Mental and Behavioral Health Needs Assessment
Summative Report

I. Introduction

Monterey County Behavioral Health Department (MCBH) contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County.

II. Methodology

The needs assessment employed two surveys—a Provider Survey and a Community Member Survey, which were administered throughout the community—and Key Stakeholder Interviews that were held with community leaders. Each instrument was designed to gather a respondent's perspective on the current state of mental and behavioral health services in Monterey County. Data was collected from December 2020 through February 2021. This is the second consecutive year in which surveys have been used to determine mental and behavioral health needs for the County. Current results will be referred to as 2020 results and any reference to 2019 results in this report refer to results from the prior year.

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 are in need of mental health services. Respondents invited to take the survey represented multiple service sectors, such as education, law enforcement, hospitals, and other community service agencies and organizations.

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.

In order to gather detailed and robust feedback, both surveys included multi-item and open-ended responses options. Both surveys were open to the public for approximately two months while, during the same period, MCBH was simultaneously gathering feedback through community learning sessions.

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. The link to both surveys were also posted to the MCBH website. Email invitations to the surveys were sent to all MCBH 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 from the Mental Health Services Act Community Program Planning (CPP) process. Providers of prevention and early intervention services in the county also distributed the Community Member survey to residents on their email listservs.

Additionally, a list of community members and leaders was developed in a purposeful way to reflect a diverse set of voices within the community. These individuals were invited to participate in the Key Stakeholder Interviews.

Analyses of survey and interview responses flowed through two phases. The first phase began with an evaluation of each data source independent from one another. In the second phase, results were synthesized across data sources to achieve greater depth of information. This phases also included a comparison of the 2020 results with those from 2019 to inform MCBH of the progress they are making toward addressing the mental and behavioral health needs of their communities and identify new areas for focus.

III. Profile of Survey Respondents

This section presents descriptive information of both Provider Survey and Community Member Survey respondents. A total of 165 surveys were collected online from December 7, 2020 through January 27, 2021.

Table 1. Number of Surveys Collected by Survey Type (n=165)

Survey Type	N
Provider Survey	114
Community Member Survey	51
Total	**165**

Provider Respondents

Providers were asked to give information about their professional roles/job titles; the sector they work in; whether they provide direct services; and the age groups, populations, and regions they serve. The following tables, charts, and graphs present a profile of surveyed providers. For questions with an "other" response option, Tables 14 through 17 in the Appendix provide a full list of responses, grouped by common theme.

Table 2. Provider Job Roles (n=114)

Job Title	%
Program Staff	21%
Organization Leadership	54%
Admin/Office Support	7%
Other	18%
Total	**100%**

*Among the responses specified for "other," volunteers (4), supervisors (3), and program directors (2) were the most common titles.

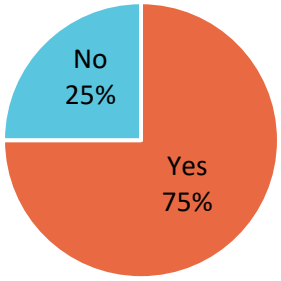
Table 3. Provider Work Sectors (n=113)

Sector	%
Mental/Behavioral Counseling	64%
Community-based Organization/Non-profit Service Provider	15%
Medical Treatment/Healthcare Services	7%
Social Services	4%
Law Enforcement/Probation/Justice System	4%
Public Health	2%
Pre-K through 12 Education	2%
Other	2%
Total	**100%**

*Among the responses specified under "other" were Recovery Specialist (1) and Psychological Assessment (1).

Figure 1. Direct Services**

(n=114)



**Among respondents who said they do not provide direct services, 76% indicated that others in their organization/agency do provide direct services.

Table 4. Population Groups Served*

(n=113)

Population Served	%
Persons who are low-income	79%
Persons who are trauma-exposed	72%
Persons experiencing homelessness	57%
Persons experiencing onset of serious psychiatric illness	54%
Family members, support persons, or caregivers of individuals with mental health conditions	53%

Figure 2. Age Groups Served* (n=111)

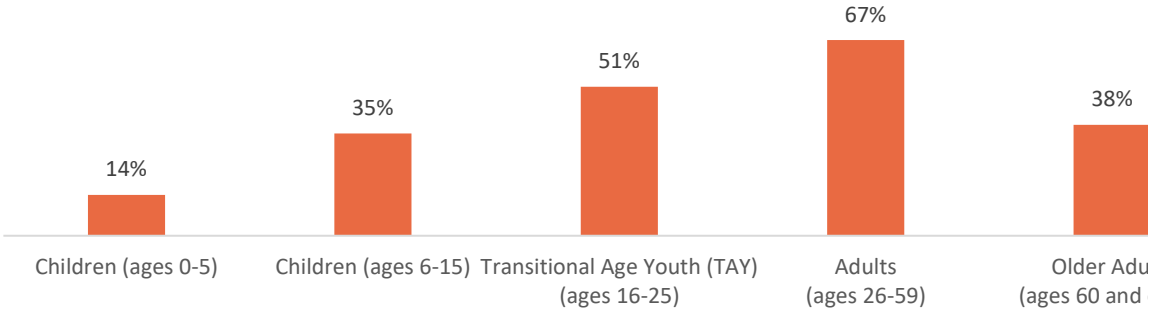
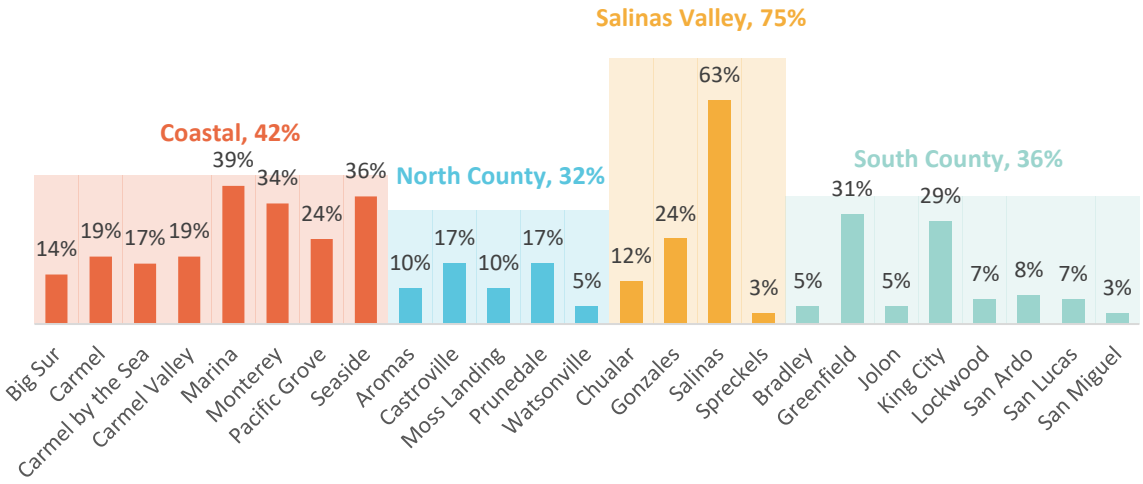


Figure 3. Communities Served*



*Percentages may exceed 100% as respondents could select multiple response options.

Community Member Respondents

Demographic and additional information from Community Member Survey respondents was elicited to help provide context to their responses. For questions with an "other" response option, Tables 22 through 26 in the Appendix present a full list of responses, grouped by common theme.

Table 5. Zip Code of Residence (n=48)

City	%
Salinas	**65%**
Oakland	**6%**
Pacific Grove	**4%**
San Francisco	**4%**
Other	**21%**
Total	**100%**

Table 6. Race/Ethnicity* (n=45)

Race/Ethnicity	%
Hispanic or Latino	42%
White	42%
Black or African American	4%
Multiracial	2%
Asian	2%
American Indian or Alaska Native	2%
Native Hawaiian or Pacific Islander	2%
Another race/ethnicity	7%

*Total percentage exceeds 100% because respondents could select multiple options.

Figure 4. Language (n=45)

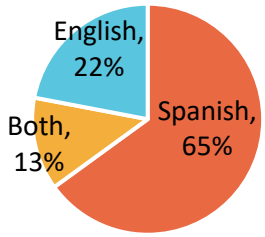


Figure 5. Gender (n=45)

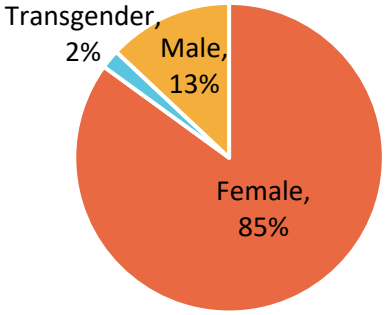
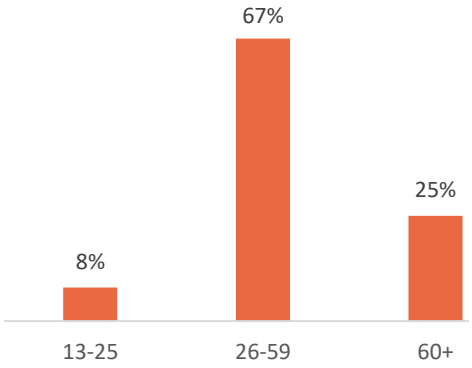


Figure 6. Community Member Age Distribution (n=40)



LGBTQ+

Seven percent (7%) of respondents to the Community Member Survey identified as LGBTQ+ (n=27). Respondents were able to provide written information about their LGBTQ+ identity: pansexual was the only write-in response received.

Disability

Seven percent (7%) of Community Member Survey respondents reported that they had a disability (n=27). When asked to specify their disability, two respondents listed "chronic medical conditions" and "COPD."

Table 7. Other Community Member Characteristics*

Table 7. Percent of Community Member Respondents by Other Characteristics (n=27)

Characteristic	%
I am a caregiver for an adult family member	22%
I do not have immigration status or live with someone who does not have immigration status	7%
I identify as LGBTQ+	7%
I have a disability	7%
I am a veteran	4%
I am homeless or might become homeless in the near future	4%
Other	60%

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

Respondents wrote in a variety of additional characteristics about themselves under "other," including county employee, single parent, and retired senior. These responses are listed in Table 26 in the Appendix.

IV. Prioritized Mental and Behavioral Health Issues and Contributing Factors

Mental and Behavioral Health Issues

Respondents to both the Provider and Community Member Surveys were asked to prioritize up to three mental and behavioral health issues that were most urgently in need of additional resources (Provider Survey) and most important in their community (Community Member Survey).

Notably, there was agreement among both providers (n=84) and community members (n=51) on two of the top three issue areas. Both sets of respondents identified **depression** and **alcoholism/substance use** among their top three priorities. Community members identified **chronic stress** as their third top concern while **trauma** was also identified as a top issue by providers. **Suicide or thoughts of suicide** was the least prioritized issue in both groups.

Notably, **depression** was the only factor identified by both provider and community member respondents as a top priority in both the 2019 and 2020 results.

Respondents also provided written information on additional issues under "other." Homelessness and gang activity showed up on both sets of surveys, and specific mental health diagnoses rounded out other common responses. Write-in responses from the Provider and Community Member Surveys are summarized in Tables 19 and 28, respectively, in the Appendix.

Additionally, Key Stakeholder Interviews identified themes for behavioral and mental health needs in the community. The interviewees discussed areas of need for **substance use** and for **depression** which mirrored responses in both the Provider and Community Member Surveys. Interview responses also highlighted a need for additional access for youth to behavioral and mental health services.

Contributing Factors to Mental and Behavioral Health Issues

Provider and Community Member Survey respondents were asked to identify factors that they believed influence mental and behavioral health needs. Both providers (n=84) and community members (n=51) agreed that **financial stress** was the top contributor to mental or behavioral health issues in the community. Community members also identified **homelessness** and **stigma and discrimination** as other top influential factors while providers rated **adverse childhood experiences** and **isolation or lack of community** as top contributors.

Respondents to both surveys wrote in additional contributing factors under "other." Provider Survey respondents most commonly wrote about substance use disorders, and the effects of COVID-19 as major contributors to poor mental and behavioral health. Community Member Survey respondents indicated that certain community and life stressors, such as gangs and domestic violence, were also influential. Both Provider and Community Member Survey write-in responses are summarized in Tables 19 and 27, respectively, in the Appendix.

Key Stakeholder Interviewees also identified **stigma** as a primary contributing factor to poor mental and behavioral health. As interviewees noted, the effects of stigma may bar individuals from seeking therapy or inhibit open participation in therapy. Additionally, interviewees emphasized **financial** and other **life stressors**, health inequities, and lack of healthcare as contributing to mental and behavioral health.

V. Availability of Mental and Behavioral Health Services and Barriers to Access

Provider Feedback on the Availability of Services

Respondents to the Provider Survey were asked to indicate the extent to which they thought mental and behavioral health services were available to the communities and regions they served, including specific populations and age groups. (Note: The Community Member Survey did not include these questions as they were designed to elicit feedback on the availability of services across multiple populations and groups, and community members were asked to speak only to their personal experiences with mental and behavioral health needs and services.) Key Stakeholder Interviewees were also asked about the general accessibility of mental and behavioral health services in the community. Themes that emerged from the interviews were consistent with results from the Provider Survey.

General Availability of Services

Respondents to the Provider Survey were asked to rate the availability of services as either not available at all, available but insufficient to meet the need, sufficiently available to meet the need, or "I don't know." Overall, **84% of respondents to the Provider Survey (n=110) indicated that services were available to communities and regions they served, but were insufficient to meet the need.** This is a 10% decrease from 2019 results. Further progress being made by the County is reflected in that only 1% of respondents indicated that services were not available in their community at all.

Key Stakeholder Interviewee feedback about the general availability of services was consistently positive. Statements reflected a general consensus that there exists a broad network of programs that seek to serve all facets of the community. However, these positive statements about service availability all came with caveats about difficulties community members faced when accessing appropriate services. For example, one theme of the interviews was a shared concern about the wait times to see a mental health professional. Interviewees had a collective understanding that community members were not always able to receive appropriate support in a timely manner and often reached a level of crisis before accessing services. Two recommendations provided by interviewees were to increase access to those who are showing initial symptoms so individuals can receive services before they are in a crisis situation and to increase mental health professional staff in the county to reduce the long wait times residents sometimes face. These recommendations are supported by survey findings and are outlined below.

Specific Unserved and Underserved Populations

Respondents to the Provider Survey were also asked to rate the availability of services for specific populations as either not available at all, available but insufficient to meet the need, sufficiently available to meet the need, or "I don't know." When comparing the responses to this year's Provider Surveys to those from last year there was a noticeable shift in perceptions of unmet needs for all subgroups within the community.

Excluding those who selected "I don't know," at least 90% of respondents to last year's Provider Survey indicated there was an unmet need for all but one category: persons who primarily speak Spanish (84%). This year, no one sub-population of Monterey County residents reached the same 90% benchmark for any single category. In fact, ***the percent of respondents who indicated that there were unmet needs dropped for every subgroup of community members***. This suggests that either there has been an

increase in service availability for all identified sub-populations or more providers are aware of the services that exist within the county.

> "There are communities that only speak Mixteco or the indigenous language Trique. I'm not sure there is adequate language access."
>
> -Key Stakeholder Interviewee

Key Stakeholder Interview participants also discussed availability of services for specific underserved populations. Notably, interviewees were focused on the monolingual Spanish-speaking residents and the indigenous residents who find it difficult to receive services in the languages that they speak. This concern was shared by Provider Survey respondents, where 89% of providers indicated that services were insufficient to meet the need or not available at all for **persons who primarily speak a language other than English or Spanish**. This was the highest such percentage for all subgroups of Monterey County residents in this year's Provider Survey.

Interviewees also discussed the difficulties within the County of addressing the diverse and urgent needs of African American/Black residents in the county. Interview data suggests this population would benefit from targeted outreach to foster greater trust in a wider range of service providers.

Table 8 below lists each identified sub-population and the corresponding percent of respondents who rated services as either not available at all or insufficient to meet the need for both 2019 and 2020 Provider Surveys. Respondents who chose "I don't know" were excluded from this analysis.

Table 8. Availability of Services for Specific Populations

	Insufficient to meet the need or not available at all*		
Population Type	**2019**	**2020**	**% Decrease**
Persons who are trauma-exposed (n=135)	97%	83%	14%
Children/youth in stressed families (n=133)	96%	81%	15%
Persons experiencing onset of serious psychiatric illness (n=111)	95%	82%	13%
Immigrants (n=127)	95%	79%	16%
Family members, support persons, or caregivers of individuals with mental health conditions (n=113)	95%	86%	9%
Persons who are low-income (n=144)	94%	84%	10%
Persons who primarily speak a language other than English or Spanish (n=96)	94%	89%	5%
Persons experiencing homelessness (n=130)	94%	87%	7%
Persons with disabilities other than mental/behavioral health conditions (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions like HIV or diabetes, etc.) (n=108)	94%	86%	8%
Persons who are victims/survivors of intimate partner/domestic violence (n=119)	94%	74%	20%
Children 0-5 who have experienced early life stressors and/or trauma (n=103)	93%	78%	15%
Children/youth at risk of juvenile justice involvement (n=112)	92%	84%	8%

Women with pre-/post-natal needs (n=90)	92%	78%	14%
Persons who identify as LGBTQ+ (n=98)	91%	83%	8%
Children/youth at risk for school failure (n=124)	90%	84%	6%
Veterans (n=88)	90%	68%	22%
Persons who primarily speak Spanish (n=139)	84%	75%	9%

* The n for each age group and calculated percent excludes respondents who selected "I don't know" for that age group. For the 2019 survey, n=90-139. For the 2020 survey, n=88.

Notably, in the 2019 survey, 31% of provider respondents said that services were not available at all for persons who primarily spoke a language other than English or Spanish (excluding those who selected "I don't know"). This percentage did drop to 26% of respondents in the 2020 survey but remained the largest service availability gap across all population subgroups according to provider respondents.

In addition, more than one third of respondents selected "I don't know" when asked to indicate the availability of services for:

- Women with pre-/post-natal needs (49%),
- Veterans (43%),
- Children 0-5 who have experienced early life stressors and/or trauma (42%),
- Children/youth at risk of juvenile justice involvement (36%),
- Persons with disabilities other than mental/behavioral health conditions (36%), and
- Persons who identify as LGBTQ+ (34%).

When asked to identify any additional populations not listed, respondents most frequently wrote in persons 55 years of age or older and individuals dealing with substance use disorders. A categorized list of write-in responses is provided in Table 17 in the Appendix.

Age Groups

Provider Survey respondents were similarly asked to rate the availability of services by age group as either not available at all, available but insufficient to meet the need, sufficiently available to meet the need, or "I don't know."

Excluding those who selected "I don't know," at least 90% of respondents to the 2019 Provider Survey indicated that there were unmet needs for all age groups. Results from this year's survey revealed decreased provider perceptions of insufficient availability of services, with the strongest shifts noted for all age ranges of children and youth.

Table 9 below lists each age group and the corresponding percent of respondents who rated services as either not available at all or insufficient to meet the need. Respondents who chose "I don't know" were excluded from this analysis.

Table 9. Availability of Services by Age Group (n=84)

	Insufficient to meet the need or not available at all*		
Age Group	**2019**	**2020**	**% Decrease**
Children (age 0-5)	95%	71%	24%
Children (age 6-15)	95%	75%	20%

Transitional Age Youth (TAY) (age 16-25)	94%	79%	15%
Adults (age 26-59)	90%	82%	8%
Older Adults (age 60 and older)	93%	85%	8%

* The n for each age group and calculated percent excludes respondents who selected "I don't know" for that age group. For the 2019 survey, n=101-133. For the 2020 survey, n=84.

Barriers to Accessing Mental and Behavioral Health Services

All data sources requested participants identify barriers to accessing mental and behavioral health services. Providers were asked to rate a list of barriers as either a major barrier, somewhat of a barrier, not a barrier at all, or "I don't know." Community members were asked to identify the top three biggest challenges to accessing mental and behavioral health resources from a provided list. Interviewees were asked to identify the biggest challenges community members face when trying to access mental or behavioral health services.

In 2019, providers (n=153) and community members (n=177) were aligned on the top barriers (out of a list of 15), and both groups identified **lack of knowledge/information about services/where to get help**, **cost of services**, and **stigma against mental illness or getting help** as the top barriers. This year, Community Member Survey respondents agreed that those barriers were still top impediments to accessing services, but Provider's replaced **cost of services** with **lack of staff, space, or other resources** in their top three rated barriers. Table 10 below shows the top six barriers from both the Community Member and Provider Surveys from last year and how responses compared to this year to show the

Table 10. Barriers to Accessing Mental and Behavioral Health Services

	Community Member Survey		Provider Survey		Percent change from 2019 to 2020	
Barrier	**2019 (n=177)**	**2020 (n=50)**	**2019 (n=153)**	**2020 (n=82)**	**Community Members**	**Providers**
Lack of information about where to get help	63%	66%	64%	55%	+3%	- 9%
Cost	46%	38%	59%	39%	-6%	-20%
Stigma related to mental illness	46%	44%	58%	54%	-2%	-4%
Service locations are too far away	37%	10%	56%	34%	-27%	-22%
Lack of transportation	35%	16%	69%	44%	-17%	-25%
Lack of health insurance	31%	24%	57%	44%	-7%	-7%

Respondents on both surveys wrote in additional barriers under "other." Providers most commonly gave further explanations for their selections, such as transportation or other logistical issues with accessing services. Community members most frequently wrote in more detail about a lack of clarity on how to obtain appropriate services. Write-in responses from both Provider and Community Member Surveys are summarized in Tables 20 and 29, respectively, in the Appendix.

Results from Key Stakeholder Interviews are similar. Interviewees frequently stated that the lack of knowledge about where to get help was a key barrier for both community members and providers. They

expressed that program staff were working meet the needs of those they served, but they lacked the knowledge of where to send individuals who needed different services than their specific program provided.

Another key theme from the Key Stakeholder Interviews was concern for individuals who did not qualify for MediCal and did not have their own private insurance coverage. Respondents wanted to see the county address the needs of individuals with moderate to severe mental or behavioral health needs receive treatment whether or not they had insurance coverage. Specific populations of focus were those low-income individuals and the incarcerated.

> "One of my biggest concerns in that area is whether families qualify for Medi-Cal or not. Parents may not qualify for Medi-Cal even if their children do…And, of course, this is a problem because we need to treat the whole family."
>
> -Key Stakeholder Interviewee

"The current strengths are that Monterey County has many strong and caring workers who have the desire to help members in the community. Another strength is that Monterey County has engaged in more community outreach events which has helped greatly with informing the community of our services and reducing stigma."

-Provider Survey Respondent

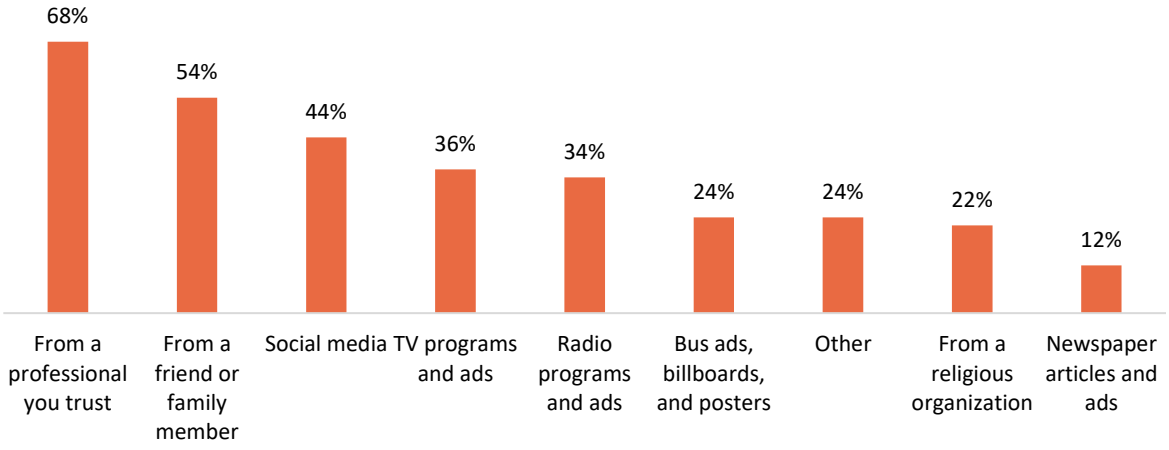
"I am covered by TWO different health insurance policies but cannot find any mental health insurance providers who are taking new patients and take my insurance. Service providers who do not require insurance say they cannot help me because I have insurance. We need more mental health professionals in our county."

-Community Member Survey Respondent

Outreach and Education about Available Services

Related to a lack of information about available services, when respondents were asked how they or their family members would be most likely to learn about available mental and behavioral health services, respondents from both Community Member Surveys indicated that the top sources were "**a professional you trust**," "**a friend or family member**," or "**social media**."

Figure 7. Where would you/your family be most likely to learn about mental and behavioral health services? (n=177)



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

Top "other" responses included county or community organizations, their employer, or schools. Community Member Survey write-in responses are summarized in Table 30 in the Appendix.

VI. Provider Perceptions

Respondents to the Provider Survey were given an opportunity to write in answers to an open-ended question asking for their perceived strengths of the county's mental and behavioral health services, the changes they have seen in client needs as a result of COVID-19, and recommendations or suggestions they had on how to better meet the mental and behavioral health needs in the communities that they serve.

Strengths of County Services

Provider responses (n=79) converged into four major themes described in Table 11 below.

Table 11. Strengths of Monterey County Mental and Behavioral Health Services	#
Availability of Services (e.g., broad system of care, availability of services to children in school, multiple locations, more social workers, expansion of services, wide range of support options that address the whole person)	**21**
Dedication and Expertise of Staff (e.g., jail staff is highly skilled in providing therapy in a correctional facility, skilled staff to address client barriers, many skilled and ethical psychiatrists, committed workforce on the front lines, dedication of staff, many strong and caring workers who have the desire to help members of the community)	**21**

Table 11. Strengths of Monterey County Mental and Behavioral Health Services (cont.)	#
Coordination of Services across Providers (e.g., departments work to support one another, clients get layers of support beyond just receiving therapy, service delivery fluidity, collaboration with community organizers, coordination with community agencies)	**14**
Progress toward Cultural Competency and Equity (e.g., our county systems of care and collaboration with other partners in the community is moving more toward equity in service provision, bilingual staff is increasing, emphasis on cultural competency, increasing diversity of programs, outreach to Hispanic community)	**8**

"I believe our county systems of care and collaboration with other partners in the community is moving more toward equity in service provision. I believe that the timelines and efforts made to support expedient and quality services is in place and supports many families in our county systems."

-Provider Survey Respondent

Changes in Client Needs in Response to COVID-19

Providers offered insight on changes they have seen in their clients as a result of COVID-19. Responses (n=80) fell into three main categories and are detailed below.

Table 12. Provider Insight on COVID-19's Impact on Community Needs	#
Increased Need to Combat Isolation (e.g., increased need for social engagement, children and adults have limited peer interactions, clients are very isolated, increased depressive symptoms due to isolation, increased isolation triggers other symptoms, too much time for negative perseverant thinking)	**26**
Increase in Negative Affective Symptoms (e.g., clients more fearful, heightened anxiety, increased depression, more interpersonal conflict, more anger issues, suicidal ideation)	**26**
Issues Accessing and Connecting to Support (e.g., lack of internet services, lack of support at home for school-age children, unable to schedule appointments, decrease in personal connection in virtual therapy sessions, more translation services needed for Spanish speakers, not knowing how to use technology, transportation issues)	**18**

Although not represented in the table above, 10% of provider responses also noted additional financial stress due to job loss and increases in substance use within the county during the COVID-19 pandemic.

> "The technology equity gap is huge. Areas of our county do not get adequate Zoom and internet service which has made services unavailable to some. Educational disparities and burnout of parents having to teach their children and also attend to the therapy needs is interfering with capacity of families to benefit from said therapeutic services. Entire families are being impacted by COVID exposures because they cannot isolate as they are renting a room in a home where there is active illness is impacting many families."
>
> -Provider Survey Respondent

> "Isolation has made connecting with clients more challenging. The lack of technical skills has created barriers to service and withdrawal has been easier..."
>
> -Provider Survey Respondent

Provider Recommendations for Growth

Responses from providers (n=77) on recommendations for Monterey County were grouped into the five themes described in Table 13 below. An important note about growth the county has made is that while **improve accessibility of services** was the highest reported recommendation in Provider Surveys last year, it is now reported as a top county strength, and only 21% of responses still recommended improving service accessibility.

Table 13. Provider Recommendations to Meet Mental/Behavioral Health Needs	#
Enhance Program Resources and Infrastructure (e.g., a need for more staff, staff need higher compensation, increasing fiscal amount for mental health therapy, stipend for graduate level interns, hire more help, increase staffing, need more clinicians, provide proper equipment [PPE], need for substance use counselors, more psych staff in jail)	**29**
Improve Outreach and Education about Available Services (e.g., better system of getting out the word about community events while sheltering in place, increasing opportunities for socializing and fun, broader marketing, more community education to parents and caregivers, public service campaign)	**17**
Improve Accessibility of Services (e.g., a van to move clinicians around the county, need more Spanish-speaking therapists that take Medicare insurance, removing the barrier of transportation can be a big relief for many families, expand culturally competent clinician pool, increase access and providers, needs to be more locations in Soledad, CA South, expand access to underinsured people)	**16**

Offer More Services and Programs (e.g., increase local assessment services, counseling for mental health clients, group therapy around stressors, increased housing opportunities, more community resources, offer more services online during pandemic, more family support for parents who are teachers, staff need updated laptops to effectively do remote work)	**15**
Improve Quality of Services (e.g., integrate services in existing programs instead of keeping them separate, MHSA need better outcomes from funded programs, more coordinated mental health care, train staff, provide better follow-up care once inmates are released from jail)	**6**

"More staffing of behavioral health staff [is needed]. We also need a significant increase of pay for clinical staff to be competitive with other counties. We can't serve the community if people are not willing to work here and provide the needed services due to poor compensation."

-Provider Survey Respondent

"Integrate services in existing programs instead of keeping them separate. Every program should have mental health services included in their comprehensive delivery and implementation."

-Provider Survey Respondent

VII. Summary of Findings and Implications for Prevention and Early Intervention Programs

Key findings from the MCBH mental and behavioral health needs assessment are summarized below. Many findings are consistent with those from the 2019 needs assessment. However, the results from the 2020 needs assessment analysis demonstrates that progress is being made toward addressing community-informed mental and behavioral health needs in Monterey County that were identified last year. It also reveals consensus across diverse stakeholder groups about high priority unmet mental and behavioral health needs.

Mental and Behavioral Health Service Delivery: Improvements and Strengths

Overall, the findings indicated improvements in availability of services from last year to present, across all subpopulations and age groups. The results also showed improvements in service availability for veterans, victims of intimate partner violence, and transitional age youth.

Additionally, important strengths in mental and behavioral health services were identified. Among these, top strengths included the staff who provided mental and behavioral health services, and their

dedication and expertise in particular. Other strengths included the range of available services, service locations, and the broad system of care.

Identified Unmet Mental and Behavioral Health Needs

This year's needs assessment highlighted that there is continued alignment from both community members and providers with respect to unmet mental and behavioral health concerns in the county.

Specifically, assessment findings showed:

- There is a high need for mental health services for depression and substance use.
- There is a substantial impact from financial insecurity and housing insecurity/homelessness on residents' mental and behavioral health.
- There are continued challenges to accessing services including stigma, lack of knowledge about available services, cultural barriers, and appropriate/relevant services for monolingual Spanish-speaking communities.

In sum, while notable gains were made in the availability of services this past year, there continues to be a need for services that are accessible to diverse members of the community, including services in languages other than Spanish or English. Further, promotion of how or where to access available services should be improved to better connect the community to available resources.

Appendix

Provider Survey Write-in Responses

Table 14. Providers' Job Roles Specified under "Other"

Job Title	#
Volunteer	5
Supervisor	3
Clinician/Psychiatrist	3
Medical/Health Provider	3
Program Director/Administration	3
Social Worker	2
Lab Tech	1
Judge	1

Table 15. Providers' Sectors of Work Specified under "Other"

Sector	#
Recovery Specialist II	1
Psychological Assessment	1

Table 16. Population Groups Served by Providers* (n=181)

Sector	%
Persons who are low-income	79%
Persons who are trauma-exposed	72%
Persons experiencing homelessness	57%
Persons experiencing onset of serious psychiatric illness	54%
Family members, support persons, or caregivers of individuals with mental health conditions	53%
Immigrants	48%
Persons who are victims/survivors of intimate partner/domestic violence	42%
Children/youth in stressed families	40%
Persons with disabilities other than mental/behavioral health conditions (e.g., mobility, hearing, speech, learning, developmental, chronic health conditions like HIV or diabetes)	35%
Children/youth at risk for school failure	35%
Persons who identify as LGBTQ+	34%
Children/youth at risk of juvenile justice involvement	27%
Women with pre-/post-natal needs	18%
Veterans	13%
Children 0-5 who have experienced early life stressors and/or trauma	9%
None of the above	6%
Other underserved populations (please specify):	17%

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

Table 17. Population Groups Served by Providers Specified under "Other"

Population Served	#
Persons 55 and older	7
Persons dealing with substance use issues	2
Ex-offenders	1
Monolingual Spanish-speaking individuals	1
Chronically mentally ill adults	1
Foster youth	1
Incarcerated individuals	1
Youth who have sexually offended	1
Child welfare system-involved individuals	1

Table 18. Most urgent Mental/Behavioral Health Issues Specified under "Other"

Mental/Behavioral Health Issue	#
Homelessness	4
Issues related to COVID-19	3
Perinatal mood/anxiety	1
Effective medication management for psychosis	1
Severe/acute eating disorders	1
Developmental delays	1

Table 19. Contributing Factors Specified under "Other"

Factor	#
Substance use disorder	3
COVID-19	2
Racial inequity	1
Depression	1
Access to healthcare	1

Table 20. Barriers to Mental Health Services Identified by Providers

Barrier	#
Logistical difficulties with accessing services (e.g., transportation, accessing technology, lack of telehealth)	7
Lack of training for staff	2
Accessing Medical and CalFresh	2
Seasonal migration issues	1
Methamphetamine epidemic amongst young adults	1
Language barriers	1
Lack of providers	1

Table 21. Other Underserved Populations Identified by Providers

Underserved Population	#
Persons over the age of 55 years	4
Indigenous immigrant communities (Triqui, Zapotec, Mixteco)	3
Individuals transitioning out of forensic settings	1
Teens dealing with pregnancy	1
Individuals in Soledad	1

Community Member Survey Write-in Responses

Table 22. Race/Ethnicity Specified under "Another race/ethnicity"

Races/ethnicities	#
Chicano	1
Indigenous	1

Table 23. Gender Specified under "Another gender identity"

Gender	#
Decline to Answer	6

Table 24. Specified LGBTQ+ Identities

LGBTQ+ Identity	#
Pansexual	1

Table 25. Specified Types of Disabilities

Type of Disability	#
Chronic Medical Issues	1
Chronic obstructive pulmonary disease	1

Table 26. Additional Personal Characteristics Specified under "Other"

Characteristic	#
County employee	2
Single parent	1
Concerned resident	1
Retired senior	1
Mother	1
Socioeconomic researcher	1

Table 27. Mental/Behavioral Health Issues Specified under "Other"

Mental/Behavioral Health Issue	#
Inequality	1
Pandemic	1
Lack of community resources	1

Table 28. Contributing Factors Specified under "Other"

Stressor	#
Chronic stress	1
Domestic violence	1
Homelessness	1
Ganges	1
Lack of people doing their jobs	1
Elitist behaviors and attitudes	1

Table 29. Barriers to Accessing Services Specified under "Other"

Barrier	#
Lack of clarity on how to obtain support	4
Not enough services	1
Life is busy	1
Lack of staff empathy	1

Table 30. Places Most Likely to Learn about Availability of Services Specified under "Other"

Place	#
County/community organizations	4
Employer	3
School parent support groups	2
County/community organizations	1
Promotoras	1
Media	1
Professional Referrals	1

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos
Forward Together

COMMUNITY ENGAGEMENT:

PARTICIPACIÓN DE LA COMUNIDAD:

Fiscal Year 2021/23 (7/1/2020-6/30/2023)

Año Fiscal 2021/23 (1/7/2020-30/6/2023)

Mental Health Services Act

La Ley de Servicios de Salud Mental

Presented by Lucero Robles y Dana Edgull

BEHAVIORAL HEALTH BUREAU/ DEPARTAMENTO DE SALUD MENTAL
MONTEREY COUNTY HEALTH DEPARTMENT/ DEPARTAMENTO DE SALUD

Purpose of Session

Gain informed insights & ideas

from Monterey County residents, stakeholders

to help shape priorities, services, and resources

to improve **Mental Health for all** in Monterey County and to make adjustments to the current 3-year plan.

El propósito de la Sesión

Obtener ideas y opiniones

de los residentes y personas interesadas en el condado de Monterey

que quieren ayudar a identificar prioridades, servicios, y recursos

para mejorar la **Salud Mental de todos** en el Condado de Monterey y hacer ajustes al plan actual de 3 años.

Ways to Participate

- Listening Sessions, like this one
- On-line Survey
- Visit our website for upcoming opportunities to comment on our Draft FY22 Annual Update
- During 30-day Public Comment period- provide your feedback in writing
- Public Hearing conducted by the Behavioral Health Commission on the Draft Update – provide your comments verbally or in writing

Modos de Participación

- Sesiones de Escucha, como esta
- Encuestas por internet
- Visite nuestra pagina de internet para oportunidad de dar comentarios
- Comentario Publico- verbal o por escrito durante la presentación a la Comisión de Salud Mental
- Durante los 30 días en cual el plan es publicado para Comentario Publico- verbal o por escrito

What is MHSA?

The Mental Health Services Act (MHSA)

Que es “MHSA”?

La Ley de Servicios de Salud Mental (“MHSA” por sus siglas en ingles)

What is MHSA?

- An initiative that was approved by CA voters in 2004 with the goal of transforming mental health services at county and statewide levels
- Funded by a 1% tax on CA residents making more than one million dollars per year
- Collected statewide and distributed to counties according to size of population; funds reallocated annually

Que es MHSA?

- Una iniciativa que fue aprobada por los votantes de CA en el 2004 con el objetivo de transformar los servicios de salud mental a nivel de condado y estatal
- Financiado por un impuesto del 1% sobre residentes de CA que ganan más de un millón de dólares por año
- Recaudado en todo el estado y distribuido a los condados según el tamaño de la población, los fondos reasignados anualmente

Funding Components

- Prevention & Early Intervention
- Community Services & Supports
- Innovations
- Capital Facilities and Technical Needs
- Workforce Education and Training

Componentes de financiación

- Prevención e intervención temprana
- Servicios y apoyos comunitarios
- Innovaciones
- Instalaciones de oficinas y Necesidades Tecnológicas
- Educación para el Personal y Entrenamiento

Services Summary

- Focused on recovery
- Monterey County currently receives approximately $20 million annually
- Funding spread across more than 50 programs for children, youth, and adults
- Reached approximately 25,000 individuals during FY19 (7/1/2019 – 6/30/2020)

Resumen de servicios

- Centrados en la recupera
- El condado de Monterey recibe aproximadamente $20 millones anualmente
- Los fondos fueron distribuidos entre mas de 50 programas para niños, jóvenes, y adultos
- Aproximadamente 25,000 personas han recibió algún servicio durante el año fiscal 2019 (7/1/2019 – 6/30/2020)

Prioritizing Community Needs

1. WHAT'S WORKING?
2. WHAT ARE THE MOST IMPORTANT MENTAL HEALTH ISSUES IN MONTEREY?
3. HOW CAN WE BETTER MEET THE NEEDS?

Dándole Prioridad a las Necesidades de la Comunidad

1. ¿QUE ESTA FUNCIONANDO?
2. ¿CUALES SON LAS MAS IMPORTANE NECESIDADES DE SALUD MENTAL DEL CONDADO DE MONTEREY?
3. ¿COMO PODEMOS MEJORAR ESTA NECESIDADES?

Web Links…Enlaces Web

Behavioral Health Website / Pagina de internet para servicios de salud mental

- https://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health

Community Survey / (Encuesta de Evaluación de Necesidades de Miembros de la Comunidad

- https://survey.alchemer.com/s3/6056238/MCBH-CommunityMemberSurvey

Provider Survey / Encuesta de Proveedores

- https://survey.alchemer.com/s3/6056410/MCBH-ProviderSurvey

Join Our Email List /Únase a nuestra lista de correo electrónico

- https://mtyhd.us20.list-manage.com/subscribe?u=282ab5e9c0ceb3719c3f2d0a5&id=e47cad671d

Questions and Additional Comments
Preguntas y Comentarios Adicionales

Please send any questions or comments to the MHSA Team email address:

Envíe cualquier pregunta o comentario a la dirección de correo electrónico del equipo de “MHSA”:

411-MHSAPublicComment@co.Monterey.ca.us

Thank You / Muchas Gracias!

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

D3

FY 19/20

Data Driven Decisions

The following pages have been extracted from the “FY 19/20 Data Driven Decisions” or “D3” Report.

To view the D3 in its entirety, please visit our Quality Improvement website at this link:

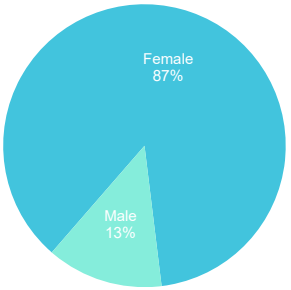
https://www.co.monterey.ca.us/home/showpublisheddocument?id=96417

Program/Program Group: Access CALWORKS

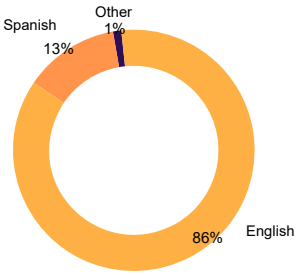
The Plan provides for a CalWORKs Employment Assistance Program (EAP) staffed by the Behavioral Health Bureau of the Health Department that works on-site, co-located with DSS staff, to conduct assessments of CalWORKs customers. The Plan briefly describes the referral, case management, and treatment and rehabilitation services that will be available to CalWORKs customers. The focus of treatment for CalWORKs participants will be on overcoming mental health issues that are related to employment. Treatment services will be brief and issue-focused in nature. The Plan also describes assessment of CalWORKs customers for substance abuse and dependence disorders and referral into the community substance abuse provider network for services.

- Number of Clients Served: 421
- Total Service Value: $1,600,200.58
- Average Service Value per Client: $3,800.95
- Average Age: 31
- Number of New Clients: 227
- Number of Clients Discharged: 289

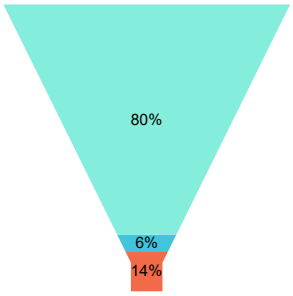
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	40 %
Mood Disorders	25 %
Disruptive Behavior Disorders	1 %

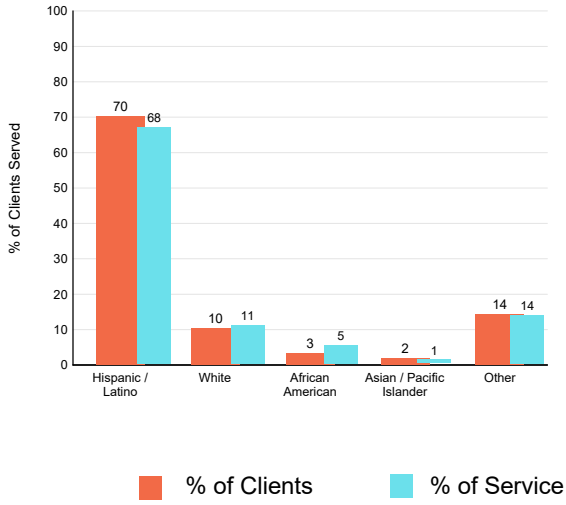
Of the Clients Served, **17** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,021	24 %	75%
Collateral/Family Therapy	3	0 %	1%
Crisis Intervention	7	0 %	1%
Group Counseling	165	2 %	4%
Linkage/Brokerage	3,077	29 %	87%
Medication Support	632	7 %	18%
Mental Health Counseling	1,035	26 %	32%
Non Billable	2,185	12 %	85%
Others	90	1 %	5%
Total	8,215	100%	100%

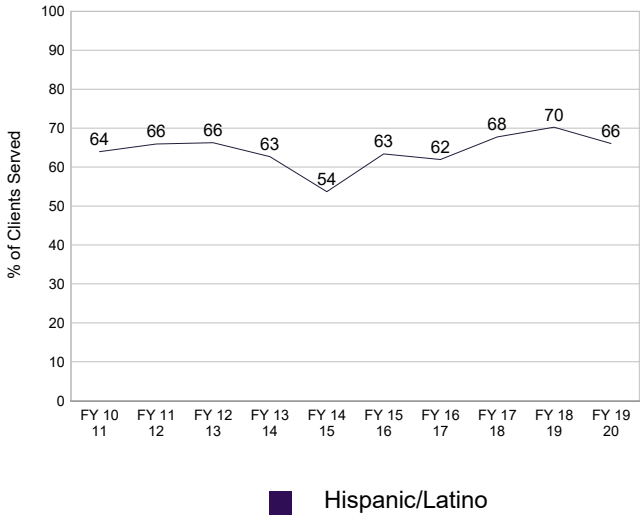
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	96%
Medicare B	1%
Private Insurance	3%
Self Pay/Other	0%

Health Equities

Breakdown of Clients Served by Ethnicity

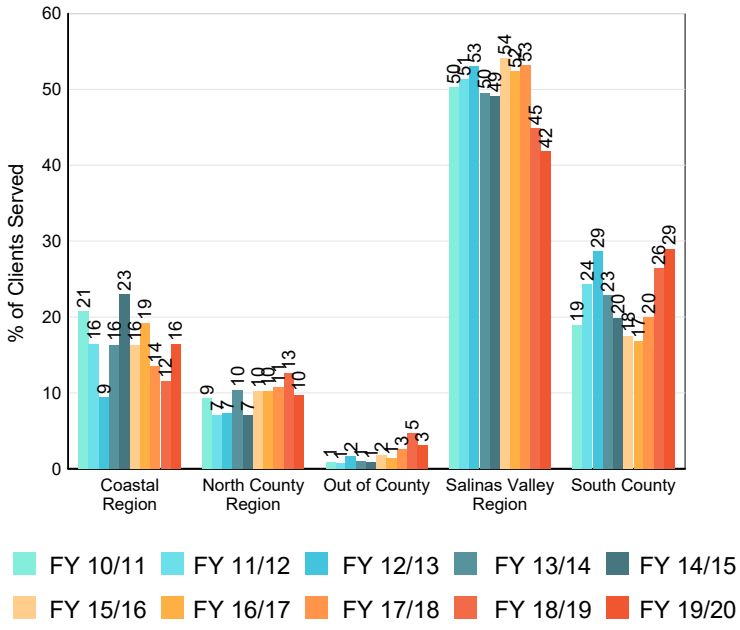


Percent of Hispanic / Latino Clients Served

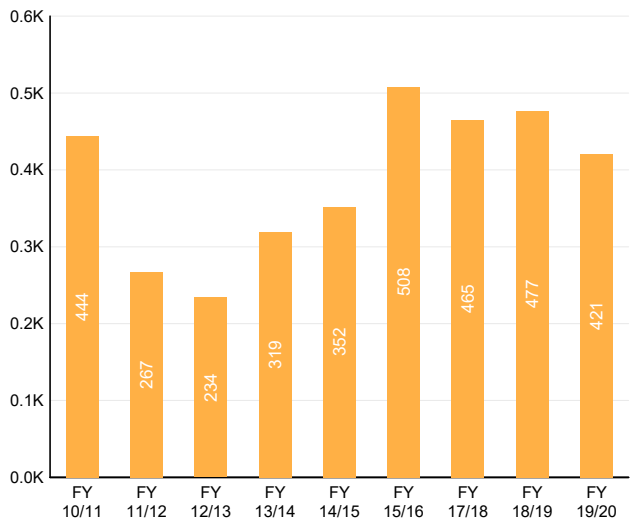


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

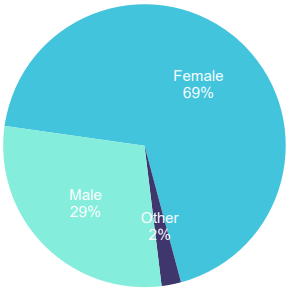


Program/Program Group: Access Medication Support

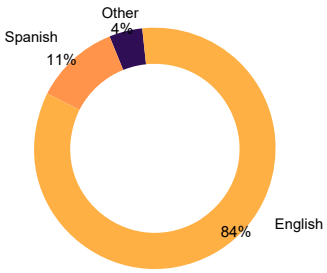
The Access Medication Support program provides psychotropic medication consultation and monitoring services provided by a psychiatrist.

- Number of Clients Served: 89
- Total Service Value: $103,598.52
- Average Service Value per Client: $1,164.03
- Average Age: 38
- Number of New Clients: 45
- Number of Clients Discharged: 66

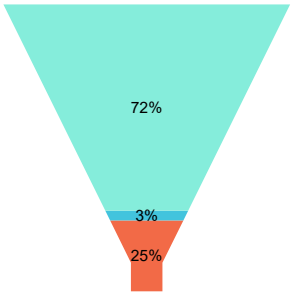
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	49 %
Anxiety Disorders	24 %
Schizophrenia Spectrum	6 %

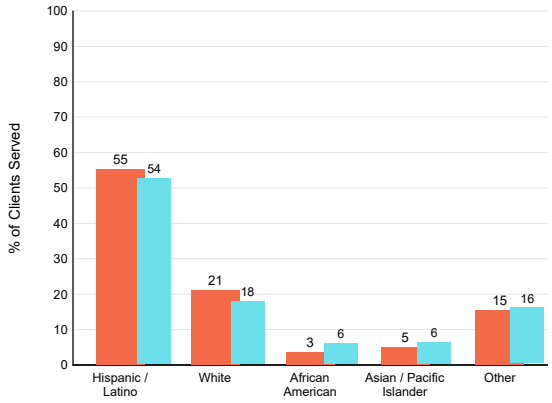
Of the Clients Served, **22** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	35	12 %	22%
Collateral/Family Therapy	7	2 %	4%
Linkage/Brokerage	291	35 %	74%
Medication Support	190	27 %	66%
Mental Health Counseling	2	0 %	2%
Non Billable	304	24 %	89%
Total	829	100%	100%

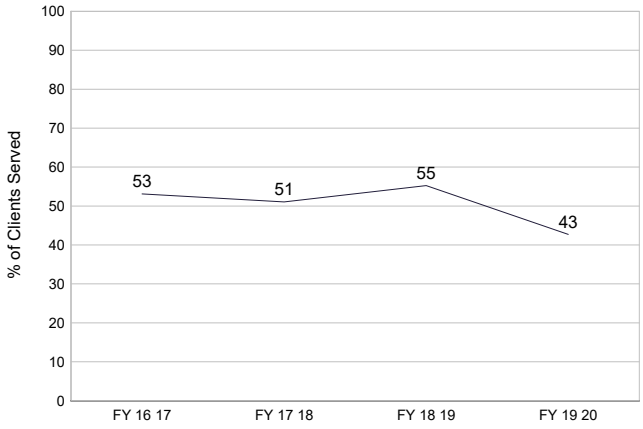
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	73%
Medicare B	17%
Private Insurance	8%
Self Pay/Other	3%

Health Equities

Breakdown of Clients Served by Ethnicity

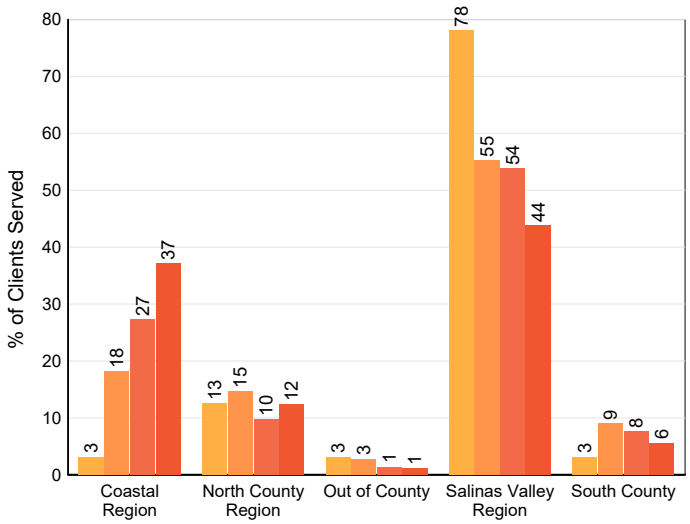


Percent of Hispanic / Latino Clients Served

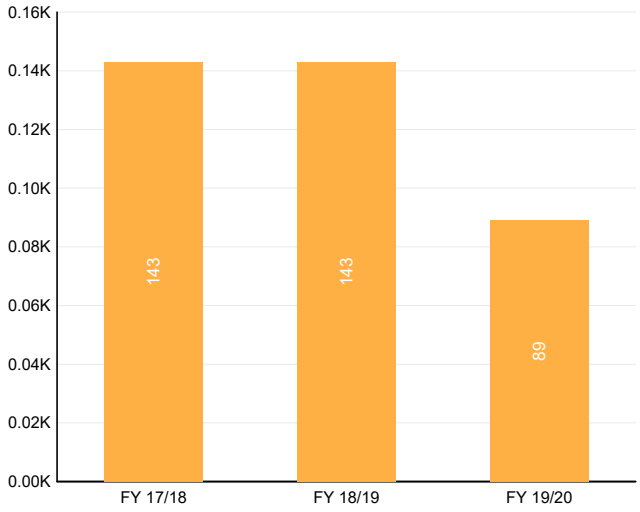


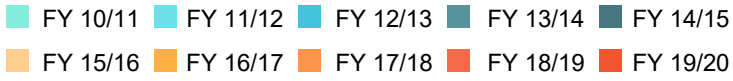
Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count





Program/Program Group: Access MHSA Clinic Integration

This program provides mental health services in the Health Department Primary Care Clinics

Number of Clients Served: 17

Total Service Value: $22,428.85

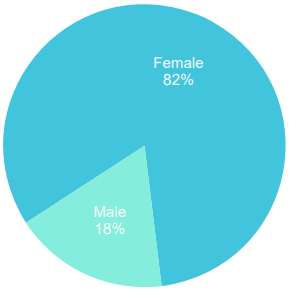
Average Service Value per Client: $1,319.34

Average Age: 33

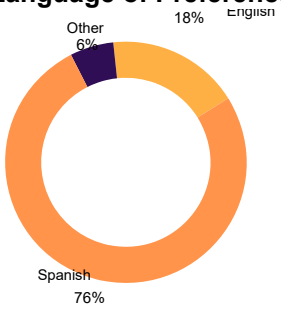
Number of New Clients: 16

Number of Clients Discharged: 12

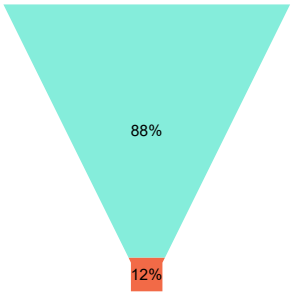
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	65 %
Mood Disorders	18 %

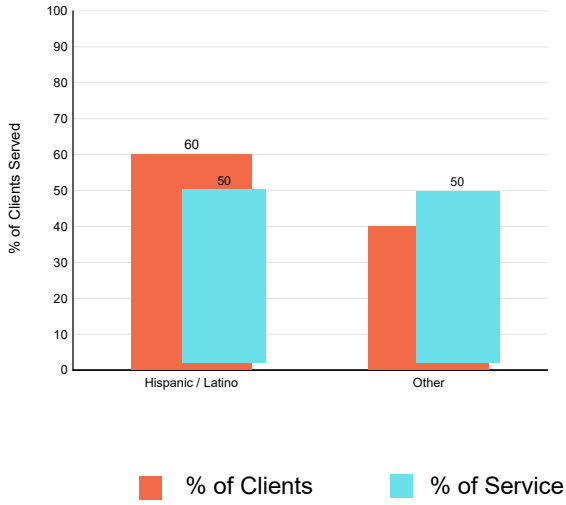
Of the Clients Served, **6** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	14	32 %	59%
Linkage/Brokerage	24	15 %	53%
Medication Support	6	4 %	6%
Mental Health Counseling	22	33 %	12%
Non Billable	55	17 %	82%
Total	121	100%	100%

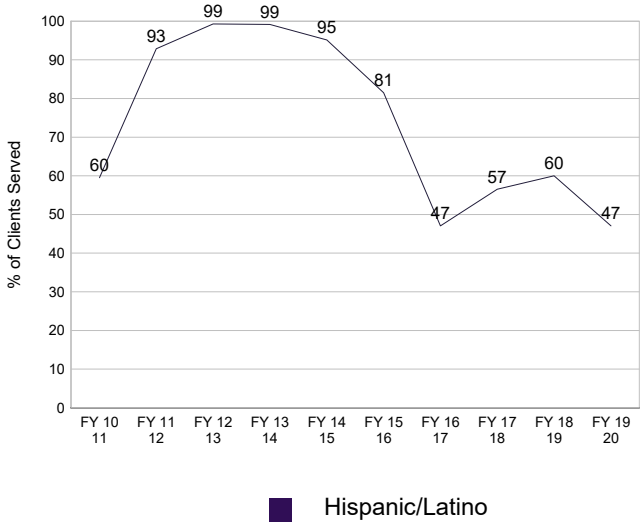
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	51%
Self Pay/Other	49%

Health Equities

Breakdown of Clients Served by Ethnicity

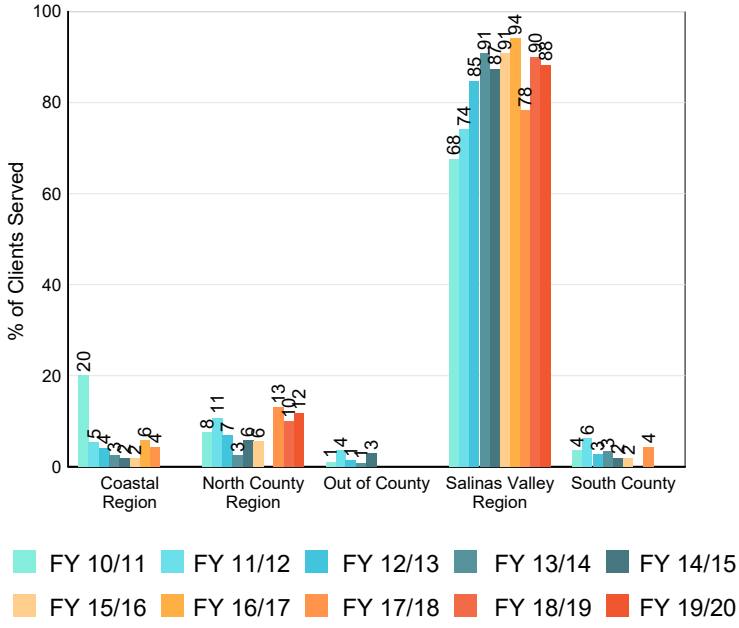


Percent of Hispanic / Latino Clients Served

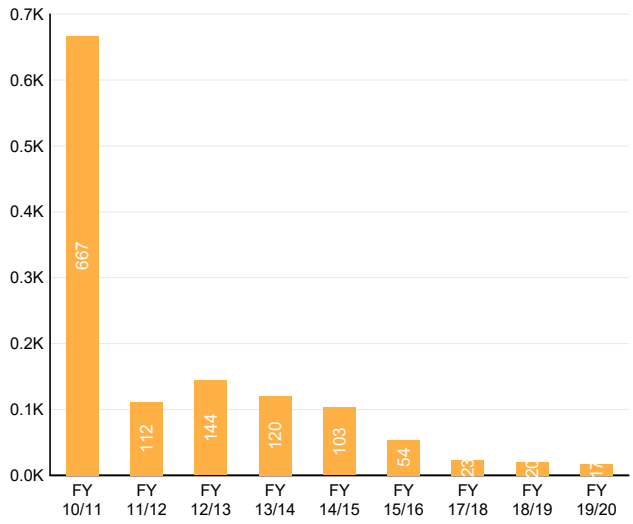


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

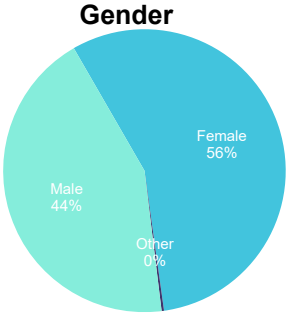


Program/Program Group: Access to Treatment

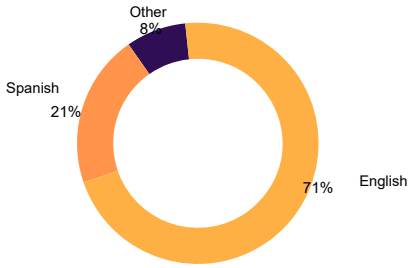
Access to Treatment programs are primary entry point for eligible county residents of Monterey County seeking mental health services. After an initial assessment, treatment services are typically provided in group settings and/or individual counseling sessionsthat focus on skill-building and support. In addition, specialty counseling services for LGBTQ, HIV/AIDS, and persons with cultural/linguistic needs, are provided by Behavioral Health and/or our community partners

- Number of Clients Served: 4,553
- Total Service Value: $7,405,372.07
- Average Service Value per Client: $1,626.48
- Average Age: 32
- Number of New Clients: 2,832
- Number of Clients Discharged: 3,568

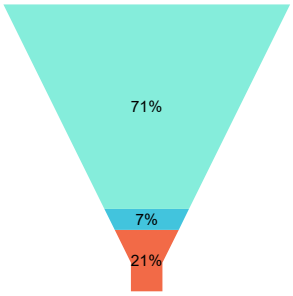
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	31 %
Anxiety Disorders	29 %
OTHER	8 %

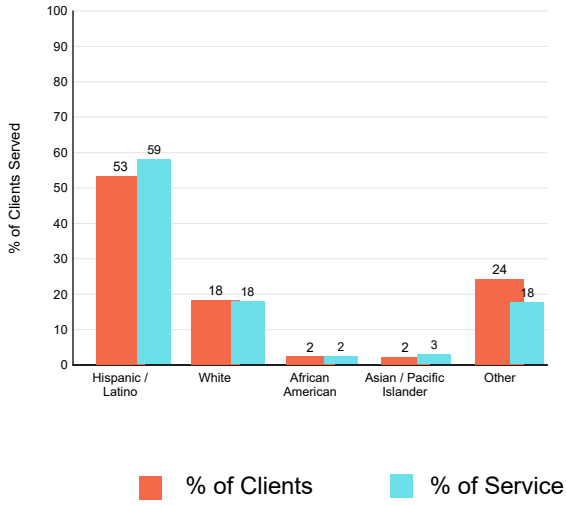
Of the Clients Served, **18** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	6,775	36 %	71%
Collateral/Family Therapy	289	1 %	3%
Crisis Intervention	312	1 %	3%
Group Counseling	316	1 %	1%
Linkage/Brokerage	10,569	21 %	63%
Medication Support	3,791	9 %	23%
Mental Health Counseling	3,483	16 %	10%
Non Billable	12,665	16 %	74%
Others	70	0 %	1%
Total	38,270	100%	100%

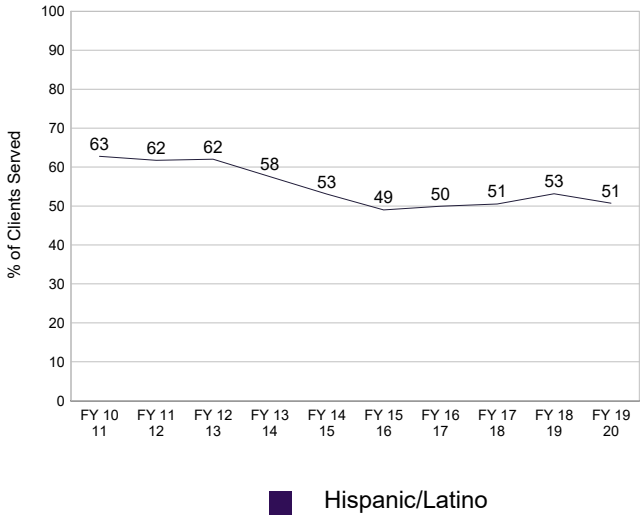
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	74%
Medicare B	9%
Private Insurance	6%
Self Pay/Other	11%

Health Equities

Breakdown of Clients Served by Ethnicity

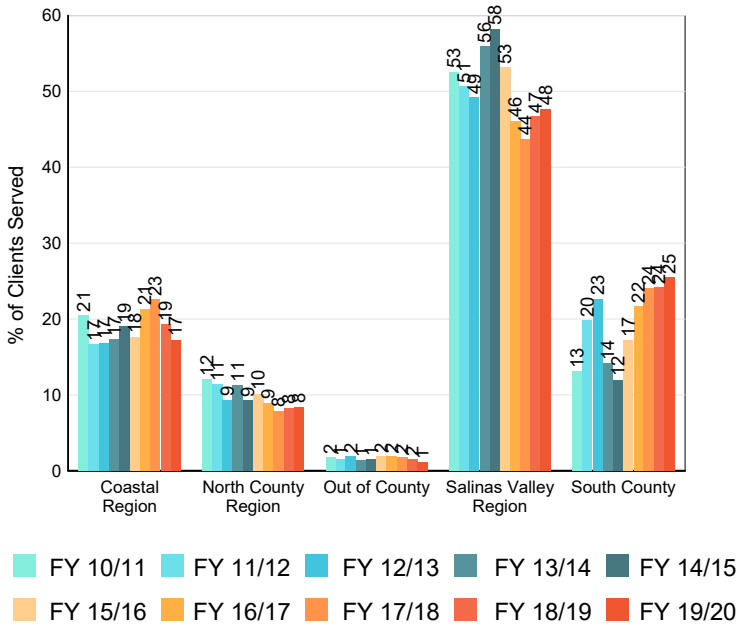


Percent of Hispanic / Latino Clients Served

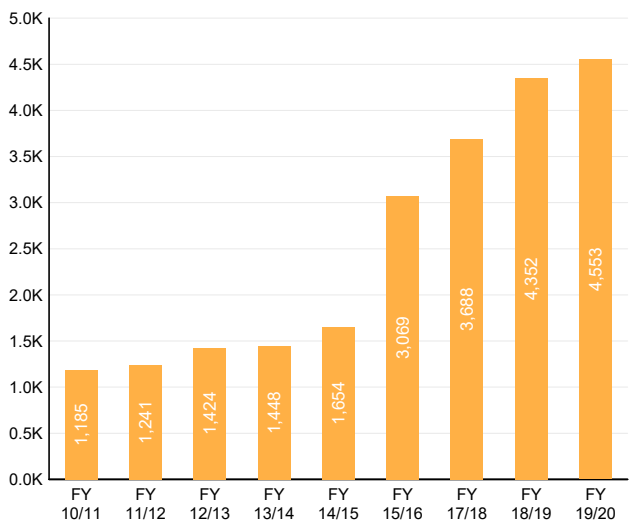


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

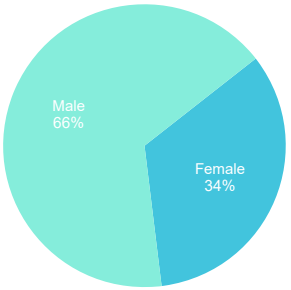


Program/Program Group: Access to Treatment GAP Services

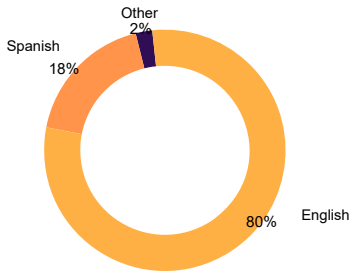
The Gap Program is designed to expand service capacity and provide quality follow-up care to clients who have recently experienced an acute psychiatric crisis and are at risk for crisis intervention and/or psychiatric inpatient placement. The primary objective is to provide therapeutic support and linkage to both county and community resources so that use of crisis/inpatient placement services can be greatly reduced. This program intends to serve clients of all ages and will be available to individuals who are limited in their ability to pay.

- Number of Clients Served: 128
- Total Service Value: $729,082.68
- Average Service Value per Client: $5,695.96
- Average Age: 39
- Number of New Clients: 90
- Number of Clients Discharged: 55

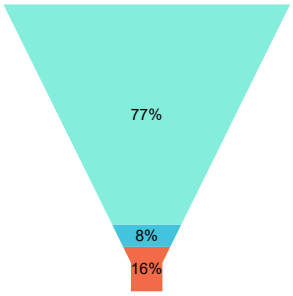
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	50 %
Mood Disorders	31 %
Substance Related Addictive D/O	4 %

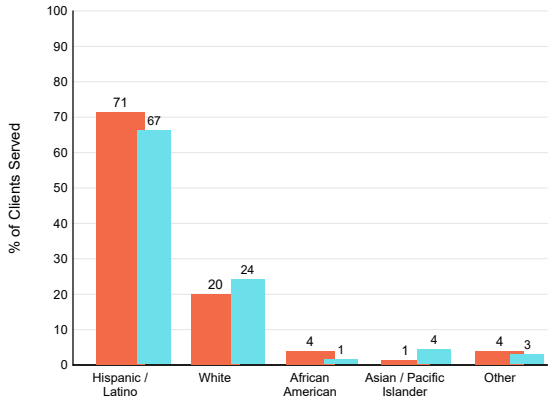
Of the Clients Served, **66** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	330	14 %	76%
Collateral/Family Therapy	154	4 %	34%
Crisis Intervention	39	1 %	15%
Group Counseling	3	0 %	2%
Linkage/Brokerage	1,547	49 %	92%
Medication Support	487	12 %	65%
Mental Health Counseling	210	8 %	45%
Non Billable	862	12 %	89%
Others	8	0 %	2%
Total	3,640	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	78%
Medicare B	6%
Private Insurance	7%
Self Pay/Other	10%

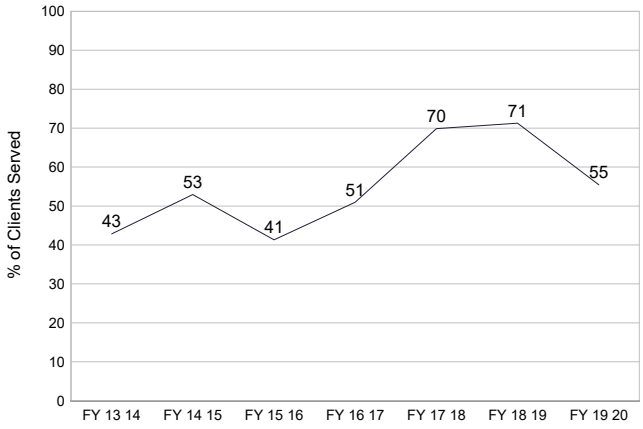
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

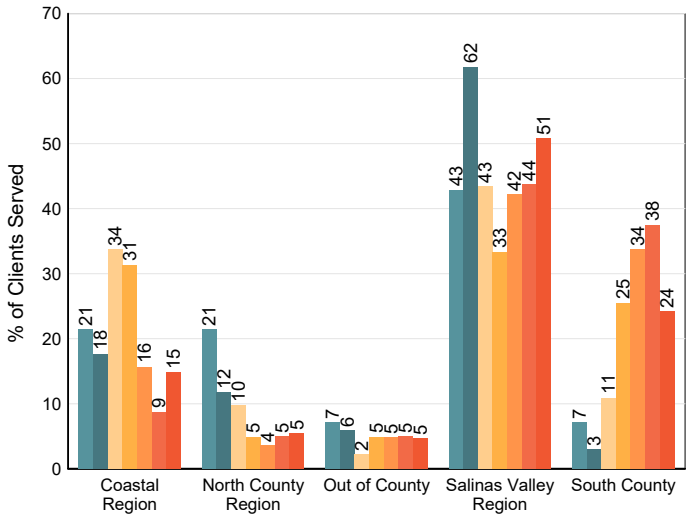
Percent of Hispanic / Latino Clients Served



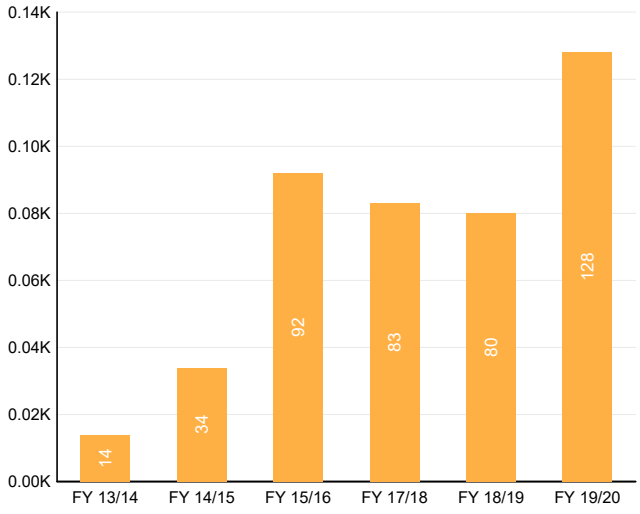
Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



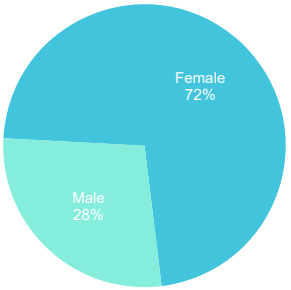
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: CHS South County

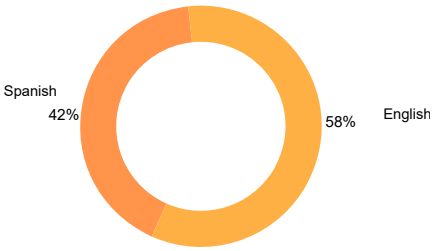
Community Human Services will provide outpatient mental health services to Monterey County Medi-Cal beneficiaries as authorized by the Monterey County Health Department, Behavioral Health Bureau.

- Number of Clients Served: 36
- Total Service Value: $48,116.52
- Average Service Value per Client: $1,336.57
- Average Age: 29
- Number of New Clients: 34
- Number of Clients Discharged: 6

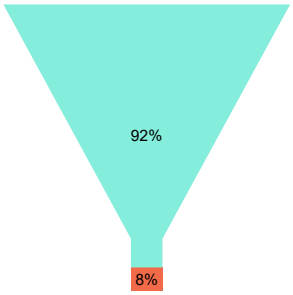
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	36 %
Anxiety Disorders	17 %
Disruptive Behavior Disorders	6 %

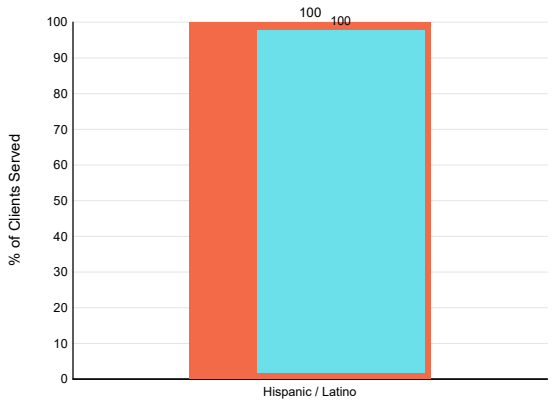
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	104	71 %	86%
Collateral/Family Therapy	10	6 %	14%
Linkage/Brokerage	6	1 %	17%
Mental Health Counseling	35	20 %	31%
Non Billable	2	0 %	3%
Others	4	3 %	6%
Total	161	100%	100%

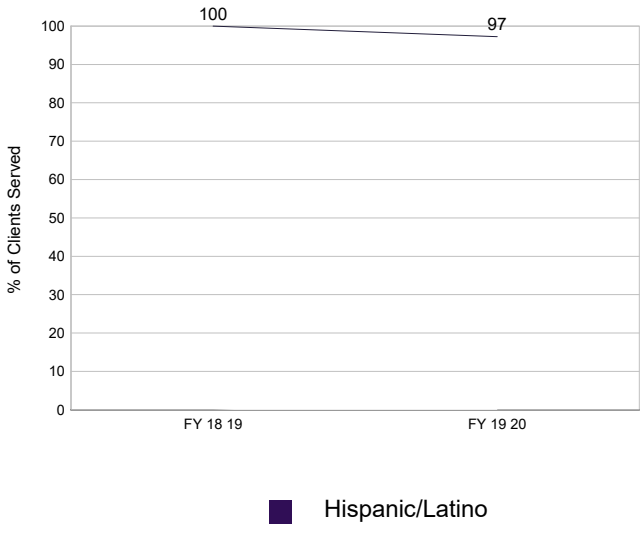
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	88%
Private Insurance	6%
Self Pay/Other	6%

Health Equities

Breakdown of Clients Served by Ethnicity

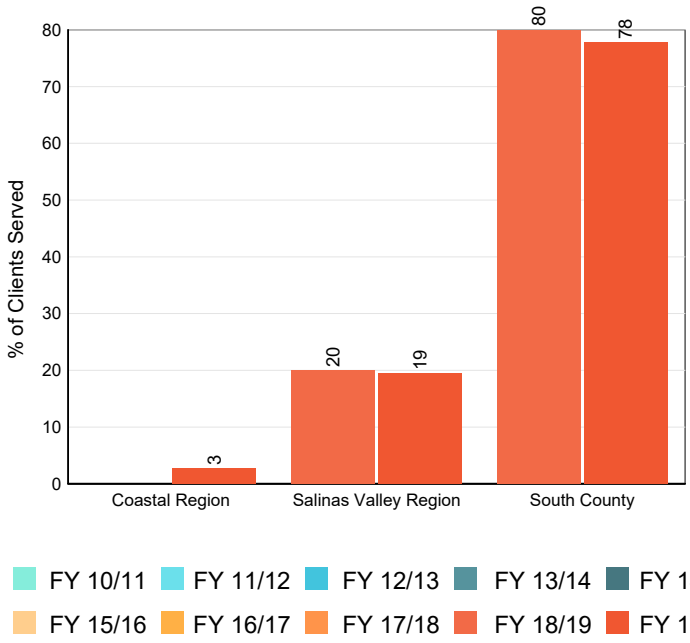


Percent of Hispanic / Latino Clients Served

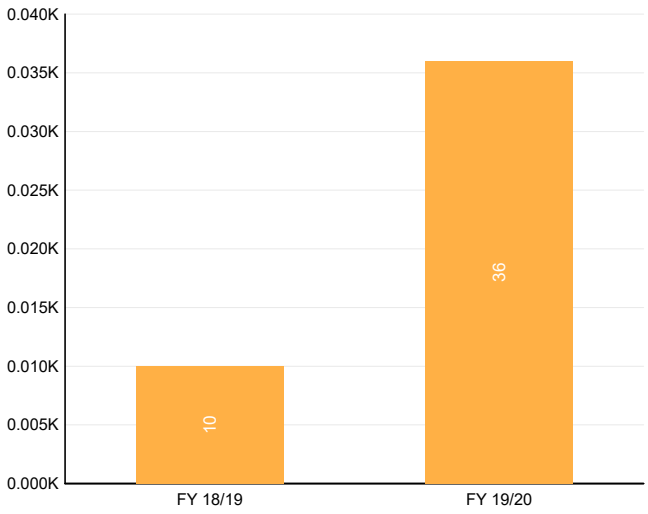


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

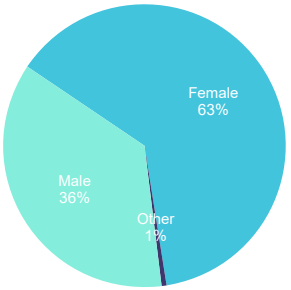


Program/Program Group: Mental Health Services Outpatient

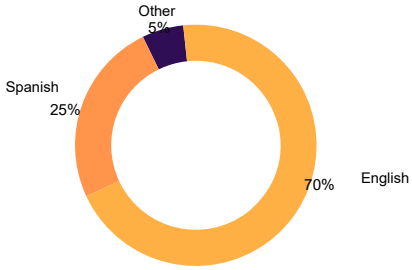
Community Human Services will provide outpatient mental health services to Monterey County Medi-Cal beneficiaries as authorized by the Monterey County Health Department, Behavioral Health Bureau.

- Number of Clients Served: 383
- Total Service Value: $358,294.02
- Average Service Value per Client: $935.49
- Average Age: 27
- Number of New Clients: 273
- Number of Clients Discharged: 176

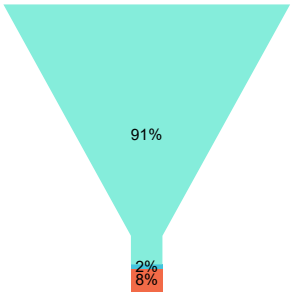
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	37 %
Anxiety Disorders	36 %
Disruptive Behavior Disorders	4 %

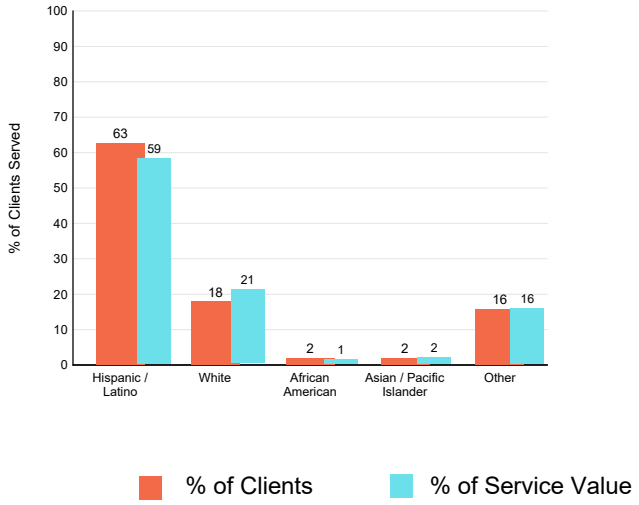
Of the Clients Served, **2** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	724	54 %	73%
Collateral/Family Therapy	101	6 %	10%
Group Counseling	8	0 %	1%
Linkage/Brokerage	343	8 %	54%
Mental Health Counseling	463	29 %	38%
Non Billable	382	2 %	44%
Total	2,021	100%	100%

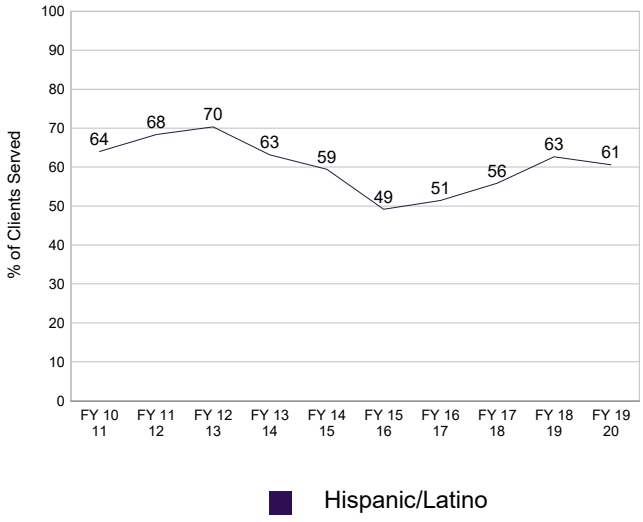
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	87%
Medicare B	5%
Private Insurance	3%
Self Pay/Other	5%

Health Equities

Breakdown of Clients Served by Ethnicity

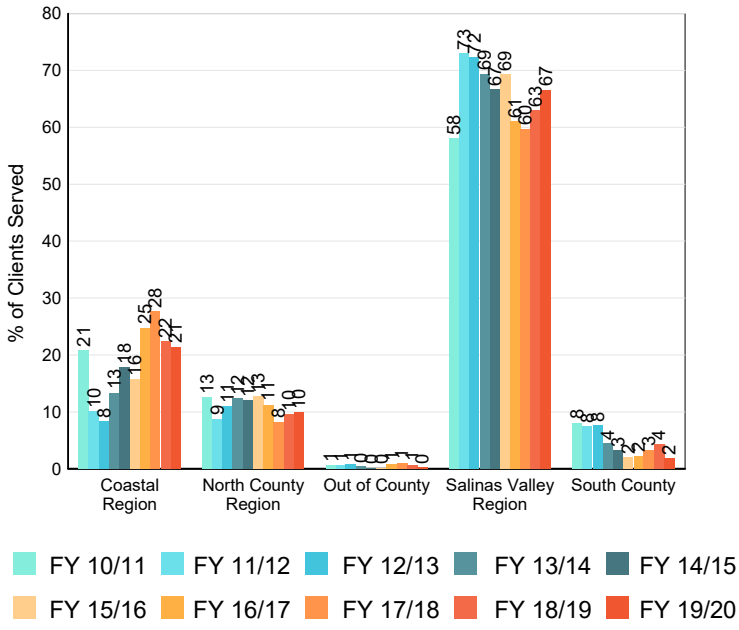


Percent of Hispanic / Latino Clients Served

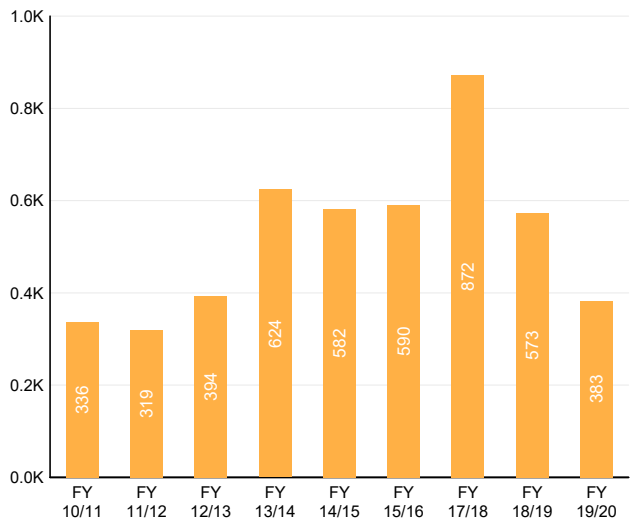


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

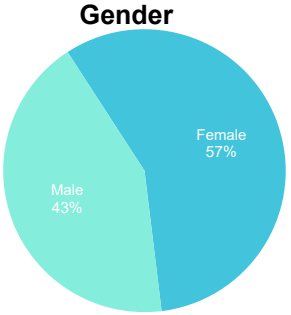


Program/Program Group: The Village Project, Inc.

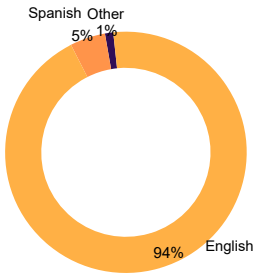
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families can access a range of culturally competent mental health and supportive services. The Village Project utilizes licensed clinicians, social workers, counselors, as well as interns who have specific expertise and training in working with African Americans. The Village Project works in collaboration with other community based organizations providing mental health services to ensure that services are culturally competent. Referrals are made through the community, faith based organizations and schools.

- Number of Clients Served: 84
- Total Service Value: $132,679.94
- Average Service Value per Client: $1,579.52
- Average Age: 27
- Number of New Clients: 33
- Number of Clients Discharged: 7

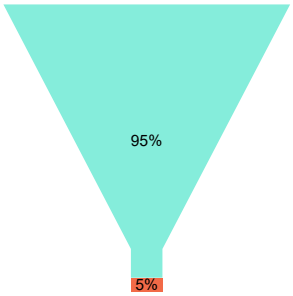
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	60 %
Mood Disorders	30 %
Disruptive Behavior Disorders	5 %

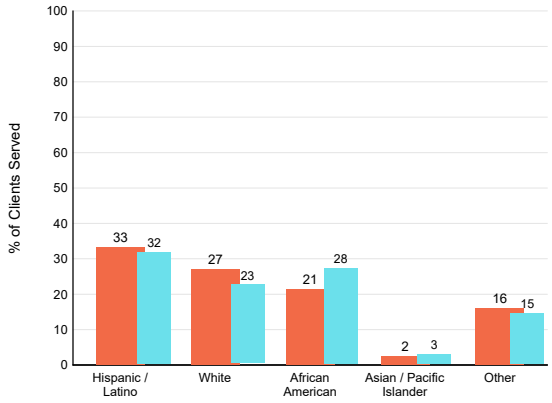
Of the Clients Served, **1** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	20	4 %	20%
Collateral/Family Therapy	29	4 %	15%
Linkage/Brokerage	4	1 %	4%
Mental Health Counseling	537	91 %	95%
Non Billable	4	0 %	1%
Others	2	0 %	2%
Total	596	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	55%
Medicare B	13%
Self Pay/Other	32%

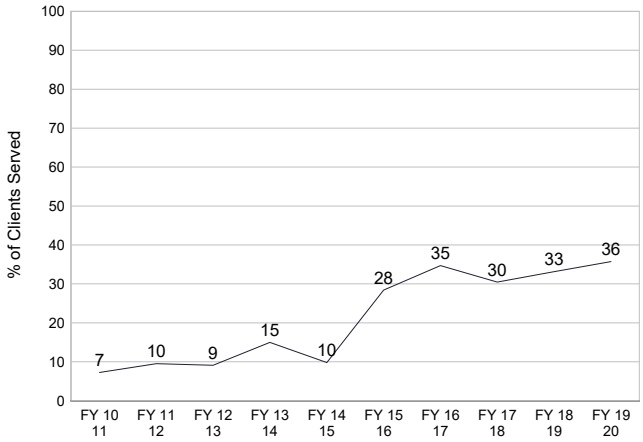
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

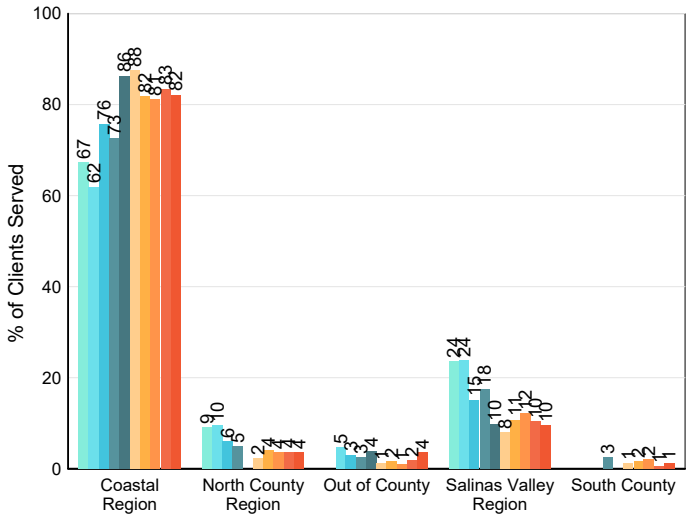
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

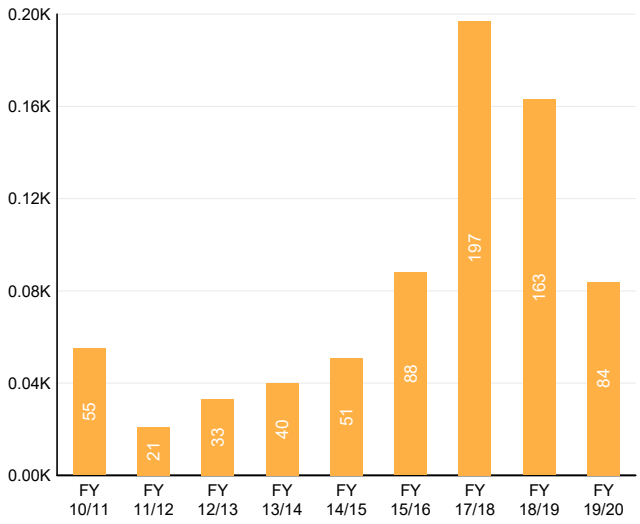
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

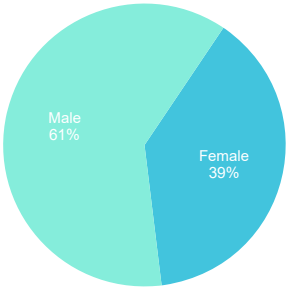


Program/Program Group: DTH Co-Occurring Disorder

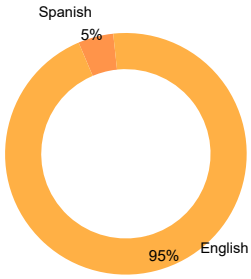
ICT is an MHSA program, a Full Service Partnership, (FSP), and a contract with Door to Hope. This team provides a high level of care to co-occurring youth and their families. ICT is designed to prevent youth from having to be placed out of the home, who may be struggling with a co-occurring disorder. It is offered to youth ages 12 -18, who meet the co-occurring criteria and are at risk of out of home placement. This team provides individual and family therapy, as well as peer mentor support.The desired outcomes include measuring success in education, decreasing recidivism, prevention of further involvement with the Juvenile Justice system, and providing treatment in a less restrictive setting. Success is measured by youth's ability to remain at home, in school, and in their community, with no new law violations.This is a Mental Health Services Act (MHSA) program, under the co-occurring strategy. It is one of the substance abuse programs designed to meet moderate to severe needs.

- Number of Clients Served: 62
- Total Service Value: $340,072.91
- Average Service Value per Client: $5,485.05
- Average Age: 16
- Number of New Clients: 39
- Number of Clients Discharged: 39

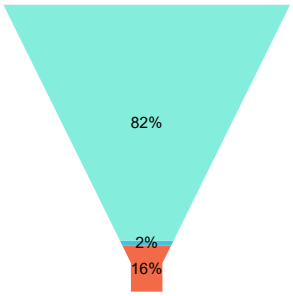
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	56 %
Anxiety Disorders	27 %
Disruptive Behavior Disorders	8 %

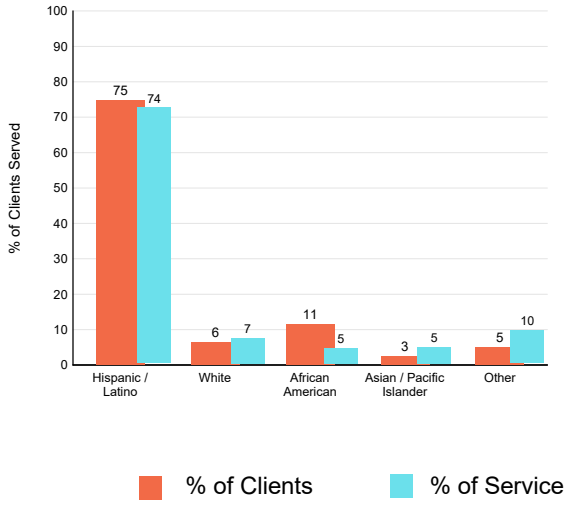
Of the Clients Served,**100** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	424	31 %	79%
Collateral/Family Therapy	177	9 %	42%
Group Counseling	5	0 %	5%
Linkage/Brokerage	491	21 %	87%
Mental Health Counseling	555	37 %	56%
Non Billable	177	3 %	66%
Total	1,829	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	78%
Private Insurance	12%
Self Pay/Other	11%

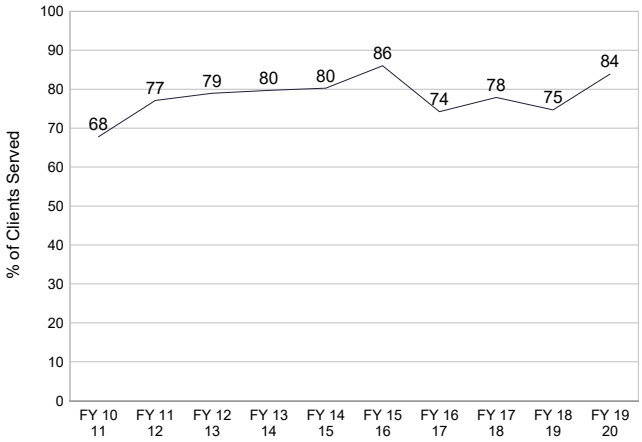
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

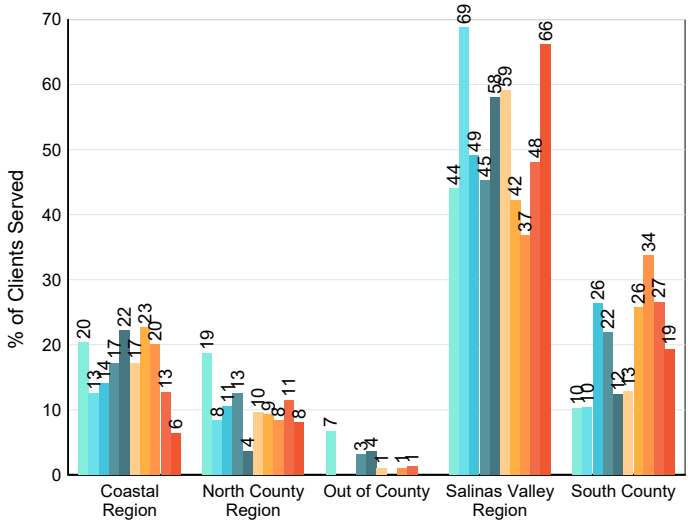
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

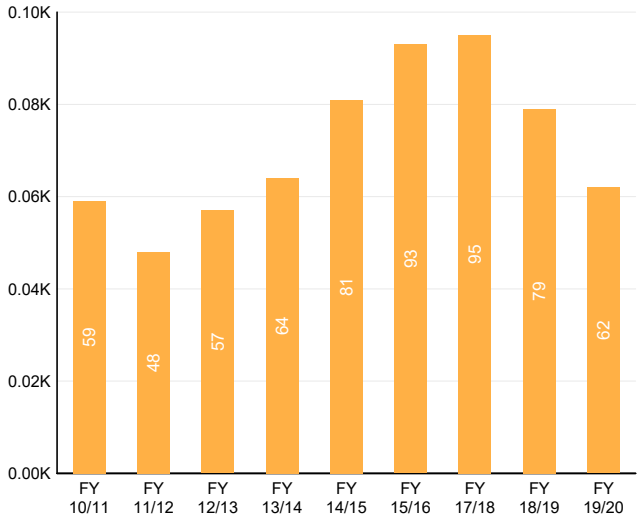
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

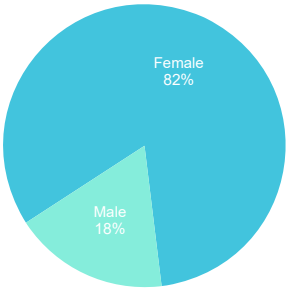


Program/Program Group: CS Archer Child Advocacy Center

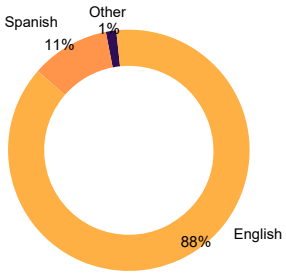
This program provides mental health assessments, referral and brief therapy to children who have been sexually assaulted, and crisis support services to the child's family/caregiver.

- Number of Clients Served: 209
- Total Service Value: $168,488.09
- Average Service Value per Client: $806.16
- Average Age: 11
- Number of New Clients: 190
- Number of Clients Discharged: 203

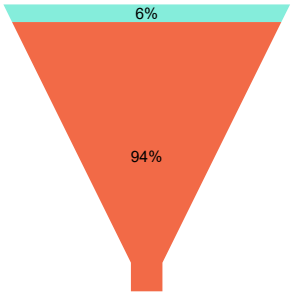
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	44 %
Mood Disorders	0 %

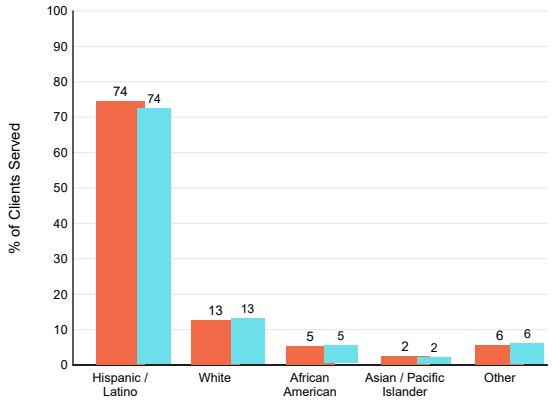
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	209	88 %	93%
Linkage/Brokerage	219	10 %	88%
Mental Health Counseling	3	1 %	0%
Non Billable	31	1 %	11%
Total	462	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	65%
Private Insurance	2%
Self Pay/Other	33%

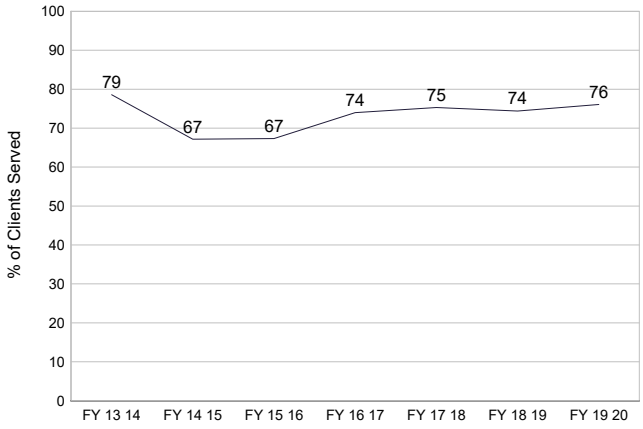
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

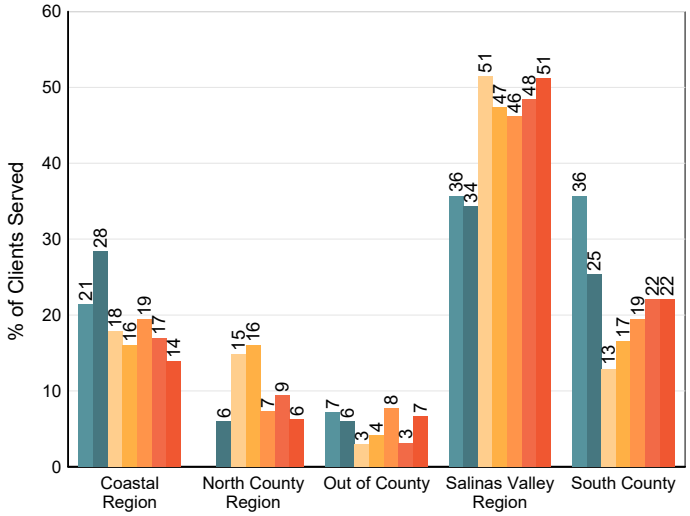
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

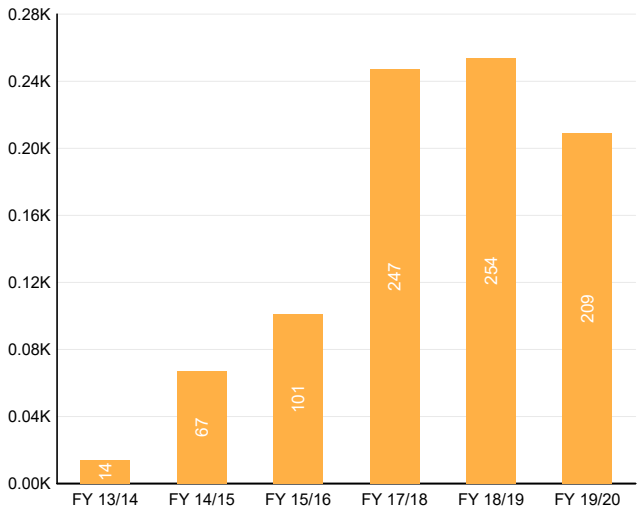
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count



Program/Program Group: CS Family Preservation

This program provides intensive short term family based treatment in circumstances or situations where children are at eminent risk of removal from home. This program is designed to predominantly serve Spanish speaking families.

Number of Clients Served: 9

Total Service Value: $163,219.57

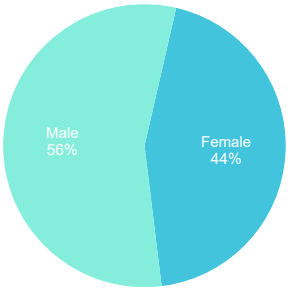
Average Service Value per Client: $18,135.51

Average Age: 10

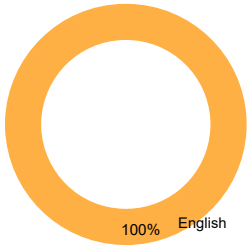
Number of New Clients: 6

Number of Clients Discharged: 6

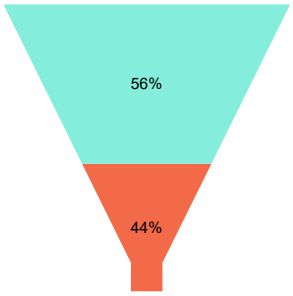
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	56 %
Mood Disorders	11 %

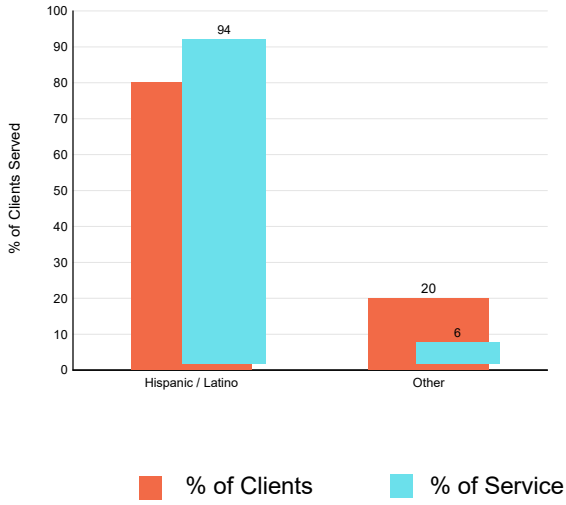
Of the Clients Served, **0** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	38	17 %	89%
Collateral/Family Therapy	31	15 %	67%
Crisis Intervention	4	0 %	11%
Group Counseling	2	0 %	11%
Linkage/Brokerage	20	7 %	44%
Mental Health Counseling	90	54 %	89%
Non Billable	26	7 %	33%
Total	211	100%	100%

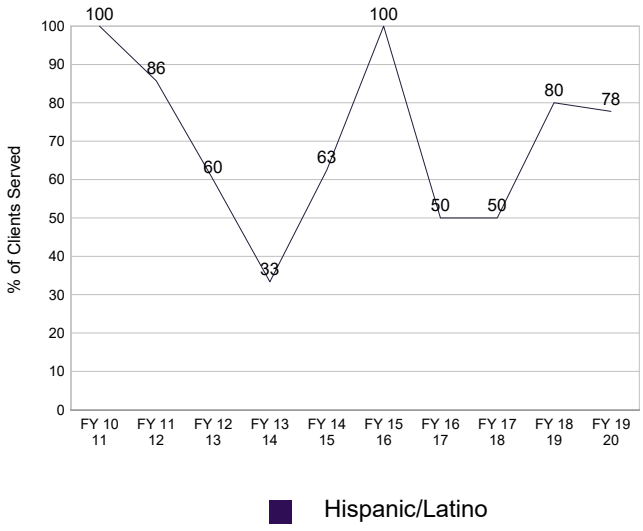
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%

Health Equities

Breakdown of Clients Served by Ethnicity

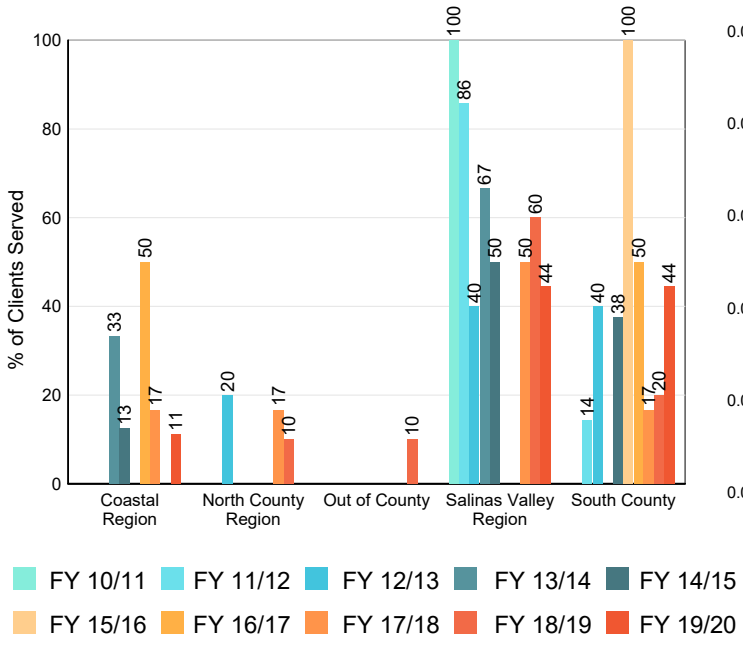


Percent of Hispanic / Latino Clients Served

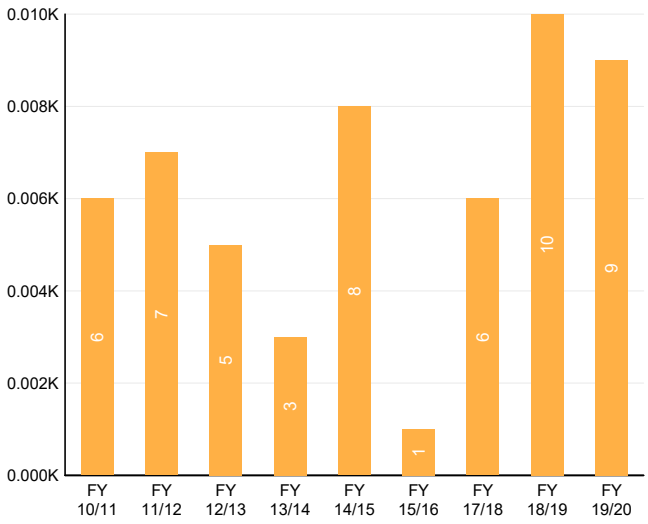


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

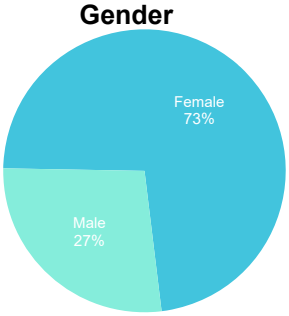


Program/Program Group: CS Family Reunification FSP

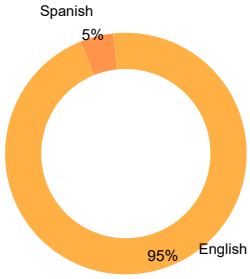
Family Reunification Program is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSS) social workers into one cohesive service unit. The full FRP staff is co-located, co-supervised, and cross-trained to each other's jobs. At full staffing there are three FCS social workers, permanently teamed with three clinicians from CBH. Paired in teams of two for each FRP family, they share a caseload together and jointly provide services and case management to their families. They jointly share responsibility for case planning, provision of intensive therapeutic and support services, case monitoring, family team leadership, decision-making, and managing and leading orientation and other groups. The target population for the FRP program is: those families who are court-ordered to receive family reunification services from DSS after children have been removed from the home due to severe abuse or neglect and; have significant mental health needs and; face greater-then-normal challenges in safely reuniting and creating a stable home environment that will support the mental health and emotional needs of their children.

- Number of Clients Served: 22
- Total Service Value: $43,546.00
- Average Service Value per Client: $1,979.36
- Average Age: 10
- Number of New Clients: 9
- Number of Clients Discharged: 14

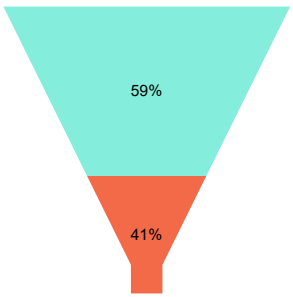
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	86 %
Mood Disorders	5 %

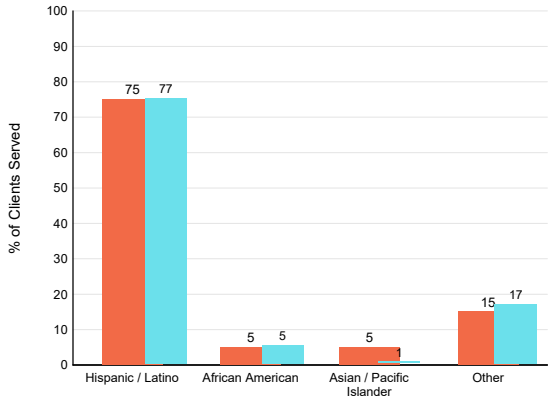
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	13	3 %	41%
Collateral/Family Therapy	31	20 %	27%
Linkage/Brokerage	140	44 %	82%
Mental Health Counseling	29	19 %	36%
Non Billable	25	10 %	50%
Others	6	5 %	18%
Total	244	100%	100%

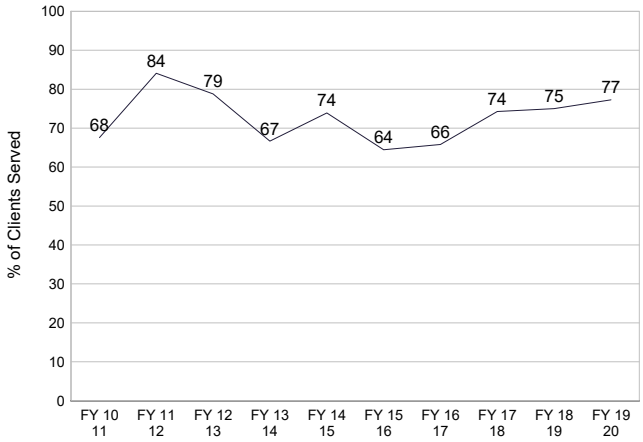
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%

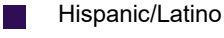
Health Equities

Breakdown of Clients Served by Ethnicity



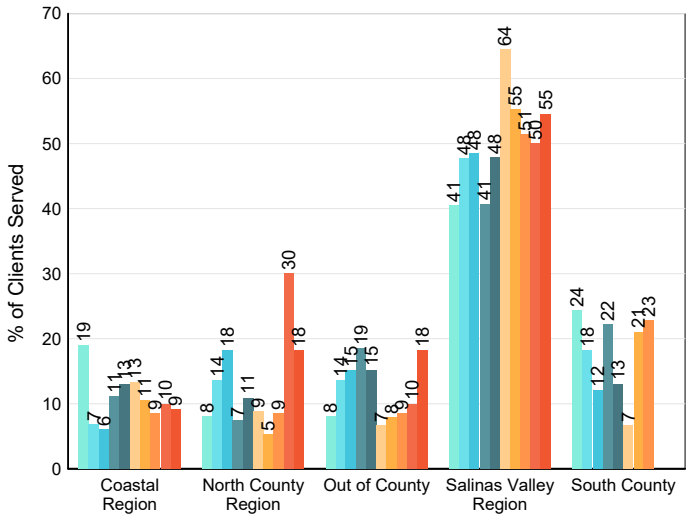
Percent of Hispanic / Latino Clients Served



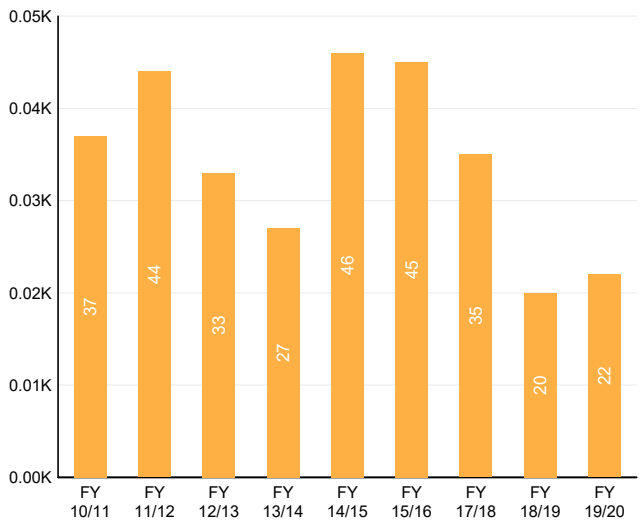


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

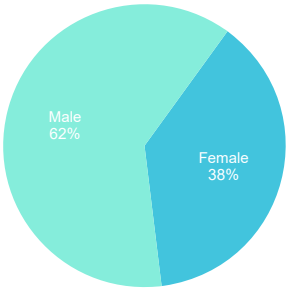


Program/Program Group: CS JJ CALA MH Court

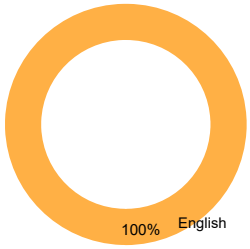
The Community Action Linking Adolescents (CALA) program provides intensive mental health services and case management for youth in the juvenile justice system. Probation, Juvenile Court and Behavioral Health Collaborate to provide supervision and support to youth and their families. As a Full Service Partnership program funded by the Mental Health Services Act funding, this team adopts a "whatever it takes" approach to meet the mental health service needs of youth who come into contact with the juvenile justice system.

- Number of Clients Served: 21
- Total Service Value: $107,142.15
- Average Service Value per Client: $5,102.01
- Average Age: 16
- Number of New Clients: 11
- Number of Clients Discharged: 16

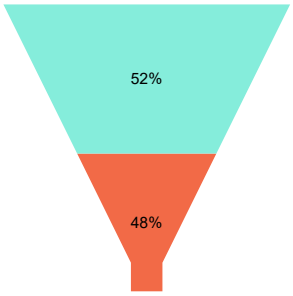
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	38 %
Anxiety Disorders	24 %
Disruptive Behavior Disorders	10 %

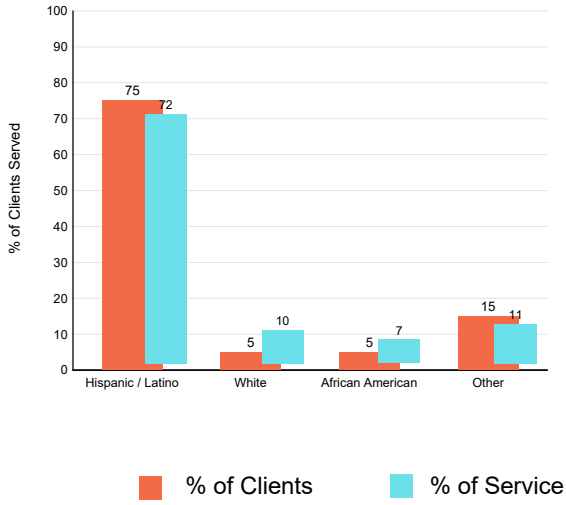
Of the Clients Served, **10** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	83	18 %	71%
Collateral/Family Therapy	6	1 %	14%
Crisis Intervention	1	0 %	5%
Linkage/Brokerage	88	23 %	67%
Medication Support	1	0 %	5%
Mental Health Counseling	97	23 %	52%
Non Billable	187	30 %	86%
Others	13	4 %	14%
Total	476	100%	100%

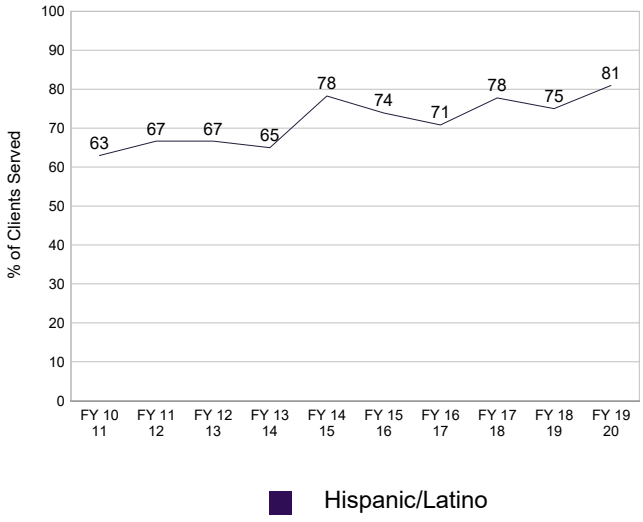
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	58%
Private Insurance	27%
Self Pay/Other	15%

Health Equities

Breakdown of Clients Served by Ethnicity

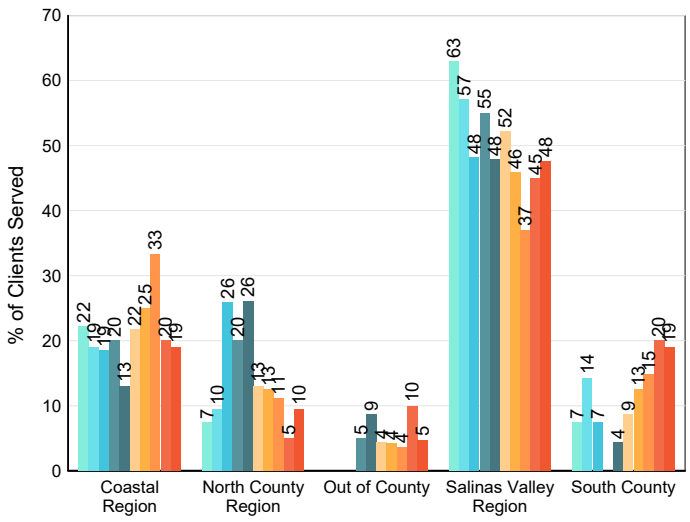


Percent of Hispanic / Latino Clients Served

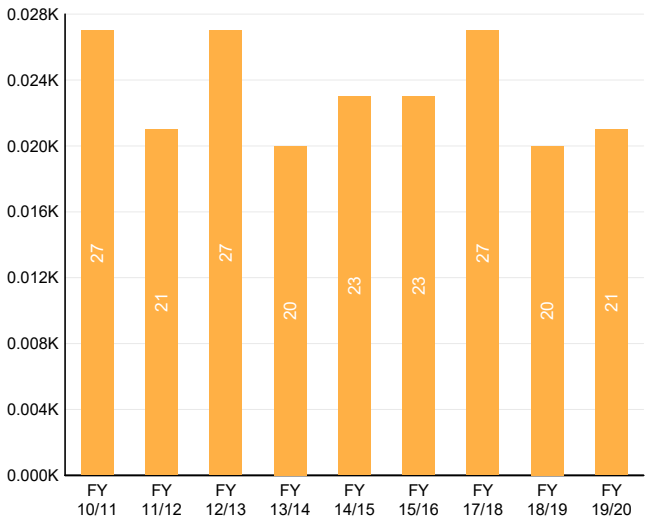


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



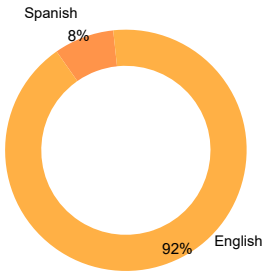
Program/Program Group: CS JJ JSORT

The Juvenile Sex Offender Response Team (JSORT) offers treatment to adolescents with sexual offender charges, in collaboration with the Probation Department. JSORT meets as a multidisciplinary team in order to meet the needs of the youth and family. Referrals are made through the Probation Department, and youth are assessed for the program. Services are implemented, in individual, group and family modalities. This team meets regularly to discuss the cases and treatment, and efforts are made to reduce the risk of re-offending and to plan reunification services for returning the offender to the home and community, with all safety factors considered.

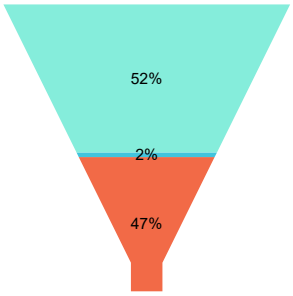
- Number of Clients Served: 62
- Total Service Value: $623,681.57
- Average Service Value per Client: $10,059.38
- Average Age: 16
- Number of New Clients: 25
- Number of Clients Discharged: 30

Gender

Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	24 %
Mood Disorders	18 %
Disruptive Behavior Disorders	15 %

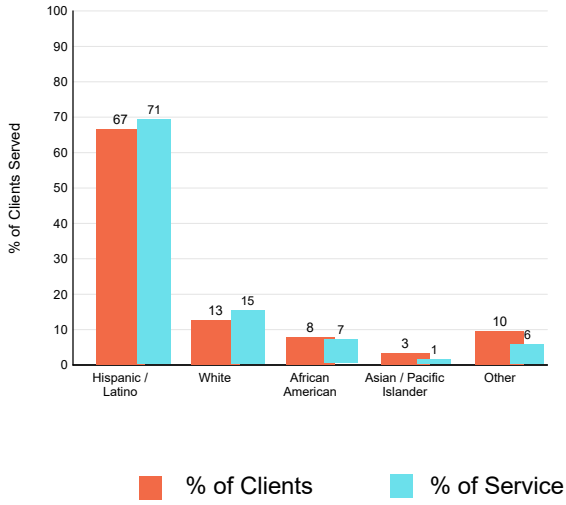
Of the Clients Served, **10** % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	66%
Private Insurance	3%
Self Pay/Other	31%

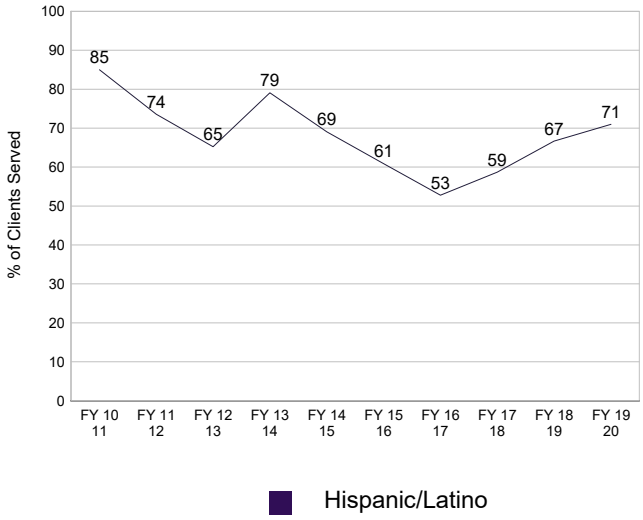
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	440	24 %	92%
Collateral/Family Therapy	187	6 %	68%
Crisis Intervention	5	0 %	3%
Group Counseling	787	15 %	44%
Linkage/Brokerage	977	25 %	94%
Mental Health Counseling	493	22 %	73%
Non Billable	596	8 %	92%
Others	43	1 %	21%
Total	3,528	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

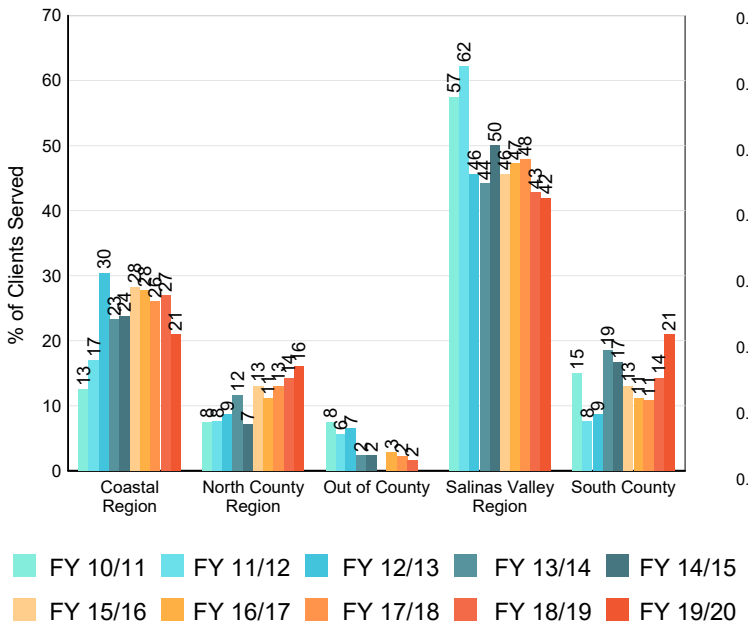


Percent of Hispanic / Latino Clients Served

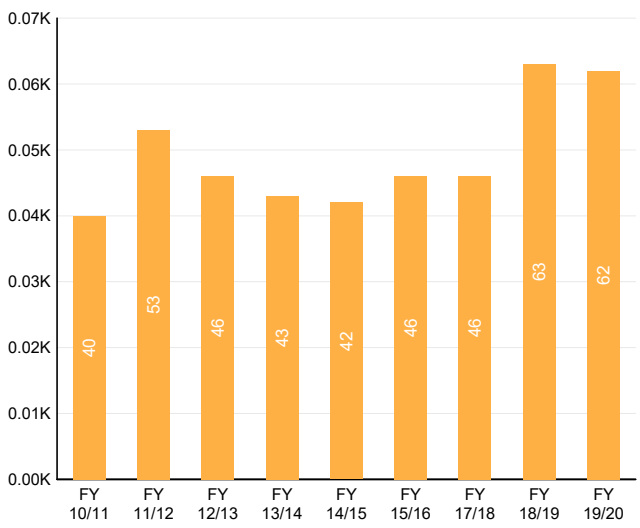


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

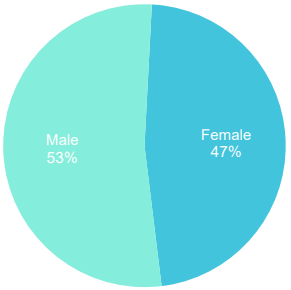


Program/Program Group: CS MCSTART

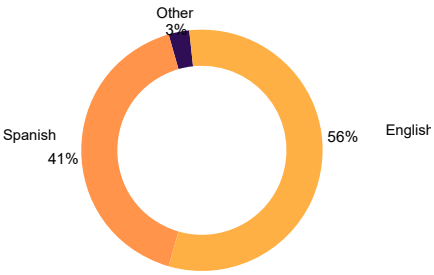
This is a collaborative program with Door To Hope as lead agency, Salinas Adult School, Department of Social Services (DSS) and First 5 Monterey County. Children 0-5 throughout Monterey County who have been prenatally exposed to alcohol or other drugs, or at high risk for developmental problems due to chronic neglect or exposure to violence receive: Developmental screens, complete psychological assessments, home visits, Dyadic Therapy, case management, occupational therapy, medical screening and group therapy.

- Number of Clients Served: 146
- Total Service Value: $1,075,884.55
- Average Service Value per Client: $7,369.07
- Average Age: 7
- Number of New Clients: 139
- Number of Clients Discharged: 54

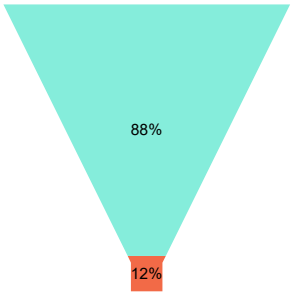
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	42 %
Disruptive Behavior Disorders	12 %
Mood Disorders	6 %

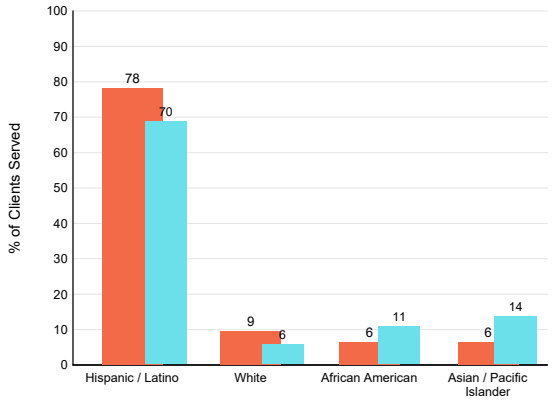
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,093	48 %	82%
Collateral/Family Therapy	523	19 %	44%
Crisis Intervention	2	0 %	1%
Group Counseling	58	2 %	6%
Linkage/Brokerage	881	21 %	90%
Mental Health Counseling	78	2 %	14%
Non Billable	1,248	7 %	97%
Others	42	1 %	11%
Total	3,925	100%	100%

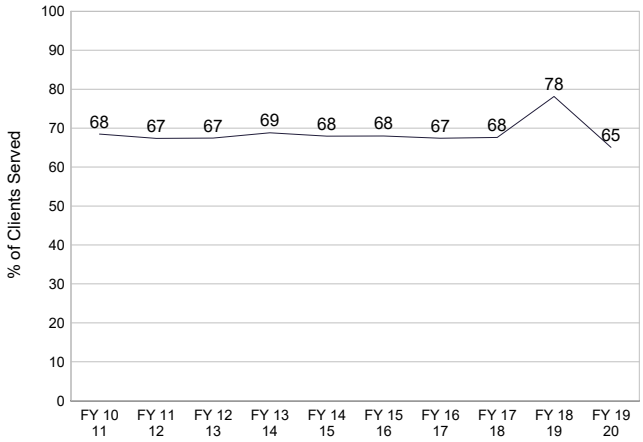
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	86%
Private Insurance	3%
Self Pay/Other	10%

Health Equities

Breakdown of Clients Served by Ethnicity



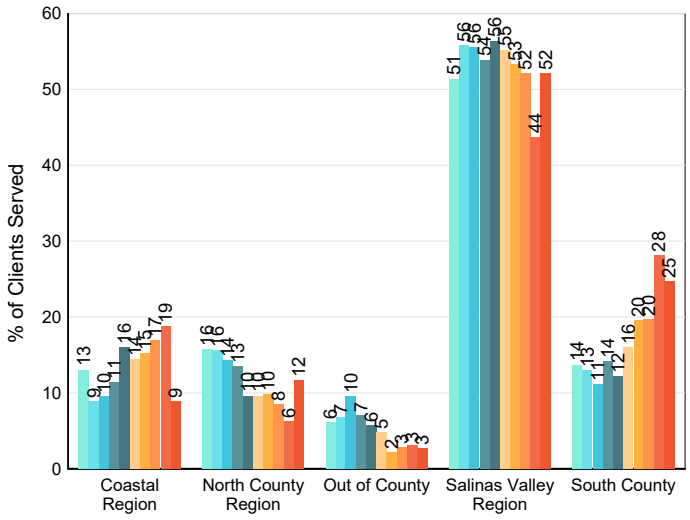
Percent of Hispanic / Latino Clients Served



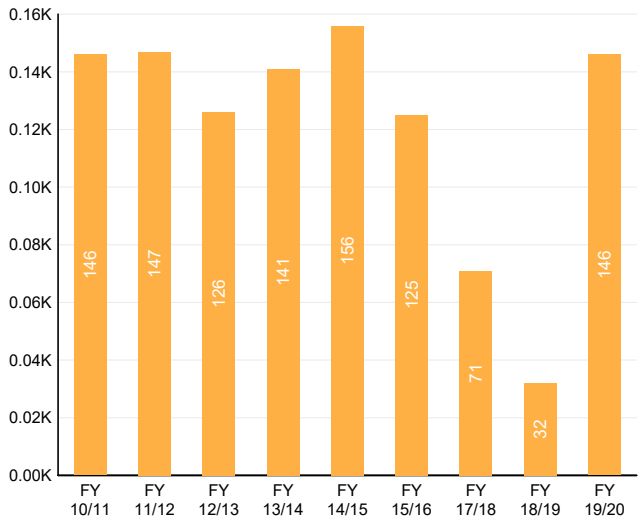
% of Clients % of Service Value Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



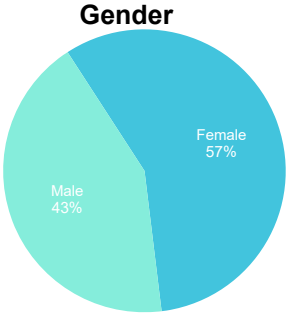
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: CS Salinas Home Partners

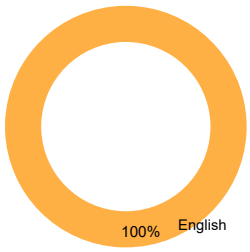
The Home Partners Program is an intensive, short-term, in-home crisis intervention and family education program. It is designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions or psychiatric facilities. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The principal characteristics of this program include interventions at the crisis point, treatment in the client's environment, 24 hour therapist availability, treatment that is highly individualized and concrete services as needed. Services are provided intensively and as needed for up to 20 hours a week, over a 4-6 week period. Therapist only carry a caseload of two families at a time to allow for intensive, frequent contact in order to maximize learning opportunities and work on the basic concrete and hard services needs a family may have. Mental Health Services Act (MHSA) supports this program to ensure access by monolingual families. This part of the program is referred to as: MHSA Family Preservation Program.

- Number of Clients Served: 7
- Total Service Value: $289,095.80
- Average Service Value per Client: $41,299.40
- Average Age: 14
- Number of New Clients: 5
- Number of Clients Discharged: 4

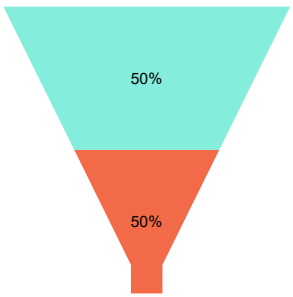
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	43 %
Mood Disorders	14 %
Personality Disorders	14 %

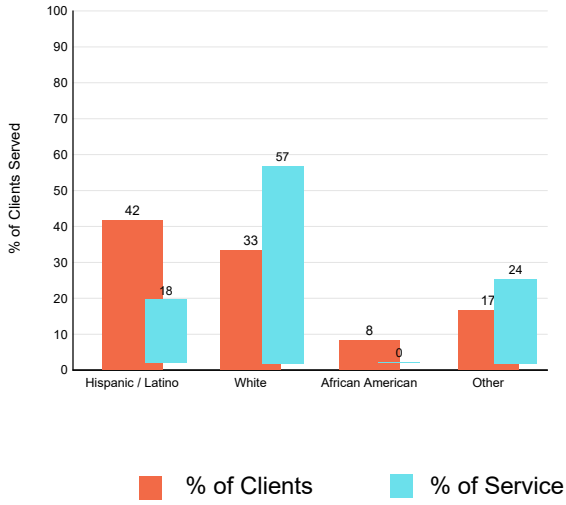
Of the Clients Served, **0** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	13	5 %	57%
Collateral/Family Therapy	181	25 %	86%
Crisis Intervention	1	0 %	14%
Linkage/Brokerage	37	4 %	86%
Mental Health Counseling	124	63 %	100%
Non Billable	11	3 %	57%
Total	367	100%	100%

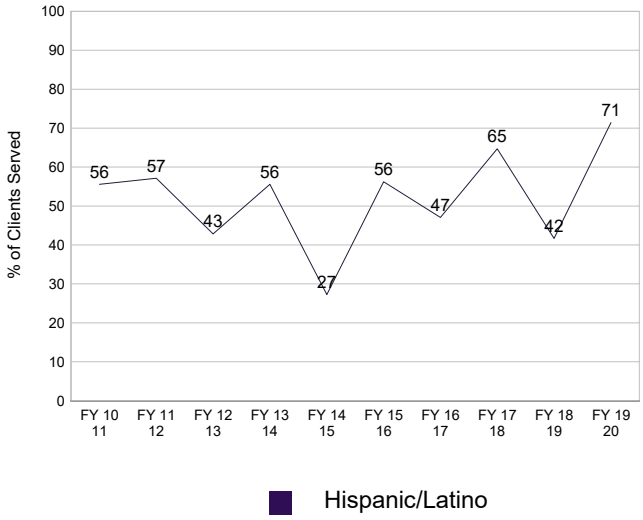
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%

Health Equities

Breakdown of Clients Served by Ethnicity

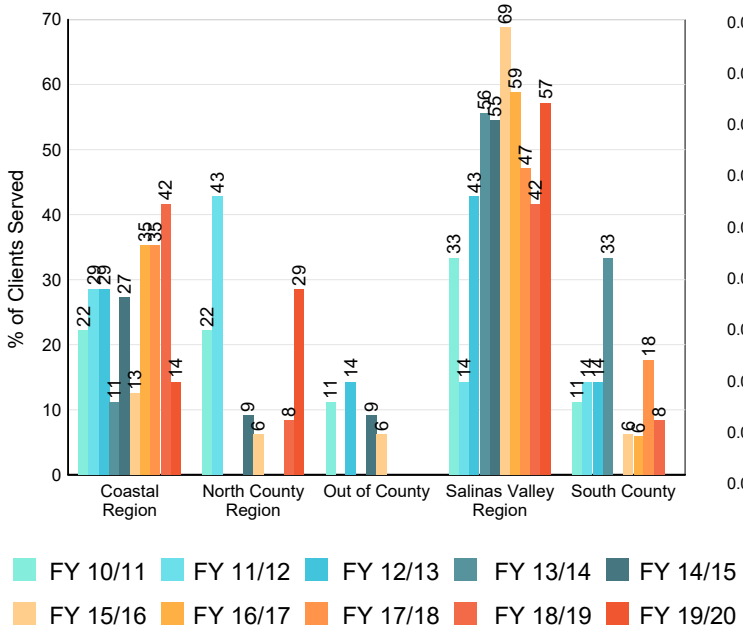


Percent of Hispanic / Latino Clients Served

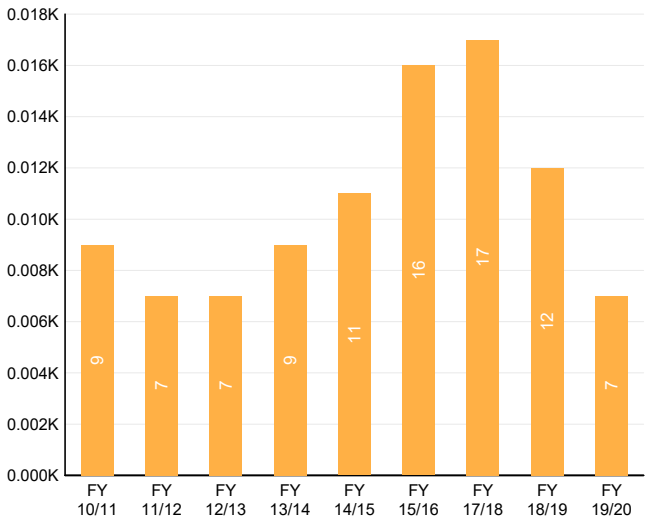


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

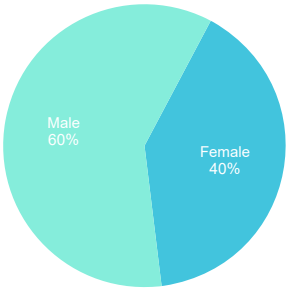


Program/Program Group: DTH MCSTART

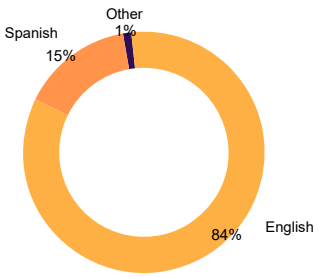
Provides Mental Health Services to eligible infants and children who require early intervention services. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral disorders caused by perinatal alcohol and drug exposure. Such interventions will improve the child's development, improve the child's health, improve family functioning, and reduce the possibility of future residential care, out-of-the-home placement, and/or hospitalization

- Number of Clients Served: 99
- Total Service Value: $841,452.68
- Average Service Value per Client: $8,499.52
- Average Age: 5
- Number of New Clients: 12
- Number of Clients Discharged: 75

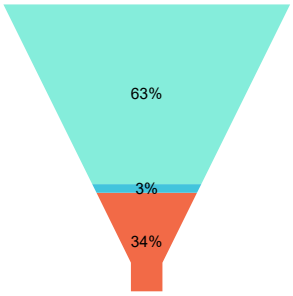
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	58 %
Disruptive Behavior Disorders	30 %
OTHER	4 %

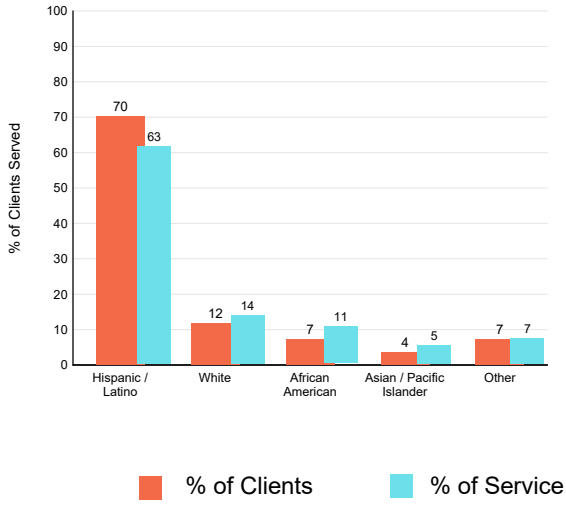
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	542	19 %	77%
Collateral/Family Therapy	625	17 %	71%
Group Counseling	45	1 %	7%
Linkage/Brokerage	1,917	38 %	99%
Mental Health Counseling	660	21 %	63%
Non Billable	219	2 %	56%
Others	11	0 %	4%
Total	4,019	100%	100%

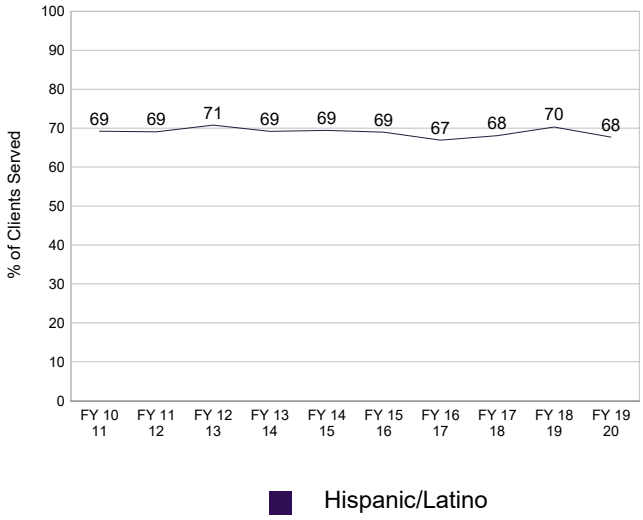
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	87%
Private Insurance	5%
Self Pay/Other	8%

Health Equities

Breakdown of Clients Served by Ethnicity

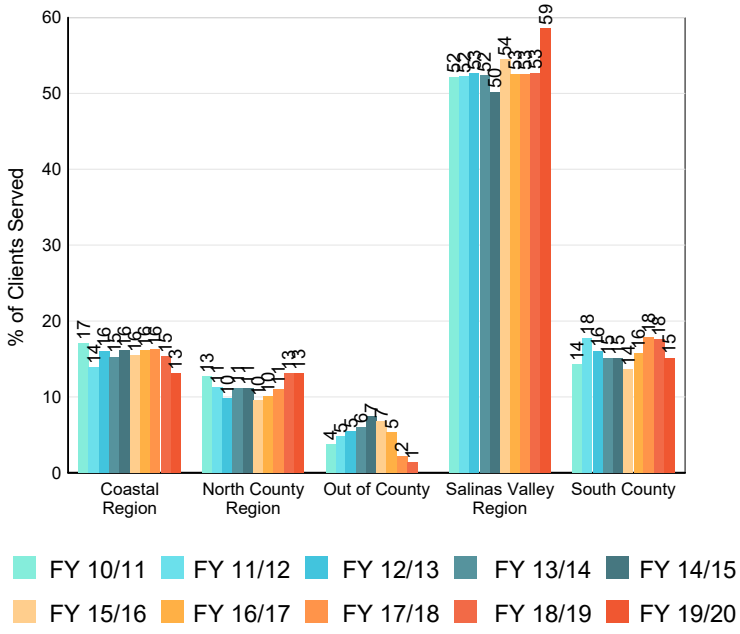


Percent of Hispanic / Latino Clients Served

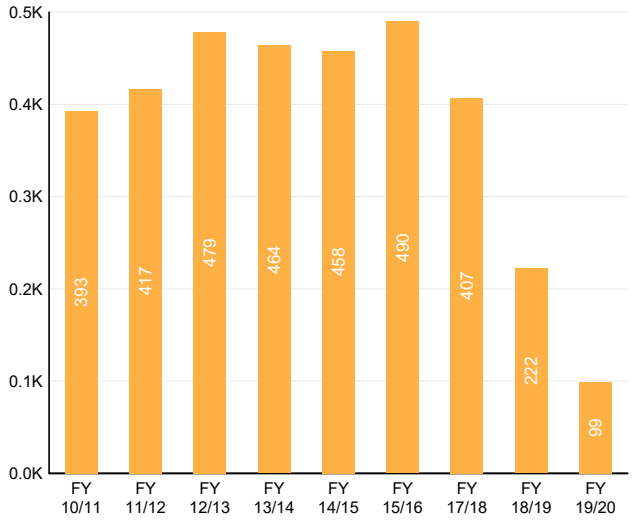


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

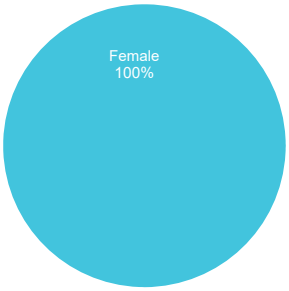


Program/Program Group: DTH Santa Lucia

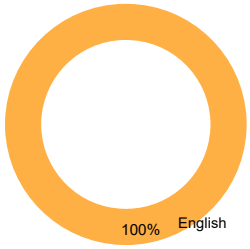
Santa Lucia provides a residential treatment program for adolescent females with co-occurring disorders. Door to Hope delivers a nine month, Intensive Treatment program to at risk, female adolescent youth, with a mental health diagnosis and substance abuse issues in a community setting. Youth are placed through Monterey County Probation or Monterey County Department of Social Services (DSS). Services delivered include individual, group, and family therapy. Substance abuse education and a therapeutic community/milieu are also provided.

- Number of Clients Served: 18
- Total Service Value: $512,398.43
- Average Service Value per Client: $28,466.58
- Average Age: 15
- Number of New Clients: 13
- Number of Clients Discharged: 13

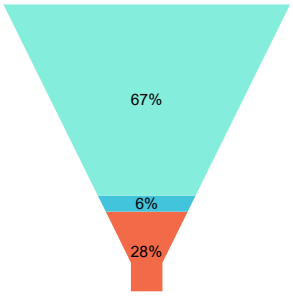
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	61 %
Mood Disorders	33 %
Disruptive Behavior Disorders	6 %

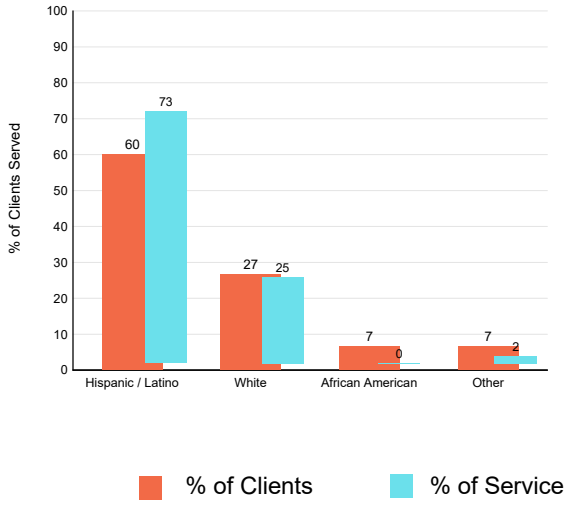
Of the Clients Served, **94** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	91	5 %	78%
Collateral/Family Therapy	82	4 %	83%
Group Counseling	1,007	15 %	100%
Linkage/Brokerage	609	23 %	100%
Mental Health Counseling	1,399	53 %	100%
Non Billable	13	0 %	44%
Total	3,201	100%	100%

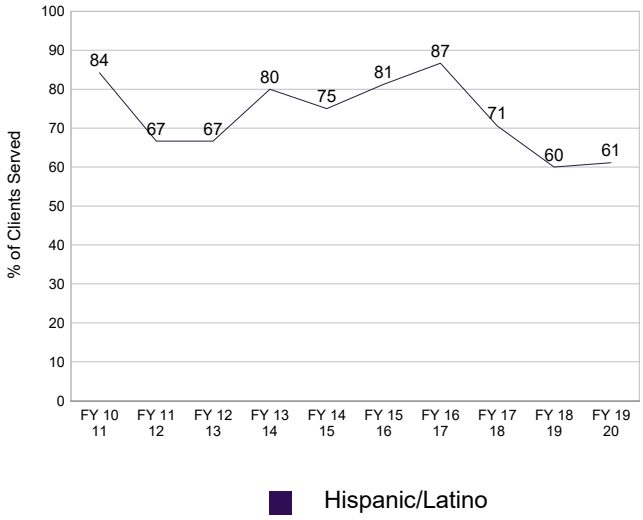
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	85%
Self Pay/Other	15%

Health Equities

Breakdown of Clients Served by Ethnicity

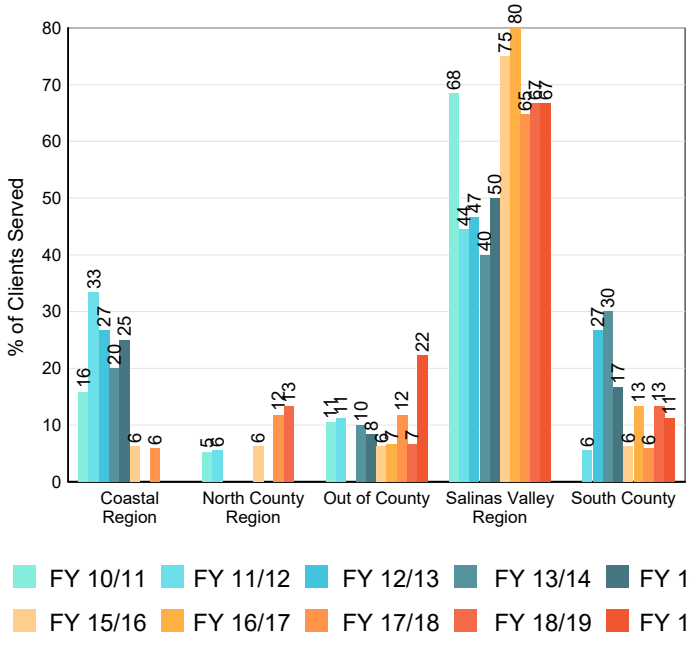


Percent of Hispanic / Latino Clients Served

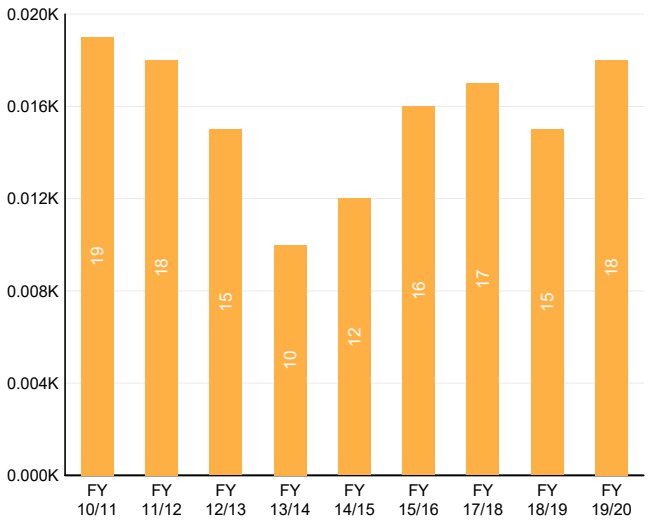


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

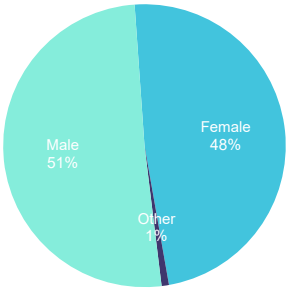


Program/Program Group: Kinship Adoption FSP Seneca

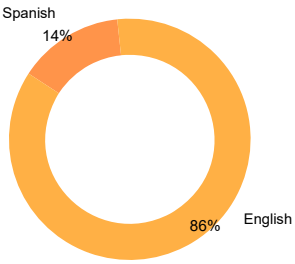
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-ofstate facilities, or placement in a juvenile justice facility. The D'Arrigo Children's Clinic provides outpatient mental health services to eligible children and their families. Mental health services refer to those individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

- Number of Clients Served: 120
- Total Service Value: $1,050,560.93
- Average Service Value per Client: $8,754.67
- Average Age: 11
- Number of New Clients: 119
- Number of Clients Discharged: 77

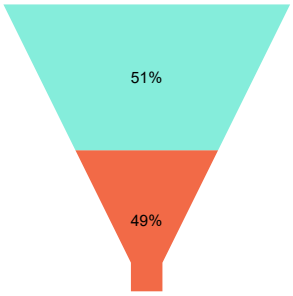
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	53 %
Disruptive Behavior Disorders	21 %
Mood Disorders	21 %

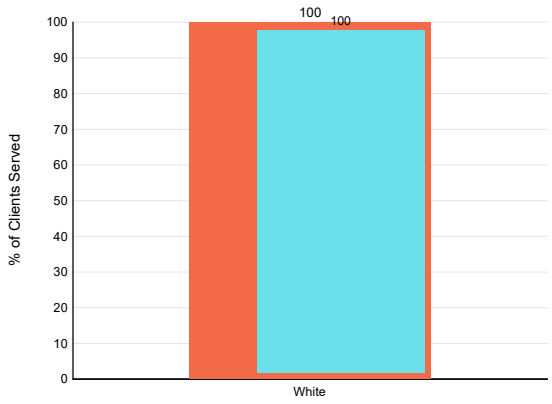
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	849	22 %	87%
Collateral/Family Therapy	926	19 %	73%
Crisis Intervention	16	0 %	1%
Group Counseling	67	2 %	16%
Linkage/Brokerage	720	12 %	85%
Medication Support	121	2 %	17%
Mental Health Counseling	1,529	43 %	83%
Total	4,228	100%	100%

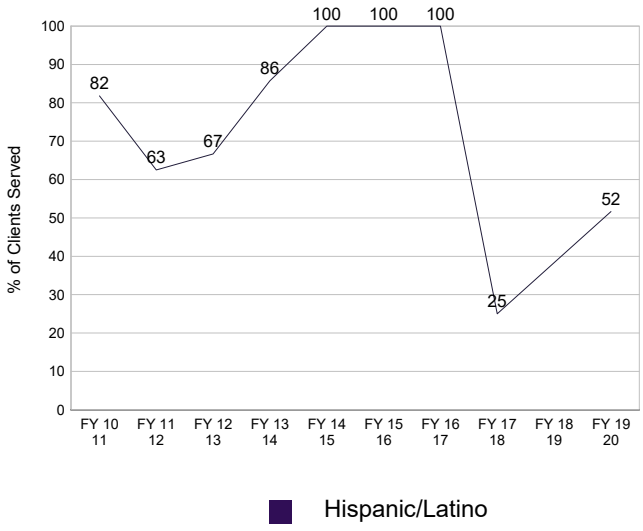
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	93%
Private Insurance	1%
Self Pay/Other	5%

Health Equities

Breakdown of Clients Served by Ethnicity

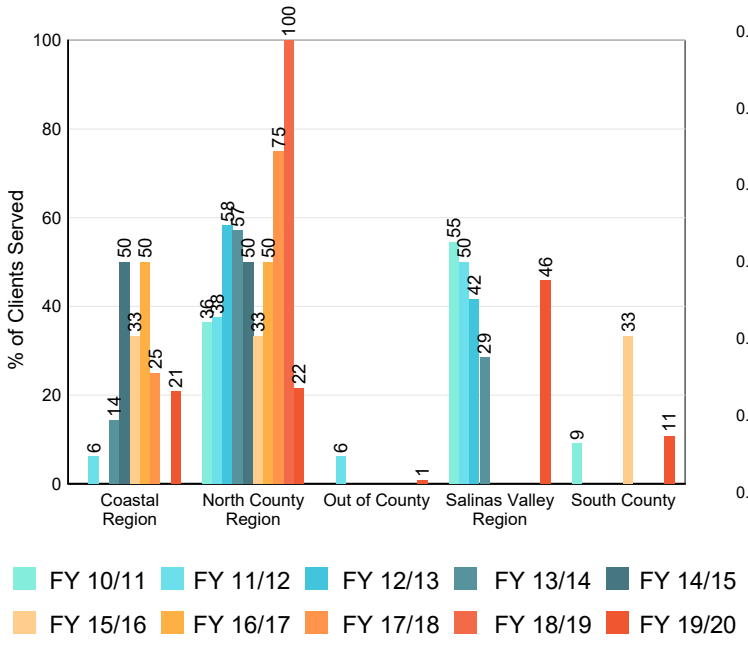


Percent of Hispanic / Latino Clients Served

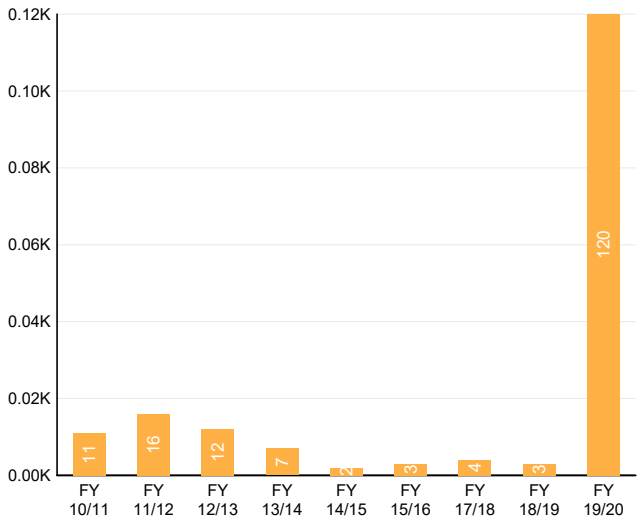


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

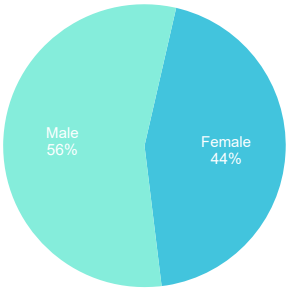


Program/Program Group: Kinship Center Seneca First Five Trauma

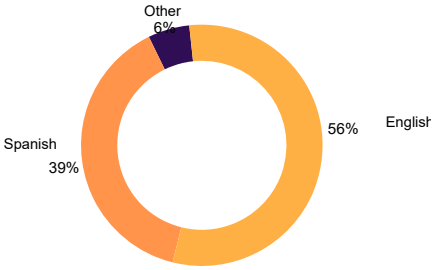
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-ofstate facilities, or placement in a juvenile justice facility. The D'Arrigo Children's Clinic provides outpatient mental health services to eligible children and their families. Mental health services refer to those individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

- Number of Clients Served: 18
- Total Service Value: $91,593.69
- Average Service Value per Client: $5,088.54
- Average Age: 5
- Number of New Clients: 8
- Number of Clients Discharged: 18

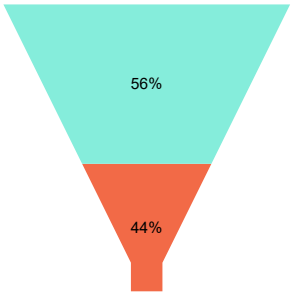
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	78 %
Disruptive Behavior Disorders	17 %
Mood Disorders	6 %

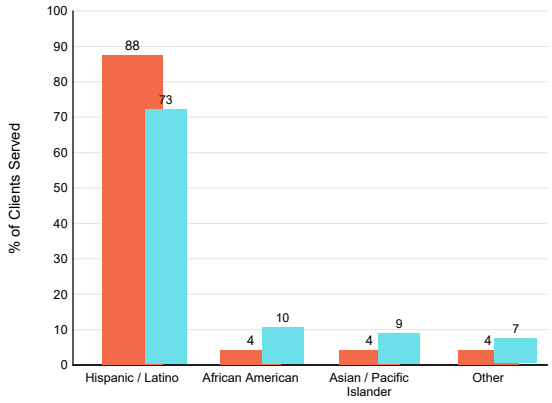
Of the Clients Served, **0** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	71	30 %	61%
Collateral/Family Therapy	113	35 %	61%
Group Counseling	1	0 %	6%
Linkage/Brokerage	26	6 %	89%
Mental Health Counseling	70	29 %	50%
Total	281	100%	100%

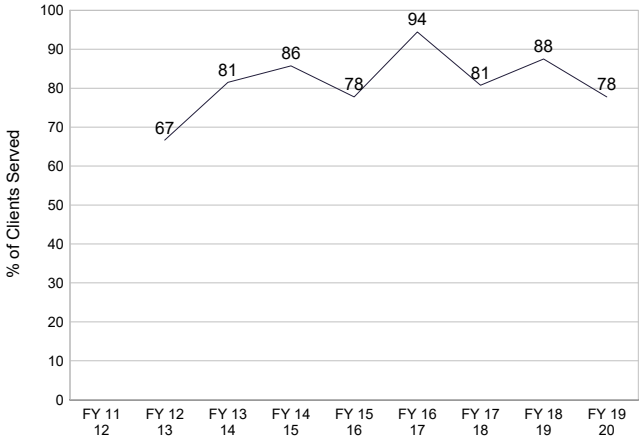
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	95%
Private Insurance	1%
Self Pay/Other	4%

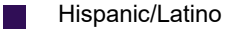
Health Equities

Breakdown of Clients Served by Ethnicity



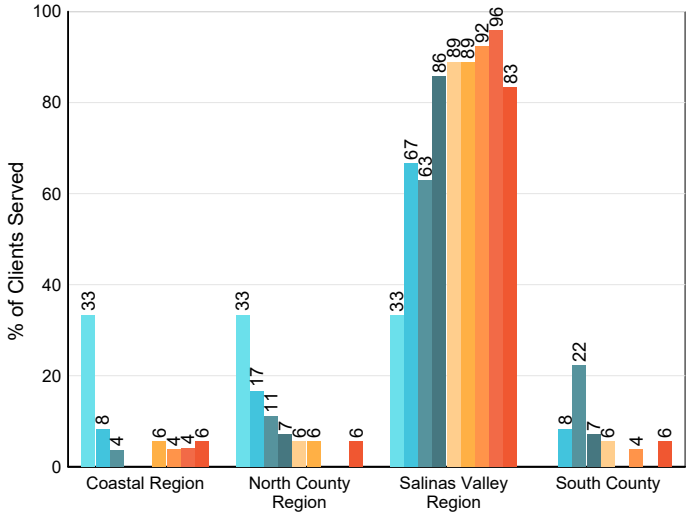
Percent of Hispanic / Latino Clients Served



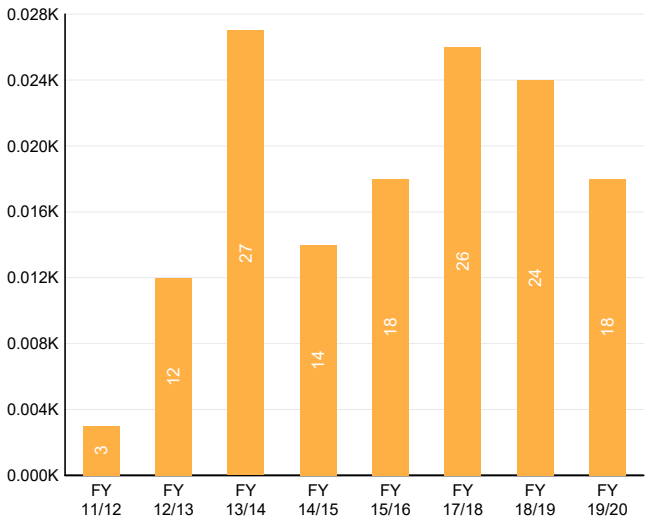


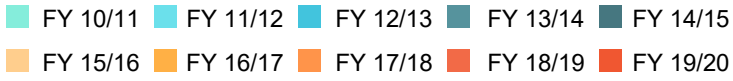
Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



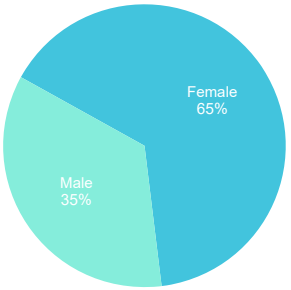


Program/Program Group: Kinship Center Seneca FSP King City

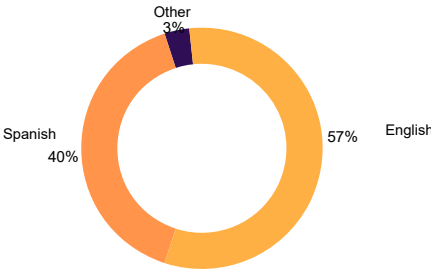
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-ofstate facilities, or placement in a juvenile justice facility. The D'Arrigo Children's Clinic provides outpatient mental health services to eligible children and their families. Mental health services refer to those individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

- Number of Clients Served: 60
- Total Service Value: $594,454.35
- Average Service Value per Client: $9,907.57
- Average Age: 11
- Number of New Clients: 26
- Number of Clients Discharged: 29

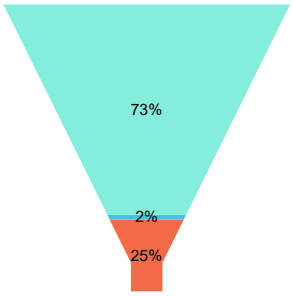
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	48 %
Mood Disorders	28 %
Disruptive Behavior Disorders	13 %

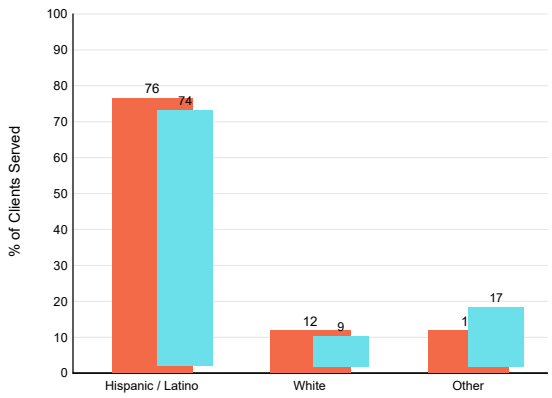
Of the Clients Served, **0** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	476	23 %	90%
Collateral/Family Therapy	462	19 %	77%
Group Counseling	58	2 %	22%
Linkage/Brokerage	297	7 %	93%
Medication Support	6	0 %	8%
Mental Health Counseling	1,003	48 %	88%
Total	2,302	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	97%
Private Insurance	3%

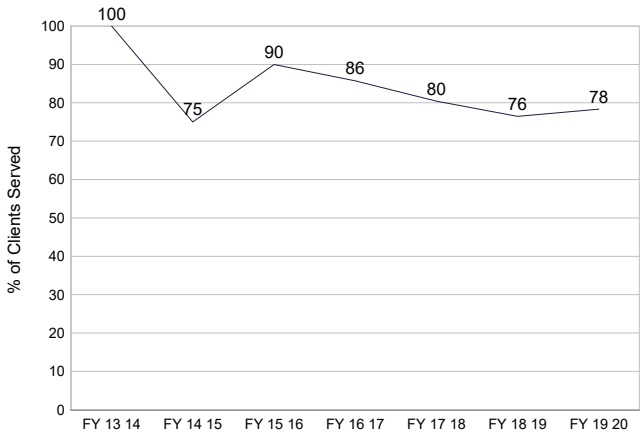
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

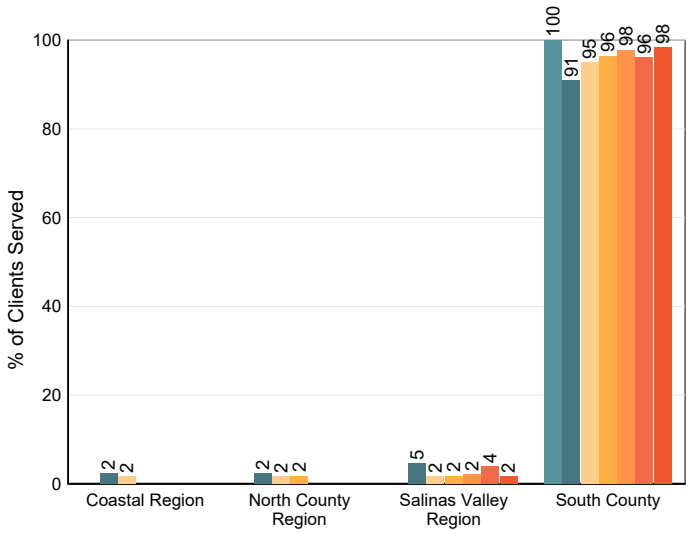
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

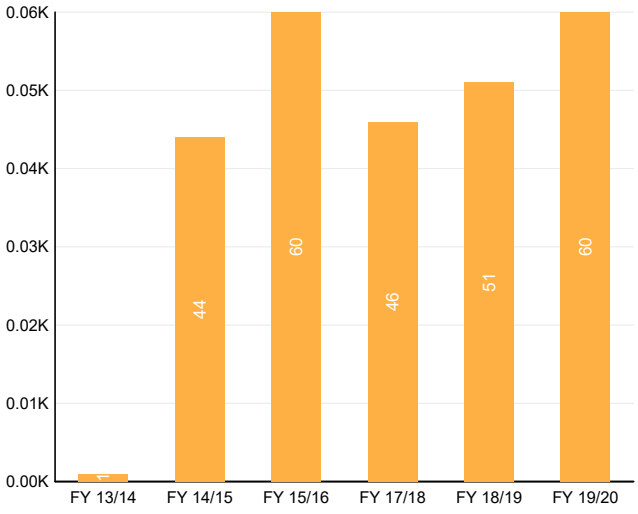
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

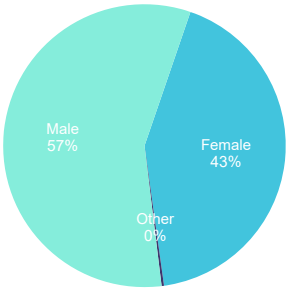


Program/Program Group: TAY Avanza FSP

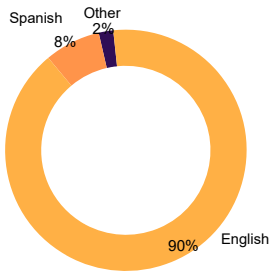
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental health issues and helps youth move forward in their goals related to employment, education, independent living skills, and personal functioning. The program connects Transition Age Youth (TAY) with community resources, jobs and educational opportunities. Psycho-education and support is also provided to family members as they are an important part of a young adult's support system and are critical in their success. Collaborative partners are: TAY, family members, communitybased youth serving organizations, juvenile probation, education, and social services.

- Number of Clients Served: 303
- Total Service Value: $1,807,952.10
- Average Service Value per Client: $5,966.84
- Average Age: 21
- Number of New Clients: 80
- Number of Clients Discharged: 110

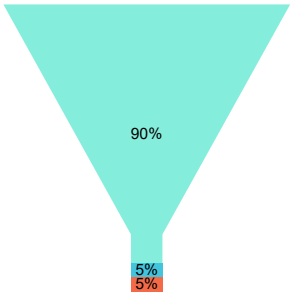
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	40 %
Schizophrenia Spectrum	31 %
Anxiety Disorders	18 %

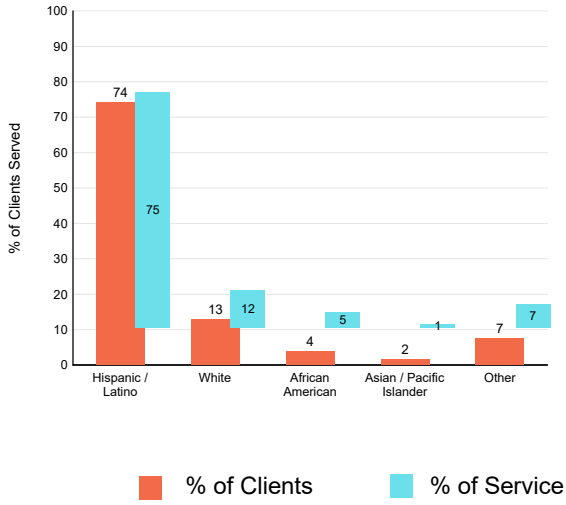
Of the Clients Served, **31** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	729	14 %	64%
Collateral/Family Therapy	114	2 %	20%
Crisis Intervention	140	1 %	14%
Group Counseling	199	2 %	12%
Linkage/Brokerage	3,853	44 %	96%
Medication Support	56	1 %	11%
Mental Health Counseling	1,235	25 %	60%
Non Billable	2,425	11 %	93%
Others	14	0 %	2%
Total	8,765	100%	100%

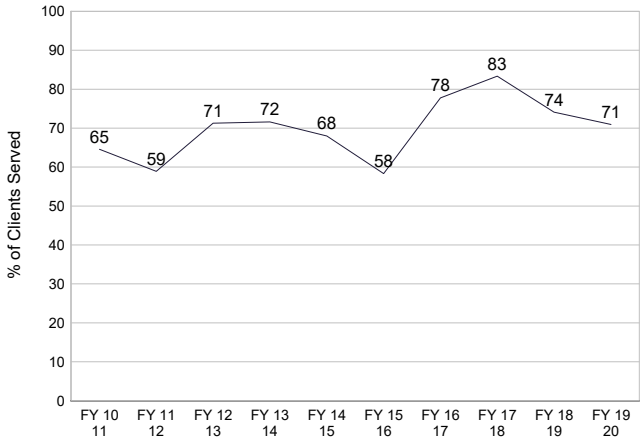
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	85%
Medicare B	2%
Private Insurance	10%
Self Pay/Other	3%

Health Equities

Breakdown of Clients Served by Ethnicity



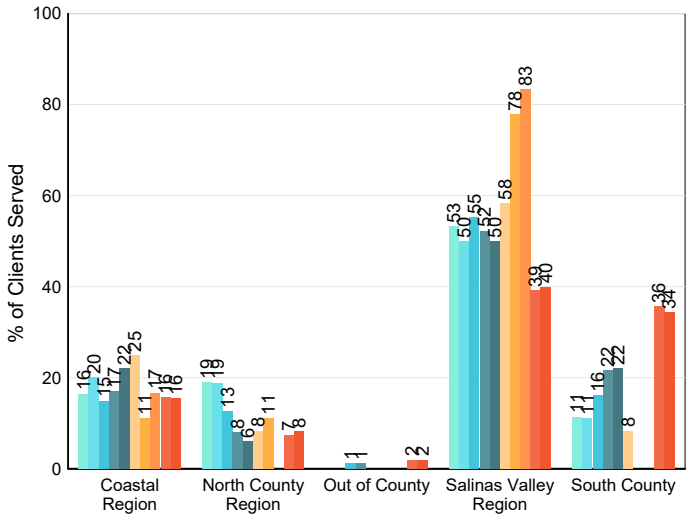
Percent of Hispanic / Latino Clients Served



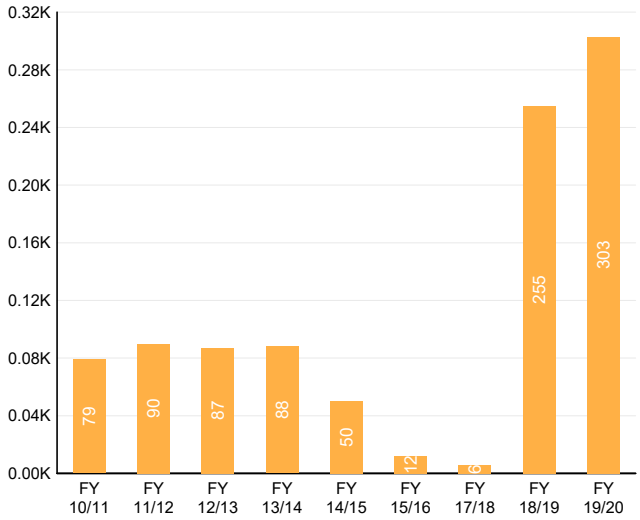
% of Clients % of Service Value Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Services for Adults (program group data)

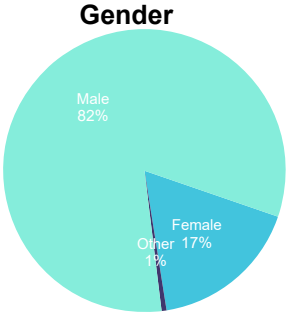
- Access AB109
- Access Probation
- Adult System of Care
- AS Creating New Choices FSP
- AS DUI Court
- AS Forensic Services
- AS Military Diversion
- AS Older Adult FSP
- AS VET Court
- Beverly Living Centers
- Bienestar
- California Psychiatric Transitions
- Country Villa Merced Behavioral Health
- Crestwood Behavioral Health
- Davis Guest Home
- Drake House FSP
- Homeless FSP v2
- Interim Assertive Comm Treat FSP
- Interim Bridge House
- Interim Co-occurring Integrated Care
- Interim Day Treatment Intensive Program
- Interim Manzanit House
- Interim MHSA Lupine Garden FSP
- Interim Residential Services
- Interim Rockrose Gardens
- Interim Sunflower Garden
- Interim Wellness Navigator
- Meidcal Hill Rehab Center
- Psynergy Programs, Inc., Cielo Vista
- Telecare Corporation
- The Village Project, Inc.
- USC Telehealth

Program/Program Group: Access AB109

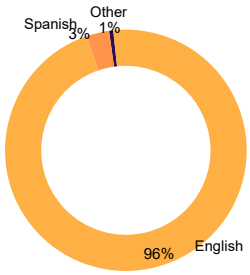
In the Access AB109 Program, Monterey County Behavioral Health clinical staff collaborate with Monterey County Probation Department to provide services to men and women on PRCS and 1170h split sentences with the primary goal of assisting in the reduction of recidivism risk by targeting factors that increase an individual's risk of reoffending. Behavioral Health services include clinical assessment, treatment planning, case management, crisis intervention, referrals to substance abuse treatment and/or specialty mental health services, medication management, brief individual therapy and evidence based practice groups to target criminogenic risks and needs as identified by the Ohio Risk Assessment System. Referrals made are part of a comprehensive approach used in an attempt to reduce recidivism and improve community safety by addressing identified risk factors.

- Number of Clients Served: 192
- Total Service Value: $445,486.73
- Average Service Value per Client: $2,320.24
- Average Age: 37
- Number of New Clients: 91
- Number of Clients Discharged: 131

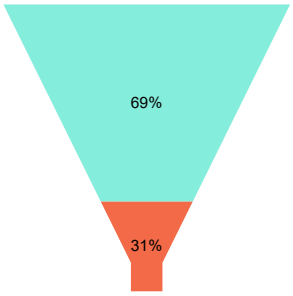
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	29 %
Anxiety Disorders	24 %
Mood Disorders	18 %

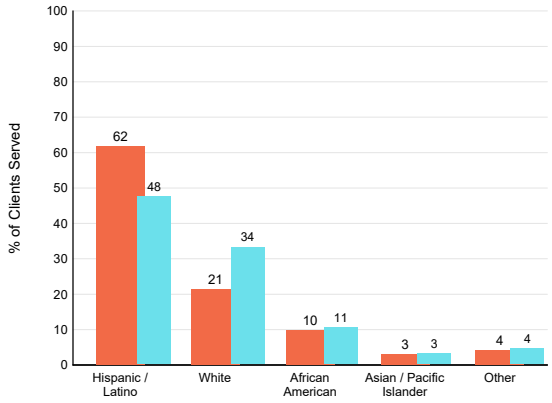
Of the Clients Served, **73** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	428	46 %	70%
Collateral/Family Therapy	6	0 %	3%
Crisis Intervention	41	1 %	4%
Linkage/Brokerage	737	28 %	90%
Medication Support	110	5 %	21%
Mental Health Counseling	142	10 %	18%
Non Billable	499	10 %	69%
Total	1,963	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	88%
Medicare B	4%
Private Insurance	1%
Self Pay/Other	7%

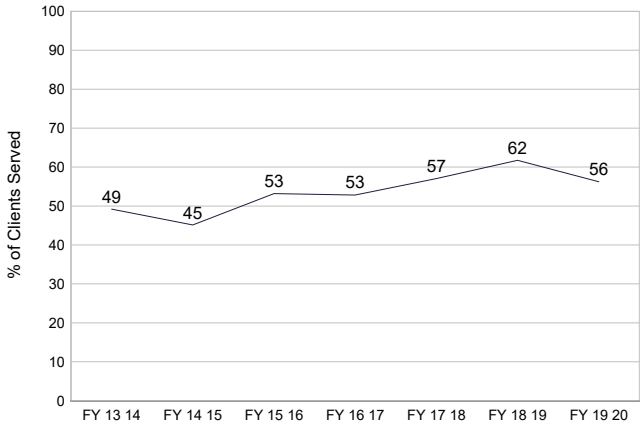
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

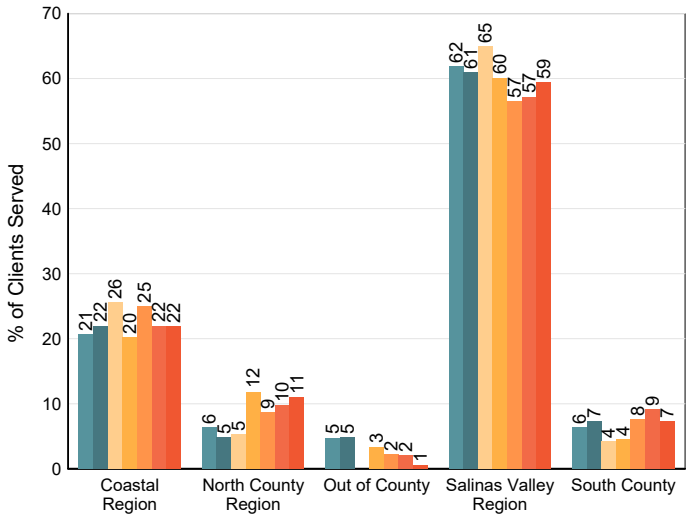
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

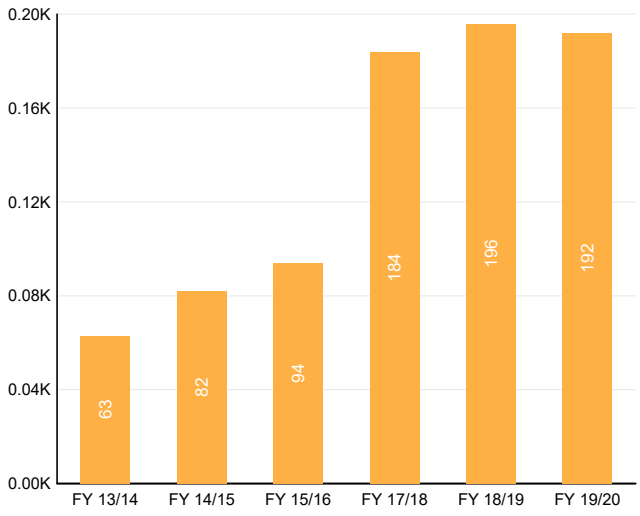
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

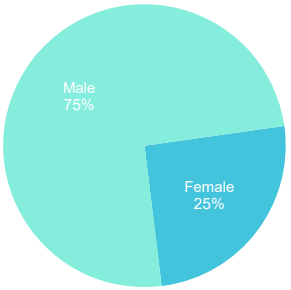


Program/Program Group: Access Probation

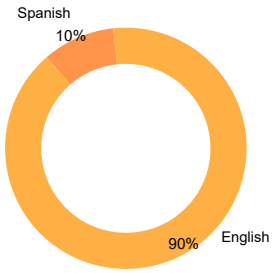
The ACCESS Probation / High Risk Offenders Program provides service delivery to men and women on formal probation with the primary goal of assisting in the reduction of recidivism risk by targeting factors that increase an individual's risk of reoffending. The team provides assessment and linkage to community based services which can include substance abuse treatment, specialty mental health services for psychiatric care and medication management, case management, crisis intervention, brief individual /family therapy as well as evidenced based groups.

- Number of Clients Served: 249
- Total Service Value: $580,904.70
- Average Service Value per Client: $2,332.95
- Average Age: 34
- Number of New Clients: 118
- Number of Clients Discharged: 189

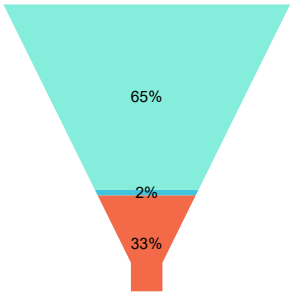
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	25 %
Mood Disorders	20 %
Anxiety Disorders	14 %

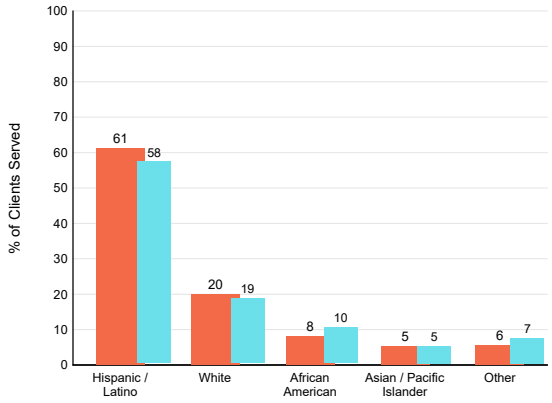
Of the Clients Served, **68** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	498	46 %	64%
Collateral/Family Therapy	18	1 %	3%
Crisis Intervention	43	1 %	5%
Linkage/Brokerage	935	27 %	86%
Medication Support	178	7 %	24%
Mental Health Counseling	127	8 %	18%
Non Billable	655	10 %	71%
Total	2,454	100%	100%

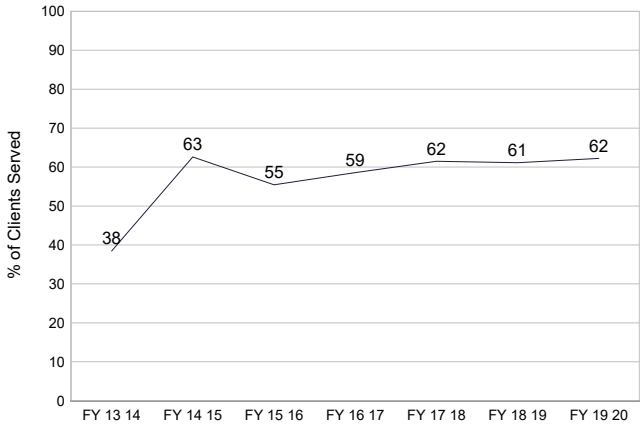
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	79%
Medicare B	8%
Private Insurance	2%
Self Pay/Other	11%

Health Equities

Breakdown of Clients Served by Ethnicity



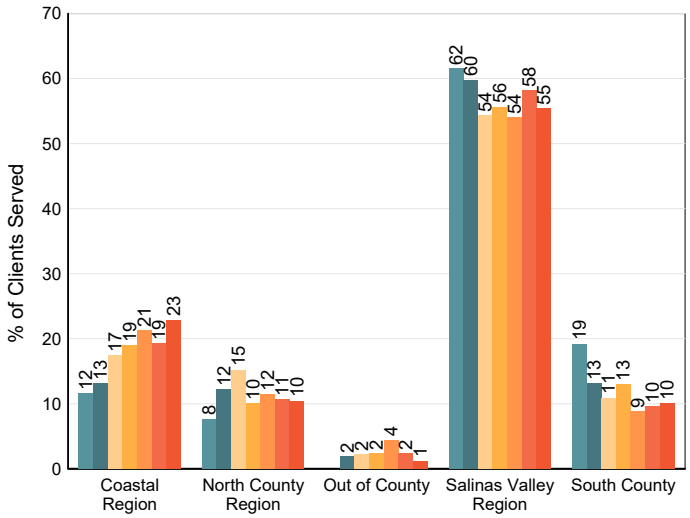
Percent of Hispanic / Latino Clients Served



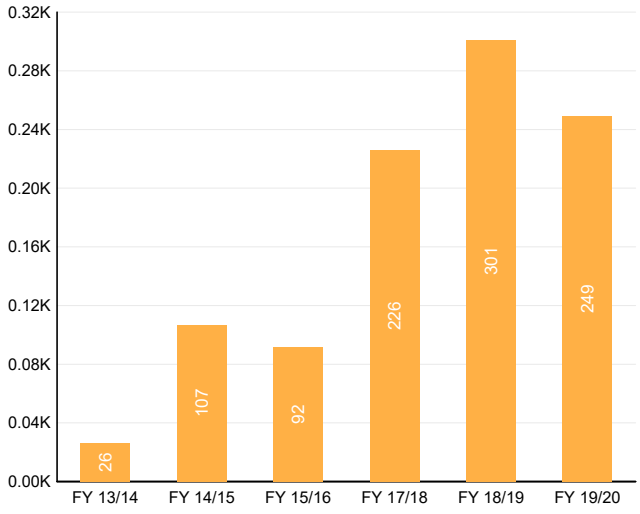
% of Clients % of Service Value Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



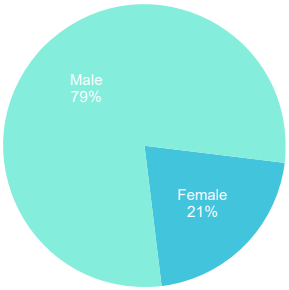
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: AS Creating New Choices FSP

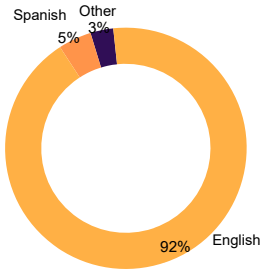
The Creating New Choices Program, or CNC is a collaborative effort between Behavioral Health, Probation, District Attorney, Public Defender and the Courts in Monterey County to provide intensive case management, psychiatric care, Probation supervision and therapeutic mental health court services to mentally ill offenders. CNC offers services in the Full Service Partnership or 'whatever it takes' model.Referral Process:Clients are referred to CNC through the court system. The court refers candidates to the CNC program either through a judge, public defender, district attorney or private counsel who believes a client meets the basic eligibility criteria.

- Number of Clients Served: 66
- Total Service Value: $499,935.41
- Average Service Value per Client: $7,574.78
- Average Age: 39
- Number of New Clients: 24
- Number of Clients Discharged: 47

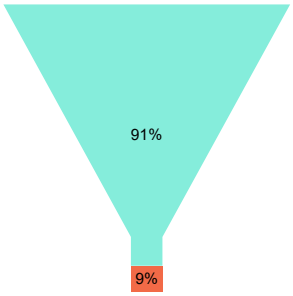
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	53 %
Mood Disorders	24 %
Substance Related Addictive D/O	8 %

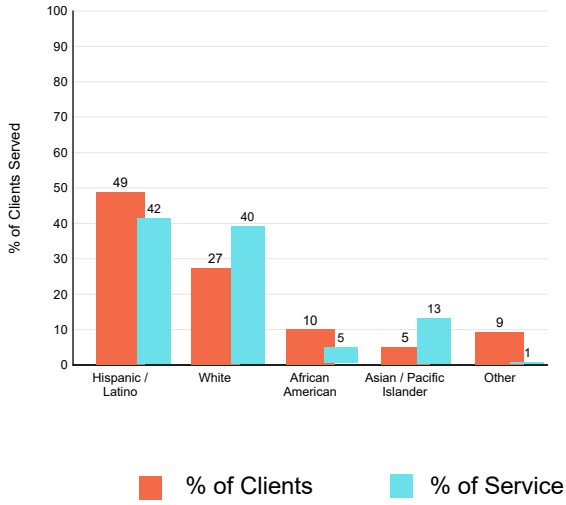
Of the Clients Served, **74** % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	39%
Medicare B	57%
Private Insurance	3%
Self Pay/Other	1%

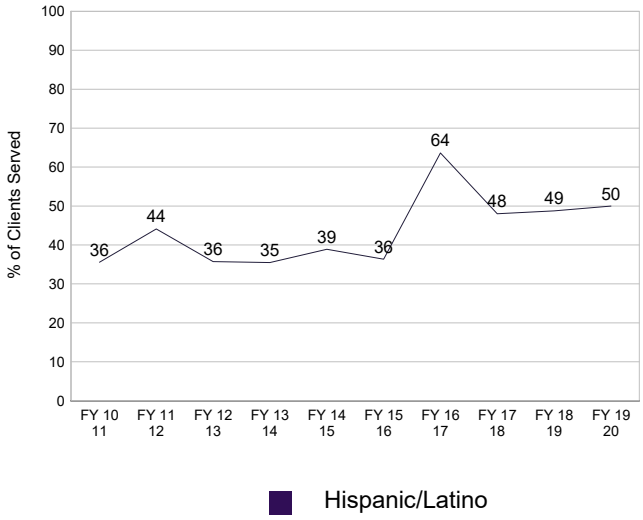
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	103	9 %	64%
Collateral/Family Therapy	2	0 %	3%
Crisis Intervention	38	1 %	6%
Group Counseling	1,434	19 %	26%
Linkage/Brokerage	1,001	42 %	52%
Medication Support	213	7 %	36%
Mental Health Counseling	93	5 %	29%
Non Billable	641	18 %	100%
Others	1	0 %	2%
Total	3,526	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

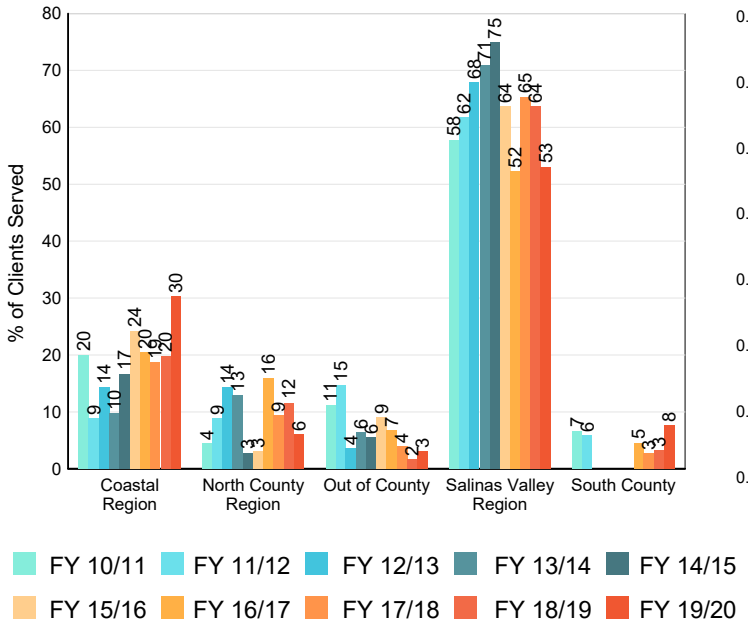


Percent of Hispanic / Latino Clients Served

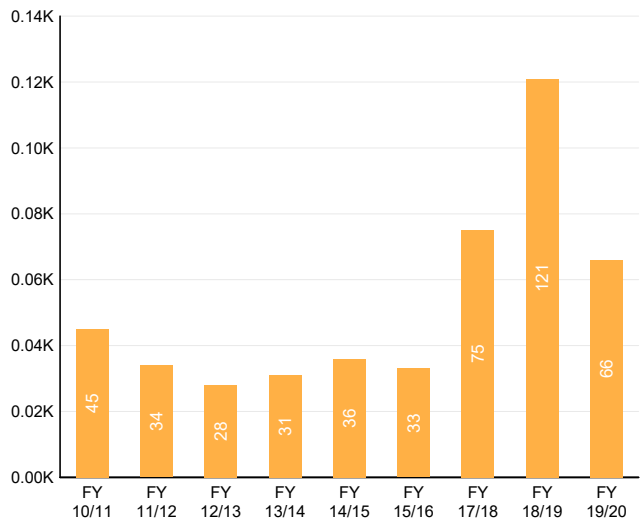


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

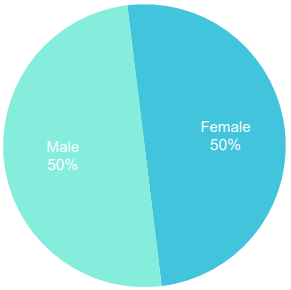


Program/Program Group: AS Older Adult FSP

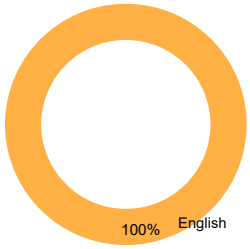
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring (physical and or/substance abuse) disorder who are risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These adults are at risk of high utilization of unplanned emergency services and institutionalization requiring a higher level of care. These adults will benefit from intensive case management preventing further deterioration of their condition and enhancing their capacity to remain in the least restrictive environment. These services are designed to maximize their participation in their recovery and enhance their quality of life in the greater community.

- Number of Clients Served: 14
- Total Service Value: $140,410.92
- Average Service Value per Client: $10,029.35
- Average Age: 68
- Number of New Clients: 3
- Number of Clients Discharged: 7

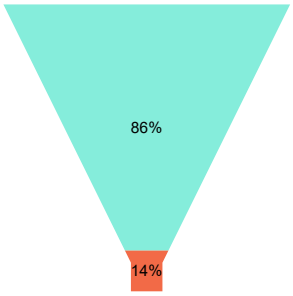
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	71 %
Mood Disorders	21 %

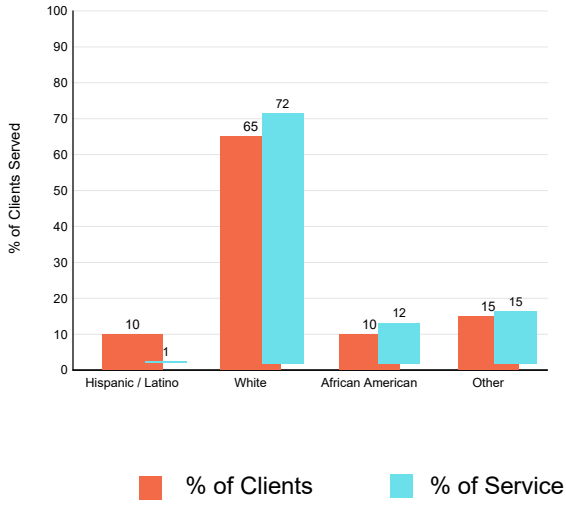
Of the Clients Served, **7** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	47	9 %	64%
Collateral/Family Therapy	8	1 %	21%
Crisis Intervention	18	2 %	36%
Group Counseling	8	1 %	21%
Linkage/Brokerage	343	68 %	100%
Medication Support	90	9 %	79%
Mental Health Counseling	5	1 %	21%
Non Billable	112	8 %	93%
Total	631	100%	100%

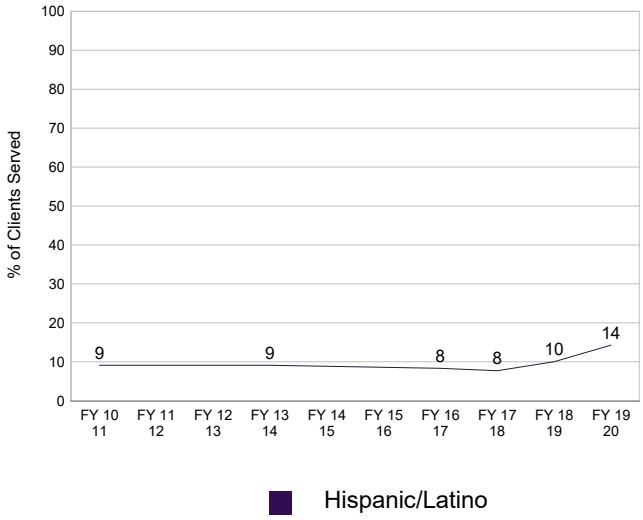
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	38%
Medicare B	57%
Self Pay/Other	5%

Health Equities

Breakdown of Clients Served by Ethnicity

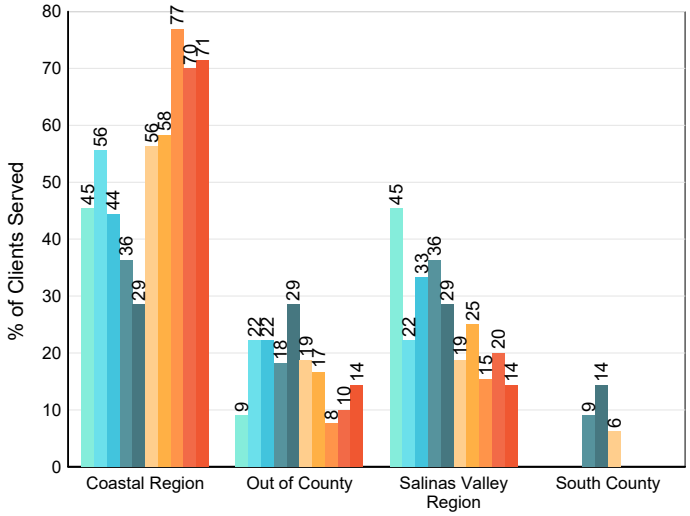


Percent of Hispanic / Latino Clients Served

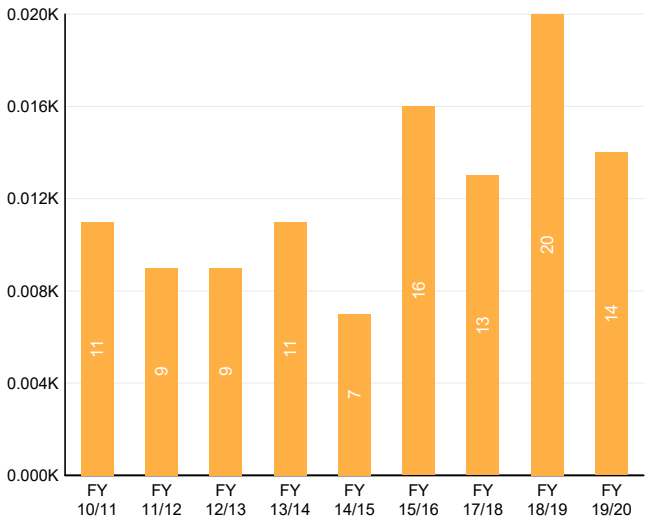


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

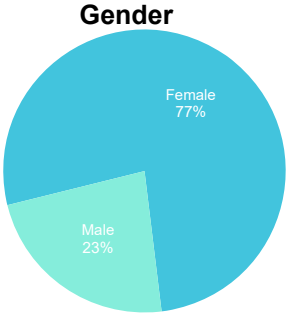


Program/Program Group: Drake House FSP

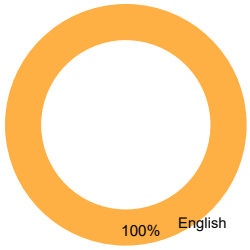
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These older adult have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and at high risk for skilled nursing care. Monterey County in collaboration with Drake House (Front Street) provides 24 hour residential care, intensive mental health and case management services. These older adults benefit from intensive case management preventing further deterioration of their condition and enhancing their capacity to remain in the least restrictive environment. The services are designed to maximize their participation in their recovery, and enhance their quality of life while living in their community.

- Number of Clients Served: 26
- Total Service Value: $1,375,565.85
- Average Service Value per Client: $52,906.38
- Average Age: 68
- Number of New Clients: 3
- Number of Clients Discharged: 4

Gender



Language of Preference



Discharge Disposition/Outcome

- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	88 %
Mood Disorders	4 %

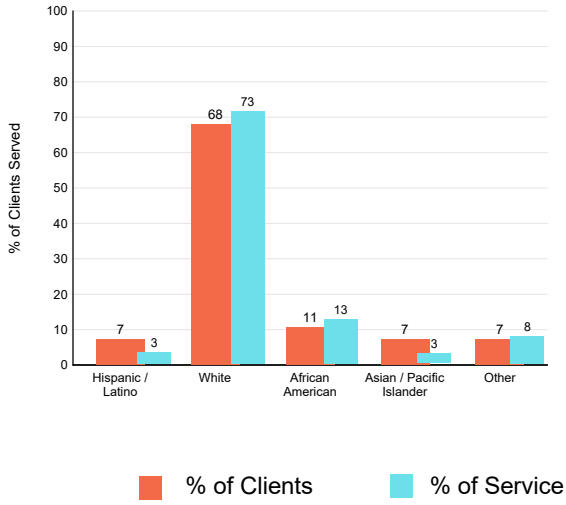
Of the Clients Served, **0** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	27	1 %	77%
Group Counseling	3,272	34 %	100%
Linkage/Brokerage	485	20 %	100%
Mental Health Counseling	1,869	36 %	100%
Non Billable	275	6 %	85%
Others	8,374	3 %	100%
Total	14,302	100%	100%

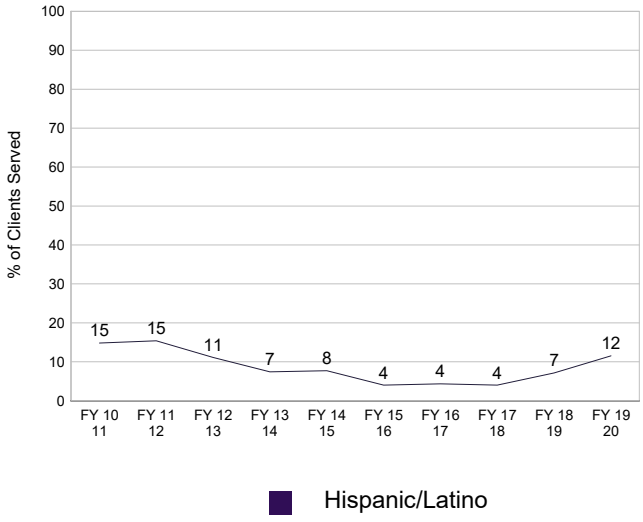
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	32%
Medicare B	68%

Health Equities

Breakdown of Clients Served by Ethnicity

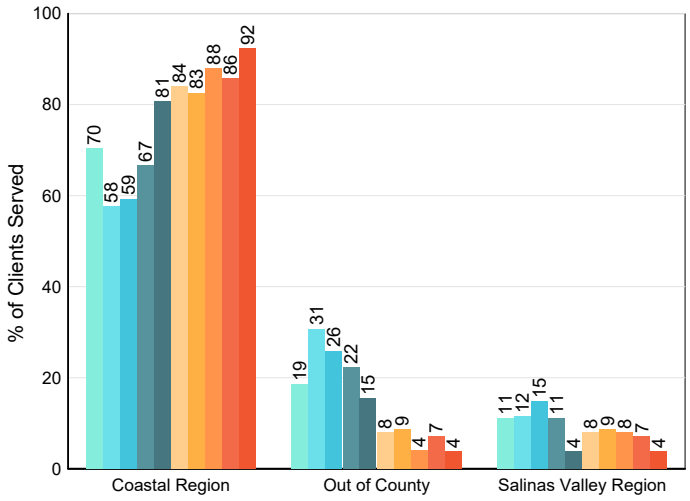


Percent of Hispanic / Latino Clients Served

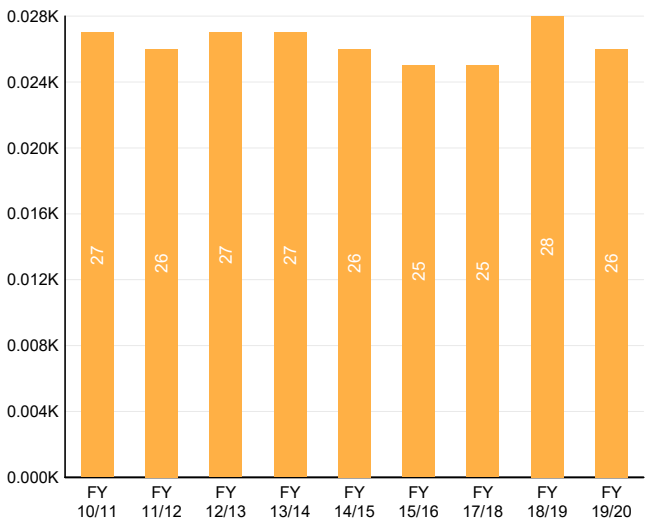


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

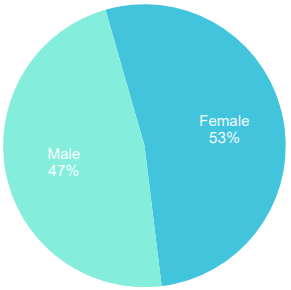


Program/Program Group: Homeless FSP

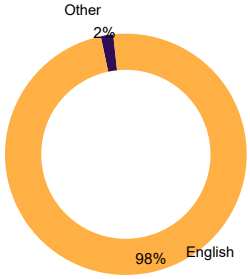
The MCHOME program serves seriously mentally ill adults who are experiencing chronic homelessness or at risk of homelessness. Monterey County Behavioral Health, in collaboration with Interim, Inc., provides an array of services such as outreach and engagement, assessment and mental health treatment. This is a Full Service Partnership program providing intensive case management with 24/7 on-call services. It is considered a "Housing First" model, based upon the original AB2034 program. This model includes transitional housing options, as well as linkages to benefits, employment, education, and other supports.

- Number of Clients Served: 116
- Total Service Value: $1,368,003.26
- Average Service Value per Client: $11,793.13
- Average Age: 49
- Number of New Clients: 44
- Number of Clients Discharged: 31

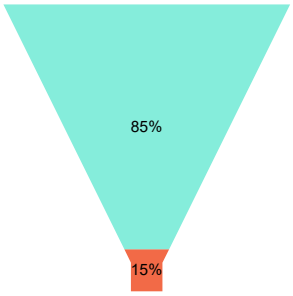
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	43 %
Schizophrenia Spectrum	42 %

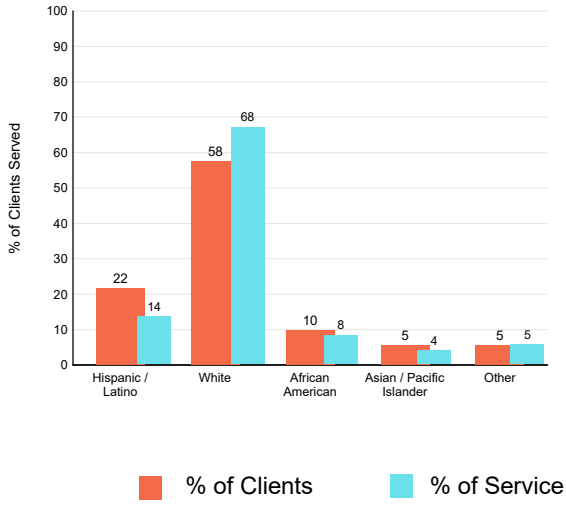
Of the Clients Served, **67** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	463	12 %	85%
Collateral/Family Therapy	38	0 %	10%
Group Counseling	145	2 %	18%
Linkage/Brokerage	2,385	44 %	97%
Medication Support	48	2 %	22%
Mental Health Counseling	1,531	30 %	90%
Non Billable	1,956	11 %	97%
Total	6,566	100%	100%

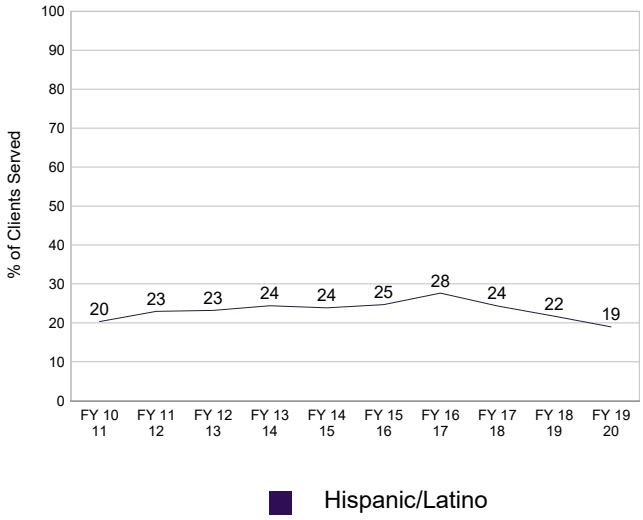
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	61%
Medicare B	35%
Private Insurance	3%
Self Pay/Other	1%

Health Equities

Breakdown of Clients Served by Ethnicity

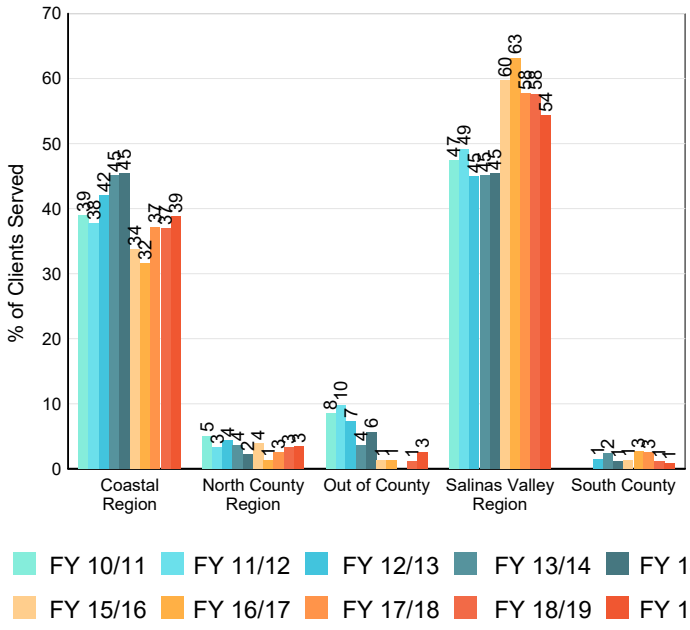


Percent of Hispanic / Latino Clients Served

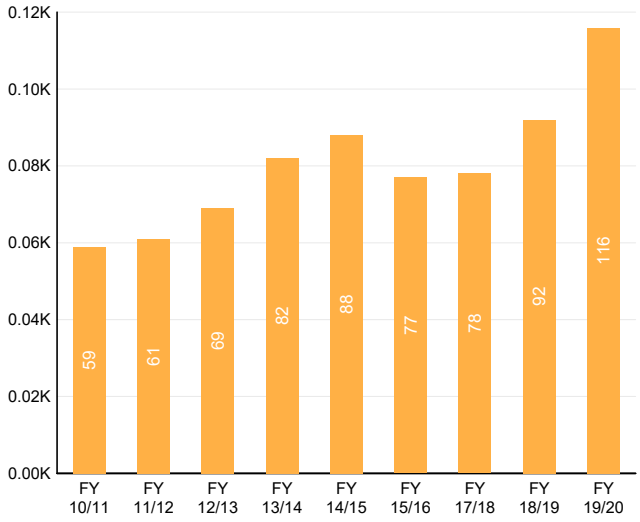


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

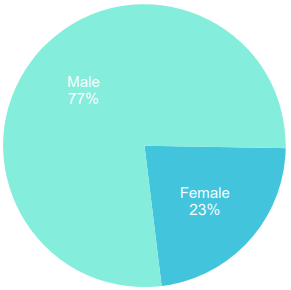


Program/Program Group: Interim Assertive Comm Treat FSP

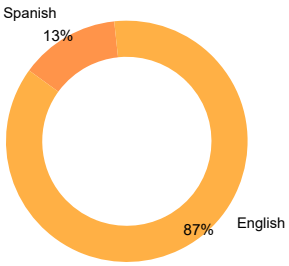
ACT assists consumers with their mental health recovery process and with developing the skills necessary to the lead independent or interdependent, healthy and meaningful lives in the community. This program increases natural support systems by engaging, offering support, and mental health information to consumers' family members. The program focuses on the Latino population who are frequent users of acute care services, and, yet, who are failing to engage in ongoing services in the Adult System of Care.

- Number of Clients Served: 53
- Total Service Value: $1,070,090.03
- Average Service Value per Client: $20,190.38
- Average Age: 34
- Number of New Clients: 32
- Number of Clients Discharged: 3

Gender



Language of Preference



Discharge Disposition/Outcome

- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	74 %
Mood Disorders	17 %
Anxiety Disorders	2 %

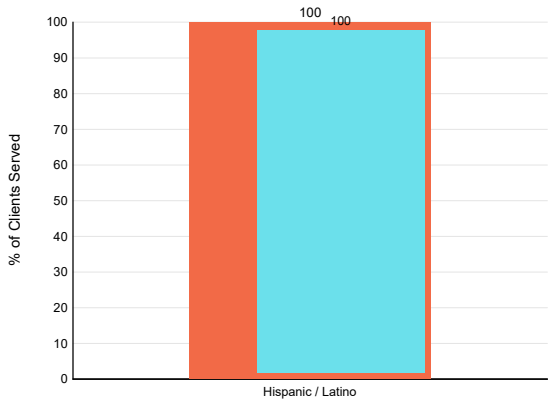
Of the Clients Served, **68** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	136	4 %	83%
Collateral/Family Therapy	153	3 %	57%
Crisis Intervention	46	1 %	19%
Group Counseling	48	1 %	25%
Linkage/Brokerage	750	24 %	96%
Medication Support	987	20 %	92%
Mental Health Counseling	1,254	39 %	98%
Non Billable	1,014	9 %	98%
Others	6	0 %	8%
Total	4,394	100%	100%

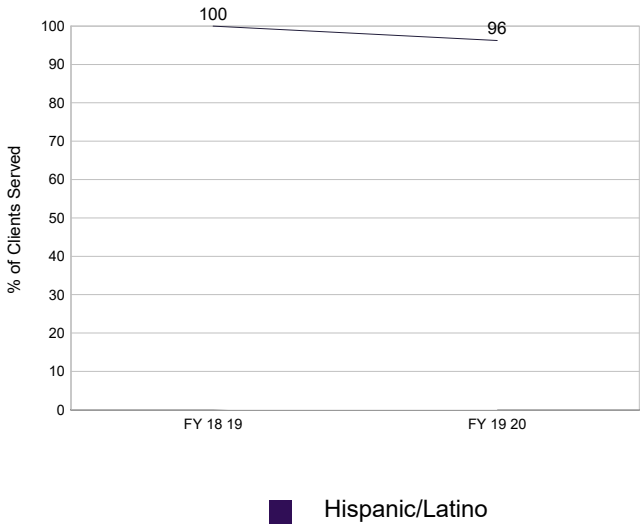
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	66%
Medicare B	27%
Private Insurance	2%
Self Pay/Other	4%

Health Equities

Breakdown of Clients Served by Ethnicity

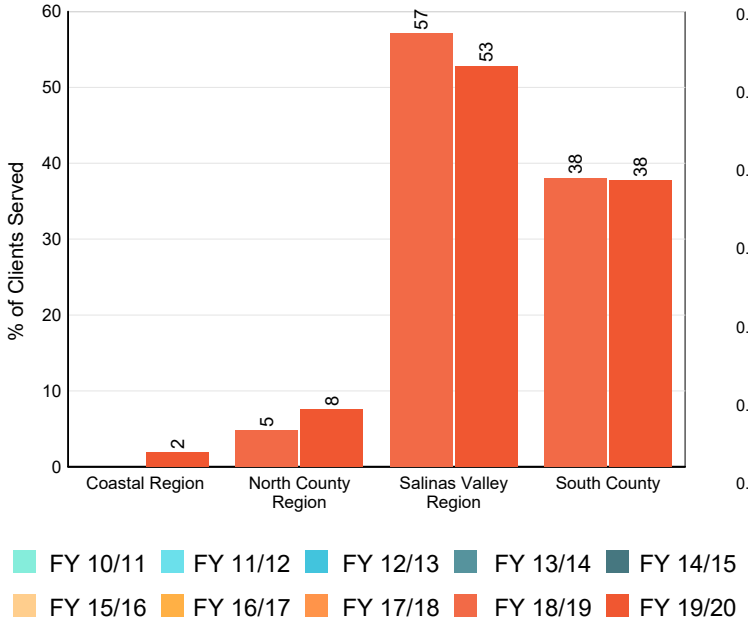


Percent of Hispanic / Latino Clients Served

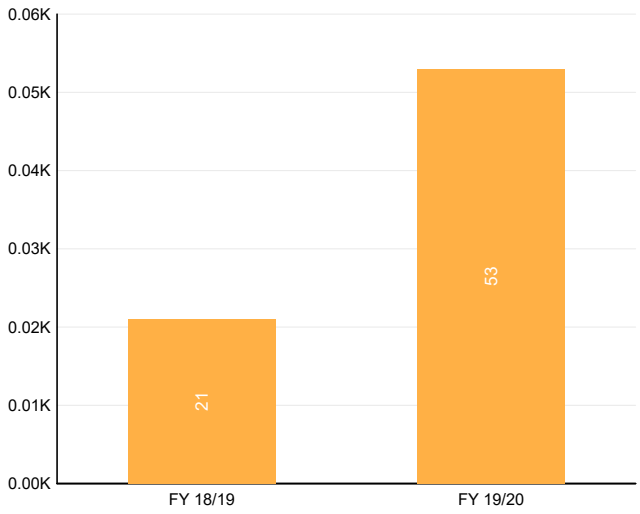


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

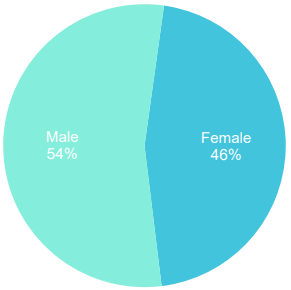


Program/Program Group: Interim Co-occurring Integrated Care

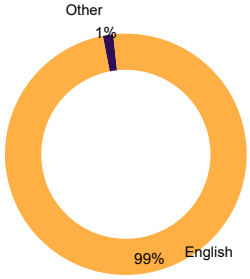
The purpose of these services is to reduce the length of stay at the Bridge House dual recovery residential program, to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and transitional age youth in the MCBH Adult & TAY Systems of Care. Individual written service plans will be developed for each consumer moving into this phase of community based treatment and will help teach consumers how to avoid drug and alcohol use while strengthen healthy social supports using wellness and recovery principles.

- Number of Clients Served: 72
- Total Service Value: $391,582.51
- Average Service Value per Client: $5,438.65
- Average Age: 45
- Number of New Clients: 19
- Number of Clients Discharged: 34

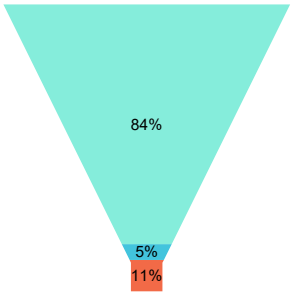
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	51 %
Mood Disorders	18 %
Anxiety Disorders	1 %

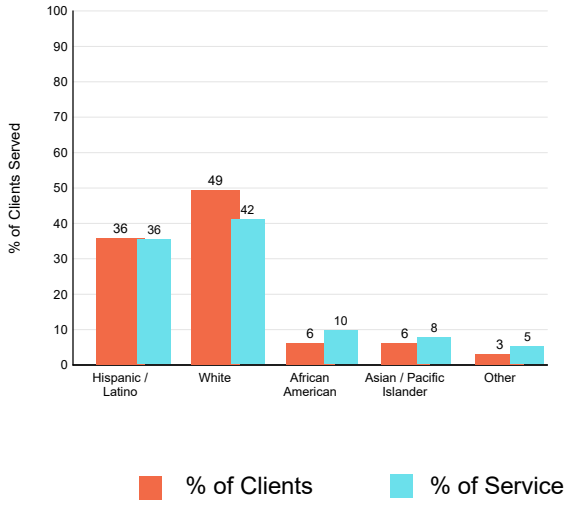
Of the Clients Served, **94** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	102	7 %	67%
Collateral/Family Therapy	2	0 %	3%
Group Counseling	1,270	42 %	64%
Linkage/Brokerage	78	3 %	51%
Mental Health Counseling	557	45 %	72%
Non Billable	425	3 %	93%
Others	4	0 %	3%
Total	2,438	100%	100%

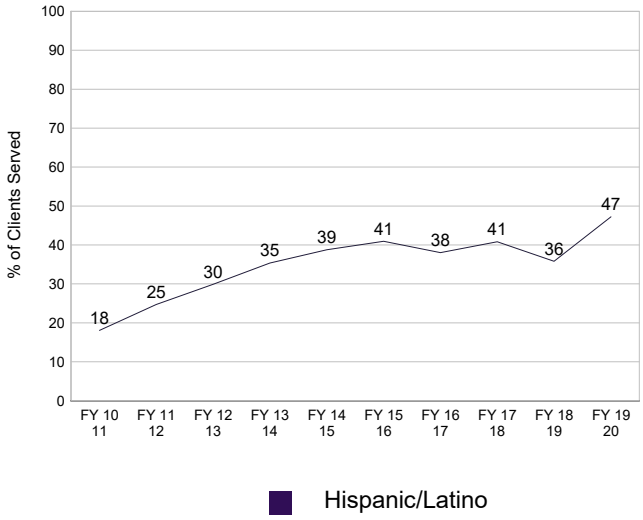
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	57%
Medicare B	41%
Private Insurance	1%

Health Equities

Breakdown of Clients Served by Ethnicity

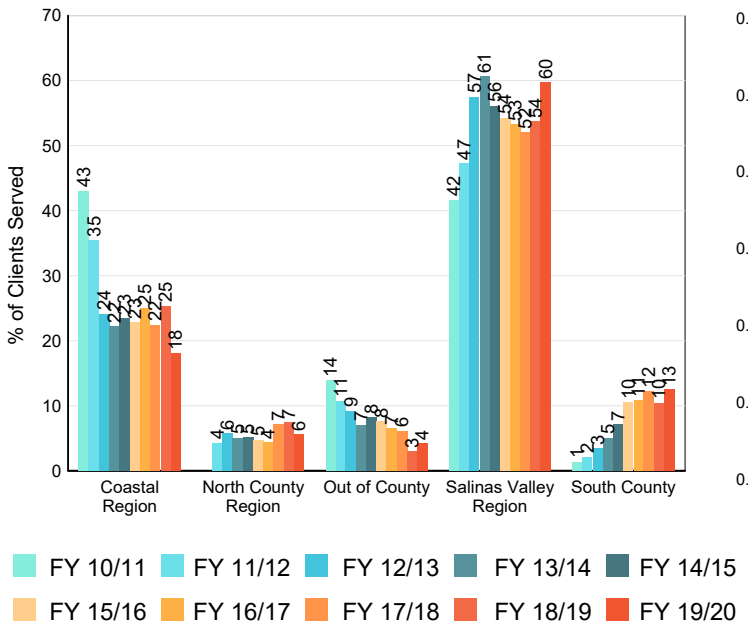


Percent of Hispanic / Latino Clients Served

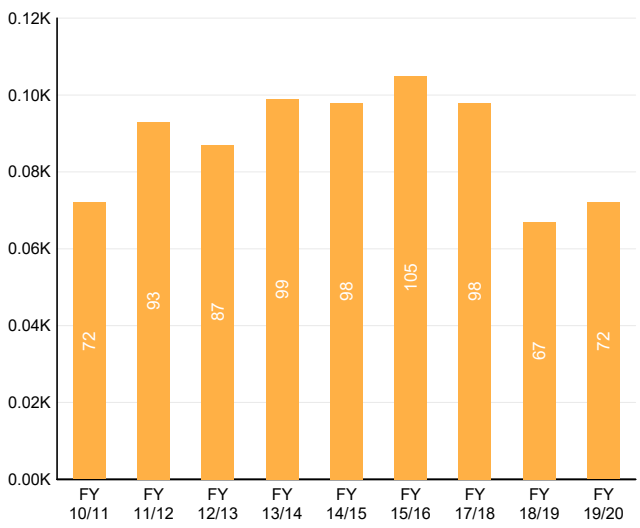


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

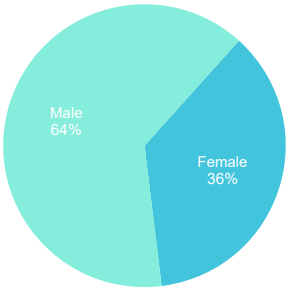


Program/Program Group: Interim MHSA Lupine Garden FSP

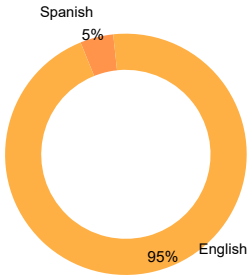
Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness and require additional support necessary to live independently in the community. The service array includes: Intensive case management provided in the Full Service Partnership model as required by Mental Health Services Act funding, medication support and assistance with daily living skills, i.e., meals, house cleaning, and laundry services, in order to live independently in the community. These intensive support services are NOT available in Interim's other permanent housing projects.

- Number of Clients Served: 22
- Total Service Value: $400,024.30
- Average Service Value per Client: $18,182.92
- Average Age: 51
- Number of New Clients: 4
- Number of Clients Discharged: 3

Gender



Language of Preference



Discharge Disposition/Outcome

- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	82 %
Mood Disorders	5 %

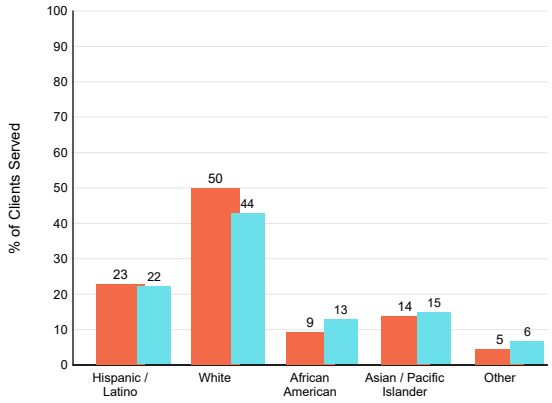
Of the Clients Served, **32** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	76	8 %	91%
Collateral/Family Therapy	9	0 %	18%
Group Counseling	80	2 %	23%
Linkage/Brokerage	433	26 %	95%
Mental Health Counseling	1,137	64 %	95%
Non Billable	10	0 %	36%
Total	1,745	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	23%
Medicare B	68%
Private Insurance	8%

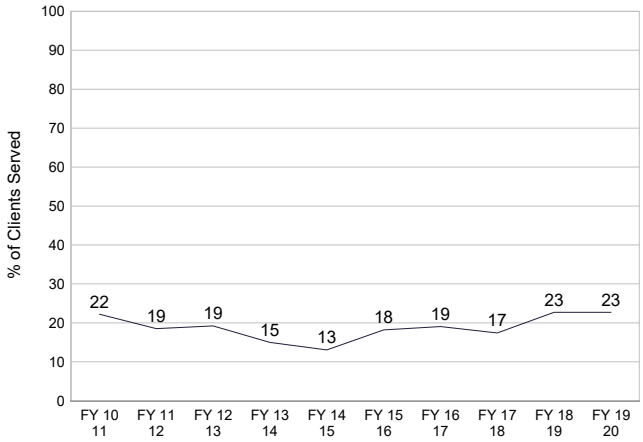
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

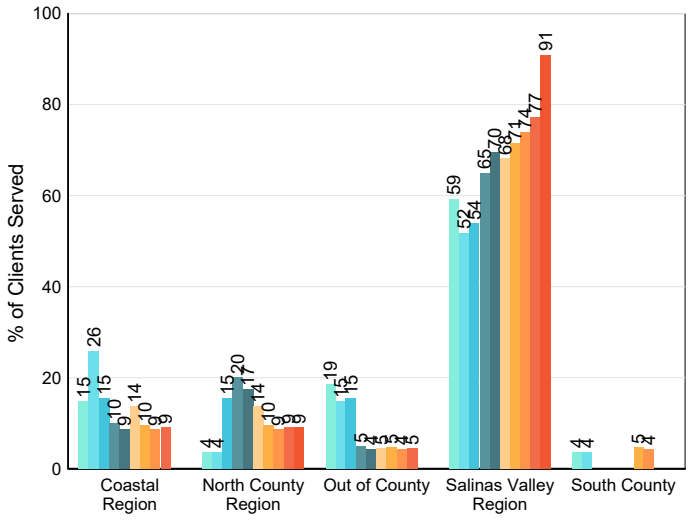
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

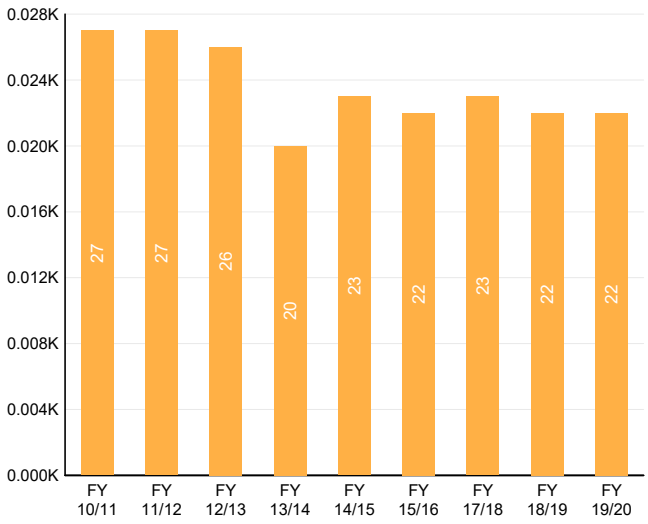
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

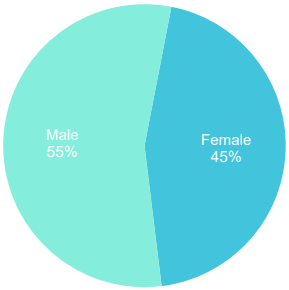


Program/Program Group: Interim Rockrose Gardens

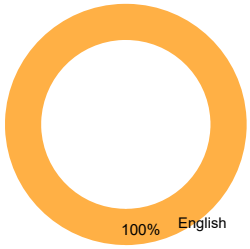
Rockrose Gardens is a permanent supportive housing program for 20 very low-income individuals with a serious mental illness diagnosis, with 9 of these experiencing homelessness or are at-risk of homelessness. Interim, Inc. provides mental health services and case management intended to minimize disability and maximize each resident's restoration or maintenance of functioning for learning, development, independent living and enhancing self-sufficiency.

- Number of Clients Served: 20
- Total Service Value: $277,983.72
- Average Service Value per Client: $13,899.19
- Average Age: 50
- Number of New Clients: 0
- Number of Clients Discharged: 0

Gender



Language of Preference



Discharge Disposition/Outcome

- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	45 %
Schizophrenia Spectrum	45 %

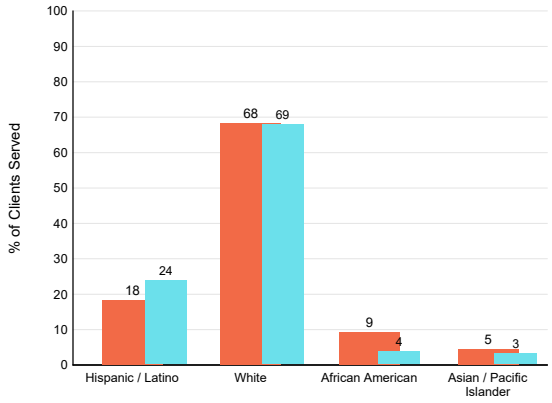
Of the Clients Served, **35** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	90	11 %	95%
Collateral/Family Therapy	22	2 %	25%
Group Counseling	40	2 %	5%
Linkage/Brokerage	258	22 %	100%
Mental Health Counseling	672	62 %	100%
Non Billable	50	1 %	90%
Total	1,132	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	28%
Medicare B	72%

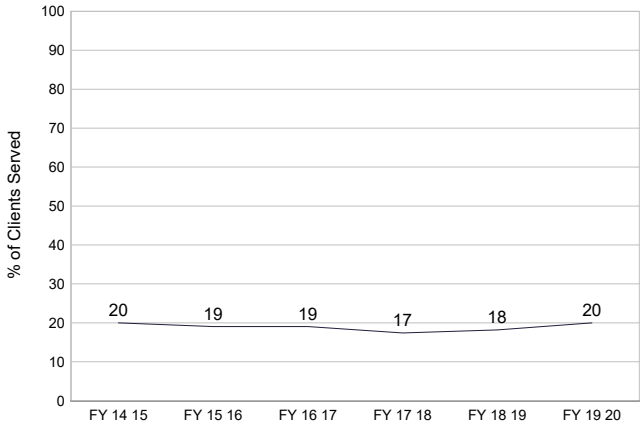
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

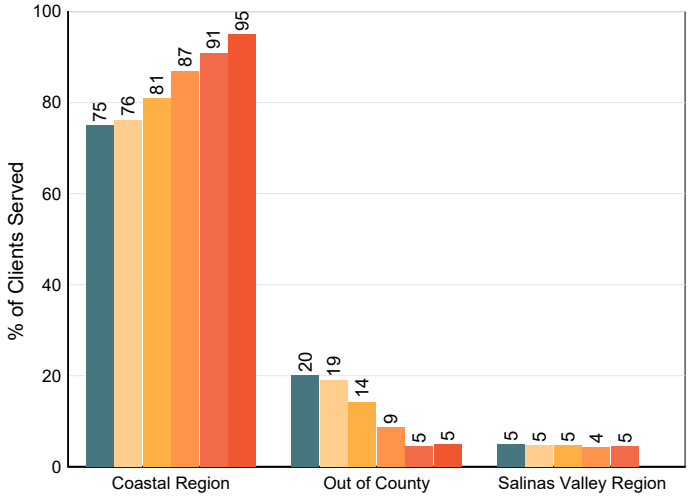
Percent of Hispanic / Latino Clients Served



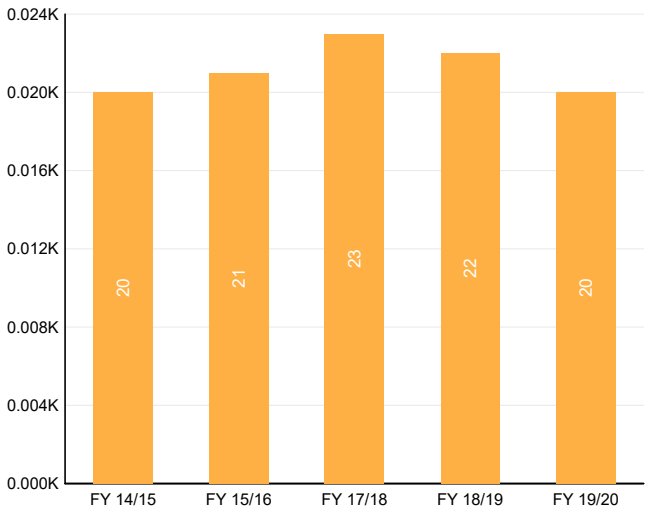
Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



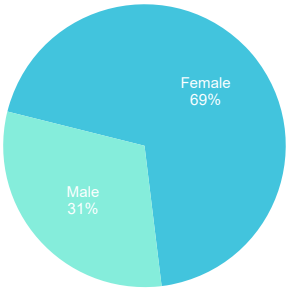
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: Interim Sunflower Garden

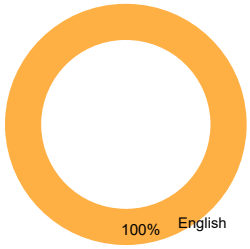
The Sunflower Gardens program provides supported housing services to individual with serious mental illness who are homeless or at risk of homelessness during a transition period whereby individuals are referred to this program by Monterey County Behavioral Health. The services provided to the consumers include assessments, evaluation, and assistance in accessing benefits, case management, with a major focus in helping consumers to be successful in housing by helping them to meet the terms of their leases. The intent is to ensure the challenges of maintaining housing for individuals with serious mental illness are addressed and the provision of independent living skills are provided in a collaborative environment whereby the County and Contractor collaborate in determining the individualized services needed for each consumer in working towards resiliency and self-sufficiency.

- Number of Clients Served: 26
- Total Service Value: $303,609.43
- Average Service Value per Client: $11,677.29
- Average Age: 48
- Number of New Clients: 4
- Number of Clients Discharged: 7

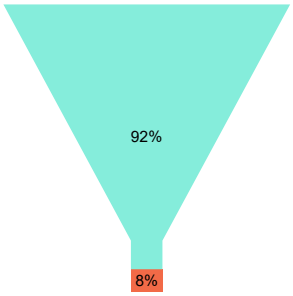
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	58 %
Mood Disorders	42 %

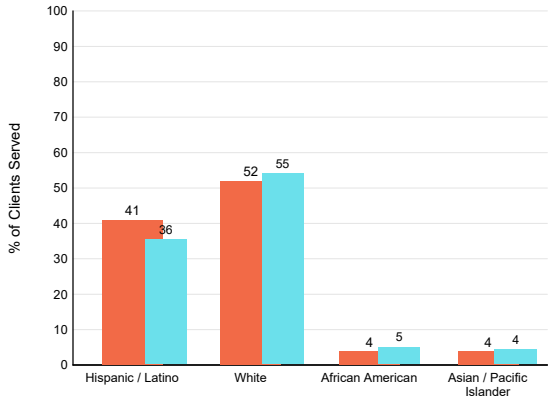
Of the Clients Served, **54** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	78	11 %	88%
Collateral/Family Therapy	11	0 %	23%
Group Counseling	18	1 %	31%
Linkage/Brokerage	370	22 %	100%
Mental Health Counseling	857	63 %	92%
Non Billable	187	2 %	92%
Total	1,521	100%	100%

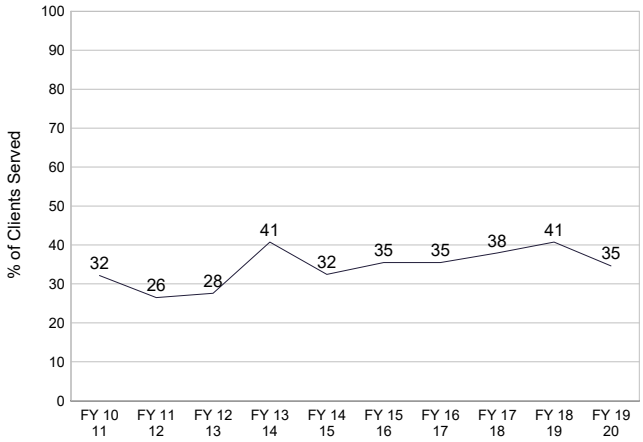
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	65%
Medicare B	34%
Private Insurance	1%

Health Equities

Breakdown of Clients Served by Ethnicity



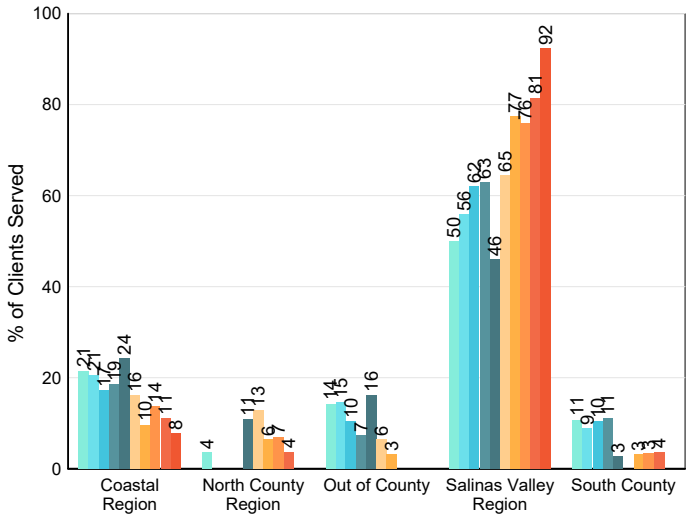
Percent of Hispanic / Latino Clients Served



% of Clients % of Service Value Hispanic/Latino

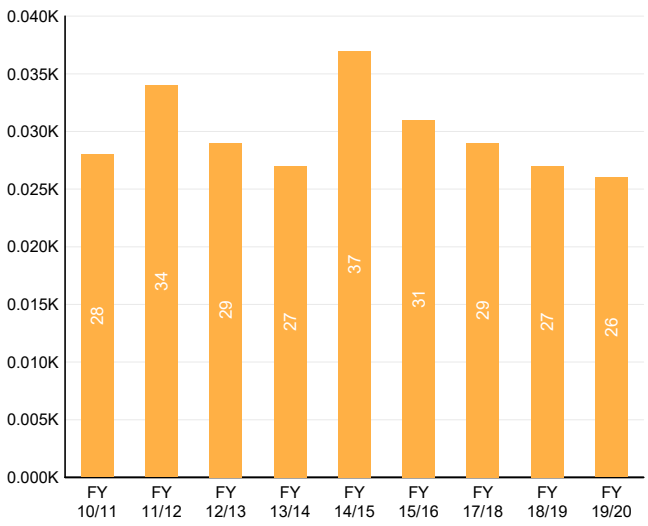
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

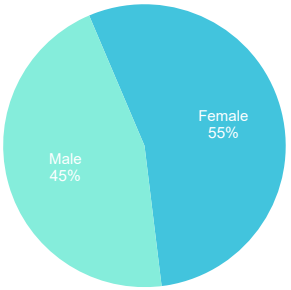


Program/Program Group: Interim Wellness Navigator

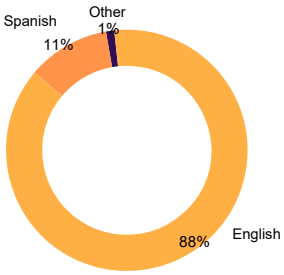
Wellness Navigators work one-on-one with persons served, promoting mental health recovery and evidence-based practices; providing awareness of the signs and symptoms of mental health challenges; and assisting consumers in recovery strategies. Wellness Navigators also connect persons served to community resources to promote self-sufficiency and mental health recovery. Wellness Navigators also administer the Transportation Needs Assessments to new and existing clients of Adult System of Care programs as part of a MHSA Innovation-funded project.

- Number of Clients Served: 99
- Total Service Value: $154,870.44
- Average Service Value per Client: $1,564.35
- Average Age: 44
- Number of New Clients: 68
- Number of Clients Discharged: 101

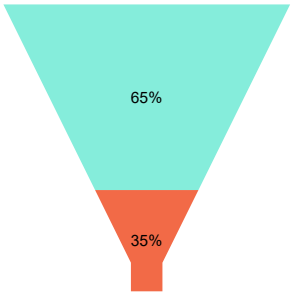
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Of the Clients Served, **39** % had a Substance Use Diagnosis.

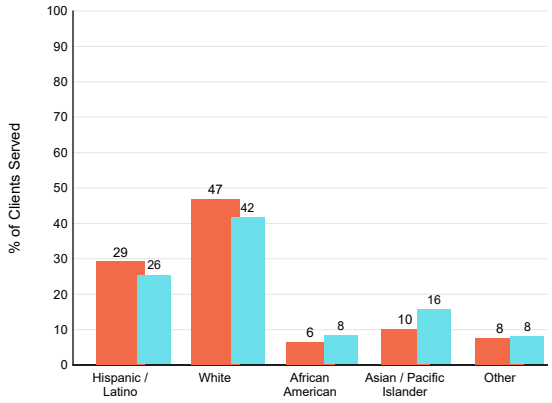
Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	56 %
Mood Disorders	39 %
Anxiety Disorders	3 %

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Linkage/Brokerage	216	25 %	49%
Mental Health Counseling	215	25 %	44%
Non Billable	1,190	51 %	96%
Total	1,621	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	64%
Medicare B	34%
Private Insurance	2%

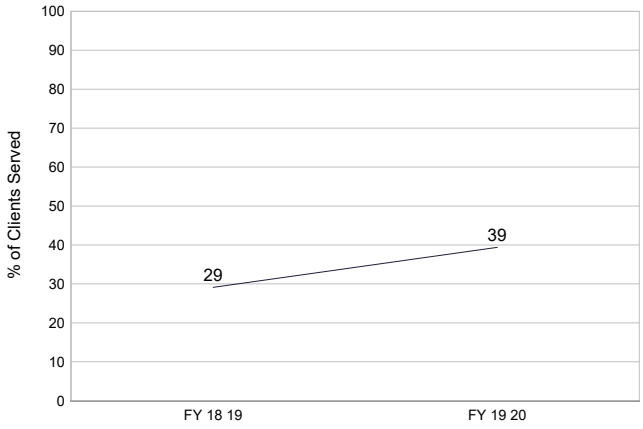
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

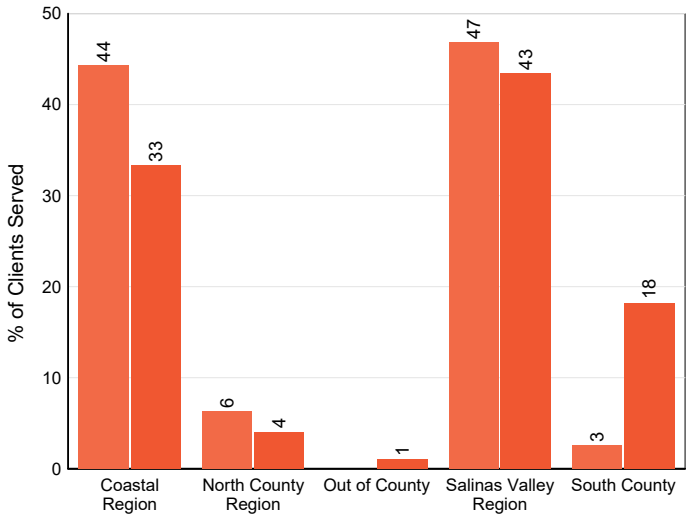
Percent of Hispanic / Latino Clients Served



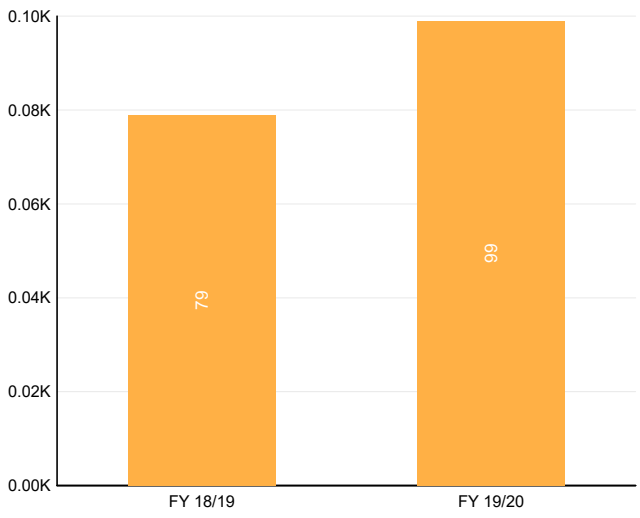
Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



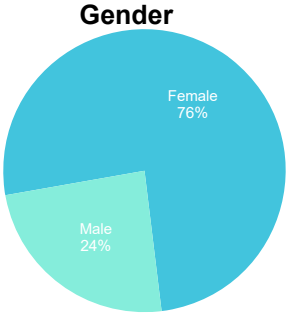
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: USC TELEHEALTH

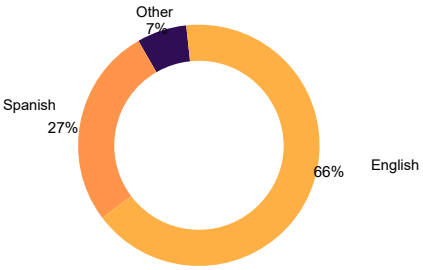
Telehealth is a virtual, outpatient clinic that provides behavioral health services using secure, videoconferencing technology. A program within the Suzanne Dworak-Peck School of Social Work at the University of Southern California in Los Angeles, Telehealth has partnered with the Monterey County Behavioral Health Bureau to establish 3 tele-suites in Salinas and South Monterey County regions where clients may participate in individual therapy using a remote, videoconferencing platform. Clients are Monterey County residents living in underserved, vulnerable communities who are ages 12 and above, including adolescents, transitional age youth, adults, and older adults experiencing mild to moderate psychosocial problems or mental health conditions.

- Number of Clients Served: 104
- Total Service Value: $70,931.53
- Average Service Value per Client: $682.03
- Average Age: 30
- Number of New Clients: 120
- Number of Clients Discharged: 107

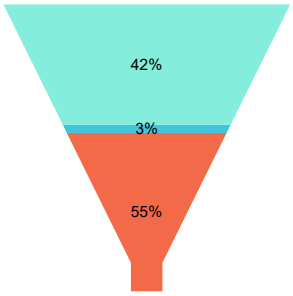
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	61 %
Mood Disorders	34 %
Feeding/Eating Disorders	1 %

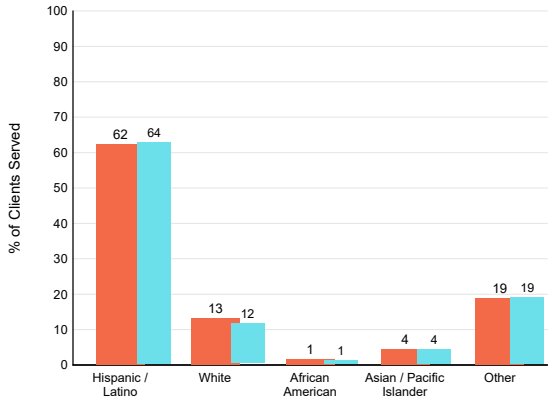
Of the Clients Served, **6** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	187	34 %	75%
Mental Health Counseling	363	66 %	70%
Total	550	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	78%
Medicare B	3%
Private Insurance	8%
Self Pay/Other	11%

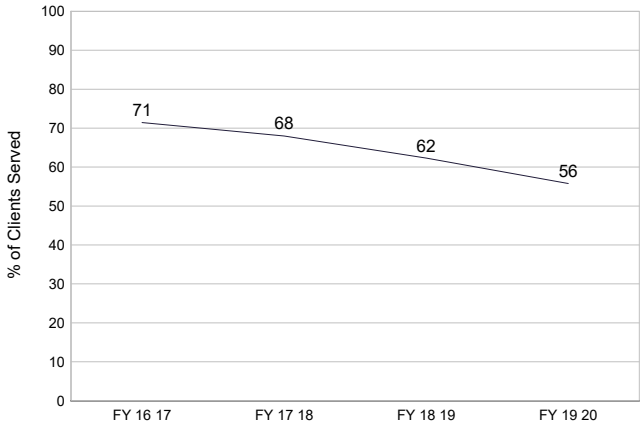
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

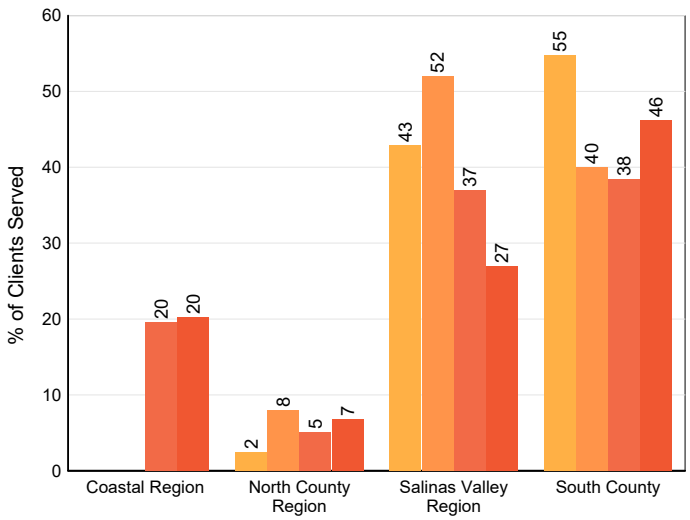
Percent of Hispanic / Latino Clients Served



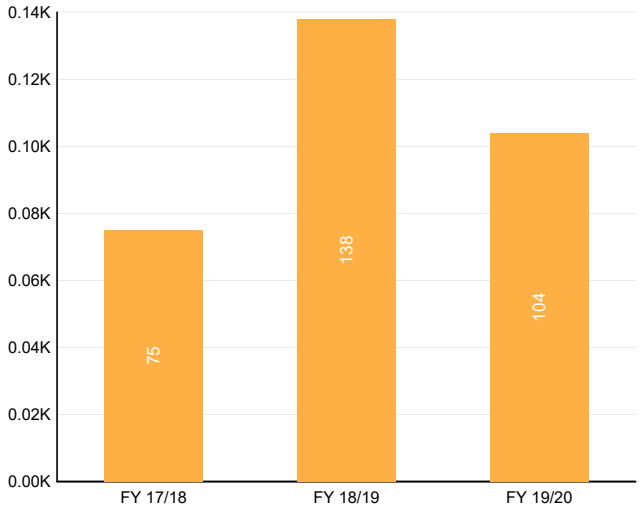
Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



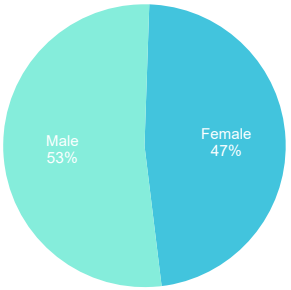
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: Mobile Crisis Team

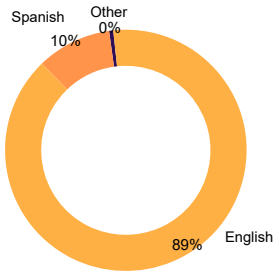
The mobile crisis team provides law enforcement and other treatment providers with specialized assistance in responding to individuals, youth and families in crisis. They collaborate to recognize the signs of psychiatric distress; work to de-escalate a mental health crisis, provide available resources and link people with voluntary outpatient services and/or treatment as appropriate. The team seeks to provide the support to stabilize the situation in the community to avoid unnecessary hospitalizations and divert from emergency resources (hospital/jail) when appropriate while providing the linkage to ongoing care as needed. They facilitate involuntary hospitalization when clinically indicated and act as the liaison with emergency personnel as well as the receiving hospital/providers for continuity of care. They also provide follow-up and outreach and engagement services in the community.

- Number of Clients Served: 209
- Total Service Value: $136,187.87
- Average Service Value per Client: $651.62
- Average Age: 36
- Number of New Clients: 188
- Number of Clients Discharged: 211

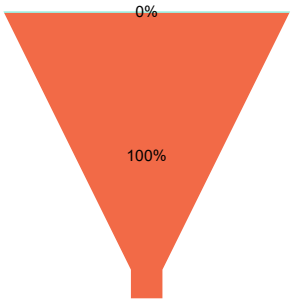
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	31 %
Schizophrenia Spectrum	19 %
Anxiety Disorders	10 %

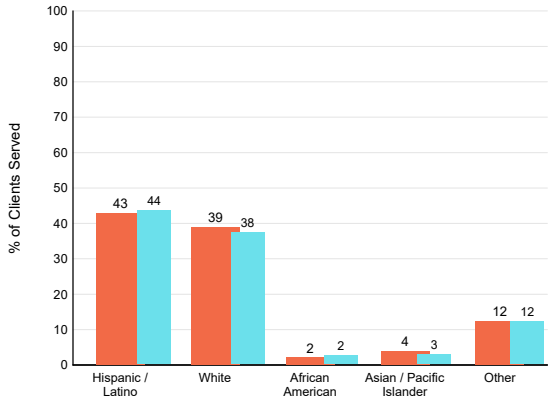
Of the Clients Served, **21** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Crisis Intervention	348	65 %	66%
Linkage/Brokerage	99	30 %	40%
Non Billable	21	4 %	7%
Total	468	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	43%
Medicare B	10%
Private Insurance	8%
Self Pay/Other	38%

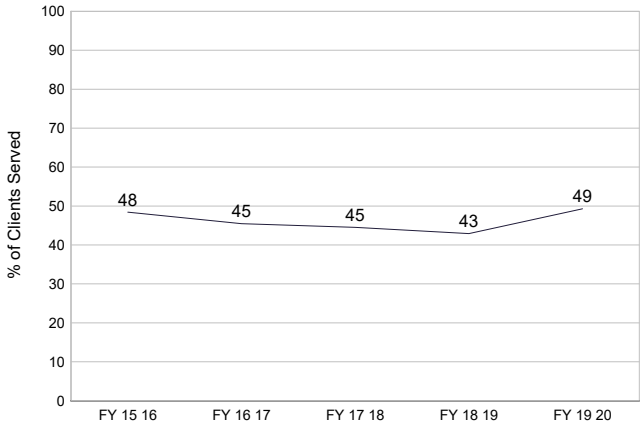
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

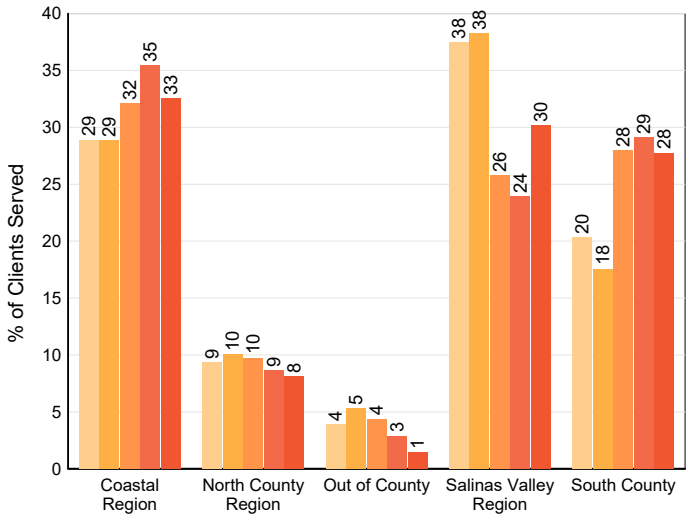
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

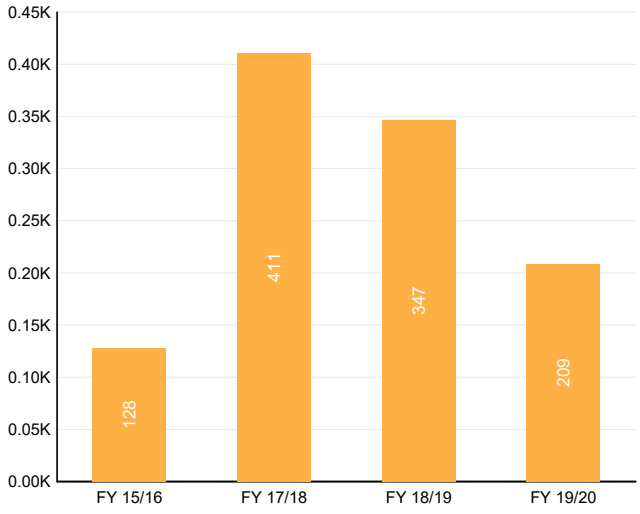
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

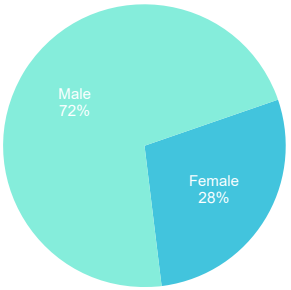


Program/Program Group: BH Drug Court

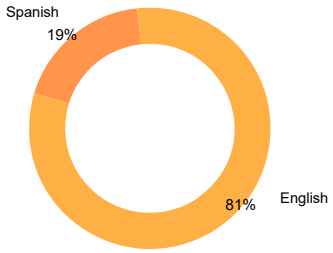
Drug Treatment Court I is funded by a State CDCI grant that provides community based substance abuse treatment to individuals with felony drug charges in Monterey County. Drug Treatment Court II, is an enhancement and expansion based on a Substance Abuse and Mental Health Services Administration SAMHSA Center for Substance Abuse Treatment CSAT and the Bureau of Justice Assistance BJA Federal grant that was awarded to Monterey County in the late 2010. Treatment providers and Monterey County Staff have been trained in evidenced based practices of Motivational Interviewing and Seeking Safety, a treatment program designed to address trauma exposed individuals with substance abuse issues.

- Number of Clients Served: 81
- Total Service Value: $120,822.74
- Average Service Value per Client: $1,491.64
- Average Age: 34
- Number of New Clients: 13
- Number of Clients Discharged: 46

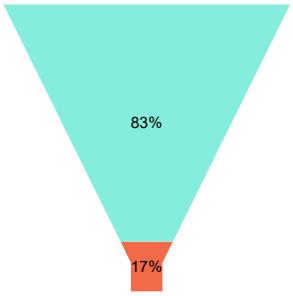
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	88 %
Schizophrenia Spectrum	1 %

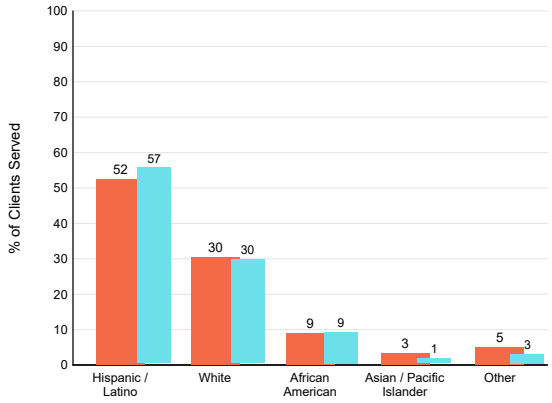
Of the Clients Served, **93** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	21	5 %	26%
Mental Health Counseling	2	0 %	1%
Non Billable	253	16 %	84%
SUD Assessment	29	6 %	28%
SUD Case Mgmt/Collateral/F	1,139	72 %	84%
Others	1	0 %	1%
Total	1,445	100%	100%

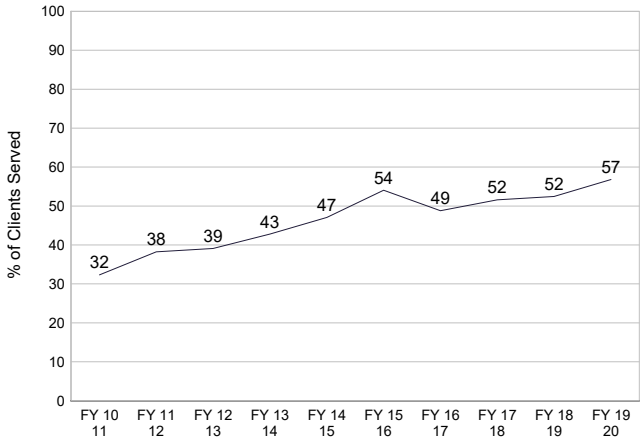
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	41%
Private Insurance	3%
Self Pay/Other	56%

Health Equities

Breakdown of Clients Served by Ethnicity



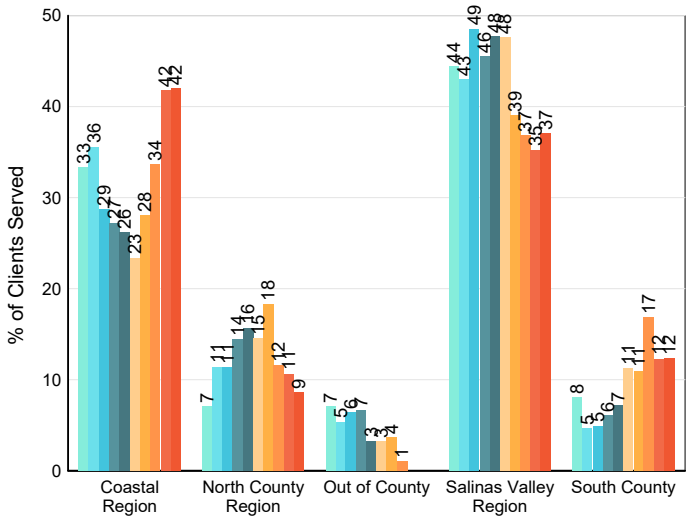
Percent of Hispanic / Latino Clients Served



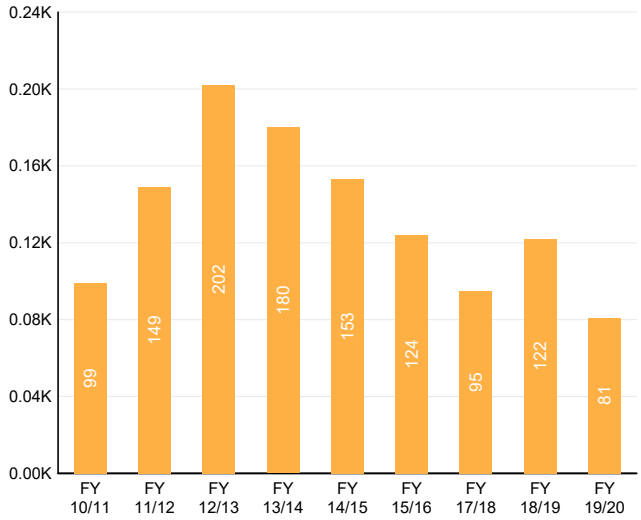
% of Clients % of Service Value Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



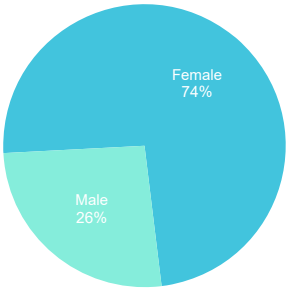
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: Door to Hope - Instensive

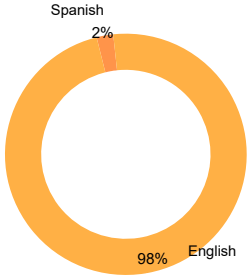
Intensive outpatient treatment (IOT) (ASAM Level 2.1) is structured programming services provided to beneficiaries a minimum of nine (9) hours with a maximum of nineteen (19) hours a week for adults, and a minimum of six (6) hours with a maximum of nineteen (19) hours a week for adolescents, when determined by a Medical Director or Licensed Practitioner of the Healing Arts to be medically necessary and in accordance with the individual treatment plan. Services consist primarily of counseling and education about addiction-related problems.

- Number of Clients Served: 46
- Total Service Value: $96,314.41
- Average Service Value per Client: $2,093.79
- Average Age: 34
- Number of New Clients: 38
- Number of Clients Discharged: 43

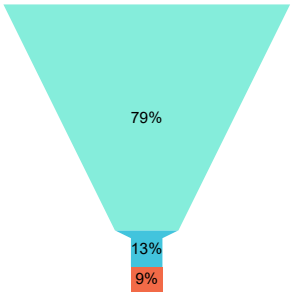
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	98 %
Mood Disorders	2 %

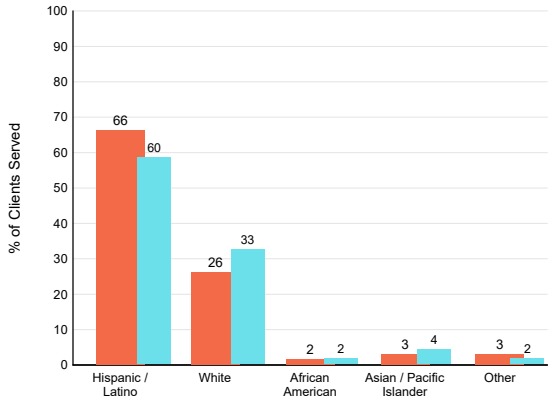
Of the Clients Served,**100** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Non Billable	51	1 %	30%
SUD Assessment	10	2 %	17%
SUD Case Mgmt/Collateral/F	54	7 %	52%
SUD Group Counseling	831	37 %	87%
SUD Individual Counseling	546	46 %	78%
Others	98	8 %	61%
Total	1,590	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	96%
Private Insurance	1%
Self Pay/Other	3%

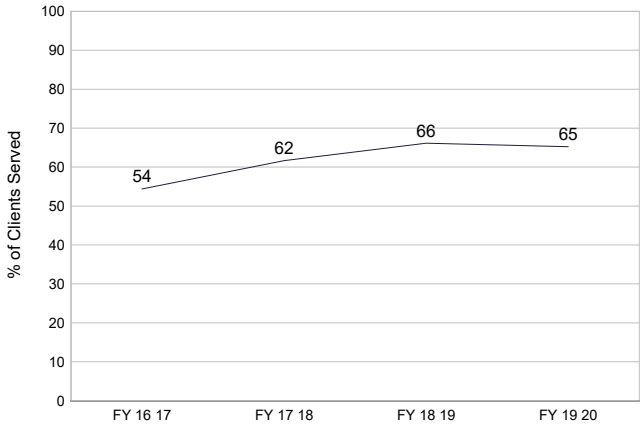
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

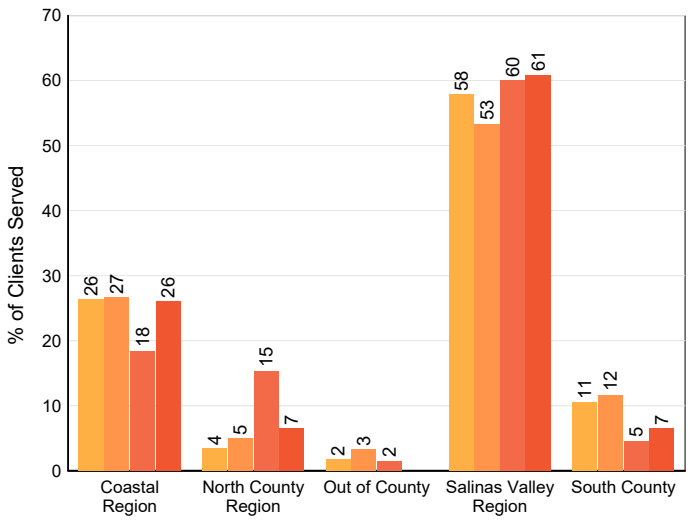
Percent of Hispanic / Latino Clients Served



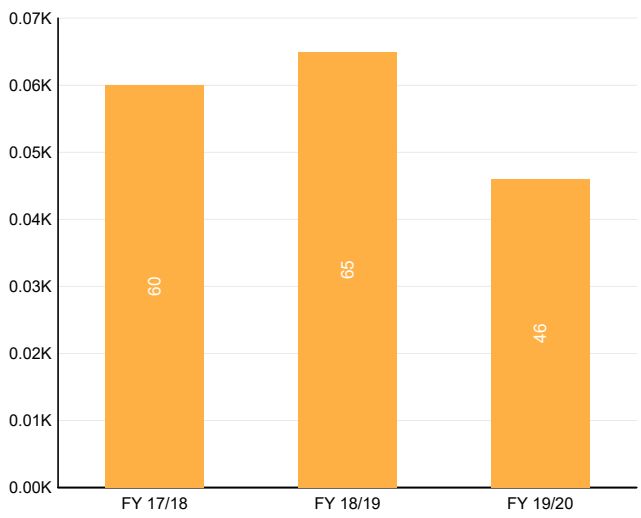
Hispanic/Latino

Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



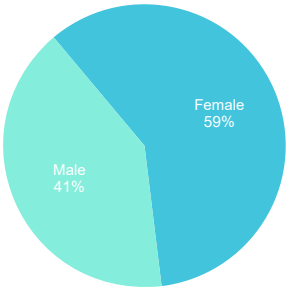
FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Program/Program Group: Door to Hope - Recovery Svcs

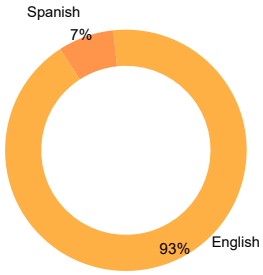
Recovery services are important to beneficiaries in the recovery and wellness process. As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria, and during the transfer / transition planning process, beneficiaries will be linked to applicable recovery services. Treatment is designed to emphasize the beneficiary's central role in managing their health, promote the use of effective self-management support strategies, and provide internal and community resources to support ongoing self-management.

- Number of Clients Served: 27
- Total Service Value: $39,060.49
- Average Service Value per Client: $1,446.68
- Average Age: 36
- Number of New Clients: 16
- Number of Clients Discharged: 22

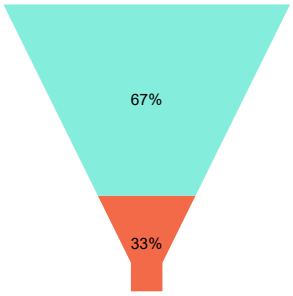
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	100 %

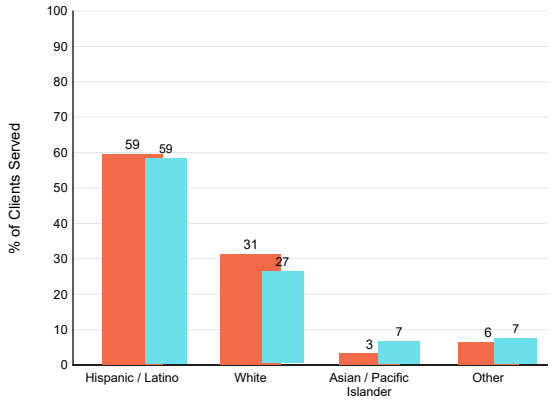
Of the Clients Served,**100** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Non Billable	3	0 %	7%
SUD Case Mgmt/Collateral/F	50	30 %	59%
SUD Group Counseling	126	21 %	78%
SUD Individual Counseling	103	39 %	81%
Others	39	9 %	44%
Total	321	100%	100%

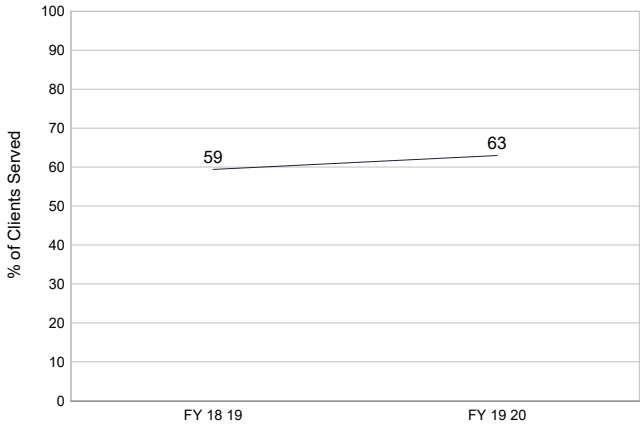
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	92%
Private Insurance	8%

Health Equities

Breakdown of Clients Served by Ethnicity

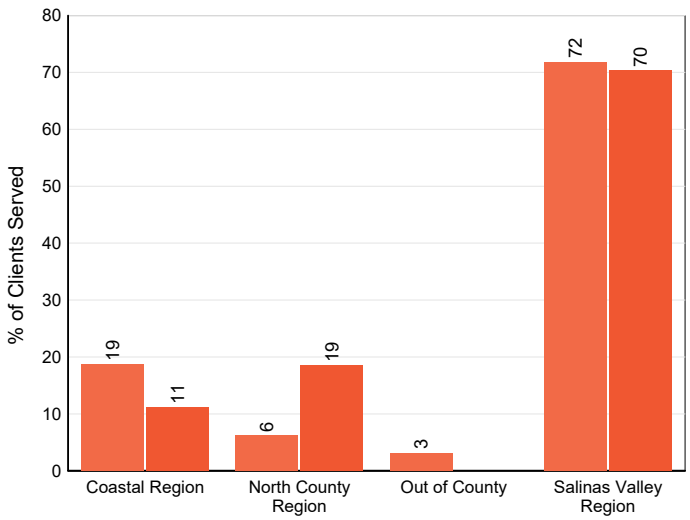


Percent of Hispanic / Latino Clients Served

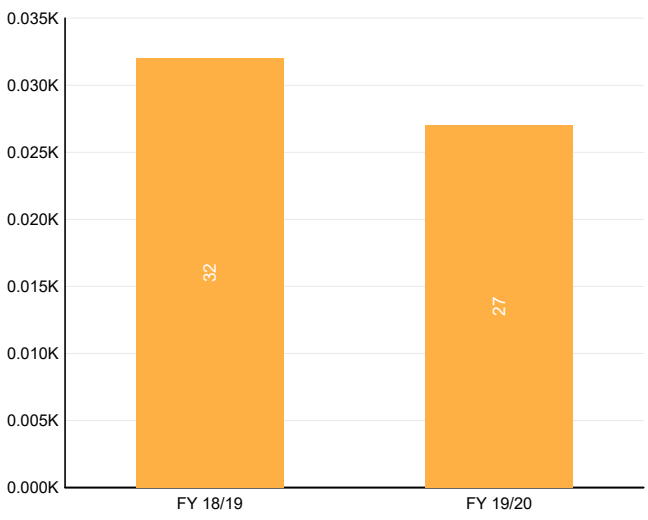


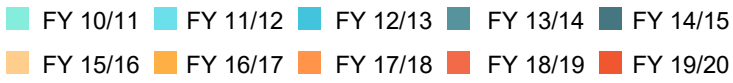
Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count



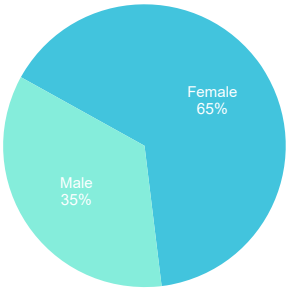


Program/Program Group: Door to Hope Outpatient

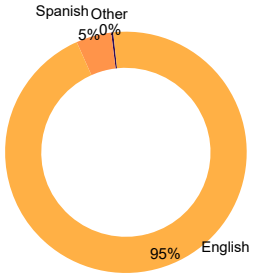
In Monterey County, the Court may grant the outpatient drug treatment program, at the defendant's request through the defendant's attorney. The Court determines whether or not the outpatient drug treatment program is applicable to the defendant and advises the defendant and defendant's attorney of that determination. COUNTY's Behavioral Health Division will authorize referrals to this program who are in need of a more intensive outpatient treatment program. Provider serves adult men and women over the age of 18 who are experiencing acute problems with alcohol and other drugs. Provider maintains a special capability to work with individuals with co-occurring mood disorders, such as depression, anxiety, and PTSD.

- Number of Clients Served: 274
- Total Service Value: $358,684.72
- Average Service Value per Client: $1,309.07
- Average Age: 36
- Number of New Clients: 218
- Number of Clients Discharged: 318

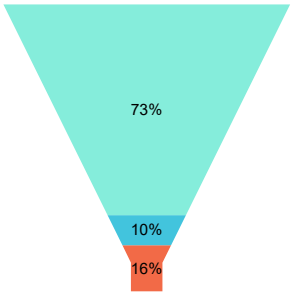
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	100 %

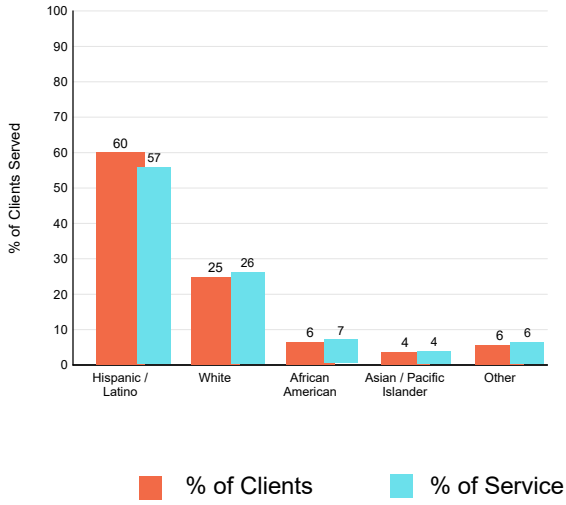
Of the Clients Served, **100** % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Non Billable	118	2 %	28%
SUD Assessment	275	30 %	84%
SUD Case Mgmt/Collateral/F	209	12 %	32%
SUD Group Counseling	1,143	19 %	48%
Others	1,156	37 %	92%
Total	2,901	100%	100%

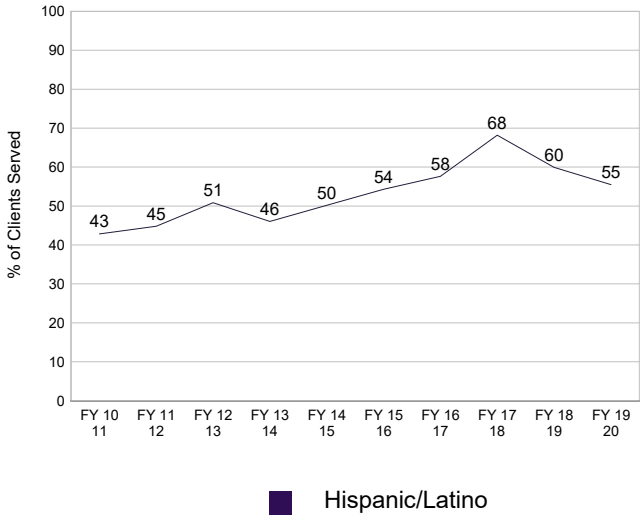
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	95%
Medicare B	0%
Private Insurance	3%
Self Pay/Other	2%

Health Equities

Breakdown of Clients Served by Ethnicity

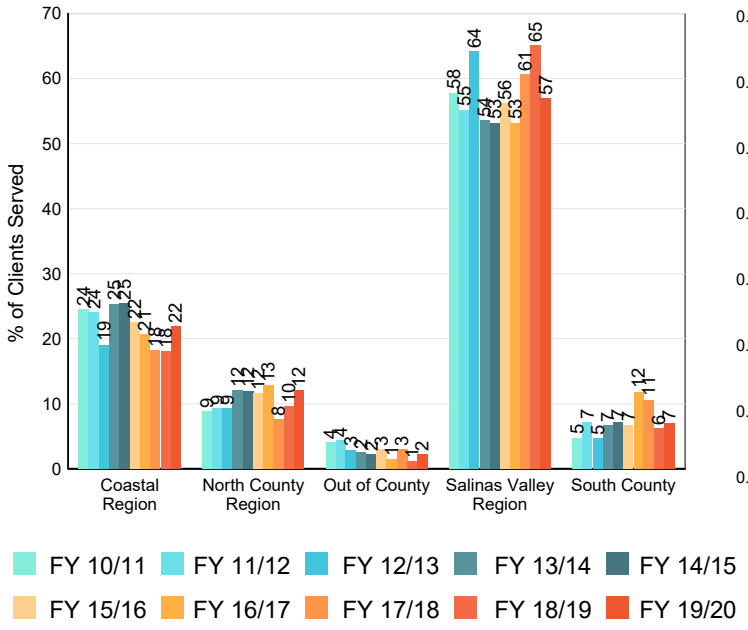


Percent of Hispanic / Latino Clients Served

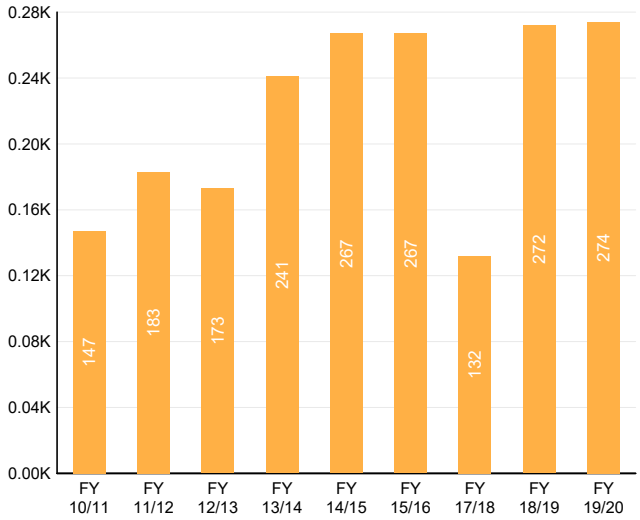


Ten Year Service Trend

Percent of Clients Served by Region of Residence



Total Client Count

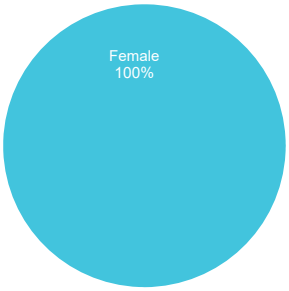


Program/Program Group: Door to Hope Residential

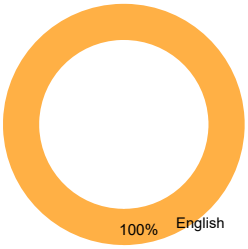
Provider operates a 4 to 6 month program, 14-bed recovery center for women with severe alcohol and/or drug problems. Residential recovery services are provided in a supervised drug-free, non-smoking environment for indigent, low-income, and/or homeless women.

- Number of Clients Served: 71
- Total Service Value: $550,085.24
- Average Service Value per Client: $7,747.68
- Average Age: 36
- Number of New Clients: 45
- Number of Clients Discharged: 66

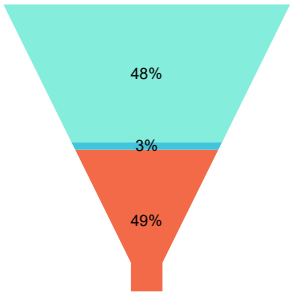
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	100 %

Of the Clients Served,**100** % had a Substance Use Diagnosis.

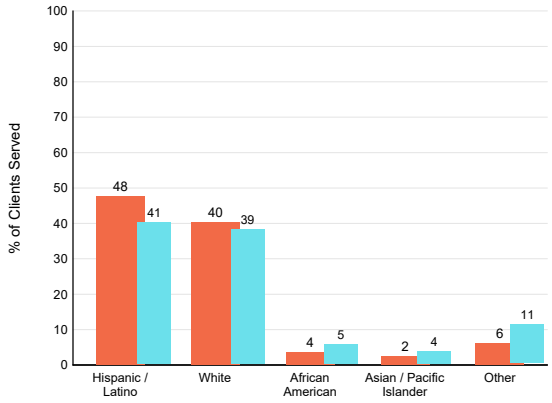
Breakdown of Service Type

	Number of Services	% of Total Service Minutes	% of Clients
Non Billable	101	6 %	69%
SUD Case Mgmt/Collateral/F	779	52 %	85%
SUD Residential Bed Days	3,370	4 %	99%
Others	3,856	37 %	100%
Total	8,106	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%
Private Insurance	0%

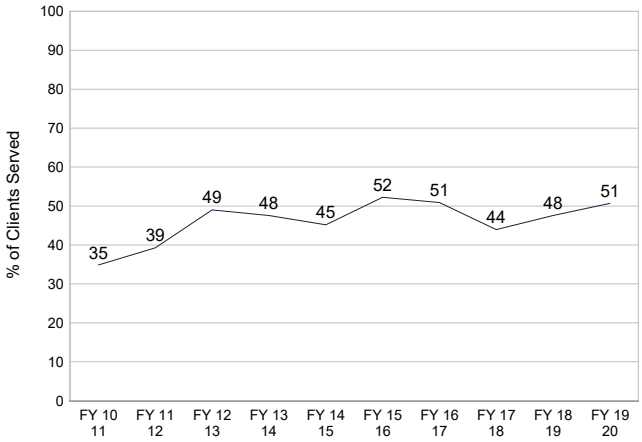
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

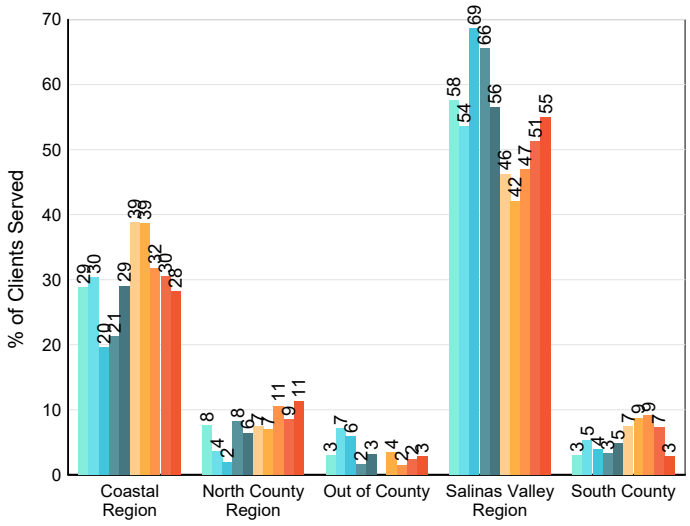
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

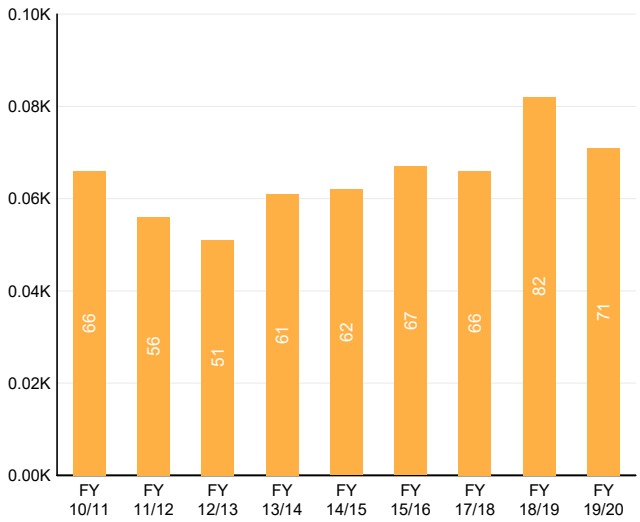
Ten Year Service Trend

Percent of Clients Served by Region of Residence

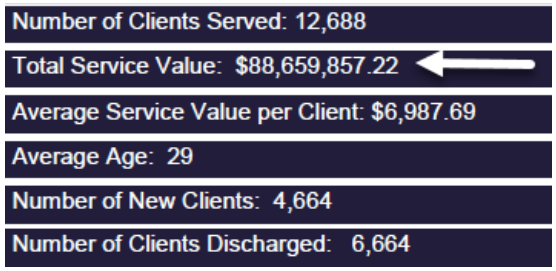


FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count

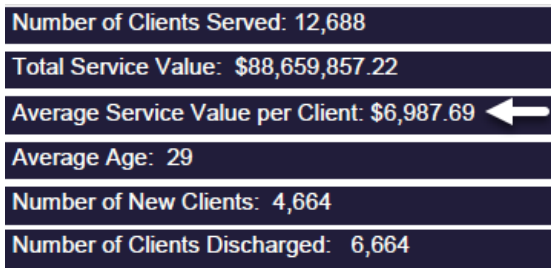


Data Descriptions



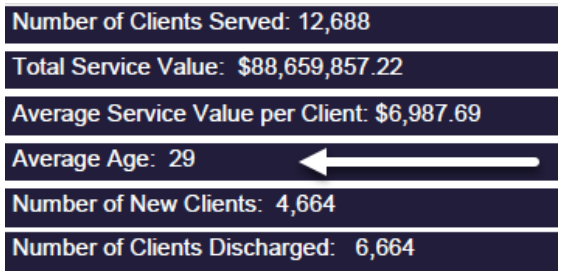
Total Service Value

This Represents the Sum of All Services Based On The Current Established Per Minute Rates. This Does Not Indicate the Total Program Revenue, As The Data Includes Clients Without Insurance Or A Method Of Payment.



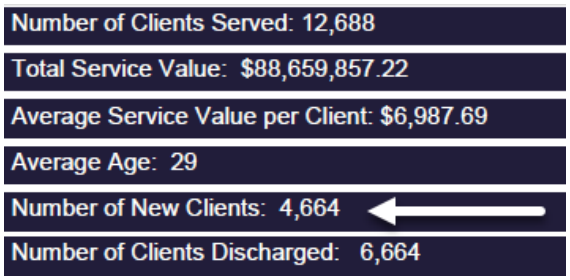
Average Service Value per Client

This Is the Total Service Value (Displayed Above) Divided By the Number of Clients Served In Fiscal Year 2015-16



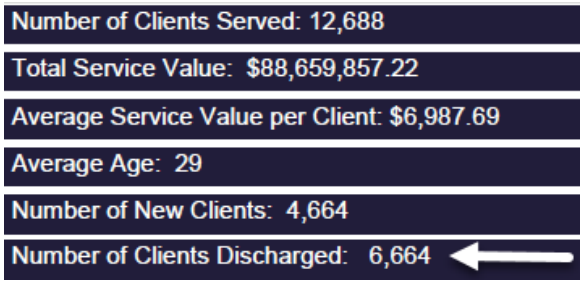
Average Age

This Is the Average Age of Clients Served During This Fiscal Year.



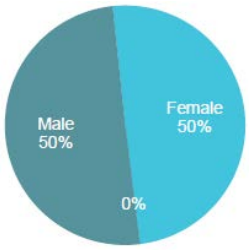
Number of New Clients

This Number Represents the Clients That Are New To The Service Area That Our Electronic Health Record Indicate That These Clients Have Not Been Previously Served In This Service Area Or Program Group.



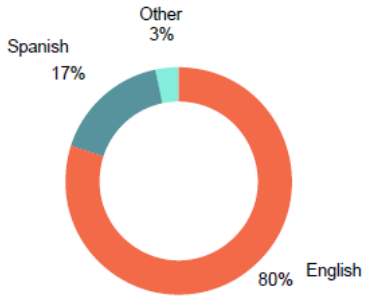
Number of Clients Discharged

This Number Represents Clients That No Longer Have an Open Episode And Have Been Completely Discharged From This Service Area Or Program Group.



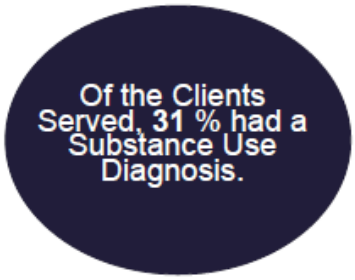
Gender Pie Chart

This Chart Shows the Gender Breakdown Of The Clients Served In The Fiscal Year.



Language of Preference

This Chart Displays the Percent of Clients That Prefer a Language Other Than English



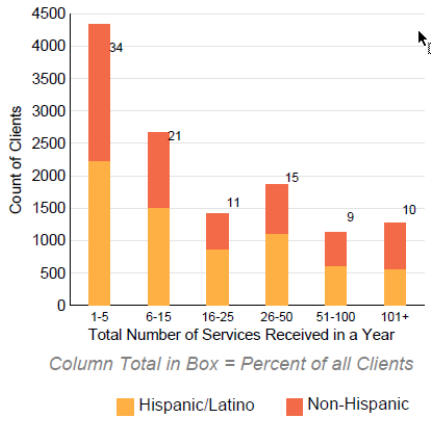
Substance Use:

Displays the Percent of Clients Who Have a Substance Abuse Diagnosis Anywhere Within the Last Three Years, Within This Service Area or Program Group

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	23 %
Anxiety Disorders	23 %
OTHER	19 %
Substance Related Addictive D/O	11 %
Schizophrenia Spectrum	10 %

Top 5 Primary Diagnosis:

This Data Pulls The Top 5 Diagnosis Categories Based On Clients Admitted By Program. If 5 Categories Are Unutilized, It Will Only Display Those In Use.



Clients Served Grouped by Number of Services Received During the Year

This Chart Displays A Count Of Clients And Count Of Visits/Encounters By Client Grouped By The Number Of Visits.

- Hispanic Vs. Non-Hispanic Count Of Clients Served.
- Percent Of Clients Served By The Total Number Of Services Received Within FY 2015-16

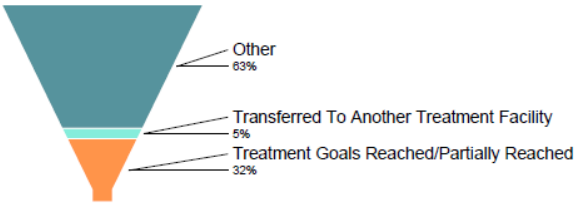
Breakdown of clients served by ethnicity

This chart evaluates by Race/Ethnicity the percent to of consumers served and the percent of total expenditures. The function of this chart is to look at variances in ethnic group engagement both in terms of percentage of consumers served and percentage of service value.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	33,008	15 %	65%
Board and Care	806	0 %	0%
Collateral/Family Therapy	11,929	4 %	19%
Crisis Intervention	6,710	4 %	18%
Group Counseling	24,106	7 %	13%
Inpatient Care - Acute	2,296	0 %	2%
Inpatient Care - Admin	425	0 %	0%
Linkage/Brokerage	71,941	18 %	66%
Medication Support	21,830	4 %	24%
Mental Health Counseling	79,484	31 %	42%
Methadone Treatment	97,691	3 %	3%
Residence Bed Day	47,833	0 %	5%
Non Billable	60,084	8 %	66%
Other	63,562	6 %	16%
Total	521,705	100%	100%

Breakdown of Services Provided

This chart displays the type of service that was provided. For each type of service you will see the total number of visits, the total number of service minutes and the percent of total service minutes.



Client Discharge Disposition

This chart reflects the clients discharged in the last fiscal year, the discharge disposition—indicating how many of the clients discharged from the program were discharged with treatment goals met or partially met. Transferred to Another Treatment Facility, The “other” category includes discharge due to program decisions, inability to reach clients, client death etc.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	74%
Medicare B	16%
Private Insurance	4%
Self Pay/Other	6%

Primary Insurance Source of Clients Served

This chart displays the percentage of clients served by type of Primary Insurance Payer Source

The Reasons for Client Discharge Have Been Combined in to Three Categories

Tranferred to Another Treatment Facility

- Tranferred to Another Treatment Facility

Treatment Goals Reached/Partially Reached

- Treatment Goals Reached
- No Further Care Needed at This Facility
- Treatment Goals Partially Reached

Other

- Pre-admission Discharge
- Death
- Discharge From (Other) Leave Status (Inactive)
- Discharge From Elopement Status (Inactive)
- Reason Not Available
- Service Needed Unavailable At Facility
- Treatment Goals Not Reached
- Client AWOL/AMA
- Unable To Contact Client
- Client Moved
- Client Discharged, Program Decision
- Client Incarceration
- Client Declined Services

Monterey County Regions

Coastal region	North County Region	Salinas Valley Region	South County
•93920 Big Sur	•95004 Aromas	•93901 Salinas	•93426 Bradley
•93921 Carmel by the Sea	•95012 Castroville	•93902 Salinas	•93450 San Ardo
•93922 Carmel	•95039 Moss Landing	•93905 Salinas	•93451 San Miguel
•93923 Carmel	•93907 Prunedale	•93906 Salinas	•93927 Greenfield
•93955 Seaside	•95076 Watsonville	•93908 Salinas	•93928 Jolon
•93924 Carmel Valley		•93912 Saliinas	•93930 King City
•93933 Marina		•93915 Salinas	•93932 Lockwood
•93940 Monterey		•93925 Chualar	•93954 San Lucas
•93942 Monterey		•93926 Gonzales	
•93943 Monterey		•93962 Spreckels	
•93944 Monterey			
•93950 Pacific Grove			

Program: Return to Work Benefits Counseling

The Central Coast Center for Independent Living (CCCIL) provides return to work benefits assistance; problem-solving and advocacy; benefits analysis and advisement; benefits support planning and benefits management. Additional services: housing assistance; independent living skills training; assistive technology services and information; referral and assistance services. Services are provided in Salinas and King City.

Fiscal Year 2019-20 Data

Number of Individuals Served:	349
Number of New Referrals:	181
Number of Presentations to Community Partners:	12
Number of Outreach Events:	5

Services Provided

Benefits Assistance	16%
Benefits Counseling	11%
Independent Living Services	32%
Housing Assistance	34%
Assistive Technology	8%

Participant Demographics

Age	% of Total
Under 14	3%
Ages 14-24	7%
Ages 25-59	81%
Age 60+	10%

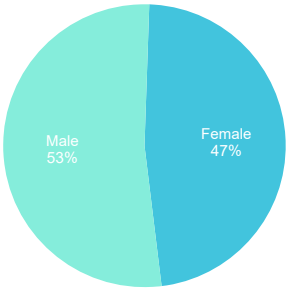
Region of Residence	% of Total
Coastal	30%
North County	7%
Salinas Valley	53%
South County	11%

Program/Program Group: Mobile Crisis Team

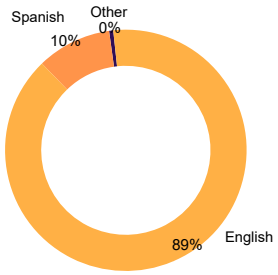
The mobile crisis team provides law enforcement and other treatment providers with specialized assistance in responding to individuals, youth and families in crisis. They collaborate to recognize the signs of psychiatric distress; work to de-escalate a mental health crisis, provide available resources and link people with voluntary outpatient services and/or treatment as appropriate. The team seeks to provide the support to stabilize the situation in the community to avoid unnecessary hospitalizations and divert from emergency resources (hospital/jail) when appropriate while providing the linkage to ongoing care as needed. They facilitate involuntary hospitalization when clinically indicated and act as the liaison with emergency personnel as well as the receiving hospital/providers for continuity of care. They also provide follow-up and outreach and engagement services in the community.

- Number of Clients Served: 209
- Total Service Value: $136,187.87
- Average Service Value per Client: $651.62
- Average Age: 36
- Number of New Clients: 188
- Number of Clients Discharged: 211

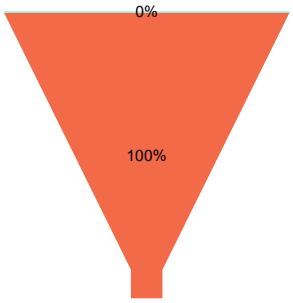
Gender



Language of Preference



Discharge Disposition/Outcome



- Other
- Transferred to Another Treatment Facility
- Transferred Goals Reached/ Partially Reached

Top 3 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	31 %
Schizophrenia Spectrum	19 %
Anxiety Disorders	10 %

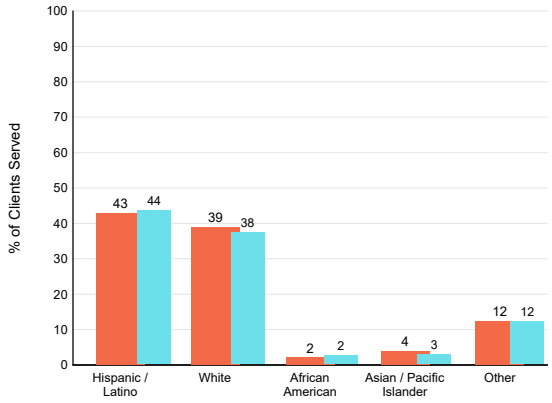
Of the Clients Served, **21** % had a Substance Use Diagnosis.

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Crisis Intervention	348	65 %	66%
Linkage/Brokerage	99	30 %	40%
Non Billable	21	4 %	7%
Total	468	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	43%
Medicare B	10%
Private Insurance	8%
Self Pay/Other	38%

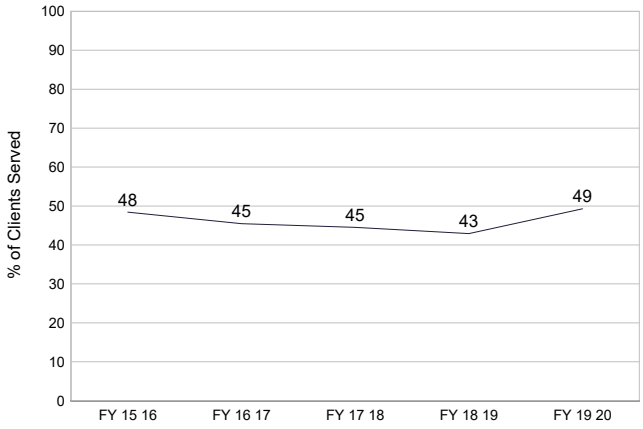
Health Equities

Breakdown of Clients Served by Ethnicity



% of Clients % of Service Value

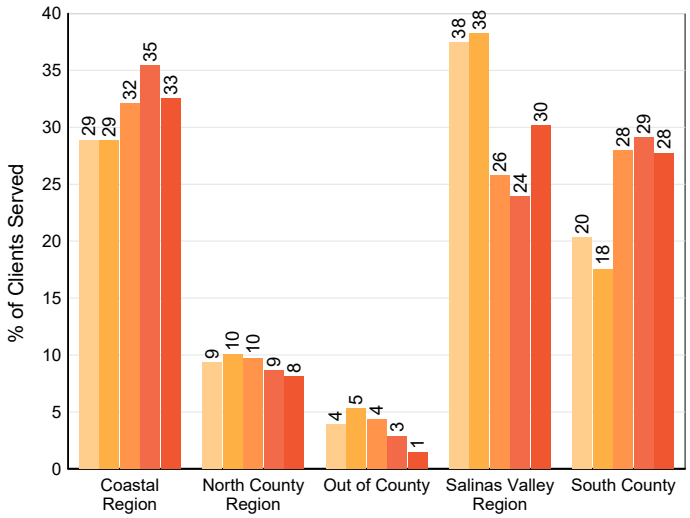
Percent of Hispanic / Latino Clients Served



Hispanic/Latino

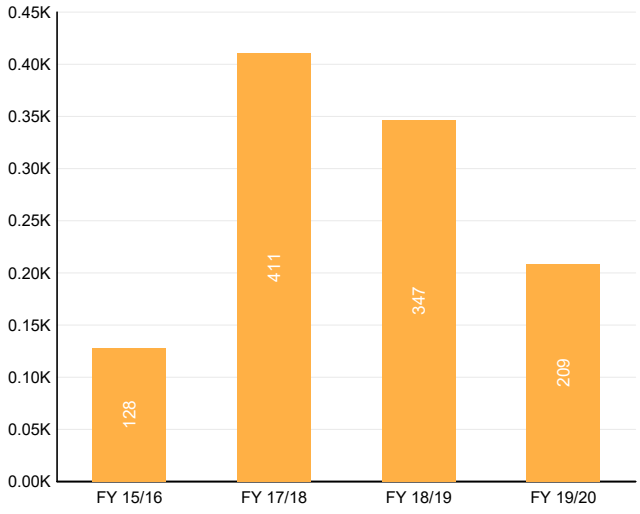
Ten Year Service Trend

Percent of Clients Served by Region of Residence



FY 10/11 FY 11/12 FY 12/13 FY 13/14 FY 14/15
FY 15/16 FY 16/17 FY 17/18 FY 18/19 FY 19/20

Total Client Count



Monterey County Mental Health Services Act (MHSA)

Prevention & Early Intervention

FY 2019-2020

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Developed by EVALCORP

ACKNOWLEDGMENTS

EVALCORP would like to acknowledge a number of individuals for contributing their time and input to supporting the development of this report. To begin, we would like to thank Monterey County Behavioral Health for their partnership throughout the evaluation process. We extend thanks particularly to Acting Monterey County Behavioral Health Bureau Director, Lucero Robles; Management Analyst III, Alica Hendricks; Mental Health Services Act (MHSA) Prevention Manager, Dana Edgull; and Management Analyst II, Wesley Schweikhard. We greatly appreciate their collaboration and support. We would also like to thank all of the funded providers for their hard work in collecting the data presented throughout this report. Lastly, we would like to acknowledge the program participants for completing evaluation surveys and sharing their experiences, stories, and recommendations. This report would not be possible without them.

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INTRODUCTION

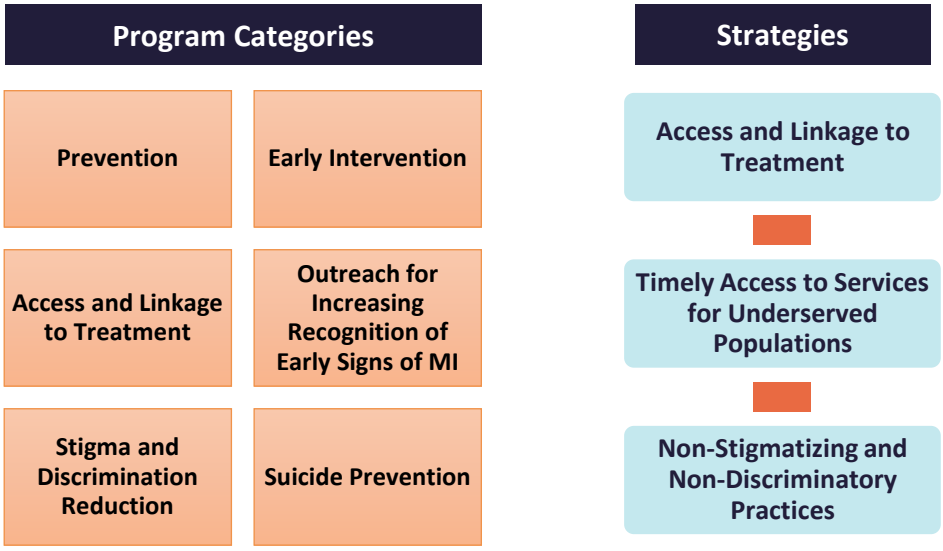
Overview

The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63, which designated funding to improve mental health service systems throughout the State. MHSA has several funded components, including Prevention and Early Intervention (PEI), which is intended to support programs that prevent mental illnesses from becoming severe and disabling.

Through MHSA funds, Monterey County Behavioral Health Bureau (MCBH) supports PEI programs that address the mental health prevention and early intervention needs of the County's culturally and regionally diverse communities. In FY 19–20, MCBH funded 22 programs, administered by both the County and contracted community service providers. In addition, MCBH contributes to the CalMHSA (California Mental Health Services Authority) statewide PEI project, Each Mind Matters: California's Mental Health Movement.

MHSA PEI Regulations

Each of Monterey County's PEI programs are organized into one of six categories, as defined by PEI regulations. Additionally, each program must employ PEI strategies within the PEI activities they provide. A list of funded MCBH PEI programs by category is included for reference in **Appendix A**.



State regulations also require specific process and outcome evaluation metrics to be reported on an annual and three-year basis. During FY 19–20, despite interruptions from the effects of the COVID-19 pandemic, data collection and submission continued as many services quickly became virtual. MCBH's evaluator developed resources given to providers in FY 19–20 for online collection of process and outcomes data, minimizing disruption to data collection. Additionally, this further enabled a streamlined and consistent process in collecting important data that supports understanding of PEI programs' reach to Monterey community members and the impact in their lives.

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during fiscal year 2019–2020. The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs.

The current report provides a comprehensive review of programs, including:

- Program services and activities
- Service participation
- Participant demographics and populations served
- Program impacts/outcomes

Although the types of data provided by PEI programs varied in some cases, this document presents available data in a standardized manner. In preparing this report, extensive data inspection and data cleaning were performed to ensure the highest level of data accuracy.

Data Sources

Data sources compiled to develop the fiscal year 2019–2020 report fall into five general categories:

1. MHSA PEI Demographic Forms: These forms were developed to collect demographic information required by MHSA PEI regulations (e.g., age group, race, ethnicity, primary language, sexual orientation, disability, veteran status, assigned sex at birth, current gender identity) and participant location of residence. Three types of forms were developed to be administered depending on participant age and the type of services received, as follows.

FORM TYPE	PARTICIPANTS
Adult	All participants aged 13 or over
Parent	All parents of children aged 12 or under receiving services
Presentation	All presentation attendees

PEI providers used these forms to report demographic data from program participants both quarterly and annually to obtain an unduplicated count of participants. All 22 PEI programs completed and submitted Demographic Forms to MCBH during fiscal year 2019–2020—an increase from last year of five programs.

2. Avatar: The County's electronic health record system captures demographic information for some PEI-funded programs. Information regarding age group, race, ethnicity, primary language, veteran status, and gender are available, however ethnicity and gender categories are not currently in alignment with State PEI regulations. Avatar data were used for five PEI programs in this report.

3. MHSA PEI Outcome Surveys: These forms were developed to collect information about the impacts of program services as well as levels of satisfaction and feedback from program participants. Four types of outcome surveys were collected, depending on the primary PEI program category, as follows.

SURVEY TYPE	PROGRAM CATEGORIES
Prevention	Prevention Programs
Early Intervention	Early Intervention Outreach for Increasing Recognition of Early Signs of Mental Illness Programs
Suicide Prevention	Suicide Prevention Programs
Stigma and Discrimination Reduction	Stigma and Discrimination Programs Outreach for Increasing Recognition of Early Signs of Mental Illness Programs

Surveys were collected twice during the fiscal year, in September 2019 and March 2020, from every unduplicated program participant who received services in those months. Additionally, programs that provided crisis-oriented services, including Archer Child Advocacy Center and Mobile Crisis Team, did not collect outcome surveys in order to minimize burden on program participants who were under emotional duress. The post program surveys typically include both close-ended and open-ended questions to capture participant attitudes, knowledge, and behaviors; participant risk and protective factors to mental illness; social-emotional well-being and functioning; symptoms of mental illness; participant satisfaction; and recommendations for improvements. Summaries of close-ended survey items are presented in this report as counts or percentages, while summaries of open-ended responses are presented as the most commonly-occurring themes from qualitative coding.

4. Service Referrals: When available, providers used an MCBH template to report the referrals made to MHSA-funded services by type, such as referral to mental/behavioral health treatment and referral to support services.

5. Narrative Reports: When available, narrative reports provided by the PEI programs to MCBH that described key activities, successes, and challenges were reviewed and included in the current report.

Data Notes

In fiscal year 2019–2020, MCBH continued to implement an enhanced data collection and evaluation infrastructure, allowing this year's report to provide more robust data for PEI programs. In June 2020, MCBH held a training for all PEI providers to introduce new referral tracking tools and quarterly reporting on case examples, successes, and challenges, to enhance data collection related to access to services and to offer more opportunities for programs to provide details about program activities.

Some considerations to keep in mind while reviewing this report are detailed below.

- Unduplicated data: PEI data are required to represent unduplicated individuals. The data reporting tools launched at the start of fiscal year 2018–2019 made it possible to provide an unduplicated count of individuals who completed demographic surveys. This number is reported as the number of completed demographic forms within each program section. This number is an under-estimation of the true number of individuals each program has reached. However, 2-1-1, a program of United Way Monterey County, collects demographic data differently from other programs and it was not possible to provide unduplicated data for 2-1-1 in every circumstance. These exceptions are noted in the 2-1-1 program section.
- Completeness of demographic data:
    - Differences in number of responses to demographic questions. Some providers collected more than one type of Demographic Form, depending on their program activities. For example, a provider may have collected both Adult and Presentation Forms, meaning some respondents did not supply as much information because the Presentation Form has fewer questions. In those program sections, the number of respondents may vary from the overall number served and may also vary between different demographic questions. Notes are provided in each section where these circumstances apply.
    - Skipped questions. Program participants are free to skip any question they choose. As a result, some demographic questions have a lower number of responses than the total number of participants. Notes are provided in the body of each program's report section indicating how many respondents skipped a particular question.

Generally, when the rate of unanswered questions is high for a given program, data should be interpreted with caution, as they may not be representative of all individuals served by the program.

    - Differences in response options to demographic questions. Adult and Parent Forms collect all demographic data required by PEI regulations. However, the Presentation Form is a shortened version of the Adult and Parent Forms and only includes questions on zip code, age, race/ethnicity (combined into one question, and does not include sub-categories for ethnicity), and primary language. In addition, demographic data collection by programs using Avatar and by 2-1-1 differed from the Demographic Forms and therefore response options varied from those presented in other program sections where forms were used.
- Completeness of outcome survey data: The number of survey responses collected is typically far less than the number of overall individuals served because surveys were only collected twice during the fiscal year for one-month periods in time (September 2019 and March 2020). In addition, the number of responses may vary between different questions within the same section if respondents skipped a question on the survey. In these cases, a range is provided for the number of responses (n) for the survey, indicating the lowest to highest number of responses to different questions within that survey.

- Percentages versus counts: In cases where the number of responses to a demographic or survey question was less than 30, counts are presented instead of percentages.

- Protection of identifying information: In cases where responses to demographic questions were unique or rare enough to risk identifying the respondent, the responses were suppressed. This includes refraining from enumerating unique or rare open-ended responses to "other" options within questions about race, ethnicity, and disability. A note is provided wherever responses were suppressed to protect identifying information.

- A special note about Hispanic/Latino response options: In prior years, the demographic question about race on Adult and Parent Forms did not present an option to select "Hispanic/Latino" because the race options included were taken from a standard MHSA PEI regulatory requirements list. However, many people wrote in Hispanic/Latino options for race. In response to this finding, and to be inclusive of the community's point of view going forward, an option for Hispanic/Latino was added to the race question for fiscal year 2019–2020. Participants may now indicate Hispanic/Latino as a race.

PEI Services through COVID-19 Pandemic

In March 2020, the global COVID-19 pandemic shut down in-person services across the nation when stay-at-home and social distancing mandates were implemented. Monterey County and its many PEI providers quickly adapted and began providing services to their clients virtually to protect both the community and their program staff.

Monterey County Behavioral Health's evaluator also pivoted evaluation activities to be available 100% online. Surveys were transitioned to an online platform and survey links were distributed to all providers. Additionally, surveys were modified to capture information about the type and quality of services provided during COVID-19 and whether the pandemic was having an impact on a number of specified mental health conditions (depression, anxiety, etc.).

The MCBH program template was also modified to allow providers to document program activities and process metrics conducted during the pandemic along with their successes and challenges.

As fiscal year (FY) 2019–2020 came to a close, COVID-19 had not slowed and cases continued to rise. As a result, MCBH and its contracted providers will continue to provide services virtually during FY 2020–2021 when possible and will implement modified data collection tools to accurately document the impact programs are having on community members receiving PEI services through the pandemic.

Report Organization

This report presents PEI data by program. Program sections are organized by six core PEI categories: Prevention; Early Intervention; Access and Linkage to Treatment; Suicide Prevention; Stigma and Discrimination Reduction; and Outreach for Increasing Recognition of Early Signs of Mental Illness.

The following information is included for individual programs where available:

- Program Highlights and Activities (which include overall number of individuals engaged by all programmatic activities and key program successes)
- Program Outcomes
    - Program Cultural Competency and Satisfaction
    - Participant Feedback
- Service Referrals
- Demographic Data
- Program Successes and Learnings
- COVID-Related Program Impacts

Additionally, **Appendix A** of the report contains a list of each program by PEI category, **Appendices B** and **C** contain participant demographic data across all MCBH-funded programs where data were available, and **Appendix D** contains outcomes across all MCBH-funded programs where data were available.

Prevention

THE EPICENTER

The Epicenter is a youth-led organization and one-stop resource center to connect youth to community services and resources with a focus on youth who have been involved with public agencies including the foster care system. The primary age group served is youth ages 16–24, with some activities also open to family members and natural supports of the youth served. The Epicenter collaborates with staff from various community agencies to provide services that include housing, education, employment, and mental health and wellness.

Program Highlights

709 individuals engaged in program activities

97% of outcome survey respondents said they received services that were right for them and in the language that they speak best

Program Activities

Activities Hosted

Presentations – 200 people attended 8 presentations. (A sample of presentation topics is provided below.)
Community Events – 276 people attended 6 community events. (Community events included a Latinx LGBTQ+ film festival and an overnight summer camp.)
Outreach Activities – 90 individuals were reached through 9 outreach activities, which included the local Pride event and conducting outreach to local school LGBTQ+ clubs.
Education/Training Sessions – 85 people attended 3 different education/training sessions. Training sessions varied but included best practices and resources for LGBTQ+ youth.
Support Group Meetings – 58 youth attended 28 support group meetings for Transitional Age Youth.

Presentation Topics

○ **Introduction to Queer/Trans Concepts and Terminology** ○ **Self Care** ○ **Introduction to Gender and Sexuality** ○ **Queer/Trans 101**

THE EPICENTER

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=39)	% Disagree	% Not Sure	% Agree
I feel more connected to other people.	3%	8%	89%
I know where to go for mental health services near me.	3%	8%	89%
I know when to ask for help with an emotional problem.	3%	8%	89%
I am able to deal with problems better.	0%	21%	79%
I feel less stress or pressure in my life.	6%	15%	79%
I feel better about myself.	0%	18%	82%
When I think about the future, I feel good.	0%	23%	77%

Please choose how much you agree or disagree with each sentence below (n=38–39)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	3%	0%	97%
The program had services in the language that I speak best.	0%	3%	97%
I got services that were right for me.	0%	3%	97%
I am happy with the services I received.	3%	3%	94%
I would recommend this program to a friend or family member.	0%	3%	97%

What was most useful or helpful about this program? (n=38)

- Social support from the staff (21)
- Connection to local services or resources (12)
- Connecting to community services and resources (5)

What are your recommendations for improvement? (n=34)

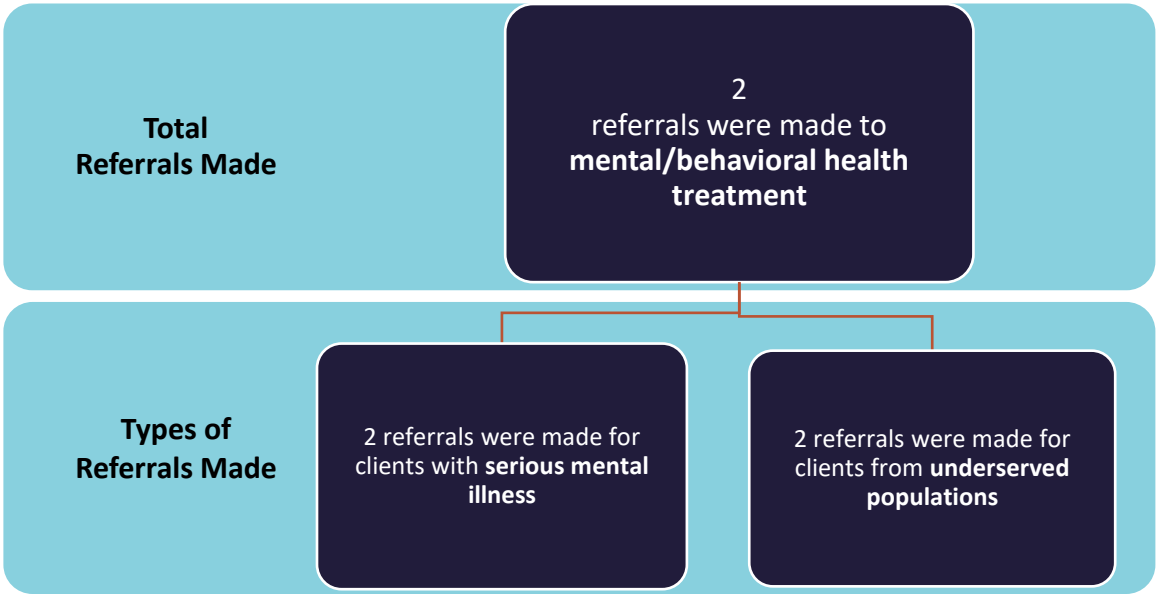
- Larger variety of games and activities (5)
- Increase the number of participants (2)
- Hold events in larger building (2)
- General positive feedback (10)

"The most helpful thing about this program was the amazing staff, they were kind, and very understanding."

"Having a bigger variety of games"

"I believe that the program is the best it can be"

THE EPICENTER



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals to Mental Health Services

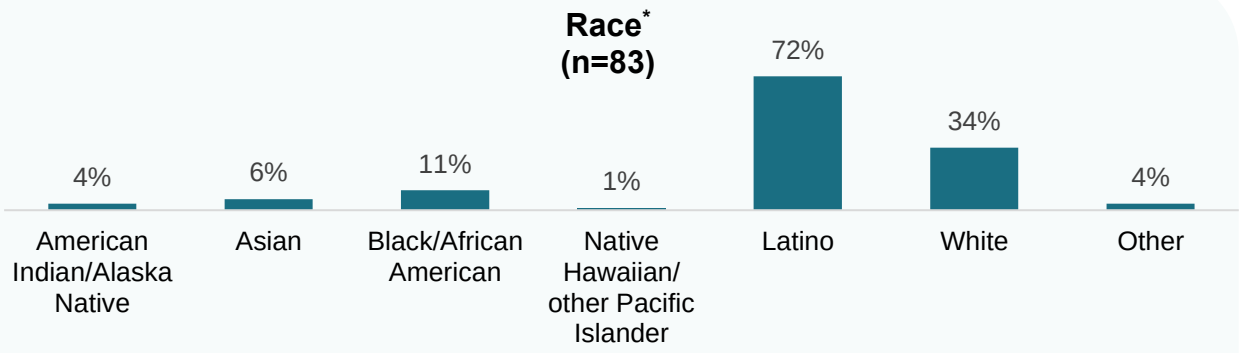
Referrals for Members of Underserved Populations:
1 individual followed through and engaged in treatment

Kinds of Treatment Referred to:
● Community Human Services ●

THE EPICENTER

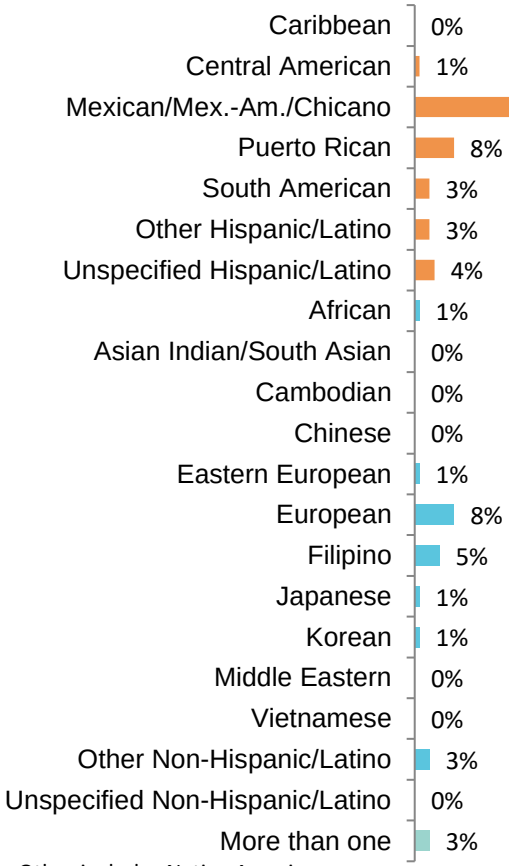
Demographic Data

Race* (n=83)



2 individuals did not answer this question

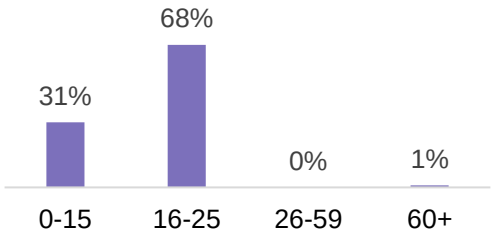
Ethnicity* (n=76)



Other includes Native American.
5 individuals did not answer this question, and 4 selected "decline to answer"

84% Hispanic/Latino
16% Non-Hispanic/Latino

Age Groups (n=85)



Primary Language* (n=77)

English	25%
Spanish	73%
English & Spanish	3%
Other	6%

Other includes Japanese and Triqui.
8 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

THE EPICENTER

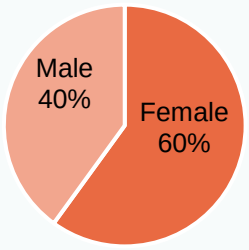
Demographic Data

Current Gender Identity (n=84)

Female	43%
Male	41%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	0%
Another Gender Identity	15%

1 individual did not answer this question

Sex Assigned at Birth (n=84)



1 individual did not answer this question

Sexual Orientation (n=81)

Bisexual	0%
Gay or Lesbian	10%
Heterosexual or Straight	51%
Queer	2%
Questioning or Unsure	10%
Another Sexual Orientation	27%

4 individuals did not answer this question

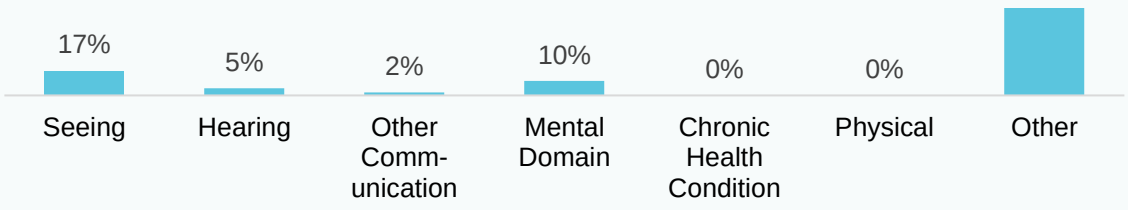
18% of individuals are veterans

n=84; 1 individual did not answer this question

81% of individuals reported having one or more disabilities

n=84; 1 individual did not answer this question

Disability* (n=35)



Other includes depression, autism, and hyperhidrosis.
50 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

THE EPICENTER

Successes and Learning

Notable Successes

Overall

- Latinx LGBTQ+ Film Festival brought the community together
- Maintained consistent cohort for support group

COVID-Related

- Transition to online services

Notable Learnings

Overall

- Youth retention in the leadership team is challenging due to transportation and scheduling barriers
- Adapting Salinas Remembers PULSE Annual Event to a livestream

COVID-Related

- Rely on social media, text, and email to stay connected with clients
- Maintaining a safe virtual space for clients to learn/gain access while at home

Case example/narrative

A program participant of Epicenter reached out seeking support with their employment situation in April, 2020. This participant disclosed that they are also a DACA recipient and were worried about making their deadline for their DACA renewal due to the financial strain that was caused because of the shelter-in-place order and loss of hours at their job… After several one-on-ones, we were able to work with them on identifying their needs and created a plan to meet these needs. The supports offered contributed to positive impacts on their mental health and wellbeing, as well as their financial situation.

COVID-related program impacts

Due to COVID-19, the program adapted all services to be available online, such as their annual Salinas Remembers PULSE event to livestream. They have also increased communication efforts via social media, text, and email to keep their client base engaged and connected.

PARENT EDUCATION PROGRAM
COMMUNITY HUMAN SERVICES

Community Human Services (CHS) offers the Parent Education Program, which provides parenting programs in Spanish and English for parents and caregivers of children ages 0 to 12 years old. Specifically, CHS utilizes the Nurturing Parenting Program to teach families parenting skills with nurturing behaviors to promote healthy physical and emotional development and teach appropriate role and development expectations. The Nurturing Parenting Program is an evidence-based program that is designed for the treatment and prevention of child abuse and neglect. The program provides an educational approach in understanding the definition and effects of child abuse.

Program Highlights

279 individuals engaged in program activities

97% of outcome survey respondents said they were **better able** to deal with problems

Program Activities

Activities Hosted

Presentations – More than 100 people attended the Self Care presentation that was given during the 4th annual Parent University.
Community Events – More than 100 people attended the 4th annual Parent University.
Education/Training Sessions – 79 people attended 17 Nurturing Parenting and Parent Education Classes.

Presentation Topic

○ **Self Care** ○

PARENT EDUCATION PROGRAM

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=33–35)	% Disagree	% Not Sure	% Agree
I feel more connected to other people.	0%	24%	76%
I know where to go for mental health services near me.	0%	9%	91%
I know when to ask for help with an emotional problem.	0%	9%	91%
I am able to deal with problems better.	0%	3%	97%
I feel less stress or pressure in my life.	3%	17%	80%
I feel better about myself.	0%	11%	89%
When I think about the future, I feel good.	0%	14%	86%

Please choose how much you agree or disagree with each sentence below (n=33–35)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0%	9%	91%
The program had services in the language that I speak best.	0%	3%	97%
I got services that were right for me.	0%	0%	100%
I am happy with the services I received.	0%	6%	94%
I would recommend this program to a friend or family member.	0%	3%	97%

What was most useful or helpful about this program? (n=33)

- Better understanding of parenting skills (22)
- Increased understanding of child development (9)
- Social support with other participants (3)

What are your recommendations for improvement? (n=33)

- A more suitable environment for learning (13)
- More classes to attend (4)
- More engagement opportunities (2)
- General positive feedback (e.g., “it was great”) (5)

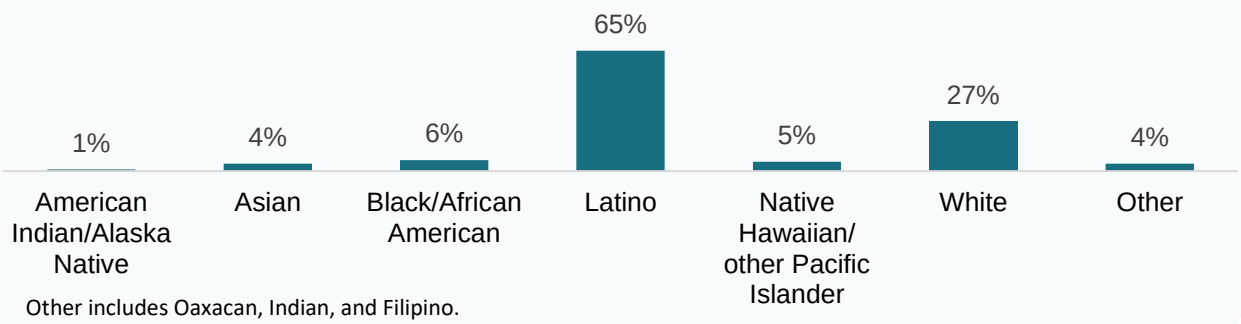
"The tips and technicalities to improve the education for parents and children about their development..."

"To be more comfortable once the program becomes more regular with more space and tables."

PARENT EDUCATION PROGRAM

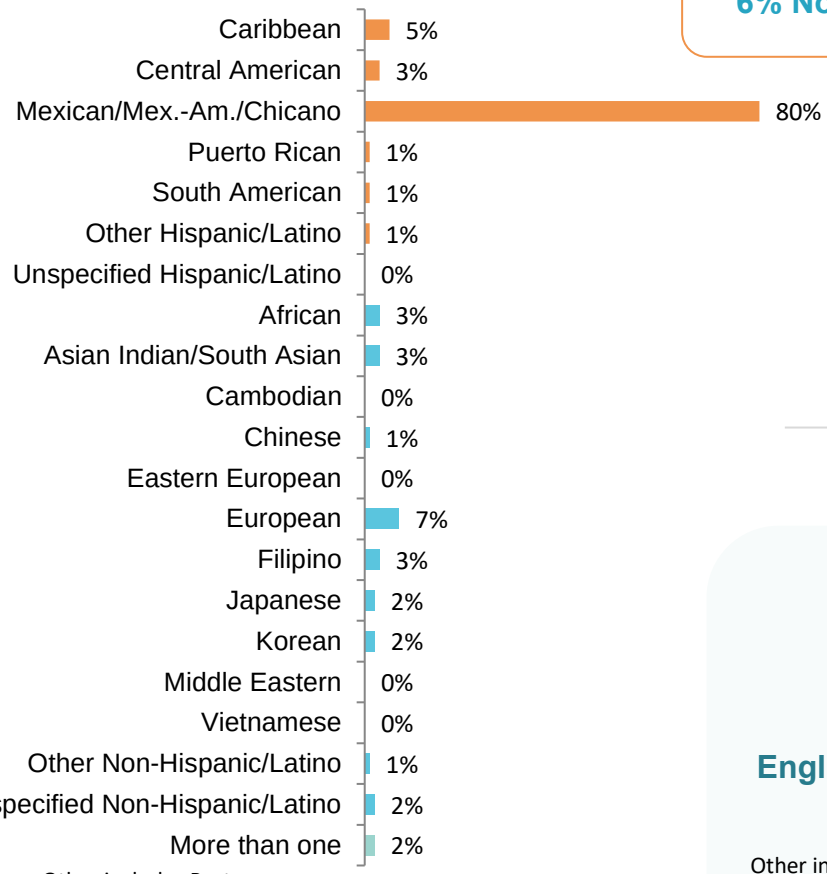
Demographic Data

Race* (n=136)



Other includes Oaxacan, Indian, and Filipino.
28 individuals did not answer this question, including 7 who selected "decline to answer"

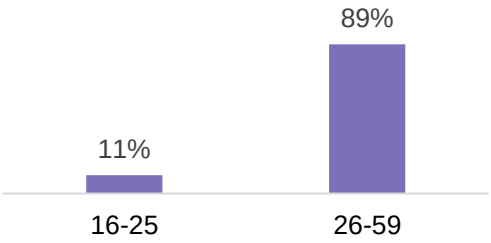
Ethnicity* (n=119)



Other includes Portuguese.
38 individuals did not answer this question, including 7 who selected "decline to answer"

94% Hispanic/Latino
6% Non-Hispanic/Latino

Age Groups (n=164)



Primary Language* (n=148)

English	42%
Spanish	58%
English & Spanish	0%
Other	5%

Other includes Triqui, Tagalog, and Mixteco.
16 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PARENT EDUCATION PROGRAM

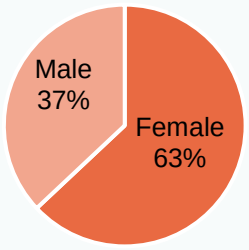
Demographic Data

Current Gender Identity (n=162)

Female	63%
Male	37%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question

Sex Assigned at Birth (n=162)



2 individuals did not answer this question

Sexual Orientation (n=157)

Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	1%

7 individuals did not answer this question

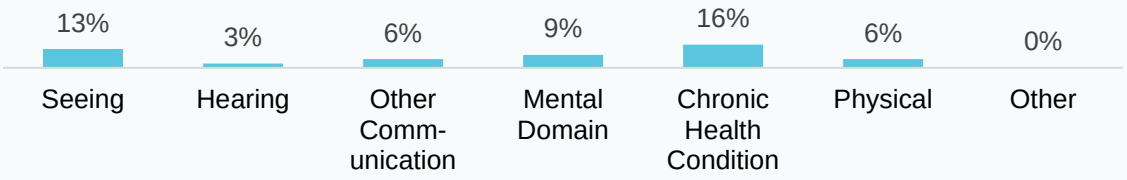
4% of individuals are veterans

n=162; 2 individuals did not answer this question

11% of individuals reported having one or more disabilities

n=133; 31 individuals did not answer this question

Disability* (n=15)



Other includes diabetes and anger issues.
149 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PARENT EDUCATION PROGRAM

Successes and Learning

Notable Successes

Overall

- Triple P was sunset and replaced by a new evidence-based program (Nurturing Parent Program)

COVID-Related

- Transitioned services to online platforms
- Required intake forms are now available online

Notable Learnings

Overall

- Ensuring court-ordered attendees understand importance of attending classes

COVID-Related

- Internet access for program participants is challenging

Case example/narrative

Many of our participants not only implement what they are learning in class, but also share their new learned knowledge with friends and family members. During one of our classes a parent shared that he has noticed the difference in his children when it comes to how he responds to disciplining them. Previously the participant used to yell at his children every time to discipline them, but with what he has learned in class, he realizes how damaging that is for his children…He states their relationship has improved and there is better communication and understanding of each other's role in the family.

COVID-related program impacts

The program has been able to successfully transition services to an online platform. Additionally, program staff have made the required intake forms available for program participants to complete online and have provided easy to follow step-by-step instructions. Finally, program staff have also begun providing additional support to program participants via video chats and phone calls.

SENIOR COMPANION PROGAM
SENIORS COUNCIL OF SANTA CRUZ AND SAN BENITO COUNTIES

Senior Companion Program supports the achievement and maintenance of the highest level of independent living for their clients through various activities and by providing opportunities for their clients to interact socially. During client visits, senior companions may provide companionship and assist with activities fostering mental stimulation. They also participate in appropriate activities for social interaction (i.e., talking, listening, reading, gardening, playing games, assisting with hobbies). Senior companions may assist clients in food preparation, planning meals, and doing grocery shopping; provide grief support; assist in reality orientation and awareness; encourage clients' contacts with family and friends; and provide basic information about community services for seniors. They may take walks, encourage exercise, and provide information on exercise or recreation to clients. Many of their clients live in Southern Monterey County and find themselves needing rides to medical appointments outside of their community; thus, senior companions may also provide transportation for medical appointments and shopping.

Program Highlights

14 individuals engaged in program activities

100% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem, and **knew where to go for local mental health services** after participating in this program

Program Outcomes, Satisfaction, and Feedback

What was most useful or helpful about this program? (n=7)

- Emotional support from staff (4)
- Support with other needs (e.g., social support, rides to get food) (3)

What are your recommendations for improvement? (n=6)

- More time with program staff (2)
- More programs to engage with (1)
- General positive feedback (e.g., "Todo es bueno") (3)

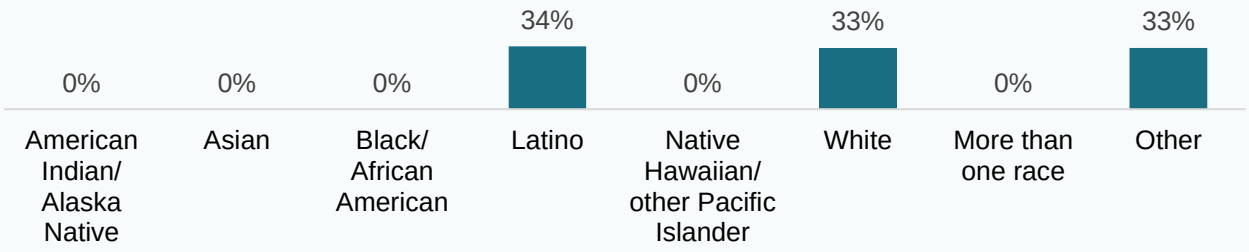
"I like to have more programs like them."

"I like the program because Armida takes me to get food from the food bank and we talk wholesomely and she is a good person."

SENIOR COMPANION PROGAM

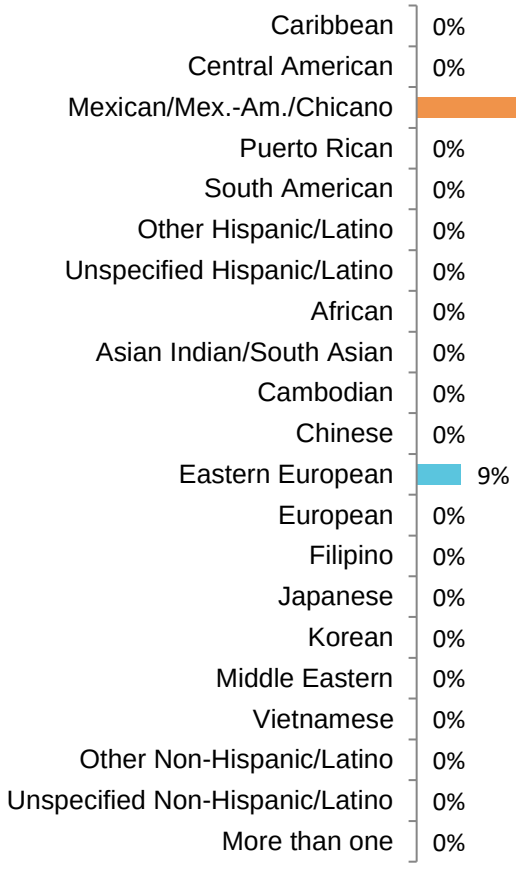
Demographic Data

Race* (n=9)



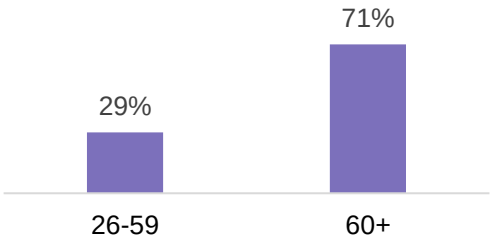
Other responses were not identified.
5 individuals did not answer this question

Ethnicity* (n=11)



86% Hispanic/Latino
14% Non-Hispanic/Latino

Age Groups (n=14)



Primary Language* (n=14)

English	21%
Spanish	57%
English & Spanish	21%
Other	0%

2 individuals did not answer this question, and 1 selected "decline to answer"

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR COMPANION PROGAM

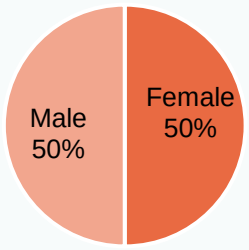
Demographic Data

Current Gender Identity (n=12)

Female	50%
Male	50%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question

Sex Assigned at Birth (n=12)



2 individuals did not answer this question

Sexual Orientation (n=8)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	100%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

6 individuals did not answer this question, including 5 who selected "I don't want to answer"

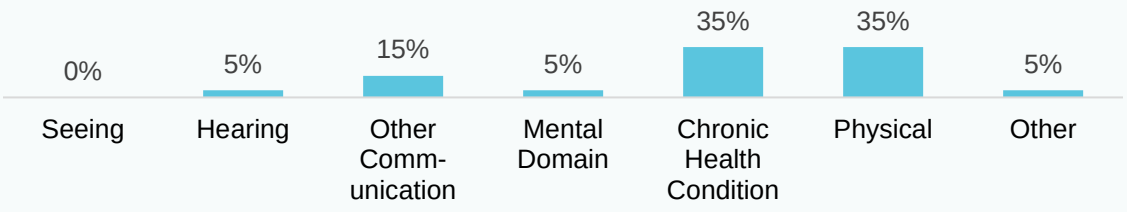
0% of individuals are veterans

n=12; 2 individuals did not answer this question

100% of individuals reported having one or more disabilities

n=14

Disability* (n=12)



Other includes bipolar and schizophrenia.
2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR COMPANION PROGAM

Successes and Learning

Notable Successes

Overall

- More people in Monterey County are becoming familiar with the program

COVID-Related

- Adapted support of seniors while maintaining high level of care and support
- No volunteers contracted COVID

Notable Learnings

COVID-Related

- How to support seniors as they shelter in place with phone calls, making deliveries, connecting seniors to services
- Reducing social isolation and loneliness of clients

SENIOR PEER COUNSELING ALLIANCE ON AGING

The Alliance on Aging provides two primary programs to seniors age 55 and older in Monterey County: the Senior Peer Counseling Program (SPC) and Fortaleciendo el Bienestar. SPC offers peer-to-peer counseling and support groups provided by trained volunteers. Fortaleciendo el Bienestar provides a series of Wellness seminars which serve the Latino community of elders. These programs are both attuned to addressing the diversity of older adults in the community who are experiencing challenges that accompany aging, such as depression and anxiety, the death of a spouse, the stress of an illness, isolation from family or friends, and other life transitions.

Program Highlights

760 individuals engaged in program activities

98% of outcome survey respondents said they received services that were right for them and in the language they speak best

Program Activities

Activities Hosted

Presentations – 12 individuals attended 2 presentations focused on developing a positive mindset.
Community Events – 250 individuals were engaged at 3 events to provide resources to older adult Latinos and partners and celebrate the support being provided to the community.
Outreach Activities – Meet and Greets were held and/or materials were distributed to 63 locations to reach older Latino adults where they live and work.
Educational Classes – 233 individuals engaged in 60 Fortaleciendo el Bienestar (Strengthening Wellbeing) classes across Monterey County.
Support Group Meetings – 265 individuals attended 111 classes aimed at supporting both Spanish- and English-speaking older adults.

Support Groups Offered

○ **Gateway Support Group** ○ **Los Abuelitos Support Group** ○ **Sherwood Support Group** ○ **Blind & Visually Impaired Support Group** ○ **Time to Talk Support Group** ○ **Memory Support Group** ○

SENIOR PEER COUNSELING

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=184–187)	% Disagree	% Not Sure	% Agree
I feel more connected to other people.	0%	12%	88%
I know where to go for mental health services near me.	5%	16%	79%
I know when to ask for help with an emotional problem.	4%	12%	84%
I am able to deal with problems better.	1%	14%	85%
I feel less stress or pressure in my life.	4%	16%	80%
I feel better about myself.	1%	14%	85%
When I think about the future, I feel good.	4%	24%	72%

Please choose how much you agree or disagree with each sentence below (n=184–187)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	1%	4%	95%
The program had services in the language that I speak best.	1%	1%	98%
I got services that were right for me.	0%	2%	98%
I am happy with the services I received.	0%	4%	96%
I would recommend this program to a friend or family member.	0%	2%	98%

What was most useful or helpful about this program? (n=33)

- Connecting with and listening to others (58)
- Having a friend to help when needed (39)

What are your recommendations for improvement? (n=33)

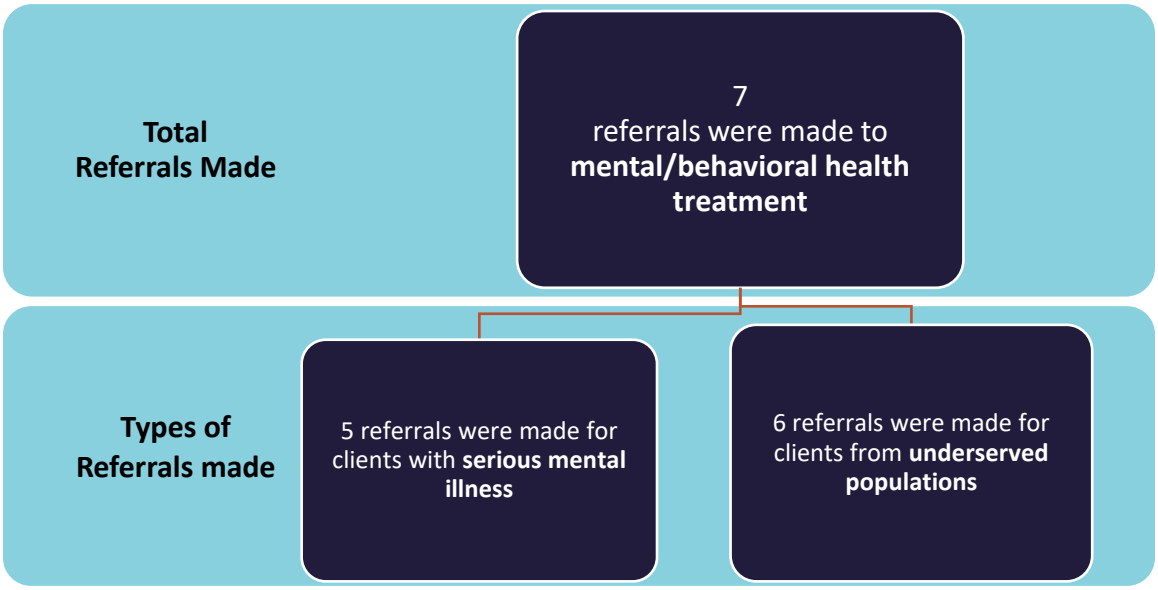
- Opportunities to spend more time with each other (18)
- More physical or recreational activities (18)

"Sharing ways of doing things with vision loss; sharing knowledge regarding cooking, travel, etc."

"To have more programs that will help us and to have someone who will show us exercise moves."

SENIOR PEER COUNSELING

Referrals to Mental Health Services



* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

Referrals for Individuals with Serious Mental Illness:
Referred to county treatment:
1 individual followed through and engaged in treatment

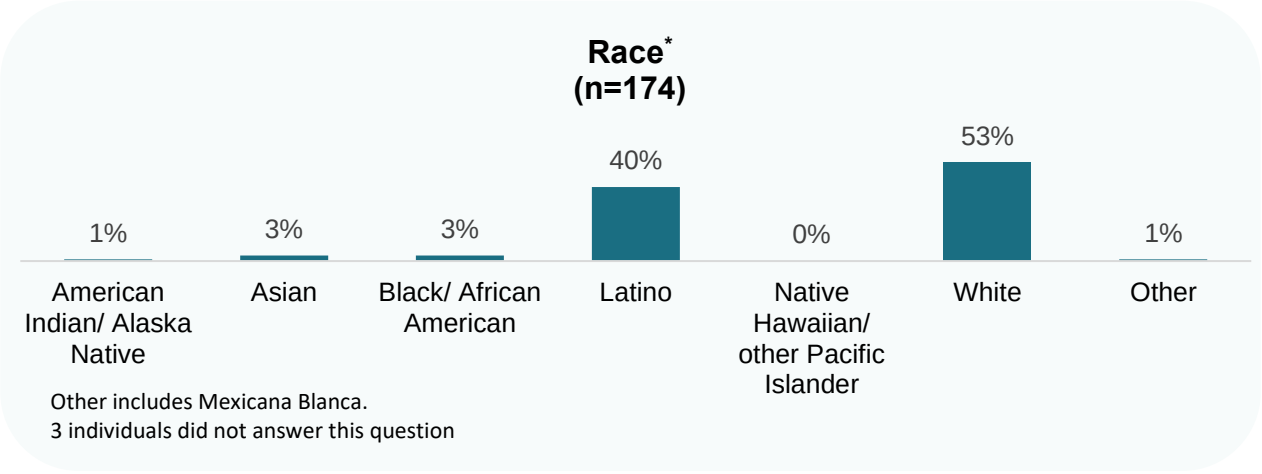
Referred to non-county treatment:
2 individuals followed through and engaged in treatment

Referrals for Members of Underserved Populations:
4 individuals followed through and engaged in treatment
7.5 days average interval between referrals and participation in treatment

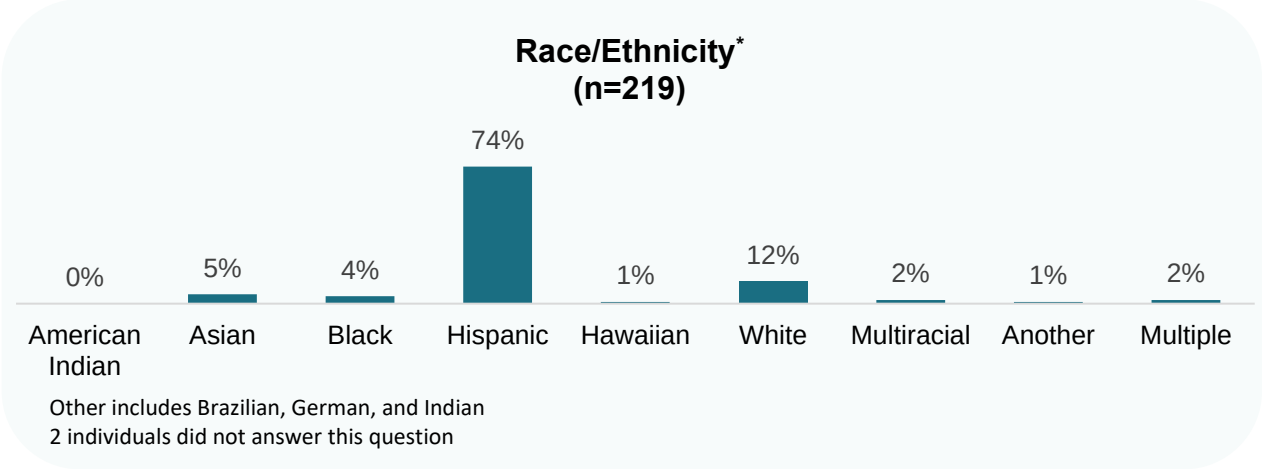
SENIOR PEER COUNSELING

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. (Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form. Age and Primary Language data from the Presentation Form are combined with data from the Adult Form.)



Other includes Mexicana Blanca.
3 individuals did not answer this question



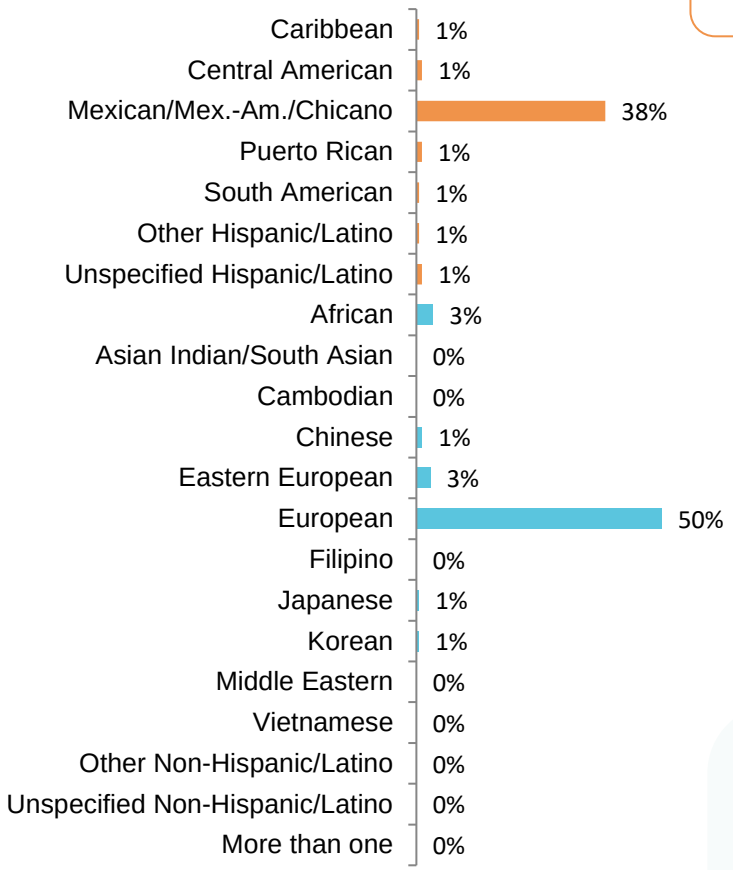
Other includes Brazilian, German, and Indian
2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR PEER COUNSELING

Demographic Data

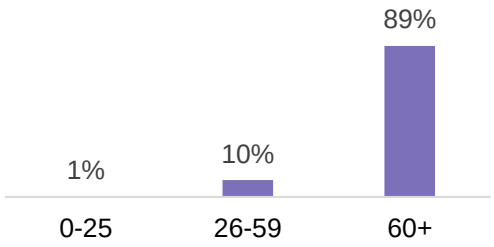
Ethnicity* (n=174)



3 individuals did not answer this question

42% Hispanic/Latino
58% Non-Hispanic/Latino

Age Groups (n=392)



6 individuals did not answer this question

Primary Language* (n=163)

English	33%
Spanish	66%
English & Spanish	0%
Other	1%

Other includes Russian.
139 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR PEER COUNSELING

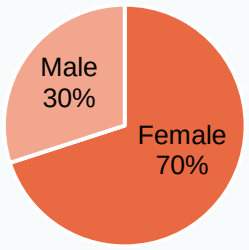
Demographic Data

Current Gender Identity (n=174)

Female	69%
Male	30%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	1%

3 individuals did not answer this question

Sex Assigned at Birth (n=174)



3 individuals did not answer this question

Sexual Orientation (n=174)

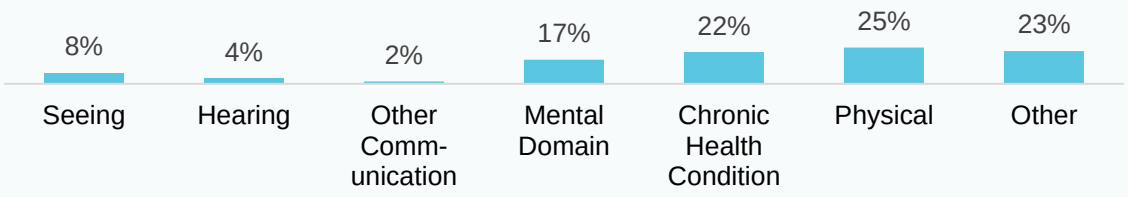
Bisexual	0%
Gay or Lesbian	1%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	1%

3 individuals did not answer this question

15% of individuals are veterans
n=176; 1 individual did not answer this question

64% of individuals reported having one or more disabilities
n=177; 0 individuals did not answer this question

Disability* (n=120)



Other includes cancer, diabetes, and Parkinson's disease.
57 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SENIOR PEER COUNSELING

Successes and Learning

Notable Successes

Overall

- More than doubled the number of individuals reached compared to last year
- **146** individuals received over **1,078 total hours** of peer-to-peer counseling
- **27** individuals received **134** hours of therapy

COVID-Related

- Altered public messaging to "PHYSICALLY distance, not SOCIALLY distance" to maintain a common vision with their participants

Notable Learnings

Overall

- Volunteers made weekly calls to participants of support groups who did not show up for groups

COVID-Related

- Altered staff working procedures and policies to ensure services continued through the pandemic
- Found ways to reach participants of support groups when activities were suspended in response to the pandemic

Case example/narrative

A 78-year-old widowed man with progressive vision loss, living with his daughter and her family, was depressed and angry about his loss of independence. He was a frequent visitor to his doctor, complaining of symptoms for which no cause could be determined. A Senior Peer Counselor, who also lives with vision impairment, was assigned to the case. Initially resistant to counseling, the client gradually warmed to the Senior Peer Counselor and his service dog. He opened up about the grief he was feeling and how "useless" his life had become. The Senior Peer Counselor was able to empathize and provide grief counseling. The client began to accept instruction with visual aids and technical support, and this gave him more independence and control over his environment. His mood improved and he became a more engaged member of his family, and his doctor's visits have subsided. The family has expressed great gratitude.

Early Intervention

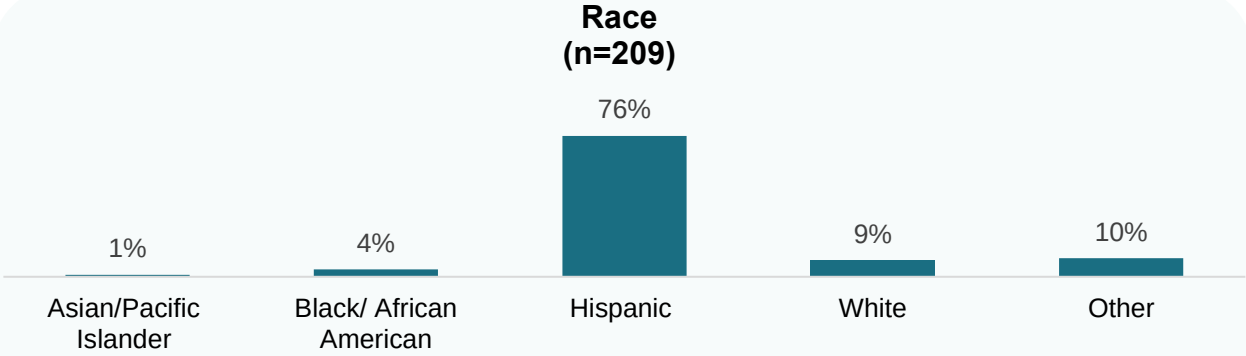
ARCHER CHILD ADVOCACY CENTER
MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

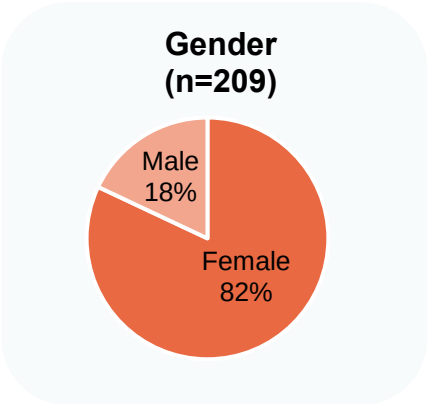
The Archer Child Advocacy Center is a Responsive Crisis Intervention program sponsored by MCBH to serve children with allegations of sexual exploitation, abuse, and/or neglect. The center provides mental health risk and treatment needs assessment, crisis stabilization, psychoeducation, mental health treatment, and linkage to other mental health services. Additionally, it serves as a child-friendly location for forensic interviews and offers crisis support services to the family/caregiver of the child. The Responsive Crisis Intervention program is a cluster of programs that offer trauma counseling, education, referrals, and crisis response team services.

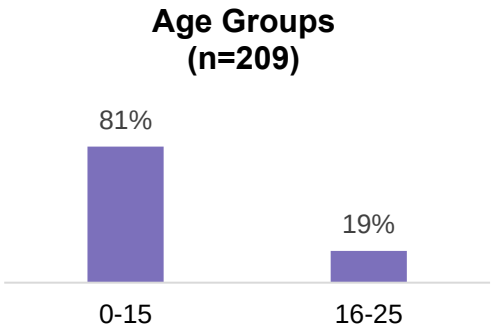
Program Highlights

209 individuals engaged in program activities

Demographic Data†







† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

FAMILY SUPPORT GROUPS
MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

Family Support Groups are facilitated by MCBH staff to provide support for family members of individuals living with mental health conditions. Family members get an opportunity to discuss their unique experiences and learn ways to cope from peers and, most of all, that they are not alone in their journey. Psychoeducation, resources, and opportunities for peer-sharing are provided through these groups. Family Support Groups are offered in English and in Spanish to all interested Monterey County residents. Groups during this time period were offered through Zoom Video Conferencing with options to join via phone, tablet or computer.

Program Highlights

594 individuals engaged in program activities

100% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem, and **knew where to go for local mental health services** after participating in this program

Program Activities

Activities Hosted

Presentations – 327 individuals attended 23 presentations for weekly family support groups.
Community Events – 230 individuals attended 3 events that Family Support Groups participated in at Alisal High School for migrant parents.
Outreach Activities – 10 outreach activities were held to promote awareness and knowledge of the Spanish and English Family Support Groups.
Educational Trainings – 9 individuals engaged with 7 classes at the ASOC Conference Room for relatives of people with a mental illness.
Support Group Meetings – 28 individuals and 10 families attended 28 support groups for individuals with family members or a loved one that experiences an emotional or mental health illness.

Presentation Topics

Boundaries **Caregiver Self Care** **Psychoeducation on Schizophrenia, Bipolar Disorders, Psychosis, MD, and Crisis Management** **Early Warning Signs and Prevention Strategies** **Access to Behavioral Health Services** **NAMI Program, Workshops, and Trainings**

FAMILY SUPPORT GROUPS

Program Outcomes, Satisfaction, and Feedback

What was most useful or helpful about this program? (n=4)

- Sharing experiences with others (1)
- Networking with other families to learn about services (1)

What are your recommendations for improvement? (n=2)

- Longer sessions (1)
- More guest speakers (1)

"I appreciate connecting with other families and understanding what services are available and what is not available."

Referrals to Mental Health Services

Total Referrals Made

2 referrals were made to **mental/behavioral health treatment**

Types of Referrals made

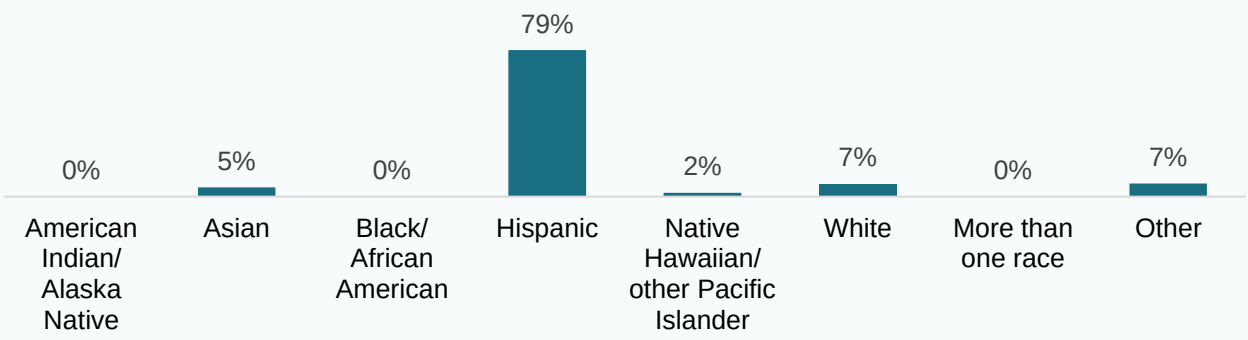
0 referrals were made for clients with **serious mental illness**

2 referrals were made for clients from **underserved populations**

FAMILY SUPPORT GROUPS

Demographic Data

Race (n=44)



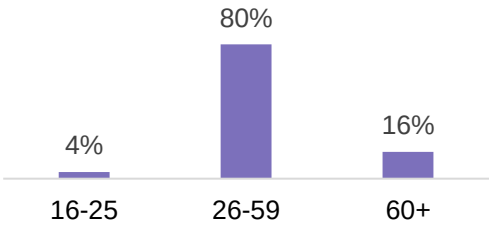
Other includes Mexican American.
1 individual did not answer this question

Primary Language* (n=41)

English	42%
Spanish	46%
English & Spanish	12%

4 individuals did not answer this question

Age Groups (n=45)



* Percentages may exceed 100% because participants could choose more than one response option.

FAMILY SUPPORT GROUPS

Successes and Learning

Notable Successes

Overall

- Family members are applying the coping skills they have learned from support groups
- Family members have networked with each other and provide social support to one another

COVID-Related

- Pivoted to online services to support families

Notable Learnings

Overall

- How to help families share their stories and build a cohesive family support group
- The collaboration with other agencies helped pull in more families

COVID-Related

- Learned how support groups could continue to meet virtually via Zoom
- How to support families with technology issues

Case example/narrative

A parent was struggling with her children, who receive services, and she has moved toward looking at how she can decrease her own anxiety and depression by asking for services. The parent reports that she may not be able to change the behaviors or situations of her children, but she can better handle situations if she herself is in a better place.

COVID-related program impacts

Over the last quarter, we were successful with supporting the participation of a few members who were able to overcome technology aversion. The positive impact was being able to provide support while participants maintained shelter-in-place restrictions. We were able to continue that support during the pandemic.

FELTON EARLY PSYCHOSIS
FELTON INSTITUTE

(re)MIND® is a program sponsored by Felton Institute to provide treatment and management of early psychosis with evidence-based, culturally competent assessment and diagnosis. The mission of (re)MIND® is to deliver comprehensive, conscientious and multi-faceted treatment grounded in wellness, recovery, and resilience to people experiencing signs and symptoms of psychosis, as well as their families. The (re)MIND® program serves people ages 14–35 demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of schizophrenia or schizoaffective disorder.

Program Highlights

460 individuals engaged in program activities

84% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem, and **knew where to go for local mental health services** after participating in this program

Program Activities

Activities Hosted

Presentations – 25 participants convened at the offices of 3 partner programs that make referrals, to discuss psychosis, admission criteria and resources that Felton provides.
Community Events – 237 people were reached at 4 events for professionals and community members to target those who know someone in need of services.
Outreach Activities – 191 participants were reached during 2 activities for community education about mental health services and early psychosis intervention.
Education/Training Sessions – Provided training with 7 clinicians and social workers regarding their diagnostic differentials and program eligibility of referrals.

Presentation Locations

Open House Felton offices ○ Lover's Point, Monterey ○ Patriot Park, Greenfield ○ MCBH ACCESS South County offices ○ NAMI Monterey offices ○ Epicenter Salinas offices ○ Marina High School ○

FELTON EARLY PSYCHOSIS

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=68–69)	% Disagree	% Not Sure	% Agree
I feel more connected to other people.	9%	29%	62%
I know where to go for mental health services near me.	0%	16%	84%
I know when to ask for help with an emotional problem.	7%	9%	84%
I am able to deal with problems better.	5%	26%	69%
I feel less stress or pressure in my life.	15%	21%	64%
I feel better about myself.	6%	22%	72%
When I think about the future, I feel good.	4%	29%	67%
I feel less worried or afraid.	9%	16%	75%
I feel I have more energy during the day.	19%	23%	58%
I care more about the things that are happening in my life.	9%	14%	77%

Please choose how much you agree or disagree with each sentence below (n=68–71)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	3%	4%	93%
The program had services in the language that I speak best.	3%	7%	90%
I got services that were right for me.	1%	12%	87%
I am happy with the services I received.	0%	16%	84%
I would recommend this program to a friend or family member.	3%	20%	77%

What was most useful or helpful about this program? (n=56)

- Connection to a mental health professional (18)
- Being about to express feelings and be heard (14)
- Getting diagnosed and prescribed medications (7)

What are your recommendations for improvement? (n=41)

- Greater access to staff (5)
- More networking opportunities (2)
- General positive feedback (e.g., “I like this program how it is”) (17)

FELTON EARLY PSYCHOSIS

Program Outcomes, Satisfaction, and Feedback

"The most helpful things about the program is that the staff actually care about the people that are getting services."

"More facilities for quicker and easier access."

Referrals to Mental Health Services

Total Referrals Made

32 referrals were made to **mental/behavioral health treatment**

Types of Referrals made

- 24 referrals were made for clients with **serious mental illness**
- 9 referrals were made for clients from **underserved populations**
- 1 referral made for other clients

* More than one type of referral could be provided to clients and thus may exceed the total number of referrals.

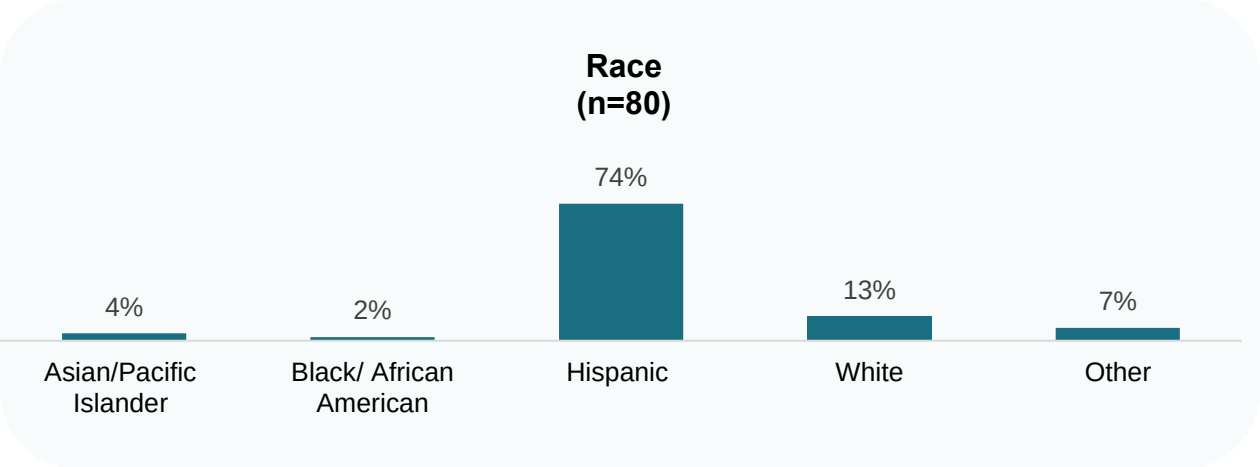
Referrals for Individuals with Serious Mental Illness:
Referred to county treatment:
6 individuals followed through and engaged in treatment
42 days average interval between referrals and participation in treatment
Over a year, on average, for duration of untreated mental illness prior to referral
Kinds of County Treatment Referred to:
ACCESS team ● Mobile Crisis team ● Adult System of Care

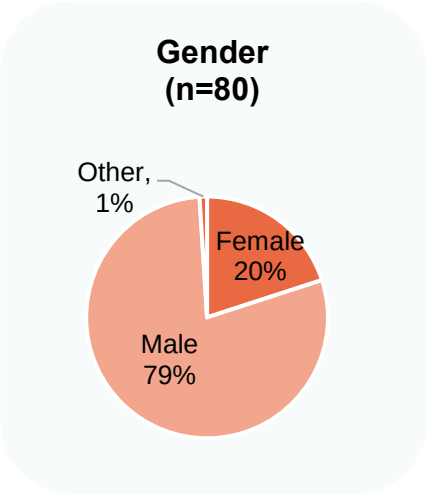
Referred to non-county treatment:
6 individuals followed through and engaged in treatment
33 days average interval between referrals and participation in treatment
Over a year, on average, for duration of untreated mental illness prior to referral
Kinds of Non-County Treatment Referred to:
Manzanita House ● Suicide Prevention Hotline ● Beacon

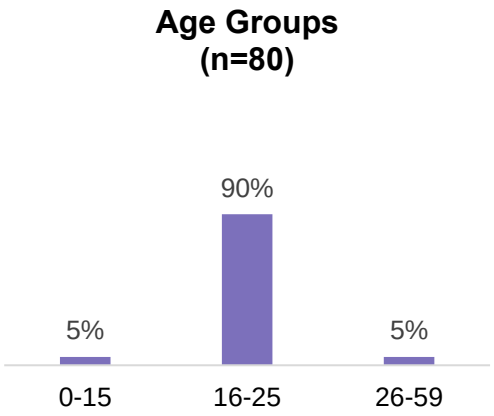
Referrals for Members of Underserved Populations:
7 individuals followed through and engaged in treatment
31.5 days average interval between the referral and participation in treatment
Kinds of Treatment Referred to:
MCBH Avanza ● NMC Crisis ● ACCESS team

FELTON EARLY PSYCHOSIS

Demographic Data†







† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

FELTON EARLY PSYCHOSIS

Successes and Learning

Notable Successes

Overall

- Participants largely maintained or increased school and employment participation
- Influx of referrals leading to additional clients served

COVID-Related

- Virtually, staff sustained or increased contacts with participants
- Some clients found virtual sessions made services more accessible

Notable Learnings

Overall

- First open house event and program graduation ceremony held in the Fall
- Balancing caseloads for ratio of graduations to new referrals

COVID-Related

- Change to daily staff check-ins for strategies to support clients
- A letter was drafted listing resources like food banks and instructions for unemployment applications

Case example/narrative

A young man who had dropped out of college, was previously experiencing intense conflict with family members. Now, as a client with Felton Institute, he has improved relationships with his family, and has returned to college where he is earning all A's and participates in multiple student organizations.

COVID-related program impacts

The staff quickly changed to providing services virtually after the stay-at-home order. Once in-person appointments for clinically-indicated participants resumed, carefully implemented protocols were put in place to take temperatures, stagger scheduling, and require masks.

MOBILE CRISIS TEAM
MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

The Mobile Crisis Team provides law enforcement and other treatment providers with specialized assistance in responding to individuals, youth and families in crisis. They collaborate to recognize the signs of psychiatric distress; work to de-escalate a mental health crisis, provide available resources and link people with voluntary outpatient services and/or treatment as appropriate. The team seeks to provide the support to stabilize the situation in the community to avoid unnecessary hospitalizations and divert from emergency resources (hospital/jail) when appropriate while providing the linkage to ongoing care as needed. They facilitate involuntary hospitalization when clinically indicated and act as the liaison with emergency personnel as well as the receiving hospital/providers for continuity of care. They also provide follow-up and outreach and engagement services in the community.

Program Highlights

207 individuals engaged in program activities

Program Activities

Activities Hosted

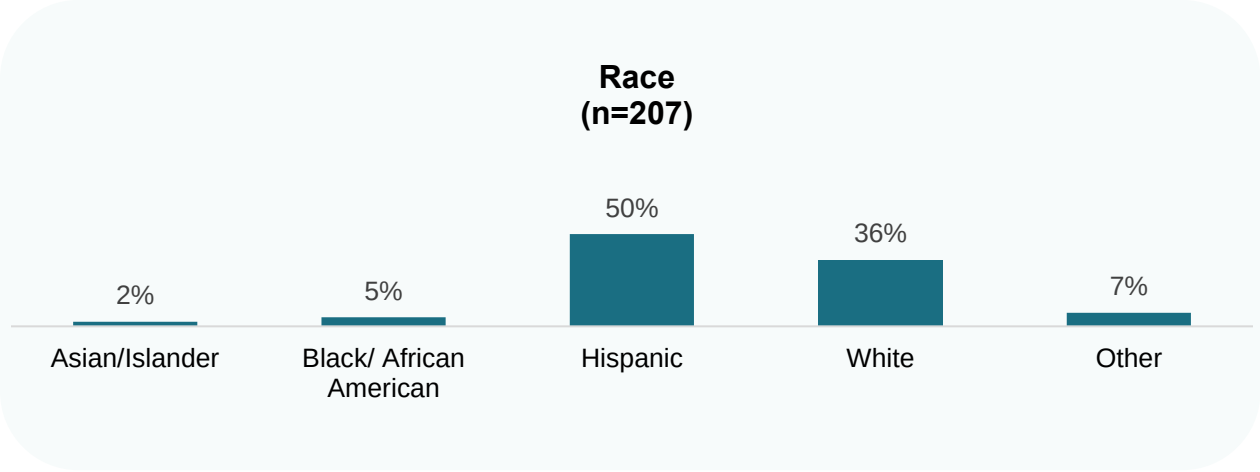
Presentations –2 English and Spanish presentations on Critical Incident Stress Management with 25 participants at events following the Gilroy Garlic Festival.
Community Events – 4 community events were held on topics such as anti-bullying and care for individuals with Alzheimer's.
Outreach Activities – Regular activities occurred on behavioral health outreach and engagement alongside law enforcement outreach and engagement across Monterey County.
Education/Training Sessions – 180 individuals engaged in 8 trainings about the resources and supports of the Mobile Crisis Team.
Support Group Meetings –12 support group meetings, that bring community partners together to proactively support homeless and high utilizers of emergency services, were held.

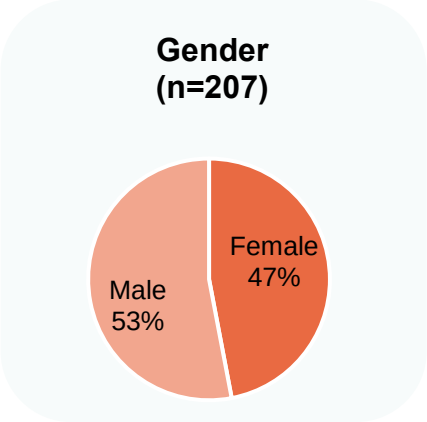
Presentation Topics

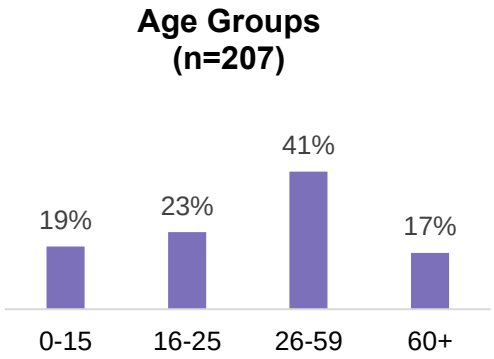
- **Critical Incident Stress Management**

MOBILE CRISIS TEAM

Demographic Data†







† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

MOBILE CRISIS TEAM

Successes and Learning

Notable Successes

Overall

- Developed and sustained positive partnerships with other organizations that provide crisis supports to individuals and families
- Developed trust from the community and fully established staff as part of the culture across Monterey County where they live and work
- Only 1% of emergency calls in which Mobile Crisis was involved led to arrest

Notable Learnings

Overall

- Overcame staff turnover without loss of service

COVID-Related

- Learned how to use staff who were pulled from the field for other essential crisis services in the Emergency Department at Natividad Hospital

OMNI RESOURCE CENTER INTERIM, INC.

OMNI Resource Center (OMNI) is a program sponsored by Interim, Inc. to provide a neighborhood-based wellness center where community members can access resources and social supports in non-stigmatizing settings. OMNI's mission is to increase mental health and wellness through wellness awareness and innovative programs. It is open to all adults, with special programs for Transition Age Youth (ages 16–25) and young adults (ages 25–30). OMNI offers peer-led programs to promote wellness and mental health recovery and hosts recreational and social opportunities. It assists community members to pursue personal and social growth through self-help, socialization, and peer support groups.

Program Highlights

2,077 individuals engaged in program activities

90% of outcome survey respondents said they were **happy with the services they received and would recommend this program to a friend or family member**

Program Activities

Activities Hosted

Presentations – 24 individuals attended 2 presentations.
Community Events – 345 individuals participated in 11 community events.
Education/Training Sessions – 129 individuals engaged in educational classes.
Support Group Meetings – 3,528 individuals benefited from 477 support groups.
Other Services – 5,846 individuals engaged in other events where they received social support, information, meals, care packs, and other resources.

Presentation and Event Topics

SEES Employment Presentation ○ **Winter Workshop** ○ **Tanabata** ○ **Hearing Voices** ○ **Suicide Awareness** ○ **Healthy Habits** ○ **Advocacy and You** ○ **Double Trouble in Recovery** ○ **Finding Work Today** ○ **Healthy Boundaries** ○ **No Estas Solo** ○ **Pop Culture** ○

OMNI RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=154–158)	% Disagree	% Not Sure	% Agree
I feel more connected to other people.	3%	19%	78%
I know where to go for mental health services near me.	3%	15%	82%
I know when to ask for help with an emotional problem.	6%	15%	79%
I am able to deal with problems better.	3%	14%	83%
I feel less stress or pressure in my life.	8%	22%	70%
I feel better about myself.	4%	15%	81%
When I think about the future, I feel good.	5%	23%	72%
I feel less worried or afraid.	10%	23%	67%
I feel I have more energy during the day.	8%	22%	70%
I care more about the things that are happening in my life.	3%	12%	85%

Please choose how much you agree or disagree with each sentence below (n=155–158)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	1%	11%	88%
The program had services in the language that I speak best.	4%	6%	90%
I got services that were right for me.	2%	13%	85%
I am happy with the services I received.	2%	8%	90%
I would recommend this program to a friend or family member.	2%	8%	90%

What was most useful or helpful about this program? (n=147)

- Socializing with others (51)
- Supportive staff and group sessions (30)
- Learning how to support myself (19)

What are your recommendations for improvement? (n=137)

- Increase the number of physical, social, and creative activities (18)
- Finding more time to engage with participants (13)
- Increase the number of staff (and those who speak Spanish) (4)

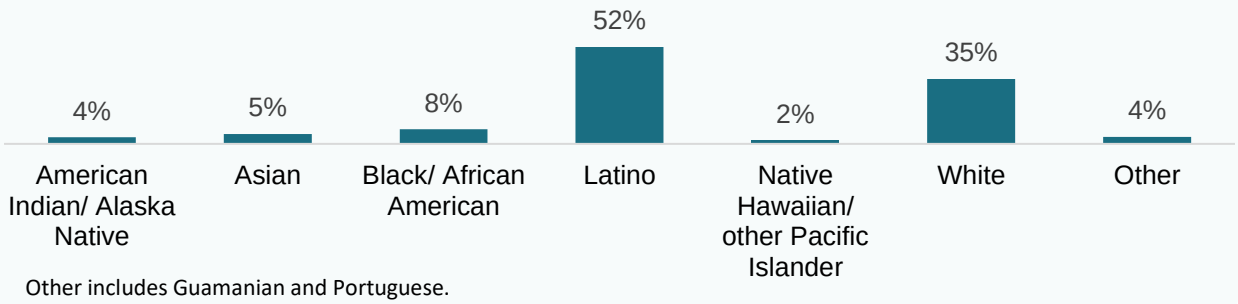
"It offers a place to hangout and have a meal. Also gain knowledge about services that I have not heard of and qualify for."

"Have a Spanish speaker help translate to a non-English speaker about what is going on in group or everything at interim programs."

OMNI RESOURCE CENTER

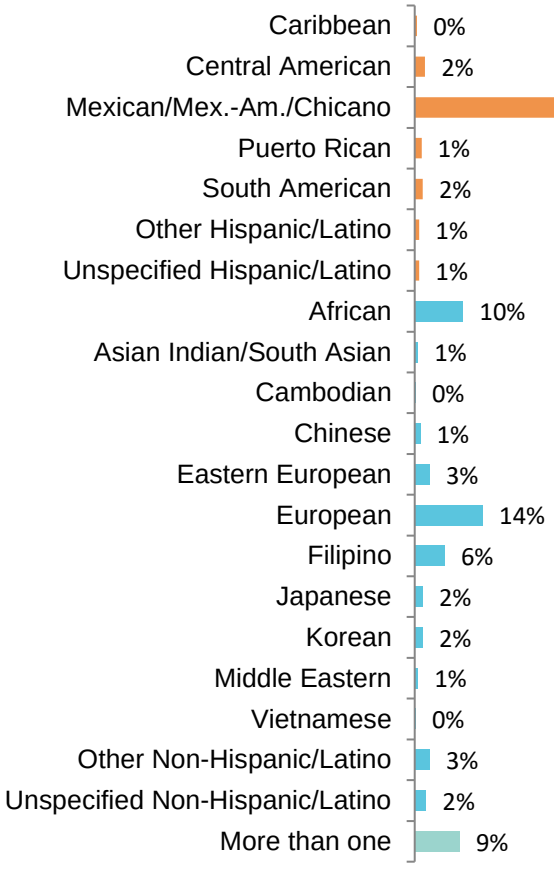
Demographic Data

Race* (n=599)



Other includes Guamanian and Portuguese.
73 individuals did not answer this question

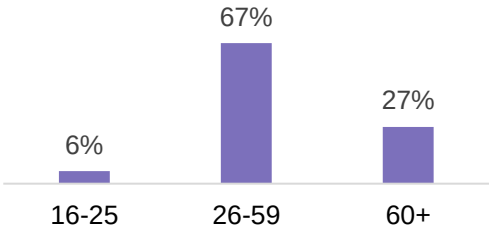
Ethnicity* (n=427)



Other includes Persian, Swedish, and Dutch.
245 individuals did not answer this question

64% Hispanic/Latino
36% Non-Hispanic/Latino

Age Groups (n=672)



Primary Language* (n=647)

English	90%
Spanish	10%
English & Spanish	1%
Other	1%

Other includes Korean, Filipino, and Ilocano.
25 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

OMNI RESOURCE CENTER

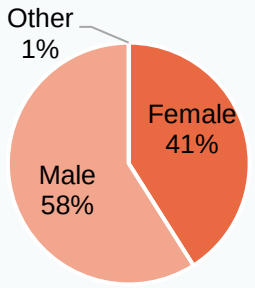
Demographic Data

Current Gender Identity (n=641)

Female	40%
Male	58%
Transgender	0%
Genderqueer	1%
Questioning or Unsure	0%
Another Gender Identity	1%

31 individuals did not answer this question

Sex Assigned at Birth (n=632)



40 individuals did not answer this question

Sexual Orientation (n=523)

Bisexual	0%
Gay or Lesbian	3%
Heterosexual or Straight	91%
Queer	2%
Questioning or Unsure	1%
Another Sexual Orientation	3%

149 individuals did not answer this question

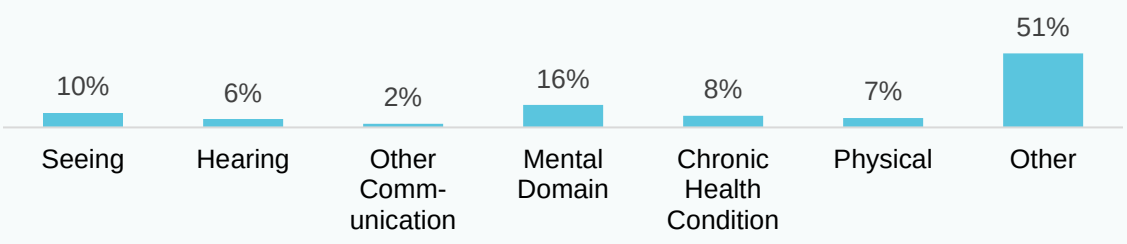
4% of individuals are veterans

n=588; 84 individuals did not answer this question

100% of individuals reported having one or more disabilities

n=413; 259 individuals did not answer this question

Disability* (n=403)



Other includes diabetes, paranoia, and autism.
269 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

OMNI RESOURCE CENTER

Successes and Learning

Notable Successes

Overall

- Collaboration with the Avanza program
- Furthered education of OMNI staff and peers

COVID-Related

- Continued providing access to staff and services upon OMNI's building closure
- Established a warmline and trained staff for phonelines to help reduce isolation

Notable Learnings

Overall

- How to deal with pests that can be hidden in the belongings of clients

COVID-Related

- Overcame barriers to communicating with the most vulnerable clients who were unable to utilize First Methodist or Chinatown services
- Helped clients overcome technology barriers to receiving support from OMNI staff
- Overcame COVID restrictions by distributing Care Packages for vulnerable clients

Case example/narrative

One client who began attending OMNI approximately a year ago was very withdrawn and non-verbal. He spent his day pacing and listening to music. Staff would check in with him every day and gently encourage him to attend groups. Eventually, he started attending one group a week, and then it quickly became three groups, then five groups. Now, he attends group every time he is here and has blossomed into a smiling, friendly person who enjoys playing board games with other clients.

COVID-related program impacts

When OMNI closed to the public, staff ensured that our most vulnerable clients were scheduled to come to the front doors of the center every other day to check in with staff. Eventually, we were able to purchase pre-paid cell phones for those clients with 200 minutes of time so that they could continue to call us and access more services (these phones were purchased with private donation funds).

SCHOOL-BASED COUNSELING
PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE

School-Based Counseling is a program sponsored by Pajaro Valley Prevention and Student Assistance to provide mental health services to children and their families in schools located in Northern Monterey County in the Pajaro/Las Lomas area. The program addresses a broad range of mental health needs and aims to help children develop coping skills and improve academic performance.

Program Highlights

18,879 individuals engaged in program activities

100% of outcome survey respondents said they were happy with the services they received in this program and would recommend the program to a friend or family member

Program Activities

Activities Hosted

Presentations – 612 individuals attended 4 presentations regarding mental health topics.
Community Events – 9,125 individuals came to 5 community events such as the El Grito event, the Salud Para la Gente 40th Anniversary, Empower Watsonville Conference, and the Watsonville High CAP project mentor fair.
Outreach Activities – 9,050 individuals participated in 7 outreach events where families could connect to resources for children with mental health issues.
Education/Training Sessions – 71 individuals engaged in 7 classes to learn parenting skills and peer mediation.
Support Group Meetings – 21 individuals came to 5 support groups for families to address growing concerns and anxiety over COVID-19 and to connect families to support services.

Mental Health Presentation Locations

○ **North Monterey County – Pajaro/Las Lomas** ○ **Churches** ○ **Nuevo Amanacer** ○ **Mello Center** ○

SCHOOL-BASED COUNSELING

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=17–18)	# Disagree	# Not Sure	# Agree
I feel more connected to other people.	0	3	15
I know where to go for mental health services near me.	0	1	17
I know when to ask for help with an emotional problem.	0	2	16
I am able to deal with problems better.	0	2	16
I feel less stress or pressure in my life.	1	2	15
I feel better about myself.	0	1	16
When I think about the future, I feel good.	0	4	14
I feel less worried or afraid.	1	5	12
I feel I have more energy during the day.	0	7	11
I care more about the things that are happening in my life.	0	0	18

Please choose how much you agree or disagree with each sentence below (n=18)	# Disagree	# Not Sure	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	0	18
The program had services in the language that I speak best.	0	2	16
I got services that were right for me.	0	1	17
I am happy with the services I received.	0	0	18
I would recommend this program to a friend or family member.	0	0	18

What was most useful or helpful about this program? (n=17)

- Being able to express myself and be listened to (10)
- Engaging in a variety of games and activities (2)
- Social support (4)

"Games and being heard. Having someone to talk to."

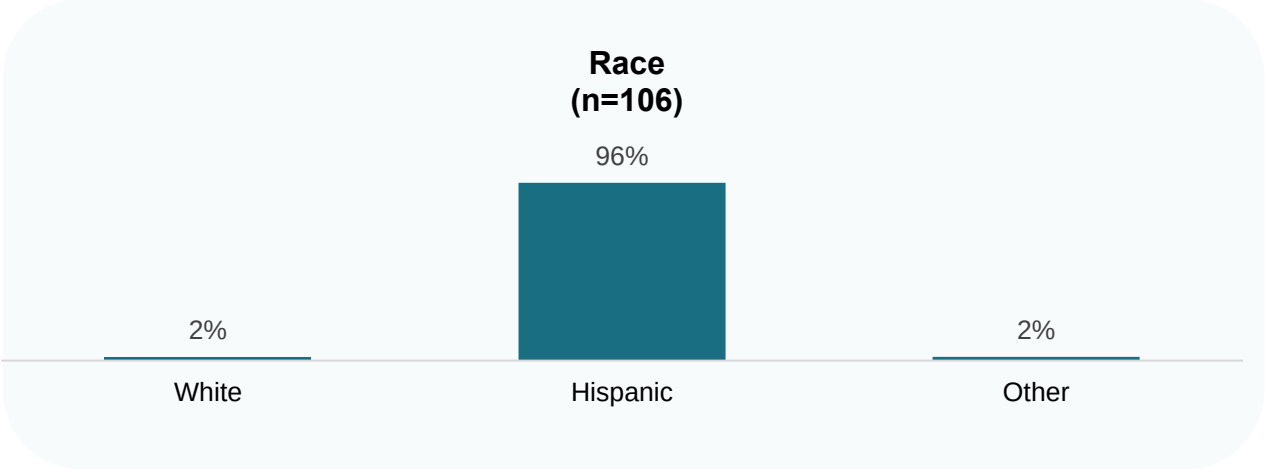
What are your recommendations for improvement? (n=13)

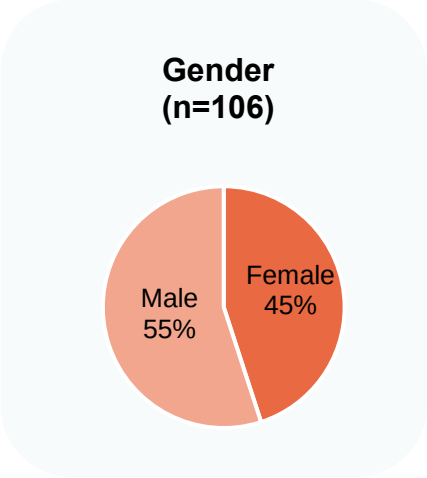
- More visits with the counselor (2)
- General positive comments (2)
- Generally neutral feedback (e.g., "I am not sure") (9)

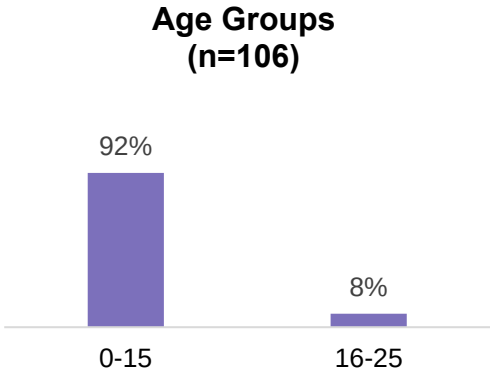
"Seeing the counselor more times per week."

SCHOOL-BASED COUNSELING

Demographic Data†







† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

SCHOOL-BASED COUNSELING

Successes and Learning

Notable Successes

Overall

- Using Promotoras for outreach activities has been effective

COVID-Related

- Providing mental health services for all new client referrals throughout the pandemic
- Partnering with the PVUSD and other community organizations to plan for the expected increase in need for prevention and early intervention services as school begins

Notable Learnings

Overall

- Addressing fears of seeking support due to an individual's immigration status

COVID-Related

- Responding to increases in anxiety levels by adding additional case management services
- Finding safe ways to continue face-to-face services and accept new clients

Case example/narrative

Our promotoras reported that one mother with a 3-year-old child inquired about services after one of the outreach events at the local church. The mother shared information that alerted the promotora about the importance of following up to connect to care. Office staff reached out to the parent, but the parent first declined services due to fears in providing the child's medical information. The promotora reconnected with the mother to encourage her to seek care and provided vast information about the public charge rule. After many attempts, the mother did enroll the child for care. The mother is actively engaged in sessions and, according to the clinician, the child is making progress.

COVID-related program impacts

With the ongoing shelter-in-place orders, many of our families expressed anxiety and frustration over food availability and affordability, and the lack of necessary items such as diapers and masks. We have worked to address these issues with various community agencies and have been successful in helping more than 30 families obtain financial assistance. In partnership with the Food Bank of Monterey County and the National Guard, PVPSA has provided food supplies and prevention resource information to an average of 1,559 individuals in North Monterey County

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING
HARMONY AT HOME

The Sticks & Stones school-based counseling program is the first prevention and intervention program for children exposed to violence and trauma in Monterey County and it is sponsored by Harmony at Home. The program provides school-based psychoeducation, individual therapy, and group therapy for children who have been exposed to trauma and are experiencing concerning behaviors at school, home or in the community. The program also works to support parents and caregivers in meeting their children's academic, social and psychological needs and enhance their conflict resolution skills. In addition, the program outreaches to community groups to promote the program and related services.

Children 1st is a co-parenting program targeted for children ages 5-18 and their parents who are either separating or divorcing. Two classes are offered for each parent and child and the main topics of the program are designed to lessen the negative impact and trauma their family may be experiencing. Families are enabled with helpful communication tools and support to navigate the process of going through separation or divorce, including helping them to understand the reactions and feelings that they may be experiencing. Parents also learn about the impact this situation could be having on their children and they gain negotiating and problem-solving skills to ensure amicable relations with their spouse. This program is currently being offered virtually state-wide and families who are at or below the poverty level have the opportunity to take the classes for free.

Program Highlights

4,892 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 1,515 attended 27 presentations given at schools and partner organizations to inform about bullying prevention and Harmony at Home services.
Community Events – 2,130 people participated in 15 events at the Northridge Mall, the Gonzalez Library and at local schools.
Outreach Activities – 778 individuals were reached through 16 activities such as the AIM rally, B&G Club Gang Prevention Summit, and South County School District meeting.
Education/Training Sessions – 469 people joined 22 trainings for parents, school staff, and program staff on bullying and cyberbullying prevention.

Presentation Topics

○ **Bullying Prevention** ○ **Cyberbullying Prevention** ○ **Trauma-informed Counseling**
○ **Door to Hope presentation for services** ○ **Blue Ribbon presentation**

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Program Outcomes, Satisfaction, and Feedback

What was most useful or helpful about this program? (n=3)

- It is easy to see a counselor (1)
- It is stress relieving (1)
- Safe from judgment (1)

"The unconditional support that they provide."

What are your recommendations for improvement? (n=2)

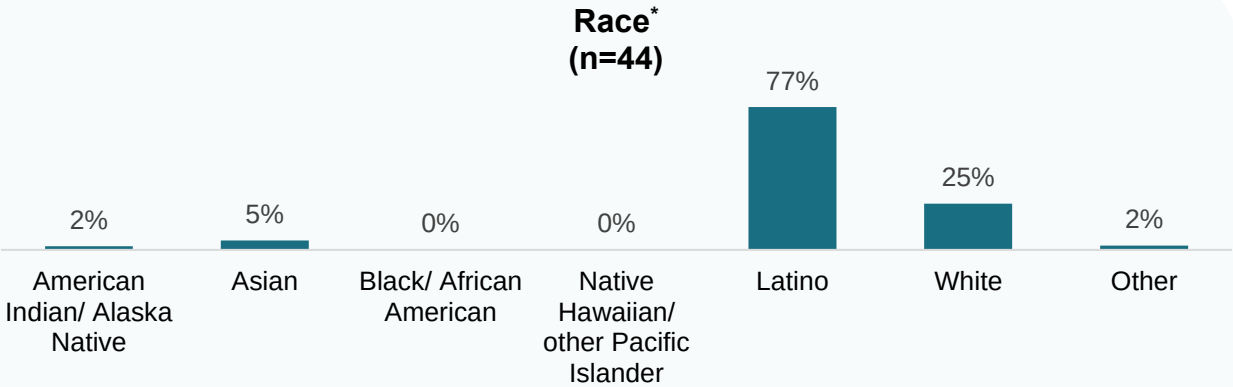
- More classes during the week (1)
- General positive feedback (1)

"Nothing really, it's already good."

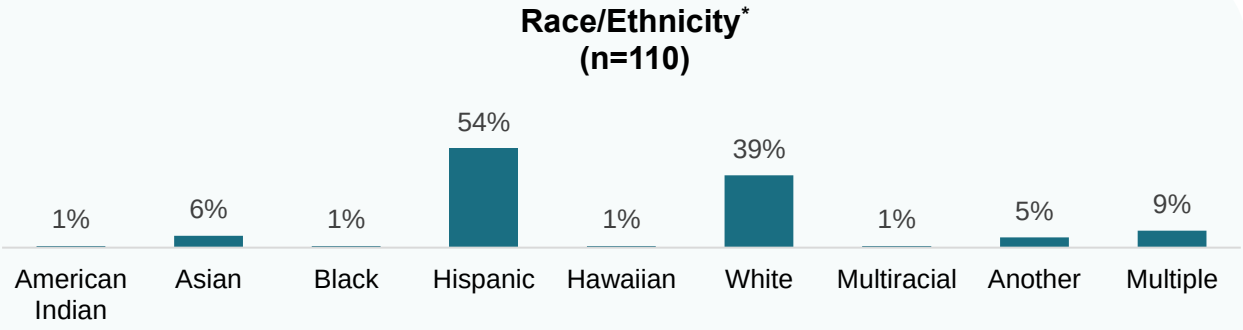
SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. (Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form.) Age and Primary Language data from the Presentation Form are combined with data from the Adult Form.



Other responses included Indian.



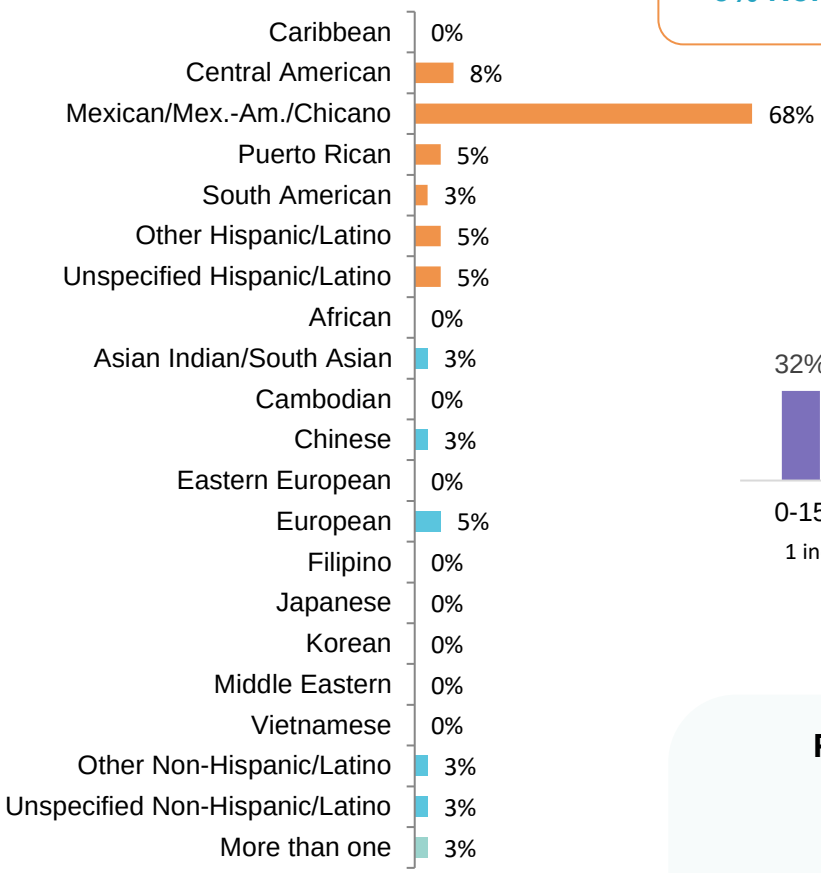
Other responses included Irish, White Hispanic, and Italian.
2 individuals either skipped or declined to answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Demographic Data

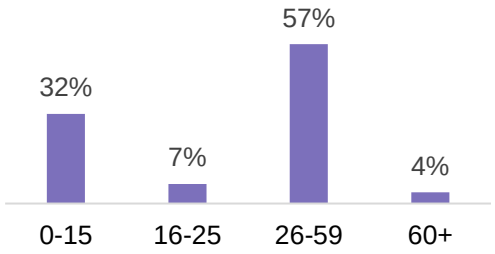
Ethnicity* (n=38)



Other includes Indian, Yaki Indian, and Portuguese.
6 individuals did not answer this question, including 1 who selected "decline to answer"

95% Hispanic/Latino
5% Non-Hispanic/Latino

Age Groups (n=155)



1 individual did not answer this question

Primary Language* (n=133)

English	34%
Spanish	68%
English & Spanish	2%
Other	7%

Other includes Triqui, Tagalog and Filipino.
23 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

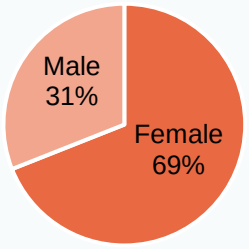
Demographic Data

Current Gender Identity (n=36)

Female	69%
Male	31%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

8 individuals did not answer this question

Sex Assigned at Birth (n=36)



8 individuals did not answer this question

Sexual Orientation (n=31)

Bisexual	0%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	3%
Another Sexual Orientation	0%

13 individuals did not answer this question

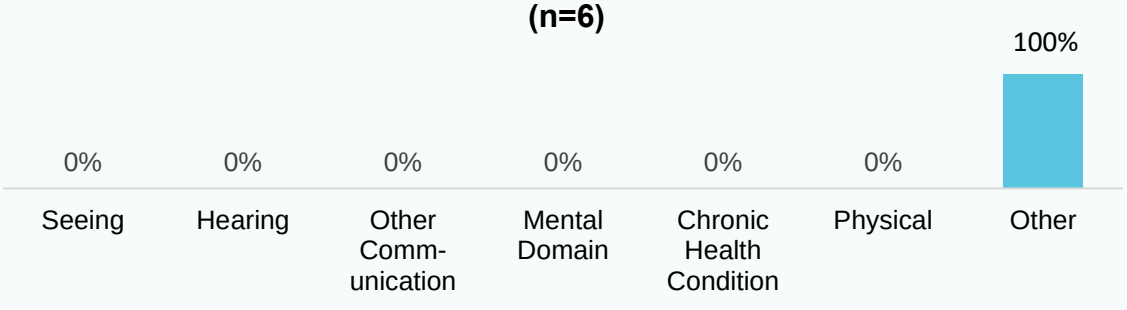
17% of individuals are veterans

n=42; 2 individuals did not answer this question

11% of individuals reported having one or more disabilities

n=37; 7 individuals did not answer this question

Disability* (n=6)



38 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SCHOOL-BASED DOMESTIC VIOLENCE COUNSELING

Successes and Learning

Notable Successes

Overall

- Began counselling programs in two new districts in the county
- Expanded services through parenting workshops, with new sessions for families going through parental separation or divorce

COVID-Related

- Through telehealth sessions, Counselors were able to serve not only the child but also provide their family with coping skills

Notable Learnings

Overall

- A high demand for presentations and outreach was wearing staff thin; attention was given to their wellness and new staff were trained to meet outreach needs

COVID-Related

- Shifted to individual family-based sessions when online to ensure confidentiality
- Provided cybersafe workshops to parents with several school districts

Case example/narrative

A father going through a divorce and difficult legal process described that he had put up emotional walls, even to his children. He was able to process his grief through sessions and identify ways to support his children. The father quickly implemented strategies discussed in the sessions to reconnect with his children, who will join sessions with him in the future.

COVID-related program impacts

The counselling and family support programs all shifted to virtual sessions. Some families lacked access to the internet or devices for virtual services. While Harmony at Home staff collaborated with schools and other agencies to help with access, some clients could not continue virtually. A telehealth policy was created, changing to individual client or family sessions only.

SILVER STAR RESOURCE CENTER
MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

Silver Star Resource Center is a multi-agency collaborative of prevention and early intervention services, co-located to make resources easier to access for youth and families. This collaborative includes: MCBH, Monterey County Probation, Monterey County Office of Education, the District Attorney's Office, the Office of Employment Training, and community agencies such as Community Human Services and Partners for Peace. Behavioral Health services focus on youth who are demonstrating early signs of emotional/behavioral issues that are affecting their education, family, and/or social well-being and placing them at risk for involvement with the Juvenile Justice System. The purpose of the program is to identify and treat underlying mental health issues that can lead to more complex problems in youth, including involvement with the legal system.

Program Highlights

90 individuals engaged in program activities

100% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem, and **knew where to go for local mental health services** after participating in this program

Program Activities

Activities Hosted

Outreach Activities – Walk-in sessions were held weekly for 4 hours at Silver Star Resource Center to support youth and parents, and school and probation staff in emergent clinical needs.

Interest Group Meetings – A summer outdoor activities group was held for 6 youth to provide experiential learning in promoting health with exercise and coping through nature.

Support Group Meetings – Meetings were held with youth to provide culturally relevant resources to build self-esteem and coping skills.

Support Groups

- **Summer "Eco" Group for healthy coping**
- **Self-esteem and Coping Group**

SILVER STAR RESOURCE CENTER

Program Outcomes, Satisfaction, and Feedback

What was most useful or helpful about this program? (n=8)

- Being listened to in authentic conversations (6)
- Learning how to support myself (4)
- Having a safe place to go (1)

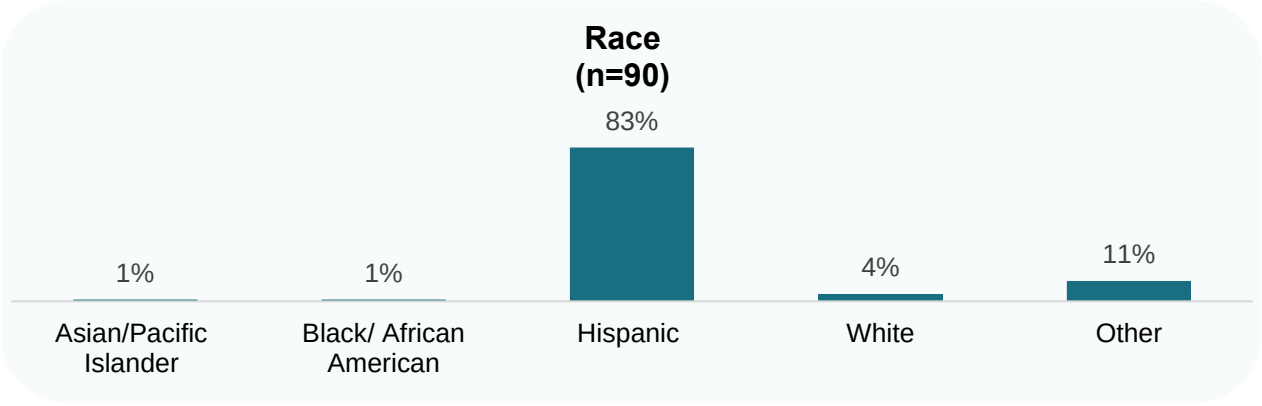
What are your recommendations for improvement? (n=6)

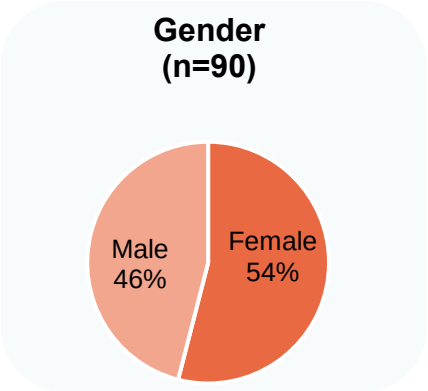
- More face-to-face interactions (2)
- General positive feedback (2)

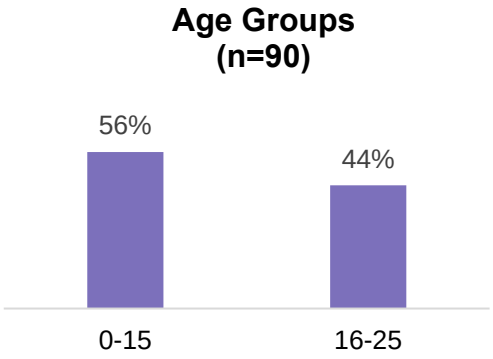
"Being listened to and having a safe and honest place to go to when I need to."

"So far I like everything about this program. I don't think anything needs to change."

Demographic Data†







† Demographic data presented for this program was collected from Avatar. The number of individuals who skipped each question was not provided.

SILVER STAR RESOURCE CENTER

Successes and Learning

Notable Successes

Overall

- Increased group services for mental health needs
- Partnerships led to steady referral streams the first half of the year

COVID-Related

- Bounced back quickly in re-tooling services to serve youth remotely

Notable Learnings

Overall

- Challenges with client no-shows led to a policy of weekly open hours, where SSRC saw success in meeting immediate child and family needs

COVID-Related

- Clients faced issues with technology and internet access that they need support with

COVID-related program impacts

When the shelter-in-place order was put into effect, in-person sessions were suspended, and as remote services were put into place, clients were affected from lack of access to technology and the internet. There was also loss of intern staff time due to new school restrictions, which led to suspending a support group on self-esteem and coping skills. Later on, due to COVID-19, all support groups and walk-in hours were also suspended.

Access and Linkage to Treatment

2-1-1
UNITED WAY OF MONTEREY COUNTY

211 is a free phone and digital network provided by United Way Monterey County that connects residents in need of assistance to community health and social services. The 211 network is available 24 hours per day, 7 days per week, in over 170 languages. Residents can access the service by dialing 211, texting their zip code to 898-211, or visiting 211montereycounty.org.

Program Highlights

1,742 individuals engaged in program activities

47% were first-time callers

9,799 page views from 2-1-1 searches

Program Activities

Activities Hosted

Presentations – 323 individuals were engaged in 11 total presentations at locations such as the Salinas State Prison, Los Abuelitos CHISPA, Hartnell College, and Seaside High School.

Community Events – 460 individuals participated in 6 community events hosted by 2-1-1. These events included CalWORKS Employment Services Celebration of Services, Castroville Health and Wellness Fair, and Monterey County and the MBCP Fair and Festival.

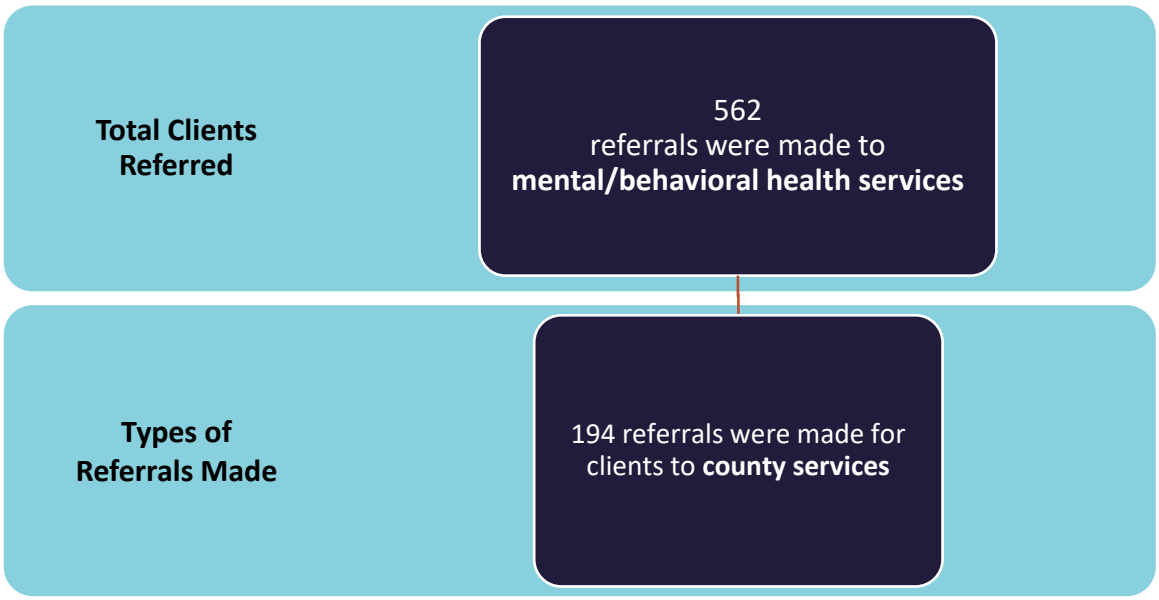
Outreach Activities – 959 individuals attended 16 of 2-1-1's outreach activities held around Monterey County to support and celebrate community members. Educational materials were delivered to all libraries and school districts in Monterey County.

Presentation Topics

○ United Way Monterey County Services ○ 2-1-1 Services and Programs ○ 2-1-1 and the Active Referral Network ○ 2-1-1 Immigration Support ○ Volunteer Income Tax Assistance ○ Financial Education and 2-1-1

2-1-1

Referrals to Mental Health Services



Kinds of County Treatment Referred to:
MCBH Child and Adolescent Division ● Natividad Crisis Intervention ● ACCESS team

Kinds of Non-County Treatment Referred to:
Community Human Services ● Sun Street Centers ● Harmony at Home ● Beacon

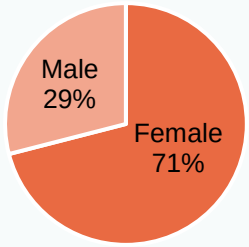
2-1-1

Demographic Data

Race* (n=5,493)

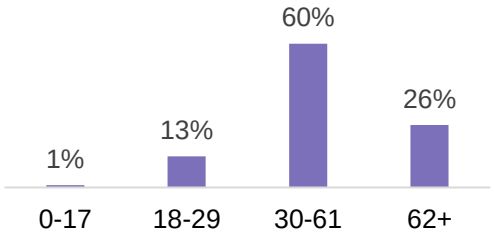
477 individuals who declined to answer.
Only first time callers were asked this question.

Gender of Caller (n=8,810)



Gender is inferred by call specialist.
Less than 1% of calls were marked as Unknown

Age Groups (n=6,563)



2% of individuals are veterans

n=7,119; 806 individuals were not asked this question and 358 individuals declined to answer

Primary Language* (n=6,838)

English 57%
Spanish 37%
Other 6%

Other includes Mixteco & Triqui.
187 individuals declined to answer this question
Only first-time callers were asked this question

68% Hispanic/Latino
32% Non-Hispanic/Latino

n=6,976; 489 individuals declined to answer
Only first-time callers were asked this question

27% of individuals reported having one or more disabilities

n=4,843; 406 individuals declined to answer
Only first-time callers were asked this question

2-1-1

Successes and Learning

Notable Successes

Overall

- Increased marketing efforts (e.g., PSAs, bus ads) has increased call volume from previous year
- Updated search feature of website has led to closer partnerships with several agencies and collaboratives
- Kinship Program launch will connect kinship population to a wide range of services

COVID-Related

- Increased call center functions to respond to the increased number of calls during the pandemic

Notable Learnings

Overall

- 2-1-1 remains adaptive as they saw a rise in the number of texts to the call center with call volume going down. 2-1-1 responded by boosting texting efforts and increased marketing and outreach
- In collaboration with phone companies and Network Intelligence, 2-1-1 is now better equipped for disasters like power outages and earthquakes that shut down lines

COVID-Related

- 2-1-1 learned quickly how to handle surge of calls due to pandemic

Case example/narrative

In September we had a client call our office desperate for help with utility bills. I told her of two programs that she could apply for and recommended she call 2-1-1 for other services. She called 2-1-1 and was able to enroll in the Cal Am Water Hardship Program with a call specialist. The program was able to save her over $700 on her water bill payments. This support allowed her to use her limited savings on healthcare treatments that she was overdue for. She called 2-1-1 the following week to thank them for the recommendation and give praise to the 2-1-1 call specialist she spoke with. She also said she will share 2-1-1 information with all of her friends.

COVID-related program impacts

A huge success for 2-1-1 has been its role in providing residents with health and safety information related to the global pandemic. There has been a dramatic increase in call volume to 2-1-1. We acknowledge that a substantial portion of this increase is largely due to hardship from the pandemic, but we are proud that we can continue to support our community at a time when people need us the most.

CHINATOWN LEARNING CENTER INTERIM, INC.

Chinatown Learning Center offers training experience for California State University, Monterey Bay, Master of Social Work candidates in supporting individuals experiencing homelessness, many of whom are also struggling with mental health and addiction issues, in the Chinatown neighborhood of Salinas and surrounding areas.

Program Highlights

540 individuals engaged in program activities

Program Activities

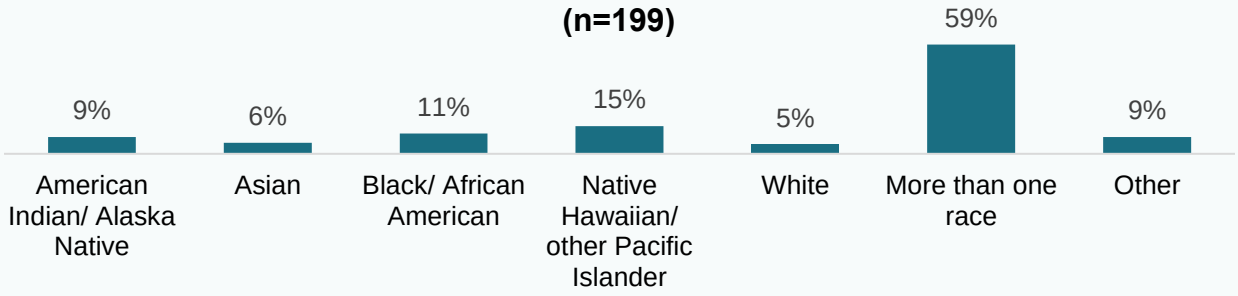
Activities Hosted

Community Events – 271 people attended 8 monthly town hall meetings.
Support Group Meetings – 111 people attended 67 support group meetings. Meeting topics include life skills, art therapy, Bio for Life, and Seeking Safety.
Case Management – 45 individuals received case management services.
Housing Assistance – 67 individuals received assistance for housing.
Benefits Assistance – 46 individuals were provided assistance in receiving benefits.

CHINATOWN LEARNING CENTER

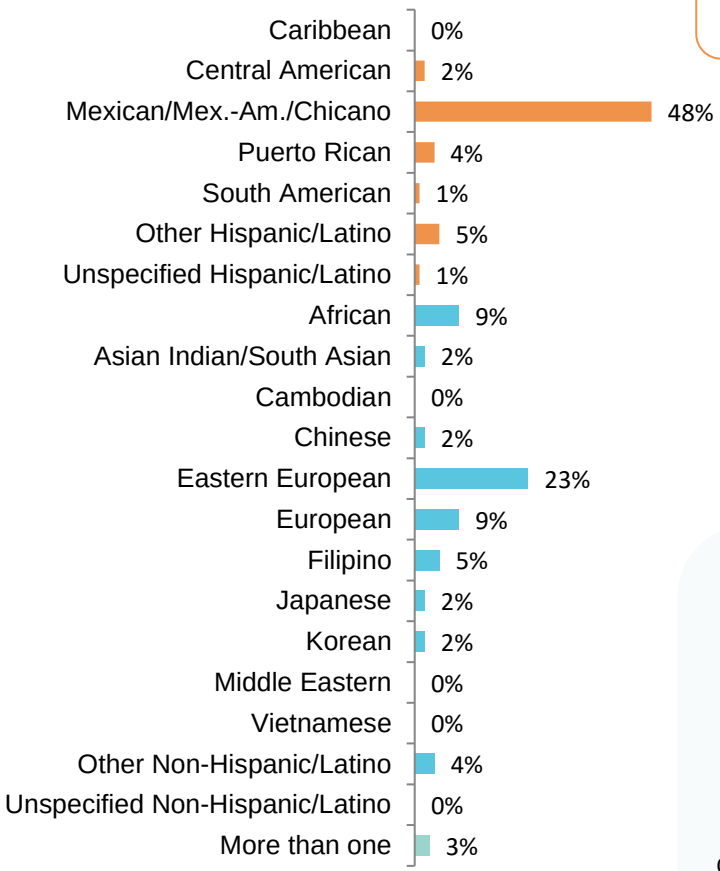
Demographic Data

Race* (n=199)



Other includes Hispano and Jewish.
215 individuals did not answer this question, including 22 who selected "decline to answer"

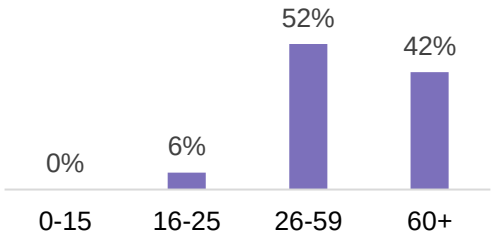
Ethnicity* (n=235)



Other includes Guamanian, Italian, and Irish.
177 individuals did not answer this question and 2 selected "decline to answer"

75% Hispanic/Latino
25% Non-Hispanic/Latino

Age Groups (n=414)



Primary Language* (n=105)

English	21%
Spanish	77%
English & Spanish	2%
Other	4%

Other includes Portugues-Italiano, Korean, and Charles Cota.
309 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

CHINATOWN LEARNING CENTER

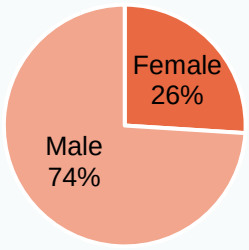
Demographic Data

Current Gender Identity (n=285)

Female	26%
Male	72%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	2%

129 individuals did not answer this question

Sex Assigned at Birth (n=285)



129 individuals did not answer this question

Sexual Orientation (n=274)

Bisexual	11%
Gay or Lesbian	2%
Heterosexual or Straight	83%
Queer	0%
Questioning or Unsure	2%
Another Sexual Orientation	13%

140 individuals did not answer this question

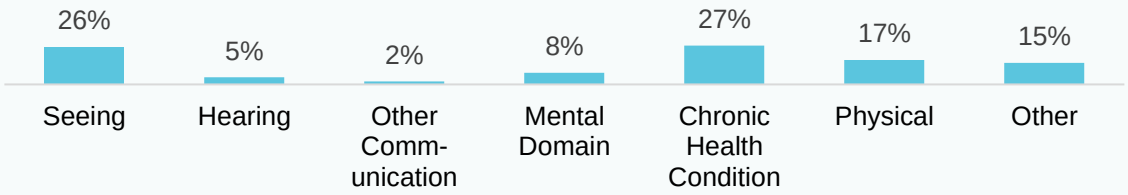
8% of individuals are veterans

n=290; 124 individuals did not answer this question

69% of individuals reported having one or more disabilities

n=303; 111 individuals did not answer this question

Disability* (n=248)



Other includes epilepsy, paranoia, and diabetes.
166 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

CHINATOWN LEARNING CENTER

Successes and Learning

Notable Successes

Overall

- Keeping the Center open while experiencing budget shortages
- Identified and secured additional funding
- Chinatown Learning Center received an award from the Monterey County Latino Network due to outreach efforts to homeless Latino residents and the development of mono-lingual groups

COVID-Related

- Developed a Safety Protocol for re-opening the Center and worked with the University to obtain approval of these procedures

Notable Learnings

Overall

- It has been challenging to provide services with budget shortages while working in an old facility. The program has identified and secured additional funding and will be moving into the new Moon Gate Housing Program

COVID-Related

- Working with other providers who were housing and feeding the homeless population to maintain contact with them since many do not have access to phones or internet

CHINATOWN LEARNING CENTER

Successes and Learning

Case example/narrative

XXX was living at the Sherwood Park encampment with his adorable emotional support dog for more than 10 years when he signed up for the Chinatown Navigation Center (bridge housing program). Ultimately, XXX decided to give it a try and moved into the Chinatown Navigation Center at the start of March 2020. Once he had settled into the program, our Housing Navigator worked in collaboration with XXX to identify and overcome his housing barriers and locate permanent housing. Four weeks later, the Housing Navigator collaborated with a community partner to obtain a studio apartment. Today, XXX is actively working towards improving his overall health and wellbeing. He resumed a relationship with his family and friends, and he is seeking treatment for his mental health issues and chronic health problems. XXX no longer self-medicates and expressed a desire to maintain his sobriety by joining Narcotics Anonymous and enrolling in outpatient services for substance use disorders.

COVID-related program impacts

The Program Director worked closely with the University to develop a safety protocol and obtain approval to re-open the center during the COVID-19 pandemic. Program staff also worked on developing resources to assist both the homeless population and service providers during the COVID-19 pandemic. These activities included the creation of a “toolbox” of simple and easy stress-relief tools that could be taught via handouts to homeless residents of the street, and the development of factsheets to help the homeless residents get their coronavirus relief check. Additionally, a resource guide for social workers addressing different topics related to health issues and prevention and interventions while working with homeless individuals was developed and distributed. Finally, the Program Director worked on expanding the Center’s Facebook page to disseminate information to Center clients and other street residents and to set up virtual services.

VETERANS REINTEGRATION TRANSITION PROGRAM MONTEREY COUNTY MILITARY & VETERANS AFFAIRS OFFICE

The Veterans Reintegration Transition Program provides education and awareness to veterans, their dependents, and survivors on entitled benefits that include mental health services available in the community. Additionally, this program seeks to streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment and other community-based services. By assisting those transitioning service members, veterans, and their dependents who are eligible for Veterans Administration (VA) health care to connect with the VA, the program aims to preserve the local safety net funds for those unserved and underserved populations who are not eligible for VA benefits.

Program Highlights

371 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 144 people attended 11 presentations. (A sample of presentation topics is provided below.)

Community Events – 79 people attended 4 community events including the monthly Veteran's Club and the Military & Veterans Affairs Advisory Commission Annual Veteran of the Year Selection event for 2020.

Outreach Activities – 144 individuals were reached through 18 outreach activities at various locations for veterans unable to come to the program offices. Target audiences included homeless, senior, or justice-involved veterans.

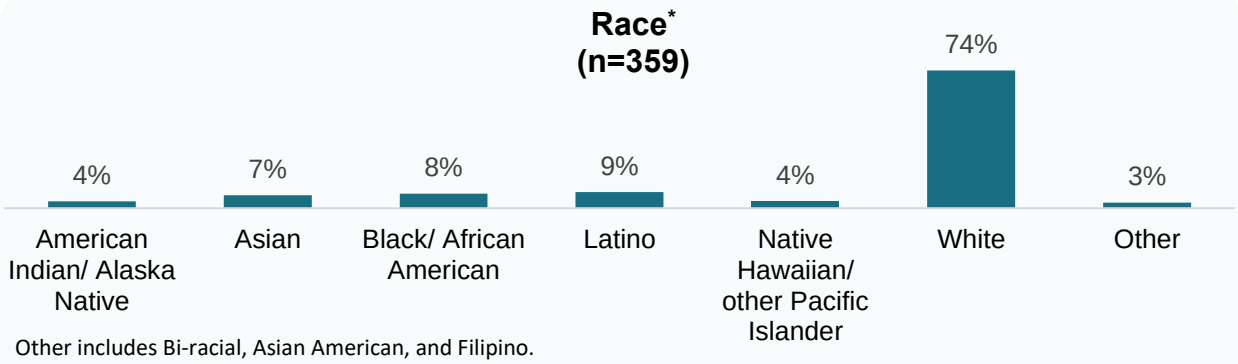
Presentation Topics

Risk of Post-Traumatic Stress Disorder (PTSD) ○ Military Sexual Trauma ○ Access to Treatment ○ Depression, Alcohol & Drug Abuse ○

VETERANS REINTEGRATION TRANSITION PROGRAM

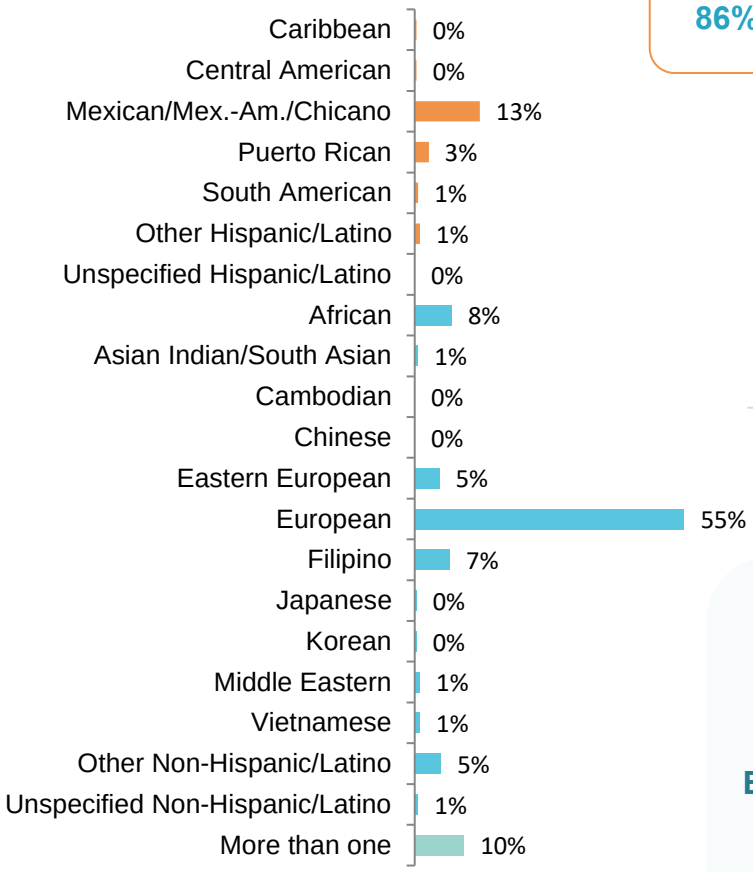
Demographic Data

Race* (n=359)



Other includes Bi-racial, Asian American, and Filipino.
12 individuals did not answer this question

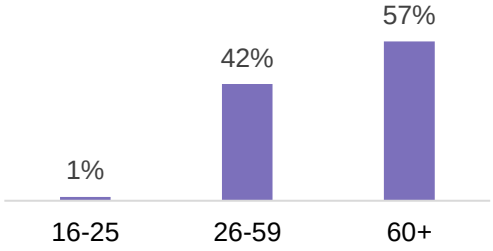
Ethnicity* (n=280)



Other includes Polynesian, Irish, and Italian.
89 individuals did not answer this question, and 2 who selected "decline to answer"

14% Hispanic/Latino
86% Non-Hispanic/Latino

Age Groups (n=367)



4 individuals did not answer this question

Primary Language* (n=274)

English	100%
Spanish	1%
English & Spanish	0%
Other	1%

Other includes Russian and Tagalog.
97 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

VETERANS REINTEGRATION TRANSITION PROGRAM

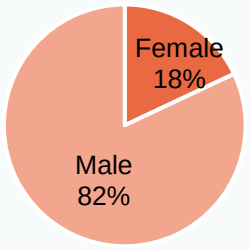
Demographic Data

Current Gender Identity (n=369)

Female	18%
Male	82%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

2 individuals did not answer this question

Sex Assigned at Birth (n=367)



4 individuals did not answer this question

Sexual Orientation (n=362)

Bisexual	1%
Gay or Lesbian	0%
Heterosexual or Straight	97%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	2%

9 individuals did not answer this question

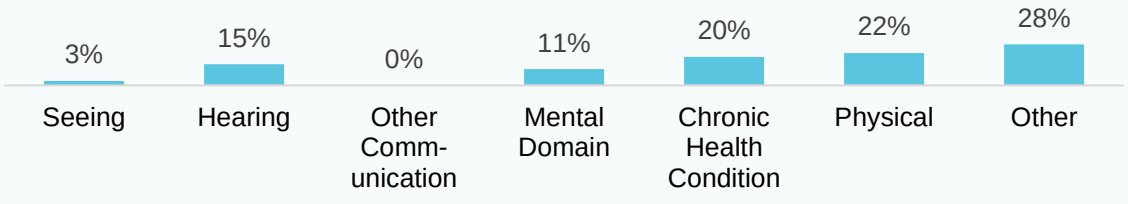
92% of individuals are veterans

n=371.

64% of individuals reported having one or more disabilities

n=366; 5 individuals did not answer this question

Disability* (n=229)



Other includes sleep apnea, diabetes, and Parkinson's disease.
142 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

VETERANS REINTEGRATION TRANSITION PROGRAM

Successes and Learning

Notable Successes

Overall

- Increasing veterans' access to remote services
- Preventing a potential suicide

COVID-Related

- Program was able to secure funding to provide portable workstations to all 10 staff
- Staff received training on Zoom to continue to provide services virtually

Notable Learnings

Overall

- None provided

COVID-Related

- Program staff are unable to collect demographic data over the phone. The new demographic form developed by EVALCORP has helped address this issue

Case example/narrative

Program staff were able to intervene on a potential suicide through our mental health services program. A Veteran's Service Representative was conversing with one of our identified program participants when the participant threatened to take his own life. The veteran had the means and a diagnosis which made the threat probable. The trained VSR contacted the office supervisor and an intervention attempt was made immediately. The attempt ended with uncertainty and the Monterey County Sheriff's Office was contacted for an emergency welfare check. The veteran was taken to emergency mental health treatment and has since recovered.

COVID-related program impacts

Program staff, in collaboration with EVALCORP, developed an online demographic form for clients to complete anonymously. Staff also started the process of being issued a 1-800 phone number so veterans will be able to reach the program toll-free.

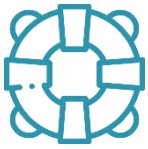
Suicide Prevention

SUICIDE PREVENTION SERVICE
FAMILY SERVICE AGENCY OF THE CENTRAL COAST

Suicide Prevention Service is a program of Family Service Agency of the Central Coast. The primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. The program's integrated method of service delivery includes a 24/7/365 free, multilingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide. Outreach personnel are also trained to offer a variety of training programs for community groups including ASIST, safeTalk, and Mental Health First Aid.

Program Highlights

3,811 individuals engaged in program activities



89% of outcome survey respondents said they know when to ask for help with an emotional problem because of their training

Program Activities

Activities Hosted

Presentations – 1,866 individuals were engaged in over 78 presentations on suicide prevention.
Community Events – 65 individuals participated in the Coastal Trail Walk to celebrate life, remember loved ones, and support the services of Suicide Prevention Service.
Outreach Activities – Through 56 outreach activities, 5,025 educational materials were provided to community partners, schools and essential service providers.
Education/Training Sessions – 43 individuals participated in 31 remote sessions for potential volunteer responders.
Support Group Meetings – 66 individuals participated in 18 biweekly meetings to increase support and reduce isolation for survivors of suicide loss.
Suicide Crisis Line – 1,771 individuals made acute crisis calls, 650 of whom were Monterey County residents. 95% of all callers were able to agree to a safety plan.

Suicide Prevention Presentation Provided to the Following Organizations

○ Monterey County Rape Crisis ○ Hartnell College ○ Coalition for Homeless Service Providers ○ Monterey County Behavioral Health ○ Monterey County Health Department ○ North Monterey County High School ○ Mount Toro High School ○ Everett Alvarez High School ○ Salinas High School ○ Soledad Medical Clinic ○ Notre Dame High School ○ North Monterey County Unified School District ○ Marina, Cesar Chavez, and John Steinbeck public libraries ○ Interim, Inc. ○ Head Start ○ Monterey County Sheriff's Department/Crisis Intervention Training Academy ○

SUICIDE PREVENTION SERVICE

Program Outcomes, Satisfaction, and Feedback

Because of this training/class… (n=548–555)	% Disagree	% Not Sure	% Agree
I know where to go for mental health services near me.	5%	14%	81%
I know when to ask for help with an emotional problem.	2%	9%	89%
I believe people with mental illness can get better and have healthy lives.	2%	15%	83%
I would be more likely to help someone in need who has a mental illness.	3%	16%	81%
I learned more about the warning signs of suicide.	4%	10%	86%
I learned ways to help a person who is dealing with a mental health problem or crisis.	3%	14%	83%

Please choose how much you agree or disagree with each sentence below (n=555–559)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	2%	18%	80%
Information was given in the language that I speak best.	3%	7%	90%
I will use what I learned in this training/class.	4%	22%	74%
This training/class helped me.	4%	21%	75%
I would recommend this training/class to a friend or family member.	5%	22%	73%

What was most useful or helpful about this training/class? (n=465)

- Learning strategies to help self or others with suicidal thoughts (178)
- Identifying community resources for suicide prevention (156)
- Recognizing signs of suicidal people (105)

What are your recommendations for improvement? (n=468)

- More time with presenters to get more information to help self or others (73)
- More videos and real-life stories (55)
- Increase the use of engagement strategies (43)
- General positive feedback (This training was helpful) (161)

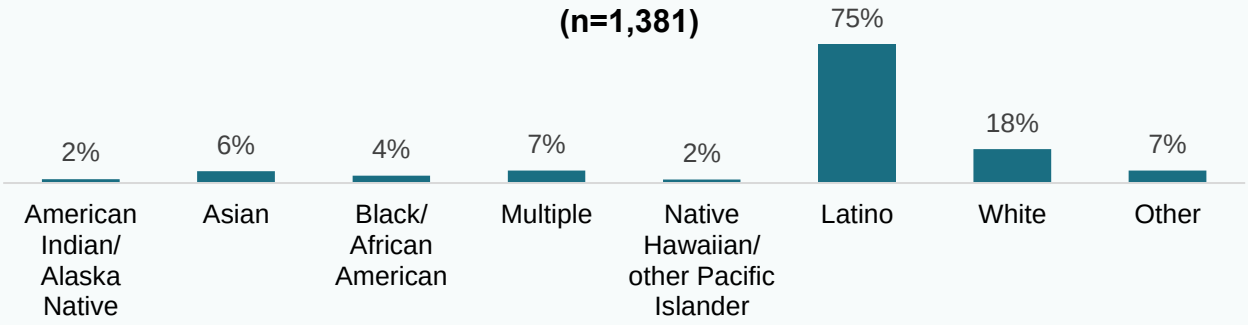
"Learning to be as calm as possible with talking to someone in crisis."

"What would make this training class better would be to act out how we could help someone or how we can start the conversation with a suicidal person."

SUICIDE PREVENTION SERVICE

Demographic Data

Race* (n=1,381)



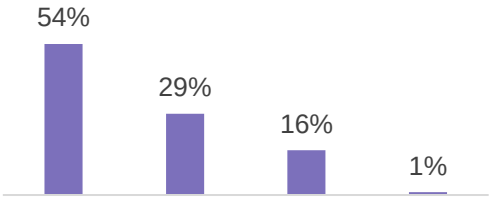
Other includes: Arab, Filipino, and Middle Eastern.
12 individuals did not answer this question, including 22 who selected "decline to answer"

Primary Language (n=1,372)

English	58%
Spanish	33%
English & Spanish	9%
Other	0%

21 individuals did not answer this question

Age Groups (n=1,391)



2 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SUICIDE PREVENTION SERVICE

Successes and Learning

Notable Successes

Overall

- Restructured internal policies, procedures, and record keeping, among other changes, to join the National Suicide Prevention Lifeline

COVID-Related

- Ensured that, despite COVID-19 and the Stay-At-Home order, the Suicide Crisis Hotline, community outreach and education, evidence-based training and bereavement services were available to those in need
- Trained 17 new volunteers to serve those in acute crisis through the Hotline

Notable Learnings

Overall

- An increase in demand for services led to policy, procedural and record-keeping changes
- How to use current expertise across the staff to establish a Train the Trainer series of professional learning opportunities

COVID-Related

- How to provide a reliable, high-standard crisis response to diverse communities through the COVID-19 pandemic

Case example/narrative

One community member approached our staff after a workshop at the Cesar Chavez library and stated that they'd "been wanting to know more about this for years." The individual shared that, in their view, the issue of suicide (and mental health, in general) is rarely talked about in their community and culture. They thanked us for "bringing this out in the open" and especially for the information about myths vs. facts (designed to combat the stigma suicidal individuals face when seeking help), as well as the tips on self-care and asking for help. Ideally, a suicide-safer community includes a wide range of possible helpers, a strong public messaging campaign encouraging help and dispelling myths, and a range of opportunities for community members to learn more and gain the skills (and resources) to help themselves and one another.

COVID-related program impacts

Transitioned Suicide Crisis Hotline to a primarily remote service.

Stigma and Discrimination Reduction

SUCCESS OVER STIGMA
INTERIM, INC.

Success Over Stigma (SOS) promotes consumer involvement in advocating for public policies that aim to support and empower people with psychiatric disabilities. The program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. SOS provides peer consultation to service providers, including increasing peer involvement in developing and strengthening mental health services both locally and at the state level. SOS also aims to teach consumers how to better advocate for themselves by providing reciprocal peer support and advocacy in their community. A goal of this initiative is to give clients the opportunity to share their behavioral health experience and impact policy regarding their services.

Program Highlights

689 individuals engaged in program activities

93% of outcome survey respondents said they know where to go for mental health services near them after participating in this program

Program Activities

Activities Hosted

Presentations – 409 individuals attended 21 different Success Over Stigma presentations to reduce the internal and external stigma of mental illness.
Community Events – 49 individuals participated in 10 community events to extend collaboration and build capacity for providing holistic care to mental health consumers.
Outreach Activities – 76 individuals were contacted across 14 activities that provide information pertaining to free post-discharge resources during hospitalization.
Training Sessions – 27 individuals engaged in 7 classes to become speakers and representatives for Success Over Stigma to advocate for mental health awareness.
Support Group Meetings – 40 individuals received family and peer support from 5 different meetings.

Success Over Stigma Presentation Locations

Monterey Rape Crisis Center ○ **MCBH** ○ **Marina Kiwanis Club** ○ **Interim, Inc. - Shelter Cove** ○ **Cal State University Monterey Bay** ○ **Interim, Inc. Wellness & Recovery Academy** ○ **Monterey County Crisis Intervention** ○ **Hartnell College** ○ **Salinas High School** ○

SUCCESS OVER STIGMA

Program Outcomes, Satisfaction, and Feedback

Because of this training/class… (n=175–176)	% Disagree	% Not Sure	% Agree
I know where to go for mental health services near me.	1%	6%	93%
I know when to ask for help with an emotional problem.	0%	6%	94%
I believe people with mental illness can get better and have healthy lives.	0%	2%	98%
I have a better understanding of mental illness.	1%	5%	94%
I would be more likely to help someone in need who has a mental illness.	0%	3%	97%

Please choose how much you agree or disagree with each sentence below (n=173–177)	% Disagree	% Not Sure	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	1%	5%	94%
Information was given in the language that I speak best.	0%	1%	99%
I will use what I learned in this training/class.	1%	6%	93%
This training/class helped me.	1%	6%	93%
I would recommend this training/class to a friend or family member.	1%	3%	96%

What was most useful or helpful about this training/class? (n=165)

- Being able to connect to personal stories (91)
- Learning how to support self or others (29)
- Seeing hope for the future (13)

What are your recommendations for improvement? (n=136)

- More time to listen to speakers (20)
- Increase the number and type of speakers (14)
- More engagement opportunities (14)
- General positive feedback (45)

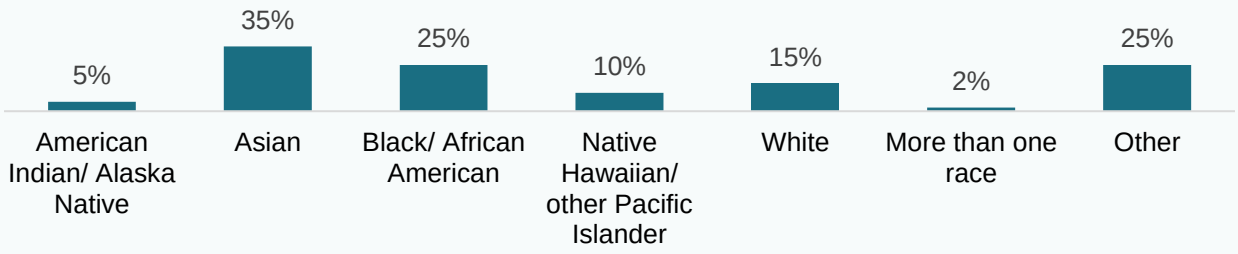
"The personal stories shared by the panel. Hearing how social workers helped them. Hearing how people do change. Hearing them bring hope."

"I think maybe providing more time for the guest speakers to share their stories and ask questions because listening was very interesting and helpful."

SUCCESS OVER STIGMA

Demographic Data

Race* (n=683)



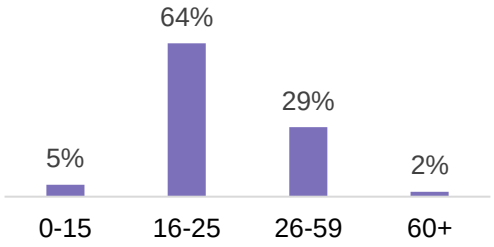
Other includes Indian, Iranian, and Middle Eastern
6 individuals did not answer this question

Primary Language* (n=673)

English	79%
Spanish	31%
English & Spanish	0%
Other	2%

Other includes Norwegian, Togolog, and Triqui.
16 individuals did not answer this question

Age Groups (n=676)



13 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

SUCCESS OVER STIGMA

Successes and Learning

Notable Successes

Overall

- Overcoming staffing issues
- Empowering CSUMB service-learners to create new formats for the Recovery Task Force

COVID-Related

- Pivoted to online services to support Success Over Stigma peers
- Developed Warmline to continue to provide mentorship to peers

Notable Learnings

Overall

- Overcoming challenges associated with training and maintaining speakers with quarterly recruiting seminars

COVID-Related

- Established online presence with Zoom and provided technical support to SOS peers

Case example/narrative

A 54-year-old, dually-diagnosed, transgender female had a history of frequent hospital visits and frequent visits to Interim's Manzanita house. Since becoming a speaker with Success Over Stigma, she has gained a sense of empowerment and self-confidence that she had previously lacked. She has had no hospitalizations or visits to the crisis facility, she has written three books, and she has been hired as a Community Support Worker with Interim.

Outreach for Increasing Recognition of Early Signs of Mental Illness

AFRICAN AMERICAN COMMUNITY PARTNERSHIP
THE VILLAGE PROJECT, INC.

The Village Project, Inc. offers the African American Community Partnership program, which provides culturally competent counseling, group therapy, and related services to African Americans and other individuals and families of color. Services also include outreach, presentations, and workshops to increase mental health awareness and timely access to mental health services among unserved and underserved low-income communities. The Village Project is a place where people of color can go to work through challenges with the help of trusted practitioners in the community who look like them and understand their cultural dynamics.

Program Highlights

1,053 individuals engaged in program activities

Program Activities

Activities Hosted

Presentations – 507 individuals were engaged through 6 presentations organized by The Village Project. Presentations were held at various locations including Seaside High School, Friendship Baptist Church, and Hartnell College.

Community Events – 433 individuals attended 3 different community events sponsored by The Village Project. Most notable was the "Juneteenth Celebration" that saw over 400 individuals attend from the community.

Outreach Activities – 76 individuals attended 6 various outreach activities that sought to inform underserved populations of The Village Project's therapeutic and other services.

Education/Training – 9 individuals experienced a free education workshop held by The Village Project which focused on the mental health of the LGBTQ community.

Interest Groups – 28 individuals engaged with The Village Project at Cal State Monterey Bay and Monterey County Collaborates.

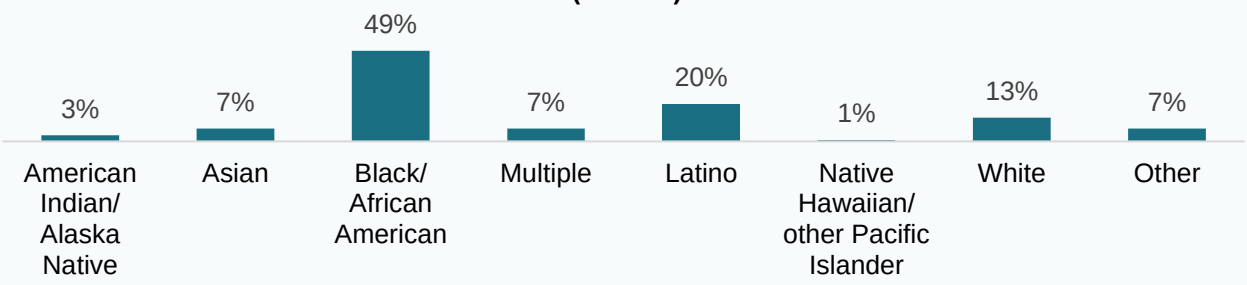
Presentation Topics

○ The Village Project's PEI Programs and Services ○ Mental Health Stigma Reduction ○ What is Mental Health? ○ Spirituality and Mental Health ○ History of African American's Movements for Civil Rights and Equality ○

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Demographic Data

Race* (n=652)



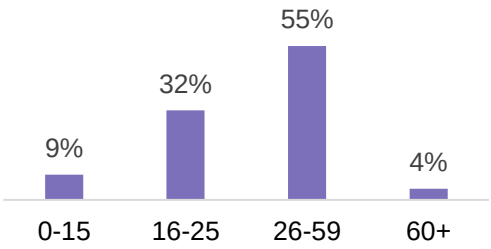
1 individual did not answer this question

Primary Language* (n=650)

English	85%
Spanish	25%
English & Spanish	3%
Other	2%

Other includes Korean, Turkish, and Tongan.
3 individuals did not answer this question

Age Groups (n=646)



7 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Successes and Learning

Notable Successes

Overall

- Program recruited more participants than previous year
- Collaborated with city officials to organize community-wide Juneteenth event
- Presentations resulted in participants reaching out for counseling from The Village Project
- Established an Equine-Assisted Therapy Program

Notable Learnings

Overall

- Further established The Village Project as a primary thought and action leader in the community
- Worked with Caucasian students on how to be Allies to people of color and volunteer for The Village Project
- Overcame initial staffing issues for Outreach Coordinator to work together with other staff/the community to organize productive events

Case example/narrative

A program success is the fact that so many of the attendees had laudatory statements to make about The Village Project's programs and services. Some were past clients of the agency and spoke to how the programs helped them to have better lives. Some have actually acted as unofficial ambassadors for the agency.

COVID-related program impacts

Program-wide response to COVID-19 was swift. Services to the Afterschool Academy moved to virtual services, and telehealth services were used to continue to provide therapy. All staff members were able to continue their responsibilities and no layoffs were needed.

FAMILY SELF-HELP SUPPORT AND ADVOCACY NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

National Alliance on Mental Illness (NAMI) Monterey County provides education, outreach, support, and resources to individuals affected by mental illness and their family members, loved ones, and professional providers. Program activities include community presentations, support groups, and trainings for potential responders. Family-to-Family educational workshops are taught in Spanish and English by families who have experienced mental illness and are designed to help the whole family understand and support loved ones living with a mental disorder without neglecting the well-being of the family circle. Peer-to-Peer educational workshops are taught by trained peers to help adults with mental illness better understand their conditions and journeys toward recovery.

Program Highlights

4,903 individuals engaged in program activities

91% of outcome survey respondents said they were **more aware of when to ask for help** with an emotional problem after participating in this program

Program Activities

Activities Hosted

Presentations – 1,452 individuals attended 61 presentations held for a wide range of audiences including teachers, parents, and the faith community.
Community Events – 1,465 individuals showed up to 33 events held for all community members.
Outreach Activities – 1,739 individuals participated in 28 outreach activities.
Education/Training Sessions – 68 individuals engaged in 6 classes designed to train individuals in supporting self or others with mental health conditions.
Support Group Meetings – 179 individuals received support from 33 peer-led support classes for individuals experiencing symptoms of a mental health condition.

Presentation Topics

Advocacy **Suicide Prevention** **Mental Health** **Conversations on Mental Illness** **Mental Health Awareness** **Warning Signs**

NAMI

Program Outcomes, Satisfaction, and Feedback

Because of this training/class… (n=21–22)	# Disagree	# Not Sure	# Agree
I know where to go for mental health services near me.	0	2	20
I know when to ask for help with an emotional problem.	0	1	20
I believe people with mental illness can get better and have healthy lives.	0	2	20
I have a better understanding of mental illness.	3	4	14
I would be more likely to help someone in need who has a mental illness.	1	5	15

Please choose how much you agree or disagree with each sentence below (n=21–22)	# Disagree	# Not Sure	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	1	0	20
Information was given in the language I speak best.	0	1	21
I will use what I learned in this training/class.	1	2	19
This training/class helped me.	1	2	19
I would recommend this training/class to a friend or family member.	1	5	15

What was most useful or helpful about this program? (n=12)

- Learning how to support others (8)
- General encouragement to be kind and understanding (3)

What are your recommendations for improvement? (n=10)

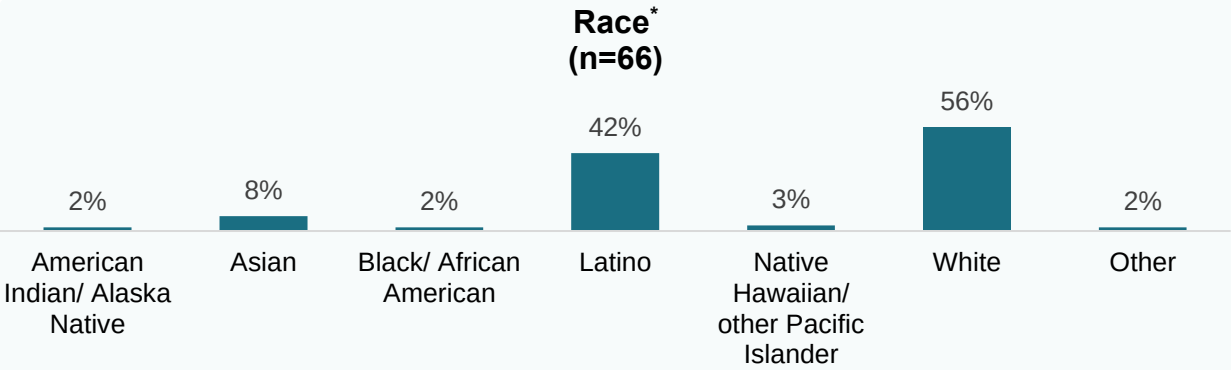
- Increased opportunities to engage (3)
- More appropriate for attendees' age group (2)
- General positive comments (3)

"It is helpful to remember many people are in need of encouragement & kindness"

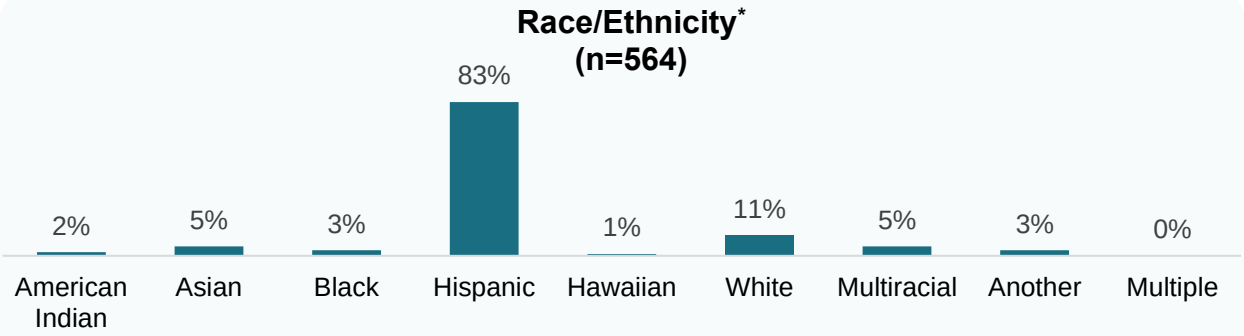
"Everything was very good but it would be better if it was more engaging. If the person who was listening is a person who thinks about suicide, having something so she could ask for help."

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. (Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form.) Age and Primary Language data from the Presentation Form are combined with data from the Adult Form.



Other includes Mexicana Blanca.
9 individuals did not answer this question



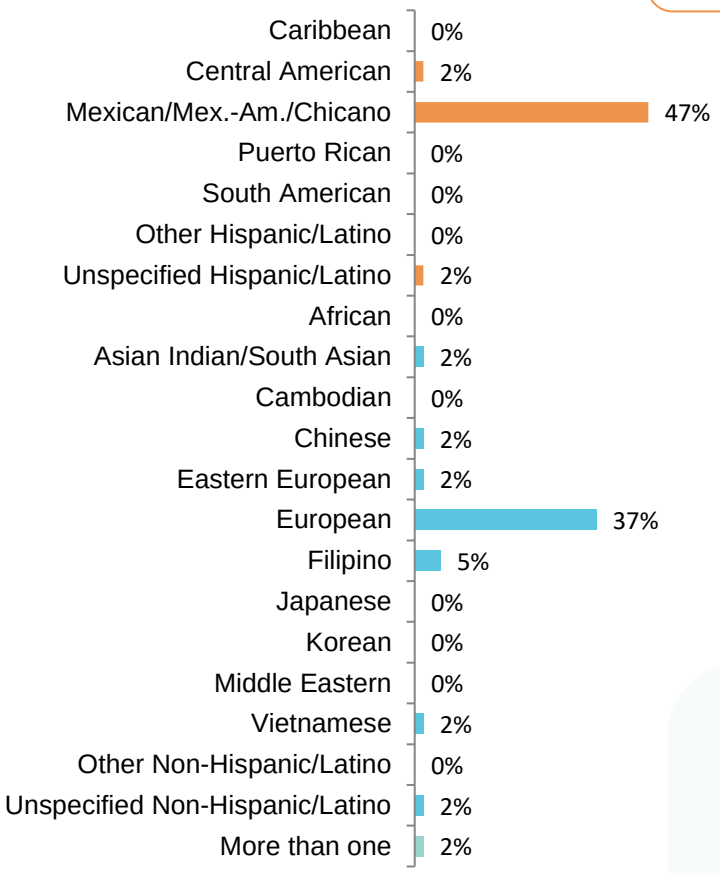
Other includes Mexicana-American and Latin X/French.
11 individuals declined to answer or skipped this question

* Percentages may exceed 100% because participants could choose more than one response option.

Demographic Data

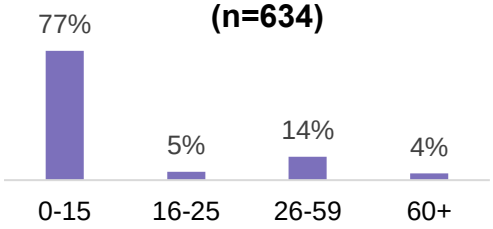
88% Hispanic/Latino
12% Non-Hispanic/Latino

Ethnicity* (n=57)



18 individuals did not answer this question

Age Groups (n=634)



16 individuals did not answer this question.

Primary Language* (n=574)

English	49%
Spanish	51%
English & Spanish	2%
Other	4%

Other includes Japanese, Vietnamese, and Portuguese-French.
76 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

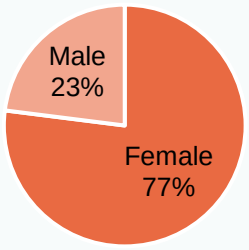
Demographic Data

Current Gender Identity (n=66)

Female	77%
Male	23%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

9 individuals did not answer this question

Sex Assigned at Birth (n=65)



10 individuals did not answer this question

Sexual Orientation (n=62)

Bisexual	0%
Gay or Lesbian	2%
Heterosexual or Straight	92%
Queer	0%
Questioning or Unsure	1%
Another Sexual Orientation	5%

13 individuals did not answer this question

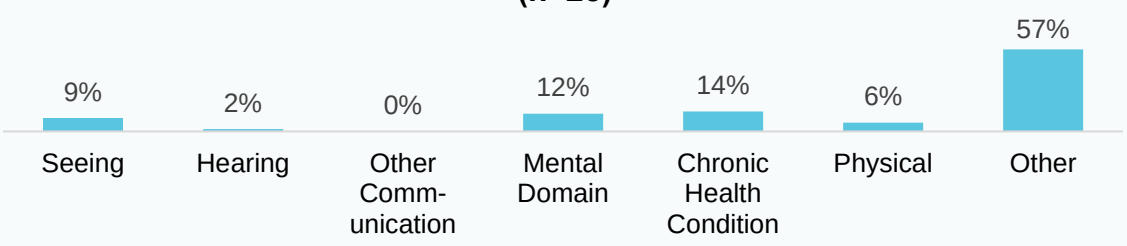
6% of individuals are veterans

n=70; 5 individuals did not answer this question

37% of individuals reported having one or more disabilities

n=70; 5 individuals did not answer this question

Disability* (n=28)



Other includes ADHD and Schizoaffective Disorder.
47 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

NAMI

Successes and Learning

Notable Successes

Overall

- Increased involvement in community activities
- Increased number of volunteers by promoting the Volunteer Program

COVID-Related

- NAMI staff and volunteers were still able to interact with the community

Notable Learnings

Overall

- Gaining clarity on how to work as a team across various roles and responsibilities
- Increased clarity and specificity of language used to deliver clear and coherent messages

COVID-Related

- How to adjust coordinating staff and volunteers from in-person to remote

LATINO COMMUNITY PARTNERSHIP
CENTER FOR COMMUNITY ADVOCACY (CCA)

Center for Community Advocacy's Latino Community Partnership program uses Promotores de Salud (Health Promoters) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services. The Promotores de Salud also provide information, linkages, and referrals to services, programs, and mental health care.

Program Highlights

1,367 individuals engaged in program activities

91% of outcome survey respondents said they would use what they had learned after participating in this program

Program Activities

Activities Hosted

Presentations – 796 individuals attended 16 presentations on a variety of topics (listed below).
Community Events – 254 individuals participated in 8 events that supported participants' learning about self-care and relaxation. Over 1,400 flyers were handed out with information about mental health resources.
Outreach Activities – 184 individuals were involved in 6 outreach activities to engage with local communities in health screenings and learn about available resources.
Education/Training Sessions – 100 individuals were led through 7 educational trainings for Promotoras, community residents, and Monterey County Behavioral Health staff.
Support/Interest Group Meetings – 36 individuals attended 3 support groups with varying topics including how individuals can support each other during the week of Valentine's Day, and how parents can support the career choices of their children.

Presentation Topics

○ **Anxiety** ○ **Resilience** ○ **Proper Communication to Prevent Stress** ○ **Healing from Trauma** ○ **Depression** ○ **Mental Health** ○ **Depression and Navigating Its Difficulties** ○ **Emotional Support to Caregivers** ○ **Youth Coping with COVID-19 and Stress** ○

LATINO COMMUNITY PARTNERSHIP

Program Outcomes, Satisfaction, and Feedback

Because of this training/class… (n=21–23)	# Disagree	# Not Sure	# Agree
I know where to go for mental health services near me.	1	4	18
I know when to ask for help with an emotional problem.	1	4	17
I believe people with mental illness can get better and have healthy lives.	0	1	22
I have a better understanding of mental illness.	0	6	15
I would be more likely to help someone in need who has a mental illness.	2	6	14

Please choose how much you agree or disagree with each sentence below (n=22–23)	# Disagree	# Not Sure	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	1	22
Information was given in the language that I speak best.	0	0	23
I will use what I learned in this training/class.	0	2	21
This training/class helped me.	0	2	20
I would recommend this training/class to a friend or family member.	0	1	22

What was most useful or helpful about this training/class? (n=16)

- Clearly articulated information (6)
- Learning how to support myself (4)
- Being engaged (2)

What are your recommendations for improvement? (n=10)

- Having more time with staff (2)
- Discussing more topics (2)
- General positive feedback (4)

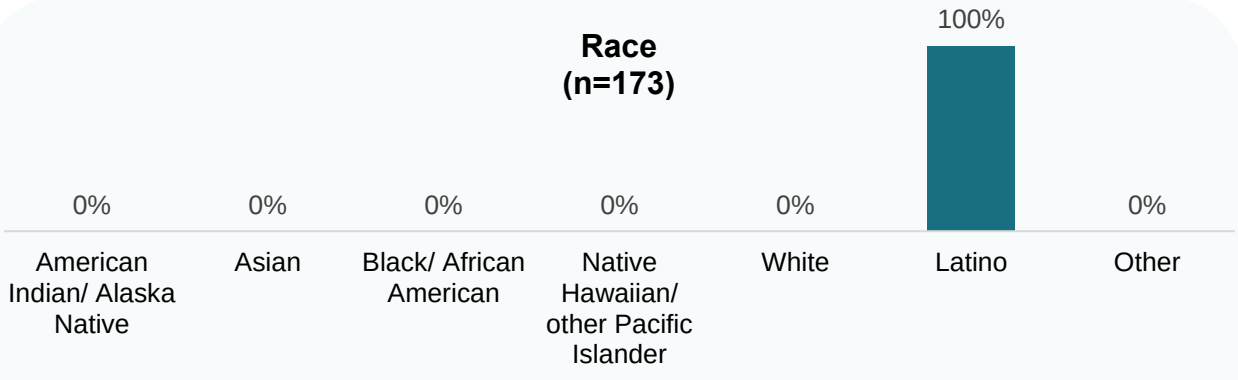
"How clear they talk about the topics so we can understand and can help other people."

"To bring these topics to the community."

"Everything was very good."

LATINO COMMUNITY PARTNERSHIP

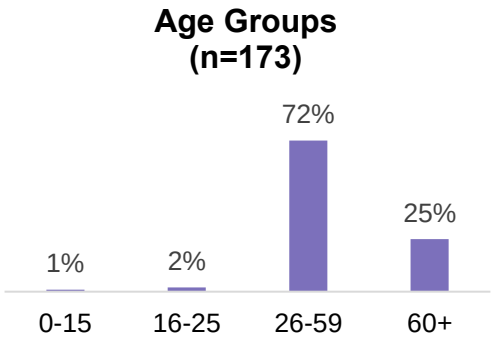
Demographic Data



**Primary Language*
(n=98)**

English	91%
Spanish	0%
English & Spanish	1%
Other	10%

Other includes Triqui.
75 individuals did not answer this question



* Percentages may exceed 100% because participants could choose more than one response option.

LATINO COMMUNITY PARTNERSHIP

Successes and Learning

Notable Successes

Overall

- Program engaged with more participants than the prior year
- Program saw success in openly engaging with the Spanish-speaking community on a topic that is commonly considered taboo
- Campaign to reach out to community with information and mental health services was highly successful. Contact was made to over 200 families with call times up to an hour

COVID-Related

- Transitioned to online Zoom calls to check in with and support community residents

Notable Learnings

Overall

- Found ways to engage with residents from South Monterey County in support groups when no location was immediately available
- Overcame the loss of a Psychiatric Social Worker through the use of the Mental Health Call Center and walk-in clinics until a replacement was hired

COVID-Related

- Adapted program model to continue to serve clients by leveraging relationships with partners

COVID-related program impacts

The shelter-in-place ordinances in the country, state and county made it impossible for CCA to convene with residents in person, which is CCA's traditional engagement method. CCA was able to overcome the barrier of not being able to convene in person by making phone calls and conducting Zoom sessions. The phone calls worked perfectly but the Zoom calls brought additional access challenges. Many families were not familiar with the Zoom application, and/or lacked internet access or access to a computer. For example, for the June 25th training, we had CCA Promotoras leaders come into our office to use the computers and internet access to join the training. CCA purchased 7 iPads to invest in building residents' capacity and access. CCA offered the devices to families when they wanted to use them to join trainings and sessions with counselors from Monterey County Behavior Health staff.

COMMUNITY PRESENTATIONS AND OUTREACH MONTEREY COUNTY BEHAVIORAL HEALTH (MCBH)

MCBH staff provide community-based psychoeducational workshops and presentations to advance awareness and knowledge of mental health and related topics across Monterey County. MCBH partners with local non-profits, schools, churches, and other community entities to reach community members in accessible locations. MCBH also offers psychoeducational workshops virtually using video conferencing to accommodate a need for social distancing. Some of the virtual workshops have been conducted in partnership with community-based agencies.

Program Highlights

852 individuals engaged in program activities

95% of outcome survey respondents said they were **more likely to help someone in need who has a mental illness** and **recognize warning signs of a serious mental health crisis** after participating in the program

Program Activities

Activities Hosted

Presentations – 197 individuals attended 4 different virtual and in person presentations.
Community Events – 255 people attended 5 events, including events for migrant parents, and for support coping after the Gilroy Garlic Festival active shooter incident.
Outreach Activities – About 250 individuals engaged with MCBH at 4 events such as Peninsula Pride, Hartnell College Dreamers Resource Fair, and a Women's March.
Education/Training Sessions – About 150 individuals engaged with MCBH and partnering agencies in 140 online sessions that provided information, resources and supports to help address stressors associated with Shelter-In-Place and fears related to COVID-19.

Presentation Topics

Taking Care of our Mental Health during Stressful Times & COVID ○ **Coping after Traumatic Events** ○ **Take Care of Yourself: A Discussion on Mental Health** ○ **Suicide Prevention** ○ **Parenting Support** ○ **Mindfulness and Selfcare** ○ **Moms/Seniors/Teen Connect**

COMMUNITY PRESENTATIONS AND OUTREACH

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=35–37)	% Not Sure	% Disagree	% Agree
I know where to go for mental health services.	8%	0%	92%
I know when to ask for help with an emotional problem.	9%	0%	91%
I believe people with mental illness can get better and have healthy lives.	5%	0%	95%
I would be more likely to help someone in need who has a mental illness.	5%	0%	95%
I learned more about the warning signs of a mental health crisis.	5%	0%	95%
I learned ways to help a person who is dealing with a mental health problem or crisis.	14%	3%	83%

Please choose how much you agree or disagree with each sentence below (n=35–37)	% Not Sure	% Disagree	% Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	6%	0%	94%
Information was given in the language that I speak best.	3%	0%	97%
I will use what I learned in this training/presentation.	5%	0%	95%
This training/presentation helped me.	3%	0%	97%
I would recommend this program to a friend or family member.	3%	0%	97%

What was most useful or helpful about this program? (n=25)

- Learning how to support self or others (5)
- Connection to local services or resources (5)
- Social support (4)

What are your recommendations for improvement? (n=21)

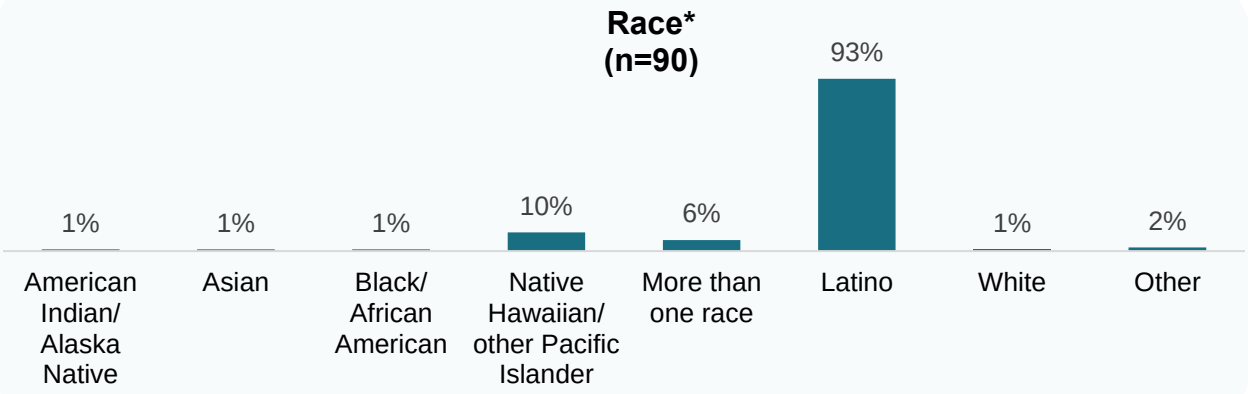
- Longer presentations (8)
- More frequent presentations (6)
- Increase number of community participants (4)
- General positive feedback (6)

"One of the most helpful tips I was able to gain from this training were the small signs to recognize a mental illness and small tips on how to cope."

"There are a lot of people who need this information. I can share what I learned here. Thank you!"

COMMUNITY PRESENTATIONS AND OUTREACH

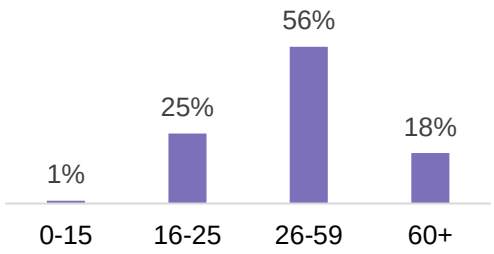
Demographic Data



Primary Language (n=89)

English	22%
Spanish	53%
English & Spanish	25%
Other	0%

1 individual did not answer this question



1 individual did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

Successes and Learning

Notable Successes

COVID-Related

- Shifted support to virtual methods and began addressing internet, cellphone, and other technology issues with clients

Notable Learnings

COVID-Related

- Overcame Shelter-in-Place restrictions that prevented MCBH from offering in-person presentations

PROMOTORES MENTAL HEALTH PROGRAM CENTRAL COAST CITIZENSHIP PROJECT (CCCP)

Central Coast Citizenship Project's Promotores Mental Health Program uses Promotores de Salud (Health Promoters) to educate the unserved and underserved Latino community about mental health issues and remove the stigma associated with seeking mental health services. The program also provides information and referrals to mental health prevention and care services and offers mental health counseling sessions free of charge.

Program Highlights

1,562 individuals engaged in program activities

88% of outcome survey respondents said they received the right services for them from participating in the program

Program Activities

Activities Hosted

Presentations – 177 individuals participated in 6 presentations about Central Coast Citizenship Project services and were provided with information regarding stress and overall mental health wellbeing.
Community Events – 1,155 individuals attended 8 events that provided information on immigration and general mental health information and services.
Education/Training Sessions – 140 individuals engaged in 3 classes with topics such as "Adelante Con Orgullo Mujer Inmigrante" (Forward with Pride Immigrant Woman).
Mental Health Counseling – 60 individuals benefitted from 130 open mental health counseling time slots free of charge from a licensed therapist.

Locations of CCCP Presentations

○ **Hebbron Heights Recreation Center** ○ **On air with RADIO BILINGÜE** ○ **Cal State University Monterey Bay** ○

PROMOTORES MENTAL HEALTH PROGRAM

Program Outcomes, Satisfaction, and Feedback

Because of this program… (n=15–16)	# Disagree	# Not Sure	# Agree
I feel more connected to other people.	0	6	10
I know where to go for mental health services near me.	0	3	13
I know when to ask for help with an emotional problem.	0	3	13
I am able to deal with problems better.	0	5	11
I feel less stress or pressure in my life.	0	3	12
I feel better about myself.	0	4	12
When I think about the future, I feel good.	0	6	10
I feel less worried or afraid.	0	3	13
I feel I have more energy during the day.	0	2	13
I care more about the things that are happening in my life.	0	4	12

Please choose how much you agree or disagree with each sentence below (n=15–16)	# Disagree	# Not Sure	# Agree
Staff respected my culture and background (e.g., ethnic/religious beliefs).	0	2	14
The program had services in the language that I speak best.	0	0	16
I got services that were right for me.	0	2	14
I am happy with the services I received.	0	4	12
I would recommend this program to a friend or family member.	0	4	11

What was most useful or helpful about this program? (n=12)

- To have opportunities to speak with others (4)
- To learn about myself (3)
- To be able to ask for help (1)

What are your recommendations for improvement? (n=9)

- More opportunities to engage with staff (3)
- Generally neutral feedback (4)

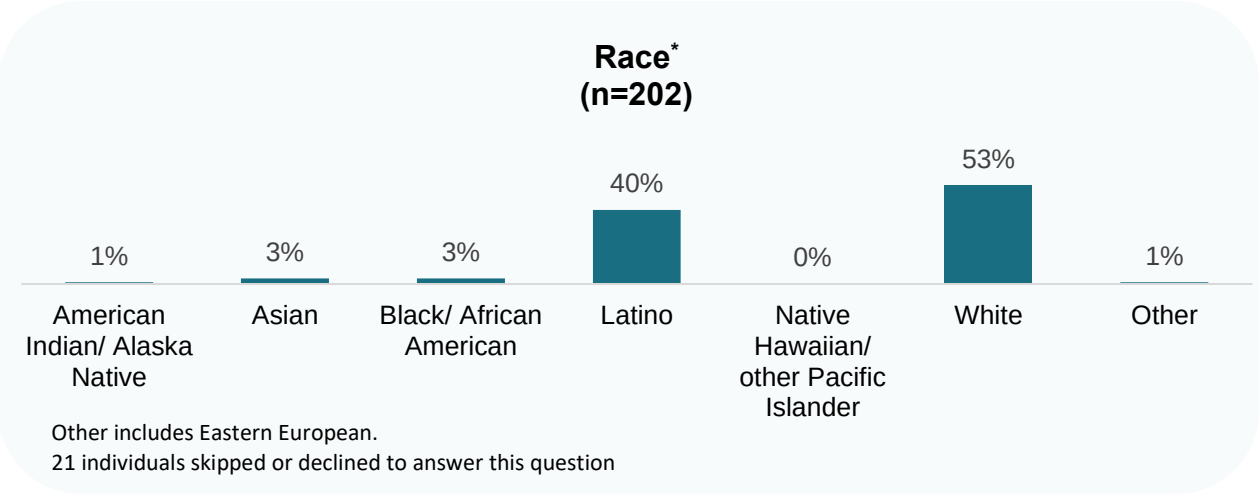
"To be able to manage my stress."

"I don't know what else could be better! "

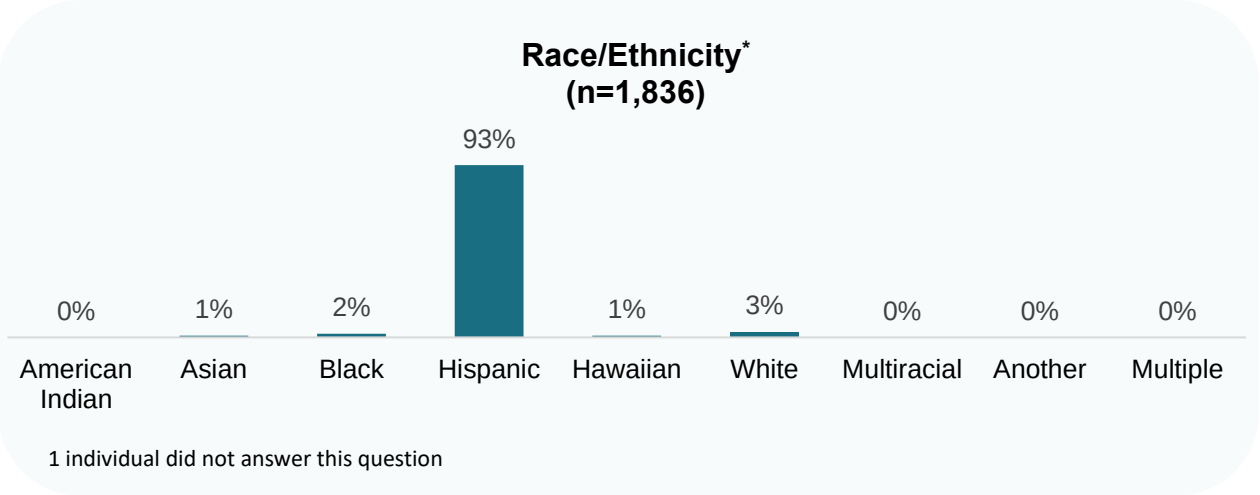
PROMOTORES MENTAL HEALTH PROGRAM

Demographic Data

Demographic data for this program was collected using both Adult Forms and shorter Presentation Forms. Presentation Form data presented below includes only Race/Ethnicity, Age, and Primary Language. (Race and Ethnicity questions are combined on the Presentation Form and are therefore reported separately from Race and Ethnicity data collected from the Adult Form.) Age and Primary Language data from the Presentation Form are combined with data from the Adult Form.



Other includes Eastern European.
21 individuals skipped or declined to answer this question



1 individual did not answer this question

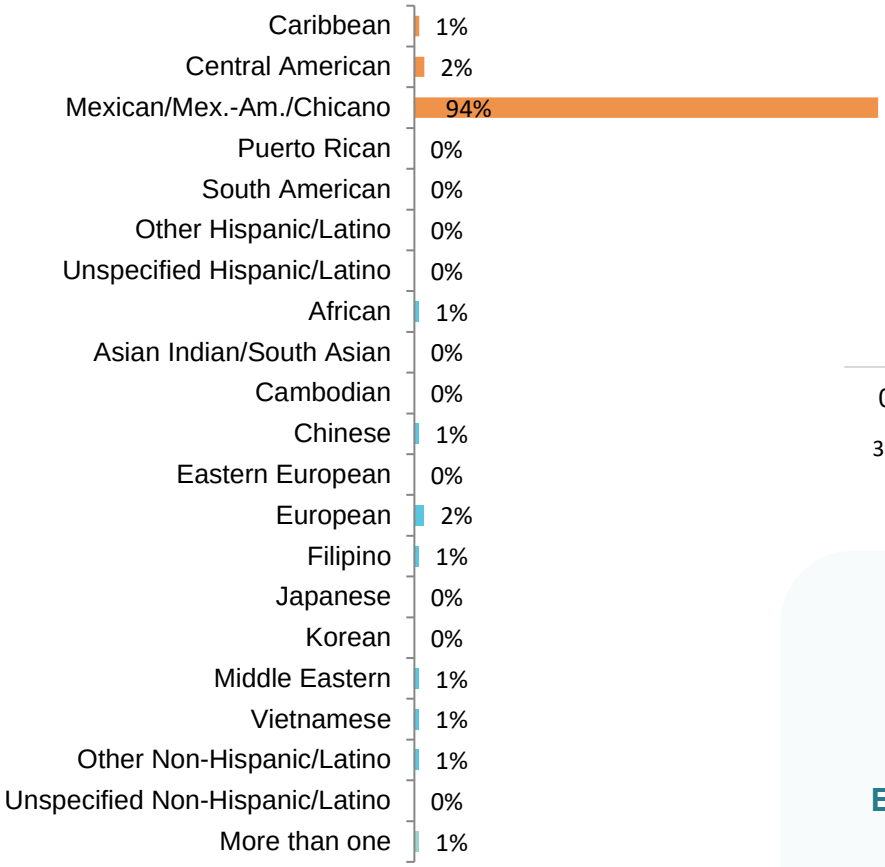
* Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORES MENTAL HEALTH PROGRAM

Demographic Data

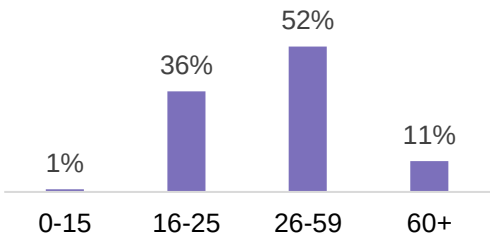
97% Hispanic/Latino
3% Non-Hispanic/Latino

Ethnicity* (n=113)



110 individuals did not answer this question

Age Groups (n=2,057)



3 individuals did not answer this question

Primary Language* (n=679)

English	58%
Spanish	17%
English & Spanish	11%
Other	25%

Other includes Portuguese, Triki, and Mixteco.
1,381 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORES MENTAL HEALTH PROGRAM

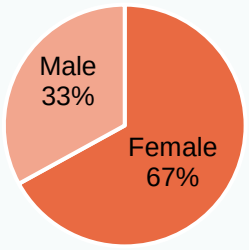
Demographic Data

Current Gender Identity (n=205)

Female	69%
Male	31%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%

18 individuals did not answer this question

Sex Assigned at Birth (n=205)



18 individuals did not answer this question

Sexual Orientation (n=204)

Bisexual	1%
Gay or Lesbian	0%
Heterosexual or Straight	98%
Queer	0%
Questioning or Unsure	0%
Another Sexual Orientation	0%

19 individuals did not answer this question

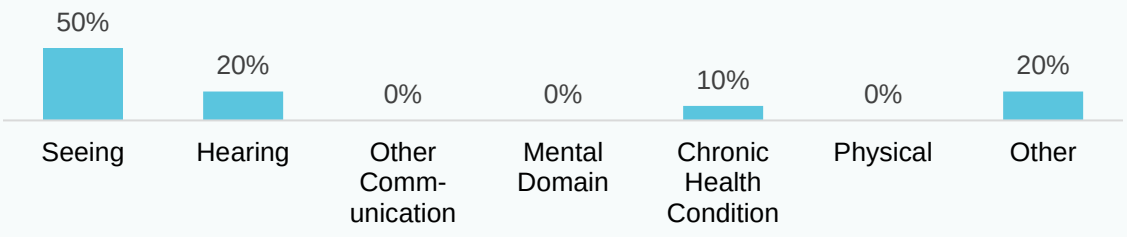
0% of individuals are veterans

n=222; 1 individual did not answer this question

72% of individuals reported having one or more disabilities

n=223

Disability* (n=9)



214 individuals did not answer this question

* Percentages may exceed 100% because participants could choose more than one response option.

PROMOTORES MENTAL HEALTH PROGRAM

Successes and Learning

Notable Successes

Overall

- Program engaged with over twice as many individuals than previous year
- Established partnership with CSUMB to provide presentations on CCCP services in Spanish to the Latino community

COVID-Related

- Pivoted to online services to support participants

Notable Learnings

Overall

- Helping residents in South Monterey County obtain counseling services across several locations

COVID-Related

- Adjusting to new normal by offering counseling via phone and computer

Case example/narrative

A client who comes from a family with a long history of mental health issues has been in and out of juvenile hall. He has not been experiencing much academic success and is at risk of dropping out. CCCP was able to work with his family to get them referred for family counseling and parenting classes. They have agreed to encourage the client to continue in his own counseling. Working to support individuals at through a whole-family system's approach has helped this young man and everyone else in the system.

APPENDIX A. FY 19–20 PEI PROGRAMS BY CATEGORY

Prevention

The Epicenter *(The Epicenter)*

Parent Education Program *(Community Human Services)*

Senior Companion Program *(Seniors Council of Santa Cruz and San Benito Counties)*

Senior Peer Counseling *(Alliance on Aging)*

Early Intervention

Archer Child Advocacy Center *(Monterey County Behavioral Health [MCBH])*

Family Support Groups *(Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC])*

Felton Early Psychosis *(Felton Institute)*

Mobile Crisis Team (*Monterey County Behavioral Health)*

OMNI Resource Center *(Interim, Inc.)*

School-Based Counseling *(Pajaro Valley Prevention and Student Assistance)*

School-Based Domestic Violence Counseling *(Harmony at Home)*

Silver Star Resource Center *(Monterey County Behavioral Health)*

Access and Linkage to Treatment

2-1-1 *(United Way of Monterey County)*

Chinatown Learning Center *(Interim, Inc.)*

Veterans Reintegration Transition Program *(Monterey County Military & Veterans Affairs Office)*

Suicide Prevention

Suicide Prevention Service *(Family Service Agency of the Central Coast)*

Stigma and Discrimination Reduction

Success Over Stigma *(Interim, Inc.)*

Outreach for Increasing Recognition of Early Signs of Mental Illness

African American Community Partnership *(The Village Project, Inc.)*

Family Self-Help Support and Advocacy *(NAMI Monterey County)*

Latino Community Partnership *(Center for Community Advocacy)*

Community Presentations and Outreach *(Monterey County Behavioral Health [MCBH])*

Promotores Mental Health Program *(Central Coast Citizenship Project)*

APPENDIX B. FY 19–20 NUMBER OF PARTICIPANTS SERVED BY PROGRAM AND CATEGORY

Prevention	**1,591**
The Epicenter *(The Epicenter)*	85
Parent Education Program *(Community Human Services)*	164
Senior Companion Program *(Seniors Council of Santa Cruz and San Benito Counties)*	14
Senior Peer Counseling *(Alliance on Aging)*	1,328
Early Intervention	**1,565**
Archer Child Advocacy Center *(Monterey County Behavioral Health [MCBH])*	209
Family Support Groups *(Monterey County Behavioral Health [MCBH], Adult System of Care [ASOC])*	45
Felton Early Psychosis *(Felton Institute)*	80
Mobile Crisis Team (*Monterey County Behavioral Health)*	207
OMNI Resource Center *(Interim, Inc.)*	672
School-Based Counseling *(Pajaro Valley Prevention and Student Assistance)*	106
School-Based Domestic Violence Counseling *(Harmony at Home)*	156
Silver Star Resource Center *(Monterey County Behavioral Health)*	90
Access and Linkage to Treatment	**2,527**
2-1-1 *(United Way of Monterey County)*	1,742
Chinatown Learning Center *(Interim, Inc.)*	414
Veterans Reintegration Transition Program *(Monterey County Military & Veterans Affairs Office)*	371
Suicide Prevention	**1,393**
Suicide Prevention Service *(Family Service Agency of the Central Coast)*	1,393
Stigma and Discrimination Reduction	**689**
Success Over Stigma *(Interim, Inc.)*	689
Outreach for Increasing Recognition of Early Signs of Mental Illness	**3,053**
African American Community Partnership *(The Village Project, Inc.)*	653
Family Self-Help Support and Advocacy *(NAMI Monterey County)*	575
Latino Community Partnership *(Center for Community Advocacy)*	173
Community Presentations and Outreach *(Monterey County Behavioral Health [MCBH])*	90
Promotores Mental Health Program *(Central Coast Citizenship Project)*	1,562
Total	**10,818**

PREFACE TO APPENDICES C AND D

Demographic and Outcome Data Across Programs

Appendix C presents PEI participant demographics for each program, organized by primary program category. An overall summary of demographic totals across programs is also included. Each program category is presented in a separate table. Overall totals across all program categories are presented in the last table. Demographic topics (e.g., race, ethnicity, age) and response options are shown in the rows. Rows with a dark grey background represent the number of respondents who answered the question. The number of respondents who skipped the question are presented in the last row under each demographic topic. Program names are shown in each column. Totals from each program within a program category are presented in the Totals column. Cells that are highlighted in light grey represent demographic questions that were not asked by a particular program. Demographic responses were collected by an MCBH PEI demographic form (adult, parent, or presentation version) or collected from Avatar.

Appendix D presents participant outcome surveys across programs, organized by primary program category. Access and Linkage to Treatment programs (2-1-1, Chinatown Learning Center and Veterans Reintegration Program) do not administer outcome surveys. Additionally, some programs do not collect outcome surveys due to the crisis or brief nature of services (Archer Child Advocacy Center, Mobile Crisis Team, and MCBH Community Presentations and Outreach). Questions from each survey are presented in the rows, with the columns presenting the percentage or number of respondents who selected “Agree” on the scale (which included “Agree,” “Not Sure,” and “Disagree”). Surveys with less than 30 respondents are reported as values and not percentages. The range of number of respondents who answered each question on the survey are presented at the header of each column, under individual program names. Cells with dashes mean this question or survey was not administered to this program.

APPENDIX C. FY 19–20 PEI PARTICIPANT DEMOGRAPHICS BY PROGRAM CATEGORY

Prevention

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race (Adult Demographic Form)	402	83	136	9	174
American Indian or Alaska Native	7	3	2	0	2
Asian	16	5	5	0	6
Black or African American	22	9	8	0	5
Latino	220	60	88	3	69
Native Hawaiian or other Pacific Islander	8	1	7	0	0
White	161	28	37	3	93
Other	13	3	5	3	2
Declined to answer	9	2	7	0	0
Ethnicity (Adult Demographic Form)	380	76	119	11	174
Hispanic/Latino	244	68	103	6	67
Non-Hispanic/Latino	114	13	7	1	93
More than one Ethnicity	4	2	2	0	0
Declined to answer/skipped	269	5	38	2	224
Hispanic or Latino					
Caribbean	1	0	0	0	1
Central American	6	1	3	0	2
Mexican/Mexican-American/Chicano	230	57	95	11	67
Puerto Rican	9	6	1	0	2
South American	4	2	1	0	1
Other	9	5	1	0	3
Non-Hispanic or Latino					
African	11	1	4	0	6
Asian Indian/South Asian	3	0	3	0	0
Cambodian	0	0	0	0	0
Chinese	3	0	1	0	2
Eastern European	7	1	0	1	5
European	101	6	8	0	87
Filipino	8	4	4	0	0
Japanese	3	1	0	0	2
Korean	4	1	2	0	1
Middle Eastern	0	0	0	0	0
Vietnamese	0	0	0	0	0
Other	5	2	3	0	0

Demographics	TOTALS	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Race/Ethnicity (Presentation Demographic Form)	219				219
American Indian or Alaska Native	0				0
Asian	12				12
Black or African American	8				8
Latino	163				163
Native Hawaiian or other Pacific Islander	2				2
White	27				27
Multiracial	4				4
Other	6				6
Multiple	4				4
Declined to answer	2				2
Primary Language	498	77	148	14	259
English	211	19	62	3	127
Spanish	280	56	86	8	130
English and Spanish	8	2	0	3	3
Other	24	5	8	0	11
Declined to answer/skipped	163	8	16	0	139
Age	655	85	164	14	392
0 to 15 years	26	26	0	0	0
16 to 25 years	77	58	18	0	1
26 to 59 years	188	0	146	4	38
60+ years	365	1	0	10	354
Declined to answer/skipped	6	0	0	0	6
Current Gender Identity	432	84	162	12	174
Female	265	36	102	6	121
Male	152	34	60	6	52
Transgender	0	0	0	0	0
Genderqueers	1	1	0	0	0
Questioning or unsure	0	0	0	0	0
Another gender identity	14	13	0	0	1
Declined to answer/skipped	8	1	2	2	3
Sex Assigned at Birth	432	84	162	12	174
Female	280	50	102	6	122
Male	152	34	60	6	52
Another sex	0	0	0	0	0
Declined to answer/skipped	8	1	2	2	3
Sexual Orientation	425	81	157	13	174
Bisexual	0	0	0	0	0
Gay or Lesbian	11	8	1	0	2
Heterosexual or Straight	374	41	154	8	171
Queer	2	2	0	0	0
Questioning or unsure	8	8	0	0	0
Another sexual orientation	25	22	2	0	1
Declined to answer/skipped	20	4	7	6	3
Veteran Status	434	84	162	12	176

Yes	48	15	6	0	27
No	386	69	156	12	149
Declined to answer/skipped	6	1	2	2	1
Disability	406	84	133	12	177
Has a disability	159	18	15	12	114
No disability	247	66	118	0	63
Disability Types	182	35	15	12	120
Difficulty seeing	33	10	4	0	19
Difficulty hearing or having speech understood	15	3	1	1	10
Other communication difficulty	10	1	2	3	4
Mental domain disability	52	6	3	1	42
Chronic health condition	67	0	5	7	55
Physical disability	72	0	2	7	63
Another disability	113	40	15	1	57
Unspecific disability	45	9	3	1	32
Declined to answer/skipped	258	50	149	2	57

Early Intervention

Demographics	TOTALS	Archer Child Advocacy Center	Family Support Groups	Felton Early Psychosis	Mobile Crisis Team	OMNI Resource Center	School-Based Counseling	Domestic Violence Counseling	Silver Star Resource Center
Race (Adult Demographic Form)	643					599		44	
American Indian or Alaska Native	22					21		1	
Asian	34					32		2	
Black or African American	47					47		0	
Latino	347					313		34	
Native Hawaiian or other Pacific Islander	11					11		0	
White	221					210		11	
Other	31					29		2	
Declined to answer	73					73		0	
Ethnicity (Adult Demographic Form)	544					427		117	
Hispanic/Latino	301					282		19	
Non-Hispanic/Latino	157					156		1	
More than one Ethnicity	40					39		1	
Declined to answer/skipped	246					245		1	
Hispanic or Latino	0								
Caribbean	2					2		0	
Central American	12					9		3	
Mexican/Mexican-American/Chicano	283					257		26	
Puerto Rican	8					6		2	
South American	8					7		1	
Other	18					12		6	
Non-Hispanic or Latino	0								
African	42					42		0	
Asian Indian/South Asian	4					3		1	
Cambodian	1					1		0	
Chinese	6					5		1	
Eastern European	13					13		0	

European	61					59		2	
Filipino	26					26		0	
Japanese	8					8		0	
Korean	7					7		0	
Middle Eastern	3					3		0	
Vietnamese	1					1		0	
Other	39					36		3	
Race/Ethnicity (Presentation Demographic Form)	110							110	
American Indian or Alaska Native	1							1	
Asian	7							7	
Black or African American	1							1	
Latino	59							59	
Native Hawaiian or other Pacific Islander	1							1	
White	43							43	
Multiracial	1							1	
Other	12							12	
Multiple	10							10	
Declined to answer	2							2	
Ethnicity (Data Source: Avatar Demographic Form)	693	209		81	207		106		90
Asian/Islander	11	2		3	5		0		1
Black	521	8		2	510		0		1
Hispanic	499	159		60	103		102		75
Other	53	21		6	15		2		9
White	109	19		10	74		2		4
Primary Language	780					647		133	
English	614					580		34	
Spanish	166					64		102	
English and Spanish	7					4		3	
Other	15					7		8	
Declined to answer/skipped	48					25		23	
Age	1522	209	45	81	209	672	106	155	90

0 to 15 years	380	170	0	4	39	0	98	19	50
16 to 25 years	260	38	2	73	48	40	8	13	40
26 to 59 years	656	0	36	4	87	450	0	115	0
60+ years	225	0	7	0	35	182	0	8	0
Declined to answer/skipped	1	0	0	0	0	0	0	1	0
Gender (Avatar)	695	209		81	209		106		90
Female	384	172		16	99		48		49
Male	310	37		64	110		58		41
Transgender	1	0		1	0		0		0
Current Gender Identity	677					641		36	
Female	287					262		25	
Male	386					375		11	
Transgender	0					0		0	
Genderqueers	1					1		0	
Questioning or unsure	0					0		0	
Another gender identity	3					3		0	
Declined to answer/skipped	151					31		120	
Sex Assigned at Birth	668					632		36	
Female	282					257		25	
Male	385					374		11	
Another sex	1					1		0	
Declined to answer/skipped	160					40		120	
Sexual Orientation	554					523		31	
Bisexual	0					0		0	
Gay or Lesbian	17					17		0	
Heterosexual or Straight	506					476		30	
Queer	10					10		0	
Questioning or unsure	4					3		1	
Another sexual orientation	17					17		0	
Declined to answer/skipped	274					149		125	
Veteran Status	630					588		42	
Yes	26					19		7	
No	604					569		35	

Declined to answer/skipped	198					84		114	
Disability	625					588		37	
Has a disability	592					588		4	
No disability	33					0		33	
Disability Types	409					403		6	
Difficulty seeing	105					105		0	
Difficulty hearing or having speech understood	59					59		0	
Other communication difficulty	25					25		0	
Mental domain disability	159					159		0	
Chronic health condition	82					82		0	
Physical disability	67					67		0	
Another disability	532					523		9	
Unspecific disability	14					8		6	
Declined to answer/skipped	419					269		150	

Access and Linkage to Treatment

Demographics	TOTALS	2-1-1*	Chinatown Learning Center	Veterans Reintegration Transition Program
Race (Adult Demographic Form)	2,729	2,171	199	359
American Indian or Alaska Native	51	20	18	13
Asian	76	40	11	25
Black or African American	128	78	22	28
Latino	60		29	31
Native Hawaiian or other Pacific Islander	42	20	9	13
White	1,199	814	118	267
Other	1,118	1,067	32	19
Declined to answer	359	132	215	12
Ethnicity (Adult Demographic Form)	2,657	2,142	235	280
Hispanic/Latino	1,499	1,345	142	12
Non-Hispanic/Latino	775	656	47	72
More than one Ethnicity	34		6	28
Declined to answer/skipped	407	141	177	89
Hispanic or Latino				
Caribbean	2		1	1
Central American	5		4	1
Mexican/Mexican-American/Chicano	150		113	37
Puerto Rican	18		10	8
South American	5		3	2
Other	30		24	6
Non-Hispanic or Latino				
African	43		22	21
Asian Indian/South Asian	6		4	2
Cambodian	1		1	0
Chinese	4		4	0
Eastern European	68		54	14
European	173		20	153
Filipino	32		12	20
Japanese	11		3	8
Korean	5		4	1
Middle Eastern	4		1	3
Vietnamese	4		1	3
Other	51		19	32

Demographics	TOTALS	2-1-1	Chinatown Learning Center	Veterans Reintegration Transition Program
Primary Language	2,626	2,248	105	273
English	1,517	1,227	22	268
Spanish	1,008	924	81	3
English and Spanish	2		2	0
Other	28	22	4	2
Declined to answer/skipped	482	75	309	98
Age	2,898	2,117	414	367
0 to 15 years	11	11	0	0
16 to 25 years	361	330	26	5
26 to 59 years	1,638	1,270	215	153
60+ years	887	506	172	209
Declined to answer/skipped	4		0	4
Current Gender Identity	3,465	2,811	285	369
Female	2,112	1,972	74	66
Male	1,330	822	206	302
Transgender	2,626		0	1
Genderqueers	0		0	0
Questioning or unsure	0		0	0
Another gender identity	5		5	0
Declined to answer/skipped	131		129	2
Unknown	17	17		
Sex Assigned at Birth	651		284	367
Female	140		75	65
Male	511		209	302
Another sex	0		0	0
Declined to answer/skipped	134		130	4
Sexual Orientation	636		274	362
Bisexual	3		30	3
Gay or Lesbian	214		5	0
Heterosexual or Straight	369		228	350
Queer	1		0	1
Questioning or unsure	6		6	0
Another sexual orientation	43		5	8
Declined to answer/skipped	149		140	9
Veteran Status	661		290	371
Yes	366		23	343
No	295		267	28
Declined to answer/skipped	124		124	0
Disability	674		303	371
Has a disability	441		208	233
No disability	233		95	138
Disability Types	477		248	229

Difficulty seeing	114		97	17
Difficulty hearing or having speech understood	97		20	77
Other communication difficulty	9		8	1
Mental domain disability	89		30	59
Chronic health condition	204		100	104
Physical disability	181		63	118
Another disability	207		58	149
Unspecific disability	37		17	20
Declined to answer/skipped	308		166	142

Suicide Prevention & Stigma and Discrimination Reduction

Demographics	TOTALS	Suicide Prevention Service	Success Over Stigma
Race/Ethnicity (Presentation Demographic Form)	2,068	1,385	683
American Indian or Alaska Native	55	29	26
Asian	131	87	44
Black or African American	93	54	39
Latino	1,417	1,031	386
Native Hawaiian or other Pacific Islander	42	26	16
White	483	252	231
Multiracial	92	49	43
Another	329	312	17
Multiple	191	75	116
Declined to answer	14	8	6
Primary Language	2,045	1,372	673
English	1,330	796	534
Spanish	659	449	210
English and Spanish	127	127	0
Other	14	0	14
Declined to answer/skipped	37	21	16
Age	2,002	1,326	676
0 to 15 years	757	723	34
16 to 25 years	814	383	431
26 to 59 years	404	206	198
60+ years	26	13	13
Declined to answer/skipped	80	67	13

Outreach for Increasing Recognition of Early Signs of Mental Illness

Demographics	TOTALS	African American Community Partnership	Family Self-Help Support/Advocacy	Latino Community Partnership	MCBH Community Presentations/ Outreach	Promotores Mental Health
Race (Adult Demographic Form)	268		66			202
American Indian or Alaska Native	1		1			0
Asian	6		5			1
Black or African American	2		1			1
Latino	75		28			47
Native Hawaiian or other Pacific Islander	2		2			0
White	178		37			141
Other	17		2			15
Declined to answer	30		9			21
Ethnicity (Adult Demographic Form)	170		57			113
Hispanic/Latino	131		15			116
Non-Hispanic/Latino	6		2			4
More than one Ethnicity	2		1			1
Declined to answer/skipped	2,540		593			1,947
Hispanic or Latino						
Caribbean	1		0			1
Central American	3		1			2
Mexican/Mexican-American/Chicano	133		27			106
Puerto Rican	0		0			0
South American	0		0			0
Other	1		1			0
Non-Hispanic or Latino						

African	1		0			1
Asian Indian/South Asian	1		1			0
Cambodian	0		0			0
Chinese	2		1			1
Eastern European	1		1			0
European	23		21			2
Filipino	4		3			1
Japanese	2		2			0
Korean	0		0			0
Middle Eastern	1		0			1
Vietnamese	2		1			1
Other	1		1			0
Race/Ethnicity (Presentation Demographic Form)	3,315	653	564	173	89	1,836
American Indian or Alaska Native	43	22	13	0	1	7
Asian	100	45	29	0	1	25
Black or African American	369	319	16	0	1	33
Latino	2,570	133	467	173	84	1,713
Native Hawaiian or other Pacific Islander	24	5	6	0	1	12
White	201	83	63	0	4	51
Multiracial	76	45	29	0	2	0
Other	26	1	21	0	3	1
Multiple	6	0	0	0	0	6
Declined to answer	12	0	11	0	0	1
Primary Language	2,090	650	574	99	88	679
English	925	142	281	88	19	395
Spanish	927	472	294	0	47	114
English and Spanish	144	36	9	1	22	76
Other	205	3	22	10	0	170
Declined to answer/skipped	1,535	3	76	74	1	1,381
aaaaaaaaaa	3,598	646	634	173	88	2,057

0 to 15 years	569	59	490	2	1	17
16 to 25 years	1,019	205	33	4	22	755
26 to 59 years	1,685	358	89	124	50	1,064
60+ years	325	24	22	43	15	221
Declined to answer/skipped	27	7	16	0	1	3
Current Gender Identity	271		66			205
Female	192		51			141
Male	79		15			64
Transgender	0		0			0
Genderqueers	0		0			0
Questioning or unsure	0		0			0
Another gender identity	0		0			0
Declined to answer/skipped	2,439		584			1,855
Sex Assigned at Birth	270		65			205
Female	187		50			137
Male	83		15			68
Another sex	0		0			0
Declined to answer/skipped	2,440		585			1,855
Sexual Orientation	266		62			204
Bisexual	0		0			2
Gay or Lesbian	48		1			1
Heterosexual or Straight	211		57			200
Queer	1		0			1
Questioning or unsure	1		1			0
Another sexual orientation	5		3			0
Declined to answer/skipped	2,444		588			1,856
Veteran Status	292		70			222
Yes	4		4			0
No	288		66			222
Declined to answer/skipped	2,418		580			1,838
Disability	293		70			223
Has a disability	184		23			161
No disability	109		47			62

Disability Types	37		28			9
Difficulty seeing	11		6			5
Difficulty hearing or having speech understood	3		1			2
Other communication difficulty	0		0			0
Mental domain disability	8		8			0
Chronic health condition	10		9			1
Physical disability	4		4			0
Another disability	39		37			2
Unspecific disability	4		3			1
Declined to answer/skipped	2,673		622			2,051

APPENDIX D. OUTCOMES ACROSS PROGRAMS

Prevention

Percentage/number of respondents who selected Agree, by program	The Epicenter	Parent Education Program	Senior Companion Program	Senior Peer Counseling
Because of this program…	**(n=39)**	**(n=33–35)**	**(n=6–7)**	**(n=184–187)**
I feel more connected to other people.	89%	76%	7	88%
I know where to go for mental health services near me.	89%	91%	7	79%
I know when to ask for help with an emotional problem.	89%	91%	7	84%
I am able to deal with problems better.	79%	97%	7	85%
I feel less stress or pressure in my life.	79%	80%	7	80%
I feel better about myself.	82%	89%	7	85%
When I think about the future, I feel good.	77%	86%	5	72%
Please choose how much you agree or disagree with each sentence below	**(n=38–39)**	**(n=33–35)**	**(n=7)**	**(n=184–187)**
Staff respected my culture and background (e.g., ethnic/religious beliefs).	97%	91%	7	95%
The program had services in the language that I speak best.	97%	97%	7	98%
I got services that were right for me.	97%	100%	7	98%
I am happy with the services I received.	94%	94%	7	96%
I would recommend this program to a friend or family member.	97%	97%	7	98%

Early Intervention

Percentage/number of respondents who selected Agree, by program

Because of this program…	Family Support Groups (n=4–5)	Felton Early Psychosis (n=68–69)	OMNI Resource Center (n=154–158)	School-Based Counseling (n=17–18)	School-Based DV Counseling (n=3)	Silver Star Resource Center (n=9)
I feel more connected to other people.	3	62%	78%	15	3	5
I know where to go for mental health services near me.	4	84%	82%	17	3	7
I know when to ask for help with an emotional problem.	5	84%	79%	16	2	8
I am able to deal with problems better.	5	69%	83%	16	3	7
I feel less stress or pressure in my life.	3	64%	70%	15	3	7
I feel better about myself.	4	72%	81%	16	3	8
When I think about the future, I feel good.	3	67%	72%	14	1	6
I feel less worried or afraid.	3	75%	67%	12	2	7
I feel I have more energy during the day.	1	58%	70%	11	2	6
I care more about the things that are happening in my life.	5	77%	85%	18	2	8
Please choose how much you agree or disagree with each sentence below	**(n=4–5)**	**(n=68–71)**	**(n=155–158)**	**(n=18)**	**(n=3)**	**(n=9)**
Staff respected my culture and background (e.g., ethnic/ religious beliefs).	4	93%	88%	18	3	9
The program had services in the language that I speak best.	5	90%	90%	16	3	9
I got services that were right for me.	3	87%	85%	17	3	9
I am happy with the services I received.	5	84%	90%	18	3	9
I would recommend this program to a friend or family member.	5	77%	90%	18	3	9

Suicide Prevention & Stigma and Discrimination Reduction

Percentage/number of respondents who selected Agree, by program

Because of this training/class…	Suicide Prevention Service (n=548–555)	Success Over Stigma (n=175–176)
I know where to go for mental health services near me.	81%	93%
I know when to ask for help with an emotional problem.	89%	94%
I believe people with mental illness can get better and have healthy lives.	83%	98%
I have a better understanding of mental illness.	81%	94%
I would be more likely to help someone in need who has a mental illness.	86%	97%
Please choose how much you agree or disagree with each sentence below	**(n=555–559)**	**(n=173–177)**
Staff respected my culture and background (e.g., ethnic/religious beliefs).	80%	94%
Information was given in the language that I speak best.	90%	99%
I will use what I learned in this training/class.	74%	93%
This training/class helped me.	75%	93%
I would recommend this training/class to a friend or family member.	73%	96%

Outreach for Increasing Recognition of Early Signs of Mental Illness

Percentage/number of respondents who selected Agree, by program	Family Self-Help Support and Advocacy	Latino Community Partnership	Promotores Mental Health Program	MCBH Community Presentations and Outreach
As a result of participating in this training/class…	**(n=21–22)**	**(n=21–23)**		**(n=35–37)**
I know where to go for mental health services near me.	20	18	-	-
I know when to ask for help with an emotional problem.	20	17	-	-
I believe people with mental illness can get better and have healthy lives.	20	22	-	-
I have a better understanding of mental illness.*	14	15	-	-
I would be more likely to help someone in need who has a mental illness.*	15	14	-	-
Please choose how much you agree or disagree with each sentence below	**(n=21–22)**	**(n=22–23)**		
Staff respected my culture and background (e.g., ethnic/religious beliefs).	20	22	-	-
Training/class materials were available in my preferred language.	21	23	-	-
I plan to use what I learned in this training/class.	19	21	-	-
Overall, this training/class was helpful to me.	19	20	-	-
I would recommend this training/class to a friend or family member.	15	22	-	-
Because of this program…			**(n=15–16)**	
I feel more connected to other people.	-	-	10	-
I know where to go for mental health services near me.	-	-	13	-
I know when to ask for help with an emotional problem.	-	-	13	-
I am able to deal with problems better.	-	-	11	-
I feel less stress or pressure in my life.	-	-	12	-
I feel better about myself.	-	-	12	-
When I think about the future, I feel good.	-	-	10	-
I feel less worried or afraid.	-	-	13	-
I feel I have more energy during the day.	-	-	13	-
I care more about the things that are happening in my life.	-	-	12	-

* This question was only asked in March 2019 survey version.

Percentage/number of respondents who selected Agree, by program	Family Self-Help Support and Advocacy	Latino Community Partnership	Promotores Mental Health Program	MCBH Community Presentations and Outreach
Please choose how much you agree or disagree with each sentence below			**(n=15–16)**	
Staff respected my culture and background (e.g., ethnic/religious beliefs).	-	-	14	94%
The program had services in the language that I speak best.	-	-	16	97%
I got services that were right for me.	-	-	14	95%
I am happy with the services I received.	-	-	12	97%
I would recommend this program to a friend or family member.	-	-	11	97%
Because of this program:				
I know where to go for mental health services.	-	-	-	92%
I know when to ask for help with an emotional problem.	-	-	-	91%
I believe people with mental illness can get better and have healthy lives.	-	-	-	95%
I would be more likely to help someone in need who has a mental illness.	-	-	-	95%
I learned more about the warning signs of a mental health crisis.	-	-	-	95%
I learned ways to help a person who is dealing with a mental health problem or crisis.				83%

APPENDIX V

MONTEREY COUNTY BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT

INNOVATION COMPONENT

FY 2019-20

EVALUATION REPORTS

INN-01: Micro-Innovation Grant Activities for Increasing Latino Engagement

INN-02: Screening to Timely Assessment

INN-03: Transportation Coaching by Wellness Navigators

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

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MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

INN-01: Micro-Innovation Grant Activities for Increasing Latino Engagement

Second Annual Innovation Project Report – FY 2019/20

MONTEREY COUNTY HEALTH DEPARTMENT BEHAVIORAL HEALTH BUREAU | DIVISIÓN DE SALUD MENTAL | 1270 NATIVIDAD ROAD, SALINAS, CA 93906

Contents

Program Name: Micro-Innovation Grant Activities for Increasing Latino Engagement

Introduction

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the "Micro-Innovation Grant Activities for Increasing Latino Engagement" Innovation Project Plan on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31st following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall by submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the second Innovation Project Report for this Innovation Project Plan, pertaining to activities taken plan in FY 2019/20, and is submitted as part of the MCBH MHSA FY 2021/22 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

Innovation Project Overview

The purpose of this Innovation Project is to increase access to mental health services to underserved groups by applying promising community driven practices that have been successful in a non-mental health setting to the mental health system. Specifically, by supporting small-scale community-driven innovative projects to address unique challenges and characteristics of certain demographics, languages, neighborhoods, communities, etc., the Micro-Innovation Grant Activities for Increasing Latino Engagement project may uncover effective approaches to improving the outreach for and delivery of mental health services to our most underserved populations in Monterey County.

The Problem

The primary problem to be addressed by this Innovation project is the relatively low number of Latinos utilizing Behavioral Health services in Monterey County. MCBH functions as the "safety net" mental health service provider in the county, and therefore sets the demographic profile of the local Medi-Cal eligible population as the benchmark for who mental health services should be designed for and accessed by. In FY 2016/17, Latinos made up 75% of the Medi-Cal eligible population in Monterey County, yet comprised roughly only 53% of MCBH mental health service consumers. This rate has even been on a slight decline over the prior 4 years. Not only has this persistent gap in adequate service provision to Latinos and Spanish-speaking communities been observed in Monterey County, but a review of data from other counites suggests this is a statewide challenge.

The Solution

This Innovation project seeks to increase the number of Latinos receiving mental health services in Monterey County by enabling a diffuse network of micro-innovation activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. These activities may be a one-time activity, or a sustained activity not to exceed 12 months. To implement this Innovation project, MCBH created a grant application (Addendum A). Next, MCBH established a Micro-Innovation Grant Review Board comprised of MCBH administrative staff, including Public Health staff that support Leadership and Civic Engagement programming and Cultural Competency, and a community stakeholder representative (who will not be applying for a mini-grant). The Review Board additionally includes the Monterey County Behavioral Health Epidemiologist, who ensures all funded projects have a method to measure impact. Once established, the Review Board refined and established the criteria for awarding micro-innovation grants (Addendum B).

Criteria and/or information required of each grant applicant includes:

- How the activity will either a) introduce a new practice or approach to engage Latinos into mental health services, b) make a change to an existing practice in the field of mental health to better apply to Latino populations, or c) apply a promising community driven practice or approach from Latino communities/cultures that has been successful in a non-mental health context or setting to the mental health system.
- The staffing and material needs of the activity
- The budget for implementing and evaluating the activity
- A timeline for the activity
- The characteristics and culture of the community/individuals/neighborhood to be served
- A hypothesis for why the target community may not be engaged and how the activity will address this specific need (i.e. micro-innovation activity learning goals)

- A plan for how this activity can be scaled up to reach a broader population or geographic region
- How participant demographics will be recorded
- How referral to services will be recorded
- How other relevant data will be recorded

It was initially anticipated that MCBH would award 9 to 15 micro-innovation grants per fiscal year. Micro-innovation grants will range in size from $1,000 to $50,000. Portions of the grant may be supplied upfront to initiate the grant activities, with installment payments made upon completion of deliverables/benchmarks as set forth in the agreements with each grantee.

Dissemination of the micro-innovation grant opportunity occurs through several channels, including sharing with Monterey County boards and commissions, and shared across county websites, social media accounts, and email. At the conclusion of each application window, the review board evaluates all received proposals and invites those who submitted promising concepts to in-person/virtual interviews prior to awarding grant funds. In-person interviews are to be used for clarifying any additional questions by review board or proposer, and confirm an evaluation plan. Service Agreements are then negotiated to include a timeline for completion of each deliverable, and finalize reporting, project evaluation methods and communication requirements. MCBH may also utilize a local organization that will serve as "fiscal agent" for those individuals/groups who do not meet the County's insurance requirements, thereby mitigating the potential barrier for applicants not affiliated with an established organization.

Throughout the duration of this project and micro-innovation activities, MCBH Innovation staff has been available to provide technical assistance related to documenting learning and outcome data that is required for conducting meaningful evaluation.

Learning Goals

This Innovation Project aims to increase the number of Latinos served by mental health services in Monterey County. Therefore, the main learning goal of this Innovation Project is to determine if any of these micro-innovation activities are effective in engaging Latino populations with needed mental health services. Specific learning goals of this project are to:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
- Identify if the total count of Latinos served increased during this Innovation project.

- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
- Identify if and how cultural barriers were addressed.
- Additional learning goals unique to target populations will be established in the development and approval of micro-innovation activities.

As this Innovation Project will support several diverse small-scale approaches and/or practices to engage specific communities, Latino sub-ethnicities, etc., it is anticipated that a variety of unique and novel learning goals will be developed, and both quantitative and qualitative evaluation methodologies will be used. At a minimum, to evaluate the learning goals stated above, each activity will maintain records on:

- Total Client Count
- Demographics
- Count of individuals that have not previously received mental health services
- Number of referrals
- Type of referrals
- Number of referrals where individuals followed through on an appointment

MCBH provides technical assistance, as needed, to assist individual and organizations in recording valid data, including referral and process data (see Addendum C for simple referral tracking sheet made available for use by micro-innovation facilitators). Service data is aggregated and evaluated in conjunction with the MCBH electronic medical record system (Avatar) to assess the net impact on service penetration rates by Latinos. In addition to evaluation of project activities, MCBH also documents the process of implementing this project and provides qualitative assessment of challenges and successes experienced.

At the conclusion of this Innovation project, MCBH plans to hold an exit summit, providing all grantees the opportunity to present and share their results. Additional evaluation will be conducted by MCBH staff to assess the mini-grant project model and synthesize observed impacts of micro-innovation projects for potential implementation with other sources of funding as may be available.

<u>Resources</u>

The Micro-Innovation Grant Activities for Increasing Latino Engagement project plan indicates MCBH to designate a portion of a Management Analyst and Epidemiologist staff positions for purposes of project coordination, evaluation, and reporting. MCBH has a current contract with a community-based organization to serve as fiscal agent responsible for distributing mini-grant

funds in certain cases. MCBH will solicit and award bids to perform work and provide administration oversight of this project. The fiscal agent will only distribute funds via a service agreement with the grantee.

Timeline

The total timeframe (duration) of this Innovation project is 3 years. The timeline for key phases / deliverables is as follows:

- January 2019 – March 2019 (3 months): Formed Micro-Innovation Grant Review Board and establish Micro-Innovation Grant application criteria. Established agreement Action Council of Monterey County for issuing grant payments.
- April 2019 – June 2019 (3 months): Issued announcement requesting first round of Micro-Innovation Grant proposals for in October 2018. Performed review process, awarded grants before end of calendar year.
- July 2019 – June 2020 (1 year): Cohort #1 implemented micro-innovation activities.
- October 2019 – December 2019 (3 months): Issued announcement requesting second round of Micro-Innovation Grant proposals. Performed review process, awarded grants before end of June 2019.
- January 2020 – December 2020 (1 year): Cohort #2 implemented micro-innovation activities.
- April 2020 – June 2020 (3 months): Issued announcement requesting third round of Micro-Innovation Grant proposals. Performed review process, awarded grants before end of December 2019.
- July 2020 – June 2021 (1 year): Cohort #3 implemented micro-innovation activities.
- July 2021 – December 2021 (6 months): Review evaluation findings and hold 'Exit Summit' to share results and lessons learned.

Budget

This Innovation Project has a total approved budget of $1,240,000.

The budget allocates funding accordingly:

Budget Category	**FY 2018/19**	**FY 2019/20**	**FY 2020/21**	***Total***
County-Operated Program Expenses	$66,239	$67,030	$67,731	$201,000
Consultant Costs/Contracts	$346,334	$346,333	$346,333	$1,039,000
Total	$412,573	$413,363	$414,064	$1,240,000

Innovation Project Updates: Accomplishments, Challenges and Changes in FY 2019/20

FY 2019/20 began with the implementation of the four micro-innovation activities that were able to proceed out of the group of six proposed micro-innovation activities in the first application period occurring in Spring of FY 2018/19. Of the four micro-innovation activities implemented in FY 2019/20, the following three activities were completed (client and outcome data to be provided in the Evaluation Data section that follows):

1. Working with a local homeless resource center, a community member hosted culturally significant meals and artistic performances by individuals with lived experience. This activity provided culturally significant Mexican food to the homeless clientele, that is predominately of Hispanic/Latino descent, in order to build foundational trust. The artistic performances consisted of poetry and painting performed live to the audience. The performers were all individuals with lived experience dealing with homelessness and mental health disorders. An open dialogue on mental health followed the meal and performances, with service referrals being provided by an attending Social Worker.
2. A local community advocacy group held 10 hour-long radio programs on a local Spanish language radio station, covering a variety of mental health topics. Following each radio show, the applicant hosted a community workshop on the topic presented during the show and provided resource referrals as needed.
3. A local community-based service provider hosted numerous mental health workshops throughout the county, particularly in more remote areas of the county, and provided triage and referral services. Of note, these workshops were provided in Spanish.

The fourth micro-innovation activity that was implemented in FY 2019/20 was greatly impacted by the COVID-19 pandemic and resulting shelter in place and social distancing mandates. As such, this activity was granted an extension to operate beyond its initial timeline and will conclude in FY 2020/21. In this micro-innovation activity, a local community-based service provider is facilitating a sequence of events focused on serving Latino women. The project consists of numerous workshops, open to Latino women, with the intent to develop a resource guide that includes a variety of culturally relevant, indigenously based and/or alternative mental health care practices and approaches to aid women, particularly mothers. The series of workshops will culminate in a women's retreat in which the practices will be utilized.

Subsequently, in FY 2019/20, the second and third application periods occurred. The second application period was opened on November 1, 2019, for a period of 30 days. The third application period opened on May 1, 2020, also for a period of 30 days. Both application periods were announced via email to County staff and community partners, the County MHSA and Public Health websites, social media accounts, and by presentation at the County Behavioral Health

Commission (Addendum D). Applications received during these application periods were reviewed by the same Review Board as the first application period in FY 2018/29. The Review Board included: MCBH staff, including the Prevention and Early Intervention Coordinator, Quality Improvement Manager, Cultural Competency Coordinator, and Public Health Chronic Disease Health Coordinator (Civic Leadership Manager); and members of the Monterey County Behavioral Health Commission.

During the second application period, 5 applications were received. All 5 applications were approved by the Review Board; however, none were implemented. The proposed micro-innovation activities and their barriers to implementation are as follows:

1. An MCBH staff member proposing public "sound bath" therapy sessions, involving "singing" crystal bowls, as icebreakers with Latino communities before initiating dialogue on mental health and providing any subsequent referrals to services. This application was approved; however, the applicant withdrew interest before implementation.

2. A local University student was seeking funding to complete an art installation in an art competition, with a goal of invoking conversation around mental health issues and stigma amongst the Latinx LGTBQ population. This application was approved; however, the applicant withdrew interest before any implementation as the timeline for processing any funding agreement with the applicant was incompatible with the very short timeline for the applicant to participate in their art competition.

3. A local University faculty member proposed a series of community engagements with local Latino communities to culminate in the development of an elective coursework curriculum for Master of Social Work students to learn how to best engage with this underserved demographic. This application was approved; however, an agreement to initiate work was not completed.

4. A local community-based organization was identified by MCBH staff to host a food-drive /community-health fair for farmworker communities. At these events, culturally relevant health and wellness workers would be present, along with representation from MCBH. Education and referrals for MCBH services would be provided by attending MCBH staff. This application was approved, however the community-based organization opted out of participating as a vendor of MCBH, and therefore this micro-innovation activity could not proceed.

5. A local community-based organization proposed a series of culturally relevant dialogue sessions with indigenous farmworker communities, with the ability to offer referrals to MCBH services. This application was approved; however, the applicant and champion for this activity at the organization left their position and the organization opted to not proceed.

During the third application period, 10 applications were received. The proposed micro-innovation activities included: art fairs; outreach to parents in Latino and/or indigenous farmworker communities using brochures, novellas, and radio shows; cross-generational interactive student art and learning projects; and the use of video, radio and social media to outreach to Latino residents. No applications from this third round were viewed or approved by the Review Board, as many of the applications - as well as applications/activities from prior application periods – challenged the intent of this Innovation Work Plan and procurement capabilities of MCBH, and thus MCBH opted to postpone all pending and future micro-innovation activities to correct the application and review processes as of July 1, 2020. All applicants with pending agreements or applications were notified (Addendum E).

Several factors contributed to the postponement of this Innovation Project. First, many pending projects were not well adapted to the rapidly changing environment and public health restrictions associated with the COVID-19 pandemic. Second, many implemented and proposed micro-innovation activities had very weak evaluation components to support the learning goals of this Innovation Project related to tracking referrals and rates of follow through. In fact, for many implemented and proposed micro-innovation activities, the intent was often focused on education and stigma reduction, with very little attention or capacity focused on delivering referrals to mental health services. Third, many proposed activities placed a reliance on MCBH staff being present, which is neither scalable nor consistent with the intent of the Innovation Project seeking to uncover *community-driven* practices that foster help-seeking behavior in Latino communities. And lastly, there were trends developing that challenged MCBH procurement protocols, wherein applicants were submitting more than one application for approval in a single application period, as well as leveraging each other's activities to make them mutually dependent. This leveraging of funds, either by a single or multiple applicants, was viewed by MCBH to be inconsistent with the spirit of micro-innovations being small-scale, and in conflict with Monterey County procurement rules and regulations.

Due to the growing list of challenges presented above, MCBH postponed the Innovation Project to review and revitalize the application and review procedures beginning In FY 2020/21.

In FY 2019/20, the total expenditures for the Micro-Innovation Grant Activities for Increasing Latino Engagement project fell below the anticipated budget presented in the approved plan, as reflected here:

Funding Category	FY 2019/20 Budget	FY 2019/20 Estimated Expenditures	*Estimated* Remaining Balance
County-Operated Program Expenses	$67,030	$58,688	$8,342
Consultant Costs/Contracts	$346,333	$75,638	$270,695
Total	**$413,363**	**$134,326**	**$279,037**

In total, after two years of implementation, this Innovation Project has underutilized an estimated $672,734 of the approved budget. Therefore, there remains an estimated fund balance of $1,086,798 in Innovation funds available to be applied towards this Innovation Project in future fiscal years, within the allowable term limits of the Innovation Plan.

Evaluation Data

During FY 2019/20, approximately 2,600 individuals were reached across the 4 micro-innovation activities that were implemented. Unfortunately, only 2 individuals were reported to have attended a mental health service appointment as a result of any micro-innovation activity. That said, data collection across the various activities was inconsistent, for capturing both demographic data and outcome data pertaining to referrals provided and "follow-through" on referrals. Below are evaluation summaries for each micro-innovation. More details review of each micro-innovation can be found in their respective Addendum document.

1. The "Mi Vida, Mi Arte, Mi Alegria" micro-innovation activity reached 278 participants across 8 events in a 2-month period. This activity was focused on engaging the homeless and marginalized Latino community of the Salinas Chinatown through the use of engaging artistic performances and culturally meaningful meals at the California State University of Monterey Bay (CSUMB) Chinatown Learning Center. The events featured Mexican food and performances by poets, authors, musicians, and artists, all with lived experienced. Each session provided appropriate mental health resource referral information to attendees to take advantage of the Learning Center's social worker staff. The facilitators of this micro-innovation activity also circulated evaluation surveys, collecting 102 responses. Unfortunately, the facilitators of this event were not able to monitor and record any demographic data or information to directly measure the impact of referral information provided to participants, and so outcome data related to participants attending any appointments or mental health services is unavailable. Further details of this micro-innovation can be found in the Addendum F.

2. The county-wide Latino community engagement micro-innovation activity implemented by a local community-based organization, Community Human Services (CHS), reached 2,000 individuals. This activity consisted of hosting an information table or booth in community settings, offering information on mental health services, provided triage services, and ultimately service referrals. In total, 19 events occurred across a period of 7 months. Initially planned for 25 events over a 12-month period, this micro-innovation was cut short due to the COVID-19 pandemic. However, this micro-innovation only anticipated reaching 500 individuals, and so the provider exceeded expectations by reaching 2,000 individuals across 19 events. In total, 35 individuals received triage services, with many more completing information cards expressing interest in receiving mental health services. However, upon following up with individuals who provided their information, CHS was unable to verify if anyone set or attended any appointments. Unfortunately, demographic data was not collected during this micro-innovation activity. Further detail of this project can be found in Addendum G.

3. The micro-innovation activity implemented by the community-based organization, the Center for Community Advocacy (CCA), delivered 8 one-hour Spanish-language Radio Bilingue' radio shows on various topic related to mental health. Each radio show was followed by a community town hall to further discuss and debrief the topics and caller questions identified on the radio shows. The reach of Radio Bilingue' extends throughout the County, reaching thousands of listeners. Across the 8 town hall events, there were 98 attendees. All 98 attendees identified as Hispanic/Latino and ranged in age from 11 to 80 years old. The breakdown of participant's primary language was 81 speaking Spanish, 10 speaking Triqui, and 7 speaking English. In total, 5 individuals were provided referrals to mental health services, and CCA was unable to determine if any of the 5 were able to follow through on accessing the referred services. Further description of this micro-innovation activity is identified in Addendum H.

4. The "Culturally Rooted Holistic Health for Womxn" micro-innovation activity implemented by the Building Healthy Communities community-based organization was able to complete 6 workshops prior to being impacted by the COVID-19 pandemic. This project was subsequently granted an extension through December 2020, and the final outcome data will be reported as part of the FY 2020/21 Evaluation Report. However, it was reported that across the 6 events held in FY 2019/20, there were 129 participants. All 129 participants were provided mental health service referrals, with 2 individuals reporting follow-through on attending appointments.

Responding to Learning Goals

Below is a list of the learning goals for this Innovation Project, and the respective learning that was achieved during FY 2019/20:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
    - This metric was not captured by those facilitating micro-innovation activities. It became apparent that it was challenging for these facilitators, particularly those with little experience in operating mental health outreach services, to capture the more basic metrics of referral and participant information, let alone a more detailed element of participants' history with mental health services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
    - Of the estimated 2,600 individuals reached across the 4 micro-innovation activities, there were only 2 reported instances of following through to attend an appointment. One micro-innovation facilitator made no attempt to monitor this information.
- Identify if the total count of Latinos served increased during this Innovation project.
    - An estimated 2,600 individuals were reached. Only one facilitator recorded demographic information, so it is unknown how many in total were Latino. However, anecdotally, the majority of individuals reached were indeed Latino, Spanish-speaking and/or of indigenous Mexican descent and speaking indigenous Mexican dialects.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
    - Of the current selection of micro-innovation activities implemented, it appears the use of Radio Bilingue' is a scalable and effective tool to reach Latino communities.
- Identify if and how cultural barriers were addressed.
    - In reviewing the individual micro-innovation activity reports included in the Addendum, it is apparent that cultural barriers are best addressed when facilitators (or those providing outreach) are relatable to the population of focus (i.e. speak Trique, are Hispanic/Latino, identify as female , etc.). This supports the notion that diversity in the workforce of mental health service workers and marketing efforts is needed to better engage underserved communities.

Addendum A: Micro-Innovation Funding Application

Application for Micro-Innovation Grant Activities to Increase Latino Engagement

Monterey County Behavioral Health (MCBH) is currently offering a funding opportunity for one-time projects that may increase the engagement of Latino communities with our local mental health services system. For several years, health record data for Monterey County has indicated Latino communities to be the most underserved in our county. Extensive community feedback has indicated this may be due to current services not resonating with the various Latino ethnicities, languages and dialects, and cultural norms that exist across our large county. In response to this feedback, MCBH has obtained Mental Health Services Act (MHSA) Innovation funding to support individuals and organizations across Monterey County to try out their own unique approach to promoting mental health services in ways that better reach their Latino ethnicity, culture, language, city, neighborhood, etc. As a result, it is hoped that more culturally appropriate and impactful mental health service delivery and communication methods will be uncovered.

MHSA Innovation funding is intended for testing out new "out-of-the-box" ideas that can improve our mental health system. These projects can test out a new practice or approach the delivering mental health services, adapt an existing mental health service to better serve a group of people, or promote better communication and collaboration between agencies and organizations to make services more accessible and/or provide better quality services. It is not necessary for these projects to demonstrate success (although that's desirable!); but rather, it is most important to learn from the successes and failures of the ideas to better inform the mental health services community on best practices.

Micro-Innovation Application Requirements:

1. All activities must be new! Innovation funds are dedicated for testing new and novel concepts, and may not be used to supplement existing programs or activities.
2. Eligibility: All members of our community are encouraged to apply, including members of the public, past and current clients, affected family members, students, community partners and service providers.
3. Budget: Activities may be small or large in scope, with budgets ranging from $500 to $50,000. Please note that funds received must be reported to the IRS as personal income and recipients will receive a 1099 tax form at the end of the year to assist in tax preparation.
4. Timeline: Activities may be a one-time event or a continuous activity lasting up to one year. Timelines should account for planning for the activity, implementing the activity, and organizing activity information for evaluation efforts.

Applications Rating Criteria:

A. Level of Innovation – Creativity and unique solutions to address community-specific needs is encouraged.
B. Evaluability – Being able to articulate the work to be done and the anticipated results of that work is very important, as it allows evaluation to occur on impact and cost-effectiveness.
C. Scalability – It is desirable for projects to be able to support an increased number or clients/participants
D. Population to be served – Projects will be awarded additional points for serving communities identified as most in-need, including zip codes with the majority of residents being Latino, Spanish-speaking individuals, and Latino adults and older adults.

To assist in developing a strong application, the following documents can be referenced on the Monterey County Behavioral Health MHSA webpage (http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act):

- 'Scoring criteria'
- 'Monterey County Behavioral Health Bureau Health Equity Report FY17/18'
- 'Innovation Plan: Micro-Innovation Grant Activities to Increase Latino Engagement'

Successful applicants will be contacted by MCBH and scheduled to meet with the Micro-Innovation Grant Review Board to refine project details as needed, prior to approval of funding.

The current deadline for submitting applications is April 15, 2019. Applications received after this date may be considered for the next application period to be held in Fall 2019

Questions may be sent to MHSAinnovation@co.monterey.ca.us

---

1. Contact Information

Name:_____ Phone Number:_____

E-mail Address:_____

2. Population of Interest

a. Who do you plan to serve? (i.e. specific Latino/Hispanic ethnicity, language, culture, neighborhood, etc.)

_____

_____

_____

_____

b. What issue do you hope to address?

_____

_____

_____

_____

c. How many individuals to you expect to serve?

_____

_____

3. Project Methodology

d. What idea do you want to test?

e. How will you do this? (i.e. what work will be involved, who will do it, where and when will it happen, etc.)

4. Evaluation

f. What would it look like if your project was successful? How will you know?

5. Budget

Please list the costs and explanation of costs associated with this project:

	Cost ($)	Explanation of Costs
Estimated Labor Costs		
Estimated Materials Costs		
Other costs		
Total Request		

6. Timeline

g. What is the timeline for carrying out this project ?

_____
_____
_____
_____
_____

Addendum B: Micro-Innovation Funding Application Scoring Criteria

Scoring Criteria

for Applications for Micro-Innovation Grant Activities to Increase Latino Engagement

Applications will be scored across four criteria. The first three criteria will be scored by the review board on a scale of 1 – 9, where a higher score signals a stronger application. The fourth criteria will receive a set number of points (5) for satisfying that criterions' requirement.

The first three criteria will be scored on a scale of 1-9, where 1 = poor and 9 = exceptional (See Table1).

Table 1: Criteria Scoring Guide

Overall Impact or Criterion Strength	Score	Descriptor
Low	1	Poor
	2	Marginal
	3	Fair
Medium	4	Satisfactory
	5	Good
	6	Very Good
High	7	Excellent
	8	Outstanding
	9	Exceptional

1. Level of Innovation
    a. MCBH is looking for new, unique, and truly innovative ideas to address gaps in the mental health system that may be preventing Latino populations from being adequately served. As current services are falling short, MCBH is not looking for more of the same. Instead, it will be the "out of the box" ideas that have not been seen or tried in Monterey County

2. Evaluability
    a. As a requirement of receiving MHSA Innovation funding, activities must be evaluated for some outcome. This means that applications must identify what the activity will do to address a problem, and what factor will be tracked to determine if an impact was made. For example, an activity where a video on signs and symptoms of mental illness is shown, with the goal of increasing viewers' awareness and knowledge of mental illness, the impact of this activity can be measured by asking the viewers if they better understand mental illness and its signs and symptoms after they have viewed the video. Evaluating an activity for impact is critical for helping that activity turn into a more permanent program.

3. Scalability

a. Scalability means that an activity has the ability to be replicated in another setting or environment, and/or can grow in response to meeting additional demand. For example, an activity that involves a single person going door-to-door to inform the public about mental health programs may be effective, but is limited in its potential impact. One person going door-to-door is not scalable, as that person can only contact a single household at a time. A more scalable approach to reaching households with this information is to have a team of individuals going door-to-door, or having a resource phone line available to call and promoting that phone number through flyers or social media. These approaches are more scalable because they can make a bigger impact with only a bit more efforts and materials, and those methods can be applied in multiple areas at the same time.

The fourth criterion will receive a score of 5 points if satisfied:

4. Population To Be Served
    a. While this focus of this funding opportunity is to improve access to, and quality of, services to Latino populations, there remain subsets of this population that are even more underserved. The MCBH Health Equities report highlights data that indicates the following Latino population subsets being underserved:
        i. Women
        ii. Older Adults
        iii. Disabled
        iv. South County and North County

        Projects that aim to serve at least one of the above groups will receive an additional 5 points in their application score.

Addendum C: Basic Micro-Innovation Referral Form

Micro-Innovation Referral Form

Client Name:_____

Contact Information:_____

Date of Referral: _____

What racial/ethnic categories do they identify with?:	○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ Hispanic or Latino ○ Native Hawaiian or Pacific Islander Native Hawaiian or Pacific Islander ○ White ○ Multiracial ○ Another race/ethnicity: _____
What language do you speak at home?:	○ English ○ Spanish Another language: _____

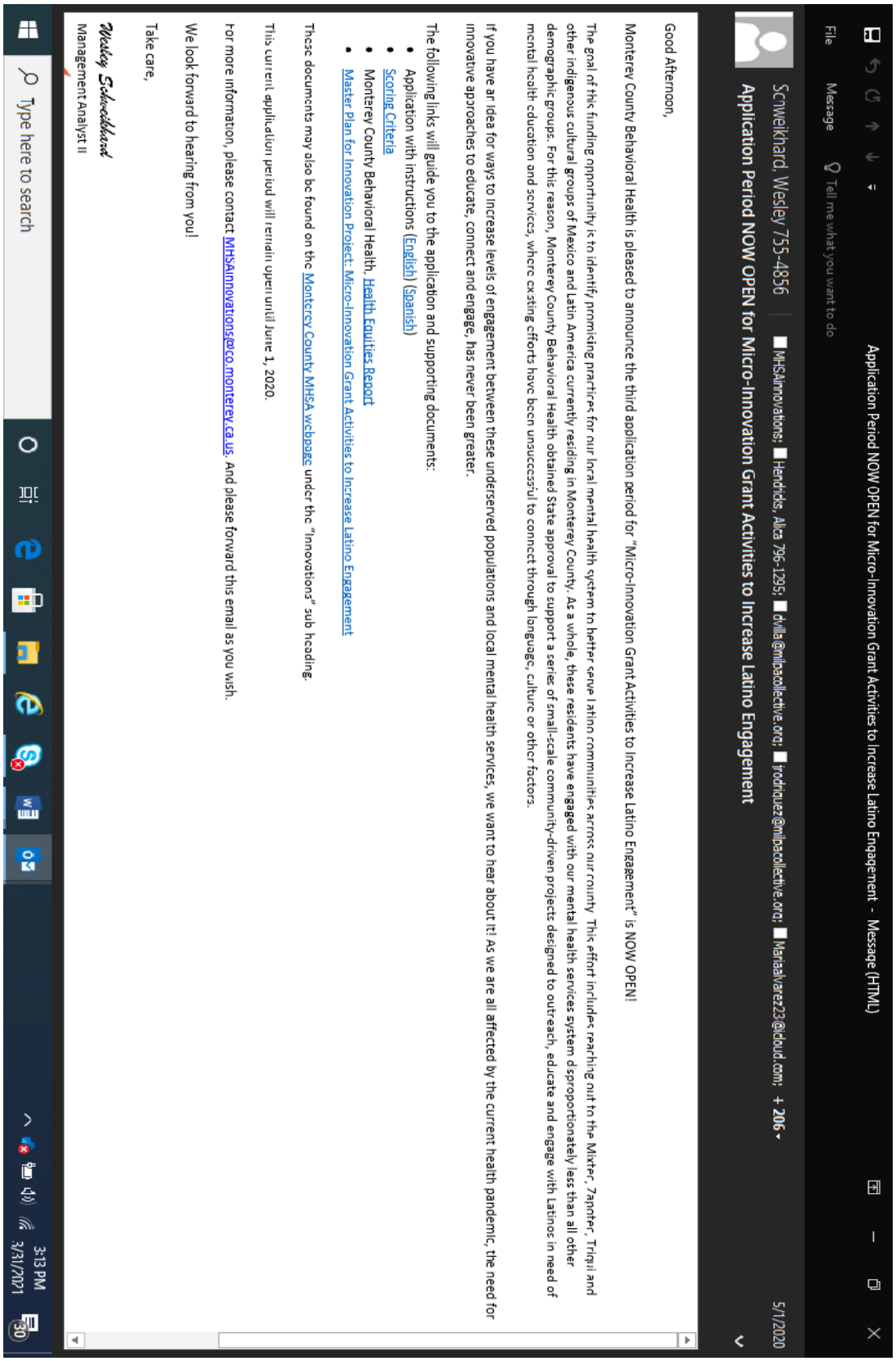
Please list name of agency/programs referred to: *(if more than one, list all)*	**Did this person participate at least once in the services of the agency/program that you referred them to?** *(mark 'X' on applicable response)*		
	Yes	**No**	**Unable to Determine**
1.			
2.			
3.			
4.			

Tear off below line for client:

Behavioral Health Resource Referrals

Agency/Program	Contact Information

Addendum D: Example of Announcement for Application Period Opening



Application Period NOW OPEN for Micro-Innovation Grant Activities to Increase Latino Engagement - Message (HTML)

File Message Tell me what you want to do

Schweikhard, Wesley 755-4856 MHSAInnovations; Hendricks, Alica 796-1295; dvilla@milpacollective.org; jrodriguez@milpacollective.org; MariaAlvarez23@icloud.com; + 206 5/1/2020

Application Period NOW OPEN for Micro-Innovation Grant Activities to Increase Latino Engagement

Good Afternoon,

Monterey County Behavioral Health is pleased to announce the third application period for "Micro-Innovation Grant Activities to Increase Latino Engagement" is NOW OPEN!

The goal of this funding opportunity is to identify promising practices for our local mental health system to better serve Latino communities across our county. This effort includes reaching out to the Mixtec, Zapotec, Triqui and other indigenous cultural groups of Mexico and Latin America currently residing in Monterey County. As a whole, these residents have engaged with our mental health services system disproportionately less than all other demographic groups. For this reason, Monterey County Behavioral Health obtained State approval to support a series of small-scale community-driven projects designed to outreach, educate and engage with Latinos in need of mental health education and services, where existing efforts have been unsuccessful to connect through language, culture or other factors.

If you have an idea for ways to increase levels of engagement between these underserved populations and local mental health services, we want to hear about it! As we are all affected by the current health pandemic, the need for innovative approaches to educate, connect and engage, has never been greater.

The following links will guide you to the application and supporting documents:

- Application with instructions (English) (Spanish)
- Scoring Criteria
- Monterey County Behavioral Health, Health Equities Report
- Master Plan for Innovation Project: Micro-Innovation Grant Activities to Increase Latino Engagement

These documents may also be found on the Monterey County MHSA webpage under the "Innovations" sub heading.

This current application period will remain open until June 1, 2020.

For more information, please contact MHSAInnovations@co.monterey.ca.us. And please forward this email as you wish.

We look forward to hearing from you!

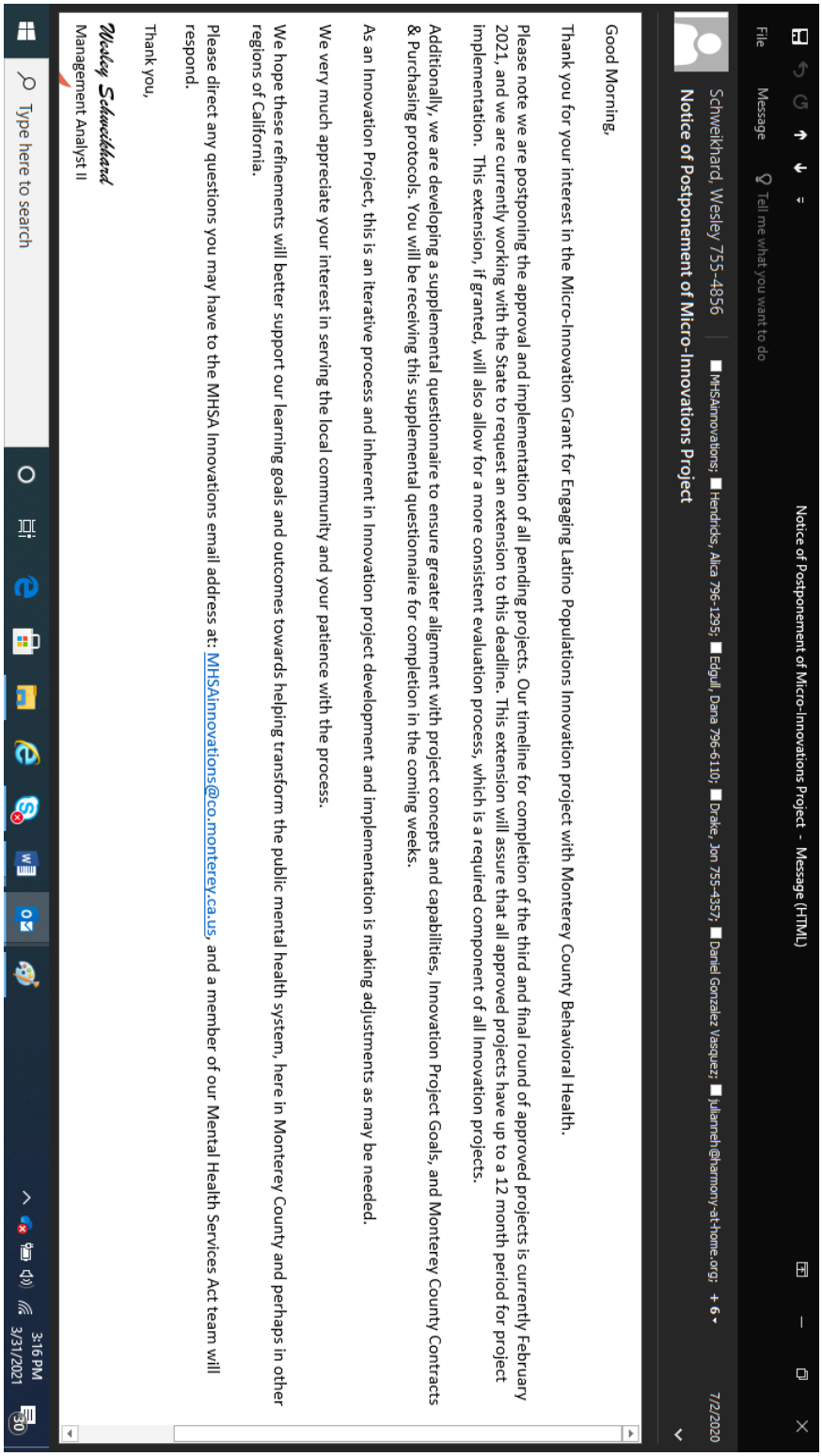
Take care,

Wesley Schweikhard

Management Analyst II

Type here to search 3:13 PM 3/31/2021

Addendum E: Announcement of Innovation Project Postponement



Notice of Postponement of Micro-Innovations Project - Message (HTML)

File Message Tell me what you want to do

Schweikhard, Wesley 755-4856 MHSAinnovations; Hendricks, Alka 796-1295; Edgull, Dana 796-6110; Drake, Jon 755-4357; Daniel Gonzalez Yasquez; julianneh@harmony-at-home.org; + 6 7/2/2020

Notice of Postponement of Micro-Innovations Project

Good Morning,

Thank you for your interest in the Micro-Innovation Grant for Engaging Latino Populations Innovation project with Monterey County Behavioral Health.

Please note we are postponing the approval and implementation of all pending projects. Our timeline for completion of the third and final round of approved projects is currently February 2021, and we are currently working with the State to request an extension to this deadline. This extension will assure that all approved projects have up to a 12 month period for project implementation. This extension, if granted, will also allow for a more consistent evaluation process, which is a required component of all Innovation projects.

Additionally, we are developing a supplemental questionnaire to ensure greater alignment with project concepts and capabilities, Innovation Project Goals, and Monterey County Contracts & Purchasing protocols. You will be receiving this supplemental questionnaire for completion in the coming weeks.

As an Innovation Project, this is an iterative process and inherent in Innovation project development and implementation is making adjustments as may be needed.

We very much appreciate your interest in serving the local community and your patience with the process.

We hope these refinements will better support our learning goals and outcomes towards helping transform the public mental health system, here in Monterey County and perhaps in other regions of California.

Please direct any questions you may have to the MHSA Innovations email address at: MHSAinnovations@co.monterey.ca.us, and a member of our Mental Health Services Act team will respond.

Thank you,

Wesley Schweikhard

Management Analyst II

Type here to search

3:16 PM 3/31/2021

Addendum F: Final Summary Report – Activity of Sharing Arts, Lived Experience and Meals with Homeless Population

Project Summary Report
MI Vida Mi Arte, Mi Alegria Micro-Innovation Grant
Monterey County Behavioral Health (MCBH)
Michael Houston, Program Coordinator

Program Description
The **Mi Vida, Mi Arte, Mi Alegria** Micro-Innovation project at the CSUMB Chinatown Learning Center was designed to educate and motivate homeless and marginalized Latino/Hispanic community of Salinas Chinatown to understand that social workers at the Learning Center and Monterey County Behavioral Health (MCBH) can help them and their friends and families achieve a more positive sense of well-being. The presenters shared their own experiences with Spanish-speaking social workers and stressed how case managers had helped them cope with their social, medical and psychological issues. The program sought to "nudge" participants to recognize that CSUMB case manager social workers, councilors at Dorothy's Place and at the Health Department centers and help lines could assist them achieve a better sense of well-being.

The Program
Four cultural relevant artists a poet, a songwriter, a DJ/graphic artist, and a trilingual spoken word hip-hop artist presented the narrative of their art and how their arts and how formal medical and mental health had helped them and their families achieve a better sense of well-being. The sessions were divided between 35-45 minute biographic presentations followed by 35-45 minute high quality catered Mexican meals. Each portion of the presentations discussed the 27% shortfall of mental health services to the Hispanic population in Monterey County.

Scope of Activities
1. Mi Vida, Mi Arte, Mi Alegría prepared and distributed posters, flyers, handouts and cards. Posters went up at the Cherrybean, Downtown Books and Sound, and CSUMB Chinatown Community Learning Center. Members of the group also and performed face-to-face in Chinatown prior to each event and marketing and outreach activities for micro-innovatian workshops prior to the events in the enampments in Chinatown and Sherwood Park.
2. Mi Vida, Mi Arte, Mi Alegría Conducted eight workshops between July 9, 2019 and August 31, 2019. The CSUMB staff of social work interns and community volunteers set up the classroom for performances and meals.

Workshops included the following:
a. **Mi Vida, Mi Arte, Mi Alegría** operated as a bilingual Spanish/English program since much of the Target audience of homeless latinos were not fluent in Spanish. Spanish-speaking individuals were the core of the presentation audience. A more diverse group participated in the informal discussions over the meals.

b. Live performance artists shared their personal stories of overcoming homelessness with the help of social workers and medical professionals. Each presenter entwined personal experiences dealing personal struggles with mental health and physical challenges to overcome life threatening conditions (kidney failure) overcoming depression and recovery from alcoholism with help from family, friends, and health professionals.

c. Each session included dialogue to engage the audience on mental health and mental health resources with attendees following performances.

d. **Mi Vida, Mi Arte, Mi Alegría** provided high quality Mexican food meals to attendees from El Rancho Market in Marian. Meals included carne asada, pork verde, chile colorado, chile verde, and shrimp fajitas. All meals included beans, Spanish rice, corn and flour tortillas, salsa, cilantro, cebolla, and chips.

e. Each session provide appropriate mental health resource referral information to attendees to take advantage of the Learning Center's Jacqui Smith, MSW and her staff of interns from the school of social work at CSUMB.
f. Photography and videos were made at each event and will be available on YouTube and public access cable AMP-TV channel 24.

4. Below is the data for each workshop:

- A total 278 participants signed to the July/August program. 102 filled out evaluation questionnaires. We collected eighty-six names and cell phone numbers and thirty-four names and birthday to assist the Learning Center staff with program the age demographics and contact information. A follow up program would be more efficient in the data and referral aspects of the process of assisting Hispanics, L1 Spanish, Bilinguals and L1 English access mental health services.
-

Breakdown by Event

- July 10, 2019 39 participants. 6 filled out questionnaires.
- July 11, 2019 53 participants. 18 filled out questionnaires.
- July 17, 2019 46 participants.. 18 filled out questionnaires.
- July 18, 2019 61 participants. 11 filled out questionnaires.
- July 24, 2019 42 participants. 14 filled out questionnaires.
- July 25, 2019 37 participants. 7 filled out questionnaires.
- July 31, 2019 60 participants. 13 filled out questionnaires.
- August 1, 2019 44 participants. 15 filled out questionnaires.

Performers and themes

b. Content of workshop performances and dialogue with audience

- **July 10, 2019 and July 17, 2019 - Rosa Elena Espinosa Mendoza** spoke of here life as an aspiring poet suffering from an undiagnosed psychical disorder. She noted that mental health professionals enabled her to develop her poetry with three published books, housed, working, and going to school at Hartnell College.
- **July 11, 2019 and July 18, 2019 Andrés Hernández** told his story of life as a farmworker who lost everything through his drinking, and recovered to publish three song books and reconnect with his children and grandchildren thanks to Irene Valverede, MSW of Alliance for the Aging and support from Salinas Living Prose and Poetry and Alcoholics Anonymous.
- **July 24, 2019 and July 31, 2019 Joey Martinez** presented his DJ show and shared how he came to Salinas with failing kidneys and found the help he need to overcome life threatening depression and become a part of our arts community.
- **July 25, 2019 and August 1, 2019 Jorge Flores** "Jota Efectus" shared his story of growing up in a Mixteca speaking family in Greenfield and becoming a trilingual spoken word artist. She shared the ways his family and friends had taken advantage of medical and social services to achieve well-being in Monterey County.
-

d. Number and type of referrals provided

- This incarnation of Mi Vida, Mi Arte, Mi Alegría was a consciousness-raising program identifying the value of mental health services to an underserved and generally homeless community. It did not make direct referrals to social service agencies. We did take 86 names and phone numbers for the Learning Center Social workers identify candidates, friends, and families for mental health services. .

-
-
- **Evaluation Instrument Data**
- **From 102 Evaluation Questionnaire Respondents**

Findings Based on 102 questionnaires of the 278 participants. Many participants came to enjoy the meals after the presentations. That was expected and as they signed in the importance of getting mental health help for those in need was the ongoing message. Participants filling out questionnaires often chose not to answer all the items. The idea to use emojes to represent emotional states for low literacy respondents contributed by IreneValverede, MSW of Salinas Alliance for the Aging.

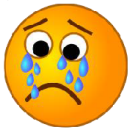
- **1. ¿Vendría a otra presentación Mi Vida, Mi Arte, Mi Alegría?**
- Would you come to another My Life, My Art, My Happiness event?
- **Sí / yes – 93 no – 0**

All respondents indicted they would come to another Mi Vida/My Life type event. Nine did not reposnd to the question.

- **2. Opina que el arte puede llevar uno a mejor bienestar?**
- Do you think art helps people feel better?
- **Sí / yes - 90 no – 0**

Overwhelmingly the participants answered that art could help people feel better.

-
- **3. Tienes amigos o familiars que están…**
- Do you have any friends or family that are …
- (Numbers of respondents positive and negative are next to the yes and no.)



Very Unhappy
Aplastado

Sí / yes –62 No -16

There was a tendency to relate this question to respondents' family and social circle.

Quick to anger
Se enoja rápido

Sí / yes 74 No 16

Anger issues were quite common and but not in every circle.

Mixed up feelings/thinking
Pensamientos "como disco rayado"

Sí / yes 71 No 14

The trauma of homelessness impacts decision making.

3

•

4. **¿ Qué podría ayudarles a sentirse mejor?**
What could help them feel better? (**Marque sus repuestas**. Mark your answers.)

a. **83 respondents agreed - Hablar con gente de confianza -** Talking with people they trust
High numbers of respondents saw the value of discussing issue with people one trusts.

b. **84 respondents agreed - Apoyo en español con servicios sociales -** Help in Spanish with social services
The logic of getting help in L1 was apparent to respondents.

c. 72 respondents agreed - Un lugar seguro para platicar - A safe place to talk things over
The value of a safe place to talk may have scored lower since Dorothy's Place dayroom provides a safe place two doors down from the Chinatown Community Learning Center.

5. **¿Cómo estuvo la comida?** Was the food good today?
93 respondents agreed - Sí / yes No
The participants overwhelmingly agreed that the Mexican food was good or very good.

6. Invitará Ud. Otra gente a asistir en **Mi Vida, Mi Arte, Mi Alegría?**
Will you invite other people to My Life, My Art, My Happiness
92 Sí / yes No - 1
Participants overwhelmingly agreed that they would invite friends to another Mi Via Event.

Qualitative Remarks On What Elements of Micro-Innovation Activity May Have Contributed Towards Help Seeking Behavior

The program served as an invitation to homeless and marginalized Latino/Hispanic community of Salinas Chinatown needs to connect more with Spanish speaking case workers to help them find help they need. It was culturally relevant and helped participants recognize the value of helping themselves, friends, and family get help.

Increased referrals for members of the Latino community in Salinas Chinatown would suggest that the program help overcome cultural biases which lead them to see the term "Mental health" with negative connotations. The program stressed the value of making the personal decision to pursue "bienestar" / "well being", "wellness", "a sense of fulfillment" and "happiness" through art and engagement with medical professionals and social workers. Posters, flyers, and word of mouth got participants to the events.

We strived to develop a program to effectively help Latino/Hispanics, especially he homeless and marginalized Latino/Hispanic community of Salinas Chinatown, overcome the denial, cultural biases, and pride which too often prevent them from addressing their wellness needs. This was a consciousness raising effort incorporating culturally relevant art, shared meals, and first-hand accounts by local Hispanic community artists sharing the stories of personal health and fulfillment through the arts and mental and social services.

We would like to do follow up sessions in the spring and summer of 2020 at the Learning Center, which would focus more directly in getting referrals for mental health services.

4

Mi Vida, Mi Arte, Mi Alegría
My Life, My Art, My Happiness

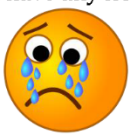
Date _____**Presenter** _____

Nombre _____ Celular_____

1. ¿Vendría a otra presentación Mi Vida, Mi Arte, Mi Alegría?
Would you come to another My Life, My Art, My Happiness event?
Sí / yes **no**

2. Opina que el arte puede llevar uno a mejor bienestar?
Do you think art helps people feel better?
sí / yes **no**

3. Tienes amigos o familiars que están…
Do you have any friends or family that are …



Very Unhappy
Aplastado

Sí / yes No

Quick to anger
Se enoja rápido

Sí / yes No

Mixed up
feelings/thinking
Pensamientos "como disco rayado"

Sí / yes No

4. **¿ Qué podría ayudarles a sentirse mejor?**
What could help them feel better? (**Marque sus repuestas**. Mark your answers.)

a. **Hablar con gente de confianza** - Talking with people they trust

b. **Apoyo en español con servicios sociales** - Help in Spanish with social services

c. **Un lugar seguro para platicar** - A safe place to talk things over

5. **¿Cómo estuvo la comida?** Was the food good today?

Sí / yes No

6. Invitará Ud. Otra gente a asistir en **Mi Vida, Mi Arte, Mi Alegría?**
Will you invite other people to My Life, My Art, My Happiness

5

Sí / yes No

Addendum G: Final Summary Report – Information, Triage and Referral Activity offered in community setting

Activities:

We attended 19 events between July 2019 and February 2020. Of course, we had more events planned for March – June but the COVID-19 pandemic and resulting Shelter in Place forced those events to cancel. Other locations/events we had planned or were discussing included:

Northridge Mall
Social Security Office
One-Stop Career Center
Harden Middle School
El Sausal Middle School
La Paz Middle School
Laurel Wood Elementary
Monte Bella Elementary
Los Padres Elementary
El Super
Food 4 Less
El Chualar
San Vicente Elementary
El Jack Franscioni Elementary
Santa Lucia Elementary

Findings:

Unfortunately, the number of completed interest cards was lower than we expected. From what we gathered, the targeted population expressed concern and were hesitant to provide any personal information due to their immigration status. They were eager to learn about the services and hoped to receive guidance on the issues but decided against moving forward with completing the interest cards.

At one of our larger events, several hundred people approached the table. We invested in radio ads and several individuals who had heard the ad sought out our booth, as they hoped to speak to a clinician. Once asked to fill out the cards, they politely declined. The need and interest are certainly there – moving forward we can learn about what different approach might work.

Attachments:

2019-2020 Schedule of Events.

Outreach Flyer for 9-14-19 CHISPA Sea Garden Event. We created similar flyers for all of the events attended.

Entravision schedule of radio advertising spots.

The other person had private insurance.

Updated 12.09.19

Micro Innovation Grant Schedule of Events

Date	Location	City	Time	Event Type	Topic	Staff 1	Staff 2	# of Attendees
7/25/2019	St. Theodore Parish Hall	Gonzales	6:30pm-8:00pm	Mental Health Info tabling event	Mental Health Warning Signs	Omar Cruz	Brian Farley	80
8/12/2019	La Gloria Elementary School	Gonzales	7:30am-8:30am	Back to School Resource Fair	MH Warning Signs	Omar Cruz		75
8/25/2019	Patriot Park 1351 Oak Avenue	Greenfield	10:00am-4:00pm	Resource Fair	Dia Del Trabajador Agricola	Edgar Rondon	Delia Ochoa	100
9/14/2019	CHISPA - Sea Garden	Castroville	1:00pm-3:00pm	Presentation	Depression	Edgar Rondon		2
9/15/2019	El Grito	Salinas	9:00am-6:00pm	Resource Fair	MH	Brian Farley	Kristina Baker	1500
9/20/2019	641 Broadway St	King City	10:30am-3:00pm	Resource & Job Fair	MH Warning Signs	Delia Ochoa	Rebecca Rossi	100
09/30-10/01	MCBH	Marina	5-Sep	El Rotofolio	Suicide Prevention Training	Omar Cruz		
10/13/2019	Closter Park	Salinas	9:00am-5:00pm	Resource Fair	Binational Health Week	Delia Ochoa	Rebecca Rossi	1500-2000
10/17/2019	CHISPA - Gabilan Hills	Salinas	8:30am-10:30am	Presentation	PTSD	Edgar Rondon	Omar Cruz	0
10/28/2019	MCOE	Salinas	9:30am-12:00pm	Presentation	MH & Homelessness	Omar Cruz		150
11/6/2019	Chualar Elementary School	Chualar	5:30-7:00	Resource Fair	MH Services	Omar Cruz	Rebecca Rossi	40
11/6/2019	CHISPA - Gabilan Hills	Salinas	10:30-11:00am	Presentation	MH Services	Delia Ochoa		8
11/8/2019	Cesar Chavez Elementary	Greenfield	8:15am-10:15am	Presentation	Depression	Edgar Rondon		30
11/15/2019	Mary Chapa Elementary	Greenfield	8:15am-10:15am	Presentation	Anxiety	Edgar Rondon		40
11/20/2019	King City Office of Education	King City	6:00pm-8:00pm	Presentation	Depression	Brian Farley		
1/31/2020	Cesar Chavez Library	Salinas	10:30am-12:00pm	Presentation	Healthy Living Series	Omar Cruz		5
2/18/2020	Cesar Chavez Library	Salinas	6:00pm-7:30pm	Presentation	Healthy Living Series	Delia Ochoa		4
2/25/2020	School District Resource Fair	King City	1:30-4:30pm	Resource Fair				
2/25/2020	El Gabilan Library	Salinas	6:00pm-7:30pm	Presentation	Healthy Living Series	Omar Cruz		4

Date	Comments
7/25/2019	40 people came by table & picked up pamphlets, but only 9 people filled out card.
8/12/2019	Between 15-20 people came by table and picked up flyers, but only 1 person filled out card.
8/25/2019	100 people came by table, but only 11 people filled out interest card.
9/14/2019	2 people came to the community room for the presentation & one made an appointment.
9/15/2019	100 people visited CHS table but only 12 people completed interest cards
9/20/2019	50 people stopped by the table but no one completed interest cards.
10/13/2019	1000 people stopped by the table and got information but no one completed interest cards
11/15/2019	40 people attended.
11/20/2019	6 people completed interest cards.
1/31/2020	5 attendees. A couple was interested in services and ask for a card. They mentioned they would contact CHS when ready for services. I don't think they ever followed-up.
2/18/2020	Delia communicated there was 3-4 people in attendance. None of them sought services.
2/25/2020	4 people. 3 of them were students from Hartnell that wanted to be informed on community resources for mental health The other person had private insurance.

Updated 12.09.19

Micro Innovation Grant Schedule of Events

# of Clients Engaged
9

1969–2019
50 YEARS
community human services
hope. help. here

TALLER SOBRE LA SALUD MENTAL

Community Human Services invita a la comunidad a asistir un taller gratuito sobre la salud mental. Estarán presentes consejeros bilingües para hablar sobre el manejo del estrés, depresión, ansiedad y bienestar. Te invitamos a asistir el taller para recibir información sobre cómo puedes encontrar servicios locales para ti y tus seres queridos.

SABADO 14 DE SEPTIEMBRE
CHISPA SEA GARDEN
10603 AXTELL STREET EN CASTROVILLE
1:00PM - 3:00PM

Community Human Services

Station	Program	Time	Len.	Mon	Tue	Wed	Th	Fri	Sat	Sun	Wkly Freq	# of Wks	# of spots	Rate	Cost
KLOK	Day Rotator	6a-7p	:30	X	X	X	X	X			12	2	24	$ 25	$ 600
KLOK	ROS WK Rotator	6a-12a	:30						X	X	3	2	6	$ -	$ -
	KLOK Totals										**15**		**30**		**600**

Air Dates: 9/5 – 9/15/19

*Spots to stop airing on 9/15 at 10am

TOTAL BREAKDOWN:

Total number of spots KLOK: 30x **Total Investment: $600**

Client Signature: _____ **Date:** _____

entravision

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Addendum H: Final Summary Report - Radio Bilingue Outreach Activity

Monterey County Behavioral Health

Micro Innovation Program.

Radio Show Information:

This quarter, CCA engaged in two radio shows with Radio Bilingüe touching on mental health topics and designed to engage the community in discussion. Below you will find a description of the programs in terms of content and public response during the radio show.

1. On 7/18/2019 We participated on "La Placita Bilingüe" with a topic discussion evolving around End of Life with Norma Ahedo and Dr. Anne Irvine in this show topics evolving around stress and anxiety produced by the proximity of death and how it impacts families in our communities. Further, dealing with grief and the need to seek counseling services to help with development of coping mechanisms.

   During the show there was several phone calls that were received from listeners addressing the need to change the community's view on death and opening the discussion among family members. One of the callers indicated she had a really hard time conversing with her children about her feelings and emotions surrounding her passing which caused her substantial emotional distress and she was happy to listen to a show that addressed this issue because it wasn't something her family liked to discuss.

   After the radio show on 8/7/2019, we held a group discussion with local Salinas Community with the help of Dr. Cardona. Participants took the opportunity to share their thoughts and emotions on the subject and how this information can be used to prevent emotional trauma and conflict. Further they indicated this was the first time they talked about this topic in a group setting and that this is not something they would discuss openly with their family members or relatives.

2. On 9/11/2019 Second Radio Show with Radio Bilingüe with Norma Ahedo and Christina Santana from Monterey County Behavioral Health bringing to light the discussion on "Resilience" discussing this topic that allows some people to be knocked down by life and come back at least as strong as before. Rather than letting difficulties or failure overcome them and drain their resolve. The discussion lead to identifying factors that make a person resilient, such as a positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback. One of the listeners called and stated that he could not find the adequate translation for the word in Spanish, but that it was important to talk about how people can overcome hardship and return to normality.

3. After the radio show, a group was held on 9/19/2019 in Salinas with the help of Yessica Rodriguez. It was interesting because the male participants were really outspoken and opened up expressing their feelings and thoughts on how to overcome hard times personally and with their partners. The discussion carried on for some time and at the end everybody wanted to continue but time had run-out, so they asked if they could follow up with Yessica on a future date.

Monterey County Behavioral Health

Micro Innovation Program

2nd Quarter 2019-2020 Report

Radio Show Information:

This quarter, Center Community Advocacy (CCA) engaged in three radio shows with Radio Bilingüe (90.9 FM) in efforts to educate residents on topics related to mental health topics and services. In addition the radio talk show was followed by focus groups setting where residents can engage in further discussions on mental health topics, solutions and referrals. Aside from being radio station with a diverse music category, Radio Bilingue provides talk show space for organizations to promote community education, civic engagement, health and well-being. Below you will find a description of the programs in terms of content and public response during the radio show. In this quarter, three talk shows were conducted and 3 focus groups were conducted.

1. On October 10, 2019 CCA participated on "Communidad Alerta" (Community Awareness) and invited Ligia Griego, Psychiatric Social Worker I with the County of Monterey's Behavioral Health Bureau to talk about anxiety conditions. Ligia Griego is a social worker stationed at the South Monterey County City of Soledad, CA. CCA strategically invited Ligia, with a bilingual and bi-cultural background which helps connect with Latino residents in the county. In past CCA held focus group discussions residents have expressed a sense of trust and willing to express trauma when hearing social workers or counselors are bilingual and bicultural because they feel service providers can connect with their situation.

   During the talk show a caller from Monterey County expressed need for mental health services for his daughter of young age. Another caller from a different county asked for mental health services in their area, which was later given a referral. During the talk show CCA and the service provider mentioned the different mental health services, clinic location in Monterey County and call center number for mental health referrals.

The talk show was followed by a community focus group held on October 11, 2019 at the Gabilan Elementary in Soledad, CA. Norma Ahedo, CCA Staff and Ligia Griego facilitated the focus group attended by 16 families. All of the families attending have children with special needs. Parents acknowledged and reacted to anxiety symptoms especially when overcoming difficult situations related to their special needs children's lives. At a point of the focus group a parent broke out in tears while sharing an anxiety situation, luckily, Ligia Griego, Psychiatric Social Worker was able to intervene and walk the person through the focus group. CCA continues to believe counselors and service providers play a critical role during focus groups because they can intervene during critical situations, in addition, residents build a trust in the service provider. After the focus group families spoke to Ligia about other services and ways families can connect her with Soledad School District so she can present related to mental health topics, services and facilitate focus groups. Some attendees are part of a parent group with special needs in South Monterey County that hold an annual conference called Educative South County Conference. In November 9, 2019 the conference took place in Soledad, CA and Legia Griego was invited as a keynote speaker and presenter of the conference. Lastly, many families expressed not knowing a clinic in Soledad existed, however, they now know where the clinic is located.

A second focus group to talk about anxiety was held in October 29, 2019 in Assumption Church in Pajaro, CA. The focus group was attended by 12 participant women; three women in the senior category and the rest ranging ages 40-50 years old. All participants were educated on the clinics and methods of accessing services.

2. On November 12, 2019 CCA Staff conducted the second talk show of the quarter during Radio Bilingue's "Communidad Alerta" segment. CCA Staff used this segment opportunity to talk about the Monterey County Behavioral Health Department's mental health services and upcoming Mental Health Service Act regional forums and focus groups. Additionally, CCA staff educated the public and promoted the Monterey Behavior Health clinic locations and times, suicide prevention direct line and forms of having

access to services. Another focus was to share the dates and times of the upcoming regional forums where residents can provide input on the MHSA 3 year plan being developed and focus group locations and themes.

As callers began to dial into the talk show, each expressed different viewpoints. For instance, a caller gave full credit to Monterey County for being proactive to improve more resources to the Latino communities and engaging them in discussions to improve mental health services. Other callers express the need for counseling to families who have children or relatives with mental health problems. In some callers, the voice of anxiety was easily noticed, so, a follow up process was developed in order to make proper referrals.

3. On December 19, 2019 CCA conducted a third talk show with Radio Bilingüe, in attendance was Norma Ahedo, CCA Promotores de Salud (Community Health Workers) Coordinator, Araceli Flores, Psychiatric Social Worker II and Ligia Griego, Psychiatric Social Worker I with the County of Monterey's Behavioral Health Bureau to speak about mental health services in young children and youth. This talk show was part of their "Comunidad Alerta" segment. As a result of the talk show presentation, Radio Bilingue showed interest in having a similar topic with a youth group in their organization. The youth participants of Radio Bilingue conduct a talk show called "Alza tu Voz" which aims at bringing awareness to yourh sensitive topics such as bullying, safe dating, and other topics. CCA is helping facilitate conversations between Radio Bilingue and Monterey County service providers for future presentation and help build a relationship amongst the organizations. The focus group for this talk show is pending and will be reported in the following quarter.

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

INN-02: Screening to Timely Assessment

Second Annual Innovation Project Report – FY 2019/20

MONTEREY COUNTY HEALTH DEPARTMENT BEHAVIORAL HEALTH BUREAU | DIVISIÓN DE SALUD MENTAL | 1270 NATIVIDAD ROAD, SALINAS, CA 93906

Contents

Program Name: Screening to Timely Access

Introduction

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Service Act Component funding for Monterey County Behavioral Health (MCBH) to implement the "Screening to Timely Access" Innovation Project Plan on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31st following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall by submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the second Innovation Project Report for this Innovation Project Plan, pertaining to activities taken plan in FY 2019/20, and is submitted as part of the MCBH MHSA FY 2021/22 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

Innovation Project Overview

The Screening to Timely Access project aims to increase access to mental health services by introducing a new practice into the mental health system. This practice includes developing a web-based screening tool that will assess users for a wide spectrum of potential mental health disorders and provide education resources and linkage to the appropriate local mental health service.

The Problem

The primary problem addressed by this Innovation project is demand for mental health services outpacing the capacity of the mental health services system to appropriately screen and refer individuals to treatment. The demand for services at MCBH open access mental health clinics has seen a significant increase in recent years, with the number of clients served over the three-year period (FY2015-17) increasing by more than 100% (2,521 to 5,087). Meanwhile, the level of staff capable of responding to these community needs remained unchanged. The result is a bottleneck occurring at the client assessment entry point, with less clinical staff time being available for more intensive therapy services.

The MCBH community planning processes also revealed both a lack of knowledge in the community \about mental health, available mental health services, and a persistent stigma associated with mental health issues, particularly among Latino communities. Therefore, MCBH believes demand for services will only continue to increase over time.

The Solution

To better meet the increased demand for services, the Screening to Timely Access project is developing a comprehensive web-based mental health assessment application to screen individuals for a broad spectrum of mental health disorders and refer them to the appropriate level of care within the MCBH system. This tool will have additional benefits of educating individuals on their potential condition(s), expediting client assessments in clinical settings, and minimizing the detrimental effects of stigma towards seeking information and help for mental health issues.

To build this tool, MCBH successfully applied for Innovation funding under the multi-county Technology Suite Collaborative (Help@Hand). This collaborative is facilitated by the California Mental Health Services Authority (CalMHSA), whereby CalMHSA serves as the agent for procuring technology, marketing and evaluation vendors to assist participating counties in incubating technology-based Innovation Projects. The Screening to Timely Access tool is being built independently of any existing MCBH or Technology Suite applications, only potentially linking with Technology Suite applications at a future date where feasible and applicable.

The tool is being developed around the core criteria of:

- Being able to screen for a broad range of disorders, from low-risk with mild need to severe with urgent need.
- Being easily accessible for use by community based providers to help individuals understand the need for treatment.
- Maintaining confidentially standards.
- Interfacing with MCBH's Avatar electronic medical record system to provide more seamless transitions into care.
- Working fluidly in Spanish. The Screening tool will incorporate perspectives from the Latino community and will include cultural nuances that reflect how Latinos understand and relate to mental health.
- Build upon current evidence based screening tools with proven validity and utilize item response theory to minimize the number of questions required in the assessment.

By using the web-based screening tool, the type and severity of mental health concerns will be identified along with the corresponding MCBH treatment program that best fits the individual's needs. The user will be provided the option to view the appropriate referral contact information or transmit health information to MCBH for review and a callback by MCBH staff.

The deployment of this application is occuring in several phases:

1. MCBH has engaged CalMHSA to identify an appropriate vendor(s) with experience to develop the screening tool and application, comply with all information security regulations and concerns, and support evaluation efforts. MCBH has also partnered with other interested counties to ensure this meets the needs of many diverse populations.

2. A prototype of the application is being developed and a cohort of MCBH staff and community based service providers will be trained in its use. These trained individuals will pilot screenings in the field, using the application with a small number of clients to ensure its applicability within our local communities, and assess functionality and user experience.
3. After testing indicates the application is capable of accurately determining the level of care and services needed by the user, MCBH will make the application available for download on the MCBH website (or online "app store") and enlist additional participation by staff and community partners in using the application. This application will be tested in batches of 100 clients at a time as we conduct initial user acceptance testing and make modifications. During this Innovation project, we anticipate at least 5,000 screenings will be conducted.

Learning Goals

This program aims to increase access to mental health treatment services in Monterey County. To assess the relationship between use of this application and greater accessibility to services, and its value to consumers/users more generally, the following learning goals will be evaluated:

1. Determine if this screening tool accurately gauges type and severity of mental illness.
2. Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
3. Assess whether this web-based screening tool reduces the hours and cost associated with in-person assessments.
4. Assess the impact the implementation of this application has on the total volume of clients entering ACCESS services, including its effect on the demographics of clients served.
5. Assess whether individuals (staff, community provider, peer, etc.) using this application to assist a person in need find this application useful for connecting that person to resources. Many local agencies expressed interest in testing this, including local law enforcement who hope to use this to link community members to care.

To evaluate the impact and value of the application proposed in this project, quantitative and qualitative methodologies will be used. Through evaluation efforts, application data on user demographics, assessment data and referral data will be assessed and utilized for various evaluation strategies. To measure if the application accurately gauges type and severity of mental illness, follow-up surveys and/or cross-reference with Avatar service data will be conducted. A similar methodology will be used to assess the efficacy of referral/linkage functions of the application. To measure for any reduction in staff hours spent on assessment/evaluation of clients, the corresponding staff hours spent on these service activities as reflected in Avatar data will be analyzed. Avatar data will also be referenced to assess the aggregate impact that use of this application may have on increasing total number of clients served. Finally, qualitative information will be gathered to assess user experience. This information will be requested from the spectrum of users, including clinical and law enforcement staff, community providers, consumers, peers and family members.

Resources

The Screening to Timely Access project supports MCBH in assigning partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. Implementation

of the Screening to Timely Access project, including facilitation of the vendor procurement process, product development and testing, and marketing and evaluation services, is to be performed by CalMHSA and contracted service providers.

Timeline

The total original timeframe (duration) of this Innovation project was 3 years, but has been revised to extend 5 years (discussed in FY 2019/20 Updates below). The original timeline for key phases / deliverables was as follows:

- January 2019 – June 2019 (6 months): Work with CalMHSA to identify and enter contracts with web developers.
- July 2019 – December 2019 (6 months): Establish specifications and develop application.
- October 2019 – December 2019 (3 months): Beta test application with community partner.
- January 2020 – December 2021 (2 years): Support countywide access and use of applications.
- October 2021 – December 2021 (3 months): Perform evaluation activities

Budget

The Screening to Timely Access project has a total approved budget of $2,526,00.

The original budget allocates funding accordingly:

Budget Category	FY 2018/19	FY 2019/20	FY 2020/21	*Total*
County-Operated Program Expenses	$64,228	$65,046	$65,725	$195,000
Consultant Costs/Contracts	$806,000	$760,000	$760,000	$2,326,000
Total	**$875,227**	**$825,047**	**$825,726**	**$2,526,000**

Innovation Project Updates and Changes in FY 2018/19

The Screening to Timely Access project has experienced significant delays in implementation and is currently behind the anticipated timeline. It was expected by the end of FY 2018/19, CalMHSA would have entered into agreements with appropriate vendors to develop both the assessment survey and technology components of the project. However, the RFP was yet to be established by the end of FY2019/20, and therefore no vendor was selected or progress completed towards developing and utilizing a screening and referral tool.

As reported in the FY2018/29 Evaluation Report for this Innovation Project, initial delays were caused by two primary reasons. CalMHSA was delayed in assigning contract procurement specialists to assist MCBH staff in creating an RFP document to procure vendors. CalMHSA eventually contracted with Cambria Solutions to facilitate vendor procurement processes. The project implementation was further delayed while MCBH made efforts to recruit additional counties into this project. MCBH perceives value in the addition of other county partners to increase the available funding and validate the eventual product in other environments and languages in addition to what Monterey County can offer. The effort to obtain a commitment from additional

counties led to delays in drafting language in the RFP document. Ultimately in FY2019/20, some progress was made, with the addition of Los Angeles County Department of Mental Health (LACDMH) joining this project in December of 2020 with a contribution of $1,000,000.

Another development that occurred in FY2019/20, was that MCBH, LACDMH, and CalMHSA determined it most useful to conduct and Request for Information (RFI) to assist in the development of the RFP. This decision was reached during the collective effort of creating the RFP document, where outstanding questions remained on the capacity of potential vendors in handling both the research and technology components inherent to the development of this application, and unknowns surrounding the volume of potential vendors, technology development project management strategies, and costs.

CalMHSA released the RFI on April 20, 2020 via BidSync (Addendum A). The response period included a pre-bid conference on May 1, 2020, to answer any questions from interested bidders. In total, 17 organizations responded to the RFI, demonstrating a robust interest in the vendor community. The RFI responses also offered several insights regarding the capabilities, approach, and costs of potential vendors to implement the required work to develop the application. During June 2020, the MCBH Tech Lead and CalMHSA staff review RFI responses, taking lessons learned from this marketplace demonstration and also the pre-bid conference, to refine the RFP document. At the conclusion of FY2019/20, the RFP document was under review by CalMHSA, MCBH and LACDMH administrative leadership personnel, prior to its planned release in early FY2020/21.

Additionally, as the broader Help@Hand collaborative project has experienced challenges and delays unrelated to MCBH Innovation Plan, Help@Hand Leadership Committee submitted a request to the MHSOAC for an extension to be granted for Innovation Plans included in the Help@Hand Collaborative. This request was approved on March 4, 2020, and provides counties with an additional 2 years to complete their Innovation Plans (Addendum C).

In FY 2019/20, the total expenditures for the Screening to Timely Access project fell below the anticipated budget presented in the approved plan, as reflected here:

Funding Category	**FY 2019/20 Budget**	**FY 2019/20 Estimated Expenditures**	***Estimated Remaining Balance***
County-Operated Program Expenses	$65,046	$29,259	$35,787
Consultant Costs/Contracts	$760,000	$757,357	$2,643
Total	**$825,047**	**$786,616**	**$38,430**

In total, after two years of implementation, this Innovation Project has underutilized $509,286 of the stated budget. Therefore, there remains an outstanding budget of $1,335,012 in Innovation funds available to be applied towards this Innovation Project in future fiscal years, within the allowable term limits of the Innovation Plan.

Evaluation Data

No clients participated in the Screening to Timely Access Project in FY 2019/20, in accordance with the approved workplan, and therefore no evaluation data is available for this report.

CalMHSA has produced an FY2019/20 Evaluation of the Help@Hand Collaborative Project, which is inclusive of this MCBH Innovation Plan (Addendum B).

Addendum A: Request for Information

Request for Information

Help@Hand Screening Tool Project

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

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1 Project Background

The California Mental Health Services Authority (CalMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. CalMHSA was established by California counties in June 2009, as a Joint Powers Authority (JPA). CalMHSA's member counties work together to develop, fund, and implement mental health services, projects, and educational programs; and implement these services at state, regional, and local levels. CalMHSA is headed by a separate Board of Directors composed of representatives of Member Counties and an Executive Committee comprised of officers and Statewide Regional Representatives. CalMHSA operates within the statutes governing JPA entities and complies with the Brown Act open meeting requirements.

CalMHSA, with the support of 15 participating counties and cities has implemented a project called Help@Hand, which aims to build a complementary support system that offers a bridge to care, helps identify early signs of mental health changes, offers timely support, removes barriers, and seeks to include new avenues of care for communities not connected to conventional county services. Monterey County Behavioral Health (MCBH) and Los Angeles County Department of Mental Health (LACDMH) are two of the 15 participating counties and cities. CalMHSA, MCBH and LACDMH are working collaboratively to solicit responses to meet a need specifically for Monterey County and Los Angeles County.

Primary Problem

The primary problem being addressed by this project is the demand for mental health services outpacing the capacity of the mental health services system to appropriately screen and refer these individuals to treatment. MCBH, who is the originator of this project, organizes its "Systems of Care" in three areas: Adult services, Children's services and ACCESS services. Their ACCESS System of Care includes gateway early intervention services, including assessment and referrals, for individuals expressing symptoms of mental illness. The demand for services in ACCESS programs has seen a significant increase in recent years, with the number of clients served over the three-year period from FY2015-17 increasing by more than 100%, from 2,521 to 5,087. Meanwhile, the level of staff capable of responding to these community needs has remained unchanged. The MCBH community planning processes have also revealed both a lack of knowledge in the community about available mental health services and a persistent stigma associated with mental health issues, particularly among Latino communities. Therefore, MCBH believes demand for these ACCESS services will only continue to increase over time. Additional counties, including Los Angeles County, have experienced similar challenges.

Several mobile applications that promote mental health and wellness have entered the market space in recent years. However, a thorough scan of available products has only found a couple of varieties of application functionality. The first is to provide guided meditations. The second is to provide the user an ability to log and rate their emotional state. No applications were discovered that have the functionality to screen for a broad spectrum of mental health disorders ranging from depression to schizophrenia, nor are any capable of providing MCBH or LACDMH referral resources. To better meet the increased

demand for services, MCBH and LACDMH have proposed the development of a comprehensive web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the local mental health system.

User Scenarios

The following user scenarios highlight the general user profile (including type of user and technical competency), the need or purpose of that user, and their desired result. These user scenarios are intended to highlight the end user characteristics and desires to be positively influenced by the target solution.

User Profile	Need	Desired Result
 ***Description:*** Family Member / Friend of an Individual that Experiences a Mental Health Disorder ***Technical Competency:*** Medium (Difficulty in navigating new applications, but has good smartphone, tablet, and laptop navigation capabilities).	A family member/friend of an individual experiencing symptoms of a mental health disorder can pull up this application on their phone or computer and guide their loved one through the screening tool.	The individual (and their family member / friend) will be educated on the symptoms they are experiencing, associated risks and treatment options, and local resource information.

 ***Description:*** Individual entering Mental Health Clinic ***Technical Competency:*** Low (Difficulty in navigating new applications and lack of experience in smartphone, tablet, and laptop navigation capabilities).	An individual is entering a County mental health clinic for the first time. As part of the check-in procedures, the individual is asked to complete the web-based screening tool on their phone (or provided tablet) to expedite and/or inform the clinical in-person intake/assessment.	The individual is "warmed up" to the clinical assessment process with exposure to mental health screening questions and subsequent results. Additionally, the clinician and individual can review the results in order to expedite the treatment plan by reducing redundancy with clinician intake procedures.
 ***Description:*** Community Service Provider conducting outreach activities ***Technical Competency:*** High (Fully capable in navigating new applications and in the use of smartphone, tablet, and laptop navigation).	A community service provider performing education and outreach activities can utilize this screening tool with clients/participants expressing urgent needs for services for themselves or their loved ones.	The community service provider is equipped with an education and referral tool to assist individuals in need, while the individual is educated on symptoms and local resources.

2 Purpose of RFI for Services

To better meet the increased demand for services, MCBH and LACDMH have proposed the development of a comprehensive web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the local mental health services system. MCBH and LACDMH are soliciting responses to identify and select a vendor to design and develop an evidence-based assessment tool comprising a series of questions that provide the user with an assessment score in a variety of mental health categories. Following the

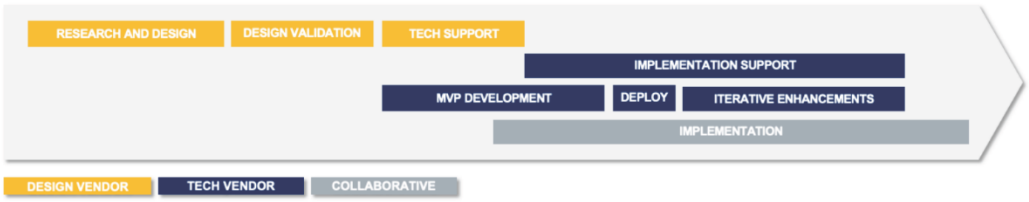
assessment, the type and severity of mental health symptoms will be identified along with the corresponding treatment program that best fits their needs. The tool will be developed around the core criteria of:

- Being able to screen for a broad range of disorders, from low risk with mild need to severe with urgent need
- Being easily accessible for use by community-based providers to help individuals acquire treatment.
- Maintaining confidentiality standards.
- Working fluidly in Spanish.
- Build upon current evidence-based screening tools with proven validity and utilize item response theory to minimize the number of questions involved in the assessment.

3 Project Scope Overview

This project will be executed across three key phases. There is a Scope of Work for each phase. A proposing firm may propose for one or more Scope of Work. If a respondent submits a proposal for only one Scope of Work, then the respondent must include a summary of how it will work effectively with a different firm to complete all services as outlined in this RFI.

Exhibit 1: Project Scope



3.1 Design Scope of Work

This Scope of Work will rely on best practice knowledge of research-based tools for mental health diagnosis. The goal of this phase is to design a sound and effective self-assessment that an individual can take on their own, that will lead to probable diagnosis. This screening tool must contain business rules and

question trees, guiding the user to answer questions relevant to them based on indicators. The vendor will include clinical and design subject matter experts.

The screening tool must meet the following requirements:

1. Screening tool with questions and answers drawn from existing best-practice and standard behavioral health assessment tools
2. Leverage non-proprietary open source tools in combination with adjustments as needed
3. Avoid duplicate questions if multiple tools are leveraged
4. Lead to probable diagnosis of at minimum the following areas:
    a. Depression
    b. Bipolar Disorder
    c. Schizophrenia
    d. Psychosis
    e. PTSD
    f. Anxiety Disorders
5. Be written in English and Spanish
6. Result in recommendations for appropriate local mental health resource information.
7. Result in descriptions of the diagnosis with informative information

The services under this Scope of Work must include the following components of developing this tool:

1. Research
2. Design
3. Evaluation and Refinement

The services under this Scope of Work will not include the technical development of the web-based application that users can utilize to take the screening tool. However, the design vendor (if different from the technology vendor) will be required to provide expertise and documentation in the form of workflows, design documentation, and business logic/ item response theory).

Deliverables

#	Deliverable
1	Project Plan & Schedule
2	Research Plan
3	Conduct Research
4	Functional Design Document
5	Testing Plan, User Acceptance Testing and Validation

6 Training Materials

The scope of services is to design a screening tool that allows individuals to take self-assessment, that will lead to a probable diagnosis and make soft referrals to supporting agencies within Monterey County. The Scope of Services is to involve the following key tasks:

1. Develop Project Plan & Schedule – Phase 1
    a. Plan should include plan for each design key project task, phase, and deliverable
    b. Plan should include a design phase project schedule, work breakdown structure, resources, risk management plan, quality plan, change management plan, and project escalation path for the design phase of the project.
2. Conduct Research
    a. Research should include research of existing tools, studies of self-assessments, as well as research and interviews of Monterey staff and Stakeholders
    b. Monterey will ensure staff are available for collaboration
3. Design
    a. Create a design document in collaboration with the Technology Services Provider to outline relationships between functionality and design requirements including workflows through the screening process

Once the assessment tool is designed the evaluation process for effectiveness and receptiveness will take place. A cohort of MCBH staff and community-based service providers, such as Promotors de Salud, will be trained in the use of the tool. Similar user-testing may take place in Los Angeles as well. These trained individuals will then pilot screenings in the field, using the application with a small number of clients to ensure its applicability in their local communities, and assess functionality and user experience. The goals of the Evaluation Phase will include:

- Determine if this screening tool accurately gauges type and severity of mental illness.
- Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
- Assess whether this screening tool reduces the hours and cost associated with in-person assessments.
- Assess whether individuals (staff, community provider, peer, etc.) using this application to assist a person in need find this application useful for connecting that person to resources.
- Assess the impact the implementation of this application has on the total volume of clients entering services (to be identified), including its effect on the demographics of clients served.

The evaluation phase will include both steps for validation and refinement as identified below:

1. Validation

a. Validation of the tool should involve dissemination of the screening tool to Monterey residents and staff
b. Monterey engages with local Community Based Organization to assist with the dissemination of the screener
c. The vendor shall create the validation plan

2. Refinement
   a. Work collaboratively with Monterey
   b. The vendor shall participate and facilitate the assessment plan

3.2 Technology Scope of Work

This phase will rely on a team of developers to build a mobile compatible web-based questionnaire screening tool which results in a probable diagnosis and soft referrals based on business rules and information as developed in Phase 1.

Vendors should describe the delivery model along with the advantages. Delivery models considered for the required solution may include:

- Commercial off-the-shelf (COTS) software
- Custom built application
- Open-source software (all models)
- Managed services/hosted
- Platform/software as a service (PaaS/SaaS)

The output of this scope of work must include a solution that:

1. Is a responsive web design with the ability to adapt easily across all devices (i.e. desktop, laptop, mobile, etc.)
2. Is on cloud-based infrastructure within government instances
3. Is compliant with HIPAA and other security standards to be defined
4. Provides the ability to function consistently across multiple browsers (i.e. Edge, Chrome, Safari)
5. Uses business requirements and business-rules to drive functionality as defined by the Design Scope of Services

6. Captures all assessments and any other required data as identified from the section above (Design Scope of Work)
7. Supports multiple languages (i.e. Spanish and English) as identified by participating counties
8. Is intuitive and user friendly
9. Identifies probable diagnosis as defined by the Design Scope of Services
10. Provides the capability to enter, maintain and display local service providers as defined by the Design Scope of Services
11. Complies with ADA and WGAG v2.x or latest
12. Seamlessly scalable to accommodate future growth
13. Supports standard APIs, interfaces, and communication protocols for enterprise application integration systems and/or web services integration to other applications (integration not in scope of this contract). This Scope of Work will not be used to capture consumer health data or to submit claims.
14. Allows individual counties to easily access their respective data for reporting and other business purposes
15. Supports administration of application (i.e. user access control, define user roles, security, maintain lookup tables, etc.)
16. Supports business intelligence and analytical tools

Deliverables

The services executed in this phase should be conducted in an Agile methodology. This phase will initiate before the screening tool has been developed and will require a team to implement screens and business rules. Development efforts in this phase will also require working closely with the Monterey team to validate the look and feel of screens, needs for data security and management, and build a platform that could in the future integrate with Monterey internal systems.

#	Technology Deliverables
1	Application Development
2	Technical Documents
3	Application Landscape/Environments
4	Application Prototype
5	Test Strategy and Documents
6	Training Strategy and Documents

7	Production Deployment
8	Post-Go Live Support
9	Data Extracts
10	Status Reporting
11	System M&O
12	Service Level Agreement
13	Continuous Resolution of Major Defects

3.2.1 Application Development

Development of the application using iterative development practices.

3.2.2 Deliverable 1 – Technical Documents

Technical documentation including architecture and code base referenced directly to functional requirements, as well as any hosting or maintenance needs.

Technical documents must include the following:

- Functional Design Document
- Technical Design Document
- Technical Design Document
- Application/System Architecture Document
- Entity Relationship Diagram (ERD)
- Application Workflow
- Data Dictionary

Vendor team shall provide a technical design document, which includes the above listed documents.

Acceptance Criteria

The County will accept the completion of the Technical Document per the following acceptance criteria:

1. Business Requirements Document should list all the user stories and requirements and business rules in detail along with any future state requirements

2. Technical Requirements document that comprehensively lists the technical details i.e. screen names, field names, data types (numeric vs alphanumeric), etc. This document should also list all the security requirements to comply with various County, state and Federal security policies.
3. Technical Design document that includes user interfaces, wire frames, data flow diagrams, etc.
4. Application System Architecture document that includes Conceptual, Logical Architecture
5. Entity Relationship Diagram should include the table structures and their relationships and dependencies
6. Application workflow should include a detailed flow diagram of the various functions
7. Data Dictionary document that lists all the data fields and their attributes
8. The design document should also include any designs for features not-yet developed.

3.2.3 Deliverable 2 - Application Landscape/Environments

The project should provide the standard application code development/maintenance landscape i.e. Development, Test and Production environments.

Note on Test Environment: Vendor shall provide a test environment specific to the County so that county staff and Peers can test configurations and feature development in a manner that reflects their Production Environment.

Acceptance Criteria

1. A Test Environment that mirrors the Production Environment, but also includes county specific configurations that is accessible through a County Code.

2. The Test Environment should be completely separate from the Production Environment. There should be no way for a user in the Test Environment to be transferred to the Production Environment and vice versa.

3.2.4 Deliverable 3- Application Prototype

The vendor shall develop a working functional prototype of the end state application.

3.2.5 Deliverable 4 - Test Strategy and Documents

The vendor shall provide an overall test strategy document along with the following documents:

- Functional Testing Document and test scripts
- Technical testing scenarios and test scripts
- User Acceptance testing document and test scripts

- Integration testing document (if needed)
- Regression testing document (if needed)

The Vendor team shall conduct testing on all developed features, bug fixes, and configurations, and resolve all issues, before code changes are deployed to County test environment. The Vendor team shall report to the CalMHSA Project Manager findings from testing on a regular basis.

UAT Entry Criteria

1. Vendor notifies CalMHSA of any development work performed outside of the Tech Suite that affects county configured environments. (During Sprint Planning).
2. Automated and Manual testing report provided by Vendor.
3. Release notes have been provided to CalMHSA by Vendor.
4. New features and defect fixes have been migrated to the Test Environment.

Acceptance Criteria

1. Any feature development in the Test Environment pass Regression Testing and User Acceptance Testing prior to being able to deploy into the Production Environment.
2. All identified bugs are shared with CalMHSA.
3. County Sign-Off on items that pass User Acceptance Testing prior to deployment to the Production Environment.

3.2.6 Deliverable 5 - Training Strategy and Documents

The vendor shall provide a detailed training strategy document (i.e. train the trainer, on-site/classroom training, etc.) along with the necessary training materials - Administrator Guides, User Guides, Cheat Sheet, etc. The vendor shall conduct the necessary training as outlined in the training strategy document.

3.2.7 Deliverable 6 - Production Deployment

The vendor shall deploy and configure the application with agreed upon functionality (including any major bug fixes and enhancements) in production environment and make it available for production use.

Acceptance Criteria

The county will accept the completion of this deliverable with the completion of the following conditions:

1. Working and stable Production Environment is accessible by County with county code.

2. Vendor will not push changes to Production that also affect County configured environments without prior approval.
3. Production Environment contains all code approved by County from Testing Environment for MVP & Configuration needs.
4. Production Environment reflects approved Configuration.
5. County Sign-Off on Production Environment.

3.2.8 Deliverable 7 - Post Go-Live Support

The vendor shall provide technical and functional support for 90 days after full production rollout of the application.

3.2.9 Deliverable 8 - Data Extracts

Vendor shall provide the county with periodic data extracts which can be used to support the County's evaluation of the effectiveness and accuracy of the tool. Data extracts must be part of the product used for testing so that the Design Vendor can assess the effectiveness of the solution. Data extracts must also be available post testing phase and during Go Live so that the system can be continuously evaluated.

Acceptance Criteria

1. Reports will be accessible to the County, CalMHSA, and Design Vendor for evaluation purposes.

3.2.10 Deliverable 9 – Status Reporting

Vendor shall provide the following deliverables per contract requirements:

1. Mechanism for clients to obtain accounting of disclosures of Personally Identifiable Information (PII).
2. Outcome dashboard*
3. Quarterly Status of Deliverables report*
4. Annual Status of Deliverables report*

**These items are to be maintained and reviewed on an ongoing basis.*

3.2.11 Deliverable 10 – Maintenance & Operations

This section outlines expectations of the Vendor team to support and maintain a working environment for Vendor users. All features must be maintained to continue meeting acceptance criteria.

Vendor team shall also provide a license fee structure for ongoing rollout after MVP (e.g. by bands of users; by number of growth paths completed, etc.).

4 Agreement Term

The Agreement Term shall be executed for each Scope of Work

4.1 Agreement Term - Design

The agreement will commence on mm/dd/yyyy* (estimate) or upon CalMHSA approval and expire on mm/dd/yyyy*.

The Agreement shall reflect a deliverable based payment structure. Respondents are asked to provide a detailed estimate of scope and cost necessary to achieve the goals detailed in the Scope of Work.

The resulting Agreement will not take effect until signed by a CalMHSA contract officer, and the respondent has received a signed copy of the Agreement. The Contractor is hereby advised not to commence performance until an authorized agreement has been issued by CalMHSA.

The Agreement term may change if CalMHSA makes an award earlier or later than expected, or if CalMHSA cannot execute the Agreement due to unforeseen delays.

4.2 Agreement Term – Technology

The agreement will commence on mm/dd/yyyy* or upon CalMHSA approval and expire on mm/dd/yyyy*.

The Agreement shall reflect a deliverable based payment structure. Respondents are asked to provide a detailed estimate of scope and cost necessary to achieve the goals detailed in the Scope of Work of the Technology development component.

The resulting Agreement will not take effect until signed by a CalMHSA contract officer, and the respondent has received a signed copy of the Agreement. The Contractor is hereby advised not to commence performance until an authorized agreement has been issued by CalMHSA.

The Agreement term may change if CalMHSA makes an award earlier or later than expected, or if CalMHSA cannot execute the Agreement due to unforeseen delays.

**Dates are not defined in the RFI but will be provided in the formal RFP. Estimated duration of contract is currently 9 months with an optional M&O extension.*

5 Response Contents

The following response components are required for each Scope of Work. If a single firm is responding to multiple SOW's, then Sections 5.2(Design) and 5.3(Technology) can be responded to in one response.

5.1 Response Contents - General

Please submit the following components as part of your response:

1. Background of organization
    a. Describe how your organization is equipped to meet the needs as identified in this Scope of Work in section 4
    b. Provide examples of prior work that is similar in scope and complexity to the items outlined in this Scope of Work
    c. Must provide the above information for prime contractors as well as any subs
2. In response to this RFI, CalMHSA and Monterey County welcome any feedback from the vendor community in relation to both the design and technology phases.

5.2 Response Contents - Design

1. Proposed Team
    a. Identify qualifications of resources for the following key roles
        i. Project Manager
        ii. Lead Researchers
        iii. Identify any additional roles as necessary to complete the Scope of Work
        iv. Include resumes for each proposed team member
2. Approach to Scope of Work
    a. Outline approach for conducting all activities related to the Scope of Work
    b. For each task, identify key activities, milestones, deliverables, and work plan
    c. Describe process for maintaining quality of deliverables
3. Cost Proposal

a. Outline each proposed resource, estimated hours per task, and rate used to calculate estimated cost
b. Define total proposed cost
c. Contract shall be paid on deliverables

5.3 Response Contents - Technology

1. Proposed Team
    a. Identify qualifications of resources for the following key roles
        i. Development Manager / Scrum Master
        ii. Lead Developer
        iii. Developer
2. Approach to Scope of Work
    a. Outline Agile development approach for conducting all activities related to the Scope of Work
    b. For each task, identify key activities, milestones, deliverables, and work plan
    c. Describe process for maintaining quality of deliverables
3. Cost Proposal - Services
    d. Outline each proposed resource, estimated hours per task, and rate used to calculate estimated cost
    e. Define total proposed cost
4. Cost Proposal - Materials
    f. Outline the cost to CalMHSA for the environment and other development costs
5. Cost Proposal – Maintenance and Operations – 1 year
    g. Outline the approach to Maintenance and Operations for 1 year to begin directly after implementation of the system on the first day that the system goes live
    h. 1 year of Maintenance and Operations to be included in the overall project and cost
    i. Include details of staff, services, and materials and licensing costs

NOTE: Contract shall be paid on deliverables.

6 Roles and Responsibilities

This outlines the roles and responsibilities for each firm and agency

6.1 Design Services Vendor

1. Provide overall project management and oversight to the project
2. Create and delivery monthly status reports

3. Facilitate weekly Status meetings and Daily Standups
4. Provide a path for escalation for issues
5. Facilitate and organize meetings with MCBH and LACDMH
6. Review deliverables for quality before submission to MCBH and LACDMH
7. Create and document survey questions and business rules
8. Document and identify source and rationale for specific questions and logic implemented
9. Work collaboratively with MCHB and Technology Vendor throughout the design and validation process
10. Communicate any schedule delays, risks, and mitigation strategies throughout the project
11. Report to the CalMHSA project manager and the MCBH and LACDMH project managers
12. Maintain compliance with research process regulations and engagement with people for the evaluation phase
13. Work collaboratively with all teams

6.2 Technology Services Vendor

1. Communication of anticipated or unanticipated risks, delays to the CalMHSA Project Manager.
2. Engaging in meetings with CalMHSA and County staff including Daily Standups for the purposes of presenting product demos, validating requirements, assist with design decisions, and general project coordination.
3. Establishing clear validation of product and configuration requests.
4. Execution of all testing and regression testing to ensure product changes, enhancements, bug fixes, and configurations are developed in accordance with acceptance criteria and do not create new defects.
5. Communication of major bugs identified in Production.
6. Communication of down time, blocking issues, and incidents.
7. Monitoring of application performance.
8. Application security and HIPAA compliance.
9. Accessibility and ADA Compliance.
10. Spanish and English Language processing
11. Monitoring and maintenance of SLAs.
12. Completion of all deliverables identified in the above section.
13. Coordinate meetings and requests of County through CalMHSA Project Manager.
14. Responsive to CalMHSA requests in a timely manner.
15. Provide data as needed to Evaluator as related to assessment of product use
16. Provide a solution to support assessment of different types of users; users who were marketed to in different areas, with different materials, or different target populations

6.3 Counties of Monterey (MCBH) and Los Angeles (LACDMH)

1. Identify a stakeholder / sponsor individual who can provide "Sign-Off" and make key project decisions
2. Provide a staff who will fill the role of the Product Owner (Voice of the Customer), provide acceptance criteria and accept deliverables.
3. Identify a project working team to provide feedback and work with vendor teams
4. Participate in daily standup meetings
5. Coordinate through CalMHSA for vendor requests
6. Participate in testing and provide staff to conduct testing when code is deployed to the Test environment
7. Review deliverables and provide feedback in a timely manner

6.4 CalMHSA

The CalMHSA team takes responsibility for the following key components:

1. Identify a Project Manager and primary point of contact for the project
2. Provide overall management of Scope, Timeline and Deliverables
3. Coordinate meetings, work sessions, risks, and documentation
4. Facilitate project decisions with County
5. Provide an escalation path for MCBH and LACDMH
6. Participate in daily standup meetings

Addendum B: FY2019/20 Help@Hand Collaborative Evaluation Report

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CalMHSA Support for *City and County's* MHSA Annual Report

The summary below outlines CalMHSA guidance in response to the Innovation Regulations 9 CCR § 3930 Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update. This summary is intended to support Counties in providing responses to the annual report and represent CalMHSA's suggestions as it relates to the overall Help@Hand Collaborative effort. Cities and Counties should consider whether CalMHSA's guidance is an accurate reflection of how the Help@Hand project is being deployed within their jurisdiction and use or update the guidance accordingly for their respective reports.

Collaborative Response could serve as intro to the section, followed by local response to focus on City/County-specific efforts.

02/02/2021

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FY 19/20 (July 2019 – June 2020):

Overview

Help@Hand is a statewide Collaborative project that began in 2018 with fourteen Counties and Cities leveraging interactive technology-based mental health solutions to help shape the future and improve accessibility and outcomes to connect people with care across the state. Technology has many benefits, but there are also many challenges and questions. The participating Cities/Counties are at the forefront of innovation to understand how technology is introduced and works, within the public behavioral health system of care. This means Help@Hand is not one project, but many projects across multiple Cities and Counties. The Collaborative offers the benefit of a shared learning experience that increases choices for Counties/Cities, accelerates learning, and adds in cost sharing. The focus of Help@Hand remains on pursuing a shared vision and common goals. Change at the scale of this project necessitates a robust readiness and change management approach. The project team has focused on building in activities to address these areas for both the project team and the community.

The Help@Hand project leads innovation efforts through factors such as:

- Peer Engagement - integrating those with lived experience of mental health issues/co-occurring issues throughout the project,
- Safety & Security - making sure we prioritize the safety and security of the users and their data,
- Incorporating Stakeholder Feedback - the project has a lot of stakeholders with different priorities. Help@Hand tries to find ways to meet the needs of most, but understanding with conflicting feedback it is not possible to meet the needs of everyone,
- Innovative Technology - always exploring if and how technology fits in the behavioral health system of care,
- Lessons Learned - applying the learnings and incorporating lessons learned as we continue and demonstrating progress and responsible use of resources.

Typically, we consider projects successful based on whether consumer welfare was directly improved because of what a project has done. However, the test of success in an innovation project is more nuanced. Innovation is about transforming the system itself and therefore additional determinations of success include two questions:

1. Did participating Cities/Counties learn something proportionate to the investment they made in the project?
2. Have other Cities/Counties learned from what participants have done and implemented the elements that are valuable to that City/County?

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Impact

During FY 19-20 the Help@Hand project had many successes and challenges. Some of the most notable impacts of the project during this time were work with the Peer community and the Cities' and Counties' exploration of mental health products to find those that best fit the needs of their stakeholder community.

Peers

Peers identified and raised the need for Digital Mental Health Literacy (DMHL) to empower California communities to make informed decisions about how they engage with technology. Listening sessions were held by the Peer and Community Engagement Manager to gather topics that would facilitate understanding and adoption of technology. There were 20 Digital Mental Health Literacy discovery sessions held in eleven different Counties with over 300 stakeholders from June – November 2019. These sessions led to the development of a DMHL video series, and a DMHL Curriculum that includes smaller coaching sessions (Q1-Q3 '19 & '20). Additionally, there were two Peer Summits held, in May and September 2019, to support Collaboration of Peer Leads from across the state for project learning, connection, and problem solving (Q1 2019). Monthly Peer Collaboration meetings were held to serve as a space for Peers to connect and share County/City project updates.

Technology Exploration

In early 2020 after the results of the Request for Statement of Qualifications (RFSQ) were released, the Collaborative Cities and Counties began engaging their community stakeholders and conducting focus groups to explore new technologies available to the project and receive additional feedback on products that would be a good fit for their communities.

Success Stories

The Help@Hand Collaborative worked on many activities in FY 19-20 laying the groundwork for implementing behavioral health solutions in their individual Cities and Counties. Some of the major successes during the 19-20 fiscal year include:

Using Working Groups to Move Forward

Roadmap Workgroup – One of the keys to success on any project is ensuring there is a consistent view of the result and the steps it will take to get there. A project with 14 unique Cities and Counties amplifies the need for consistency and alignment. In June 2019, the Roadmap workgroup was formed to help identify and document the shared expectations of project participants. The workgroup consisted of representation from large and small and regionally diverse Cities and Counties, as well as those with varying target audiences. The workgroup also included Peer participation. The group met several times throughout the fiscal

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year to develop the roadmap and present it to the overall Collaborative for feedback and approval. The workgroup held regular check-ins to monitor progress of the roadmap initiatives.

Risk and Liability Workgroup - In October of 2019, the Risk & Liability workgroup was established by the CalMHSA project management team. The goal of this workgroup is to review project management, implementation, and product feature updates that need to be considered for specific attention, or project pivots. This workgroup offers the time and space needed to prepare for any upcoming or potential hurdles that the project needs to address or prepare for.

Branding

During a series of working sessions stakeholders provided input on the artwork and theme for the Help@Hand project. It was important to all the Collaborative members that direction for the aesthetics of the project come from the communities they intended to serve. Once the artwork and branding guidelines were finalized (including logos, colors, and illustrations) they were approved by the Help@Hand Leadership committee in quarter four, 2019.

More Technology Options

A Request for Statement of Qualifications (RFSQ) brought 93 new vendors for the Collaborative Counties and Cities to explore. The project opened a RFSQ process in September 2019 for technology companies to apply to be part of the suite of apps Help@Hand considers. Approving 93 additional products for the project opened new opportunities for Cities and Counties to select products that meet community interest and needs.

Stakeholder Engagement

During a CAMHPRO/ACCESS Webinar on November 12, 2019 the Peer and Community Engagement Manager presented an update on the Help@Hand Project. ACCESS, formerly known as CAMHPRO, is a statewide stakeholder group. The objective of this presentation was to provide background and Context on Innovation and the Help@Hand Project; share project lessons learned and respond to frequently asked questions; explain where the project is going and how to stay involved; and discuss the role and activities of Peers on the Help@Hand Project.

Help@Hand published the first Stakeholder Update report on September 30, 2019. This was an important step not only to improve visibility into the project and help answer questions for stakeholders, but it also created a channel for stakeholders to receive the latest updates on the project and have a voice into the work by submitting questions to be updated in the report that was updates in March 2020. In addition to the written reports, Help@Hand offered a webinar where stakeholders learned about more of the work that is happening throughout the project. The webinar was held on February 21, 2020.

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In January 2020 helpathandca.org was launched, the website was a product of the Collaborative's vision and input for sharing project wide information. This site makes it easy for the Collaborative members to share updates and sources to stakeholders and their respective communities. Both Stakeholder Update Reports and Reports to the MHSOAC were included on the site, as well as a featured section for the Digital Mental Health Literacy video series.

Budget Structure

An updated budget structure was established to provide Collaborative Counties and Cities with clarity around expenses and local dollars. In December 2018, Cohort One approved a budget for the Collaborative. This is the budget that Help@Hand had been operating under since inception. As the project progressed, cohort members expressed a need to utilize project funds at the local level and so, a new DRAFT budget concept was developed. This concept was previewed with Cohort Members that attended the October 24, 2019 In-Person Collaborative meeting. The new concept was presented at the November 7, 2019 Leadership meeting and the motion to approve the new model was passed during the November 21, 2019 Leadership meeting.

Contract Management

In conjunction with the budget structure updates, Help@Hand recognized the need for enhanced contracting and contract management processes for engaging and managing technology vendors. The rapid advancements of the technology industry highlight the importance of a procurement and vendor management process that addresses the nuances and challenges that may arise. Help@Hand partnered with an industry-recognized legal expert to update the contract template that enhances protections for the consumers who use the products as well as the financial interest of the Cities and Counties, and the Collaborative.

In-person Collaborative Events

Help@Hand facilitated two in Person-Collaborative events. In both August 2019 and October 2019, the project had the opportunity to bring the Collaborative Counties and Cities together to talk through project work, idea sharing, lessons learned, planning, and education. These events were an essential part of creating connections between Collaborative members. Unlike remote meetings, these in-person events reduced distractions, eliminated networking hurdles, and offered the opportunity to build more trust to boost creativity and involvement.

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Collaborative Tools Developed

- Digital Behavioral Health Questionnaire - Understanding each technology product is very important to the Collaborative. During FY 19-20 a Digital Behavioral Health Questionnaire (DBHQ) was developed to assess the products from the RFSQ to help the Collaborative Counties and Cities define the needs of their consumers and what considerations need to be at the center of their assessment.
- Vendor Security Questionnaire - The Vendor Security Questionnaire was also created. This tool was used by Cities and Counties to better understand the security measures each vendor used and put in place to collect, store, and protect data. The information from both of these tools assisted Cities and Counties in making product selections that best fit their community's needs.

Challenges

There are many things to consider when integrating technology into existing systems of care. The Help@Hand Collaborative has addressed many challenges in this work. Some of the challenges experienced by the Collaborative during FY 19-20 include:

COVID-19

The beginning of 2020 brought significant challenges to Help@Hand Cities and Counties due to the COVID-19 pandemic. Many Collaborative members' capaCity changed quickly in March 2020 as they were asked to respond to evolving pandemic response request and care needs in their local communities.

Rapid Response - The early months of the pandemic saw Cities and Counties challenged to understand how they could quickly leverage mental health technology to meet growing community needs. Help@Hand worked quickly to develop a streamlined approach that supported Cities and Counties in launching a technology to their respective communities in direct response to growing mental health needs related to quarantine and COVID-19. Each step of the technology selection, readiness and deployment process is essential. Therefore, the rapid response approach did not reduce or eliminate critical steps but streamlined them by working to establish common features and functionality with the vendors and reducing variation among Cities and Counties. This effort is ongoing.

Collective Learning

During FY 19-20 Cities and Counties had the opportunity to select products from additional vendors and began developing implementation plans for their individual communities. As the project expanded, determining which decisions were to be made collectively and which should be taken locally was at times a challenge for the Collaborative. For example, different products presented opportunities and challenges for each City and County. A product that was a good fit for one, may not be for another. Through collective sharing of local efforts, lessons learned and

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the development of tools such as the Vendor Security Questionnaire, Digital Behavioral Health Questionnaire and the pilot process the Collaborative built a process that allowed for transparency and trust as each County determined their unique product selection. The Collaborative also asked whether risk incurred by one County could be transferred to the Collaborative or other Counties and appropriate Collaborative crisis response protocols and social media engagement strategies. While Collaborative decision-making processes have been established, the nuances of integrating behavioral health technology into Counties evolving systems of care continued to present unique questions to the Collaborative. The use of social media and crisis response protocols and expectations varied throughout the Collaborative.

Peer Chat Apps

Many Cities and Counties outlined their goal to use Peer Chat apps in their OAC plans for the Help@Hand project however, through the RFSQ process the Collaborative discovered there are few Peer chat apps that adequately meet the County's needs. Only 10 of the 93 RFSQ approved products were Peer chat apps and many did not share the same definition of Peer as defined by the project. This has posed challenges for the Cities and Counties to meet their community's interest in using Peer chat platforms. Additionally, during FY 19-20 the Collaborative ended their contract with the original Peer chat app vendor selected for the project.

Languages

A goal for many Help@Hand participating Cities and Counties was to reach monolingual communities across California. As the Collaborative began exploring new products during FY – 20 many discovered that most behavioral health technologies are not translated/ trans adapted and validated as culturally competent in the languages Counties need. An ongoing challenge for the Help@Hand Collaborative has been finding products that are adequately adapted in languages other than English and are ready to be implemented throughout diverse communities. The cost and time needed to translate products as well as the vendor community's interest in doing so has proven to be a challenge for the Help@Hand project.

Addendum C: Innovation Plan Extension Notice

MHSOAC
Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair
MARA MADRIGAL-WEISS
Vice Chair
TOBY EWING
Executive Director

March 4, 2020

Jeremy Wilson
Program Director & PIO
California Mental Health Services Authority
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

Dear Mr. Wilson,

Thank you for your notification dated February 11, 2020, informing us of the time extensions for the multi-county collaborative, Help@Hand (formerly The Technology Suite).

Per your letter, you have informed us of the following start dates and new end dates for each county listed below:

County	Expense Start Date	Project Length w/extension	Extension End Date
City of Berkeley	7/1/2019	5	6/30/2024
Kern	2/27/2018	5	2/26/2023
Los Angeles	3/1/2018	5	2/28/2023
Marin	1/1/2019	5	12/31/2023
Modoc	4/26/2018	5	4/25/2023
Mono	3/1/2018	previously requested by county	10/18/2021
Monterey	1/1/2019	5	12/31/2023
Orange	4/27/2018	5	4/26/2023
Riverside	2/27/2019	5	2/26/2024
San Francisco	6/1/2019	5	5/31/2024
San Mateo	9/28/2019	3	9/27/2022
Santa Barbara	7/1/2019	5	6/30/2024
Tehama	1/1/2019	5	12/31/2023
Tri-City	1/1/2019	5	12/31/2023

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION
1325 J Street, Suite 1700, Sacramento, CA 95814 • Phone: 916.445.8696 • Fax: 916.445.4927 • www.mhsoac.ca.gov

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your liaison, Shannon Tarter Shannon.tarter@mhsoac.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Karen Klatt, MHSA Coordinator; Christina Rajlal, MHSA Coordinator; Darlesh K. Horn, MHSA Coordinator; Galen Main, MHSA Coordinator; Rhonda Bandy, Health Program Manager; Wesley Schweikhard Interim, MHSA Coordinator; Sharon Ishikawa, MHSA Coordinator; David Scholen, MHSA Coordinator; Jessica Brown, MHSA Director; Doris Estremera, MHSA Coordinator; Lindsay Walter, MHSA Coordinator; Travis Lyon, MHSA Coordinator; Rimmi Hundal, MHSA Coordinator

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MONTEREY COUNTY
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Avanzando Juntos Forward Together

INN-03: Transportation Coaching by Wellness Navigators

Second Annual Innovation Project Report – FY2019/20

Contents

Program Name: Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators)

Introduction

The Mental Health Services Oversight and Accountability Commissions (MHSOAC) approved use of Mental Health Services Act Innovation Component funding for Monterey County Behavioral Health (MCBH) to implement the "Transportation Coaching Project" (TCP), under the original title "Transportation Coaching by Wellness Navigators", on August 23, 2018. As required by Title 9 California Code of Regulations – Division 1, Chapter 14, Article 5, Section 3580, MCBH must submit Innovation Project Reports on an annual basis for the duration of the Innovation Plan. These regulations state the first Annual Innovation Project Report must be submitted prior to the December 31st following the first fiscal year of implementation, whereas all subsequent Innovation Project Reports shall by submitted as part of the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan or Annual Update. The Innovation Project Report presented in this document is the second Innovation Project Report for the TCP, pertaining to activities taken plan in FY2019/20, and is submitted as part of the MCBH MHSA FY2021/22 Annual Update.

The purpose of this Innovation Project Report is to update MCBH stakeholders and the MHSOAC on the implementation status of the Innovation Project Plan. Specifically, as required by the aforementioned regulations, contents of this Annual Innovation Report shall include updates on:

- Whether and what changes were made to the Innovation Project during the reporting period and the reasons for changes.
- Available evaluation data, including outcomes of the Innovation Project and information about which elements of the Project are contributing to outcomes.
- Program information collected during the reporting period, including number of participants and demographics of participants served.
- Any other data the County considers relevant.

Innovation Project Overview

The TCP aims to increase access to mental health services by introducing a new practice into the mental health system. This practice includes the development and use of a Transportation Needs Assessment Tool (TNAT) to inform and guide the transportation coaching activities of peer support staff Wellness Navigators (WN's). The intended result of the coaching activities prescribed by TNAT results is to promote greater independence and capability of clients to participate in both clinical and non-clinical activities that support their wellness and recovery.

The Problem

The TCP was developed in response to consistent community and consumer feedback citing transportation challenges as a major barrier to receiving the mental healthcare they or their loved ones need. Some of the cited transportation challenges include a consumers' inability to obtain a license and/or vehicle, drive, receive timely transportation via family and friends, and afford and/or navigate the public transit system. MCBH has previously responded to meet some of these

challenges by allowing staff to provide transportation services. However, demand for transportation services continually exceeded the capacity MCBH.

The negative consequences of this strained system are then two-fold. First, transportation needs of existing and potential consumers of mental health services going unmet means they are experiencing prolonged suffering and recovery. Second, to alleviate these transportation barriers and promote accessibility to services, qualified mental health professionals are now spending an inordinate amount of time in providing transportation services instead of providing more meaningful therapeutic services.

The Solution

To support and promote the independent transportation skills of mental healthcare consumers, the TCP introduced the TNAT to standardize a review of transportation-related barriers and client goals. TNAT results are used to prescribe targeted WN coaching activities. The intended result of the project is to support client independence as part of their wellness and recovery plan, as well as aid in the efficient use of clinical resources.

The TCP plan identified 5 phases by which the project will be carried out:

1. Develop the transportation needs assessment tool
2. Hire and train Wellness Navigators
3. Enroll consumers in the program
4. Implement transportation coaching activities
5. Evaluate program impacts

Learning Goals

This Innovation project aims to increase the independent transportation skills of MCBH clients by employing a transportation coaching program that is informed by a new TNAT. While the service goals in the project are to increase access to services and improve rates of recovery, the primary Innovation learning goals of this project are focused on measuring the impact and value of TNAT. By creating a valuable tool and identifying best practices for promoting client independence, this Innovation project may offer valuable knowledge to the broader mental health services community. Specifically, the lessons learned through the TCP may aid mental health service agencies more effectively plan and implement wellness navigation and transportation coaching services.

Specific learning goals of this project are to:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "step-down" in level of transportation coaching needs).

The scores observed on the TNAT are central to evaluating the learning goals of this project. The level of change between pre- and post-intervention TNAT scores indicates the level of improvement a client has experienced, and also aids in identifying coaching activities that may have contributed

to that success. Additionally, analysis of staff time allocated towards activities and clients demonstrating success is used to evaluate TCP learning goals.

Resources

The TCP project plan indicates MCBH to assign partial staff time of an Analyst and Epidemiologist for purposes of project coordination, evaluation, and reporting. Implementation of the TCP, including hiring and management of WN's, and administration of the TNAT, WN coaching activities and data collection, is performed by a contracted service provider.

Timeline

The original timeframe (duration) of this Innovation project is 3 years, but has been revised to extend to 4 years (discussed in FY 2019/20 Updates below). The original timeline for key phases / deliverables is as follows:

- January 2019 – March 2019 (3 months): MCBH will develop Transportation Needs Assessment Tool, and sequence vetting and approval of a final product through the Mental Health Commission, Cultural Relevancy and Humility Committee and Recovery Task Force.
- January 2019 – March 2019 (3 months): Source vendor, negotiate contract terms, and process contract through county purchasing procedures.
- April 2019 – June 2019 (3 months): Develop transportation coaching curriculum for Wellness Navigators. Complete trainings before end of calendar year.
- July 2019 – June 2021 (2 years): Begin assessments of new and existing clients in Adult System of Care programs. Continue providing assessment and re-assessments through June 2021. Collect assessment data and provide technical assistance throughout implementation timeline.
- July 2021 – December 2021 (6 months): Conduct evaluation, including evaluation of assessment data and gathering qualitative data from staff and participants

Budget

The TCP has a total approved budget of $1,234,000. This funding was awarded to MCBH by the MHSOAC on August 23, 2018.

The original budget allocates funding accordingly:

Budget Category	**FY2018/19**	**FY2019/20**	**FY2020/21**	***Total***
MCBH Personnel	$64,228	$65,046	$65,725	$195,000
Consultant Costs/Contracts	$346,334	$346,333	$346,333	$1,039,000
Total	$410,562	$411,379	$412,058	$1,234,000

Innovation Project Updates: Accomplishments, Challenges and Changes occurring in FY2019/20

The TCP is currently on-track with activities and timeline proposed in the Innovation Project Plan. In FY 2019/20, the following accomplishments and changes were made:

- MCBH maintained their agreement with Interim Inc. as the contracted provider of TCP related services, including hiring and management of WN's, and administration of the TNAT, WN coaching activities, and data collection.
- Beginning July 1, 2019, ASOC staff began referring clients to WN's. The WN's subsequently provided assessments and transportation coaching services to clients, while Interim's TCP project manager maintained a record of TNAT data. MCBH ASOC staff and Interim TCP staff met bi-weekly to discuss TCP client case management strategies and protocol. The team observed the following challenges to implementing the TCP in FY2019/20:
    - In the instance of staff turnover at the WN position, Interim found a limited labor pool from which they could recruit qualified peer staff in Monterey County. Additionally, Interim noted difficulty in staffing the more remote South County region locations (Soledad and King City). The challenges led to prolonged vacancies at the WN position, particularly in the Kind City Location.
    - ASOC was challenged in referring clients to be served by the TCP in the King City location. This is largely due to King City being relatively remote (40-minute drive from Salinas), with a small population. The King City area is also limited by a lack public transportation options (i.e. few and infrequent bus routes), which is an issue made worse for individuals living in rural areas. As a result, there was a low TCP participation rate in the Kind City area (see Evaluation Data).
    - The development of the COVID-19 pandemic beginning in March 2020 resulted in the TCP being completely halted from March-June 2020, as shelter in place orders and social distancing requirements went into effect. The impact from this was significant, as WN staff and many TCP clients were lost during this period of postponement where Interim, MCBH and Monterey County had to plan for and adapt to this new public health crisis. This sudden disruption of the TCP and departure of TCP clients with the emerging pandemic environment was particularly damaging to WN's being able to administer a TNAT post-test with the majority of active clients (see Evaluation Data).
- The TCP project saw changes as a result of of the COVID-19 pandemic, including:
    - The TNAT was adapted to include a questions/measures for a client's ability to access tele-health services via telephone and internet. See Addendum A for the updated TNAT.
    - The WN staff adapted coaching practices to include supports and training for helping clients access tele-health services via Zoom or telephone. The new documents to assist clients in downloading and using Zoom are included in Addendum B.
- The MCBH INN Coordinator and WN staff provided a presentation of the TCP, including evaluation data and programmatic updates occurring in FY2019/20, to the Monterey County Behavioral Health Commission 10/29/2020. The presentation materials for this are in Addendum C.

In FY2019/20, the total expenditures for the TCP fell below the anticipated budget, as reflected here:

Funding Category	**FY2019/20 Budget**	**FY2019/20 Expenditures**	***Remaining Balance***
MCBH Personnel	$65,046	$33,179	$31,876
Consultant Costs/Contracts	$346,333	$303,806	$42,527

Total	$411,379	$336,985	$74,403

In total, after two years of implementation, the TCP has underutilized $364,200 of the stated budget. Therefore, there remains an outstanding budget of $776,258 in Innovation funds available to be applied towards the TCP in future fiscal years, within the allowable term limits of the Innovation Plan.

Evaluation Data

Demographics

FY2019/20 was the first year in which the TCP served clients. A total of 53 clients were served, with the following demographics:

- Gender:
  - Male: 20 (38%)
  - Female: 33 (62%)
- Age:
  - Range: 20 – 66
  - Mean: 43
- Race:
  - Black/African-American: 4 (8%)
  - White: 19 (35%)
  - Japanese: 1 (2%)
  - Vietnamese: 1 (2%)
  - Samoan: 1 (2%)
  - Filipino: 2 (4%)
  - Other Race: 25 (47%)
- Ethnicity:
  - Hispanic: 29 (55%)
    - Mexican/Mexican-American: 19 (36%)
    - Other Hispanic/Latino: 10 (19%)
  - Not Hispanic: 22 (42%)
  - Unknown: 2 (4%)
- City of Residence:
  - Peninsula/Coastal Region: 14 (26%)
    - Seaside: 6 (11%)
    - Marina: 5 (9%)
    - Monterey: 3 (6%)
  - Salinas Region: 20 (28%)
    - Salinas: 20 (38%)
  - North County Region: 0 (0%)
  - South County Region: 11 (21%)
    - Gonzales: 2 (4%)
    - Greenfield: 5 (9%)
    - King City: 4 (8%)

Outcomes

All 53 clients completed a TNAT upon enrolling in the program. This initial test is considered the pre-test to be used as a baseline for analyzing impact of coaching services received during their participation in the TCP. Unfortunately, due to the sudden disruption to the program caused by the COVID-19 pandemic, only 13 clients completed a second TNAT. These second TNAT results are considered the "post-test" to create the data points from which any change from the "pre-test" can be measured. Nevertheless, MCBH considers a sample size of 13 to be sufficient for gleaning meaningful insights from any trends observed in the data.

The following observations were made as part of the pre-test for the clients served in FY2019/20. When asked if they were missing appointments due to transportation issues, approximately 62% of client replied with "Never" or "Rarely", indicating the majority of them were indeed not having issues with transportation. Conversely, 38% of clients indicated that transportation issues resulted in their missing appointments. This observation runs somewhat contrary to the results observed when clients were asked if they are able to get to appointments on their own, without the help of others. When asked this question, only 20% of clients responded with "Always" or "Most of the time", while approximately 62% responded with "Rarely" and "Never", and 13% responded with "Sometimes". Taken together, the pre-test responses to questions #1 and #2 of the TNAT would indicate that although the majority of clients are not having a significant issue with transportation as a barrier to accessing care, there remains a significant portion (38%) of the group that are experiencing transportation as a barrier to care, and an even larger percentage (75%) are not independent when it comes to accessing care.

Additionally, as part of the TNAT, clients are asked if they can access other non-clinical activities that contribute to their wellness and recovery. For most clients, such activities include attending Social, Errands/Shopping, and Work/Volunteering opportunities, as well as Sports/Leisure and Religious activities and events. Approximately 76% of clients indicated they were frequently unable to access these activities, with 46% noting they are rarely or never able to do so.

The TNAT also asks clients about the transportation methods they are currently using, as well as transportation methods they would prefer to use. The pre-test results (Figure 1) for this question revealed that 50% or more clients rely heavily on walking and being driven by family, friends, and/or a mental health worker, whereas 25% or less of this same group wants to use these methods of transportation. Conversely, using the local bus services (MST, MST Rides, CCAH), taxi and rideshare services, and driving oneself are the transportation methods that clients strongly prefer to use, but feel they are underutilizing or unable to access.

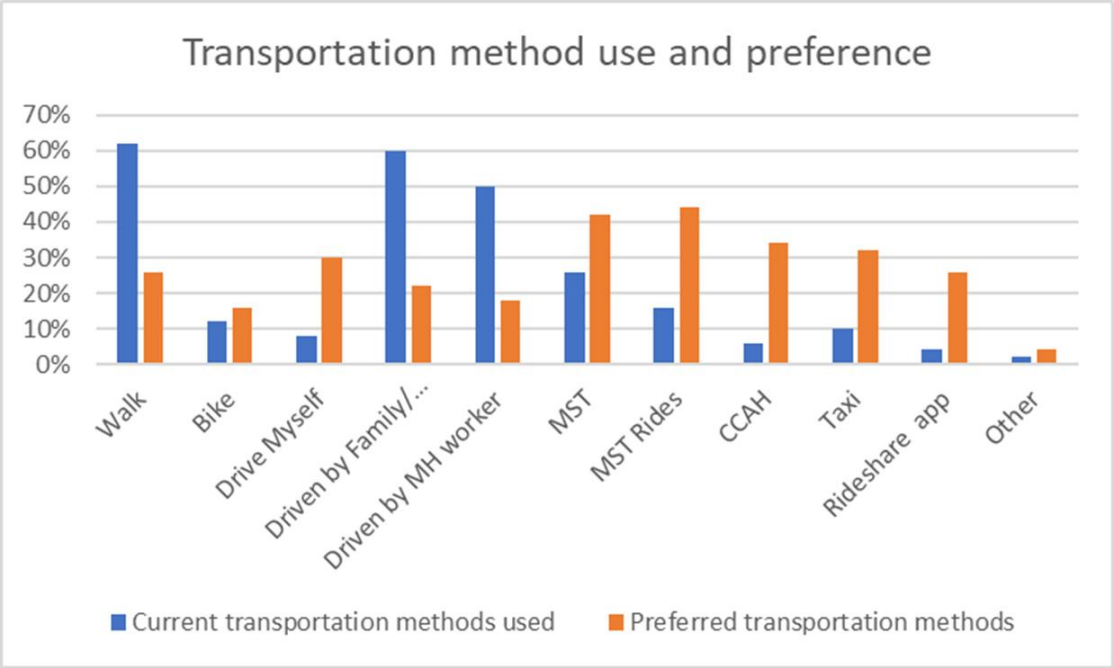


Figure 1

The TNAT also evaluates which transportation barriers clients experience (Figure 2). The pre-test results indicated that understanding public transportation (i.e. bus routes, using buses, etc.), costs for bus and ride fares, and motivation were the top 3 hurdles faced. Physical limitations and safety concerns were also prominent barriers, while mental health symptoms and challenges played a lesser role in preventing their access.

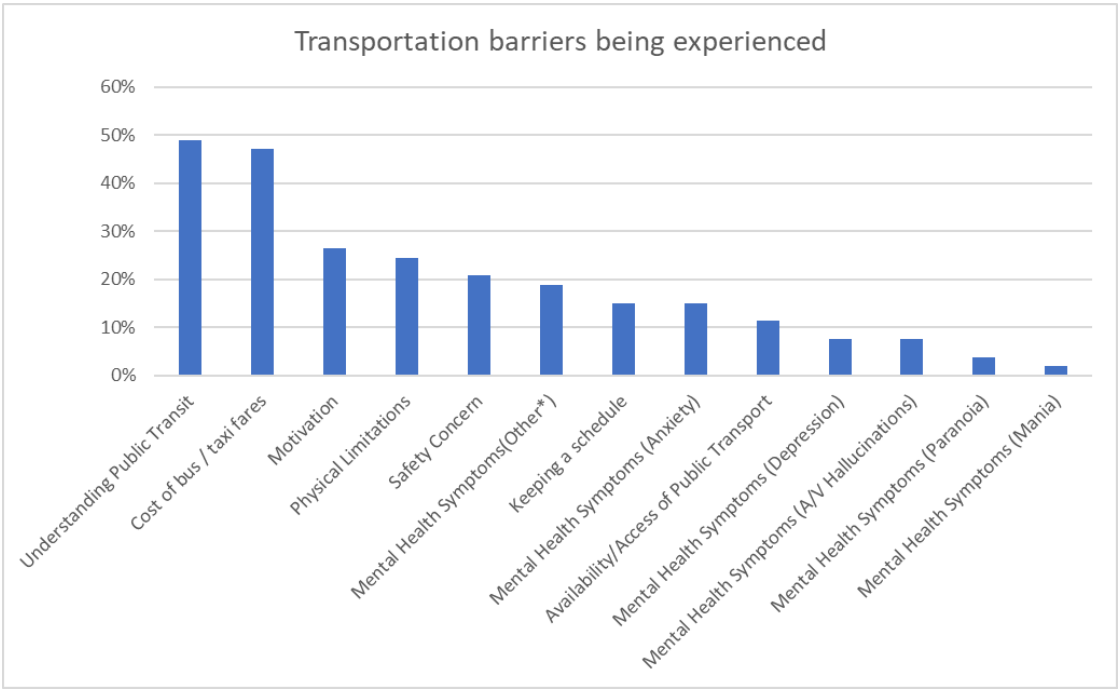


Figure 2

Despite only 13 of 53 clients completing a TNAT post-test, the results show promise that TCP coaching activities provide a benefit to consumers. The average total TNAT 'independence score' improved by 46% for the post-test cohort, meaning strong improvements were experienced by clients in becoming more motivated, independent, and achieving transportation goals. Within this measure, the following impacts were observed:

- 31% of clients improved their attendance on appointments
- 38% of clients improved in their ability to travel to appointments on their own
- 46% of clients reported participating in more wellness and recovery activities
- 77% of clients achieved 1 transportation goal
- 38% of clients achieved 2 transportation goals
- 23% of clients achieved 3 or more transportation goals

Additionally, deeper analysis of the post-test data revealed the 3 most prominent transportation barriers – motivation, understanding the public transit system, and cost of fares – were largely resolved after participation in the TCP program (Figure 3). The barrier of "anxiety" also saw significant improvement. This supports the notion that customized coaching from peers alleviates much stress and confusion that may be preventing clients from accessing their mental health service appointments or other wellness and recovery activities.

Some of the more persistent transportation barriers include a client's ability to maintain/follow a schedule, safety concerns, and physical limitations. Accessibility of public transit stops, particularly in the South County region, is also a frequently noted challenge.

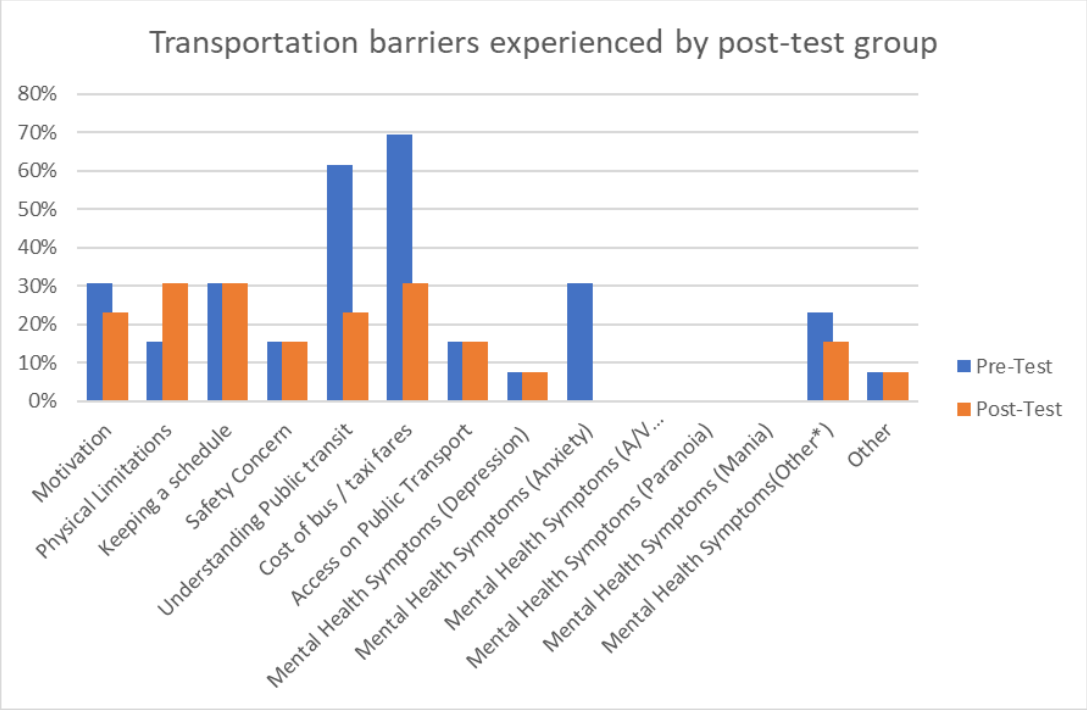


Figure 3

Responding to Learning Goals

As noted in the Innovation Project Overview, the 3 learning goals established in the Innovation Plan for the TCP are:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "step-down" in level of transportation coaching needs).

To date, through FY2019/20, only the first learning goal can be adequately address, even only with partial implementation of the TCP. As evidenced in the above evaluation data, it appears the TNAT and transportation coaching activities do indeed help guide and lead clients to greater levels of independence. This has only been evaluated by the TNAT results. In future fiscal years, both qualitative data (i.e. client progress notes, service codes) and quantitative data (i.e. WN hours) will be evaluated to assess learning goals #2 and #3.

Addendum A: Transportation Needs Assessment Tool

Transportation Needs Assessment Survey

MHSA Innovations Project

*Avatar#:*_____ *Date:* _____

1. How often do you miss your health appointments due to transportation issues?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

2. How often do you get to your appointment on your own, without the help of another person?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

3. How often do you go out for other activities that support your wellness and recovery?
☐ Always ☐ Most of the time ☐ Sometimes ☐ Rarely ☐ Never

3a. Which types of activities would you like to do/attend on your own? *(select all that apply)*
- ☐ Errands/Shopping (grocery store, bank, etc.)
- ☐ Religious
- ☐ School
- ☐ Work/Volunteering
- ☐ Sports/Leisure Activities
- ☐ Social Outings
- ☐ Other (Please specify:_____)

4. How do you currently get around? *(select all that apply)*
- ☐ Walk
- ☐ Bike
- ☐ Drive myself
- ☐ Driven by friend/family
- ☐ Driven by mental healthcare worker
- ☐ MST
- ☐ MST Rides
- ☐ CCAH (Medi-Cal Transportation Benefit)
- ☐ Taxi
- ☐ Rideshare app (Uber, Lyft)
- ☐ Other (Please specify:_____)

5. How would you like to get around? *(select all that apply)*
- ☐ Walk
- ☐ Bike
- ☐ Drive myself
- ☐ Driven by friend/family
- ☐ Driven by mental healthcare worker
- ☐ MST
- ☐ MST Rides
- ☐ CCAH (Medi-Cal Transportation Benefit)
- ☐ Taxi
- ☐ Rideshare app (Uber, Lyft)
- ☐ Other (Please specify:_____)

6. What prevents you from traveling, or makes travel difficult for you? *(select all that apply)*
- ☐ Motivation to get out of the house
- ☐ Physical Limitations
- ☐ Keeping a schedule for myself
- ☐ Safety concerns (Please specify:_____)
- ☐ Understanding public transit system (schedules, routes)
- ☐ Cost of bus and/or taxi fares
- ☐ Availability/Accessibility of public transportation
- ☐ Mental health symptoms (Please specify:_____)
- ☐ Other (Please specify:_____)

7. How comfortable are you using Tele-health services over the phone or internet?
☐ Very Comfortable ☐ Somewhat Comfortable ☐ Not Comfortable ☐ Never used Telehealth ☐ Not Applicable

8. What prevents you from utilizing Tele-health services? *(select all that apply)*
- ☐ Nothing. I use Telehealth services.
- ☐ Not interested in Telehealth services
- ☐ Do not have access to devices to avail Telehealth services
- ☐ Lack of understanding on how to use technology
- ☐ Other (Please specify:_____)

9. Are you aware of low or no-cost rideshare programs? ☐ Yes ☐ No
(If yes, please specify:_____)

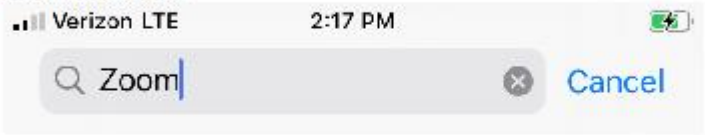
10. Are you interested in using low- or no-cost rideshare programs? ☐ Yes ☐ No

Addendum B: Consumer Guide for Using Zoom

Downloading Zoom from an iPhone

1. **Click on the App store**

2. **Search for the Zoom**



3. **Select Zoom Cloud Meeting**

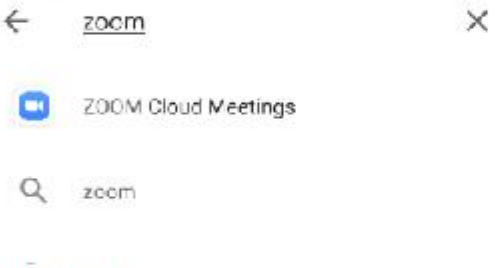
4. **Select "Click"**

5. **Follow steps to create account**

Download Zoom from Android

1. **Go to the Play Store**

2. **Search for Zoom**



3. **Select "Install"**

4. **Follow the steps to create your account**

Addendum C: Project Update PowerPoint for Behavioral Health Commission

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos
Forward Together

Program Report:
MHSA Innovations "Transportation Coaching Project"

Presented to Monterey County Behavioral Health Commission on 10/20/2020
by Wesley Schweikhard, Innovations Coordinator

BEHAVIORAL HEALTH BUREAU
MONTEREY COUNTY HEALTH DEPARTMENT

Mental Health Services Act (MHSA) Innovation Component

- Project plan approved under MHSA Innovations Component
  - Innovation component was created to support "contributions to learning" and:
    - Increase Access to Services
    - Increase Quality of Services
    - Promote Interagency Collaboration

    ...through:
    - Testing a new mental health practice or approach
    - Making a change an existing practice or approach
    - Apply a successful community driven practice or approach from a non-mental health setting in the context of delivering or supporting mental health services

MONTEREY COUNTY BEHAVIORAL HEALTH 2

Project Background

- Transportation Coaching Project (TCP) plan was developed in response to persistent community feedback about transportation challenges being a barrier to receiving care
- Project Plan vetted by stakeholders in FY2017/18
- Project Plan approved for funding in early FY2018/19
  - Contracting for service provider and implementation planning completed through winter/spring 2019
- Clients began receiving services beginning July 1, 2019
  - FY2019/20 is first year with client and service data

Core Elements of Plan

- **Problem**: Transportation challenges are a significant barrier to receiving care
- **Goal**: Increase client independence, access to services and ultimately their recovery by coaching them to overcome challenges related to transportation and accessing care
- **Innovative Element**: Develop a Transportation Needs Assessment Tool (TNAT) to inform transportation coaching activities performed by Wellness Navigators (WN's)

Learning Goals

- Will the transportation coaching by WN's (as informed by the TNAT) increase levels of independence, access to services, and recovery?
- What coaching strategies and tools prove to be effective?
- How much staff time is involved to improve client transportation skills / ability to access services?

Remember: Innovations projects are intended to make contribution to learning!

MONTEREY COUNTY BEHAVIORAL HEALTH 5

Implementation Planning Activities

- Established agreement with Interim, Inc. to hire and train WN's to provide coaching services
- MCBH and Interim collaborated to develop TNAT, coaching tools, and client resource materials
- MCBH develop client database to store TNAT results
- MCBH and Interim defined client referral process to assign clients to WN's, and process to collaborate on case management
- Avatar Electronic Health Record modules were created to record service codes (to set foundation for determining financial sustainability) and log client progress notes (to capture qualitative data)

MONTEREY COUNTY BEHAVIORAL HEALTH 6

Project Workflow

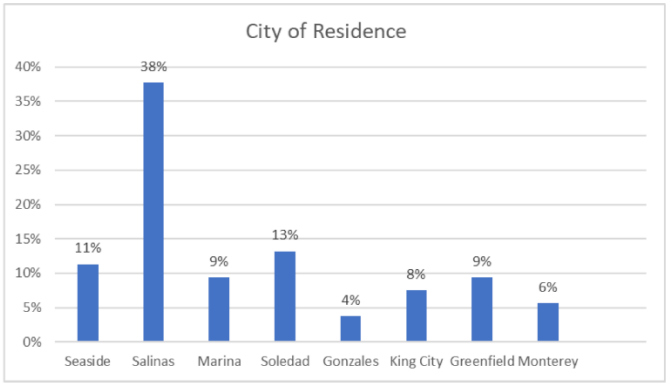
- Four WN's hired and trained by Interim, Inc., and located at each of MCBH's four Access clinics (Marina, Salinas, Soledad, King City)
- MCBH clinical staff refer clients to TCP, coordinate with Interim / WN's in bi-weekly group meetings to review case management
- Upon entering TCP, client completes TNAT "pre-test"
- Client receives TCP services on voluntary basis, as needed
- At end of client participation in TCP, client completes TNAT "post-test"
- MCBH staff collects TCP data from Interim and performs evaluation and reporting activities

FY 2019/20 Demographic Data

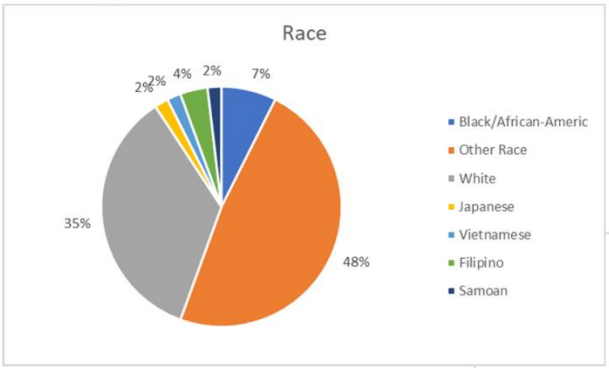
- 53 clients served

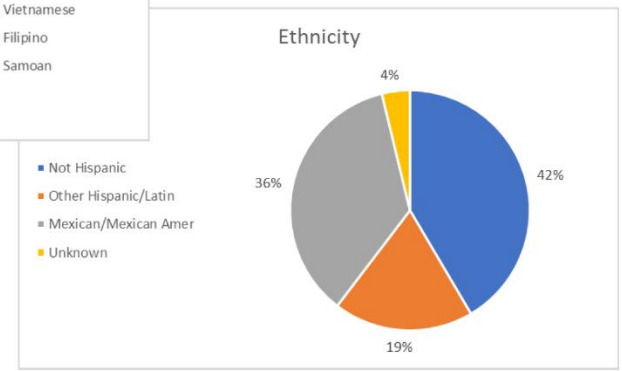
Gender	
Male	38%
Female	62%

Age	
Min	20
Avg	43
Max	66

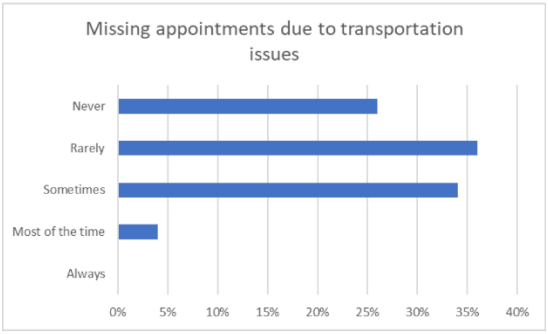


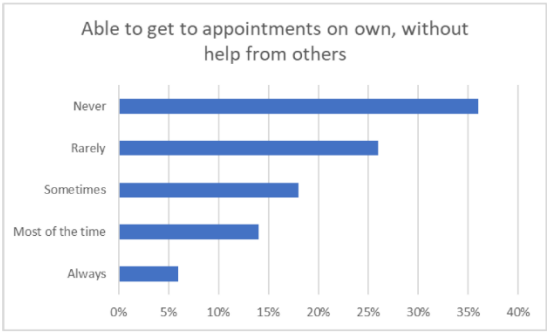
FY 2019/20 Demographic Data



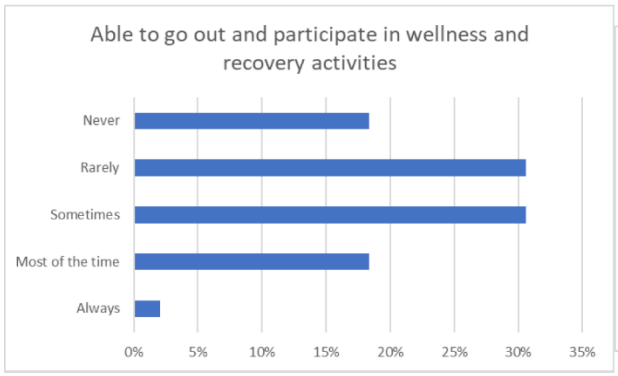


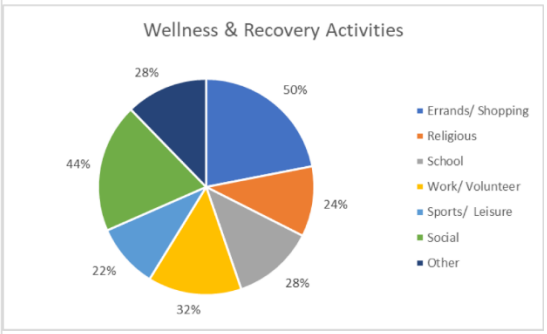
FY 2019/20 TNAT Pre-Test Data



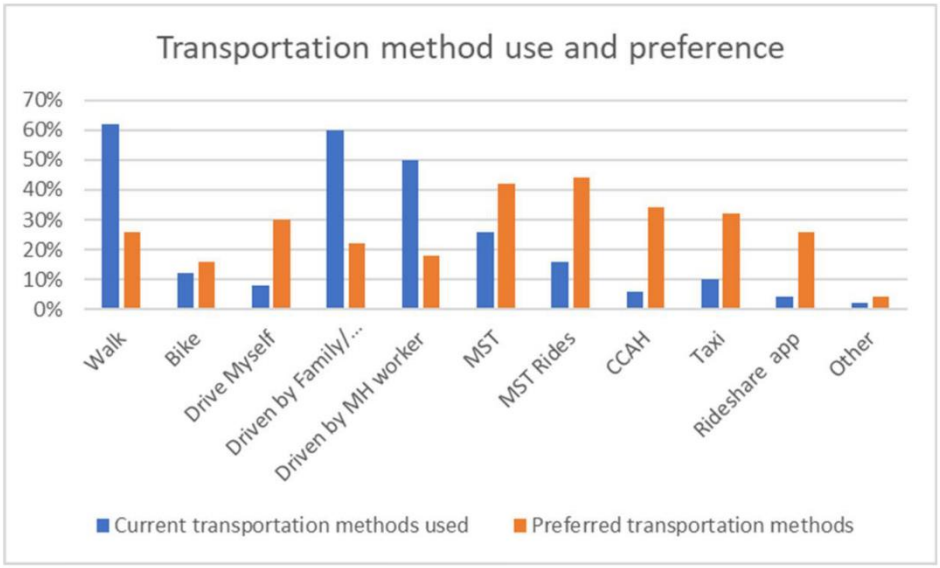


FY 2019/20 TNAT Pre-Test Data

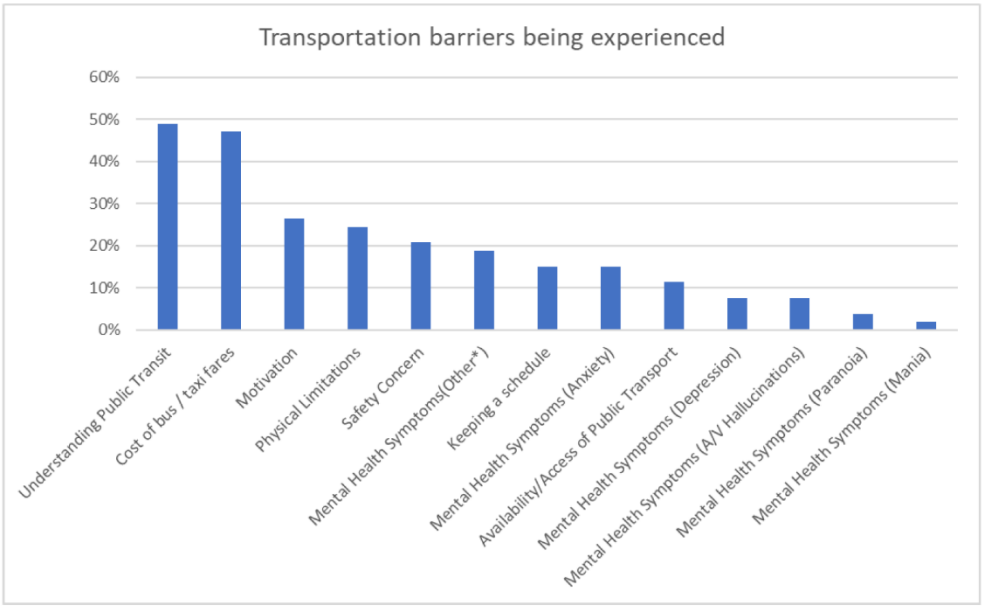




FY 2019/20 TNAT Pre-Test Data



FY 2019/20 TNAT Pre-Test Data

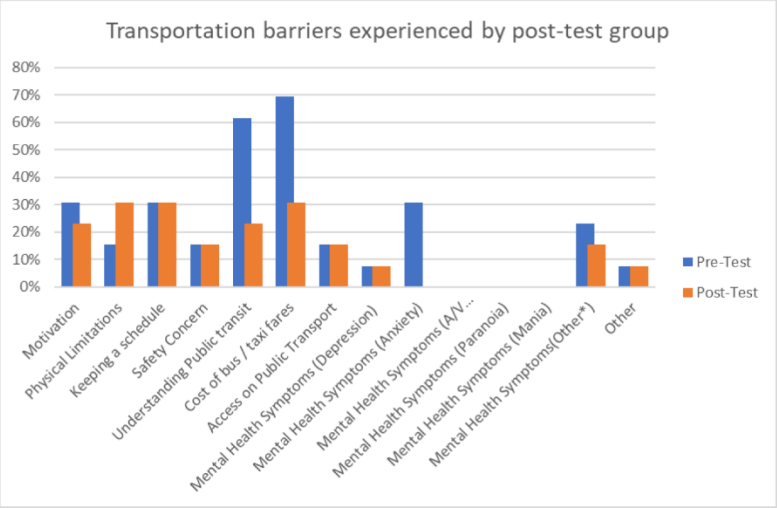


FY 2019/20 TNAT Outcomes/Post-Test Results

- Of 53 participants, 13 post-test results were recorded
  - COVID-19 caused disruption to both TCP implementation and administration of TNAT post-test
- Post-test results show positive trends resulting from TCP!
  - Post-test cohort average score dropped by 46%, which is a positive sign as lower score = more independence and skills
  - 31% of clients improved their attendance on appointments
  - 38% of clients improved in their ability to travel to appointments on their own
  - 46% of clients reported participating in more wellness and recovery activities
- Achieving transportation goals!
  - 77% of clients achieved 1 transportation goal
  - 38% of clients achieved 2 transportation goals
  - 23% of clients achieved 3 or more transportation goals

FY 2019/20 TNAT Outcomes/Post-Test Results

- Overcoming Barriers
  - Improved Motivation
  - Improved understanding of public transit system
  - Less anxiety
- Persistent Challenges
  - Maintaining a schedule
  - Safety concerns
  - Access to transit stops



Guest Speakers

Donna Gonzales – Wellness Navigator, Interim Inc.

&

Tatyana Hardy – Wellness Navigator, Interim Inc

What's Next?

- Adapting to COVID-19
  - Modify TNAT to capture information related to tele-health and socially distanced / shelter-in-place realities
  - Modify and record coaching practices
- Continue project through FY2020/21
  - Evaluation activities must conclude by August 22, 2021
  - Final Evaluation Report sent to MHSOAC, to be shared statewide
- Determine path towards sustainability
  - Project evaluation will include a review of the Avatar service codes used, to determine if/how Medi-Cal may be leveraged in the future to sustain TCP activities

Questions?

Contact:

Wesley Schweikhard, Innovations Coordinator
schweikhardw@co.monterey.ca.us

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

TRAINING DIVISION
1270 Natividad Rd.
Salinas, CA 93906
p: 831.796.1271| f: 831-424-9808

TRAINING SUMMARY
FY 2019-20

Major Accomplishments:

- Shifted trainings from on-site classroom to virtual due to COVID -19
- Expanded training in general, and mental health treatment in particular
- Supported County transition to new Learning Management System "NeoGov Learn"

Trainings Provided:

Topic	Number	CE* Credits
Safety	18	31
Law & Ethics	4	12
Cultural Competence	8	40
Trauma Informed Care	2	6
Treatment	34	95

*Continuing Education

Interns:

Discipline	Number of Students
Bachelor of Arts	1
Master of Arts	14
Medical	3

Goals for FY 2020-21:

1. Improve Culture Competence Training
   - A. Expand pool of trainers to include focus on Latinx and African American client experiences.
   - B. Develop conceptualization model to guide training plan: Humility, Competence, Practice.
2. Maximize Use of Virtual Training Format
   - A. Develop shorter, skills focused treatment trainings.
   - B. Develop series format: shorter courses spread over weeks on same topic.
3. Develop Medical Internship Program
   - A. Increase integration of behavioral health and primary care.
   - B. Implement Physician Assistant Intern Program.
   - C. Enhance Implementation Programming
   - D. Increase Consultation and Coaching Opportunities.
   - E. Start implementation of Dialectical Behavior Therapy.
   - F. Create Supervision Academy

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Appendix VI:
MONTEREY COUNTY MENTAL HEALTH SERVICES ACT FY 2021-22 DRAFT ANNUAL UPDATE

PUBLIC COMMENTS

NOTE: The following comments were received via email:

06/17/2021

To: Behavior Health Commission

Hello,

I am writing to encourage you to increase funding for The Village Project, Inc. It is an amazing organization that offers crucial help to African Americans by providing a variety of programs and strategies that address the unique challenges facing that community.

The historical African American experience in the United States has and continues to be brutalized by the trauma, violence and poverty of systemic racism - all of which greatly impact emotional and mental health. The Village Project understands this and provides a range of culturally competent mental health and supportive services.

They are a trusted and integral part of the community and a needed haven for those in crisis. The backlog of people waiting for their services is heartbreaking.

With increased funding, The Village Project can add more trained personnel and help more of those in our community.

Sincerely,
JT Mason
Whites for Racial Equity
****

06/17/2021

The pandemic has challenged all of us, none more than disadvantaged youth. School, home, and play have been turned upside down. Mental health needs have skyrocketed.

The Village Project does an incredible job supporting these youth and the mental health of those who care for them. You cannot unsee what the pandemic has shown us about the disparities at every level of society.

Please consider supporting The Village Project to the fullest extent so they are able to hire sufficient staff to assist the folks they serve. It is our duty.

Thank you,
Anita Crawley
Economic Opportunity Civil Rights Commissioner & Whites for Racial Equity

06/17/2021

Dear Gentlepersons,

Having only been involved in the work at the Village Project for about 3 years, I have seen such amazing progress in that short period of time.

The Village Project helps so many beautiful families in our county in more ways than you can possibly imagine.

I can think of a young boy whose family is broken into many pieces. When I first met him he was awkward and loud and so very scared and unsure of himself and his life. Now, he is a confident young man riding horses with his Village Project team and taking loving care of the horses with great skill. He will go places in his life and if not for The Village Project I'm not sure that would be the case.

The founders of The Village Project are 2 of the most amazing humans I have ever met. They are so full of love for the families and their community. As time goes by, I see their resources shrinking and I don't understand why...Why are they so under served when the work they do is miraculous. Why do they only have funds for one therapist on a part time basis. This group saves peoples lives and truly makes the world a better place.

Please do what you can to increase their funding. They are the true warriors who deserve all of our support.

And please don't hesitate to call on me if I can add any more information or thoughts to the battle for more funding...

Gratefully,

Joy Jacobs

****

06/18/2021

Dear Monterey County Health Department Decision Makers,

I write in support of additional funding for the Village Project to hire and sustain its therapists. In my decades of teaching and research on behalf of minority majority communities in Monterey County, I learned to appreciate fully the terrible costs of inequality. We do not normally associate these costs with mental health issues but mental health inequality and access to counseling is just as important as rectifying inequality in wealth, housing, representation, education or environent--perhaps more so. The toll that systemic racism has taken on people of color is beyond exhorbitant. We need and must change this pattern of

abuse and provide the funding desperately needed to help people of color in need of mental health services by fully funding incredibly important organizations such as The Village Project that train therapists specifically focused on mental health needs for people of color.

Thank you for your consideration.

Sincerely,
Carol McKibben

****

06/19/2021

Dear Monterey County Behavioral Health Decision Makers:

I have lived in this county for nearly 50 years, raising a family and working as a college teacher and family therapist. For several years, I was the only licensed black therapist on the Monterey Peninsula.

For most of that time, I was painfully aware of the severely limited mental health services available to and utilized by this county's African American community. I was also aware of the stigma attached to the receipt of such services, the racism that impacted some of them, and the ever-increasing need for culturally specific services that could effectively treat the consequences of historical and current trauma experienced by that population.

When financial support for historically unserved and under-served members of our community came into our county and The Village Project, Inc. was formed, I was greatly relieved. There was now an opportunity for therapist interns to be effectively trained in culturally-specific treatment modalities. There was now an opportunity for families who were identified as something other than white and affluent to receive desperately needed and relevant services. There was now the possibility that more of our community's college graduates would be able to find professional jobs that allowed them to continue to live here. Less children would be falling through the cracks in the educational system. And, perhaps most important of all, black, brown, yellow, red, and LGBTQ people with emotional and educational struggles would receive authentic care and self-esteem-increasing respect.

Despite enormous challenges, most of which could have been eliminated with adequate funding, TVPI, that award-winning organization, has been in the business of saving lives (figuratively and literally) and reducing stigma for nearly 13 years. I have been amazed, confused, and **hugely** dismayed that, rather than taking pride in the ability to support such an effective non-profit – funding has been regularly decreased. Why? Given the broken system that negatively impacts most of us, why consistently chip away valuable pieces of something that works?

I don't get it. And, dear decision makers, I pray that you don't either. Please decide to adequately fund TVPI with monies that were designated for its purpose.

Sincerely,
Ann Todd Jealous

****

06/20/2021

Attn: County Behavioral Health

This letter is written to support The Village Project, Inc. in addressing the issue of much needed funding for mental health. It is an obvious fact that African Americans are in grave need for this service as 70% of its 80 client backlog are Black. It would be to an advantage to fund The Village Project adequately as black folks feel comfortable in sharing and healing through this already documented “trusted organization.”

Based on the fact that African Americans/Blacks have experienced historical and current dehumanization with lots of trauma and violence more often than its White counterparts, funding to assist in this matter is essential.

In order to create a better world, we have to have mentally healthy people, and that includes African Americas/Blacks. Please fully fund and resource The Village Projects, Inc. as it deserves to meet its mental health needs.

Sincerely,

Ms. LaVerne McLeod, MAE

****

06/21/2021

TO: Monterey County Behavioral Health Commission
RE: The importance of fully funding **The Village Project Inc.**

Dear Commission Members,

First, thank you for your service to our community. Your efforts to make sure that our citizens receive the varied mental health services they need make a very important contribution to the residents of Monterey County.

I have been familiar with the extraordinarily dedicated service provided by the staff and diverse volunteers of The Village Project Inc. to the underserved and under resourced members of our community since their inception almost 13 years ago.

My wife and partner, Ann Jealous, was a member of the original focus group that led to the creation of TVPI. She was also President of the Board of The Village Project for six years. Since the late 70s, when I was appointed to the Board of Directors of Natividad Medical Center, I have been actively involved in world of nonprofits and community services.

In addition to other activities, I managed volunteer programs in Salinas, started Monterey County's first Alternatives to Violence program and, in 1993, initiated a county-wide program for welcoming diversity and reducing social oppression. For 28 years, I also designed and operated a community-based educational program for men with the intention and consequences of improving community life for men, women, and children. These programs have all continued beyond my retirement. I say all this so you will know that I am familiar with the successes and struggles of the non-profit world and the benefits and challenges of interfacing with the County.

Unfortunately, I am also familiar with the consequences of inadequately funding the services of The Village Project following its initial year. It appears to me that the money set aside for the mental health services the Village Project was founded to provide must have been withheld by the County for other uses.

In volunteering to help with special events at the Village Project and during the years when I had my workspace downstairs from their office, I have seen firsthand the complex and challenging problems underserved and marginalized folks bring to TVPI. Someone who comes in for counseling may in fact also need a broad range of support navigating with schools or other institutions like employers or the courts.

I have seen several children labeled as "retarded" or as having "behavioral problems" who were too traumatized to navigate the classroom be transformed into successful students because of the support of The Village Project. I have seen mothers and children find a new path as the Village Project counseling and social work type support helps them recover from domestic abuse. I watched two children be transformed by the Equine Therapy program that TVPI created.

I have seen parents weep with relief as they witness their children claim their pride in the truth and strengths of their heritage. I have watched The Village Project create resources for distressed and previously incarcerated persons who suddenly show up at their door in numbers. This understaffed and dedicated nonprofit seizes any opportunity to bring resources to the underserved. They are tireless in their commitment to serve the underserved and under-resourced in our community.

Although TVPI was started as an Afrocentric organization with Black leadership, it is further testimony to the breadth of its commitment to see the number of Latinx families who utilize the services of The Village Project. Partly because they are in the center of the community and easy to locate, a diverse group of marginalized folks have come to trust them.

Mr. Mel Mason's clinical training of staff in culturally competent therapy is a model that should be much more widely used in the general world of therapy. Mr. Mason receives awards and complimentary acknowledgement but loses the resources of those whom he has trained so well because of inadequate funding.

Should an award-winning non-profit that is meeting our mandate of serving the underserved and under resourced have to suffer being put through the funding meat grinder every year? To

what end? The Village Project Inc. is a bargain for the County and taxpayers. Imagine what the cost would be if the County had to staff programs and activities to meet these needs. Complete funding of the Village Project would be the best use of Mental Health Services Act money as it goes to direct services.

These are the folks on the ground whom the diverse population of underserved and under resourced citizens have come to trust to be responsive, respectful, and resourceful in assisting them to address their problems. This is where taxpayers' money should be going.

The Village Project Inc has proven its exceptional value year after year. Please fund them fully. If it means fewer managers and supervisors in county offices, so be it. The taxpayers' money should be prioritized for the organizations on the front line of services and the Village Project has proven its effectiveness and excellence at the center of the community.

Sincerely,
Fred Jealous

****

06/21/2021

Below are our comments on the draft MHSA Annual Update. The pandemic has heightened awareness for the need for mental health and wellness support. Given the experience of F5MC and our Funded Partners regarding infant and family early childhood mental health, we would like to work closely with you to seek ways to leverage existing and potential resources to maximize opportunities for children ages 0-5 in our county.

- The Maternal Mental Health Task Force was an emerging theme from listening sessions (page 12), however on page 15, where there were program details about maternal mental health, there was only information about what was not provided in FY 20-21. Below are some potential ideas for expansion for FY 21-22:
    - Allocate MSHA resources to the Task Force. Funding could include staffing to coordinate and intentionally follow up with various projects of the Task Force. Funding could be a contract for a community-based organization or another government agency given that the MHSA plan stated that some services were not provided due to staff shortages. By supporting a CBO or other entity to support the work, there would not be continuing benefit liabilities for staff. There are opportunities, for example, for the Task Force to leverage the great work that's been implemented to date by some of the volunteer members, including seeking additional grants for community training and services, collaborating with partners, such as hospitals, and working for system-level changes to policies and procedures related to maternal mental health services. To date, minimal staffing support has been provided by Bright Beginnings with funding through Bright Beginnings and that could be expanded.

- Under the question "What are the most important mental health issues is Monterey County?" (on page 12) we agree and emphasize the following as they relate to early childhood development. We provide some ideas below that are leverageable with those already being supported by First 5 Monterey County:

- "Timely access to therapeutic services" -- continued support and expansion of Parent-Child Psychotherapy. In the past, F5MC has supported efforts to help expand trained providers in Monterey County.
- "Services for those with eating disorders and developmental issues"
- "Services to address trauma, anxiety and depression" -- with increased emphasis on Culturally Rooted-healing centered engagements designed to access internal resources and build resilience -- e.g. Dr. Shawn Ginwright and Jerry Tello approaches to trauma informed healing practices. The narrative for this section was lovely and could intentionally also mention race as a factor. Recent research clearly shows that race is an indicator of outcomes and is an adverse childhood 'experience.'
- "Access to and coordination of services with primary care providers"
- "Connection" -- provide funding and/or staffing for parent-child playgroups, which follows the Protective Factors Framework in order to intentionally support parents to develop connections with other parents in their community. F5MC also funds technical assistance and offers regular learning groups for providers in the community, which already includes some staff from MC Behavioral Health.

- Under the question "How can we better meet the needs?" (on page 12) We agree and emphasize the following as they relate to early childhood development. We provide some ideas below that are leverageable with those already being supported by First 5 Monterey County:
- "Training for medical providers regarding maternal mental health issues and treatment" F5MC offers and invests in training providers in the County, including medical and mental health professionals, in best practices for working in early childhood through its Infant-Family and Early Childhood Mental Health (IFECMH) training series. This training series follows competencies as defined by the California Center for Infant-Family and Early Childhood Mental Health**.** We are currently exploring opportunities to evolve the series and supporting some efforts to develop a track for maternal mental health. However, more support is needed to expand the reach, intensity, and engagement of the medical community in Monterey County in this training.
- "Information about what services are available" -- F5MC sees opportunities in this area, including potential support of the Help Me Grow model. This approach includes strong collaboration with medical providers, and offers a call center for families of young children to support their concerns or challenges. It also offers robust ways to support the family to access and engage in a variety of services. The call center staff and case managers also keep track of community services in an effort to provide families with updated resources and referrals. There are potentials for coordination with both 2-1-1 and BH's crisis intervention program to support the build out of this model.
- "An integrated service model, incorporating community health workers as part of an interdisciplinary team provider primary care and behavioral health services" -- F5MC has invested in Early Childhood Collaboratives, that connect families to resources by providing child development screenings, parenting information, and services for children from the prenatal stage through age 5 and their families. The Collaboratives also have case managers that help families with referrals and assist with coordination of

services. With additional resources, F5MC could leverage these existing services and explore integration of primary care and behavioral health (where not already being done). The Collaboratives would also play an integral role in supporting families with "information about what services are available" (the bullet above).

In collaboration,
F5MC Staff

****

06/21/2021

As the coordinator of Rainbow Speakers and Friends,
an all volunteer group whose goal is to create a safer
more welcoming world especially for the LGBTQ+ community,
I am urging the full funding of The Village Project that so capably
provides your community with vital mental health services.

Following the example of the Salinas City Council that recently
has reallocated significant police funding to services including
mental health services as a means of uplifting the community
through positive resources, you can promote the health of your
community by fully funding your existing proven valuable resource,
The Village Project.

Be proactive and create a positive normal that will benefit everyone.

Thank you!

Edie Frederick
Rainbow Speakers and Friends coordinator

****

06/21/2021

To the Behavioral Heath Commission:

I have supported and had the pleasure of watching the young people in the after school program grow, play and engage with school mates and staff in healthy and joyful ways which is due to the philosophy and implementation of TVPI's guiding principles.

I believe that TVPI is uniquely qualified to support the aspirations of African Americans and address the dual issues of the pandemic and its impact on communities of color and the increased call for racial justice.

Sincerely,
Richard Moss, community member and long time supporter of The Village Project

p.s. The statement below is taken from “FY 19/20 Data Driven Decisions” or “D3” Report and is a specific description of the importance of TVPI.
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families can access a range of culturally competent mental health and supportive services. The Village Project utilizes licensed clinicians, social workers, counselors, as well as interns who have specific expertise and training in working with African Americans. The Village Project works in collaboration with other community based organizations providing mental health services to ensure that services are culturally competent. Referrals are made through the community, faith based organizations and schools

****

06/22/2021

I am here to encourage as much funding as possible for Interim, a mental health program, here on the Monterey Peninsula. My brother has been in this program since 2004. I brought him here from San Diego because he was about to become a "street person". He was addicted to alcohol and was self-medicating with all kinds of illegal drugs.

During the interviews to get him on SSI, the federal Psychiatrist told him that Interim is the best program in the nation, and in my estimation this is true. This program has saved my brother's life. He is labeled, Paranoid Schizophrenia. Psychosis is the mind dysfunction that prevents a normal/healthy mental health possibility. Intrerim makes sure the appropriate drugs are administered so the brain can function in a way that an individual can become fairly independent. There is an entire program to educate, support, and help direct adults who are lost, into a self-autonomous life. My brother now has his own apartment, has had many art shows across Monterey, and has received awards from the County Fair Art Exhibits. He takes care of his finances, and his apartment is neat and tidy as well as his self-care. These accomplishments are all due to his participation in Interim. Their goals are, "Housing, Healing, Hope", and they more than provide these for the mentally challenged.

Rita Thangaraj

****

06/23/2021

To Whom It May Concern:

I am a retired teacher and anthropologist who has lived in Salinas and Central Coast for almost 40 years. The Village Project has been a trusted organization in our area for years. Its services for both youth and adults include mental health counseling and education in parenting, academics, empowerment, self-esteem, the arts, and more. Its founders and teachers are trusted community leaders and mentors.

Funding for this vital, positive community organization has decreased sharply in recent times, and it is shameful. The Village Project provides critical services to local underserved people.

As the saying goes: “It takes a village”! But it also takes FUNDING! Let’s put our money where it should be to create social and economic justice. Thank you.

Lynn Hamilton
06/23/2021
****
Thank you for providing the opportunity to comment on the plan.
I am highly in support of the proposal to revive and possibly expand the mobile crisis team for adults. It would be helpful to expand these services to have longer hours and to cover a broader geographic area.

The following proposal will not be viable unless there is a statewide fix to the issue of the lack of operating funds to support the costs of residential care homes. I have sat on the State Behavioral Health Planning Council for 20 years and for the last three years we have worked on a project on the closures of residential care homes throughout California. Residential care homes are not rehabilitative in nature but are an important resource for clients who may be unable to live independently without care and supervision. A lot of clients in residential care have substantial physical healthcare issues as well as serious mental illness. The costs of providing adequate care and supervision, as well as room and board far exceed the monthly fee paid through SSI. The report written by the planning Council in 2018, indicated that the fee needed to adequately staff and support this type of service was approximately 3.5 times the current rate. If MCBH engages in this project, the information from the CBHPC should be carefully considered. Recruitment of individuals to run a service that is not financially viable is doomed to failure.

Residential Care Facility Incubator [INN-04] This project will work to incentivize local Latino families to establish residential care facilities in three different regions within Monterey County. The goal of this project is to provide affordable, shared housing for adults with serious mental illness who have experienced homelessness or who are at risk of becoming homeless, who need additional supports for their daily living. These facilities will provide culturally responsive supports for individuals who are mono-lingual Spanish or bi-lingual. Prior to developing the proposal for submission to the MHSOAC, this project will require research to 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. Individuals selected for participation in the project will also be trained to operate and become certified as a residential care facility.

Anti Stigma presentations – I would like to note that Success Over Stigma, operated by Interim through the OMNI Resource Center continued presentations, virtually, throughout the pandemic. There was a note in the plan indicating that the presentations and the work was not continued. I strongly support continued funding for this peer led outreach.

Barbara L. Mitchell, Executive Director, Interim Inc.

06/23/2021

I have seen the essential work that The Village Project has done meeting the mental health needs of African Americans in Monterey County. It is evident that the demand for such services has only grown during the pandemic and trying times.

Please consider fully funding The Village Project in your next budget.

I support them, the community supports them, and the County should, too.

Thank you,
Sharon Miller

****

Dear Monterey County Behavioral Health,

I am a resident of Monterey County (Seaside), life member of the NAACP (membership chair, local branch) and soon-to-be LCSW (passed exam today!) working as faculty/counselor at CSUMB's Personal Growth and Counseling Center. I am also the editor of the Black Folks Calendar newsletter. I am writing to you on behalf of The Village Project, Inc. which in my opinion is the best institution that we have going on in the local Black community. Mel and Regina Mason and their staff are miracle workers who have put their heart and soul into the development of this culturally congruent mental health services. Unfortunately, they are not receiving adequate funding as their caseloads and waiting lists expand. They say an ounce of prevention is worth a pound of cure. Please do everything you can to increase funding for The Village Project, Inc. on the front end or you will surely pay for it on the back end.

Sincerely,

Steven Goings, MSW, ASW

****

Monterey County Behavioral Health Commissioners,

I write to Support an increase in funding for The Village Project, Inc. under the MENTAL HEALTH SERVICES ACT, FY 2020/21 - FY 2022/23, Three-Year Program & Expenditure Plan.

This community-based organization has a proven record of effectively providing high-quality, culturally-informed mental health services to a historically under-represented and marginalized minority group of our community. To under-fund this agency would be a failure to take into account the views voiced by key stakeholder interviewees and survey participants who raised concern about meeting the diverse and urgent needs of African American/Black residents in the county. The African American community is a particularly vulnerable population for mental health conditions due to everyday discrimination, the impact of mass incarceration, higher levels of poverty, and other social stressors that place them at risk for mental health issues.

The agency currently operates with a severely limited staff and budget, while reporting a backlog of 80 clients.

Please consider restoring the former level of funding, almost $800,000 annually, to this trusted and a vital organization.

Sincerely,
Catherine Crockett

End of the Comments Received via Email

Monterey County Health Department
ATTN: MHSA Public Comments
Behavioral Health Administration
1270 Natividad Road, Salinas, CA 93905

June 21, 2021

Dear Monterey County Health Department,

My name is Brushira Diallo, a local business owner, home owner, parent and resident of the Monterey County. Additionally, I represent the Village Project's-Parent Advisory Board. This letter is in response to the MENTAL HEALTH SERVICES ACT ANNUAL UPDATE packet provided by MCHD.

I am writing to advocate for continued MCHD support of **PEI**: Prevention & Early Intervention (**PEI**) services provided by the Village Project of Seaside California. In the prepared budget allocations, I see promise and effort on behalf of the Department. However, I sense that there is a way for us to draw services from our existing stakeholders, namely Village Project of Seaside, California to a greater capacity.

I want to acknowledge that we live in unprecedented times and Covid-19 has impacted everyone's lives and communities, but not equally. It is already established that the frontlines of vulnerability are once more BIPOC communities, especially children and the elderly. The MHSA underlines children, teenagers, and seniors, as the most vulnerable of our society. As COVID-19's impact has shown us, African Americans have suffered greatly this year. Therefore, it is imperative that we not only utilize innovative and culturally congruent intervention services that deal with our existing mental health challenges, particularly within the Black, Indigenous, and People of Color (BIPOC) communities here in Monterey County, but it's critical that we fund and expand these services to reach a greater capacity of BIPOC communities, who are truly in need.

The Village Project needs EQUITABLE and SUSTAINABLE funding to carry out its services, specifically for African Americans who are by far overlooked and marginalized within the entire Monterey County Peninsula. As mentioned in the DRAFT MENTAL HEALTH SERVICES ACT FY 2021-22 ANNUAL UPDATE, the County is not meeting the "unique, urgent and diverse mental health needs of African Americans." The Village Project is the only agency positioned in the community and capable of doing so at this critical time. Also, the report Training Summary mentioned that the Department is looking to build capacity by training staff with an expanded pool of trainers to focus on Latinx and African American client experiences. With expanded funding, The Village Project would be an excellent trainer to meet this goal.

The Monterey County Health Department should therefore collaborate and fully support The Village Project. The partnership would include financing for organization development and building to allow the Village Project to continue working on the County's behalf. The Village Project needs the level of funding that will enable it to meet the ongoing needs of African Americans, who currently make up the bulk of an 80-client waitlist of people who urgently want mental health and PEI services. Unfortunately, staffing levels are not adequate at this time, so they do not have the capacity. Current mental health staffing levels at the Village project is:

POSITION	FULL/PART-TIME	FUNDING	NEEDS
Clinical Director (Filled)	FTE 1.0	unfunded	Funding MCBH
Executive Director (Filled)	FTE 1.0	unfunded	Funding MCBH
Therapist - Part-time (Filled)	FTE .5	unfunded	Funding MCBH to increase to FTE 1.0
Therapist- (Vacant)	FTE 1.0	unfunded	Funding MCBH
Therapist (Vacant)	FTE 1.0	unfunded	Funding MCBH

The current funding that Village Project receives from County Behavioral Health does not pay for the existing therapist. In addition, the Executive Director position is also unfunded solely due to a lack of funding. The above lack of funding is a considerable decline because, in **recent years, the agency had funding for two full-time therapists**. Currently, the actual need is three full-time therapists based on the mental health climate in Monterey County and the demand evidenced by the Village Projects waiting list and weekly call log. With better collaboration and MCHD funding, these positions would help meet the "unique, urgent and diverse mental health needs of African Americans" immediately. So, the call for significantly increased or enhanced funding has to be requested.

Accordingly, I recommend that we divert Capital Facilities & Technological Needs (**CFTN**) funding to fund expanded program funds. For example, Village Project's PEI programs as the community's request for the organization have been overwhelming due to the National impact Covid-19 has had on African Americans. Also, the impact of the national and local civil unrest and protest movements of 2020-2021. These factors have created an absolute vacuum of services in the BIPOC community that the Village Project services. The Mental Health Services Act (MHSA) provides funding that enables counties to grow and develop innovative, integrated children, youth, adults, and older adult programs. The main objective is to change public mental health. The following four topics are the priority considerations in the 10 Community Engagement Sessions, as shown in the MCHD package. Findings from the Community Stakeholder Engagement Process outlined core themes for Priority Consideration:

1. **Deepen and Expand Culturally Responsive, Trauma-informed Staffing, Approaches and Practices**
2. **Expand In-place, Embedded Culturally Responsive Care**
3. **Reduce Stigma via Localized, Culturally Responsive, Tailored Outreach, and Education**
4. **Foster Policy and Systems Change**

As revealed in the community sensing session, the community needs are significant, and the needed supportive services require additional funding. Quite honestly, the Village Project has helped a significant percentage of our population here in Seaside and throughout Monterey County on a barebones minimum budget and through previous philanthropy pre-COVID. However, times have changed and with the surge of mental health crises impacting our communities, regardless of age, it is imperative that the Department consider this request.

By diverting CFTN funding to infuse additional funds in the Village Project –a highly trusted and successful community service provider who specializes in reaching and underserved community members– the Department would be responding to the objectives outlined from community stakeholder engagement and meeting the goals of the MHSA.

Thank you for your time.

Brushira Diallo

Lighthouse Services, Inc – Owner/Director

Village Project Parent Advisory Board Member

(831)224-7722

Friendship Baptist Church

1440 Broadway Ave.
Seaside, CA 93955

Pastor
Rev. Dr. Anthony D. Dunham, I

Deacon Chairman
Dea. Kevin Dreher

Financial Secretary
Sis. Michi Wright

Church: (831) 394-2966
Website: www.friendshipseaside.org
Email: friendshipseaside@gmail.com
Facebook: FriendshipBaptistChurchSeaside
Twitter: @TheShipSeaside

June 18, 2021

Monterey County Behavioral Health Bureau
1270 Natividad Road
Salinas, CA 93905

ATTN: MHSA Annual Expenditure Plan Input

To Whom It May Concern:

As Pastor of this historically African American church where Dr. Martin Luther King, Jr. once preached in 1963, I am writing this letter to respond to some critical sections of appendices attached to the MHSA Annual Expenditure Plan. Specifically, I am referring to sections that extol the virtues and the importance of The Village Project, Inc. to the African American community and its widespread acceptance by our community as a trusted agency that African Americans and other people of color see as essential in providing for their mental health needs. Likewise, the faith community in this county sees The Village Project, Inc. as a mission. It's ability to reach historically underserved people, especially African Americans, is unprecedented. The work of The Village Project, Inc. has done much to eliminate stigma by making the seeking of mental health treatment a positive occurrence in the lives of those who need it.

While the document makes laudatory remarks about this wonderful agency, a source of dismay to this church and the African American community is this County's apparent refusal to provide The Village Project, Inc. with the amount of funding needed to carry out its work. Often teetering on closing its doors because of this predicament, The Village Project, Inc. continues to do what it can to meet at least some of the ongoing and increasing requests for services from the African American as well as other communities of color. It is my desire and the desire of this community that this County provide the necessary funding support to The Village Project, Inc. so that it can meet the ever increasing needs of African Americans, in particular, and the overall community, in general.

On behalf of the congregation of this historic church and in the spirit of Dr. Martin Luther King, Jr., I hope you take to heart the recommendation put forward in this letter to provide support to The Village Project, Inc. so that it can continue its role as a great place of healing in our community.

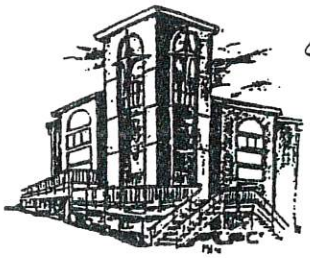
Sincere regards,

Friendship Baptist Church

Anthony D. Dunham, I

Rev. Dr. Anthony D. Dunham, I
Pastor

Philippians 4:4 "Rejoice in the Lord alway: and again I say, Rejoice."



Emmanuel Church of God in Christ
1450 Sonoma Avenue • P.O. Box 388
Seaside, California 93955
831-394-7200

Date: June 19, 2021

To: Monterey County Behavioral Health Decision Makers:

I am the proud Pastor of the Emmanuel Church of God In Christ located in Seaside California, a proximately African American congregation, and the Superintendent of The Monterey District Church Of God In Christ encompassing 6 churches on the Monterey Peninsula. I have lived in this county for over 40 years, raising a family and retiring as a Correctional Administrator, in the California Department of Corrections, supervising the Medical and Mental Health Departments.

As a Pastor and retired Administrator over the Mental Health Department I am aware of the lack of mental health services available to the Africa American Community in Monterey County. More mental health services are available in the prison system than to law abiding citizens in Monterey County that are in the underserved or unserved minority communities. The Village Project is trying to fill that gap and could do more with adequate funding.

In the African American community, the church is an important, stable, safe, and dependable institution, and Religion and Mental Health goes hand in hand in meeting the need of the whole man. Due to lack of funding and the ability to find culturally sensitive clinicians. Pastors are severely limited when refereeing parishioners to trusted clinicians. Into this void on the Monterey Peninsula stepped The Village Project that offers culturally sensitive mental health services without the stigma that often comes with a referral to mental health services. However due to the lack of funding to The Village Project on the part of the Monterey County Health Department that allocates the funding's, it is almost impossible to find a reliable, trusted mental health professionals that religious organizations can refer parishioners to.

The Village Project consistently tries to fill the void, but it cannot handle the number of referrals due to being under funded by The Monterey County Behavioral Health Department from a fund that was specifically designed to serve member of the historically underserved communities, who is served by The Village Project.

I implore you to eliminate the disparities in funding and adequately fund The Village Project from a bill that was specifically designed to fund organizations that serve the unserved, underserved, and non-served citizens in our community in need of Mental Health support. The African American Pastors on the Monterey Peninsula refers numerous people to The Village Project in an effort to meet the Spiritual and Mental Health needs in our community.

Yours in His Service

Eugene B. Jones

Eugene B. Jones, Senior Pastor
Superintendent Monterey District
Emmanuel Church of God in Christ

AFRICAN AMERICAN COMMUNITY RESPONSE
TO MONTEREY COUNTY'S MENTAL HEALTH SERVICES ACT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FISCAL YEARS 2021-2023

WE, THE UNDERSIGNED AFRICAN AMERICANS OF MONTEREY COUNTY AND SUPPORTERS, CALL ON MONTEREY COUNTY TO LIVE UP TO THE MANDATE OF THE 2004 MENTAL HEALTH SERVICES ACT TO END DISPARITIES IN CALIFORNIA'S POPULATIONS OF PEOPLE WHO HAVE BEEN UNSERVED, UNDERSERVED AND/OR INAPPROPRATELY SERVED BY BEHAVIORAL (MENTAL) HEALTH SYSTEMS IN CALIFORNIA. AFRICAN AMERICANS IN THIS COUNTY FIT ALL THREE CATEGORIES. WE CALL ON MONTEREY COUNTY TO ADEQUATELY FUND AND RESOURCE THE ONLY AGENCY THAT CAN MEET THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, THAT AGENCY BEING THE VILLAGE PROJECT, INC. FOR 13 YEARS, THE VILLAGE PROJECT HAS PROVIDED EFFECTIVE SERVICES TO AFRICAN AMERICANS AND OTHERS FAR BEYOND ITS LIMITED CAPACITY. IF THIS COUNTY IS TRULY CONCERNED ABOUT THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, IT WILL SUPPORT THIS AGENCY AND OUR COMMUNITY BY PROVIDING IT WITH THE FUNDING AND RESOURCES IT NEEDS.

NAME	ADDRESS	PHONE/E-MAIL (OPTIONAL)
Mary Jane Vonnegut	72 Corral de Tierra Terr. Salinas	myjvonn83@gmail.com
Sabrina Clement	209 Dunecrest Ave #4, Monterey	clement1230@gmail.com
JERRI DANSBY	574 Jurc Circle, Gonzales CA	Terri.J.dansby@sbcglobal.net
Gail Daniels	500 Pico Blanco #3 Salinas, CA	daniels9220@yahoo.com
Angel Welch	1103 Jackson Ct. Marina, CA	(831) 794-3200
Joan Castello	1250 Allston St Seaside	831 2471907
Susan Welch	POB 4131 Monterey, CA 93942	
Sharon Miller	442 Lighthouse Ave, PG CA 93942	
Carie Broecker	125 4th St. PG. CA 93950	

AFRICAN AMERICAN COMMUNITY RESPONSE TO MONTEREY COUNTY'S MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2021-2023

WE, THE UNDERSIGNED AFRICAN AMERICANS OF MONTEREY COUNTY AND SUPPORTERS, CALL ON MONTEREY COUNTY TO LIVE UP TO THE MANDATE OF THE 2004 MENTAL HEALTH SERVICES ACT TO END DISPARITIES IN CALIFORNIA'S POPULATIONS OF PEOPLE WHO HAVE BEEN UNSERVED, UNDERSERVED AND/OR INAPPROPRATELY SERVED BY BEHAVIORAL (MENTAL) HEALTH SYSTEMS IN CALIFORNIA. AFRICAN AMERICANS IN THIS COUNTY FIT ALL THREE CATEGORIES. WE CALL ON MONTEREY COUNTY TO ADEQUATELY FUND AND RESOURCE THE ONLY AGENCY THAT CAN MEET THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, THAT AGENCY BEING THE VILLAGE PROJECT, INC. FOR 13 YEARS, THE VILLAGE PROJECT HAS PROVIDED EFFECTIVE SERVICES TO AFRICAN AMERICANS AND OTHERS FAR BEYOND ITS LIMITED CAPACITY. IF THIS COUNTY IS TRULY CONCERNED ABOUT THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, IT WILL SUPPORT THIS AGENCY AND OUR COMMUNITY BY PROVIDING IT WITH THE FUNDING AND RESOURCES IT NEEDS.

NAME	ADDRESS	PHONE/E-MAIL (OPTIONAL)
Angela Matthews	1256 Buena Vista Ave P.G., CA	angel_matthews @sbcglobal.net
Nyah Edmaston	3312 Petersburg Ct	(510)504 8843
LaVerne Baker Leyva	2040 Highland Seaside	831 402 0443
Lynne White Dixon	1750 Military Ave Seaside, CA 93955	
Yvonne Bantum	624 Thomas Court, Marina, CA 93933	Ybantum@yahoo.com
Keishaun Goldmas	930 Casanova #45 Ave, CA 93940	kgoldmas@gmail.com
Matthew Christian	431 Rifle Range RD, CA 93944	matth3our @gmail.com
Gretchen Grienier	1829 LINCOLN ST SEASIDE, CA	gngrienier@hotmail.com
Claudia Thomas	1808 Linwood Seaside, CA	cthomas910@aol.com

AFRICAN AMERICAN COMMUNITY RESPONSE TO MONTEREY COUNTY'S MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2021-2023

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NAME	ADDRESS	PHONE/E-MAIL (OPTIONAL)
Emmanuel Dozier	2095 Hacienda St	831-915-3924
Vivian Edwards	3309 Monterey RD	646 427-0777
JASPER DUNN	3331 Bayer Ave #8	831-975-9134
Lydar Tarver	P.O. Box 6011 Monterey, CA 93944	
Latasha Ellis	1280 Palermo Dr. Salinas	831-233-9127
Luke Young	124 cypress grove ct Marina	951-907-5262
Jamie Miller	21 San Juan Dr. Salinas, CA 93901	
Allona Frame	262 Merad st	frameallona@gmail.com
MONIA WILLIAMS	1147 EAGLE DRIVE SALINAS, CA	831-225-4992

AFRICAN AMERICAN COMMUNITY RESPONSE TO MONTEREY COUNTY'S MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2021-2023

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NAME	ADDRESS	PHONE/E-MAIL (OPTIONAL)
Teer Cannaday	1670 Luzern St	831 383-3627
Tyree phillips	1670 Luzern St	831 869-2605
Delana Haynes	1717 Vallejo ST #A	831-236-9001
Rita Harper	2015 Baldwin, Ct	213-8428333
Jeremy Haynes	" "	831-601-2322
Shayna R Hay	800 Cedar Ave #308	831 717 4565
Jay D Robinson	658 Bartlett Court	831-917-5165
Jimmy Welch	Po Box 1424	794 4540
Richard Lyn	114 Parkside St.	831-272-8570

AFRICAN AMERICAN COMMUNITY RESPONSE TO MONTEREY COUNTY'S MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN FISCAL YEARS 2021-2023

WE, THE UNDERSIGNED AFRICAN AMERICANS OF MONTEREY COUNTY AND SUPPORTERS, CALL ON MONTEREY COUNTY TO LIVE UP TO THE MANDATE OF THE 2004 MENTAL HEALTH SERVICES ACT TO END DISPARITIES IN CALIFORNIA'S POPULATIONS OF PEOPLE WHO HAVE BEEN UNSERVED, UNDERSERVED AND/OR INAPPROPRATELY SERVED BY BEHAVIORAL (MENTAL) HEALTH SYSTEMS IN CALIFORNIA. AFRICAN AMERICANS IN THIS COUNTY FIT ALL THREE CATEGORIES. WE CALL ON MONTEREY COUNTY TO ADEQUATELY FUND AND RESOURCE THE ONLY AGENCY THAT CAN MEET THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, THAT AGENCY BEING THE VILLAGE PROJECT, INC. FOR 13 YEARS, THE VILLAGE PROJECT HAS PROVIDED EFFECTIVE SERVICES TO AFRICAN AMERICANS AND OTHERS FAR BEYOND ITS LIMITED CAPACITY. IF THIS COUNTY IS TRULY CONCERNED ABOUT THE MENTAL HEALTH NEEDS OF AFRICAN AMERICANS, IT WILL SUPPORT THIS AGENCY AND OUR COMMUNITY BY PROVIDING IT WITH THE FUNDING AND RESOURCES IT NEEDS.

NAME	ADDRESS	PHONE/E-MAIL (OPTIONAL)
Cyle Anderson	1595 Mescal St.	831-224-6373
Albert Pickens	1762 Luzern St	charmainepickens@sbcglobal.net
Shayla Foster	22 Russell rd #A	(408)835-9295
Mia Stevens	2980 Clark Ct. Marina	702-9010-9549
[illegible]	—	8313833[illegible]
[illegible]		831-512-7652
Derek Brown	183 Monterey rd	831-236-9170
James Baker	PO Box 276	Seaside CA 93955
Latrice Buggs	366 Reservation Rd J4	Marina, CA 93933

BOA ME NA ME MMOA WO

"Help me and Let me help you"

Symbol of corporation and interdependence

THE VILLAGE PROJECT, INC.

1069 Broadway Ave., Suite 201 • P.O. Box 127 • Seaside, CA 93955
Telephone: (831) 392-1500 • Fax: (831) 392-1501
www.thevillageprojectinc.org

June 17, 2021

Monterey County Health Department
ATTN: MHSA Public Comments
Behavioral Health Administration
1270 Natividad Road
Salinas, CA 93905

To Whom It May Concern:

It must be noted that the following passage of the Mental Health Services Act, organizations of color pushed the State of California to adopt a movement called the California Reducing Disparities Project (CRDP). The mission of the CRDP was to achieve mental health equity for the five-priority unserved, underserved and inappropriately served populations in the state, i.e., African Americans, Latinx's, Indigenous peoples, Asian/Pacific Islanders, and members of the LGBTQ+ community.

On page 8 of the Community Needs Assessment appendix, contracted research group EvalCorp states, *"...interviewees discussed the County's difficulties of addressing the diverse and urgent needs of African American/Black residents within the County. Interview data suggests this population would benefit from targeted outreach to foster greater trust in a wider range of service providers."* While we agree with most of this statement, attempting to have Black residents foster greater trust in other service providers is not the answer. The answer is The Village Project, Inc is the go-to service provider that African Americans in this county trust.

The Village Project, Inc., over thirteen years has provided African Americans – **and others - with culturally congruent services who publicly proclaimed how their lives had been changed and even saved by services provided by The Village Project.** This served to greatly reduce the stigma that prevented many African Americans from seeking treatment. For all practical purposes, removed the impediment or barrier to treatment which previously existed for African Americans in our County.

The solution to meeting the mental health needs of our African American community is:

1) Not to persuade African Americans to trust in other service providers, but for the County to more accurately fund and resource The Village Project, Inc. as the service provider African Americans have trusted for the past thirteen years.

2) Due to severe reduction of MHSA funding by the County, The Village Project, Inc. is barely able to retain <u>one</u> therapist working <u>part-time</u> because of on-going reductions of MHSA funds.

We the Board of Directors of The Village Project, Inc., are sending this collective "concerns and comments" regarding the Mental Health Services Act FY 2021-2023 Three-Year Program and Expenditure Plan. After reading the documents, we site our concerns, which centers on the lack of care and focus regarding the mental health needs of African Americans by this County. This is an issue we believe can be easily rectified if the following recommendations and comments are heard, adopted, and implemented.

With great care and regard, on behalf of The Village Project, Inc.
The Village Project, Inc. Board of Directors,

Charles Brown,
Board Chairperson

Reverend Dirrick Williams
Vice Chairperson

Pastor Eugene Jones
Board Secretary

Karyn Johnson
Treasurer

John Johnson
Board Member

Elza Minor
Board Member

THE VILLAGE PROJECT, INC.
PARENTS RESPONSE TO THE MONTEREY COUNTY
MENTAL HEALTH SERVICES ACT
THREE YEAR PROGRAM & EXPENDITURE PLAN
JUNE 18, 2021

We, the undersigned members of The Village Project, Inc.'s Parents Advisory Council, do call upon the Monterey County Health Department and its Behavioral Health Bureau, to make The Village Project, Inc. whole by providing it with the full amount of funding it needs to be able to provide for and meet the mental health needs of African Americans, specifically, and Communities of Color, in general. This document we are responding to makes mention of the need for the county to meet the "diverse mental health needs of African Americans" while also mentioning The Village Project, Inc. as a "place where African Americans can go to be treated by "trusted practitioners who look like them and understand them". If meeting the mental health needs of African Americans is a concern of this county, then we are here to let you know that The Village Project, Inc. is the only agency or organization in this county that can effectively do that. As Parent Supporters of this agency, we can attest to the effectiveness of The Village Project, Inc's. mental health services and strongly urge this county to provide the level of funding and supports necessary for The Village Project, Inc. to meet the increasing needs in our community for its services.

Brushiva Diallo

Zaiva Diallo

Analicia Gomez

Mitchell Baker

Parents' Response
P.2

Stacy Andrews

Monterey County Health Department
ATTN: MHSA Public Comments
Behavioral Health Administration
1270 Natividad Road, Salinas, CA 93905

June 23, 2021
Dear Monterey County Health Department,

I hope this letter finds everyone healthy, safe and well. My name is Katrina Hasan Hamilton and my request is in regard to the MENTAL HEALTH SERVICES ACT ANNUAL UPDATE packet provided by the Monterey County Health Department (MCHD). More specifically, for MCHD to not only continue to support the MCHD PEI: Prevention & Early Intervention (PEI) services provided by the Village Project of Seaside California but to increase the Village Project's funding within their annual budget allocations. This will enable the Village Project, which is a trusted entity within the entire Peninsula for people of African descent to expand their services and provide critical intervention for the community at-large.

As we all know this has been an unprecedented year. Not only has COVID-19 disproportionately impacted communities of color, African-Americans have experienced the dual pandemic of COVID-19 and anti-Black racism, nationwide, statewide and yes, countywide. Right here in Monterey County, Black residents deal with ACES and trauma that is transgenerational, and quite honestly, there are very few providers that are willing to provide services to meet their needs.

Today, I am asking that the Monterey County Health Department provide equitable funding to the the Village project of Seaside as it is the only entity of its kind provides wrap-around services for our children, adolescents, families, individuals and elderly. The Village Project is currently operating with a limited staff, including one part-time therapist. Yet the need is greater than their current capacity. Mr. Mel Mason, has come out of retirement to work with certain clients but this cannot continue. Village project is a

trusted entity within the community.

The Village Project needs EQUITABLE and SUSTAINABLE funding to carry out its services, specifically for African Americans who are by far overlooked and marginalized within the entire Monterey County Peninsula.

Please provide them with funding of at least 2 million or more annually to continue to provide the excellent intervention and services that are needed in our community.

Sincerely,

Katrina Hasan Hamilton
(831) 383-0362

06/23/2021

To: The Monterey County Behavioral Health Board

Thank you for this opportunity to provide comment related to the presentation of the update on your county's Mental Health Services Act plan. We were made aware of this by one of our Board members, Mel Mason. Our organization, the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), has been active in mental health policy and advocacy primarily at the state level since 2007. We do weigh in at the local level when the opportunity presents itself and the matter is urgent. We respectfully recommend that you support The Village Project, Inc. in its service to the African American community and many others in the county.

We hope that you are aware that the Village Project is part of the California Reducing Disparities Project (CRDP), a statewide project funded through state administrative MHSA dollars. The Village Project is well-known and well-respected within the CRDP community and beyond because of the amazing and effective programs it conducts. We were surprised to hear of the long waiting list for their services and disappointed that they do not seem to be prioritized for further MHSA or other funding.

There is no disputing that the COVID-19 pandemic and the racial reckoning after police killings of Black people disproportionally hurt the African American community and other BIPOC communities. We hope this is taken into consideration when funding and program decisions are made and the Village Project will be recognized for the solution to the issues of disparities in Monterey County. Thank you very much.

Stacie Hiramoto, MSW
Director
She/her/hers
Racial & Ethnic Mental Health Disparities Coalition
(916) 705-5018
Shiramoto@remhdco.org

06/24/2021

Dear Monterey County Behavioral Health Decision Makers:

I have been a resident of Monterey County for nearly 60 years, we came to Seaside in the 1960's. I am writing to express my concern regarding the funding status of The Village Project, Inc. (TVPI).

During my professional career of over 30 years and in retirement, I am proud to have served on nonprofit boards for nearly 25 years. As a former board member and vice chairperson for TVPI, I have witnessed the critical services they provide to our community. When they were founded over over 13 years ago it was to address an unmet need.

TVPI has proven to be a "trusted" resource for the African-American community. Their competency and effectiveness is demonstrated by the high demand and waiting list for their critical services.

As a former business executive, I understand the value of effective and efficient delivery of services. The nationally recognized nonprofit rating service, Charity Navigator scores TVPI at 91 of 100 for Finance and Accountability. This rating is not easily achieved, and often not by an organization with limited resources as TVPI. I believe TVPI "does more, with less."

The pandemic exposed disproportionate impacts, and that individual mental health issues may not be known for sometime. As Monterey County, established the Covid 19 Initiative, TVPI was identified as a critical stakeholder for outreach. This acknowledged the "trusted and essential services" TVPI provides to the extended community. These services will be required as the recovery continues.

My sincere request is that TVPI be funded with the resources to ensure that the delivery of critical and essential services are not reduced or delayed.

Sincerely,

Birt Johnson Jr.

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos
Forward Together

Appendix VIII

Monterey County Behavioral Health Commission

Public Hearing to Approve

Draft Mental Health Service Act (MHSA)

FY22 Annual Update

June 24, 2021

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos
Forward Together

Monterey County's MHSA Team:

Jon Drake, Assistant Bureau Chief

Dana Edgull, Prevention Manager

Wesley Schweikhard, Innovation Coordinator

Elba Gonzalez, Accountant III

and

Alica Hendricks, MHSA Coordinator

Introduction

- The Mental Health Service Act (MHSA) is one of several funding sources supporting Monterey County Behavioral Health.
- MHSA programs comprise nearly one-third of the Bureau's total annual expenditures.
- The MHSA requires 3-Year Program & Expenditure Plans and subsequent Annual Updates for the second & third years.
- These documents contain information regarding ***only those*** programs/services funded by the MHSA.
- Monterey County's currently approved 3-Year Plan covers the fiscal years of 2020-21, 2021-22, and 2022-23.
- This Annual Update covers the fiscal year period beginning July 1, 2021 through June 30, 2022.

Annual Update Purpose & Process

The Purpose of MHSA Annual Update is to:

- inform our local community stakeholders and the State of most recent service/evaluation data (FY 2019-20) for MHSA-funded programs
- identify any substantive changes to the current MHSA 3-Year Program & Expenditure Plan for the upcoming FY 2021-22.

The Draft document must be developed with local stakeholder input and feedback.

The process must also include a Public Hearing, conducted by the County Behavioral Health Commission, at the close of a 30-day Public Comment period.

30-Day Public Review Period

- May 25 – June 23, 2021
- Links to Draft (English & Spanish) posted on County website
- Announced to community partners and stakeholders via email and at meetings
- Announced to public via County website, Facebook and Twitter accounts

A total of twenty-one (21) Public Comments were received. These are presented later in this presentation.

The Public Hearing & Final Local Approval Process

Purpose of the Public Hearing

- Behavioral Health Commission conducts a hearing on the draft Annual Update, which includes receiving the following:
  - The Public Comments submitted during the Public Comment period;
  - County staff responses to substantive comments; and,
  - Any additional comments by attendees.
- The Commission then makes recommendations for any revisions to the document prior to the final approval process. A vote is required to forward the document to the County Board of Supervisors for adoption.

Final Approval Process

- Document is finalized, to include the Public Comments and the documentation of the Public Hearing
- Certifications by the County Behavioral Health Director and the County Auditor-Controller are added
- Adoption by County Board of Supervisors
- Submitted to the State within 30 days of BOS adoption

Elements of Our Stakeholder Planning Process for the FY22 Annual Update

Community Needs Assessment

- Community Member Survey: 51 surveys completed
- Provider Survey: 114 surveys completed
- Both sets of respondents identified depression and alcoholism/substance use among their top three priorities. Community members identified chronic stress as their third top concern while trauma was also identified as a top issue by providers. Suicide or thoughts of suicide was the least prioritized issue in both groups.
- Community members identified lack of knowledge/information about services/where to get help, cost of services, and stigma against mental illness or getting help as the top barriers to accessing services.
- Providers' responses nearly were the same, but Providers replaced cost of services with lack of staff, space, or other resources in their top three rated barriers.

Stakeholder Planning Process:

Community Needs Assessment, continued

This year's Community Needs Assessment process included Key Stakeholder Interviews.

Interviewees also identified stigma as a primary contributing factor to poor mental and behavioral health, noting the effects of stigma may bar individuals from seeking therapy or inhibit open participation in therapy.

Additionally, interviewees emphasized financial and other life stressors, health inequities, and lack of healthcare as contributing to mental and behavioral health.

To review the full data, please review the Needs Assessment Report incorporated into Annual Update document as Appendix I.

Stakeholder Planning Process:

Community Listening Sessions

- Five “Listening Sessions” were conducted via ZOOM in December 2020 and January 2021.
- Bi-Lingual PowerPoint and interpretation services were included.
- Three (3) Sessions were conducted in English with simultaneous Spanish interpretation, and two (2) were in Spanish with simultaneous English interpretation.
- Bi-lingual/bi-cultural staff were available to assist participants when needed.
- Sessions in Spanish were conducted at 5:30PM during the week, and one of the English sessions was conducted at 10AM on a Saturday.
- A total of 20 individuals participated in these Sessions.

Community Listening Sessions: Input Received

What are the most important mental health issues in Monterey County?

- Timely access to therapeutic services
- COVID-related stressors (especially isolation) and homelessness
- Services for those with eating disorders and developmental issues
- Services to address trauma, anxiety, depression
- Connecting with seniors due to their challenges using/access to technology
- Youth/young adults in juvenile hall and county jail; they are hard to reach and the pandemic has made this even more difficult
- Access to and coordination of services with primary care providers
- Connection

Input Received, continued

How can we better meet the needs?

- Training for medical providers regarding maternal mental health issues and treatment
- Outreach, especially through social media
- Information about what services are available
- The use of arts with children and youth
- Increased communication, networking and employing more county staff
- More schools engaging with and supporting mental health services for students
- An integrated service model, incorporating community health workers as part of an interdisciplinary team providing primary care and behavioral health services

Changes to the Three-Year Plan for FY22

The following two (2) strategies are proposed to be added to the Community Services & Supports Component:

Children's Mental Health Services [CSS-17]

This strategy addresses a variety of mental health service needs for at risk and high needs children and youth. Services consist of a range of mental health services including mental health case management services and supports (clinic, home, school, and community-based), outpatient treatment services, intensive home-based services, and residential mental health treatment services.

Changes to the Three-Year Plan for FY22, continued

Adult Mental Health Services [CSS-18]

The Adult Mental Health Services strategy provides services for at risk and high needs adults with serious mental illness. Services consist of a wide range of housing supports, case management, as well as individual and group rehabilitation services that address mental health barriers that interfere with the individual's functioning in the community.

Changes to the Three-Year Plan for FY22, continued

The following strategy is proposed to be added to the Workforce Education & Training Component:

Professional Degree Stipends

MCBH encourages community members to seek higher education in the field of mental health. To support students financially, and allow them to better focus on academics, MCBH will provide a stipend to one student per academic year.

Changes to the Three-Year Plan for FY22, continued

There are NO programmatic changes proposed for the:

- Prevention & Early Intervention
- Innovation, and
- Capital Facilities & Technological Needs Components.

FY22 Budget Overview

A thorough review has identified program costs that could have been funded with MHSA funds but were not.

This has resulted in an over-allocation of costs to alternative funding sources which must be corrected.

This annual update identifies already existing program costs that will now be funded with MHSA funds.

Services provided by both MCBH and contracted providers are now funded through MHSA.

Two new CSS programs have been created, offering a comprehensive array of services to the community via MHSA:

CSS-17 Children's Mental Health Services

CSS-18 Adult Mental Health Services

FY22 Budget Overview

All changes were made to the CSS component. Estimated expenditure increase for FY22 is $15.557 million.

Unspent funds from prior Fiscal Years will help augment future MHSA allocations to enable adequate funding for these changes.

This increase in CSS component expenses has limited the ability to transfer funds to the CFTN and WET components. CFTN fund transfers are reduced to $1million per year. No change to the WET transfer, which remains at $1million annually.

Summary of Public Comments & County Staff Response

18 comments in support of increased funding for The Village Project, Inc.
Three (3) of these comments included petitions signed by 68 individuals in support of The Village Project, Inc.

Response: While we recognize the value of the services provided by The Village Project, Inc., and they are one of the many deserving local organizations in Monterey County, there are insufficient resources to fund all the needs in our communities.

Public Comments & County Response, continued

1 comment is in support of as much funding as possible for Interim, Inc.

Response: The Community Services & Supports and Innovation Components of our current MHSA Plan includes funding for several programs provided by Interim, Inc.

Public Comments & County Response, continued

1 comment is in support of increased funding for the Maternal Mental Health Task Force; Bright Beginnings; maternal and early childhood mental health services; specialized training for the medical community; a Call Center for parents of young children; Early Childhood Collaboratives' exploration of integrating with primary care and behavioral health; and resources to seek grant funds for training.

Response: These recommendations have been noted for consideration if we are able to secure additional funds in FY22 and/or beyond.

Public Comments & County Response, continued

1 comment is in support of reviving the County's Mobile Crisis Services for Adults, expanding hours and geographic reach.

Response: Monterey County's Mobile Crisis Team resumed operation on May 10, 2021. If additional funds become available, we can expand these services.

1 Comment refers to the Residential Care Facility Incubator Project, recommending that the County include the CA Behavioral Health Planning Council's 2018 Report on Residential Care Facilities when developing this project.
Response: We appreciate the information regarding this resource.

Public Comments & County Response, continued

1 comment notes an error in the document regarding the Success Over Stigma program, which has continued to provide presentations, virtually, throughout the pandemic.
Response: The final document will be revised to correct this error.

1 comment supports continued funding for this peer led outreach.
Response: The Community Services & Supports Component of our current MHSA Plan includes funding for peer led outreach.

Staff Recommendation

- Approve the draft MHSA FY 2021-22 Annual Update to include the Public Comments, Staff Responses, and the Minutes from this Public Hearing, to be included in the final document; and,
- Forward Final version to the Monterey County Board of Supervisors for adoption, prior to submitting to the State Department of Health Care Services and the Mental Health Services Oversight & Accountability Commission, as required by the MHSA regulations.

Questions?

Thank you!

MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Appendix IX: Monterey County Behavioral Health Commission Meeting Minutes

June 24, 2021

Monterey County Behavioral Health Commission
Draft Meeting Minutes

Mark Lopez, Chairperson
Cathy Gutierrez, Chairperson Elect

Thursday, June 24, 2021 5:30 PM — Teleconference via Zoom
No Physical Location Provided

1. 5:30 P.M. - CALL TO ORDER

The meeting was called to order by Chair M. Lopez at 5:31 P.M.
All attendees appeared via teleconference.

2. ROLL CALL/INTRODUCTIONS

Commissioner attendance verified via roll call.

COMMISSIONERS

Present: Rosa Rivas (arrived at 5:42 before vote for 4/29/21 minutes); Margie Sokotowski (lost connection, during 5/27/21 minutes vote); Mark Lopez; Cathy Gutierrez; Maribel Ferreira; Jesse Herrera; Linda Fosler (departed at 7:11 during Director's Report); Valerie Maturino-Lopez (departed at 6:37 during Commissioner discussion for Agenda Item #7); Chief Gregory Allen; Supv. Christopher Lopez

Absent: Alma McHoney; Aaron Wood

Staff Present: Katy Eckert, MBA, Behavioral Health Bureau Chief; Jon Drake, Behavioral Health Assistant Bureau Chief; Michael Lisman, Deputy Director Behavioral Health, ASOC & Forensic; Melanie Rhodes, Interim Deputy Director Access & SUD Services Behavioral Health Services Manager II-Forensic Services, Mobile Crisis, Specialty Teams; Lindsey O'Leary Quality Improvement Program Manager, Behavioral Health; Alica Hendricks, Management Analyst/Mental Health Services Act (MHSA) Coordinator, Behavioral Health;Wesley Schweikhard, Management Analyst/MHSA Innovations Coordinator, Behavioral Health; Fabricio Chombo, Finance Manager II, Behavioral Health; Stacey Saetta, Deputy County Counsel; Andria Sumpter, Secretary, Behavioral Health; Michelle Carter, Secretary, Behavioral Health.

Announcement of the Interpreter: Spanish Interpreter present and announced Spanish interpretation services.

3. CORRECTIONS TO THE AGENDA

None.

4. PUBLIC COMMENT

Email received from the Monterey County District Attorney's Office (MCDA); Deputy District Attorneys, Jacqueline Jimenez and John F. Hubanks attended the meeting to deliver request to make a presentation on MCDA's Worker's Compensation Fraud Unit.

Email received from Stacie Hiramoto, MSW, Director-Racial & Ethnic Mental Health Disparities Coalition for Agenda Item No. 7

Email received from Birt Johnson Jr., for Agenda Item No. 7

5. ACCEPTANCE OF MINUTES:

It was moved by Commissioner Gutierrez seconded by Supv. C. Lopez to approve the April 29, 2021, meeting minutes. The motion passed by the following vote:

Attendance for April 29, 2021, meeting:

Present: Alma McHoney; Mark Lopez; Cathy Gutierrez; Maribel Ferreira; Aaron Wood; Linda Fosler; Valerie Maturino-Lopez; Supv. Christopher Lopez

Absent: Rosa Rivas; Margie Sokotowski; Jesse Herrera

Roll Call Vote June 24, 2021

AYES:	Chair M. Lopez; Gutierrez; Ferreira; Fosler; Maturino-Lopez Supv. C. Lopez
NOES:	None
ABSENT:	McHoney; Wood
ABSTAIN:	Rivas; Sokotowski; Herrera; Chief Allen

6. ACCEPTANCE OF MINUTES:

It was moved by Supv. C. Lopez and seconded by Commissioner Fosler to continue approval of the May 27, 2021 meeting minutes to a future meeting with correction to minutes to appropriately reflect the ending of the meeting if possible. The motion passed with the following vote:

AYES:	Rivas; Chair M. Lopez; Gutierrez; Ferreira; Herrera; Fosler; Maturino-Lopez Chief Allen; Supv. C. Lopez
NOES:	None
ABSENT:	Sokotowski (lost connection and did not return to the meeting); McHoney; Wood
ABSTAIN:	None

7. ACTION: Public Hearing on the Draft FY 2021-2022 Mental Health Services Act (MHSA) Annual Update

Chair M. Lopez read opening comments

Alica Hendricks, MHSA Coordinator and Jon Drake, Assistant Bureau Chief presented referring to handout (Agenda Item No. 7) provided.

Key points included:

- Addition of slides to PowerPoint to reflect the comments received at the close of the Public Comment period, 6/23/2021 at 5:00 p.m.
- Slides #12 and #13 – *Changes to the Three-Year Plan for FY22 (continued)*: it was emphasized that this area of services treats individuals already identified as having serious emotional disturbance or serious mental illness; it does not address prevention.

Commissioners comments received at the meeting:

- In reference to the PowerPoint slide - *Community Needs Assessment*, which noted a community concern of lack of knowledge in identifying access to services, Comm.Ferreira asked if MCBH is able to specifically track which area of the community

the concern originated from, in order to identify how to respond to that area of the community. She stressed the importance of having this knowledge due to the diversity in community members and resources within the communities throughout the County. Perhaps coding responses geographically/demographically in order to preserve confidentiality could be a solution.

- Alica responded that community members had an option whether or not to identify where they reside when responding to the survey. The intent was to not inhibit individuals from providing a response. Notes are being taken on the responses provided at this hearing to improve the process moving forward.

- In reference to the PowerPoint slide referencing interviews conducted with specific individuals Comm. Herrera stated knowing how those individuals were selected, what are their demographics, who/what do they represent would be helpful. He also noted that communities have challenges speaking up to systems; many times, when they do, they do not get an answer. He expressed that MCBH's responses to the comment letters received on behalf of The Village Project and Interim Inc. were very general, with a feeling of "what does that mean?" A better answer for example would be, if there are no funds, to clearly say, "there are no additional funds at this time," or "we will prioritize these groups and if additional funds/resources come available they'll be the first in line to receive it."
  - Alica responded that some of the information from the key stakeholder interviews is in the Appendix I of the MHSA Annual Update document. MCBH recommended about 20 people, after looking at the diversity of the demographics. Interviewees spoke directly to the consulting firm (Evalcorp), to allow them to speak freely. MCBH staff do not know the origins of the responses given, however a discussion will be had with Evalcorp for solutions on how to capture some identifying information moving forward.
- Comm. Fosler asked how the overallocation occurred, and what is the solution so that it does not happen in the future? She encouraged the appropriate team to find the underlying cause to prevent future reoccurrence.
  - Jon responded that there is no clear answer to how it occurred. The MCBH Finance team conducted an audit at the programmatic level and during that process it was determined there were too many programs being funded by alternative sources to the point that all realignment funds were exhausted. If things had been allowed to continue, $15 millon in services would have been cut. The programs identified in the PowerPoint were able to be funded either by realignment or MHSA.
- Comm. Rivas commented on the petitions received during the 30-day public comment period in support of The Village Project. She asked if they came from a certain area/the community where the organization is located, or from across a broader area? She also stressed the importance of knowing the demographics behind the responses received. She also asked if any comments were received via social media?
  In reference to the PowerPoint slide #11 – *Input Received, continued (How can we better meet the needs>)*, she highlighted the first bullet point regarding training for maternal mental health, speaking as a family member how can we have better met needs for families with trainings and information they can understand.
  - Alica responded that the petitions were signed and attached to letters received from two local churches in Seaside, CA and based on the addresses provided most individuals reside in Seaside. Comment submittal was advertised to be received

via the following options: via email (MHSAPublicComment@co.monterey.ca.us); U.S. mail, or drop-off to the MCBH office at the Health Department.
Training continues to be on MCBH's radar. National Alliance for the Mentally Ill (NAMI) continues to receive funding through MHSA to provide these types of trainings, in addition to other groups offering trainings as part of their agreement with MCBH.

- Comm. Ferreira followed up on Comm. Rivas comments regarding slide #11 (how to meet community needs) stating that in previous community meetings for a prior year, discussion was had to use Spanish radio to reach the Spanish speaking community as being a very effective means. She asked for clarification if Spanish radio was included within social media outreach? Both Spanish radio/tv are effective means of communicating with the (especially elderly) Spanish speaking community, in addition to helping to reduce the stigma.
    - Alica responded she would take a closer look in the findings. There is a Micro Innovation project currently in place (with a community member) that is developing Public Service Announcements (PSA's) in Spanish, for Spanish radio in collaboration with MCBH.
    - Wes added that there was previously a micro innovation project with a series of radio programs (Radio Bilingue). He will also make sure that the current project lead to include future community planning events in the PSA's.

<u>Public comments received at the meeting:</u>

- Kontrena McPheter stated a correction needed to be made under Stigma and Discrimination Reduction [PEI-04] which currently reads, "Community presentations and trainings specifically on stigma and discrimination were not provided in FY21. The correction should reflect that she has conducted multiple presentations in 2021; this included presenting during Monterey County Behavioral Health (MCBH) trainings. She can provide the data if needed.
    - Alica Hendricks noted this error is addressed on Slide #22 of the Power Point presentation.
- Birt Johnson read his emailed letter (referenced in Agenda Item No. 4 - Public Comment) in support of The Village Project Inc (TVPI) requesting they be funded with the resources to ensure that the delivery of critical and essential services are not reduced or delayed.
- Katrina Hasan-Hamilton stated her public comment had been received, in addition, she had one comment and a question. She agreed that demographics are critical when looking at TVPI and being able to serve the needs of African Americans within the County, which is currently lacking; TVPI is able to sustain that need. She currently resides in San Diego, but previously lived in Monterey County for five years and witnessed their services as a school counselor and parent of an African American child, providing after-school/Saturday programs, being another resource when students did not respond to the Social Workers/Psychologists.
  She asked in regard to additional funding requested; is the work of TVPI be acknowledged, but stating there are no additional resources/funding to give TVPI?
    - Jon responded that the changes proposed in the Annual Update does not increase or decrease funding for any of MCBH's contracted providers. There may be modifications made to the funding stream by which it is funded.
- Mel Mason, Executive and Clinical Director, Therapist and Co-Founder of TVPI. He explained the impact of the MHSA expenditure plan on TVPI. There is currently on a ½-time therapist on staff and expressed his frustration of understaffing among other

challenges the TVPI has faced due to underfunding. There are currently 84 people on a waitlist to receive services from TVPI that are unable to and have been referred to other services by TVPI, however, they choose to wait to receive their services from TVPI. He referenced Evalcorp's documentation of the urgent needs for services in the African American communities, in multiple places within the Annual Update and stated Evalcorp should have then written, the solution to solving this issue to fully fund TVPI; instead Evalcorp stated the County should decide to have the African American community members to seek out other service providers and did not mention TVPI at all.

- Andria read into record the email received from Stacie Hiramoto, MSW, Director-Racial & Ethnic Mental Health Disparities Coalition (referenced in Agenda Item No. 4 - Public Comment)

It was moved by Commissioner Ferriera seconded by Chief Allen, to approve the Draft FY 2021-2022 MHSA Annual Update, to include the Public Comments, Staff Responses, and the Minutes from the Public Hearing, to be included in the final document, and for forward final version to the Monterey County Board of Supervisors for adoption, prior to submitting to the State Department of Health Care Services and the Mental Health Services Oversight & Accountability Commission, as required by the MHSA regulations. The motion passed by the following vote:

AYES:	Rivas; Chair M. Lopez; Gutierrez; Ferreira; Fosler; Chief Allen; Supv. C. Lopez
NOES:	Herrera
ABSENT:	Sokotowski; McHoney; Wood; Maturino-Lopez
ABSTAIN:	None

<u>Commissioners' further discussion of Draft FY 2021-2022 MHSA Annual Update vote</u>

- Comm. Herrera proposed an amendment to the motion made by Commissioner Ferriera to work with The Village Project (TVPI) to find additional resources to support their agency to address the community's concerns. He stated the response provided in the Annual Update, as stated, was very clear.
- Comm. Ferriera suggested this be a topic for a future meeting. She acknowledged the positive contribution TVPI has been making within the community and stated that there are other organizations that also need additional funding but did get advocacy for this hearing. She noted that TVPI is a non-profit and offered to meet with Mr. Mason offline; and suggested the organization meet with their Board membership to secure future funding. She stated it is not the obligation of the County to solely fund a non-profit; recognizing that fundraising, seeking grants and other funds is a significant challenge for non-profits. With respect to Comm. Herrera's amendment and Mr. Mason's comments and TVPI, she stated as a Commission, in regard to the Annual Update it is not the forum to advocate for this organization to receive more funds via the MHSA.
- Chief Allen was in support with Comm. Herrera's comments, the amendment and to closely looking at providing more support to TVPI. He has witnessed the phenomenal work TVPI does for the African American community in addition to other communities of color.
- Chair M. Lopez was in agreement to hear Comm. Herrera's amendment to a future date.

- Comm. Fosler agreed with Comm. Herrera's suggestion and should be studied and discussed further in addition to being able to research and get familiar with the organization. She is in agreement with a discussion at a future date.
- Comm. Ferreria also noted not everyone on the Commission is equally familiar with the organization and would be good to have transparency, not intended to audit or look at finances. She suggested having on an agenda, a presentation by TVPI to include their mission, services, demographic information, etc. along with information from MCBH. Then the Commission can have a discussion on how it may take measures, through MCBH/MHSA funds, to vote on additional funding.
- Comm. Herrera agreed with Comm. Ferreira and acknowledged that MCBH works hard to monitor all of its contracts. He stated he would like information on what the TVPI and MCBH are doing for the African American community.

It was moved by Commissioner Herrera seconded by Chief Allen to agendize a presentation by The Village Project Inc. with information from MCBH to provide organizational information with the intent to look into additional funding for their organization. The motion did not pass by the following vote:

AYES:	Gutierrez; Herrera; Chief Allen
NOES:	Rivas Chair M. Lopez; Ferreira; Fosler; Supv. C. Lopez
ABSENT:	Sokotowski; McHoney; Wood; Maturino-Lopez
ABSTAIN:	None

8. **INFORMATION:** Receive a report from the Behavioral Health Director: The Director shall report on multiple items, including the update on Natividad Mental Health Unit Changes. Katy Eckert presented referring to the handouts (Agenda Item 8) provided.

Key points included:

- Under the heading: *Welcome to New Psychiatrist at Natividad*, MCBH has been working closely with Vituity and Natividad to orchestrate a seamless a smooth as possible transition. The focus has been on the best interests of our community.

9. **INFORMATION:** Receive a Report from a Member of the Board of Supervisors
Chris Lopez shared the following announcements:

- The Board of Supervisors approved the budget for the year on Tuesday ($1.7 billion). There is still potential funding to come from the Federal and State government.
  - It allowed for the reopening of county parks to the public (San Lorenzo, Toro) without an entrance fee.
  - It provided support for Early Childhood Education and Behavioral Health via the Health Department
  - The community in San Lucas will have new streets and its first ever sidewalks installed next month!
- On July 16th the District 3 Supervisor's office will have its grand opening in Greenfield (flyers to come); it will be a full-time office.
- As California reopens, the tier-system we've become accustomed to is largely gone. Please continue to be vigilant and take care of ourselves and neighbors.
  - The increase in visitors to the area has been great for the economy rebound.

- The California State Association of Counties and Rural Representative of California, two big lobbying groups that represent counties at the State level will hold their conferences in Monterey this fall.

10. INFORMATION: Receive the Commissioners' Reports/Updates

- Comm. Rivas shared an observation with employees returning back to work; families with insurance not being able to pays for mental health services; fear of losing their jobs and mentioning mental health issues as a result of the COVID-19 Pandemic. Many families may not be aware of their rights and would like to see more information about this in announcements/radio. She also shared that Soledad opened their Community Center.
- Comm. M. Lopez reminded everyone that while there's been a reduction in the face mask requirement, COVID-19 has not disappeared. Some states still have very low vaccination rates.
- Comm. Gutierrez suggested to Comm. Rivas, is the MCBH Patient's Right Advocate might be able to provide support/information to the families. She spoke with Phil Sherwood at the South County clinics and there's been positive changes related to Prop 47 which will bring some growth for services. They've also had some staffing changes, CSUMB received a grant from HRSA which will allow for stipend for interns working in South County in the fall.
- Comm. Ferreira is excited to see the community reopening and the economy growing but has some hesitation; within some of the public service agencies of the County, there is a good number of people unvaccinated. She shared information from an article about the first fully vaccinated person who contracted and died from COVID-19 (possibly in CA). She commended MCBH for being creative/innovative in delivering services over the past year and is looking forward to getting back to in-person services, especially for clients within the justice system needing mental health services.
- Comm. Herrera shared that the HRSA grant is a multi-year grant supporting MSW students working in South County. Dr. Gurrola at CSUMB is organizing at meeting to develop a plan on implanting it. CSUMB's MSW program has graduated over 300 students, many who are working in the area; there are over 100 students currently in a 2/3-year program. About 70% of students are Latino, 7% African American, 14% Caucasian and a small percentage Asian-Pacific Islander. The Commission's early support in getting this program started was greatly influential.
- Chief Allen expressed his gratitude to serve on the commission and gain from the knowledge of fellow commissioners in addition to learning how law enforcement can work together with mental health services. He extended an open invitation to his Greenfield office.
- Supv. C. Lopez shared that court services will return to South County; after an 8-year hiatus the King City courthouse will resume services; it has been remodeled. Unfortunately, Greenfield will not be getting a new courthouse.
  He also asked for referrals for the Redistricting Commission is looking for members and the 3rd District still has vacancies. The commission helps to create the supervisorial districts.

  Chair M. Lopez reminded the group, there will be no meeting held in July.

ADJOURN

The meeting was adjourned at 7:39 p.m.