



Vision

To enhance the social, emotional, and spiritual well-being of the residents of Monterey County in their communities

Guiding Principles for System of Care Transformation in Monterey County.

Family & Consumer Driven

Accessible & Timely Services

Wellness & Recovery

Culturally & Linguistically Competent

Strength & Resiliency

Integrated & Coordinated Services

Visión

Mejorar el bienestar social, emocional y espiritual de los residentes del Condado de Monterey en sus comunidades

Principios que Guían la Transformación del Sistema de Cuidado en el Condado de Monterey

Dirigida por los Jóvenes, las Familias y los Consumidores

Servicios Accesibles y Puntuales

Bienestar y Recuperación

Servicios Cultural y Lingüísticamente competentes

Fortaleza y Resiliencia

Servicios Integrados y Coordinados

MONTEREY COUNTY MENTAL HEALTH SERVICES ACT FY 2013-14 ANNUAL UPDATE FINAL



The Mental Health Services Act (MHSA) Ley de Servicios de Salud Mental: De Un Vistazo

Monterey County Health Department, Behavioral Health Division

www.mtyhd.org

**MONTEREY COUNTY
MENTAL HEALTH SERVICES ACT (MHSA)
FY 2013-14 ANNUAL UPDATE**

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MONTEREY COUNTY



DEPARTMENT OF HEALTH Ray Bullick, Director

ANIMAL SERVICES
BEHAVIORAL HEALTH
CLINIC SERVICES

EMERGENCY MEDICAL SERVICES
ENVIRONMENTAL HEALTH

PUBLIC HEALTH
PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN

July 31, 2014

Dear Commissioners and Stakeholders:

The Mental Health Services Act (MHSA) passed in 2004, has provided millions of dollars in new funding to Monterey County and the State of California. Due to the MHSA, Monterey County has enhanced existing services, started new programs, built supportive housing, opened new clinics, integrated behavioral health and health services, implemented a new electronic health record, increased meaningful participation by consumers and family members, and initiated unique prevention and early intervention activities.

In the process of these enhancements and expansions we attempted to maximize MHSA dollars by leveraging them with Federal, State, and other sources. We developed financial practices that allowed us to blend, braid, and pool these diverse funding streams. The results can be seen in the over twenty five percent increase in numbers of clients served, new partnerships with underserved populations, and more communities involved in behavioral health services. Unfortunately this growth has taken a toll on our ability to track and identify these disparate funding sources, such that when creating our FY 13/14 plan we had a difficult time reconciling what strand of funding came from what source.

The good news is that we now have substantially solved the financial sourcing problem, the level of funding from all sources continues to increase, the ability to consider new projects remains with us, and the ability to track the different funding sources is continuing to be refined. Enclosed you will find the fiscal year 2013/2014 MHSA plan which emphasizes our efforts to enhance mental health services, include consumers and family members, and reach out to underserved populations.

Again, thank you for your consideration and review of the FY 13/14 MHSA plan for Monterey County.

Sincerely yours,


Wayne Clark, Ph.D.
Behavioral Health Bureau Chief

Wayne Clark, Ph.D., Behavioral Health Bureau Chief
1270 Natividad Road, Salinas CA 93906 (831) 755-4509

Executive Summary

Since the passage of Proposition 63, also known as “the Mental Health Services Act or “MHSA”, each year Monterey County develops an “Annual Update” which consists of a services plan and budget for the MHSA funds received from the State. The amount of funds allocated annually and the amount expended are not always equal, due to the accumulation of previous years’ underspending. For instance, in Fiscal Year (FY) 2013-2014, Monterey County received approximately \$16 million while we budgeted to spend \$19,722,574. This ability to recoup underspending and apply it to current and future years’ funding allows us to smooth out the services so that they are not negatively impacted by the ups and downs of the millionaires’ tax funding source. In this brief summary, we present highlights of some of the programs funded, an outline of the service areas funded, and the totals within each service area.

As many of you are aware, the MHSA is now divided into three categories: Community Supports and Services (CSS); Prevention and Early intervention (PEI), and Innovation (INN). For FY 2013-14, Monterey County had unspent funds to apply to one the original categories of MHSA, i.e. Workforce Education and Training. This is reflected in the budget and plan. Within each category, there are program descriptions and specific budgets for each which are included in the plan and budget. In the summary here we are providing an overview of the programs and service areas; detailed program descriptions and budgets are included later in this document.

In the **CSS** category, we budgeted \$15,372,251. Within this category are four service areas as follows: Children and Youth (C&Y); Transition Age Youth (TAY); Adults; and Older Adults. The services in C&Y cover services such as Family Preservation, Family Reunification, juvenile Mental Health Court, co-occurring disorders treatment, Adoption Preservation, Early Childhood, Access to Treatment and others. Services for Transition Age Youth (TAY) include the Avanza Program and a supportive housing program provided by Peacock Acres. The CSS Adult program includes services which improve Access to Treatment, provide integrated care for co-occurring disorders, supportive housing programs such as Lupine and Sunflower Gardens, the adult Mental Health Court, and supportive employment counseling. CSS programs for Older Adults include integrated care and the Drake House, a residential care facility. These programs and services have been woven into the fabric of our treatment system for serving the seriously mentally ill adults and the seriously emotionally disturbed children of Monterey County.

In the **PEI** category, we budgeted \$3,654,232. Within this category there are four service areas for the following populations of focus: Under/Unserved Cultural Populations; Trauma Exposed Individuals; Youth in Stressed families; and Youth at risk of Juvenile Justice Involvement. Services in this category are extensive and although far from complete, at least on track to reach out and prevent mental health disorders. In the Underserved area, Depression/Anxiety screening, early childhood interventions, Mental Health screening for children 5-8, programs specifically addressing the African American community (the Village Project); Promotores programs to reach the Latino community, LGBT outreach and counseling, school based counseling, peer to peer support, family support groups, an Adult Wellness Center (OMNI), senior peer counseling, senior companion program, the 2-1-1 line, and efforts to get the word out through social marketing are included. In the Trauma Exposed area, the Critical Incident Debriefing team, the Child Advocacy program, domestic violence early intervention program, and the suicide prevention program are included. Youth in Stressed Families consists of services provided by the Kinship Center that support adoptive families and other caregivers. The final service area includes our work with the Juvenile Justice system and those at-risk for entering that system, i.e. the Youth Diversion program and Silver Star Resource Center.

The last MHSA category is **Innovations or INN**, budgeted at a total of \$476,332 for FY 2013-14. The INN programs include the Positive Behavioral Intervention Supports (PBIS) which we are implementing in additional school districts as feasible; the unique multi-disciplinary treatment program for Juvenile Sex Offenders; the alternative healing and therapeutics program; and the TAY housing program, which was expanded to serve adults as well as TAY, and is a collaboration with Interim, Inc. and Community Housing Improvement Systems & Planning, Inc., also known as “CHISPA.”

As mentioned previously, the FY 2013-14 budget also reflects spending \$148,601 for **Workforce Education and Training**, specifically for staff development efforts and to support the California State University Monterey Bay Master in Social Work program.

COUNTY OF MONTEREY

MENTAL HEALTH SERVICES ACT FY 2013-14 ANNUAL UPDATE

Introduction and Overview

PURPOSE OF THE ANNUAL UPDATE

Counties are required to submit an “Annual Update” consistent with guidelines as set forth by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission to remain in compliance with the Mental Health Services Act (MHSA) regulations. A draft of the document is prepared and posted/disseminated for public review and comment for the required minimum 30 day period. Subsequent to the public review and comment period, the County Mental Health Commission conducts a public hearing to review the comments received as well as receive additional comments regarding the Annual Update from Commission members and other attendees at the public hearing. The Annual Update is then produced in final form, submitted to the County Board of Supervisors for adoption, and then forwarded on to the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.

OVERVIEW OF THE MHSA IN MONTEREY COUNTY

Monterey County was among the first counties in California to achieve state approval of all five components of the Mental Health Services Act: Community Services and Supports (CSS); Prevention & Early Intervention (PEI); Workforce Education and Training (WET); Capital Facilities and Technological Needs (CFTN) and Innovation (INN).

Monterey County also has three approved CSS Housing Projects: “Sunflower Gardens”, a project implemented in collaboration with Interim, Inc., a local community-based organization serving adults with psychiatric diagnoses which is located in Salinas; Wesley Oaks, also located in Salinas, a 4-bedroom shared housing project implemented in collaboration with the Community Housing Investment Systems and Planning Association (CHISPA), a non-profit organization with extensive experience in developing and operating affordable housing in Monterey County; and “Rockrose Gardens”, located in Marina and implemented in collaboration with Interim, Inc.

Monterey County’s Capital Facilities and Technological Needs Component (CF&TN) Plan received approval by the State Department of Mental Health on July 21, 2008. Monterey was the second County in California to obtain approval of this component of the MHSA. The CF&TN Plan consisted of the acquisition of an integrated health clinic and an electronic medical record system. To implement the new clinic, the County obtained a land grant from the federal Health & Human Services Administration that transferred the ownership of a facility located on the former Fort Ord Army base previously providing day care for homeless children in Monterey County. Extensive renovations were conducted and in May 2013, the Integrated Health Care Services facility opened, providing county operated services/programs as well as homeless services provided by Interim, Inc. and Shelter Outreach Plus. The implementation of the Electronic Health Record project celebrated its 6 year anniversary of implementation in July, 2014.

THE CONTEXT OF MHSA IMPLEMENTATION – INTEGRATION OF HEALTH SERVICES

One of the guiding and transformative principles of the MHSA is the process of creating an integrated health service experience for the consumer. This process is well underway in Monterey County. In 2011, several clinical positions were transferred from the Behavioral Health Bureau to the Clinic Services Bureau, making psychiatric and case management services available in the primary health care setting. Integration of mental health and primary care services into “person-centered health care homes” continues through the implementation of three regional integrated health clinics, which is a collaboration between the Health Department’s Behavioral Health and Clinic Services Bureaus. Using grant funds awarded by the federal Substance Abuse and Mental Health Services Administration, primary health care services are being co-located at Behavioral Health clinic locations. Consumers are included on the treatment team as Peer Wellness Navigators. The project, named “Connections to Wellness /Conexión al Bienestar” a.k.a. “Bienestar” began providing services in Salinas in November 2013 and in Marina in June 2014. Beinestar in King City will be implemented in the fall of 2014.

MHSA PLANNING EXPANDED TO INCLUDE ENTIRE BEHAVIORAL HEALTH SYSTEM

From January of 2013 to April 2014, Monterey County Behavioral Health engaged in a broad-based, data-driven, comprehensive strategic planning process, to review and assess a system of services that reach a very diverse and geographically dispersed population. All systems of service delivery, ranging from prevention and early intervention to treatment and aftercare, were examined.

The Strategic Planning process was coordinated by the Mental Health Services Act Coordinator and the Quality Improvement Manager and supported by the Strategic Planning Steering Committee and the County’s Mental Health Commission. The Steering Committee’s most critical role and function was the engagement and inclusion of community members with lived experience, either as a consumer of mental health services, and/or as a family member of someone with mental illness, including those from un-served, underserved and/or inappropriately served racial, ethnic and cultural groups, to participate in the development of Monterey County’s FY 2014-15 through FY 2016-17 MHSA Update.

The Strategic Planning process included both structured focus groups as well as informal conversations with the participation of over 400 individuals, including service consumers and family members, community partners, public and nonprofit service providers, contractors, Health Department staff, and other community stakeholders. The strategies and goals included in the Strategic Plan were informed by 2,667 recommendations collected from planning participants and partners, and substantiated with community demographic characteristics, and documented trends in service use and needs. A draft of the final Strategic Plan was submitted to key stakeholders for review. Stakeholders included the Strategic Plan Steering Committee, contract providers, Behavioral Health management and staff, County partners, and the Mental Health Commission.

Additional information regarding the Behavioral Health Strategic Plan will be included in the forthcoming FY 2014-15 through FY 2016-17 MHSA Update.

MHSA IN FISCAL YEAR 2013-14

Monterey County's MHSA-funded programs in FY 2013-14 were further integrated into the public mental health system of care through the increased blending and braiding of revenue sources, along with continued collaboration with community based agency partners and county departments. Monterey County has continued all of our previously-approved CSS, PEI and INN programs, with modifications to expand services especially in the South County region, as well as for cost-of-doing business increases in the programs whenever possible.

This Annual Update document consists of the documents required for FY 2013-14 for the previously-approved CSS, PEI and INN components *only*. For informational purposes, the Annual Update also includes documents pertaining to the WET component; however, no additional state WET funds are available in FY 2013-14.

Community Services and Supports (CSS)

The following programs are included in the CSS component plan:

- Children & Youth
- Transition Age Youth
- Adults
- Older Adults

Prevention and Early Intervention (PEI)

The following programs are included in the PEI component plan:

- Underserved & Unserved Cultural Populations.
- Trauma Exposed Individuals:
- Children & Youth in Stressed Families:
- Children & Youth at Risk of or Experiencing Juvenile Justice Involvement:

Innovations (INN)

The following programs are included in the PEI component plan:

- Positive Behavioral Intervention Supports
- Juvenile Sex Offender Response Team
- Alternative Healing and Promotores de Salud
- TAY Housing: A New Approach

CONCLUSION

This FY 2013-14 Annual Update reflects continued funding for *all previously approved* CSS, WET, PEI and INN Component programs. The funding amounts for each program reflect the amount included in the Behavioral Health Bureau's FY 2013-13 Budget as approved by the County Board of Supervisors.

**MONTEREY COUNTY DEMOGRAPHICS
& THE LOCAL STAKEHOLDER PROCESS**

County: Monterey 30-day Public Comment period dates: July 31, 2014 – September 26, 2014

Date of Public Hearing: October 2, 2014

County Demographic Information

Monterey County is located on California's central coast. The County's twelve incorporated cities comprise approximately 75% of the population and 15% of the total land area. Five cities are located in the Salinas Valley and seven on the Monterey Peninsula, with small towns and housing areas located in unincorporated areas.

The population of Monterey County is 433,238. Hispanic/Latino residents are estimated to represent the largest percentage (57%) of Monterey County's population. By 2025, Monterey County's Hispanic residents will grow to 61% of the entire population. White, non-Hispanic residents will decrease to 27%, while percentages for Asian/Pacific Islander and African American populations will remain about the same.

78% of the Medi-Cal eligible population in Monterey County is Latino. Nearly 44% of the County's population is under age 18, and slightly more than 16% are over age 65. Estimates indicate that in 14% of all Monterey County households, there are no family members over the age of 14 who speak English "very well." Source: US Census.

Transportation is a barrier to services for many local residents and regional health inequities impact service access in communities throughout the Salinas Valley.

68% of individuals served in the Behavioral Health system have been impacted by trauma.

59% of the youth served by the Juvenile Justice program have a substance use disorder.

The 2013 Homeless Census estimates that 6,423 individuals are homeless during the course of a year in Monterey County. 22% of those reported a need for mental health services.

The following are additional demographic and socioeconomic characteristic findings, as reported in the "Monterey County Community Health Assessment 2013" report, released in November 2013:

- The Hispanic/Latino population grew from 47% of Monterey County's population in 2000 to 56% in 2012
- Thirty percent (30%) of Monterey County's residents had less than a high school education in 2012
- Nearly 40% of Monterey County residents live at or below 200% of the Federal Poverty level
- Nearly 25% of Hispanic/Latino and 22% of Black residents lived under the poverty level in 2010, indicating a disparity when compared to just 8% of the White, Non-Hispanic population.

The "Monterey County Community Health Assessment 2013" report can be accessed at this website link:

<http://www.mtyhd.org/index.php/hd-news-and-events/item/2013-community-health-assessment-cha-presentation>

**MONTEREY COUNTY DEMOGRAPHICS
& THE LOCAL STAKEHOLDER PROCESS**

Community Program Planning	
<p>1. Briefly describe the Community Program Planning Process for development of all components included in the FY 2013-14 MHSA Annual Update.</p>	<p>Monterey County’s MHSA FY 13-14 Annual Update continues to be guided by the extensive community planning processes that were conducted for the initial Community Services & Supports Component Plan in 2005, the initial Workforce Education & Training Component in 2007, the Prevention & Early Intervention and Capital Facilities & Technological Needs Component Plans in 2008, and the Innovation Component in 2009.</p> <p>Due to several key administrative staff changes, completion of Monterey County’s MHSA FY 2013-14 Annual Update was delayed beyond the typical timeline. The 2013-14 Annual Update reflects how the MHSA funds were included in the Behavioral Health Bureau’s adopted annual budget.</p>
<p>2. Describe the stakeholders involved in the Community Program Planning (CPP) Process.</p>	<ul style="list-style-type: none"> • Monterey County Mental Health Commission • Monterey County Board of Supervisors, including the Board’s Health & Human Services and Budget Committees • Monterey County Cultural Competence/Social Justice/Workforce Education & Training Committee • Mental Health Services Contract Providers & Other Community-Based Service Organizations • Recovery Task Force & Anti-Stigma Committee • Consumer & Youth Advisory Councils • Contract Service Providers • Consumers, youth and family members • Department of Social Services, i.e. Child Welfare and Employment & Training • Law Enforcement, Probation and the Courts • Education • Labor • Public Health and Primary Care • Other Interested Community Members
Local Review Process	
<p>3. Describe methods used to circulate, for the purpose of public comment, the draft Annual Update, to representatives of the stakeholder’s interests and any other interested party who requested a copy of the draft Annual Update.</p>	<p>The draft FY 2013-14 MHSA Annual Update is distributed in draft form for review and input/comment by the aforementioned stakeholders for the minimum thirty (30) day public comment period.</p> <p>The draft Annual Update documents are translated into Spanish for posting and distribution via email and hard copy at meetings.</p> <p>Input is also elicited from service providers, county staff, and the community-at-large via various email distribution lists.</p> <p>Announcements to solicit public comment on the draft Annual Update document are made by Behavioral Health Leadership and the MHSA Team at various meetings convened by our community stakeholders.</p> <p>The draft is also available on the mtyhd.org website, the Health Department’s Facebook page and on Twitter. Copies of the draft Annual Update document are also available at all County Libraries and clinics.</p>

**MONTEREY COUNTY DEMOGRAPHICS
& THE LOCAL STAKEHOLDER PROCESS**

4. Include a summary and an analysis of any substantive recommendations received during the stakeholder review/comment period and public hearing.

The following comments were received during the public comment period July 31 – September 26, 2014:

Comment #1

“As a sub-contractor of the Monterey County Health Department, Behavioral Health Division, the Alliance on Aging receives MHSA funds to provide the Senior Peer Counseling Program to older adults. We would like to extend our compliments to the report’s authors and the efforts of the department to ensure county-wide mental health services are available to all of those in need.

As a community-based organization providing county-wide services to older adults and their families, we wish to take this opportunity to note a trend with respect to human resources. Over the past few years, we have experienced increasing difficulty in recruiting degreed mental health (as well as social service) professionals to staff our programs. We are concerned for the future of community-based mental health services as other employment markets, particularly the SF Bay Area, lure young professionals away from the Monterey Bay region. Thank you for the opportunity to provide feedback on the Annual MHSA Update.”

Submitted by: Teresa Sullivan, Executive Director, Alliance on Aging.

Comment #2

“I would like to extend my congratulations to the authors of the report and to the Monterey County Health Department, Behavioral Health Division. It is impressive to see and read about the breadth of county services offered to individuals of all age groups with a mental health diagnosis.

As the Monterey County Coordinator of the Long Term Care Ombudsman Program, I am writing today to express concern about two disturbing trends in the long term care environment which relate to both (1) the impoverished adult - those below 120% of the federal poverty level, and (2) the impoverished adult with a mental health diagnosis (or dual diagnosis), many whom are well under the age of 60.

Residential care facilities for the elderly (RCFE), were designed and licensed for older adults who need assistance with certain activities of daily living, including but not limited to meal preparation, medication assistance, personal care, and coordination of medical and transportation services. The staff who work in these facilities are not licensed health care professionals; nor are they certified nursing assistants. None are behavioral health professionals. In fact, CA state regulations require a minimal amount of training to do this work.

The impoverished adult: There is no Medicare reimbursement for RCFE care; therefore, cost for housing and other services is completely out-of-pocket. This means that a resident on Supplemental Security Income pays nearly all of his/her income for rent. For example, in one Salinas RCFE: SSI monthly income = \$1,023. Rent = \$1,000. The resident has a balance of \$23 for personal expenses for the month. If the resident qualifies for Medicare and/or Medi-Cal, medical services are largely covered but little else.

The RCFE housing resources provided to the residents of these facilities is often minimal and may be of poor quality, including the nutrition. But even though impoverished adults needing this type of supportive housing are among our most vulnerable citizens, they have few options because providers cannot make a profit housing them.

The impoverished adult with a mental health diagnosis in RCFE: The combination of minimally trained RCFE staff and residents with behavioral disorders, has resulted in increased 911 calls to deal with outbursts the staff are unable to manage and may result in emergency room visits and 72-hour holds. The cost of these services

**MONTEREY COUNTY DEMOGRAPHICS
& THE LOCAL STAKEHOLDER PROCESS**

is extremely high and could likely be reduced significantly if these residents were housed in appropriate supportive housing environment.

The Long Term Care Ombudsman is investigating these issues and attempting to collect data from EMS services, residential care providers, and the behavioral health department, where possible. We look forward to reporting our findings to behavioral health staff and/or a future meeting of the Mental Health Commission.”

Submitted by: Becky Mann, Monterey County Long Term Care Ombudsman Coordinator,
Alliance on Aging

Comment #3

“I am a community advocate in Monterey County. After reviewing the draft I feel we need to create gender specific trauma informed service and support that address health welfare and public safety thru creating a restorative justice model that is evidence based. Also we need to also create culturally relevant and linguistically appropriate standards that meet federal state and county guidelines. I have been involved with the cultural competency meetings and feel all agencies should have mandatory trainings. We need to create community needs assessment that create gap service that focus on equity housing and disparate impact for homeless and special populations & nbsp.”

Submitted by: Pamela Weston, Resident of Salinas, CA.

For comments and recommendations received during the Public Hearing, conducted by the Monterey County Mental Health Commission at their October 2, 2014 meeting, please see the Meeting Minutes that immediately follow this page.

**THE MONTEREY COUNTY MENTAL HEALTH COMMISSION
MEETING MINUTES**

MEETING HELD AT
Marina Training Room, 299 12th Street, Marina
October 2, 2014

Members Present: Linda Sanchez, Chairperson, District 1
Jesse Herrera, Chairperson Elect, District 4
Mark Lopez, Past Chairperson, District 3
Linda Payne, District 1
Alma McHoney, District 2
Deborah Mills, District 3
Caroline Haskell, District 4
Lisa M. Stewart, Ph.D., MSW, District 4
Virdette Brumm, Ph.D., District 5
Bryan Flores, District 5
Chief Vicki Myers, Chief Law Enforcement Officer
Supervisor Jane Parker, District 4

Members Absent: Gonzalo Coronado, District 3
Nancy Upadhye, District 1
Jennifer Barrett, District 2
David Salles, District 2
Selina Glater, District 5

Staff Present: Wayne Clark, Ph.D., Behavioral Health Director
Sid Smith, Ph.D., Deputy Director Children and Adult Services
Robert Kurtz, M.D., Behavioral Health Medical Director
Alica Hendricks, Mental Health Services Act Coordinator
Amie Miller, Psy.D, MFT, Quality Improvement Manager
Rose Moreno, Behavioral Health Management Analyst III
Elizabeth Ambriz, Behavioral Health Chronic Disease Prevention Coordinator
Yessica Rincon, Behavioral Health Social Worker
Paula Lewycky, Behavioral Health Secretary

Guests: Pamela Weston
Karen Hart
Leticia Galyean
Charles McCall

CALL TO ORDER AND INTRODUCTIONS

The meeting was called to order at 5:35 p.m. by Chairperson Linda Sanchez who welcomed all attendees.

CHANGES TO THE AGENDA

There were no changes to the agenda.

PUBLIC COMMENT

There was no public comment.

**PUBLIC HEARING FOR THE MONTEREY COUNTY MENTAL HEALTH SERVICES ACT
FY 2013-14 ANNUAL UPDATE**

Alica Hendricks oriented attendees about the purpose for having the Public Hearing for the draft Annual Update and she shared that expanding mental health services is the reason the MHSA (Mental Health Services Act) was passed. She noted the Executive Summary on Page 7 was added to the Update at the request of one of the Commission members. The Public Hearing is to be conducted by the County's MHC (Mental Health Commission) after the close of the required 30 day public comment period which began July 31, 2014 and concluded September 26, 2014. The draft FY 2013-14 MHSA Annual Update document (in English and Spanish) was posted on the Health Department's website www.mtyhd.org. Copies were also available at each the Behavioral Health clinic and on request by contacting staff by phone, email or by visiting Behavioral Health Administration. Alica said this document meets all the requirements of the State's regulations, and she reported that during this period, three comments were received and they will be included in the final document. The comments were also distributed to the MHC and attendees at the meeting.

Alica shared that Monterey County was one of the first to be approved in the State for all the different components of the MHSA. She further explained that the MHC approves the final draft Annual Update and makes the recommendation to the County Board of Supervisors to approve and adopt the Annual Update. She said the State Oversight and Accountability Commission oversees the Innovation component which has four programs; the descriptions are listed in the Update in Section D-4. Alica gave an overview to the attendees on the Annual Update document. She said the upcoming Annual Update will be a three-year program plan and budget encompassing FY 14-15, 15-16 and 16-17. The goal is to have the draft document available January 2015.

Pamela Weston shared that she is a community advocate and she is on the Commission of Status of Women; she is part of the Cultural Competency group and NAMI. She voiced her concern which is to deal with standards at the State and Federal level.

In reference to Section D-1 on page 26, Community Services and Supports, Access to Treatment, Linda S. asked if this could be more specific with regard to the new clinics that have been added such as Soledad and Gonzales and she asked that detail on these be listed in this update.

Linda Payne said in "Access to Treatment" Section D the target is to service 2,000, and she asked if this data could be broken down—what percentage from South County or Salinas, etc. Amie said that in the next month the MHC will focus on the Data Notebook where these numbers are broken down. Alica said on page 5 in the Annual Update Plan there is demographic data including region of residence of those individuals served by the "Access to Treatment" program during FY 11-12.

Jesse asked about access for people with medical problems. He asked if these services are for Medi-Cal recipients and no one else. Dr. Kurtz answered that access to treatment serves anyone in need. Jesse said the report says something different. Alica indicated that Access to Treatment services are provided to non-Medi-Cal beneficiaries on a sliding scale basis. Jesse asked about the sentence in Section B on Page 1 which states that "...14% of all Monterey County households, no member over the age of 14 speaks English "very well." He said it must be more than 14% and it would be clearer if it said the number of people that do speak English well; Alica said she will follow up on this.

Linda S. had a question about the Juvenile Justice Youth age group for Children & Youth, and Alica said that should be 16-24.

Jesse asked if there is a goal to increase the number of full service partnerships (FSPs) and Alica answered that the majority of the Community Services and Supports' (CSS) funds have to be spent on the "whatever it takes" mode of service, which is how FSPs are defined. Amie said our beneficiaries usually get more services than those in the FSP programs.

Alica explained that the Transition Age Youth program reached 300 individuals last year. Bryan asked if the supportive housing at Peacock Acres is shared and Alica answered that the Peacock Acres "Incarceration to Success" Program is just one program at Peacock Acres that receives Behavioral Health funds. Medi-Cal funds the treatment component of the care and the board and care housing, food and clothing is a "patch" from the MHSA dollars.

Jesse asked for a display of FSPs by the age groups and to show what is and is not included in the MHSA dollars.

Linda S. said she hopes money is budgeted in FY 14-15 or 15-16 for Peer staff especial for the Avanza program. Linda S. said that Behavioral Health (BH) is really doing a lot; however, it is sometimes not captured in the report. Alica answered that there is no "Peer" classification in the County's HR system. Dr. Smith said there are peer employees, but they are hired as staff and they will sometimes share that they are peers with their clients when they are interacting with them. Chief Myers said that the peer employee is not identified because it is seen as discrimination when hired by a government employer. She said they are allowed to know the percentage of each classification in the department. Dr. Clark said that the nonprofits are allowed to identify their employees as a peer. Pamela Weston added that they do have peer to peer support groups in the County.

Jesse commented about the Workforce Education and Training section, that in looking at the description of the different services he did not see anything about programs incorporating or addressing cultural competence issues by strategies. He said that one of his concerns is the retention of people in underserved communities and in keeping them in those programs; however, in the description of the programs, there is no language included for this. Alica responded that these are attempting to be snap shots of what the service is trying to do and within each of the programs they have the logic models to address the disparities. Alica said this is just a summary given in the report. Dr. Smith added that some of this might be core values that they have in all the programs and which include a couple of sentences stating that all the programs are strength-based, culturally competent, trauma informed, etc.

Rose Moreno reviewed the Prevention and Early Intervention (PEI) section of the Annual Update in Section D3. Linda S. said that in the budget the Center for Community Advocacy and the Central Coast Citizenship Project are listed on one line, and she asked if these were all under one roof or two separate organizations. Dr. Clark answered that they are two separate organizations and they are separately funded. Supervisor Parker asked if education and access to service for postpartum or perinatal depression is included in the Depression/Anxiety Screening Days. Alica answered that this screening is typically done in the doctor's office as part of their medical care. The depression/anxiety screening has typically been offered at popular community events where people are naturally gathered (so they can bust through that stigma). Also, Supervisor Parker asked that Spanish information for postpartum depression be available.

Linda S. commented about the underserved and unserved and for a budget of only \$12,500 for the Senior Companion Program, this seems to be least funded for a majority population. Also, the LGBT community continues to be a low funded area, yet it is not a low priority for this Commission. She said she would like more input on this in the FY 14-15 and 15-16 reports. Linda S. shared with the MHC that their job is to give recommendation and when seeing an underserved population, the Commissioners can give these recommendations to staff to consider. She said that when she sees these populations being underserved year after year, she wondered why, when they are an important part of our community, that they are not a priority. Dr. Kurtz replied that currently they are negotiating to bring in more psychiatrists and to address issues of aging, and underserved populations such as LGBT, etc.

Caroline asked if we are making recommendations about things that really need to be addressed that currently are not being adequately addressed, or is the FY 13-14 document what is actually in place and currently represents what is going on. Linda S. said this is a good opportunity to give input as to where we want to go.

Jesse said that on Page 37 the largest number is under the Promotores; however, it is not listed under the subcontracts. Dr. Clark responded that this is under the Central Coast for Community Advocacy on Page 50.

Deborah asked who does the Critical Incident Debriefing. Dr. Clark explained that Behavioral Health staff has been trained in debriefing and about eight to ten staff is available 24/7 to debrief law enforcement, fire, courts, teachers, children, victims, etc. and they also serve South County.

With regard to the Innovation component on Page 41, Dr. Clark thanked Dr. Smith for his work and encouragement in helping to get the \$2.8 million that was given to MCOE in grants for the Positive Behavioral Intervention Supports (PBIS) to change the school climate, not only in Salinas, but Countywide.

Alica explained that the Innovations component is a way to pilot test new things in the County. Virdette suggested that a program to more adequately serve the LGBT community be a pilot program in the next update.

With reference to the Transition Age Youth (TAY) Housing, Mark asked about serving individuals that are under 18 years old, and Alica said that is a service gap. Linda S. said that all the others have data and demographic breakdowns but there is not one here. Alica said the staffmember that had done this is no longer here and that's why the data is not included in the FY 13-14 document.

Jesse asked that if part of strategy is to get people into the BH system, is it possible to identify those people that did get in, and Alica responded that it is, and that Access Promotores is on Page 17 and 59; there were 57 individuals that got into treatment through the Access Promotores program. Linda S. asked that there be a system for collecting data if we are to receive the funding.

Alica further reviewed the budget. She thanked Pamela Weston for submitting her comments in writing, for attending, and for sharing her voice. Linda S. thanked Alica and expressed her appreciation for listing all the MHC's recommendations and comments.

M/S/C: Virdette/Linda Payne to approve the MHSA Annual Update for FY 2013-14.

APPROVAL OF JULY 31, 2014 MINUTES

M/S/C: Chief Vicki Myers/Bryan Flores to approve the July 31, 2014 minutes with the exception of Deborah Mills who abstained since she was not at the last meeting.

DIRECTOR'S REPORT

Dr. Clark reviewed his report and it is attached.

COMMISSIONERS' REPORTS/UPDATES

Lisa announced that this is National Work and Family month which raises awareness of working families. She went to the White House and she said that the President is interested in having communities promote conversations between businesses, workers and advocates around the needs of working families. After speaking with Supervisor Parker, the Supervisor said she would like to propose a resolution that the Board would make to endorse this month. Lisa said she has been invited to engage and promote conversations particularly around working families with children with mental health challenges which is her area of expertise. She encouraged the MHC to share their stories and innovative practices. Also, Lisa announced that the MSW program is currently recruiting again.

Deborah said she was proud to report in the Gonzales Tribune on the ribbon cutting on Friday, September 26, 2014 for the new Behavioral Health service site at 411 Center Street in Gonzales. She distributed the Tribune to the Commissioners.

Adjourned 7:32 p.m.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES**

County: Monterey

CSS, WET, PEI, and INN

Briefly report on how the implementation of the MHSA is progressing: a) whether implementation activities are generally proceeding as described in the County's approved Plan, b) any key differences, and c) any major challenges.

Community Services & Supports (CSS)

- a) During FY 2011-12, implementation of Monterey County's CSS component proceeded as described in our approved Plan.
 b) Key differences: Nothing significant to report.
 c) Major Challenges During 2011-12: It continues to be very difficult to fill vacancies in county operated programs in a timely manner. It is especially challenging to hire and retain bi-lingual/bi-cultural staff, especially those who are licensed or license-eligible clinicians.

Workforce Education & Training (WET)

- a) During FY 2011-12, implementation of Monterey County's WET component proceeded as described in our approved Plan.
 b) Key differences: Nothing significant to report.
 c) Major Challenges During 2011-12: Nothing significant to report.

Prevention & Early Intervention (PEI)

- a) During FY 2011-12, implementation of Monterey County's PEI proceeded as described in our approved Plan.
 b) Key differences: Nothing significant to report.
 c) Major Challenges During 2011-12:
 1) A few activities were not implemented due to lack capacity and the availability of leveraged funds for sustainability.
 2) Data collection for several programs that do not provide client-based clinical services. Efforts continue to implement an electronic reporting mechanism to provide more comprehensive accurate data regarding PEI Program activities/services to assist with future program evaluation and impact analyses.

Innovation (INN)

- a) During FY 2011-12, implementation of Monterey County's INN component proceeded as described in our approved Plan.
 b) Key differences: Nothing significant to report.
 c) Major Challenges During 2011-12: Nothing significant to report.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES

COMMUNITY SERVICES AND SUPPORTS (CSS) FY 2011-12

FY 2011-12		Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Access										
Access MHSA Clinic Integration	56	38%	63%	53	1.8%	85.7%	10.7%		1.8%	
Access Promotores	57	40%	60%	38		100.0%				
Access to Treatment	1,242	47%	53%	30	3.9%	60.6%	19.4%	1.9%	14.1%	
CHS Family Counseling Salinas	323	53%	46%	17	2.5%	65.0%	10.2%	1.9%	20.4%	
The Village Project	21	43%	57%	23	47.6%	9.5%	19.0%	23.8%		
Subtotal Access	1,699									
Region of Residence										
		No. Coastal	Salinas Valley	South County	Outside Monterey County					
Access										
Access MHSA Clinic Integration		13%	6%	75%	5%	1%				
Access Promotores			15%	79%	5%	1%				
Access to Treatment		18%	12%	50%	20%	<1%				
CHS Family Counseling Salinas		11%	10%	73%	6%	<1%				
The Village Project		80%	5%	15%						

FY 2011-12		Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Children & Youth										
Family Preservation	7	57%	43%	10		85.7%	14.3%			
Family Reunification	44	57%	43%	7		84.1%	6.8%		9.1	
Community Action Linking Adolescents (CALA) FSP	15	47%	53%	16		73.3%	26.7%			
CALA SD	6	67%	33%	18		33.3%	33.3%		33.3	
Integrated Co-occurring Treatment (ICT) - FSP	5	40%	60%	15	20%	60.0%	20.0%			
ICT -SD	45	78%	22%	16		77.8%	11.1%	2.2%	8.9%	
Adoption Preservation FSP	16	56%	44%	8		75.0%	12.5%		12.5%	
Kinship Center	160	58%	42%	9	4.4%	48.8%	27.5%	11.3%	8.1%	
Early Childhood (McStart)	147	55%	45%	4	6.1%	68.7%	17.7%	0.7%	6.8%	
Subtotal Children & Youth	445									
Region of Residence										
		No. Coastal	Salinas Valley	South County	Outside Monterey County					
Children & Youth										
Family Preservation			14%	71%	15%					
Family Reunification		7%	4%	58%	25%	6%				
Community Action Linking Adolescents (CALA) FSP		7%	7%	79%	7%					
CALA SD		50%		18%	32%					
Integrated Co-occurring Treatment (ICT) - FSP				80%	20%					
ICT -SD		11%	8%	68%	13%					
Adoption Preservation FSP			12%	50%	38%					
Kinship Center		22%	12%	51%	12%	3%				
Early Childhood (McStart)		18%	14%	53%	9%	6%				

NOTE: Data does NOT include outreach & engagement clients; only those with a treatment chart are included in this report.

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES

FY 2011-12		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Transition Age Youth (TAY)									
Transition Age Youth Program	118	61%	39%	19	5.1%	66.9%	20.3%	2.5%	5.1%
Avanza FSP	90	63	36	20	7.3%	58.9%	21.1%	7.8%	4.4%
Peacock Acres - Incarceration to Success	7	7		18	14.3%	85.7%			
Subtotal TAY	215								
Region of Residence									
		No. County	Salinas Valley	South County	Outside Monterey County				
Transition Age Youth (TAY)	Coastal								
Transition Age Youth Program	22.0%	15.0%	45.0%	18.0%					
Avanza FSP	29.0%	18.0%	47.0%	5.0%	1.0%				
Peacock Acres - Incarceration to Success	28.0%		58.0%		14.0%				

FY 2011-12		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Adults									
Creating New Choices (CNC) FSP	34	65%	35%	37	8.8%	44.1%	23.5%	11.8%	11.8%
McHome (Homeless Services) FSP	79	49%	49%	43	11.4%	22.8%	50.6%	6.3%	8.9%
Co-occurring Dual Recovery Program	91	59%	41%	39	13.2%	25.3%	52.6%	5.5%	4.4%
Lupine Gardens FSP	27	56%	44%	50	14.8%	18.5%	51.9%	7.4%	7.4%
Sunflower Gardens	34	59%	41%	50	5.9%	26.5%	50.0%	8.8%	8.8%
HIV/AIDS Community Partnership	11	72%	27%	39		45.0%	18.0%	10.0%	27.0%
Subtotal Adults	276								
Region of Residence									
		No. County	Salinas Valley	South County	Outside Monterey County				
Adults	Coastal								
Creating New Choices (CNC) FSP	12.0%	4.0%	76.0%		8.0%				
McHome (Homeless Services) FSP	32.0%	6.0%	60.0%		2.0%				
Co-occurring Dual Recovery Program	44.0%	4.0%	46.0%	2.0%	4.0%				
Lupine Gardens FSP	8.0%	8.0%	76.0%		8.0%				
Sunflower Gardens	2.0%	2.0%	4.0%	84.0%	8.0%				
HIV/AIDS Community Partnership	data not available								

NOTE: data does NOT include outreach & engagement clients; only those with a treatment chart are included in this report.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES**

FY 2011-12		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Older Adults									
Older Adults FSP	9	33%	67%	68			100.0%		
Drake House FSP	26	31%	69%	68	3.8%	15.4%	69.2%	11.5%	
Subtotal Older Adults	35								
Region of Residence									
		No. Coastal	Salinas Valley	South County	Outside Monterey County				
Older Adults									
Older Adults FSP	57.0%		32.0%		11.0%				
Drake House FSP	82.0%		7.0%		11.0%				

NOTE: data does NOT include outreach & engagement clients; only those with a treatment chart are included in this report.

For additional CSS Program Data, please refer to the following reports at the end of this document:

Appendix A: "D3: Data Driven Decisions FY 11/12"

Appendix B: "Full Service Partnership Program Services, April 2013"

Workforce Education & Training (WET) FY 2011-12	
Description	FY 2010-11
Total Attendance at Trainings, Conferences, Webinars & Consultations	1,707
Total Number of Trainings, Conferences, Webinars & Consultations	79
Mental Health Loan Assumption Program (MHLAP)	8 total awardees MFTI-3; LMFT-2; LCSW-1; ACSW-1
Licensed Mental Health Service Provider (LMH) Awards	MFTI - 1

LEGEND: MFTI: Marriage Family Therapist Intern; LMFT: Licensed Marriage Family Therapist; LCSW: Licensed Clinical Social Worker; ACSW: Academy of Certified Social Workers

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES**

WE&T Trainings/Conferences/Webinars/Consultations

Trainings/Conferences/Webinars/Consultations	Total Attendance for FY 2011-2012	Date	Location
WE&T: Courage to Change Consultation	4	12/14/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Community Human Services	6	11/3/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Sun Street Center	5	7/6/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Sun Street Center	6	8/3/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Sun Street Center	5	10/5/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Sun Street Center	5	11/12/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Valley Health Associates	1	7/15/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Valley Health Associates	3	8/19/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Valley Health Associates	2	9/16/2011	Salinas, CA
WE&T: Seeking Safety Consultation - Valley Health Associates	2	10/21/2011	Salinas, CA
WE&T: Board and Care	22	11/2/2011	Salinas, CA
WE&T: Board and Care	16	2/29/2012	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	19	7/25/2011	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	20	8/22/2011	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	16	10/24/2011	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	9	1/23/2012	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	7	2/27/2012	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	22	3/26/2012	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	8	4/23/2012	Salinas, CA
WE&T: Gibbs: Mind - Body - Spirit	8	6/25/2012	Salinas, CA
WE&T: Gibbs: Overcoming Depression - Transforming the Mind	6	8/18/2011	Salinas, CA
WE&T: Wellness and Recovery 2012	237	5/10/2012	Salinas, CA
WE&T: 17th Annual Latino Behavioral Conference	2	9/14 & 9/15/2011	Los Angeles, CA

continued on the next two pages

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES**

WE&T Trainings/Conferences/Webinars/Consultations, continued			
Trainings/Conferences/Webinars/Consultations	Total Attendance for FY 2011-2012	Date	Location
WE&T: Cultura Cura - Phase 1 2012	33	5/23 & 5/25/2012	Salinas, CA
WE&T: Cultura Cura - Phase 2 - CYC 2012	17	6/6 & 6/8/2012	Salinas, CA
WE&T: Cultura Cura - Phase 2 - JN 2012	21	6/11 & 6/18/2012	Salinas, CA
WE&T: Amazing Adolescent Brain: Opportunities and Vulnerabilities	162	5/22/2012	Salinas, CA
WE&T: Basic Group Crisis Intervention Training (CISM)	25	9/28 & 9/29/2011	Salinas, CA
WE&T: Basic Group Crisis Intervention Training (CISM)	18	12/8-9/2011	Salinas, CA
WE&T: Basic Group Crisis Intervention Training (CISM)	16	1/12 & 1/13/2012	Salinas, CA
WE&T: Basic Group Crisis Intervention Training (CISM)	13	1/24 & 1/25/2012	Salinas, CA
WE&T: CMHACY 2012 Conference	3	5/15 thru 5/18/2012	Pacific Grove, CA
WE&T: Courage to Change	94	11/8/2011	Salinas, CA
WE&T: Courage to Change	91	11/9/2011	Salinas, CA
WE&T: Courage to Change	92	11/10/2011	Salinas, CA
WE&T: Fundamentals of HIV Prevention Counseling	2	7/12/2011	Salinas, CA
WE&T: Interpreter Training	27	6/26 thru 6/28/2012	Watsonville, CA
WE&T: Interpreter Training Provider	14	6/29/2012	Watsonville, CA
WE&T: Introduction to the SCERTS Model	12	9/28/2011	Salinas, CA
WE&T: Implementing the SCERTS Model to Design Educational Programming	5	11/3/2011	Salinas, CA
WE&T: Implementing the SCERTS Model to Design Educational Programming	1	2/7/2012	Salinas, CA
WE&T: L&E: Law and Ethics 2012	151	3/6/2012	Salinas, CA
WE&T: L&E: Law and Ethics 2012 (Pre-Licensed)	36	4/4/2012	Salinas, CA
WE&T: MSW Field Placement Orientation	11	8/11 & 8/12/2011	Salinas, CA
WE&T: MSW Intern Avatar Training	15	8/19/2011	Salinas, CA

continued on the following page

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES**

WE&T Trainings/Conferences/Webinars/Consultations, continued			
Trainings/Conferences/Webinars/Consultations	Total Attendance for FY 2011-2012	Date	Location
WE&T: Non-violent Crisis Intervention Training	22	10/12/2011	Salinas, CA
WE&T: Non-violent Crisis Intervention Training	9	11/30/2011	Salinas, CA
WE&T: Non-violent Crisis Intervention Training (Refresher)	28	7/28/2011	Salinas, CA
WE&T: Non-violent Crisis Intervention Training (Refresher)	19	6/29/2012	Salinas, CA
WE&T: Non-violent Crisis Intervention Training (Refresher)	20	6/29/2012	Salinas, CA
WE&T: Parent Child Interaction Therapy	5	10/19 & 10/20/2011	Davis, CA
WE&T: SAMHSA Webinar	11	7/28/2011	Salinas, CA
WE&T: SSI/SSDI Outreach, Access, and Recovery Forum - TTT	2	9/20 thru 9/24/2011	Boston, MA
WE&T: SSI/SSDI Outreach, Access, and Recovery Forum	22	11/3/2011	Marina, CA
WE&T: SSI/SSDI Outreach, Access, and Recovery Training	27	11/29 & 11/30/2011	Salinas, CA
WE&T: SSI/SSDI Outreach, Access, and Recovery Training	21	3/21 & 3/22/2012	Salinas, CA
WE&T: SSI/SSDI Outreach, Access, and Recovery Training - Workgroup	19	6/14/2012	Marina, CA
WE&T: Suicide Prevention Training	11	1/19/2012	Salinas, CA
WE&T: TPS: Aggression Replacement Training - Initial	17	7/11 & 7/12/2011	Salinas, CA
WE&T: TPS: Aggression Replacement Training - Initial	12	10/6-7/2011	Salinas, CA
WE&T: TPS: Aggression Replacement Training - Initial	16	6/12 & 6/13/2012	Salinas, CA
WE&T: Transformational Care Overview (TCP) - Adult's	80	10/26/2011	Marina, CA
WE&T: Transformational Care Overview (TCP) - Children's	76	10/26/2011	Marina, CA
TOTAL PARTICIPANTS	1,707		

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES

Prevention & Early Intervention (PEI) FY 2011-12

Program Number/Name: 1/Unserved and Underserved Cultural Populations

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	465	White	2,691	English	7,323	LGBTQ	N/A
Transition Age Youth (16-25)	2,895	African American	408	Spanish	4,426	Veteran	N/A
Adult (26-59)	10,759	Asian/Pacific Islander	103	Other	66	Other	N/A
Older Adult (60+)	4,212	Native American	97	Unknown	685		
		Hispanic	7,473				
		Other	429				
Gender	# served					Region of Residence	# served
Male	5,073					North County	730
Female	11,222					Salinas	6,931
Unknown	646					Monterey Peninsula/Big Sur	1,570
						South County	1,697
						Unknown or Out of County	881

Program Number/Name: 2/Trauma Exposed Individuals

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	2,055	White	448	English	2,377	LGBTQ	N/A
Transition Age Youth (16-25)	71	African American	114	Spanish	404	Veteran	N/A
Adult (26-59)	595	Asian/Pacific Islander	86	Other	2	Other	N/A
Older Adult (60+)	59	Native American	4				
Unknown	2	Hispanic	2,071				
		Other	58				
Gender	# served					Region of Residence	# served
Male	1,376					North County	81
Female	1,407					Salinas	1,809
						Monterey Peninsula/Big Sur	402
						South County	326
						Unknown or Out of County	138

N/A = data not available

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES

Program Number/Name: 3/ Children & Youth in Stressed Families

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	1,188	White	256	English	680	LGBTQ	N/A
Transition Age Youth (16-25)	99	African American	66	Spanish	601	Veteran	N/A
Adult (26-59)	0	Asian/Pacific Islander	30	Other	0	Other	N/A
Older Adult (60+)	0	Native American	2	Unknown	6		
		Hispanic	891				
		Other	42				
Gender	# served					Region of Residence	# served
Male	601					North County	90
Female	684					Salinas	450
						Monterey Peninsula/Big Sur	321
						South County	193
						Unknown or Out of County	

Program Number/Name: 4/Youth at Risk of Juvenile Justice Involvement

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	27	White	9	English	23	LGBTQ	N/A
Transition Age Youth (16-25)	35	African American	3	Spanish	6	Veteran	N/A
Adult (26-59)	0	Asian/Pacific Islander	1	Other	0	Other	N/A
Older Adult (60+)	0	Native American	0	Unknown	1		
		Hispanic	43				
		Unknown	2				
Gender	# served					Region of Residence	# served
Male	32	Other	4			North County	1
Female	30					Salinas	25
						Monterey Peninsula/Big Sur	2
						South County	2
						Unknown or Out of County	32

N/A = data not available

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2011-12 ACTIVITIES

INNOVATION (INN) FY 2011-12

FY 2011-12		Gender			Average Age	Race/Ethnicity				
Innovation	# Served	Male	Female	Unknown		African Amer.	Hispanic	White	Asian/P.I.	Other
Juvenile Sex Offender Response Team	53	94%	2%	4%	16%	1.9%	73.6%	18.9%	1.9%	3.8%
		Region of Residence								
		Coastal	No. County	Salinas Valley	South County	Outside Monterey County				
Juvenile Sex Offender Response Team	22%	9%	54%	8%	7%					

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: “Access to Treatment”

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services to be provided by this Program.

Access

The *Access to Treatment* programs addresses the barriers to community access of mental health services.

The goal of the *Access to Treatment* programs is to provide Monterey County residents, especially those who are unserved or underserved, with easy and complete assistance to public mental health services and community resources.

The Access Team ensures that callers/visitors to the clinics are immediately connected to psychiatric social workers who provide mental health assessments, counseling and referrals to all cultures represented in Monterey County's population.

“Walk-in Wednesdays”, or “Open Clinics” have been implemented in each of the regional offices. Community members seeking mental health services are able to access the clinic without a scheduled appointment on a first come, first served basis on Wednesdays between 1:00 and 3:30 PM. Using evidence-based practices, the Access Team offers group counseling, as well as individual and family counseling when appropriate.

The Access Team facilitates collaborative health services with primary care providers and maintains cooperative relationships with other county programs, such as drug rehabilitation placement, anger management classes and parenting education. Community members ineligible for Medi-Cal services receive referrals to providers offering services on a sliding-scale and other local resources.

In May of 2013, Behavioral Health consolidated several clinic locations on the Monterey Peninsula and re-located to the “Marina Integrated Health Care Services” facility at 299 12th Street in Marina. In addition to Access services, Adult System of Care and Children’s Behavioral Health services are provided under the same roof. Tenants at the facility include the Health Department’s Clinic Services Division, Interim, Inc.’s homeless outreach and engagement team and Shelter Outreach Plus. In June 2013, Behavioral Health opened a new clinic in Soledad, which provides Access services as well as the Adult System of Care and Children’s Behavioral Health services.

This strategy also includes several contract service providers. The funding for the Access strategy is included in the Children & Youth and Adults CSS Programs, as described in Monterey County’s approved initial CSS Three-Year Plan.

B. Provide the estimated number of individuals to be served by this program during FY 2013-14: 2,000

Total Estimated Cost per Person: The costs for Access to Treatment services are included in the Children & Youth and Adults Programs.

COMMUNITY SERVICES AND SUPPORTS

County: Monterey

Program Number/Name: 1-Children & Youth

PROGRAM DESCRIPTION FOR FY 2013-14

B. Briefly describe the services to be provided by each Strategy in this Program.

FSP= Full Service Partnership Program

Family Preservation (FSP)

The “Home Partner” 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.

Family Reunification Partnership (FSP)

Intensive therapy & case management services for children in the foster care system, provided by an integrated team consisting of Children’s Behavioral Health (CBH) therapists and Family and Children’s Services (FCS/DSS) social workers. The team provides services to families who are court-ordered to receive family reunification services and who face greater-than-normal challenges in safely reuniting and creating a stable home environment that will support the mental health and emotional needs of their children.

Juvenile Justice: Mental Health Court (FSP)

The “Community Action Linking Adolescents” or “CALA” program provides intensive mental health services & case management for youth in the juvenile justice system. A multidisciplinary team consisting of Probation, Juvenile Court and Behavioral Health provides supervision and support to youth and their families. The team screens all youth who are in the field, and on probation, with the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2), and also delivers Brief Strategic Family Therapy, an evidenced-based practice.

Juvenile Justice: Rancho Cielo/Silver Star Youth Program

Outreach and mental health services are provided to at-risk youth and wards of the court, in collaboration with Rancho Cielo and County Probation.

Juvenile Justice: Youth Build

A program at Rancho Cielo Campus, Behavioral Health staff provides individual and family counseling to youth ages 16 to 25. Therapists utilize Aggression Replacement Therapy, as well as the evidence-based practices of Motivational Interviewing and Seeking Safety.

Juvenile Justice: Youth Center

County Behavioral Health staff collaborates with County Probation, the Office of Education, and California Forensics Medical Group to provide mental health services, primarily in a group setting, as well Aggression Replacement Therapy and the Seven Challenges curriculums. Individual, group family treatment and aftercare are also provided.

COMMUNITY SERVICES AND SUPPORTS

Juvenile Justice: Santa Lucia (Door to Hope)

A nine-month residential treatment program for adolescent females with co-occurring disorders. These youth are placed by Monterey County Probation or Social Services Departments. Services include individual, group and family therapy. Substance abuse education and a therapeutic community/milieu are also provided.

Co-Occurring Disorders “ICT” (Door to Hope) (FSP)

Integrated treatment for youth with co-occurring mental illness & alcohol/other drug abuse. ICT is designed to prevent youth from having to be placed out of the home. 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.

Adoption Preservation (Kinship Center) (FSP)

Services include parent pre- and post-adoption training and education, as well as mental health therapy and case management services for children and their adoptive family.

Early Childhood (0-5 yrs.)

Counseling services for children in childcare and Head Start programs. This is a collaborative effort with First 5 Monterey County, providing Developmental Screens, Assessment and Dyadic Therapy and case management. Mental health consultation is also provided to Family Resource Centers, Head Start Centers, and Salinas Adult School.

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment in a residential setting. Parenting classes and education on child development is included in this intensive, integrated program that focuses on the multiple needs of the women and their children to provide the best opportunity for success.

B. Provide the estimated number of individuals to be served by this program during FY 2013-14:

Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services	# of individuals OE Outreach & Engagement
Child and Youth	120	500	n/a
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 2013-14: 620 + Access			
Total Estimated Cost Per Person: FSP: \$21,450		GSD: \$6,615	

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: 2 – Transition Age Youth (TAY)

PROGRAM DESCRIPTION FOR FY 2013-14

Briefly describe the services provided by each Strategy in this Program.

FSP= Full Service Partnership Program

Avanza (FSP)

The Avanza program nurtures and empowers youth and young adults ages 16 to 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, community-based youth serving organizations, juvenile probation, education, and social services.

Supportive Housing (Peacock Acres, Inc.) (FSP)

The Incarceration to Success Program (“I2S”) provides transitional housing for Severely Emotionally Disturbed (SED) male youth who have either graduated from the Probation Department’s Youth Center, or who have been participating in Behavioral Health’s Juvenile Justice Team’s mental health treatment programs. The program offers intensive supportive services including educational, vocational, social, and community support as well as therapeutic and psychiatric services, when needed.

B. List the estimated number of individuals to be served by this program during FY 2013-14.

Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services	# of individuals OE Outreach & Engagement
TAY	100	200	n/a
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 13-14: 300			
Total Estimated Cost per Person: FSP: \$6,803		GSD: \$4,448	

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: 3-Adults

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services provided by each Strategy in this Program. **FSP= Full Service Partnership Program**

Co-Occurring Integrated Care (Interim, Inc.)

This Dual Recovery program provides skill building groups, recovery oriented community based groups and other structured activities which promote healthy community living and help to reduce the triggers that lead to relapse of substance use.

HIV/AIDS Community Partnership (Community Human Services)

This program provides Mental health services for persons with HIV or at high-risk of HIV infection.

McHome, Lupine Gardens & Sunflower Gardens (Interim, Inc.) **(FSP)**

The McHome program provides an array of services to the homeless who are experiencing mental illness. Outreach and engagement, intensive case management and medication support are provided in collaboration with Behavioral Health staff and other local homeless services providers. Intensive supportive housing services are provided at Lupine Gardens and Sunflower Gardens.

Mental Health Court (FSP)

MHSA funds have sustained the “Creating New Choices” Program, which provides mental health services, case management and supportive housing to non-violent offenders in collaboration with the Probation Dept., District Attorney, Public Defender, the Court and community based agencies, including Interim, Inc.

Workforce Support & Counseling (Central Coast Center for Independent Living “CCCIL”)

CCCIL’s Independent Living Program provides services to people with disabilities such as information and referral, housing assistance, individual advocacy, peer support, personal assistance services, independent living skills training, systems advocacy, assistive technology support (devices to help people with disabilities live independently) and benefits counseling.

B. List the estimated number of individuals to be served by this program during FY 2013-14

Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services	# of individuals OE Outreach & Engagement
Adults	120	125	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 13-14: 245 + Access			
Total Estimated Cost Per Person: FSP: \$10,015		GSD: estimate not yet available	

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: 4-Older Adults

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services provided by each Strategy in this Program. **FSP= Full Service Partnership Program**

Integrated Care/Older Adults FSP

The program coordinates with existing multi-disciplinary teams serving older adults with co-occurring physical and mental illness. Behavioral Health staff provide “whatever it takes” for older adults experiencing serious mental illness.

Supportive Housing (Front St. Inc.) (FSP)

Drake House provides 24-hour residential care, mental health services and case management for older adults with serious mental illness and co-morbid physical illness/other conditions.

B. List the estimated number of individuals to be served by this program during FY 2013-14.

Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services	# of individuals OE Outreach & Engagement
Older Adults	40	0	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 13-14: 40			
Total Estimated Cost per Person: FSP: \$27,644			

WORKFORCE EDUCATION AND TRAINING

County: Monterey

PROGRAM DESCRIPTION FOR FY 2013-14

A. Workforce Education & Training (WE&T) Coordination

Objectives:

1. Coordinate training events for public mental health system in partnership with the Southern Bay Area Workforce Collaborative.
2. Complete and monitor contracts with entities providing workforce education and training programs and services.
3. Participate in and support regional and state education and training efforts to ensure coordination and reduce duplication of services.
4. Participate in local initiatives which expand opportunities and fiscal support for workforce development, i.e. community colleges, Workforce Investment Board projects, etc.
5. Provide annual updates to WE&T plan and evaluate effectiveness of services and trainings provided.
6. Update webpage to coordinate and provide training information.
7. Convene WE&T Work Group meetings to provide implementation and evaluation updates.
8. Coordinate internships within the public mental health system.
9. Ensure that translation and interpretation services are available whenever necessary.
10. Ensure that evaluation is embedded into every contract, program, and training event.
11. Ensure the social marketing strategies are incorporated in activities, as appropriate.
12. Collaborate with high schools to reduce stigma associated with mental illness.

B. Workforce Development Specialist (Interim, Inc.)

Objectives:

1. Provide up to ten (10) trainings per fiscal year on skill development areas such as social rehabilitation, Medi-Cal billing, work expectations (i.e. how to receive feedback on work performance) and peer counseling. Topics will be developed by utilizing input from consumers and supervisors.
2. Provide two (2) support groups per month for vocational support of consumers and family members who are employed in the public mental health system.
3. Provide individual job support to thirty (30) consumers. Services to be offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.

C. Staff Development and Support Training

Objectives:

1. The WE&T subcommittee will work together to identify effective, evidenced-based models for each topic area and determine trainers and most cost effective manner to provide these trainings.
2. Provide annual trainings and ongoing consultations to develop staff competencies in effective models for dialectical behavior therapy, trauma assessment and treatment, treatment of consumers with co-occurring disorders, as well as recovery and resiliency principles.

WORKFORCE EDUCATION AND TRAINING

3. Incorporate into trainings specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse population of the County.
4. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
5. Provide seminars regarding holistic health and alternative healing practices.
6. Provide orientation to all new staff, which includes an overview of the public mental health system, customer service, the recovery oriented philosophy and the services needs of a multicultural and diverse community.
7. Coordinate all training efforts with state-sponsored training and with other counties in the region to reduce duplication.

D. Integrating Cultural Competence in the Public Mental Health System and Increasing Linguistic Competency of Staff

Objectives:

1. Collaborate with the Southern Bay Area Workforce Collaborative to plan regional trainings.
2. Utilize the California Brief Multicultural Competency Scale Self-Assessment Tool to determine a baseline for Behavioral Health staff and contractors.
3. Provide training which will enhance supervision and support of culturally specific services.
4. Provide trainings specifically focused on the diverse needs of the Latino community as well as the African American, Asian Pacific Islander and other traditionally underserved cultural groups/communities.
5. Provide training in working with alternative and traditional cultural healers and healing methods; develop skills of consumers and family members as service providers.
6. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
7. Provide additional trainings specifically focused on the diverse needs of other life styles and cultures.
8. Provide interpreter training.

E. Consumer and Family Member Training

Objectives:

1. Provide training that incorporates the principles of wellness, recovery and resilience.
2. Provide training that motivates and empowers consumers and family members to participate in a consumer and family driven system.
3. Provide translation and interpretation services for non-English speaking consumers and family members to insure training will be available to all community members.

F. Continue to Support the Local Master of Social Work (MSW) Program

Objectives:

1. Work in partnership with CSU Monterey Bay and other community partners to incorporate regional community needs into the MSW program.
2. Participate in community advisory board, field placement subcommittees and resource development subcommittees.
3. Monitor implementation of scholarships for MSW students.
4. Coordinate field placements for current MSW students and bachelor level students seeking to get into program.

WORKFORCE EDUCATION AND TRAINING

G. Stipends and Incentives

Objectives:

1. Partner with Health Professions Education Foundation to increase applicants for the Mental Health Loan Assumption Program and the Licensed Mental Health Service Provider Education Program.
2. Provide stipends for specific outreach activities related to workforce development and for internships.

H. Law Enforcement/First Responder Crisis Intervention Training (CIT)

Objectives:

1. Increase additional law enforcement personnel, fire personnel, dispatchers and other emergency response personnel trained in CIT.
2. Increase awareness of the signs and symptoms of mental illness and behavioral disorders.
3. Decrease stigma associated with mental illness or behavioral disorders.
4. Decrease the use of force and minimize risk of harm in crisis situations.
5. Decrease arrest rates for non-criminal behaviors.
6. Provide an integrated service experience for those served by law enforcement, emergency response and mental health personnel.

Program Number/Name: 1/Unserved and Underserved Cultural Populations

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services to be provided by each Program in this Project.

Depression/Anxiety Screening Days

This program addresses cultural and language barriers to accessing mental health services for individuals with unidentified or undiagnosed depression or anxiety disorders. Behavioral Health staff collaborate with community based organizations, health care centers and social service agencies to provide the screening events as a vehicle to increase awareness about depression and anxiety, identify preventive and early intervention needs, provide diagnostic screening interviews and facilitate connection with service providers.

Early Childhood (0-5) Secure Families (Door to Hope)

This program ensures that children under 5 have access to developmental screening and appropriate referral for services to foster positive physical, emotional and cognitive development. Therapists work with school faculty by providing mental health consultation in preschool classrooms, observations and dialogue with school staff. By identifying problems with self-regulation and providing low-intensity brief therapy before elementary school, fewer children will need treatment later and academic performance will improve.

Mental Health Screening for Children ages 5-8

This program ensures that children ages 5 through 8 will have access to developmental screening and appropriate referral for services. This program extends the services provided by the Early Childhood program (above) to children through age 8 who are in need of screening, assessment and preventative/early intervention services.

African American Community Partnership (The Village Project, Inc.)

This program provides professional development services, thereby increasing the availability of culturally competent services for the African American community. The Partnership's work includes cultural competency development and systematic outreach activities. The Village Project also provides individual and family counseling, parenting groups and other prevention services.

Latino Community Partnership aka Promotores (Center for Community Advocacy and Central Coast Citizenship Project)

Health promoters aka "Promotores de Salud" or "Promotores" are recruited to participate in the program by two community based organizations. The Promotores provide the Latino community with knowledge and skills about mental health services and access. The knowledge component focuses on health topics and behaviors that have been identified as relevant by Latino immigrants. The skills component focuses on skills necessary to carry out the outreach activities such as communication skills, problem solving and resource collaboration.

Multilingual Parenting Services- Parent Education Partnership (Community Human Services)

The lead agency works in collaboration with school districts and family resource centers to provide parenting skills development in an eight to ten week series, utilizing the Positive Parenting Program curriculum. This program increases parent awareness of mental health issues and community resources, providing culturally and linguistically appropriate parent education.

PREVENTION AND EARLY INTERVENTION

LGBTQ Outreach and Counseling (Community Human Services)

This program provides mental health outreach to LGBTQ individuals. Services provided are client engagement, early intervention and improvement in personal functioning through culturally competent mental health counseling services.

School Based Counseling

This program provides funding to the Pajaro Valley Prevention and Student Assistance (PVPSA) program for school-based counseling services to students not eligible for Medi-Cal reimbursable mental health services.

Peer to Peer Counseling a.k.a. Our Friends, Our Voices Program (Interim, Inc.)

This program provides adult consumers with a structured form of mutual support in a setting of agreed confidentiality and a safe, supportive environment. Support groups are consumer driven and provide consumers with leadership growth opportunities. Minimal-guidance by a mental health clinician as advisor is available as needed. Offered on a daily basis in non-traditional settings, this program promotes wellness and recovery, provides emotional support, and prevents psychiatric decompensation.

Family Support Groups

Support groups are offered to families of individuals with mental illness so that they can be part of a stable community of persons living with similar problems and concerns. The Family Support Groups provide families a greater understanding of the signs and symptoms of mental illness. The groups are offered in English and Spanish, monthly or bi-monthly, in all three regional offices, in the early evening and are facilitated by a trained mental health professional. Benefits of participation in the support groups include: making connections, improving coping skills, getting motivated and finding hope.

Adult Wellness Center/OMNI Resource Center (Interim, Inc.)

The OMNI Resource Center provides outreach, prevention education, and peer support, which contribute to improvements in personal functioning through the development of social and independent living skills. Services are delivered by paid consumers and volunteer staff, with administrative oversight from a nonprofit mental health services organization.

Senior Peer Counseling & Senior Companion Programs (Alliance on Aging and Seniors Council)

Senior peer counselors are individuals who volunteer their time in supporting their peers in meeting the challenges of aging, e.g. dealing with depression, grief, loss, isolation and other stressors. Senior peer counselors go through an intensive training program and are supervised by professionals. The program also serves as a link for participants to access a variety of other support groups and services in the community. Expansion has enhanced efforts to reach Latino seniors in the Salinas Valley region, with a particular emphasis on South County. Senior Companions are peers who offer a unique service to homebound seniors to help them remain in their homes while simultaneously assisting Senior Companion volunteers to improve their economic self-sufficiency.

Toll-free, 24/7 Telephone Referral System 2-1-1 (United Way Monterey County)

The 2-1-1- system performs similarly that successfully operates in other California counties and reaches approximately 65% of the population nationwide. The system provides services in over 100 languages to residents of all age groups and race/ethnicities. Screening and referral of calls improves responsiveness of mental health crisis services, by diverting non mental health information calls to more relevant agencies. The 2-1-1 in Monterey County also operates a website.

Social Marketing

The PEI Coordinator, in collaboration with community partners, utilizes communication strategies including events, radio shows, social media, digital stories, etc. to raise awareness of mental health issues and to inform the general community about mental health services available in Monterey County.

B. Provide the proposed number of individuals and families to be served by this prevention and early intervention project in FY 2013-14:

Program	Prevention	Early Intervention
Depression/Anxiety Screening Days	20	5
Early Childhood/Secure Families	25	25
Mental Health Screening for Children ages 5-8	25	25
African American Community Partnership	25	25
Latino Community Partnership aka Promotores	10,895	10,895
Multi-Lingual Parenting – Parent Education Partnership	300	300
LGBTQ Community Partnership	10	5
PVPSA School-based Counseling Services	25	25
Peer to Peer Counseling (Our Friends, Our Voices)	300	300
Family Support Groups	25	25
Adult Wellness Center (OMNI Resource Center)	1,028	1,028
Senior Peer Counseling & Senior Companion Programs	304	122
Toll-free, 24/7 Telephone Referral System (2-1-1)	6,000	7,000
Social Marketing	400	400
Total Individuals:	19,337	9,255
Total Families:	6,782	1,851
Total Estimated Cost Per Person:	\$79	\$79

Program Number/Name: 2/Trauma Exposed Individuals

PROGRAM DESCRIPTION FOR FY 2013-14

B. Briefly describe the services to be provided by each program in this Project.

Child Advocacy Program (Monterey County Probation Department)

This program is a collaborative of 13 community partners. It provides community-based prevention and intervention services to families with children under the age of five who have witnessed or been subjected to domestic violence. Services include: home visits, social and emotional development screening, information and referrals to community services and emergency assistance.

School Based Domestic Violence Counseling a.k.a. Sticks & Stones (Harmony at Home)

Services are provided by licensed clinicians or qualified interns for schools for children who have witnessed violence or other traumatic events. Counselors provide individual and group therapy, utilizing various evidence based practice theories such as expressive arts, and make referrals to other resources.

Critical Incident Debriefing

This program provides individuals who have been traumatized by witnessing violence or a traumatic incident with needed professional assistance. Debriefings are conducted on or near the site of a violent or traumatic incident, usually within a 24 to 72 hour period.

Suicide Prevention (Family Service Agency of the Central Coast)

The expansion of the Suicide Prevention Line has increased the capacity for a 24-hour toll free multi-lingual suicide crisis line that ensures services are accessible to all residents at-risk of suicide. Services include: crisis intervention, information and referral, support group information and collaboration with community service agencies.

Mental Health Services for the Archer Child Advocacy Center

This program serves as an early intervention effort to mitigate the long term effects of child abuse. This program provides mental health assessments, referral and brief therapy to children who have been sexually assaulted, and also provides crisis support to the child's family. Providing brief therapy at an early stage, immediately following the exposure to abuse and trauma, helps reduce the development of severe emotional disturbance or serious mental illness.

B. Provide the proposed number of individuals and families to be served by this prevention and early intervention project in FY 2013-14.

Program	Prevention	Early Intervention
Child Advocacy Program		243
School-Based Domestic Violence Counseling		55
Critical Incident Debriefing		286
Suicide Prevention		1,678
Mental Health Services for the Archer Child Advocacy Center		206
Total Individuals:		2,468
Total Estimated Cost Per Person:		\$99

Program Number/Name: 3/ Children & Youth in Stressed Families

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services to be provided by each program in this Project.

Kinship Center

This program provides outpatient mental health services to children and their families referred by the Department of Social Services, other Behavioral Health programs and the community. Mental health services 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.

B. Provide the proposed number of individuals and families to be served by this prevention and early intervention project in FY 2013-14.

Program	Prevention	Early Intervention
Kinship Center		140
Total Individuals:		140
Total Estimated Cost Per Person:		\$7,150.00

Program Number/Name: 4/Youth at Risk of Juvenile Justice Involvement

PROGRAM DESCRIPTION FOR FY 2013-14

A. Briefly describe the services to be provided by each program in this Project.

Youth Diversion

This program is a partnership between law enforcement, schools and Behavioral Health to intervene in the early incidence of juvenile delinquency. The program serves youth at risk of school failure and/or juvenile justice system involvement by providing assessment of the emotional and mental health needs of youth, counseling and referrals to community resources.

Silver Star Resource Center

The program serves as a prevention effort to reduce the incidence of youth involvement in the juvenile justice system by providing mental health assessments, therapy and referrals to other resources in the community.

B. Provide the proposed number of individuals and families to be served by this prevention and early intervention project in FY 2013-14.

Program	Prevention	Early Intervention
Youth Diversion Program		62
Silver Star Resource Center		62
Total Individuals:		124
Total Estimated Cost Per Person:		\$866

INNOVATION

County: Monterey

Program 1: Positive Behavioral Intervention Supports (PBIS)

During FY 2013-14, the focus of the PBIS project was to systematize PBIS in the Monterey County educational system. As a result, Monterey County Office of Education assumed the role of lead coordinator for PBIS implementation. The PBIS Leadership Team focused their efforts to achieve sustainability of the PBIS program for the future through federal, state and local funding.

Program 2: Juvenile Sex Offender Response Team (JSORT)

During FY 2013-14, the JSORT Multi-Disciplinary team continued to meet regularly. The purpose for these meetings is to address concerns that affect the delivery of services. This information is documented. In addition, the use of the electronic medical record system allows for the service delivery information to be readily available for review and analysis. In the upcoming fiscal year, members of the project team will work to document a report highlighting the lessons learned in the development of the coordinated model. The goal is to make the report available to other counties who may be in need to addressing this often unserved population.

Program 3: Alternative Healing and Promotores de Salud

During FY 13-14, the Promotores Collaborative continued to address the challenges of incorporating the Promotores de Salud community outreach and engagement strategies into Monterey County's Behavioral Health's delivery system. The Promotores Collaborative is comprised of Promotores, mental health providers, Service Manager, and the Staff Psychiatrist. At these meetings, the group members address concerns that have been encountered in the delivery of services.

Another component of this project is the provision of medication support services by a staff Psychiatrist with training in natural remedies and alternatives to healing. This approach, which incorporates "Mind, Body and Spirit" has been very well-received by the community, in particular those who are Latino.

Program 4 : TAY Housing: A New Approach

This project called for the study of the Transition Age Youth (TAY) residing in the new TAY Permanent Supportive Home. The goals of the project are to test the effectiveness with having Behavioral Health (BH) staff provide relevant TAY services to youth living in the home; study the application of the Transition to Independence Model (TIP) in the service delivery to tenants; and develop a guide for other counties and agencies to use in providing services to TAY in a shared home environment. The housing project was opened to TAY tenants in December 2011. During FY's 2011-

INNOVATION

2012 and 2012-2013, Behavioral Health TAY clients were referred to the housing program with some clients successfully moving in as tenants. During this time period, we were successful in providing services to youth who were previously underserved, however we encountered major challenges with successful implementation of the proposed model.

During FY 2013-14, Behavioral Health worked with Community Housing Improvement Systems and Planning Association, Inc. or CHISPA, the private, nonprofit housing developer in Monterey County who developed and provides property management services to the TAY home, to approach Interim, Inc., a local agency with many years of experience providing supportive housing services to consumers with psychiatric disabilities. Behavioral Health, CHISPA and Interim, Inc. collaborated to develop and submit a revised Supportive Services Plan to the State that includes an expansion of the age range so that individuals who have more time in recovery can help provide stability in the house.

This revision, effective January 2014, also involved the incorporation of the Wesley Oaks supportive housing program into the Community Services & Supports/Adults program for FY 2013-14.

**FY 2013/14
MHSA FUNDING SUMMARY**

County: Monterey

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 5,609,141.22	\$ -	\$ -	\$ 2,357,697.07	\$ 2,525,620.12	
2. Estimated New FY 2013/14 Funding	\$ 11,038,412.07			\$ 2,729,887.19	\$ 724,048.80	
3. Transfer in FY 2013/14 ^{a/}						
4. Access Local Prudent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	\$ 16,647,553.29	\$ -	\$ -	\$ 5,087,584.26	\$ 3,249,668.92	
B. Estimated FY 2013/14 Expenditures	\$ 15,372,251.00	\$ 148,601.47	\$ 193,714.88	\$ 3,654,232.00	\$ 476,332.00	
C. Estimated FY 2013/14 Contingency Funding	\$ 1,275,302.29	\$ (148,601.47)	\$ (193,714.88)	\$ 1,433,352.26	\$ 2,773,336.92	

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

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$3,057,537
2. Contributions to the Local Prudent Reserve in FY 2013/14	\$0
3. Distributions from Local Prudent Reserve in FY 2013/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$3,057,537

CSS FUNDING REQUEST

County: MONTEREY

Community Services & Supports (CSS) Programs			FY 13/14 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group			
No.	Name	Full Service Partnerships (FSP)		General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Programs											
1.	Children and Youth	\$3,019,883	\$894,245	\$2,125,638			\$3,019,883				
2.	Transition Age Youth (TAY)	\$1,184,735	\$659,919	\$524,816				\$1,184,735			
3.	Adults	\$8,195,032	\$1,402,166	\$6,792,866					\$8,195,032		
4.	Older Adults	\$967,525	\$967,525	\$0						\$967,525	
5.		\$0									
6.		\$0									
7.		\$0									
8.		\$0									
9.		\$0									
10.		\$0									
11.		\$0									
12.		\$0									
13.		\$0									
14.		\$0									
15.		\$0									
16.	Subtotal: Programs ***	\$13,367,175	\$3,923,855	\$9,443,320	\$0	\$0	\$3,019,883	\$1,184,735	\$8,195,032	\$967,525	
17.	Plus up to 15% Indirect Administrative Costs	\$2,005,076									
18.	Plus up to 10% Operating Reserve	\$0									
19.	Total MHSA Funds 	\$15,372,251									

Percentage
15%
0.0%

MONTEREY					
COMMUNITY SERVICES & SUPPORTS					
CSS Program Name:	Child & Youth				
Proposed Expenses and Revenues					FY 13-14
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
	Access to Treatment				\$ 74,029
	Early Childhood, CS Secure Families				\$ 761,065
	Family Preservation, CS Family Preservation				\$ 105,713
	Family Preservation, CS Family Reunification FSP				\$ 369,996
	Family Preservation, CS Salinas Home Partners				\$ 132,142
	Juvenile Justice Outpatient				\$ 406,054
	Juvenile Justice Mental Health Court, CS JJ CALA MH Court F				\$ 417,233
	Juvenile Justice Mental Health Court, CS JJ CALA MH Court S				\$ 44,138
23.45 FTE	BH Aide, BH Serv Mngr, BH Unit Spvr, PSR II, PSW II, SW III, Sprv PSR, Contract Phy, Clinical Psy, BH Grp Cnslr, PH LVN, PHN II, Phy Asst II				
b. Benefits and Taxes @ %					
c. Total Personnel Expenditures					\$ 2,310,370
2. Operating Expenditures					
a. Facility Cost					
b. Other Operating Expenses					
					\$ 1,389,361
c. Total Operating Expenses					\$ 1,389,361
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
	Community Human Services, CHS MHS Outpatient				\$ 118,400
	Kinship Adoption FSP Seneca, Adoption Preservation				\$ 218,769
	Kinship Center, Children's Clinic So. County				\$ 125,000
	Door to Hope Co-occurring Disorder SD				\$ 265,873
	Door to Hope Co-occurring Disorder FSP				\$ 25,365
	Door to Hope Co-occurring Disorders Nueva Esperanza				\$ 353,468
	Door to Hope Santa Lucia, Juvenile Justice Residential				\$ 387,802
	FSP Client Incentives				\$ 11,541
					\$ -
					\$ -
a. Total Subcontracts					\$ 1,506,218
4. Total Proposed CSS Program Budget					\$ 5,205,949
B. Revenues (list/itemize by fund source)					
	Federal Financial Participation				\$ 1,268,674
	EPSDT				\$ 2,275
	Other Revenue				\$ 92,251
1. Total Revenue					\$ 1,363,200
5. Total Funding Requested for CSS Program					\$ 3,842,749
6. Total In-Kind Contributions					\$ -

MONTEREY				
COMMUNITY SERVICES & SUPPORTS				
CSS Program Name:	Transition Age Youth (TAY)			
Proposed Expenses and Revenues				FY 13-14
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
	Avanza		\$	781,223
	Avanza, CS MHSA TIP Avanza FSP		\$	737,267
15.20 FTE	BH Aide, BH Serv Mngr, PSR II, Sprv PSR, PSW II, SW III			
	Clinical Psy			
	b. Benefits and Taxes @ %		\$	-
	c. Total Personnel Expenditures		\$	1,518,490
2. Operating Expenditures				
a. Facility Cost				
	b. Other Operating Expenses		\$	259,131
	c. Total Operating Expenses		\$	259,131
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Peacock Acres BC, Supportive Housing/12S		\$	2,616
	Peacock Acres FSP OP, Supportive Housing/12S		\$	165,276
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
	a. Total Subcontracts		\$	167,892
	4. Total Proposed CSS Program Budget		\$	1,945,513
B. Revenues (list/itemize by fund source)				
	Federal Financial Participation		\$	690,936
	EPSDT/Fund Balance		\$	69,360
	Other Revenue		\$	482
	1. Total Revenue		\$	760,778
	5. Total Funding Requested for CSS Program		\$	1,184,735
	6. Total In-Kind Contributions		\$	-

MONTEREY				
COMMUNITY SERVICES & SUPPORTS				
CSS Program Name:	Adults			
Proposed Expenses and Revenues				FY 13-14
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
	Access to Treatment			\$ 10,581,020
	McHome, AS McHome 2034			\$ 188,710
	Mental Health Court, AS Creating New Choices FSP			\$ 756,108
	MHSA Workforce, Education & Training			\$ 189,457
83.75 FTE	BH Aide, BH Serv Mngr, BH Unit Spvr, PSR II, PSW II, SW III, Sprv PSR, Contract Phy, Clinical Psy, BH Grp Cnslr, PH LVN, PHN II, Phy Asst II			
b. Benefits and Taxes @ %				
c. Total Personnel Expenditures				\$ 11,715,295
2. Operating Expenditures				
a. Facility Cost				
				\$ -
b. Other Operating Expenses				
				\$ 1,361,430
c. Total Operating Expenses				\$ 1,361,430
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Community Human Services, CHS Family Counseling Salinas			\$ 688,800
	Community Human Services, CHS HIV/AIDS Com Partnership			\$ 68,400
	Interim, Co-occurring Integrated Care			\$ 353,821
	Contract Physicians			\$ 11,780
	Interim MHSA Lupine Garden FSP			\$ 422,796
	Interim MHSA Homeless FSP			\$ 428,882
	Westley Oaks McHome			\$ 54,107
	Interim Sunflower Garden			\$ 232,304
	Interim Soledad House MH			\$ 76,162
	Interim Workforce Specialist			\$ 71,153
	Calif Dept of Rehab Workforce Support & Counseling			\$ 120,721
	Central Coast Ctr for Indep Living Workforce Support & Couns			\$ 84,408
a. Total Subcontracts				\$ 2,613,334
4. Total Proposed CSS Program Budget				\$ 15,690,059
B. Revenues (list/itemize by fund source)				
	Federal Financial Participation			\$ 5,215,696
	EPSDT/Fund Balance			\$ 2,204,968
	Other			\$ 74,363
1. Total Revenue				\$ 7,495,027
5. Total Funding Requested for CSS Program				\$ 8,195,032
6. Total In-Kind Contributions				\$ -

MONTEREY					
COMMUNITY SERVICES & SUPPORTS					
CSS Program Name:		Older Adults			
Proposed Expenses and Revenues					FY 13-14
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
		Integrated Care/Older Adult FSP			\$ 107,568
	1.0 FTE	PSW II			
b. Benefits and Taxes @ %					
					\$ -
c. Total Personnel Expenditures					\$ 107,568
2. Operating Expenditures					
a. Facility Cost					
b. Other Operating Expenses					
					\$ 17,048
c. Total Operating Expenses					\$ 17,048
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
		Drake House MHSA BC, Supportive Housing			\$ 582,627
		Drake House MHSA MHS FSP, Supportive Housing			\$ 531,086
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
a. Total Subcontracts					\$ 1,113,713
4. Total Proposed CSS Program Budget					\$ 1,238,329
B. Revenues (list/itemize by fund source)					
		Federal Financial Participation			\$ 263,284
		Other Revenue			\$ 7,520
1. Total Revenue					\$ 270,804
5. Total Funding Requested for CSS Program					\$ 967,525
6. Total In-Kind Contributions					\$ -

PEI FUNDING REQUEST

County: MONTEREY

Prevention & Early Intervention (PEI) Projects			FY 13/14 Requested MHSA Funding	Estimated MHSA Funds		Estimated MHSA Funds by Age Group			
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Projects									
1.	1	Unserved/Underserved Cultural Populations	\$2,267,136	\$1,533,264	\$733,872	\$57,585	\$357,981	\$1,330,582	\$520,988
2.	2	Trauma Exposed Individuals	\$276,760		\$276,760	\$204,637	\$7,057	\$59,199	\$5,867
3.	3	Children & Youth In Stressed Families	\$580,026		\$580,026	\$538,844	\$41,182	\$0	\$0
4.	4	Children & Youth at Risk of Juv. Justice Involvement	\$53,671		\$53,671	\$23,374	\$30,297	\$0	\$0
5.			\$0						
6.			\$0						
7.			\$0						
8.			\$0						
9.			\$0						
10.			\$0						
11.			\$0						
12.			\$0						
13.			\$0						
14.			\$0						
15.			\$0						
16.	Subtotal:		\$3,177,593	\$1,533,264	\$1,644,329	\$824,440	\$436,517	\$1,389,781	\$526,855
17.	Plus up to 15% Indirect Administrative Costs		\$476,639						
18.	Plus up to 10% Operating Reserve								
19.	Total MHSA Funds Requested for PEI		\$3,654,232						

MONTEREY								
PREVENTION & EARLY INTEVENTION								
PEI Project Name:		Underserved and Unserved Cultural Populations						
Proposed Expenses and Revenues							FY 13-14	
A. Expenditure								
1. Personnel (list classifications and FTEs)								
a. Salaries, Wages								
		Family Support Groups					\$	105,204
	1.10 FTE	BH Serv Mngr, PSW II						
b. Benefits and Taxes @ %								
c. Total Personnel Expenditures							\$ 105,204	
2. Operating Expenditures								
a. Facility Cost								
b. Other Operating Expenses							\$ -	
c. Total Operating Expenses							\$ -	
3. Subcontracts/Professional Services (list/itemize all subcontracts)								
		United Way of Monterey County, 2-1-1 Telephone Referral System					\$	23,750
		The Village Project, A-A Community Partnership					\$	213,750
		Interim Adult Wellness Center/OMNI					\$	432,202
		Community Human Services GLBT, Outreach & Counseling					\$	16,000
		Community Human Services, Multi-Lingual Parenting					\$	147,000
		Door to Hope McSTART					\$	1,586,716
		Interim Peer-to-Peer Counseling					\$	93,547
		Center for Community Advocacy					\$	80,902
		Central Coast Citizenship Project					\$	80,902
		Pajaro Valley Mental Health Services, School Based Counseling					\$	247,000
		Senior Council, Senior Companion Program (01/13 - 06/13)					\$	12,500
		Alliance on Aging, Senior Peer Counseling					\$	131,100
		Social Marketing					\$	16,958
							\$	-
a. Total Subcontracts							\$ 3,082,327	
4. Total Proposed PEI Project Budget							\$ 3,187,531	
B. Revenues (list/itemize by fund source)								
		Federal Financial Participation					\$	696,170
		EPSDT					\$	224,225
1. Total Revenue							\$ 920,395	
5. Total Funding Requested for PEI Project							\$ 2,267,136	
6. Total In-Kind Contributions							\$ -	

MONTEREY					
PREVENTION & EARLY INTEVENTION					
PEI Project Name: Trauma Exposed Individuals					
Proposed Expenses and Revenues					
					FY 13-14
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
		Critical Incident Debriefing			\$ 18,210
	0.15 FTE	BH Serv Mngr, BH Unit Spvr, Sr. PSW			
b. Benefits and Taxes @ %					
					\$ -
c. Total Personnel Expenditures					\$ 18,210
2. Operating Expenditures					
a. Facility Cost					
b. Other Operating Expenses					
					\$ -
c. Total Operating Expenses					\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
		Probation Department, Child Advocacy Program			\$ 60,000
		Harmony at Home, School Based Domestic Violence Counselin			\$ 71,250
		Family Service Agency of Central Coast, Suicide Prevention			\$ 127,300
a. Total Subcontracts					
					\$ 258,550
4. Total Proposed PEI Project Budget					\$ 276,760
B. Revenues (list/itemize by fund source)					
1. Total Revenue					
					\$ -
5. Total Funding Requested for PEI Project					\$ 276,760
6. Total In-Kind Contributions					\$ -

MONTEREY							
PREVENTION & EARLY INTEVENTION							
PEI Project Name:		Children & Youth at Risk of Juvenile Justice Involvement					
Proposed Expenses and Revenues							FY 13-14
A. Expenditure							
1. Personnel (list classifications and FTEs)							
a. Salaries, Wages							
		CS JJ Silver Star Resource Center				\$	62,452
		Youth Diversion Program				\$	33,240
	0.95 FTE	PSW II, Sr. Health Educator, SW III					
b. Benefits and Taxes @ %							
					\$	-	
c. Total Personnel Expenditures							\$ 95,692
2. Operating Expenditures							
a. Facility Cost							
					\$	-	
b. Other Operating Expenses							
					\$	52,143	
c. Total Operating Expenses							\$ 52,143
3. Subcontracts/Professional Services (list/itemize all subcontracts)							
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
					\$	-	
a. Total Subcontracts							\$ -
4. Total Proposed PEI Project Budget							\$ 147,835
B. Revenues (list/itemize by fund source)							
		Federal Financial Participation				\$	94,164
					\$	-	
1. Total Revenue							
					\$	94,164	
5. Total Funding Requested for PEI Project							\$ 53,671
6. Total In-Kind Contributions							\$ -

INN FUNDING REQUEST

County: Monterey

Innovations (INN) Programs			FY 13-14 Requested MHSA
	No.	Program Name	
1.	1	Positive Behavioral Intervention Supports	\$35,000
2.	2	Juvenile Sex Offender Reduction Team	\$234,032
3.	3	Alternative Healing and Promotores de Salud	\$145,170
4.	4	TAY Housing: A New Approach	\$0
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.	Subtotal: Programs		\$414,202
17.	Plus up to 15% Indirect Administrative Costs		\$62,130
18.	Plus up to 10% Operating Reserve		
19.	Total MHSA Funds Requested for INN		\$476,332

Percentage
15%
0.0%

MONTEREY					
INNOVATIONS					
INN Program Name: Juvenile Sex Offender Reduction Team					
Proposed Expenses and Revenues					FY 13-14
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
	CS JJ JSORT				\$ 221,797
	2.0 FTE	PSW II			
b. Benefits and Taxes @ %					
					\$ -
c. Total Personnel Expenditures					\$ 221,797
2. Operating Expenditures					
a. Facility Cost					
					\$ -
b. Other Operating Expenses					
					\$ 104,202
c. Total Operating Expenses					\$ 104,202
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
a. Total Subcontracts					\$ -
4. Total Proposed INN Program Budget					\$ 325,999
B. Revenues (list/itemize by fund source)					
Federal Financial Participation					\$ 91,967
					\$ -
1. Total Revenue					\$ 91,967
5. Total Funding Requested for INN Program					\$ 234,032
6. Total In-Kind Contributions					\$ -

MONTEREY				
INNOVATIONS				
INN Program Name:		Alternative Healing and Promotores de Salud		
Proposed Expenses and Revenues				FY 13-14
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
	Alternative Healing			\$ 145,170
				\$ -
1.10 FTE	PSW II, Contract Phy			\$ -
				\$ -
				\$ -
				\$ -
b. Benefits and Taxes @ %				\$ -
c. Total Personnel Expenditures				\$ 145,170
2. Operating Expenditures				
a. Facility Cost				
b. Other Operating Expenses				\$ -
c. Total Operating Expenses				\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
a. Total Subcontracts				\$ -
4. Total Proposed INN Program Budget				\$ 145,170
B. Revenues (list/itemize by fund source)				
	Federal Financial Participation			\$ -
				\$ -
				\$ -
1. Total Revenue				\$ -
5. Total Funding Requested for INN Program				\$ 145,170
6. Total In-Kind Contributions				\$ -

MONTEREY				
INNOVATIONS				
INN Program Name:		TAY Housing: A New Approach		
Proposed Expenses and Revenues				
				FY 13-14
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
b. Benefits and Taxes @ %				
c. Total Personnel Expenditures				\$ -
2. Operating Expenditures				
a. Facility Cost				
				\$ -
b. Other Operating Expenses				
				\$ -
c. Total Operating Expenses				\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
a. Total Subcontracts				\$ -
4. Total Proposed INN Program Budget				\$ -
B. Revenues (list/itemize by fund source)				
Federal Financial Participation				
				\$ -
				\$ -
1. Total Revenue				
				\$ -
5. Total Funding Requested for INN Program				\$ -
6. Total In-Kind Contributions				\$ -

MONTEREY COUNTY MHSA FY 2013-14 ANNUAL UPDATE

APPENDICES

APPENDIX A: “D3: Data Driven Decisions FY 2011-12”
(CSS, PEI & INN programs extracted)

This report includes data from the following fiscal years:
FY 2009-10, FY 2010-11, and FY 2011-12

APPENDIX B: “Full Service Partnership Program Services, April 2013”

This report provides consumer demographics, service utilization and program expenditure information for the Full Service Partnership programs in Monterey County’s MHSA Community Services & Supports component.