resources, client satisfaction, decreased suicidal ideation and attempts, improvement in student behaviors and outcomes, and improvement in family functioning and other mental health outcomes.

This Innovation plan will be submitted to the MHSOAC and has a schedule hearing date scheduled on May 25, 2023.

3. Eating Disorder Outpatient Treatment Team [INN-08]

Over the course of the Global Health Crisis COVID-19 pandemic, the incidence of eating disorders increased significantly at the local and national levels. Monterey County has seen a significant increase in clients presenting with eating disorders and/or clients already in treatment for other concerns developing co-occurring eating disorders. Additionally, the acuity of the client's eating disorder symptoms has become increasingly severe. As with all mental health disorders early focused treatment prevents the need for a higher level of care. This proposal for funding is designed to focus eating disorder treatment such that it can be managed at the system of care level to reduce incidences of hospitalization for medical reasons such as shut down of vital organ systems and reduce admittance into Intensive Outpatient or Residential Eating Disorder Treatment facilities. Monterey County proposes to address the increase in eating disorder presentation and acuity by establishing a dedicated clinical team within MCBH that will work closely with Managed Care plan providers, to offer a balanced and coordinated approach to delivering between the medical and mental health teams and modalities. The MCBH team will consist of two psychiatric social workers and one social worker. This MCBH clinical team will have specialty training in serving youth ages 6-18 who have significant Eating Disorder Symptoms. The clinician team will provide individual and family therapy and coordinate psychiatry through a psychiatrist. Interventions will also be offered and provided in the client's natural environments when deemed necessary to the treatment success, including assisting clients and families in overcoming barriers to treatment through linkages and resources. Community planning for this Innovation plan is on-going.

INN Program Data for FY 2021-22

For INN Program Data covering the Fiscal Year 2021-22 period, please refer to Appendix IV.

Workforce Education & Training (WET) Component: Program Descriptions

WET programs are intended to develop a pipeline for increasing interest in community mental health careers, improving recovery-oriented treatment skills for community mental health providers as well as retention strategies for qualified community mental health providers. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

MCBH's WET Plan focuses on both the micro/individual and macro/systems levels as follows:

Supporting Individuals

- Pipeline/Career Awareness ($50,000)
  MCBH consistently has a clinical position vacancy rate of around 20%. MCBH engages in outreach activities to universities and professional programs to share information about community behavioral health careers in general, and with MCBH in particular. MCBH is also designing a "Grow Our Own" campaign to help Monterey County paraprofessional staff learn about advancement opportunities within MCBH.
- Education and Training ($700,000)
  A significant portion of the knowledge and skills clinical staff members need to provide effective mental health services are gained on the job through training and supervision, or before employment, during internship. To support staff development, MCBH is designing a robust curriculum focusing on core competencies and clinical intervention.
- Retention ($200,000)
  Monterey County's salary levels are not the highest in the greater Bay Area region. Left un-addressed, many employees, once trained, will continue to quickly move on to higher-paying jobs in other counties nearby. To support staff retention, MCBH provides technical assistance to staff interested in applying for federal and state loan repayment programs and contributes funds to state loan repayment programs to increase the reach of funding.

Supporting Systems

- Evaluation and Research ($50,00)
  Efforts to assess and improve the effectiveness of course content and instruction methodology are critical to ensure that time clinicians spend in training, away from direct service, is worthwhile. To support effective programing, MCBH is developing tools and protocols to assess training and treatment outcomes and develop on-line instruction, when feasible.

Capital Facilities & Technological Needs (CFTN) Component: Project Descriptions

Capital Facilities funds allow counties to acquire, develop or renovate buildings to provide MHSA-funded programs. Technological Needs funds support counties in transforming and modernizing clinical and administrative information systems and increasing consumer and family members' access to health information within various public and private settings. Through facility assessments and community feedback gathered during the CPPP, these Capital Facilities projects have been identified to support MHSA programs properly:

Renovation of an East Salinas Facility

This facility is located directly behind the Monterey County Women, Infants & Children Program office on the corner of East Alisal and Pearl Streets in Salinas. These renovations will enable and enhance mental health services for East Salinas residents of all ages.
Budget Estimate: **$1,000,000**

Development of a New Facility on East Sanborn Road in Salinas

This facility will provide mental health services to children, youth, and their families/caregivers. This project is underway, with groundbreaking having occurred in March of 2022.
Budget Estimate: **$25,000,000**

Monterey Mental Health Rehabilitation Center (MHRC)

This facility will create 110 mental health treatment beds by converting a vacated county-owned facility at 1420 Natividad Road in Salinas. This MHRC will be a 24-hr program that provides intensive support and rehabilitative services designed to assist persons with serious mental disorders. Monterey County clients are best served locally; currently, they are placed in a state hospital, or another mental health facility located outside of Monterey County.
Budget Estimate: **$40,000,000**

Development Bridge Housing for the Homeless

Extensive infrastructure is needed to establish Bridge Housing units to support community members who are homeless or at risk of homelessness. Within the Behavioral Health system of care, an estimated 300 individuals are homeless or at risk of homelessness.
This project will fund the renovation of existing structures and the construction of new housing units.
Budget Estimate: **$50,000,000**

Development of MCBH Campus

This facility will create enhanced crisis services including walk-in crisis urgent care and an adult access clinic This project will fund the renovation of existing structures.

Budget Estimate: **$50,000,000**
The proposed transfers of nearly $6.5million to the CFTN component during FY23/24-25/26 will fund these projects partially. Additional funding streams will be required and sought.

NUMBER OF CLIENTS TO BE SERVED & COST PER CLIENT/INDIVIDUAL FY23-26

Community Services & Supports

STRATEGY	Projected # of Clients to Be Served Per Each Fiscal Year	Estimated Cost Per Client
Full Service Partnerships		
Early Childhood and Family Stability FSP [CSS-01] **MHSA Age Group:** Children & Youth (C&Y) (0-15 years)	224	$12,271
Dual Diagnosis FSP [CSS-02] **MHSA Age Groups:** C&Y; Transition Age Youth (16-25 yrs)	96	$11,263
Transition Age Youth FSP [CSS-04] **MHSA Age Group:** Transition Age Youth	263	$8,492
Adults with Serious Mental Illness FSP [CSS-05] **MHSA Age Group:** Adults (26-59 years)	120	$12,471
Older Adults FSP [CSS-06] **MHSA Age Group:** Older Adults (60 years and older)	45	$39,466
Justice Involved FSP [CSS-13]	137	$12,180
Homeless Services and Supports FSP [CSS-14] **MHSA Age Groups:** Adults; Older Adults	141	$20,535
General System Development Programs		
Access Regional Services [CSS-07]	5,495	$1,091
Early Childhood Mental Health Services [CSS-08]	516	$7,753
Supported Services to Adults with Serious Mental Illness [CSS-10]	450	$969
Dual Diagnosis Services [CSS-11]	67	$10,921
Homeless Outreach & Treatment [CSS-15]	696	$624
Responsive Crisis Interventions [CSS-16]	596	$1,833
Mental Health Services for Adults [CSS-18]		

Prevention & Early Intervention

STRATEGY	Projected # of Individuals to Be Served Per Each Fiscal Year	Estimated Cost Per Individual
Prevention		
Family Support and Education [PEI-02]	278	$1,449
Prevention Services for Early Identification of Mental Health Symptoms Throughout the Lifespan [PEI-12]	11,911*	$93
Student Mental Health [PEI-08]	1,091	$715
Maternal Mental Health [PEI-15]	160	$1,256
Stigma and Discrimination Reduction [PEI-04]	1,116	$317
Suicide Prevention [PEI-06]	1,113	$235
Early Intervention		
Prevention Services for Older Adults [PEI-05]	447	$684
Early Intervention Strategies for Adolescents, Transition Age & College Age Youth [PEI-13]	1,086	$1,356
Culturally Specific Early Intervention Services [PEI-14]	1,207	$587
Prevention and Recovery for Early Psychosis [PEI-10]	55	$10,520

*includes information line phone calls and media impressions during outreach

Innovation

PROJECT	Projected # of Individuals to Be Served Per Each Fiscal Year	Estimated Cost Per Individual
Micro-Innovation Grant Activities for Increasing Latino Engagement [INN-01]	80	$8,500
Screening to Timely Access [INN-02]	N/A	N/A

Transportation Coaching Project [INN-03]	N/A	N/A
Residential Care Facility Incubator [INN-04]	TBD	TBD
Psychiatric Advance Directives [INN-05]	TBD	TBD
Center for Mind Body Medicine [INN-06]	TBD	TBD

N/A = not applicable TBD = to be determine

MHSA FY23-26 3-YEAR PLAN BUDGET NARRATIVE

This MHSA FY 2023-26 3-Year Program and Expenditure Plan ("Plan") reflects continued funding for previously approved CSS, PEI, and INN components. Additional programs have been added to this Plan to respond to the community needs as expressed and explored during our Community Program Planning Process. Expanded programs include meeting the community where they are with expanded Mobile Crisis services and the expansion of supportive services to those individuals with mental illness who are at risk of or are currently experiencing homelessness.

In prior years, actual MHSA allocations have exceeded early conservative revenue estimates. This has enabled funds to be allocated to both the WET and CFTN components. This Plan details the intended uses of those funds.

During the initial development of this Plan, experts were advising counties that total MHSA revenues are expected to increase slightly each year during this Plan. Over the last several years, the California economy has experienced unprecedented growth, and the positive tax revenue impacts are expected to briefly linger.

However, as of this writing, the international economic situation is very volatile, as the adverse financial effects of COVID-19 are impacting all aspects of the global economy. Should fiscal conditions change, resulting in disrupted revenue streams, planned expenditures will be adjusted accordingly.

Additionally, the State Legislature is currently re-evaluating the MHSA. Key requirements may be modified within this 3-Year Plan period. Should these changes occur, this Plan will be modified and updated through the Annual Update process.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Funding Summary

County: Monterey Date: 4/17/2023

MHSA Funding							
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimate FY 2023/24 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	2,699,529	6,331,610	8,397,416	863,296	6,393,531	
2.	Estimated New FY 2023/24 Funding	41,437,532	10,359,383	2,726,153			
3.	Transfer in FY 2023/24	(4,143,753)			1,000,000	3,143,753	
4.	Access Local Prudent Reserve in FY 2023/24						
5.	Estimated Available Funding for FY 2023/24	39,993,309	16,690,993	11,123,569	1,863,296	9,537,285	
B. Estimated FY 2023-24 MHSA Expenditures		39,359,846	7,963,782	3,423,896	1,098,748	5,500,000	
C. Estimate FY 2024/25 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	633,463	8,727,211	7,699,673	764,548	4,037,285	0
2.	Estimated New FY 2024/25 Funding	26,297,313	6,574,328	1,730,086			
3.	Transfer in FY 2024/25	(2,629,731)			1,000,000	1,629,731	
4.	Access Local Prudent Reserve in FY 2024/25						
5.	Estimated Available Funding for FY 2024/25	24,301,044	15,301,539	9,429,760	1,764,548	5,667,016	
D. Estimated FY 2024/25 MHSA Expenditures		23,667,581	6,918,258	2,684,704	1,098,748	4,000,000	
E. Estimate FY 2025/26 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	633,463	8,383,281	6,745,056	665,800	1,667,016	0
2.	Estimated New FY 2025/26 Funding	27,168,337	6,792,084	1,787,391			
3.	Transfer in FY 2025/26	(2,716,834)			1,000,000	1,716,834	
4.	Access Local Prudent Reserve in FY 2025/26						
5.	Estimated Available Funding for FY 2025/26	25,084,966	15,175,365	8,532,447	1,665,800	3,383,850	
F. Estimated FY 2025/26 MHSA Expenditures		24,451,503	6,932,862	2,428,570	1,098,748	3,000,000	
G. Estimated FY 2025-26 Unspent Fund Balance		633,463	8,242,502	6,103,876	567,052	383,850	0

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	4,795,236
2.	Contributions to the Local Prudent Reserve in FY 2023/24	
3.	Distributions from the Local Prudent Reserve in FY 2023/24	
4.	Etimated Local Prudent Reserve Balance ON June 30, 2024	4,795,236
5.	Contributions to the Local Prudent Reserve in FY 2024/25	
6.	Distributions from the Local Prudent Reserve in FY 2024/25	
7.	Etimated Local Prudent Reserve Balance ON June 30, 2025	4,795,236
8.	Contributions to the Local Prudent Reserve in FY 2025/26	
9.	Distributions from the Local Prudent Reserve in FY 2025/26	
10.	Etimated Local Prudent Reserve Balance ON June 30, 2026	4,795,236

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to CSS for the previous five years.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Community Services and Supports (CSS) Component Worksheet

County: Monterey Date: 4/17/2023

Community Services and Supports (CSS) Component Worksheet

		Fiscal Year 2023/24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
	Early Childhood and Family Stability FSP (CSS-01)	7,596,502	4,656,914	2,751,104	0	0	188,483
	Dual Diagnosis FSP (CSS-02)	1,611,148	987,689	583,484	0	0	39,976
	Transition Age Youth FSP (CSS-04)	3,031,217	1,858,239	1,097,768	0	0	75,210
	Adults with Serious Mental Illness FSP (CSS-05)	8,061,209	4,941,796	2,919,400	0	0	200,014
	Older Adults FSP (CSS-06)	1,948,191	1,194,307	705,545	0	0	48,338
	Justice-Involved FSP (CSS-13)	2,318,829	1,298,855	839,774	0	0	180,201
	Homeless Services and Supports FSP (CSS-14)	4,588,055	2,812,634	1,661,583	0	0	113,838
Non-FSP Programs							
	Access Regional Services (CSS-07)	5,806,706	3,559,709	2,102,922	0	0	144,075
	Early Childhood Mental Health Services (CSS-08)	2,612,446	1,578,790	946,108	0	0	87,548
	Supported Services to Adults with Serious Mental Illness (CSS-10)	917,469	562,440	332,265	0	0	22,764
	Dual Diagnosis Services (CSS-11)	2,239,314	1,372,775	810,977	0	0	55,562
	Homeless Outreach & Treatment (CSS-15)	1,754,925	1,075,829	635,553	0	0	43,543
	Responsive Crisis Interventions (CSS-16)	3,650,040	2,237,599	1,321,877	0	0	90,564
	Children's Mental Health Services (CSS-17)	2,114,864	1,296,483	765,906	0	0	52,474
	Mental Health Services for Adults (CSS-18)	7,816,685	4,791,894	2,830,844	0	0	193,947
CSS Administration		5,133,893	5,133,893				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		61,201,492	39,359,846	20,305,110	0	0	1,536,537
FSP Programs as Percent of Total		51.86%					

Community Services and Supports (CSS) Component Worksheet							
		Fiscal Year 2024/25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
	Early Childhood and Family Stability FSP (CSS-01)	4,567,874	2,800,262	1,654,274	0	0	113,338
	Dual Diagnosis FSP (CSS-02)	968,804	593,910	350,856	0	0	24,038
	Transition Age Youth FSP (CSS-04)	1,822,710	1,117,383	660,102	0	0	45,225
	Adults with Serious Mental Illness FSP (CSS-05)	4,847,309	2,971,565	1,755,473	0	0	120,271
	Older Adults FSP (CSS-06)	1,171,472	718,152	424,253	0	0	29,066
	Justice-Involved FSP (CSS-13)	1,394,342	781,018	504,967	0	0	108,357
	Homeless Services and Supports FSP (CSS-14)	2,758,856	1,691,273	999,131	0	0	68,452
Non-FSP Programs							
	Access Regional Services (CSS-07)	3,491,647	2,140,499	1,264,514	0	0	86,634
	Early Childhood Mental Health Services (CSS-08)	1,570,897	949,347	568,907	0	0	52,644
	Supported Services to Adults with Serious Mental Illness (CSS-10)	551,686	338,202	199,795	0	0	13,688
	Dual Diagnosis Services (CSS-11)	1,346,528	825,468	487,651	0	0	33,410
	Homeless Outreach & Treatment (CSS-15)	1,055,259	646,910	382,166	0	0	26,183
	Responsive Crisis Interventions (CSS-16)	2,194,816	1,345,497	794,862	0	0	54,458
	Children's Mental Health Services (CSS-17)	1,271,695	779,592	460,549	0	0	31,553
	Mental Health Services for Adults (CSS-18)	4,700,273	2,881,427	1,702,223	0	0	116,623
CSS Administration		3,087,076	3,087,076				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		36,801,244	23,667,581	12,209,724	0	0	923,939
FSP Programs as Percent of Total		51.86%					

Community Services and Supports (CSS) Component Worksheet							
		Fiscal Year 2025/26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs							
	Early Childhood and Family Stability FSP (CSS-01)	4,719,172	2,893,013	1,709,067	0	0	117,092
	Dual Diagnosis FSP (CSS-02)	1,000,893	613,582	362,478	0	0	24,834
	Transition Age Youth FSP (CSS-04)	1,883,082	1,154,393	681,966	0	0	46,723
	Adults with Serious Mental Illness FSP (CSS-05)	5,007,862	3,069,990	1,813,618	0	0	124,254
	Older Adults FSP (CSS-06)	1,210,274	741,939	438,306	0	0	30,029
	Justice-Involved FSP (CSS-13)	1,440,526	806,887	521,692	0	0	111,946
	Homeless Services and Supports FSP (CSS-14)	2,850,236	1,747,291	1,032,224	0	0	70,720
Non-FSP Programs							
	Access Regional Services (CSS-07)	3,607,298	2,211,397	1,306,398	0	0	89,504
	Early Childhood Mental Health Services (CSS-08)	1,622,929	980,791	587,750	0	0	54,387
	Supported Services to Adults with Serious Mental Illness (CSS-10)	569,959	349,404	206,413	0	0	14,142
	Dual Diagnosis Services (CSS-11)	1,391,128	852,809	503,803	0	0	34,516
	Homeless Outreach & Treatment (CSS-15)	1,090,211	668,337	394,825	0	0	27,050
	Responsive Crisis Interventions (CSS-16)	2,267,513	1,390,063	821,189	0	0	56,261
	Children's Mental Health Services (CSS-17)	1,313,816	805,414	475,804	0	0	32,598
	Mental Health Services for Adults (CSS-18)	4,855,956	2,976,867	1,758,604	0	0	120,485
CSS Administration		3,189,327	3,189,327				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		38,020,182	24,451,503	12,614,136	0	0	954,542
FSP Programs as Percent of Total		51.86%					

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Worksheet

County: Monterey Date: 4/17/2023

Prevention and Early Intervention (PEI) Component

		Fiscal Year 2023-24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
	Family Support and Education (PEI-02)	903,014	903,014	0	0	0	0
	Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	828,143	828,143	0	0	0	0
	Student Mental Health (PEI-08)	773,292	526,935	216,259	0	0	30,099
	Maternal Mental Health (PEI-15)	1,502,120	1,502,120	0	0	0	0
	Stigma and Discrimination Reduction (PEI-04)	393,681	393,681	0	0	0	0
	Suicide Prevention (PEI-06)	501,063	501,063	0	0	0	0
PEI Programs - Early Intervention							
	Early Intervention Services for Older Adults (PEI-05)	473,400	473,400	0	0	0	0
	Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	249,694	155,278	94,416	0	0	0
	Culturally Specific Early Intervention Services (PEI-14)	1,462,323	1,462,323	0	0	0	0
	Prevention and Recovery for Early Psychosis (PEI-10)	307,326	70,861	207,575	0	0	28,891
	Prevention and Early Intervention for Substance Use Disorders (PEI-16)	108,212	108,212	0	0	0	0
PEI Administration		1,038,754	1,038,754				
PEI Assigned Funds		0	0	0	0	0	0
Total PEI Program Estimated Expenditures		8,541,021	7,963,782	518,249	0	0	58,990

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
	Family Support and Education (PEI-02)	906,131	906,131	0	0	0	0
	Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	834,891	834,891	0	0	0	0
	Student Mental Health (PEI-08)	777,912	531,554	216,259	0	0	30,099
	Maternal Mental Health (PEI-15)	567,495	567,495	0	0	0	0
	Stigma and Discrimination Reduction (PEI-04)	394,661	394,661	0	0	0	0
	Suicide Prevention (PEI-06)	502,311	502,311	0	0	0	0
PEI Programs - Early Intervention							
	Early Intervention Services for Older Adults (PEI-05)	474,579	474,579	0	0	0	0
	Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	253,362	158,946	94,416	0	0	0
	Culturally Specific Early Intervention Services (PEI-14)	1,465,965	1,465,965	0	0	0	0
	Prevention and Recovery for Early Psychosis (PEI-10)	307,326	70,861	207,575	0	0	28,891
	Prevention and Early Intervention for Substance Use Disorders (PEI-16)	108,481	108,481	0	0	0	0
PEI Administration		902,381	902,381				
PEI Assigned Funds		0	0	0	0	0	0
Total PEI Program Estimated Expenditures		7,495,497	6,918,258	518,249	0	0	58,990

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2025-26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
	Family Support and Education (PEI-02)	906,987	906,987	0	0	0	0
	Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	839,667	839,667	0	0	0	0
	Student Mental Health (PEI-08)	780,645	534,287	216,259	0	0	30,099
	Maternal Mental Health (PEI-15)	568,829	568,829	0	0	0	0
	Stigma and Discrimination Reduction (PEI-04)	394,646	394,646	0	0	0	0
	Suicide Prevention (PEI-06)	502,292	502,292	0	0	0	0
PEI Programs - Early Intervention							
	Early Intervention Services for Older Adults (PEI-05)	474,561	474,561	0	0	0	0
	Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	256,478	162,062	94,416	0	0	0
	Culturally Specific Early Intervention Services (PEI-14)	1,465,907	1,465,907	0	0	0	0
	Prevention and Recovery for Early Psychosis (PEI-10)	307,326	70,861	207,575	0	0	28,891
	Prevention and Early Intervention for Substance Use Disorders (PEI-16)	108,477	108,477	0	0	0	0
PEI Administration		904,286	904,286				
PEI Assigned Funds		0	0	0	0	0	0
Total PEI Program Estimated Expenditures		7,510,101	6,932,862	518,249	0	0	58,990

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: Monterey Date: 4/17/2023

Innovations (INN) Component Worksheet

		Fiscal Year 2023-24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	50,000	50,000	0	0	0	0
	Screening to Timely Access (INN-02)	450,000	450,000	0	0	0	0
	Transportation Coaching by Wellness Navigators (INN-03)	50,000	50,000	0	0	0	0
	Residential Care Facility Incubator (INN-04)	36,781	36,781	0	0	0	0
	Psychiatric Advance Directives (INN-05)	298,643	298,643	0	0	0	0
	Center for Mind Body Medicine (INN-06)	0	0	0	0	0	0
	Rainbow Connections (INN-07)	1,691,877	1,691,877	0	0	0	0
	Eating Disorder (INN-08)	400,000	400,000	0	0	0	0
INN Administration		446,595	446,595				
Total INN Program Estimated Expenditures		3,423,896	3,423,896	0	0	0	0

Innovations (INN) Component Worksheet							
		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0	0	0	0	0
	Screening to Timely Access (INN-02)	0	0	0	0	0	0
	Transportation Coaching by Wellness Navigators (INN-03)	0	0	0	0	0	0
	Residential Care Facility Incubator (INN-04)	69,680	69,680	0	0	0	0
	Psychiatric Advance Directives (INN-05)	346,557	346,557	0	0	0	0
	Center for Mind Body Medicine (INN-06)	0	0	0	0	0	0
	Rainbow Connections (INN-07)	1,518,288	1,518,288	0	0	0	0
	Eating Disorder (INN-08)	400,000	400,000	0	0	0	0
INN Administration		350,179	350,179				
Total INN Program Estimated Expenditures		2,684,704	2,684,704	0	0	0	0

Innovations (INN) Component Worksheet							
		Fiscal Year 2025-26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0	0	0	0	0
	Screening to Timely Access (INN-02)	0	0	0	0	0	0
	Transportation Coaching by Wellness Navigators (INN-03)	0	0	0	0	0	0
	Residential Care Facility Incubator (INN-04)	0	0	0	0	0	0
	Psychiatric Advance Directives (INN-05)	180,001	180,001	0	0	0	0
	Center for Mind Body Medicine (INN-06)	0	0	0	0	0	0
	Rainbow Connections (INN-07)	1,531,799	1,531,799	0	0	0	0
	Eating Disorder (INN-08)	400,000	400,000	0	0	0	0
INN Administration		316,770	316,770				
Total INN Program Estimated Expenditures		2,428,570	2,428,570	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Workforce Education and Training (WET) Component Worksheet

County: Monterey Date: 4/17/2023

	Fiscal Year 2023-24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	207,739	207,739	0	0	0	0
2. Education and Training	691,694	691,694	0	0	0	0
3. Retention	0	0	0	0	0	0
4. Evaluation and Research	56,000	56,000	0	0	0	0
WET Administration	143,315	143,315				
Total WET Program Estimated Expenditures	1,098,748	1,098,748	0	0	0	0

	Fiscal Year 2024-25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	207,739	207,739	0	0	0	0
2. Education and Training	691,694	691,694	0	0	0	0
3. Retention	0	0	0	0	0	0
4. Evaluation and Research	56,000	56,000	0	0	0	0
WET Administration	143,315	143,315				
Total WET Program Estimated Expenditures	1,098,748	1,098,748	0	0	0	0

	Fiscal Year 2025-26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	207,739	207,739	0	0	0	0
2. Education and Training	691,694	691,694	0	0	0	0
3. Retention	0	0	0	0	0	0
4. Evaluation and Research	56,000	56,000	0	0	0	0
WET Administration	143,315	143,315				
Total WET Program Estimated Expenditures	1,098,748	1,098,748	0	0	0	0

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Monterey Date: 4/17/2023

		Fiscal Year 2023-24					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects							
1.	Pearl Street Renovations	1,000,000	1,000,000	0	0	0	0
2.	MHRC Renovations	2,500,000	2,500,000	0	0	0	0
3.	BH Integrated Campus	250,000	250,000	0	0	0	0
4.	Bridge Housing Development	1,500,000	1,500,000	0	0	0	0
5.	New Facility on East Sanborn	250,000	250,000				
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
CFTN Administration							
Total CFTN Program Estimated Expenditures		5,500,000	5,500,000	0	0	0	0

		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects							
1.	MHRC Renovations	2,500,000	2,500,000	0	0	0	0
2.	BH Integrated Campus	0					
3.	Bridge Housing Development	1,500,000	1,500,000				
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
CFTN Administration							
Total CFTN Program Estimated Expenditures		4,000,000	4,000,000	0	0	0	0

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan

		Fiscal Year 2025-26					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects							
1.	MHRC Renovations	500,000	500,000	0	0	0	0
2.	BH Integrated Campus	1,000,000	1,000,000	0	0	0	
3.	Bridge Housing Development	1,500,000	1,500,000				
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
CFTN Administration							
Total CFTN Program Estimated Expenditures		3,000,000	3,000,000	0	0	0	0

MONTEREY COUNTY MHSA FY 2020/21 – FY 2022-23 Three-Year Program & Expenditure Plan

Summary of Public Comments/Recommendations	**County Response**
Date Received: ***Method of Delivery:*** ***Individual's Name:*** ***Affiliation/Role within Community Mental Health System:*** ***Comments:***	
Date Received: ***Method of Delivery:*** ***Individual's Name:*** ***Affiliation/Role within Community Mental Health System:*** ***Comments:***	

ADDENDUM II

MONTEREY COUNTY BEHAVIORAL HEALTH COMMISSION DRAFT MEETING MINUTES

Mark Lopez, Chairperson
Cathy Gutierrez, Chairperson Elect

Thursday, ___5:30 PM

Teleconference via Zoom

No Physical Location Provided

PLACEHOLDER FOR BH COMMISSION MEETING MINUTES