



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

FY 2016-2017

MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE

FINAL

January 2017



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

www.mtyhd.org

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MONTEREY COUNTY
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**MONTEREY COUNTY
MENTAL HEALTH SERVICES ACT
DIRECTORY OF PROGRAMS/SERVICES DESCRIPTIONS**

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ACCESS SERVICES

Program Name	Access to Treatment/Mental Health Outpatient Schervices, Community Human Services (CHS)
Background and Community Need	Outpatient mental health counseling program for people of all ages. Providing mainly individual and family counseling for a variety of mental and emotional health issues such as depression, anxiety, grief and loss, domestic violence, child abuse, body image, gender identity and dysfunctional family dynamics.
Population of Focus	<ul style="list-style-type: none"> • Monterey County residents • Services provided in English and Spanish • Services offered in Salinas and Seaside • Moderate to severe mental health issues • Funded by both Medi-Cal and Mental Health Services Act
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Improved mental and emotional health • Improved functioning • Improved relationships
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Participation in over 30 community outreach events each year • Staff is bi-lingual, bi-cultural • Work closely with Behavioral Health, Social Services, Probation and the courts • Growth is anticipated due to enactment of the Affordable Care Act and Medi-Cal expansion.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	470	583	\$594,551	\$400,154	\$1,020
2015-16	490	903	\$694,813	\$581,944	\$1,178
2016-17	510		\$766,977	\$472,242	\$1,504

Program Name	HIV/AIDS Counseling, Community Human Services (CHS)
Background and Community Need	Outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for individuals with HIV/AIDS and their significant others. This population has been historically underserved in Monterey County and has significant mental health issues related to HIV/AIDS status. Services provided in culturally and linguistically competent settings.
Population of Focus	<ul style="list-style-type: none"> • Target Population: HIV/AIDS individuals of any age in Monterey County experience mental or emotional health issues. • Services provided in English and Spanish • Services provided in Salinas and Seaside • Services funded by both Medi-Cal and MHSA. Medi-Cal clients must demonstrate medical necessity.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Benefits: Improved mental and emotional health and a positive effect on health outcomes.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Partnering with Central Coast HIV/AIDS for outreach. Also conducting outreach to MCPIC, NIDO Clinic, OPUS, Soledad Street, Dorothy's Place, Off Main Clinic, Genesis House, other community-based organizations, etc. • Outreach efforts have been disappointing, resulting in low numbers of referrals to the program. Increased marketing and outreach efforts are needed to reach this target population. • Growth: We would like to conduct more targeted outreach and marketing and increase the number served. Challenges working with Central Coast HIV/AIDS the past two years as their organization struggled with finances and staffing. They plan to discontinue all services and disband June 30, 2015. Increased outreach and marketing would require additional funding.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	10	1	\$5,842	\$1,956	\$5,842
2015-16	40	5	\$4,486	\$2,035	\$897
2016-17	40		\$39,859	\$39,859	\$946

Program Name	Return to Work Benefits Counseling, Central Coast Center for Independent Living (CCCIL)
Background and Community Need	Central Coast Center for Independent Living (CCCIL) is one of a nationwide network of Centers for Independent Living whose philosophy is that people with disabilities should have the same civil rights, options and control over choices in their own lives as do people without disabilities. Independent Living Centers are cross-disability, consumer-centered advocacy organizations. 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. The MHSA funding has been critical to enhance our benefits counseling services that has resulted in an increase in the number of consumers with mental health disabilities to be able to access our services provided by staff who are certified by the Social Security Administration as Community Work Incentives Counselors who are skilled in the area of benefits analysis and planning.
Target Population	<ul style="list-style-type: none"> • Adult and Youth with a Mental Health Disability • Family and Caregivers will received information about services • Monterey County Residents at large
Service Goals and Public Health Benefit	<p>Adults and youth with mental health disabilities will receive financial, medical benefits counseling, individual advocacy, housing assistance, independent living skills training, assistive technology and benefits counseling to assist consumer to make an inform decision about employment and Social Security benefits. By accessing the Return to Work Benefits Counseling Program, consumers, family members, care givers and community organizations partners will be able to increase the number of consumers returning to the workforce and increase independence of consumers by obtaining/retaining employment, financial and medical benefits.</p> <p>Consumers have the opportunity to explore their options to become independent and be part of our community at large that also includes the possibility of entering or re-entering the workforce.</p> <p>CCCIL Return to Work Benefits Counseling Program goals are:</p> <ul style="list-style-type: none"> • Assist 50-125 adults and youth with access to different community programs such as subsidized housing, Medi-Cal and Medicare, Social Security benefits such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and Retirement benefits. • A total of 35-50 consumer will receive Information and Referral Services. They will be provided with information on a wide range of topics related to disability and connects people to other sources that provide the services they are seeking, provides information to community agencies about how they can make their services more accessible to people with disabilities and information about the different federal and state benefits such the Unemployment, State Disability Insurance. • Will provide training to Behavioral Health staff, outreach presentations to local community organization and participate in community events such as health fairs, employment resource fairs and Bi-National Health Week events.

<p>Strategies to Engage Underserved Populations</p>	<p>To ensure that our services are known in underserved regions of the county, we routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. Our goal is to educate our community about the different services that are available and to reduce the stereotyping and stigma of mental illness.</p> <p>CCCIL biggest challenge is serving our youth; CCCIL goal is to increase the number of youth with disabilities entering the workforce to become independent and eventually be self-sufficient and self reliant. In order for CCCIL to be successful in outreaching to our youth, there is a need to augment our funding to support additional staff. There is a need to develop youth transition services in partnership with Behavioral health, parents, schools and youth in their school setting. The goal is to establish a program where youth with disabilities will receive services that will assist their transition from high school to college and or directly into the workforce. A program that places the Youth Transition Coordinator in the school working with teachers, students and their parents as well as the community at large. In order for this program to be successful, it will take the entire community to work towards this success.</p> <p>CCCIL goal is to increase the number of youth and Latinos accessing the Return to Work Benefits Counseling Program by working with the different school district, Department of Rehabilitation, American Job Center and other MHSA providers.</p>
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Year	Annual Goals Goal	Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
<p>2014-15</p>	<p>50-125 consumers will served in the Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services.</p> <p>35-50 consumers, family members, caregivers and community at large will received Information and Referral Services</p> <p>10 outreach events</p>		<p>\$115,320</p>	<p>Return to Work Benefits Counseling: \$738.00 per client</p> <p>Information and Referral Services: \$300.00</p> <p>Outreach: \$807 per outreach even</p>
<p>2015-16</p>	<p>50-125 consumer will served in the Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services</p> <p>35-50 consumers, family</p>		<p>\$119,933</p>	<p>Return to Work Benefits Counseling: \$768.00 per client</p> <p>Information and Referral Services: \$312.00</p>

	<p>members, caregivers and community at large will received Information and Referral Services</p> <p>10 outreach events</p>			<p>Outreach: \$840 per outreach event</p>
2016-17	<p>60-135 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services</p> <p>40-55 consumers, family members, caregivers and community at large will received Information and Referral Services. CCCIL will also facilitate independent living skills workshops to the ACCESS consumers workshops will last between 1 to 1.5 hours and will include topics such budgeting, organization skills, and individual and system advocacy.</p> <p>6 outreach events</p>		\$133,103	<p>Return to Work Benefits Counseling: \$690.00 per client</p> <p>Information and Referral Services: \$605.00</p> <p>Outreach: \$1,110.00 per outreach event</p>

Program Name	2-1-1 Monterey County, United Way
Background and Community Need	2-1-1 MC was launched February 2009 as a program of United Way Monterey County. 2-1-1 is a phone number but also a system for connecting people quickly and efficiently to social and health services they are seeking. The phone is the most common method of contact but resource information is also available via website and in the future via chat and apps. The service is available 24/7 in 170 plus languages. Callers will reach a Call Specialist who has been highly trained and certified to assist and be proactive meeting their needs. Additionally, 2-1-1 is used during times of natural or manmade disasters as a “go-to” number for anyone in the public to use to acquire the latest official information and as a feedback loop from the public to county officials.
Population of Focus	<ul style="list-style-type: none"> • All age groups are eligible to use the system but the majority of callers (34%) are between the ages of 30-54. • All Race/Ethnicities are eligible to use 2-1-1 but the majority of users (53%) identify themselves as Hispanic/Latino. • All of Monterey County. • None, but a TTY line is available for use for the deaf and hard of hearing.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Significantly improved access to low cost, free health and human services through a single referral source with up-to-date information. Additionally, the program has been pro-active promoting certain programs such as CalFresh, Covered CA, and Bridging the Digital Divide among other initiative. Based on the nature of the conversation between caller and the Call Specialists appropriate programs are brought to the attention of the caller. • The program provides easy access to available services with accurate, up-to-date information. They are a multitude of caller needs and 2-1-1 services attempts to provide resources to meet those needs based on what is available in a community. The program also pushes out various programs that would benefit the caller if the nature of the conversation indicates there are other services that the caller might benefit knowing about • The program is providing high quality, reliable referral information to a myriad of resources available within the community that are easily accessible 24/7 by phone or web search and to eventually include capacity to do chat and apps. The program has been averaging approximately 13,000 calls and 6000 searches per year. In the 13,000 calls there were some 25,000 different need requests (food, housing, counseling, etc.)
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program is primarily marketed and conducted in English and Spanish due to local race/ethnicity demographics but is available in over 170 other languages as needed. • Yes, the Oaxaca community and the deaf and hard of hearing communities. What interventions will be conducted to address these challenges? Language interpretation capacity was asked for and eventually accommodated by our interpretive service but has not been used at all to date. Additionally, a TTY/TDD line was installed at the Call Center but also has not been used either. • At the request of the Monterey South County Behavioral Health

	<p>Subcommittee, who has been working to bring improved health care services to South Monterey County residents through improved cooperation, coordination and collaboration among service providers, 2-1-1 has created a South County specific directory of services. The directory was created to help simplify access to services for residents and service providers.</p>
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	25,000	17,733	\$240,000	\$25,000	Not applicable
2015-16	30,000	15,660	\$285,000	\$26,000	Not applicable
2016-17	35,000		\$269,000	\$26,000	Not applicable

Program Name	African American Community Partnership, The Village Project, Inc.
Back Background and Community Need ground	<p>The Village Project, Inc. was the product of a vision by its Co-Founders who were long time civil rights leaders who, over many years had advocated for fairness and equity in terms of African Americans and others being underserved by Behavioral Health systems locally and beyond. The passage of the Mental Health Services Act (MHSA) provided the impetus and the opportunity for these activists' vision to be realized. After a series of focus groups throughout Monterey County in 2005, African American participants made it clear that they and other African Americans would come to therapy and counseling if there was a place where they felt comfortable and a place that appreciated their culture, understood culturally and historically how best to work with them and a strong appreciation of who they are as a people. As a result of these focus groups, collaboration with County Behavioral Health (whose staff and Director attended the focus groups) and the fact that the MHSA had designated African Americans as an historically underserved population, The Village Project, Inc. was founded and opened its doors in May 2008. Subsequent contracts with Monterey County which provided MHSA funding made it possible for The Village Project, Inc. to provide services for African Americans and other underserved populations.</p>
Population of Focus	<p>The Village Project, Inc. is an all-encompassing agency in respect to the age groups for which it provides services. The agency was created to provide therapeutic services for people of various age groups. From the beginning, it provided therapy for individuals, child, family and couples. Families with children as young as 5 years of age (identified clients) to young adults to seniors have received these type of services. Currently, our youngest client is 6 and our oldest client is 66.</p> <p>As stated previously, The Agency was founded primarily to provide services for African Americans, a recognized underserved population by the Mental Health Services Act. That is our primary population. However, we have also provided services for Latino children and families, Asian/Pacific Islander children and Families and children who are Bi-Racial and Tri-Racial and Caucasian children and families. Our primary focus continues to be on providing services to the African American population. Our contract calls for us to provide services to residents of Monterey County. To date, we have served clients with a variety of diagnoses.</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The benefits to the community include clients not having to go to costly emergency room/crisis unit visits and hospitalizations. Many of our youth as well as adult clients have been able to remain free of the juvenile justice and criminal justice systems, involvements that are not only costly to families, but to the community at large as well. • We feel our agency has proven over these past 7 ½ years that it has been successful in helping clients, old and young, to develop tools to take charge of their lives, to prevent mental illness or any other psychological/emotional issues from becoming severe and disabling. We currently have clients who are being productive members of their community in some cases for the first time. Many are holding down jobs for the first time, children and youth are excelling in school when, in their short past, were failing and being suspended for behavioral problems. Some of our early youth are now in college. These are just a few examples of how our clients have increased their quality of life and have moved on to become successful in their lives. • Our “Big Picture Goal” is expressed in our Mission Statement, which states, “Our Mission is to help our communities reach a greater state of well-being by strengthening families through the delivery of community-based, culturally specific

	<p>services.” Our more specific and concrete goals are embedded in our contract with Monterey County Behavioral Health which involves providing mental health outreach and engagement and counseling services to African American and other unserved or underserved Monterey County residents and families. In addition, we attempt to serve between 40 and 50 clients each year with at least 50% of those clients being new clients from underserved populations. We have a goal of providing 4 outreach presentations in the different parts of Monterey County. We also have an in-house goal of having 95% of our clients who terminate therapy do so because they have successfully completed their therapy goals. This means we have as an outcome that that percentage of terminating clients will have taken charge of their lives and will be able to successfully negotiate their way to successful lives with tools they developed at The Village Project, Inc.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • Since the agency’s founding, one of its strong points has been its outreach and education activities into communities. We have strong collaborative and partnership relationships with churches, community organizations, civil rights organizations, businesses and other nonprofit organizations. Early support of our agency by all of the historically Black churches in Monterey County helped us reach African Americans throughout this County. One of those Pastors was a founding member of our board of Directors. When he stepped down, he was replaced by another Pastor who was a long time supporter of this agency. The churches as well as the other organizations mentioned here are the primary venues we have been able to use to reach the unserved and underserved members of the African American community. Additionally, civil rights organizations like the Monterey county Branch of the NAACP and the Monterrey, Salinas and North County Councils of the League of United Latin American Citizens have long been supporters of The Village Project, Inc. and have provided us with opportunities to address their groups at public meetings regarding our agency and our programs and services. Additionally, an informal network of “Village Project Alums” have taken it upon themselves over these years to serve as word of mouth Ambassadors who extol what they believe are the virtues of this agency and, unashamedly, tell others what their experiences have been receiving services at our agency. We continue to hold periodic “Open Houses”, such as the one we held two years ago when we presented a resolution to our County board of Supervisors declaring July as Bebe Moore Campbell National Minority Mental Health Awareness Month and for Monterey County to continue to recognize and celebrate that month from that point forward. As a result, we held an open house at The Village project, Inc. in which over 400 local residents and elected officials attended. • We have always responded to needs that express themselves in our community. For instance, nearly six years ago, we created an afterschool academy to provide educational as well as counseling assistance for high risk and at risk youth grades 1-12. We began to experience success almost immediately as these students began to learn and cease committing behaviors that had so often resulted in them being suspended from school numerous times. We now have at least 5 of the original students who started our academy who are now in college. The younger ones in that original group are all beginning to graduate from high school with most saying they will be going to college after graduation. The combination of high expectations, group and individual counseling and family therapy and caring culturally relevant approaches by staff to working with these students has resulted in great successes for almost all students who have been in that program the past now going on 6 years.

- Likewise, other offerings we have such as a Cal Am waste water treatment class we have been sponsoring for the past five years has resulted in 12 members getting jobs with Cal Am and other companies in the water industry with starting jobs at \$35.00 per hour. Many of these former class members were ex-felons who are changing their lives.
- We have groups for at risk and high risk Boys and Girls that have also been successful in changing these youths lives around. We also have a low income family support group that has helped to strengthen families and bring disparate parts of these families back together. Many have acquired jobs or completed GED's.
- These are programs for which there seems to be little funding even though we continue to search. Despite funding issues, we have always believed that our agency has a responsibility to meet the needs of this population of people, because by not meeting those needs, we would not be providing the prevention and early intervention services needed by members of our community in order to stay healthy and productive members of their community.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	40	61	\$315,360	\$315,360	\$5,170
2015-16	40-50	104	\$476,973	\$476,973	\$4,586
2016-17	40-50		\$496,052	\$496,052	\$9,921

Program Name	Gay, Lesbian, Bisexual, Transgender Counseling, Community Human Services (CHS)
Background and Community Need	Outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for GLBT individuals and their significant others. This population has been historically underserved in Monterey County and has significant mental health issues related to GLBT issues. Services provided in culturally and linguistically competent settings.
Population of Focus	<ul style="list-style-type: none"> • Target Population: GLBT individuals of any age in Monterey County experience mental or emotional health issues. • Services provided in English and Spanish • Services provided in Salinas and Seaside • Services funded by both Medi-Cal and MHSA. Medi-Cal clients must demonstrate medical necessity.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Benefits: Improved mental and emotional health and a positive effect on health outcomes
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Partnering with Central Coast HIV/AIDS for outreach. Also conducting outreach to high school Gay Straight Alliances, PFLAG, participating a GLBT community events. • Outreach efforts have been disappointing, resulting in low numbers of referrals to the program. Increased marketing and outreach efforts are needed to reach this target population. • Growth: We would like to conduct more targeted outreach and marketing and increase the number served. Would require additional funding.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	25	18	\$64,008	\$27,048 outreach \$1,956 drop in counseling \$3,110 therapy	\$2,129 (outreach funding excluded from this calculation)
2015-16	40	19	\$66,570	\$28,130 outreach \$2,035 drop in counseling \$11,423 therapy	\$708 (outreach funding excluded from this calculation)
2016-17	40		\$69,233	\$29,256 outreach \$2,117 drop in counseling \$11,315 therapy	\$336 (outreach funding excluded from this calculation)

Program Name	Health Promotion/Reducing Disparities
Background and Community Need	In collaboration with diverse community partners and sectors such as media, education, the faith community, and community nonprofits, this project aims to increase awareness of mental health and mental health services and supports and decrease stigma. It uses various channels and communication strategies including newspapers, air time, radio shows, social media, digital stories, TV, outreach events and presentations, etc. to increase recognition of early signs of mental illness, reduce stigma and discrimination, prevent suicide, increase access and linkage to treatment, and improve timely access to services for underserved populations.
Population of Focus	The key four populations of focus are: Under/Unserviced Cultural Populations; Trauma Exposed Individuals; Youth in Stressed Families; and Youth at Risk of Juvenile Justice Involvement.
Service Goals and Public Health Benefit	As a result of these strategies, Monterey County residents will experience decreased stigma, increased help seeking, decreased risk behaviors such as poor parenting skills, increased social connections, and decreased psychological distress. The public health benefits or benefits to the community include a reduction in suicide, incarceration, homelessness, school dropout, foster care, unemployment, different health outcomes across groups.
Strategies to Engage Underserved Populations	This program is helping address disparities and engaging underserved populations by actively outreaching to them in their communities and places of gathering. In our efforts to become more culturally relevant, we will provide at least one cultural competence training per year open to all Behavioral Health Staff. The goal of this program is to expand knowledge of, quality, and quantity of cultural sensitive services available to underserved populations.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2015-2016			\$322,000	\$322,000 (amount budgeted)	Not applicable
2016-17			\$4,000	\$4,000	Not applicable

Program Name	Latino Community Partnership, Center for Community Advocacy
Background and Community Need	<i>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</i>
Population of Focus	All ages Farmworkers Monterey County
Service Goals and Public Health Benefit	Access to behavioral health services to a community that otherwise would have no access. By making behavioral health services accessible. What are the goals and outcomes this program is trying to achieve? 1) Train CCA farmworker leaders to provide behavioral health presentations to their peers and to refer farmworkers who need services to the Behavioral Health Division. 2) provide basic behavioral health education to CCA-trained farmworker leaders who then share what they learned with their peers. 3) Introduce farmworkers to the county's behavioral health services and make those services available to them.
Strategies to Engage Underserved Populations	Delivering behavioral health education and generating referrals to counseling services for a population that otherwise would go unserved. CCA's peer-to-peer approach addresses the stigma that farmworkers attach to the need for behavioral health services. This help us reach a population that otherwise is reluctant to use needed services.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	1000	2,400	\$88,568	\$88,568	\$37
2015-16	1000	1,814	\$88,568	\$88,568	\$49
2016-17	1000		\$95,000	\$95,000	\$95

Program Name	Latino Community Project aka The Promotores Mental Health Program, Central Coast Citizenship Project
Background and Community Need	The Promotores Mental Health Program was created to help address the issue of underserved populations' access to mental health services. This program has sought to help educate the community about mental health issues and remove the stigma associated with seeking mental health services. This program was created exclusively with MHSA/Prop 63 funding. During the time of service, we have expanded services into South Monterey County.
Population of Focus	<ul style="list-style-type: none"> • Any age, our typical ages served are individuals between 18-65. However, our clients include children and adolescents as well as senior citizens. • Our cultural groups of focus include Mexicans, Mexican-Americans, and other underserved cultural groups. • We serve clients in Salinas as well as South Monterey County. • We serve a variety of diagnoses. Typically our clients suffer from anxiety and depression. We serve clients within the scope of practice of a Marriage and Family Therapy license.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The public health benefits and community benefits provided by our program include helping people access mental health services in a way that allows them to see mental health services with less stigma. Our program seeks to provide education and services in a way that helps to normalize the experience of reaching out and dealing with everyday situations and stressors. We have been allowed to share doctor and county offices in South Monterey County to provide services to clients closer to their own communities and in smaller centers that will perhaps be less intimidating for our population. • This program will improve clients' quality of life by providing them access to resources and counseling to improve their coping strategies and ability to recognize mental health issues early before they escalate. Most of our counseling services are short-term. However, our program provides some flexibility to see clients after for check-ins because we don't have restrictions on number of visits. Our program seeks to help individuals focus and build on their own strengths and coping strategies to help prevent relapse to the same level of distress. • Our program is seeking to help destigmatize reaching out for mental health services, serving South Monterey County residents, and serving uninsured and underserved populations.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • To help address disparities and engage underserved populations, our program is seeking to provide community outreach at local events as well as bilingual and culturally appropriate services to our focus populations. • Some of the challenges to reaching specific populations has been engaging senior citizens which has been a goal for us. It would be possible, in the future, to attempt to partner with agencies that serve seniors in our area. • One of the goals we have had would be to add a second counselor to focus on Salinas residents, and perhaps seniors in the Salinas area.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	Presentations to 3,200 Monterey County residents		\$85,160	\$85,160	estimated \$26.61
2015-16	Presentations to 3,200 Monterey County residents		\$85,160	\$85,160	estimated \$26.61
2016-17	Presentations to 3,200 Monterey County residents		\$85,160	\$85,160	estimated \$26.61

Program Name	Parent Education Partnership, Community Human Services
Background and Community Need	Community Human Services (CHS), in partnership with Partners for Peace, Behavioral Health and Social Services, provides parenting education in English and Spanish throughout Monterey County utilizing the evidence-based best practices “Positive Parenting Program,” or “Triple P,” and “Strengthening Families Program.” Mental Health Services Act funding allowed both Community Human Services and Partners for Peace to expand services and reach more people. Former partners include Salinas Adult School, Alisal Healthy Start and Soledad Adult School. Funding issues and space limitations prompted these groups to leave the partnership.
Population of Focus	<ul style="list-style-type: none"> • Target populations: Spanish and English speaking parents of children ages 2 – 18 in Monterey County. • Areas served: Salinas, Seaside, North County, South County.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Benefits: Parents increase parenting confidence, knowledge and skills and become more aware of mental health services available. Children’s emotional/behavioral challenges are addressed by parents. Families will have less conflict. Out of control behaviors will be minimized. • Goals and outcomes: A minimum of 20 8-10 week parent education classes will be provided to a minimum of 250 parents in English and Spanish. Services are to be provided in culturally and linguistically competent settings. Recruit and training parent educators as needed to ensure organizational capacity for parent education.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program works closely with school districts, churches, cities, community-based organizations and Social Services to cast a wide outreach net to underserved populations. Outreach is conducted in both English and Spanish and includes presentations, fliers and schedules of upcoming classes, press releases, newspaper and newsletter articles, e-blasts, etc. • Growth: This program has the potential to continue growing if additional funding is available. Demand for services is not currently being met.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	700	665	\$172,216	\$159,000	\$259
2015-16	700	652	\$179,387	\$165,360	\$275
2016-17	700		\$201,355	\$171,975	\$288

Program Name	Suicide Prevention Service/a program of Family Service Agency of the Central Coast
Background and Community Need	<p>Suicide Prevention Service is a program of Family Service Agency of the Central Coast and has been serving Monterey, Santa Cruz, and San Benito residents since 1967. Our primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. Our integrated method of service delivery includes a 24/7/365 free, multilingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide.</p> <p>Nearly everyone is touched by suicide at least once in their lifetime. In 2014, Monterey County experienced 57 suicides; the youngest was 15 and the oldest was 96. Our staff regularly participates in local needs assessments to contribute and learn from discussions on priorities. The Monterey County Community Health Assessment (2013) reviews of mental health indicators affirm the need for continued suicide prevention and intervention activities. Local data showed there was a significant increase in suicide among residents age 45-64, especially males, and that suicide rates for females more than doubled from 1999-2001 to 2008-2010.</p> <p>Prop 63 funding enabled us to successfully adapt our program to align with nationally recognized standards for best practices and to become accredited through the American Association of Suicidology. Prop 63 funding has allowed us to diversify the range of activities we are able to offer to support residents of Monterey, Santa Cruz, and San Benito counties. Outreach personnel are now trained to offer a variety of new training programs, including ASIST, SafeTalk, and Mental Health First Aid, amongst others.</p>
Population of Focus	<p>Outreach personnel conduct educational presentations and trainings to the tri-county community and targeted gatekeeper groups and the populations they serve, with an emphasis on traditionally underserved and unserved communities, including: middle and high school aged youth, college and university students, faculty, Latino youth and adults, assisted living and retirement community staff and residents, senior citizens, substance use service providers and clientele, LGBTQQIAA youth and adults, domestic violence/sexual assault prevention agencies, mental health support organizations, first responders, and survivors of suicide loss, among many others.</p>
Service Goals and Public Health Benefit	<p>The Surgeon General has described suicide as a serious public health problem that causes pain, suffering, and loss to families nationwide. Furthermore, suicide prevention and intervention has been identified as a key priority at both the County and the State level. As a program, Suicide Prevention Service's primary service goal is to meet the growing need of suicide crisis response of the tri-county community and provide the highest level of service delivery possible, while maintaining accreditation through the American Association of Suicidology. We seek to provide the community with factual information about suicide, to dispel myths, to lower stigma by normalizing thoughts and feelings, and to offer tri-county residents local resources, such as our 24-hr suicide crisis line, as an alternative to suicidal behavior.</p>

Strategies to Engage Underserved Populations	<p>Suicide Prevention staff is required to attend training designed to enhance cultural competency, as well as topic and population-specific cultural competency trainings. Open staff positions advertise a language differential for Spanish speaking candidates and distribute postings to encourage bicultural candidates to apply. We actively recruit, hire, and train staff members and volunteer responders across different cultures and the lifespan. Currently our program staff is one third bilingual and bicultural. This year we provided PSAs and interviews via local bilingual radio programs specifically for this purpose. Through using the Language Line interpretive service, we are able to communicate with callers to the suicide crisis line, potential suicide bereavement support services clients, and other community members in over 150 languages. We also continue to consult with local and statewide experts (including the Know the Signs Team) to build the base of literature and strategies we use to reach various groups (eg. El Rotafolio, a Spanish language flip-chart based curriculum to engage health workers and to reach Latinos). Additionally, we provide outreach and referral services to many middle and high school and college aged youth (both public and private), parents, staff, and organizations that serve transitional age youth, as well as youth in the juvenile justice system and/or social services. We outreach to adult populations in general and higher risk adult groups by providing trainings, presentations, and materials to social and mental health service providers, through a presence at public community events and health fairs, and through outreach to local businesses and organizations. All materials, presentations, and trainings are available in English and in Spanish.</p>
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	Presentations to 6,000 Monterey County residents	Presentations to 5,029 Monterey County residents	\$270,500 (Monterey County portion; Outreach and suicide crisis line)	\$181,337	\$0.23 per outreach participant
2015-16	Presentations to 6,500 Monterey County residents	Presentations to 5,828 Monterey County residents	\$300,500 (est. Monterey County portion; outreach and suicide crisis line)	\$224,372	\$0.25 per outreach participant (est.)
2016-17	Presentations to 7,000 Monterey County residents		\$320,000 (est. Monterey County portion; outreach and suicide crisis line)	\$224,372	\$0.3 per outreach participant (est.)

Program Name	Veteran's Reintegration Transition Program, Monterey County Office of Military & Veteran's Affairs
Background and Community Need	<p>With the rapid draw down of the armed forces and combat operation coming to an end, over 2 million U.S. military men and women who served in both major combat operations are returning to private life. Many were exposed to combat stress and suffered injuries both visible and invisible. Their experiences produced emotional challenges. For some; long-lasting abnormal behaviors such as isolation, self-medication, alcohol, and drug abuse led to criminal behavior. Mental Health best practices demonstrate that early mental health intervention and targeted treatment can help these individuals and families fully recover and lead quality and productive lives. Children are particularly impacted by the emotional challenges facing their families; therefore early intervention and treatment can prevent permanent scars. To add to the current conflict drawdown, Monterey County has a large population of veterans and their dependants from the Vietnam Conflict who can also benefit from (VRTP). They will receive the support and services not provided to them when they were released from service. They can also assist the program by acting as mentors for our returning service members providing their experience and guidance to assist returning service members from today's major conflicts. Vietnam Veterans continue to make up the majority of homeless veterans in the community followed by an increase of current conflict veterans including female veterans. VTRP VSRs will be committed to search out those who are in shelters, on the street, or in local correctional facilities to render assistance with mental health, healthcare and social service referrals.</p>
Population of Focus	<p>The Veteran Reintegration Transition Program focus is on the county's large (20,704) veteran population. 12 % served after 9/11/2001. Over 2,484 of these veterans served in Iraq or Afghanistan and have returned to Monterey County to start their lives over. Many served multiple tours of duty and suffer from both visible and invisible injuries including mental health disorders such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Some are homeless living in temporary shelters, automobiles, are incarcerated, or use the local emergency rooms as a respite. 36.9% of the veterans in Monterey County served during the Vietnam Era and approximately 7640 reside in Monterey County. 13.1% are Korean War era veterans and approximately 2712 reside in Monterey County. 10.8% are WWII veterans with about 2236 residing in the county and will benefits from services in the form of referral to health and human services, state veterans homes, and after life service assistance for their survivors and dependents. 14% of the remaining veteran's population is considered to be peace time/ Cold War era veterans with about 2898 of these veterans living in Monterey County.</p>
Service Goals and Public Health Benefit	<p>To assist veterans and their dependents in securing entitled benefits. Provide education and awareness to veterans their dependents and survivors on entitled benefits to include mental health services in the community. Stream line the process of transitioning service members veterans and their eligible dependents to healthcare, mental healthcare, education, employment and other community based services. By assisting transitioning service members, veterans and their dependents. It would enable Public Health to transition those who are eligible for VA Healthcare from Monterey County Public</p>

	Health Services to Veterans Administration Healthcare Services. This would save the County money by transitioning VA eligible clients onto VA rolls and removing them from Public Health rolls.
Strategies to Engage Underserved Populations	Priority will be given to combat veterans and their families/dependents that were recently discharged from active military service and are now transitioning from combat back to the community. Outreach services will be provided to any veteran with a no closed door approach to veterans their families and dependents. The Military Veterans Affairs office (MVAO) will also continue to participate in active duty and reserve/ National Guard retirement briefings at the Defense Language Institute (DLI) Presidio of Monterey and Naval Post Graduate School, Ft. Hunter Liggett and Camp Roberts. Incarcerated veterans outreach will continue at Soledad State Prison, Salinas State Prison, Monterey County Jail, and by mail from combat back to the community. Outreach services will be provided to any veteran with a no veterans incarcerated in other jurisdictions.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2015-16	867	693	\$20,000	\$0*	\$28.86
2016-17	762		\$20,000	\$20,000	\$26.24

*No funds requested/disbursed during FY 2015-16.

SERVICES FOR CHILDREN & YOUTH

Program Name	Adoption Preservation, Kinship Center/Seneca
Background and Community Need	The Adoption Preservation program was formed to address the on-going needs of post-adoptive families. Research has shown that adoption disruptions can be prevented through the utilization of a continuum of adoption related services that include case management, therapeutic care, and skills acquisition training.
Population of Focus	The Adoption Preservation Program is open to any pre or post adoption family that is caring for children aged 0-17 in any region of Monterey County. Kinship Center has the capacity to serve enrolled families in both English and Spanish. Further, Kinship Center is committed to providing culturally and linguistically appropriate services to all of our diverse clientele which include Caucasian, Hispanic, African American, Bi-racial, and transracial families. If mental health services are indicated, we will treat any Medi-Cal eligible diagnosis that is identified through the assessment.
Service Goals and Public Health Benefit	The services provided through the Adoption Preservation Program will increase the permanency of adoption placements and thereby reduce the substantial costs associated with caring for children in the Foster Care System. This model helps to strengthen families and increase their level of attachment, efficacy, feelings of safety and psychological well being. By stabilizing these family placements, the program also intends to help reduce the negative outcomes associated with children who grow up predominately in the foster care system-- poverty, teen pregnancy, juvenile delinquency, and lack of educational attainment.
Strategies to Engage Underserved Populations	Kinship Center is the only specialty mental health clinic that works exclusively with families throughout Monterey County that have been touched by adoption, foster care, and relative caregiving. As such, we have ready access to the population that we intend to serve. To ensure that our services are known in underserved regions of the county, we routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. We also do targeted outreach in schools, libraries, WIC offices, and YMCA's in underrepresented areas throughout the county.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	6	2	\$310,098	\$28,987	\$155,049
2015-16	6	3	\$322,299	\$30,197	\$107,433
2016-17	6		\$301,898	\$158,094	\$50,316

Program Name	Early Childhood/Secure Families
Background and Community Need	<p>Monterey County Behavioral Health has partnered with the community and First 5 to provide specialized mental health services for young children age 0-5 and their families over the past 10 years. Originally our partnership with First 5 covered providing reflective supervision to Promotoras who were working with young children. 10 years ago there was limited community capacity to provide mental health services to children 0-5 and their families and Behavioral Health was approached by First 5 to take over a contract for a community provider who was having a hard time recruiting and maintaining bi-lingual therapists to serve this population. In large part due to First 5 and an increased awareness in the mental health profession of the and understanding of the need to provide specialty mental health serves in early childhood, Monterey County has sustained and grown our service array to meet the needs of young children and their families. We have been able to build capacity of the program with on-going First 5 funding, MHSA and Medi-Cal billing. In the past our collaborative program was called "School Readiness" and has evolved into our Secure Families Program.</p> <p>The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive development.</p> <p>Services include: Dyadic Therapy (parent/caregiver and child), Parent-Child Interaction Therapy, Circle of Security Groups, Mental Health Consultation in Early Childhood classrooms, Developmental and Social-Emotional Screenings. Services are provided in conjunction with Family Resource Centers throughout Monterey County including King City, Salinas, Seaside and Castroville.</p>
Population of Focus	<ul style="list-style-type: none"> • Children age 0-5 and their parents/caregivers • In FY 2013-2014 80% of clients served were Hispanic/Latino • All regions are served. If FY 2013-2014 29% of services were provided in South County.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Public Health Benefits and benefits to participants <ul style="list-style-type: none"> ○ Increased parental understanding of age appropriate child development and increased parental competence in meeting needs of children age 0-5 ○ Increased social-emotional competence in children age 0-5 • Goals include: decreased mental health symptoms, increase ability of children to regulate emotions, increased parental understanding of their children's needs and ability to respond to those needs.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program offers services in Spanish and in English and has increased bi-lingual capacity. Appointments are offered in family friendly locations and during early evening hours to accommodate working families. • Lack of community awareness about the importance of early childhood mental health can be a barrier. Also for families who have other children and need childcare this can be a barrier as we do not have capacity to provide childcare. • We expect a slight increase this year as the staff was hired mid-year with a higher increase when we are fully staffed for a full year. We would like

	<p>to provide more Circle of Security groups to parents whose children do not yet have a mental health disorder and increase our ability to provide preventive services. We are exploring how to provide these services and have proper documentation given our use of the Electronic Health Record. If we are able to do this numbers served could increase by 10-40 more parents per year.</p> <ul style="list-style-type: none"> • Mental Health Screening for Children 0-8 has not been tracked as a separate program. Additional analysis will be done to see how many children are served with PEI funds in this area.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15		662	\$672,650	\$295,974	\$1,016
2015-16		682	\$576,493	\$276,717	\$845
2016-17			\$927,424	\$422,217	

Program Name	Family Preservation				
Background and Community Need	<p>The Family Preservation Program is an intensive, short-term, in-home crisis intervention and family education program for monolingual Spanish speaking families in Monterey County. The program is designed to prevent 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.</p> <p>This program, staffed by one clinician, was vacant for the greater portion of the 13/14 fiscal year. Therefore the number of clients served in 13/14 is a reflection of this unfilled position.</p>				
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups – Any minor child that is at risk for placement in publicly funded care and is from a monolingual Spanish speaking family is eligible for this program. • Culturally specific groups – Any monolingual Spanish speaking family within Monterey County that is experiencing challenges with maintaining their children in their home and there is risk of out of home placement can be considered for this program. • Regions served: All regions of the County of Monterey • Any special diagnostic category to be served – Monolingual Spanish Speaking Families where there is imminent risk of the child being placed in out of home care are the focus of this program. 				
Service Goals and Public Health Benefit	<p>With a focus on educating and empowering families to meet the needs of their children, even in high intensity situations, this program can allow families to remain together.</p> <p>This program can assist in preventing clients from being removed from their homes and family and placed in out of home care.</p> <p>Through providing in home mental health intervention and psycho-education, this program enables parents to meet the high needs of their children. In turn this allows clients to build safer and more secure relationships within their family leading to a long term support system.</p> <p>This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The goal is to preserve the family as an intact unit.</p>				
Strategies to Engage Underserved Populations	<p>Maintaining the sole position within the program remain filled with a Spanish speaking therapist. Due to the intensive nature of the service, families that are unable to devote the time or are homeless are a challenge to provide services to. Everyone served within the current program is part of an underserved population.</p>				
Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	10	8	\$171,035	\$76,656	\$21,379
2015-16	10	1	\$115,057	\$55,227	\$115,057
2016-17	10		\$165,565	\$132,423	\$16,557

Program Name	Family Reunification Partnership (FRP)
Background and Community Need	FRP is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSS) social workers into one cohesive program. This intensive and collaborative approach to helping families in the Reunification process was developed out of the high need for support and services that many families required to have an opportunity for successful reunification.
Population of Focus	Outline the key population of focus to be served noting: <ul style="list-style-type: none"> • Specific age groups – all age groups; the entire family that is engaged in the Reunification process is eligible for services. • Culturally specific groups – Any family that is receiving reunification services in Monterey County can be considered for these services. • Any special diagnostic category to be served – Families with high needs and numerous barriers and challenges that are impacting their potential success within the reunification process are the specialty focus of this program.
Service Goals and Public Health Benefit	Children that have been neglected/abused within their family are given an opportunity to be returned to a safe environment within their family system. Parents are provided support, education, and resources to change and improve their parenting capacities and provide for the needs and safety of their children. Clients are provided the opportunity to be reunited with their families within improved environments where their parents are able to keep them safe and meet their needs. This program ensures that children are returned to a safe and stable environment, preferable with their families. Families within the Reunification process that have greater than typical challenges will be able to safely reunite and create a stable home environment that will support the mental health and emotional needs of their children.
Strategies to Engage Underserved Populations	This program does not discriminate based on age, gender, race, language, etc. No one who is eligible for family reunification service is turned away from this program. The program is expected to hire additional social workers and therapists to serve more families. We would like to increase services by 25% in future fiscal years.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	30	46	\$763,954	\$533,658	\$16,608
2015-16	30	45	\$513,921	\$246,682	\$11,420
2016-17	40		\$406,695	\$192,897	\$10,167

Program Name	Home Partners
Background and Community Need	The Home Partners Program is an intensive, short-term, in-home crisis intervention and family education program. The program is designed to prevent 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.
Population of Focus	Outline the key population of focus to be served noting: <ul style="list-style-type: none"> • Specific age groups – Any minor child that is at risk for placement in publicly funded care is eligible for this program. • Culturally specific groups – Any family within Monterey County that is experiencing challenges with maintaining their children in their home and there is risk of out of home placement can be considered for this program. • Regions served: All regions of the County of Monterey • Any special diagnostic category to be served – Families where there is imminent risk of the child being placed in out of home care are the focus of this program.
Service Goals and Public Health Benefit	With a focus on educating and empowering families to meet the needs of their children, even in high intensity situations, this program can allow families to remain together. This program can assist in preventing clients from being removed from their homes and family and placed in out of home care. Through providing in home mental health intervention and psycho-education, this program enables parents to meet the high needs of their children. In turn this allows clients to build safer and more secure relationships within their family leading to a long term support system. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The goal is to preserve the family as an intact unit.
Strategies to Engage Underserved Populations	Accepting referrals from all regions of the community. Due to the intensive nature of the service, families that are unable to devote the time or are homeless are a challenge to provide services to. Everyone served within the current program is part of an underserved population.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	10	11	\$205,241	\$149,151	\$18,658
2015-16	12	16	\$138,068	\$66,273	\$8,629
2016-17	12		\$271,130	\$165,000	\$22,603

Program Name	Integrated Co-Occurring Treatment (ICT), Door to Hope
Background and Community Need	An intensive program that provides an evidence-based practice for adolescents and young adults with co-occurring substance use and mental health disorders in a strength-based and home visitation model. ICT was opened in 2008 as a result of the MHSA funding in Monterey County and expanded in 2015 to serve young adults 18-24 years as well as teens age 13-17.
Population of Focus	ICT serves teens or young adults residing in Monterey County <ul style="list-style-type: none"> ○ between the ages of 12 and 17 or 18 and 25; ○ with a significant substance use disorder that necessitates intervention; AND ○ a co-occurring mental health Axis I disorder, (excluding a sole diagnosis of Conduct Disorder or disruptive behavior disorder NOS); AND/OR ○ a behavioral disorders that co-occur with other Axis I Mental Health Disorders; AND ○ at risk for an out of home placement.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Increase treatment options for teens/young adults in the least restrictive setting, • Improve youth's overall functioning, • Reduce acute mental health and substance abuse symptoms, • Improve family functioning • Increased success in education, • Decrease recidivism and/or prevent further involvement with the juvenile or criminal justice system • Increase services that employ "full service partnership model".
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Outreach to high schools and community colleges, • Over 60% of staff are bi-cultural and bi-lingual, • Work closely with probation and social services departments, • Provide services to North & South County communities. • Successfully utilize community peer partnerships to engage and retain youth that are typically underserved.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	94	86	\$484,301	\$207,663	\$5,631
2015-16	154	98	\$785,321	\$392,661	\$8,013
2016-17	154		\$802,069	\$378,852	\$5,009

Program Name	Juvenile Justice: CALA Mental Health Court
Background and Community Need	CALA Mental Health Court began in order to serve the more seriously mentally ill youth at home and in the community, instead of in out of county residential placements. This team works closely and intensively with youth and families. It is a Full Service Partnership. Behavioral Health is co-located with the assigned Probation Officer, and the youth are seen monthly by the Juvenile Court.
Population of Focus	Youth with significant mental health and co-occurring disorders who are involved with the Juvenile Justice system. Referrals come from Probation. All cultures are served. It is difficult to serve the regions that are far from Salinas, due to the Court dates, and multiple contacts with Probation and Behavioral Health. This can pose a time and/or transportation problem for some families.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Healthier youth. • Not removing them from their home and community. • Progress is made in the environment that they will continue to live. • Youth will not remain in the Juvenile Justice system. • Youth will be treated for dual diagnosis if necessary.
Strategies to Engage Underserved Populations	<p>Screening referrals for the Juvenile Court, to identify mental health and substance use/abuse risk factors.</p> <p>Assessing youth's ability to benefit from the program.</p> <p>Accepting youth or suggesting a more appropriate referral to Probation.</p> <p>This team tries to assist families with the transportation piece when this is a hardship, but this may depend on whether we have the capacity on that day to get a car and a staff person for this task.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15		FSP:16 SD:7	\$454,780	\$317,400	
2015-16		FSP:19 SD:4	\$489,869	\$316,927	
2016-17			\$542,260	\$445,235	

Program Name	South County Children's Clinic - Kinship Center/Seneca
Background and Community Need	The South County Outpatient Mental Health Clinic was created to serve a traditionally underserved portion of Monterey County residents who have varied needs for family mental health treatment and whose social, and emotional well-being has been negatively impacted by loss, trauma, grief, abuse, neglect, substance abuse, incarceration, and domestic violence.
Population of Focus	<ul style="list-style-type: none"> • Children 0-18 and their families. • Culturally specific groups include Latino, Caucasian, and African American families and our clinic is open to serving any cultural group that is in need of services and meets criteria for services. • Cities south of Salinas to the southern Monterey County border. Currently we are serving a family in Bradley. • We serve all Axis I diagnoses included in the DSM IV TR
Service Goals and Public Health Benefit	Our clinic model is based on serving attachment, development, and trauma needs and helps to strengthen families and increase secure attachment, efficacy, feelings of safety, and psychological well-being. By stabilizing families, the program intends to help reduce the negative outcomes associated with untreated mental health problems including, insecure attachment, complex trauma, juvenile delinquency, and lack of educational attainment. Services are provided predominately to children and their families but may also include individual and group services.
Strategies to Engage Underserved Populations	Kinship Center is the only outpatient mental health clinic in South County besides Monterey County Behavioral Health (MCBH). We participate in community events and have a close working relationship with MCBH to insure that we are serving residents who are in need of services for children and families in the South County Region. We have hired bilingual/bicultural Therapists, Family Support Counselors, and Administrative staff to be able to serve all facets of our South County Communities. In order to be able to increase numbers of families being served in South County we continue to add more staff and advertise throughout the bay area in our search.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution Monterey County	Cost Per Client
	Goal	Actual			
2014-15	60	47	\$264,251	\$26,425	\$5,622
2015-16	75	61	\$431,718	\$43,718	\$7,077
2016-17	90 (projected)	55 (to date)	\$489,545	\$48,954	\$5,440

Program Name	Nueva Esperanza, Door to Hope
Background and Community Need	A residential program for pregnant and parenting women with co-occurring disorders and their children that utilizes evidence-based practices in a warm, comfortable setting. NE provides a comprehensive range of mental health, substance use disorder treatment, dyadic therapy, trauma-informed services, and parenting education and support in strength-based environment.
Population of Focus	Nueva Esperanza serves adult women and their children residing in Monterey County who are <ul style="list-style-type: none"> ○ Pregnant, or; ○ Parenting (in custody of a child under the age of 5 and their siblings age 5-11); ○ Have significant substance use disorder that necessitates intervention; AND ○ Have a co-occurring mental health Axis I disorder, (excluding a sole diagnosis of Conduct Disorder or disruptive behavior disorder NOS).
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Increase readiness to change to treat chronic mental health and substance use disorders; • Increase knowledge of trauma for the parent on infants and developing children, • Utilize evidence-based practices to treat co-occurring disorders, • Improve attachment and development, • Re-unify and resolve child welfare cases as necessary, • Assist children experiencing early childhood trauma to be healthy and socially/emotionally prepared to enter school, • Improve individual and family functioning.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Provide culturally-specific services to women and their children, • 50% of staff are bi-cultural and bi-lingual, • Work closely with mental health, probation and social services departments, • Provide services to North & South County communities.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	58	42	\$605,270	\$160,938	\$14,411
2015-16	58	47	\$601,923	\$109,340	\$12,806
2016-17	58		\$630,958	\$46,323	\$10,878

Program Name	Santa Lucia, Door to Hope
Background and Community Need	Santa Lucia provides mental health services to adolescent females age 13-18 who require residential care and who are placed in out of home care by Social Services or Probation to identify, assess, treat, and stabilize psychiatric, emotional, behavioral, and co-occurring disorders
Population of Focus	<p>Santa Lucia serves teenage girls residing in Monterey County</p> <ul style="list-style-type: none"> • between the ages of 13 and 18; • with a significant substance use disorder that necessitates intervention; AND • a co-occurring mental health Axis I disorder, (excluding a sole diagnosis of Conduct Disorder or disruptive behavior disorder NOS); AND/OR • in need of an out of home placement.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Provide mental health and substance use disorder services; • Improve youth's overall functioning; • Reduce acute behavioral symptoms; • Improve family well-being and functioning; • Reduce involvement in the juvenile justice system. • Improve learning, development, independent living, and enhanced self-sufficiency
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Over 60% of staff are bi-cultural and bi-lingual, • Work closely with probation and social services departments, • Provide services to North & South County communities. • Successfully utilize community peer partnerships to engage and retain youth that are typically underserved.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	12	12	\$456,809	\$218,997	\$38,067
2015-16	12	16	\$523,676	\$256,601	\$32,728
2016-17	14		\$457,881	\$59,757	\$32,706

Program Name	Supportive Housing/Incarceration to Success (I2S), Peacock Acres
Background and Community Need	Peacock Acres collaborates with the Monterey County Probation and Monterey County Children's Behavioral Health to provide transitional housing for youth who are exiting the juvenile justice department and need stable housing with independent living coaching. Youth were exiting the Youth Center as JSORT and other types of offenders, and were not able to return home for various circumstances, leaving Peacock Acres to develop a program for youth who needed housing.
Population of Focus	<ul style="list-style-type: none"> • Males ages 16-26 • Youth on probation, and youth are part of the juvenile justice system and mental health system. • Monterey County residents.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Youth are provided safe residential housing and intense case management. Peacock Acres I2S is rehabilitating young adults into the community by using a therapeutic approach with the assistance of Monterey County Probation and Monterey County's Children's Behavioral Health. • Youth are taught independent living skills by building job skills, they are taught how to live independently, and are taught how to manage their mental stability. The program will guide youth by using intense case management and collaboration with county agencies to assist young adults in their transition into adulthood. • Goals for youth who are on probation are to be rehabilitated, learn and practice independent living, not reoffend as an adult, no violations of probation, and transition into productive members of the community. For those youth who are not on probation, those youth are expected to live independently by utilizing all of the resources and coaching they received while in I2S.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Peacock Acres is advocating for youth and their disparity by engaging youth in health community activities, and teaching youth how to build healthy relationships that sometimes may be out of their comfort zones. The program encourages youth to participate in social activities that are beneficial for positive growth. • Challenges that arise in working with formally incarcerated youth are the chance of reoffending, youth have not made relationships with anyone for the duration of their incarceration; therefore, making their transition difficult, and mental health stability. Interventions that will be used to address the challenges are working closely with Children's Behavioral Health, and Monterey County Probation. Youth are expected and held accountable for all program rules and guidelines, and are also expected to follow all direction from Monterey County Probation and Behavioral Health. • The program's goal to increase services is to have a strong collaboration with a youth's team; which includes a probation officer, therapist, and family. I2S is training its staff to better understand the underserved population through community trainings and outside resources. • 70% of the former youth served are no longer reoffending/violating, and are currently working. Those 70% are rehabilitated and transitioned back into society.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	2	2	191,309	\$126,329.00	B&C \$2,848.00 MHS \$2,507.18
2015-16	4	3	\$382,812	B&C: \$154,156.00 MHS \$114,328 Total: \$268,484	B&C \$2,738.00 MHS \$2,117.18
2016-17	4		\$382,812	B&C: \$154,156.00 MHS \$114,328 Total: \$268,484	B&C \$2,738.00 MHS \$2,117.18

Program Name	Transition Age Youth (TAY) Avanza Program
Background and Community Need	<p>The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. Avanza was originally developed with a Federal System of Care Grant that allowed Monterey County to develop developmentally appropriate mental health services for young adults. In 2005 when we received the Federal Grant there were very limited services for young adults with mental health disorders and for young adults who did not have a Serious Mental Illness they were not able to access services through Monterey County Behavioral Health. After the Federal Grant ended we were able to sustain and grow the program with MESA and MediCal billing.</p> <p>In the 2014 Monterey County Behavioral Health Strategic Plan, our community gave us feedback that they wanted continued and expanded supports for young adults with mental health disorders to get vocational assistance and jobs, that youth need more substance abuse treatment and that family members of TAY need more support.</p>
Population of Focus	<ul style="list-style-type: none"> • Youth age 16-25 and their family members – (ethnicity served in FY 13-14 was 72% were Hispanic/Latino) • All regions in Monterey County with expanded capacity to serve South County. FY 13-14 25% of clients served were from South County. • All Moderate to Severe Mental Health issues including co-occurring Substance Abuse disorders
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Public Health benefits include: <ul style="list-style-type: none"> ○ less youth with mental health disorders who are hospitalized or in jail due to untreated mental health disorders ○ decreased suicide attempts and completions ○ increased positive community engagement ○ decreased stigma related to seeking assistance for mental health issues • 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. • Goals are individualized to each youth. In general, movement forward on life domain goals including: education or vocation pursuits, living situation, peer & social supports are seen as positive goals. Reduction in mental health symptoms and increase recovery skills are also program goals. These are tracked on the ANSA and on client TX plans.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program has hired two former clients as youth mentors and this helps engage young adults and we provide developmentally appropriate youth friendly programs. We provide an evidence based practice multi-family group in Spanish for family members who have children with psychotic and other serious mental health disorders. We offer all

	<p>services in Spanish and in English. We provide services in all regions.</p> <ul style="list-style-type: none"> • The program has not been able to expand capacity and it is not expected in the next FY's. One position for a clinical psychologist was approved in FY 2014-2015 but due to organizational needs this was lent to another program and now this will be filled for FY 2015-2016. • Barriers to services include transportation and access to clinics in all regions. We have a lot of referrals from Soledad and we have limited space in our existing BH clinic. • Other barriers to treatment occur when clients are actively using substances and are not able to benefit from mental health treatment. We are increasing a contract with Door To Hope so that they can provide specialty Intensive Co-Occurring Treatment for youth over 18. • We also could better serve youth who have significant trauma backgrounds and need a specialized Dialectical Behavioral Therapy (DBT) or similar type of program. At this time we do not have this to offer and youth who need this level of care often do not benefit from Avanza.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	235	193	\$1,682,957	\$505,117	\$8,720
2015-16	250	227	\$1,710,106	\$530,909	\$7,534
2016-17	250		\$1,811,303	\$980,055	\$7,245

Program Name	Child Advocate Program
Background and Community Need	<p>The Child Advocate Program began in 2001 with funding from Proposition 10, through the Monterey County Children and Families Commission, which is now known as First 5 Monterey County. The mission of the program is to intervene into the cycle of violence, knowing that children exposed to violence in the home are less likely to be socially and emotionally ready for school. Though the years, as our knowledge about child and brain development has expanded so has our target population. Most recently we've included children exposed to toxic stress. Toxic stress in children is defined as living with physical abuse, emotional abuse, neglect, exposure to violence, severe maternal depression, household chaos and prolonged economic hardship. New research from <u>Harvard's Center for the Developing Child</u> shows that toxic stress can cause damage to vital brain development that will largely determine a child's physical, mental and emotional health into adulthood. MHSA allowed the program to support one dedicated probation officer to work with two child advocates to provide much needed services to the at risk children of those adults under the supervision of the Probation Department as the result of a criminal conviction.</p>
Population of Focus	<p>The program's population of focus is :</p> <ul style="list-style-type: none"> • At risk families with a child (children) age 5 or under, in which one or both parents are under the supervision of Probation • High risk families having at least 1 child who has experienced domestic violence and/or child abuse, or are at risk and in need of additional services. • Underserved and unserved cultural populations and unserved populations in Monterey County • Historically, these families have been predominantly low income and Hispanic. Approximately 60% of the families that participate in the program live in East Salinas, North Salinas, and Greenfield. 33% of the families participating are Spanish speaking only.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Assist high risk parents in becoming capable and nurturing caretakers; help families create healthier, stable home environments that enhance the health and safety of young children. • Increase skills in the areas of effective daily living, interpersonal skills, and healthy leisure activities. • Improve family functioning, positive change of home environment, and ensure child's successful entrance into school. • Connection to mental health services, which include community based programs and/or Behavioral Health programs.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Assess high risk families for counseling and other service needs. Assess up to 200 families on an annual basis. 100% of those who are referred are assessed for services. • Provide referrals to community service providers and follow up with families, according to assessed needs. Referral system to be established in partnership with MCBH for clients in need of clinical services not available through Eduardo Eizner, MFT. 80% of those referred for behavioral health counseling actually access those services and 70% of those referred for supportive services actually access those services. • Provide parenting education at no cost to the consumer, using the PEACCE curriculum. 80% of those enrolled in the program actually complete the program and 80% of those who complete the program adequately gained knowledge.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	174	378	\$138,551	\$63,671	\$366
2015-16	174	308	\$144,291	\$63,671	\$473
2016-17	174		\$144,291	\$63,671	\$829

Program Name	The Epicenter
Background and Community Need	Through a contractual agreement, The Epicenter is serving underserved TAY populations in Monterey County including current/former Foster Youth, LGBTQ Youth, and other “systems of care” youth by connecting them to community resources in 4 major pillars (Education, Employment, Housing and Health and Wellness)
Population of Focus	<ul style="list-style-type: none"> Populations served are TAY (Transitional Aged Youth) 16-24 throughout Monterey County as well as other “At-Risk” youth, LGBTQ identified youth, and Probation youth.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> Connects youth to community resources to maximize services to underserved populations and navigate bureaucratic systems. This program enhances TAY quality of life by assisting/linking them to needed resources. Goals are to make resources more readily available to TAY and assist in navigating systems of care as well as advocating for systems change.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> This program does community outreach and collective social events to bring TAY together in one place (Youth Center). Some challenges have been transportation for some of our clients and we have assisted in cost of public transportation, or assisting in educating TAY how to utilize public transportation Our goal is to reach approximately 150 new TAY in Monterey County for the '15-'16 fiscal year. To do both targeted and comprehensive case management with these youth to increase community resource connection and quality of life.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2015-16	150-200	456	\$145,581	\$105,000	\$319
2016-17	250 new clients		\$144,291	\$90,000	\$577

Program Name	MCSTART (Monterey County Screening Team for Assessment, Referral, and Treatment), Door to Hope
Background and Community Need	A collaborative early intervention program with Door to Hope as the lead agency for infants and children experiencing developmental delays and problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, dyadic, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services.
Population of Focus	MCSTART serves Monterey County children age 0 – 11 years with: <ul style="list-style-type: none"> • Severe social/emotional delays or disturbances; or • DC 0-3 disorder of infancy; or • Axis 1 diagnosis indicating mental or development impairment or behavioral disturbance with substantial impairment; or • Open child welfare case or current adoption assistance plan.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Increase early intervention, mental health services, and case management of high risk children and their families; • Increase the number of children prepared to enter school ready to learn, • Increase the number of children able to maintain an adequate level of academic capability and social/emotional development during grade school years. • Build community capacity to respond to the needs of trauma exposed children and their families.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Outreach to high risk families, early childhood educators and caregivers, Early Start, Head Start, schools, and health care providers, • Over 60% of staff are bi-cultural and bi-lingual, • Work closely with child welfare system and social services departments, • Provide services to North and South County communities. • Successfully utilize mentors to engage and retain families that are typically underserved.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15		156	\$1,640,778	\$709,792	\$10,518
2015-16		125	\$1,997,311	\$938,736	\$15,978
2016-17			\$2,267,174	\$453,060	

Program Name	Mental Health Services at Archer Child Advocacy Center
Background and Community Need	The Archer Child Advocacy Center was established to provide a child-friendly central location for forensic interviews where there are allegations of child sexual abuse. The Advocacy Center mental health therapist is available for all interviews on an as needed, on-call basis.
Population of Focus	<ul style="list-style-type: none"> Any minor child participating in a forensic interview at the Archer Child Advocacy Center and their non-offending parent are eligible for services within this program. Regions served – The program is located in Salinas. Any Monterey County resident that participates in a forensic interview at the Archer Child Advocacy Center and their non-offending parent are eligible for services within this program, regardless of their specific county region of residence. Any special diagnostic category to be served – Sexually exploited and abused children are the focus of this program.
Service Goals and Public Health Benefit	<p>The therapist is able to provide mental health support to the non-offending parent of a suspected child victim, can help assess the parent’s ability to safely parent and protect the child from further harm, and may also conduct a brief mental health assessment with children who exhibit symptoms that may warrant further assessment.</p> <p>During such a difficult experience the presence of a mental health therapist can assist the client in addressing the stresses involved in such traumatic experiences and provide support and linkage to further mental health resources that may be needed.</p> <p>The program aims to support non-offending parents and the child victim through the difficult emotional experience involved in undergoing a forensic interview. The therapist also assists in linking families with appropriate treatment resources, provides short term support following interviews and provides follow up to support the client and family in accessing treatment recommendations that were made.</p>
Strategies to Engage Underserved Populations	<p>The District Attorney’s Office determines the clients that receive forensic interviews at the Center and all these clients are eligible for MH services through this program.</p> <p>No challenges in reaching the population however, there has been difficulty in ensuring that clients are able to successfully engage with MH providers in the community post referral.</p> <p>Continued development of referral resources to ensure client access to MH services post forensic interview.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15		67	\$46,557	\$29,292	\$695
2015-16		101	\$8,858	\$5,581	\$88
2016-17			\$135,565	\$38,527	

Program Name	PREP Monterey, Felton Institute, (formerly Family Service Agency of San Francisco)
Background and Community Need	<p>The Prevention and Recovery in Early Psychosis (PREP) Monterey program provides an integrated package of evidence-based treatments designed for remission of early psychosis. There is a strong evidence base for this array of treatments in promoting positive outcomes for people struggling with early psychosis, and collectively they address the impact of psychosis in multiple areas of functioning. The core services include individual psychotherapy (Cognitive Behavioral Therapy for Psychosis - CBTp), strength-based case management, algorithm based medication management, Multifamily Groups (MFG), cognitive remediation training, and educational and vocational support. In addition, PREP serves clients' families and the wide community through a wide public educational and community outreach campaign.</p> <p>PREP is the only coordinated specialty care program for early psychosis in the County of Monterey. In 2013, PREP began providing services in Monterey County funded by the Center for Medicare and Medicaid Services (CMS). After the Federal Grant ended in June 2015, PREP was able to sustain the program with MESA and Medi-Cal billing.</p>
Population of Focus	<p>PREP Monterey provides specialized mental health services for individuals ages 14-35, within five years of onset of psychotic symptoms, who meet criteria for Schizophrenia, Schizophreniform Disorder, Schizoaffective Disorder, or Psychosis NOS. PREP provides services in English and Spanish, reflecting the ethnic, cultural, and socio-economic diversity of Monterey County. PREP services can be accessed on-site and/or at off-site locations of the clients' choice (home, school, or other community locations) throughout Monterey County.</p>
Service Goals and Public Health Benefit	<p>In line with prevention and early intervention practices, PREP Monterey provides psychoeducational presentations tailored to diverse community segments. PREP's active outreach campaign is designed to reduce the stigma related to schizophrenia and psychotic disorders, promote awareness that psychosis is treatable, and help individuals and families in developing a strong network of support.</p> <p>PREP delivers comprehensive, conscientious, and evidence-based services to individuals struggling with early psychosis, intervening early and promoting change. Psychosis early interventions have shown to decrease the number of inpatient psychiatric episodes (or days spent in psychiatric hospital) which in turn results in better outcomes and functional improvement over time. PREP supports symptom remission, active recovery, and clients' full engagement in their community and with peers, co-workers, and family members.</p> <p>The primary goal of PREP is to identify psychosis at the earliest possible point and reduce the impact of psychotic disorders on the individual and their family.</p>
Strategies to Engage Underserved Populations	<p>PREP presentations provide information about early signs and symptoms of psychosis, the importance of early intervention, and includes tips on how to talk about psychosis and access help. With the goal of decreasing stigma and facilitating access to care, PREP encourages calls to its referral line and it is available to answer questions to help family members, friends, and providers identify early signs and symptoms and help individuals in accessing appropriate resources.</p> <p>PREP Monterey engages community-based organizations, social services agencies, behavioral health partners, school districts, faith-based organizations,</p>

and other community partners to distribute outreach materials (available in English and Spanish), provide outreach presentations, and reach out to underserved populations that customarily avoid accessing mental health services due to stigma.

PREP Monterey offers services in Spanish and in English and has increased Bilingual capacity. Appointments are offered on-site or off-site, at locations that are convenient for individuals and families. Psychoeducational Multifamily Group is offered outside of business hours to best accommodate the needs of working families.

PREP has partnered with local organizations in South County in order to provide services in community locations that are more accessible to South County residents and PREP Monterey will continue to participate in resource and health fairs that are held predominantly in agricultural Spanish speaking communities. PREP is the only psychosis early intervention program in Monterey County and the number of participants is gradually increasing.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2015-16	A minimum of 30 unduplicated clients	71	\$500,000	\$250,000	\$7,042
2016-17	A minimum of 30 unduplicated clients		\$500,000	\$250,000	Will vary based on census.

Program Name	School Based Counseling/Pajaro Valley Prevention & Student Assistance
Background and Community Need	Evidence-based mental health services provided to North Monterey County school aged children and their family members who are Medi-Cal or Non Medi-Cal eligible and who suffer from a broad range of mental health needs. Services are provided in Spanish, Mixteco and other native languages.
Population of Focus	North Monterey County children attending schools (elementary and middle school) in the Pajaro/Las Lomas area identified to have the greatest need.
Service Goals and Public Health Benefit	<p>This program provides access to services for an unserved and often underserved population that resides in the most northern region of Monterey County. Pajaro Valley Prevention & Student Assistance, (PVPSA) is the only Medi-Cal certified mental health provider in this geographic area. Research shows that when children receive the appropriate mental health supports, they can more appropriately participate and engage in meeting their academic goals. More specifically, our program goals are as follows:</p> <ul style="list-style-type: none"> • Assist 40-50 Medi-Cal eligible children in developing age appropriate skills in order to manage their impairment(s) and be able to function in day-to-day life. • Assist 40-50 Non Medi-Cal eligible children in developing age appropriate skills in order to manage their impairment(s) and be able to function in day-to-day life. • Provide Spanish and Mixteco translation and coordinate interpretation of services as needed to meet the needs of the population served.
Strategies to Engage Underserved Populations	<p>A key component of this program is the placement of mental health counselors at each school site. A dedicated PVPSA office is found in each site and the mental health counselor participates as a key member of the school team. The mental health counselor provides a family therapy approach to services and engages caregivers/parents as needed to ensure progress in their respective treatment goals.</p> <p>Due to the geographic location of these communities, oftentimes counselors find it challenging to access psychiatric support for children who may require them. Oftentimes counselors are left to drive the child to Salinas to meet with a psychiatrist. Due to limited public transportation in the area, follow-up visits oftentimes become a challenge for parents and caregivers. PVPSA does what it can to support each child and their family in this regard and has hired a bilingual/bicultural case management specialist to support counselors with providing transportation and linkage to support services as needed.</p> <p>PVPSA is looking for an opportunity to leverage additional funding to further support expansion of these services in this region. Currently we have a wait list and are in need of additional resources to meet the demand. We are in the process of identifying other funding sources to support primarily the provision of services for the Non Medi-Cal population which is in need of supports in this area.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	50 Medi-Cal	89	\$230,000	\$102,669	\$3,213
	40 Non Medi-Cal		\$56,000	\$ 23,809	
2015-16	50 Medi-Cal	117	\$230,000	\$133,716	\$2,444
	40 Non Medi-Cal		\$56,000	\$56,000	
2016-17	50 Medi-Cal		\$230,000	\$129,108	\$4,600
	20 Non Medi-Cal		\$56,000	\$56,000	\$2,800

Program Name	Seaside Youth Diversion Program
Background and Community Need	<p>Seaside Youth Diversion Program is a partnership between Seaside Police Department, Monterey County Probation, and Behavioral Health. Mental Health Services Act, (MHSA), funds a half-time Psychiatric Social Worker, who accepts referrals from the Seaside Police Department, and in collaboration with the Monterey County Probation Department, Behavioral Health provides individual, group and family treatment to youth at risk of becoming involved with the Juvenile Justice system.</p> <p>This program is on the Prevention end, and attempts to treat youth early on, in order to deter their having more serious health, emotional and legal difficulties later in their lives. This originally began as a pilot, due to a growing need in this area, as well as because the past Chief of Police had a passionate interest in this effort. It was then sustained through MHSA funds.</p>
Population of Focus	Youth from middle schools and high schools, 10-17, make up this target population. Cultures are diverse, and seaside is the region that is served.
Service Goals and Public Health Benefit	<p>The goals of the Youth Diversion Program are to: Coordinate community resources; promote healthy family environments; and reduce recidivism in criminal activity by addressing emotional and psychological needs of youth through the provision of mental health early intervention services.</p> <p>Youth are able to remain in school and on track academically. They are also maintained in their community and home, in the least restrictive setting. Goals include keeping youth out of the Juvenile Justice system, as well as reducing criminal recidivism.</p>
Strategies to Engage Underserved Populations	<p>The City of Seaside recently received a Cal Grip Grant, and is making efforts to create a Seaside Resource Center, for the community, that will create a hub where youth and families can access more resources and programs in a centralized, collaborative effort. In creating this program, we will take into consideration that some youth may choose not to access such a program, to look at those barriers, and to come up with some alternatives for those youth and their families.</p> <p>Aggression Replacement Training, (ART), will be one of the evidenced based practices that Behavioral Health will implement, which will assist in violence reduction strategies.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	25	13	\$54,814	\$31,134	\$4,216
2015-16	25	18	\$25,576	\$16,288	\$1,420
2016-17	25		\$67,783	\$49,218	\$2,711

Program Name	Silver Star Resource Center Services - CHS
Background and Community Need	<p>Silver Star Resource Center is a collaborative that was put together to serve youth and families all under one roof. Probation, Behavioral Health, Monterey County Office of Education, the District Attorney's Office, and community agencies, such as Community Human Services, Office of Employment Training, and Partners for Peace are all collocated, in order to make resources easier for the youth and families to access. This program is funded through MHSA/Prevention and Early Intervention.</p> <p>This is an open door to mental health services. Any youth at risk or with truancy issues can be served by SSRC.</p> <p>One PSW works with this population, and we always have a waiting list.</p>
Population of Focus	Youth from elementary, middle, and high schools, 6-17, make up this target population. At times, we will also serve Transitional Aged youth also, up to 24. Cultures are diverse, and referrals can come from anywhere in the county. As the center is in Salinas, more of the Salinas youth are served in this program.
Service Goals and Public Health Benefit	<p>The goals of the SSRC are: To assist youth in remaining in school, in their home and community.</p> <p>To keep them from involvement with the Juvenile Justice system, as well as to meet their social and emotional needs, through specified services.</p> <p>To coordinate community resources; promote healthy family environments; and reduce recidivism in criminal activity by addressing emotional and psychological needs of youth through the provision of mental health early intervention services.</p>
Strategies to Engage Underserved Populations	This program receives referrals from schools, as well as from the community. There is a large supply of referrals, and due to the long waiting list, we often triage the cases and have other staff on the Juvenile Justice Team assist with some of these referrals, in order to meet the demands, and to have youth not have to wait too long to receive services.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	50	43	\$103,485	\$29,622	\$2,401
2015-16	50	37	\$106,589	\$35,460	\$2,881
2016-17	50		\$135,665	\$50,262	

Program Name	Sticks & Stones® School Based Domestic Violence Program, Harmony at Home
Background and Community Need	Domestic violence (DV) that occurs in families of school age children leads to unhealthy psychological development of children. Harmony At Home’s Sticks & Stones School-Based Counseling Program is a prevention program for children exposed to violence and trauma in Monterey County. Our mission is “to end the cycles of violence and abuse by empowering children and young adults with the knowledge, skills and confidence to lead healthy and productive lives.”
Population of Focus	<ul style="list-style-type: none"> • Monterey County school age children who suffer from trauma and related issues due exposure to domestic and other violence. • Age 4 – 18. • Serving Alisal Union School District, Salinas Elementary School District and Salinas Union High School District.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • To reduce stigma regarding domestic violence, mental illness and those who access mental health services. • To improve child and family functioning. • To assess psychosocial needs and provision of brief early intervention counseling on an individual and/or family basis. • To promote parent/caregiver involvement in meeting their child’s academic, social and psychological needs. • To provide community resource information and referrals for children and families requiring additional mental health services. • To prevent the future development of serious emotional disturbance and/or serious mental illness. • School-age children who witnessed domestic violence will experience reduced exposure to domestic violence and will be better prepared to understand and cope with its effects and any future occurrences.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • In selected schools, provide services to a minimum of 200 school-age children who witnessed domestic violence with group counseling via MFT/MSW interns/trainees. Each 10-week session will serve a minimum of 4 children each, with a minimum of 3 sessions per school, in a minimum of 10 schools. <p>School district selection: we are presently serving schools in Alisal Union School District, Salinas Elementary School District and Salinas Union High School District. Districts are selected based on their interest and need for counseling services funded under the MHSA.</p> <p>Referral Process: Sticks & Stones® Counselors introduce themselves to the school Principal, administrative personnel and teachers and provide them with our recommendation form, a list of symptoms or events that lead to childhood trauma, a matrix to describe child’s situation, and consent forms for the child’s parent/guardian signature.</p> <p>Challenges: The challenges we experience are usually related to language barriers and lack of counseling space at the school site. Some Spanish speaking parents/guardians want to speak directly to the counselor, either with questions about the program or with details about their child, or bilingual schools where the children speak mostly Spanish. We currently handle these situations by having our Spanish speaking staff assist the child’s parent/guardian and answer their questions. We place the Spanish speaking</p>

	<p>kids in bilingual groups to help with the language barrier and benefit from interaction in both languages. We are actively hiring bilingual counselors to overcome that challenge.</p> <p>Challenges regarding lack of counseling space are usually managed by coordinating with on-site psychologist and part time staff to share office space. Space is always an issue at school sites and we are continuing to work collaboratively with each school to best manage this issue.</p> <ul style="list-style-type: none"> • Provide family counseling sessions to children identified with greater needs. Each 10-week individual family sessions will serve 6 families, with 3 sessions offered per year, occurring on Saturdays or weekdays in either Supervisor's office space or another designated office space in Salinas. • Provide referral to mental health services offered by MCBH or other service providers for children, families, or parents/caregivers who have experienced trauma via domestic or community violence. • Conduct outreach and engagement activities with community groups and organizations to further promote the program and availability of services. These activities will lead to partnerships that will increase referrals and participation of families or parents/caregivers of children who have experience trauma via domestic or community violence. • Provide clinical supervision for up to four (4) CSU Monterey Bay Master of Social Work (MSW) program and LPCC student interns. These student interns will provide counseling in school to children and families/caregivers, providing an enhanced level of services, This activity will also provide student intern with real world experience providing clinical services in underserved communities.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	200	403	\$576,884.43	\$91,120	\$1,431
2015-16	200	393	\$790,076.97	\$91,120	\$2,010
2016-17	200		\$764,667.00	\$91,120	\$3,823

Program Name	Positive Behavioral Intervention Support and Supports (PBIS) Program
Background and Community Need	There is a strong understanding that students do better in all areas of development, including social/emotional when there is an improvement in school climate. The Monterey County Office of Education is promoting Positive Behavioral Intervention and Supports (PBIS) as the county wide model to improve school climate. Monterey County Behavioral Health has partnered with all school districts to assist in the training and support of PBIS. While MCBH gets some funding (50% for one FTE) from MCOE, MCBH will be able to increase the amount of support to the school districts as a result of Mental Health Services Act/Prop 63 funding.
Population of Focus	<p>The key population of focus to be served includes:</p> <ul style="list-style-type: none"> • All school aged children (ages 5 to 18) • All children in Monterey County, which includes a diverse ethnic and cultural population with a significant number identifying as Latino. • This program serves all regions and all 25 school districts. • The program hopes to improve school climate which will reduce the number of students referred for social/emotional problems, particularly anxiety and depressive disorders.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • This program improves clients' quality of life by improving school success, reducing bullying and improved social/emotional development. • The goals and outcomes for this program include lower dropout rate, higher college enrollment, less drug use, lower teen pregnancy rate, less bullying, less suicidal ideation. • The public health benefits and benefits to the community include the reduction of students being referred for depression and anxiety issues. The students perform better in school which will not only improve their academics but makes it more likely they will stay in school, not be involved in criminal activity, drug use or unwanted pregnancy.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • This program helps address disparities and engage underserved populations by involving all students at all levels by improving the general school climate. While "raising the level of the lake, all boats float higher," the improved school climate helps those underserved and alienated students the most. • The challenges to reaching specific populations include students who have already been identified as problematic. Interventions conducted to address this population include identifying those most at risk and providing enhanced levels of service identified as part of a three tier system. • While the program has a goal to improve the general school climate, it has as a result helping more significantly those students who come from less affluent homes, or homes where there is not as much parental support. The Children's System of Care shows that the vast majority of treatment is for depression, anxiety, and conduct issues. All of these will be addressed in the school setting.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	Planning and training			0	0
2015-16	1,200			0	0
2016-17	2,400			\$50,000	\$25.00

Program Name	Juvenile Sex Offender Response Team (JSORT)
Background and Community Need	This is an MHSA program in Innovations. This is a unique program, which diligently supports the Juvenile Court, with JSORT assessments as well as juvenile sex offender treatment. The referrals all come through the MC Probation Department. This team works with youth who have sexually offended. There was a gap in services for this particular target population, and they did not always have access to treatment options in the past. John Hunter's curriculum is used in this program. Cases are staffed on a regular basis.
Population of Focus	<p>The population is youth who have sexually offended. The caseload has involved youth as young as 7, and up through TAY ages, (16-25). These cases come through the District Attorney's Office, and are referred to Behavioral Health from the Probation Department. Other cases which are not adjudicated also come through Probation, though these youth are not on Probation.</p> <p>All regions and cultures are served in the County. This is an intensive program, which meets more frequently with youth and families in individual, family and group therapy.</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • To reduce violence and trauma in the community. • To prevent youth from a future in prison. • To provide youth and families with safety plans when they are in the community. • To reduce or eliminate recidivism. • Help to ensure that victims are also receiving treatment, (from somewhere else). • To assist with youth's positive and adaptive development of prosocial skills.
Strategies to Engage Underserved Populations	Youth and families are treated with respect and without stigma. Transportation is often a challenge for this program, as the Court and treatment appointments are more frequent than in usual treatment, and depending on where they live regionally, this can pose a challenge.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	50	42	\$315,588	\$221,353	\$7,514
2015-16	50	46	\$263,932	\$172,500	\$5,738
2016-17	50		\$348,538	\$254,302	\$6,971

SERVICES FOR ADULTS

Program Name	Creating New Choices/Adult Mental Health Court
Background and Community Need	Creating New Choices (CNC) was originally a combination of the Mentally Ill Offender Criminal Reduction (MIOCR) Grant and Mental Health Services Act (MHSA) funding. This funding allowed for development of Mental Health Court to serve the mental health needs of adults with severe mental illness who come into contact with the Justice system. CNC is a collaborative effort between the Sheriff's Office, Courts, Behavioral Health, Probation and law enforcement in Monterey County to provide intensive case management, psychiatric care, probation supervision and therapeutic mental health court services to mentally ill offenders.
Population of Focus	The population served is adults, age 18 and older with severe mental illnesses who are involved with the criminal justice system. Qualifying diagnoses are Schizophrenia, Schizoaffective Disorder or Bipolar Disorder. Bilingual staff (Spanish/English) ensures quality services are also available to clients whose primary language is Spanish.
Service Goals and Public Health Benefit	The CNC program takes mentally ill offenders from jail into treatment and helps to reduce recidivism by treating mental illness that is the underlying cause of criminal behavior. As a Full Service Partnership (FSP), the CNC team provides participants with a wide range of services including: group therapy, medication management, individualized treatment planning, housing resources, life skills, transportation assistance, school and/or employment assistance, and 24/7 access to CNC team member for crisis intervention and support to ensure clients do not require involuntary hospitalization or jail. Adult Mental Health court hearings by a Therapeutic Court Team (Judge, District Attorney and Public Defender along with CNC staff) are an integral part of the treatment program. Clients have regular court hearings to review their progress in treatment including program participation, recovery work, personal accountability and prosocial behavior.
Strategies to Engage Underserved Populations	Referrals to the Adult Mental Health/CNC program come from the Court, Public Defender, District Attorney and private counsel. County Behavioral Health collaborates with the Superior Court, law enforcement and a supportive housing service provider to address the significant challenges of unserved or underserved mentally ill individuals involved in the criminal justice system. The program provides a stable supportive housing environment and a positive peer culture; uses a philosophy of "whatever it takes"; assists participants to integrate successfully back into the community; and helps reduce criminal recidivism. CNC clients have access to CNC staff 24/7, a unique service that helps clients maintain stability in the community.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	15		\$736,913	\$558,551	
2015-16	15		\$759,020	\$504,718	
2016-17	15		\$630,785	\$452,422	

Program Name	Dual Recovery: Case Management/Mental Health Services & Dual Recovery Services, Interim, Inc.
Background and Community Need	<p>Dual Recovery Services (DRS) is an outpatient program for adults with co-occurring serious mental illness and substance use disorders. The program aims to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs. Clients develop goals that are focused on increasing daily structure, improving symptom management skills, personal and social functioning, and substance use recovery skills.</p> <p>The Dual Recovery Services program was made possible due to Mental Health Services Act/Prop 63 funding.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over • While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race. • South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside, and Monterey • Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County served by Monterey County Behavioral Health Bureau, Adult Services. Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The benefits include having individuals who suffered from dual recovery issues readjust to living in the community with a clean and sober life style. • This program gives clients the tools to transition back to healthy independent living. It also helps reduce the triggers that lead to relapse of substance abuse. <ol style="list-style-type: none"> 1. 85% of clients will use substance use relapse prevention skills rather than alcohol and other drugs to cope with mental health symptoms, emotions, or life experiences. 2. 80% of clients will attain or maintain housing while receiving services from the program. 3. 85% of clients will improve self-sufficiency by increasing leadership skills, engaging in peer support and providing input on program services and/or development. 4. 90% of clients will report satisfaction with the quality of services received from the program. 5. 85% of clients will have an individual Wellness Recovery Action Plan (WRAP) completed in EMR.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • This program serves those who dually diagnosed, who are low-income, including transitional age youth in the MCBHB Adult & TAY Systems of Care as well as South County Behavioral Health clinics. Clients must be referred by Monterey County Behavioral Health, Adult Services. Some of the individuals served include graduates of residential treatment programs (i.e. Bridge House program). • Increase population served in South County: Program Coordinator will continue collaborating with Case Coordinators and clients to discuss the

	<p>services this program provides. Counselors and program staff will continue to facilitate support groups once a week in Gonzalez and King City to provide clients with additional support.</p> <ul style="list-style-type: none"> Continue expanding DRS services to South County and 15% of DRS clients will be located in South County cities.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	70	99	\$417,695	\$218,304	\$4,219
2015-16	70	108	\$444,976	\$241,368	\$4,120
2016-17	85		\$502,270	\$270,016	\$6,278

Program Name	SAMHSA Support: Dual Diagnosis/Outreach and Aftercare Services, Interim, Inc.
Background and Community Need	<p>SAMHSA's Outreach and Aftercare Services is an outpatient program for adults, with co-occurring serious mental illnesses and substance use disorders, living in the community who are at risk and/or in need of dual recovery or other substance use treatment program. Staff provides individual and group counseling to help clients with harm reduction, clean and sober living, satisfying structured activity, and successful integration into community life (including obtaining/maintaining housing). Clients develop goals that are focused on increasing daily structure, and improving symptom management skills, personal and social functioning, and substance use recovery skills.</p> <p>SAMHSA is federally funded and the County has augmented the funding with MSHA funds as the federal SAMHSA funding has not increased since the inception of the program. The MSHA funding allows the program to continue.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over • While this program is focusing on doubling multiracial/multiethnic population served (African American, Asian, Native American) the program does not exclude services based on any culture or race. • South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside and Monterey • Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County not currently receiving services from Monterey County Adult System of Care. • Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Dually diagnosed adults tend to have high utilization rates for inpatient hospitalizations, crisis services, in-patient acute and long term mental health facilities, and crisis residential services. They are also likely to be arrested or jailed. Therefore, these individuals with co-occurring disorders need support in both their mental health and drug and alcohol recovery in order to successfully live in the community. We work with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with support services to integrate back into their communities. • OAS helps individuals become aware of their early warning signs and their triggers that can signal a mental health crisis and/or relapse. Staff assists individuals in recognizing their own strengths and goals for the future, as well as acknowledging issues that have proved challenging for them in the past. This program also provides linkage to community resources. • The goal is to ensure stability of psychiatric symptoms and to engage clients in harm reduction or clean and sober living, satisfying daily/structured activities, and the opportunity to successfully reintegrate into the larger community. <p>Outcomes:</p> <ol style="list-style-type: none"> 1. Serve 40 adults with co-occurring mental illness and substance use disorders who are not receiving services from Monterey County Behavioral Health Bureau

	<p>(exception: South County), and admit 15 new clients to the program each fiscal year.</p> <p>2. 75% of clients will report improved self-sufficiency by using relapse prevention skills rather than alcohol and other drugs to cope with mental health symptoms, emotions, or life experiences.</p> <p>3. 85% of clients will be referred to and obtain services from community resource providers.</p>
Strategies to Engage Underserved Populations	<p>This program serves those who dually diagnosed and who are low-income. It also serves those who do not meet eligibility requirements for Adult System of Care/Monterey County Behavioral Health Care System (except in South County) or lack Medi-Cal. Some of the individuals served have been recently released from jail.</p> <p>This program is providing outreach to clients who live within the community, which include Board and Care homes, residential rehabilitation programs (i.e., Bridge House program and Manzanita program) and the homeless community. The main focus of the program is to provide outreach services to clients living in the community who have limited resources and support network.</p> <p>The program works closely with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with individual and group dual recovery support services. OAS also receives referrals from MCHOME's outreach interns for homeless adults who have dual recovery needs. OAS provides individual and group support for individuals living in South County once per month. These dual recovery groups in South County are open to both clients who are served by MCBHB and clients who are not currently open to MCBHB.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	70	70	\$109,628	\$16,352	\$1,566
2015-16	70	47	\$116,127	\$22,851	\$2,470
2016-17	40		\$117,848	\$24,572	\$2,946

Program Name	MCHOME: Case Management/Mental Health Services & Outreach, Interim, Inc.
Background and Community Need	<p>The MCHOME Program is a Full-Service Partnership initiative, which provides wrap-around services, and outreach for adults with a psychiatric disability who are homeless or at risk of homelessness. The purpose of the program is to assist adults with mental illness in getting off the street, into housing and employment and/or on benefits. We believe stabilization and housing are the necessary stepping stones for clients to restart their lives and reach their personal goals. Effective 2016-2017 the program provides Case Coordination for clients.</p> <p>Effective 2016-2017 the program also oversees two separate houses: Wesley Oaks, which provides permanent supportive housing to 4 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness; Soledad House, which serves as transitional housing for MCHOME clients to reside in for no more than one year. This housing operates on the housing first model, and may be used for temporary housing for persons not yet enrolled in the FSP. The House provides a central place and a program identity that fosters positive peer support, and provides consumers with the tools to maintain housing.</p> <p>MCHOME was previously funded under AB 2034. The State later defunded AB 2034 and allowed counties to replace the defunded 2034 funds with MHSA funds. MHSA funding doubled the program from 25 to 50 clients.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over • We serve all groups. Our clients are outreached on the streets and have a serious mental health diagnosis. • Monterey County • Homeless and at risk of homelessness adults who also have a psychiatric disability.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Individuals with mental illness who are living on the street are stabilized, housed, and reintegrated into the community. Also, law enforcement, veterans' offices, the Probation Department, city officials, business councils, etc. have a program to turn to when they are concerned about a homeless individual. • This program provides a "whatever it takes" intensive case management service approach to assist mentally ill individuals who were previously homeless to gain support and live in community settings. <p>Goals:</p> <ol style="list-style-type: none"> 1. Reduce the number of days clients are homeless by 40% as compared to one year prior to admission. 2. 80% of MCHOME clients will maintain or improve their mental health recovery. 3. 80% of MCHOME consumers will report satisfaction with the quality of services provided via an annual consumer satisfaction survey. 4. Upon discharge from MCHOME, 60% of clients will be residing in transitional and/or permanent housing. 5. 85% of clients will receive, increase, or maintain income (General Assistance, Cal-Fresh, SSI, SSDI) within the first 6 months of enrollment in the program. 6. 75% of clients will identify and attend appointment with a Primary Care Physician (PCP) within 6 months of enrollment.

	<p>7. Clients with a history of mental health unit stays will demonstrate a 50% reduction in number of bed days in mental health facility compared to the previous 12 months before entry.</p> <p>8. Clients with a history of incarceration will demonstrate a 50% reduction in number of bed days in an incarceration setting, while enrolled, compared to the previous 12 months before entry.</p>
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • We outreach to people who are homeless with a mental illness. We help them obtain housing, benefits, and personal needs items. • The challenge is engaging with those who are homeless and symptomatic. These individuals are often too paranoid to accept services without a long engagement period. • We serve the psychiatrically disabled and homeless.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	50	88	\$779,022	\$487,425	\$8,853
2015-16	50	73	\$903,360	\$542,192	\$12,375
2016-17	61		\$1,250,744	\$797,661	\$20,504

Program Name	Supportive Housing: Lupine Gardens, Interim, Inc.				
Background and Community Need	Lupine Gardens is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of services to 20 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at risk of homelessness. The service array includes: case coordination (effective FY 2016-2017), intensive case management provided in the FSP model as required by Mental Health Services Act funding, and assistance with daily living skills i.e., meals, house cleaning, self-administration of medication, and laundry services in order to live independently in the community. Lupine Gardens is a new program started with MHSA funding in 2006.				
Population of Focus	<ul style="list-style-type: none"> Adults and transition age youth age 18 and over We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. Monterey County Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. These individuals have a need for intensive case management services. 				
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> Individuals with mental illnesses who were homeless or at risk will be off the street and have the tools to integrate into the community. This program allows clients to have housing and to develop the skills to live independently. <p>Goals:</p> <ol style="list-style-type: none"> 60% of the individuals served each year will remain in permanent housing for at least 1 year. 80% will maintain or improve their mental health recovery. 40% of clients will participate in various community programs, social support programs, peer operated wellness and recovery programs, volunteer work or employment. 90% of clients will meet with a PCP at least annually. 85% of clients will report satisfaction with the quality of services. 				
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to the community at large to reach mentally ill low-income individuals. There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults. MCBHB refers all of our clients who are all economically disadvantaged. 				
Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	20	23	\$299,453	\$149,726	\$13,020
2015-16	20	22	\$319,684	\$159,842	\$14,531
2016-17	20		\$289,302	\$144,651	\$14,465

Program Name	Supportive Housing: Rockrose, Interim, Inc.
Background and Community Need	<p>Rockrose Gardens is a permanent supportive housing program, which provides community independent living for 20 very low-income individuals with a serious mental health diagnosis, 9 of these individuals are homeless or at-risk of homelessness. Interim, Inc. provides case coordination (effective FY 2016-2017), case management, crisis intervention, and mental health services for residents in accordance with state guidelines established under the rehabilitation option, and in accordance with MHPA funding regulations.</p> <p>The opening of Rockrose in November 2014 was brought about by construction of the housing with a combination of MHPA Housing funds and federal HUD 811 funds. The services were initiated with MHPA funds. The MHPA services are required as part of the MHPA Housing program.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over • We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Monterey County • Those who have a psychiatric disability as well as those who are homeless or at- risk of homelessness.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Permanent housing for homeless, at-risk of homelessness, and low income individuals. • Case management services in which client and case manager work together to develop goals to improve client’s life in areas of health, education, employment, daily living skills. <p>Goals:</p> <ol style="list-style-type: none"> 1. 90% of the individuals served will remain housed at Rockrose as of the end of the operating year or exit to other permanent housing destinations during the operating year. 2. 80% will maintain or improve their mental health recovery. 3. 90% of clients will meet with their PCP at least annually. 4. 40% of clients will participate in community programs, social support programs, peer operated wellness and recovery programs, vocational training/volunteer work or will gain employment or attend school. 5. 80% of clients will report satisfaction with the quality of services.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to the community at large to reach mentally ill low-income individuals. • There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults. • MCBHB refers all of our clients who are all economically disadvantaged.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	20	20	\$110,864	\$55,432	\$5,543
2015-16	20	21	\$115,114	\$57,557	\$5,482
2016-17	20		\$189,308	\$94,654	\$9,465

Program Name	Supportive Housing: Sunflower Gardens, Interim, Inc.
Background and Community Need	<p>Sunflower Gardens is an intensive permanent and transitional supportive housing program, which provides a Full Service Partnership (FSP) level of services to 23 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at risk of homelessness. The service array includes: assessments, evaluation, case coordination (effective FY2016-2017), intensive case management provided in the FSP model as required by Mental Health Services Act funding, assistance in accessing benefits, and assistance with daily living skills in order to help consumers meet the terms of their lease, and live independently in the community.</p> <p>Sunflower opened as a new program in 2010. It was initiated with MHSA funds. Services are required based on MHSA Housing funding.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over • We serve all groups. • Our clients are referred through MCBHB and have a serious mental health diagnosis. • Monterey County. Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. Priority is given to those consumers in a Full Service Partnership.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Homeless or at risk of homelessness individuals with psychiatric disabilities receive the necessary support system to ensure success in integrating into the community, while remaining housed and on the path to recovery. • The program works to ensure that the challenges of maintaining housing for individuals with serious mental illness are addressed and the provision of independent living skills in a behavioral health care environment are provided. • The program provides individualized services needed for each consumer in working towards resiliency and self-sufficiency. <p>Goals:</p> <ol style="list-style-type: none"> 1. 70% of SFG residents will remain housed at SFG as of the end of the operating year or exit to other permanent housing destinations during the operating year. 2. 20% of SFG clients will need less intensive services within 2 years of entry. 3. 90% of SFG clients will maintain or improve their mental health recovery. 4. 90% of SFG residents will report satisfaction with the quality of services provided via an annual consumer satisfaction survey. 5. 20% of SFG residents will participate in community programs, social support programs, peer operated wellness and recovery programs, vocational training/volunteer work or will gain employment or attend school. 6. 80% of clients will meet with a PCP at least annually. 7. Clients with a history of mental health unit stays will demonstrate a 50% reduction in number of bed days in mental health facility compared to the year before entry into Sunflower.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • We provide housing, help clients obtain benefits, and help search for employment or educational opportunities. We also connect them to community resources (i.e. Bienestar, OMNI, DRS, SEES, CCCIL). • MCHOME has outreach workers engage with individuals on the street and offer this housing option. It takes time to gain the trust of those who

	<p>are symptomatic and used to their life on the street. Interventions include evidence based practices (i.e. motivational interviewing), and a solution oriented approach.</p> <ul style="list-style-type: none"> • We outreach to homeless individuals.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	23	38	\$229,454	\$114,727	\$6,038
2015-16	23	31	\$253,435	\$126,718	\$8,175
2016-17	23		\$330,344	\$165,172	\$14,363

Program Name	Chinatown Community Learning Center with CSUMB, Interim, Inc.
Background and Community Need	<p>Interim continues to sub-contract this service to CSUMB and provides oversight for CSUMB's Chinatown Community Learning Center (CCLC) initiative. The purpose of the collaboration is to enable CSUMB to continue to offer qualified Master of Social Work (MSW) support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center. The Community Learning Center is a resource center with office and classroom space devoted to serving the needs of the homeless and other marginalized residents of the Chinatown neighborhood and surrounding areas. The Center's staff provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities that serve the needs of the homeless marginalized residents of Chinatown, many of whom are also struggling with mental health and addiction issues. Interim provides guidance on setting and meeting goals as well as monitors contract outcomes.</p> <p>In 2015-16, CSUMB expanded their efforts to include a cohort of 4 MSW students working under the supervision of a faculty member. This unique faculty-led model allows for additional supportive training opportunities in agencies or communities with a dearth of professional social workers who can provide field supervision, or in high-risk, disenfranchised communities where student support is critical. This cohort of MSW students work as a team and provide 64 hours per week of social work service to Chinatown residents. The primary function of the team is to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students are onsite and available to offer supportive case management, attempting to meet the challenges faced by client residents of Chinatown. They also work closely with related service providers to help clients move off the street and into housing and viable employment. MCBHB requested that Interim handle this sub-contract after requests by Board of Supervisors to MCBHB for funding for Chinatown Learning Center.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults and transition age youth age 18 and over. • We serve all cultural groups who are homeless or seek services in the Salinas Chinatown area. • Homeless adults who have mental illness/and or substance abuse challenges.
Service Goals and Public Health Benefit	<p>The Learning Center program provides a number of public health benefits to the community:</p> <ol style="list-style-type: none"> 1) We contribute to a safer neighborhood by teaching a portion of the population coping skills, communication skills, conflict resolution skills, mood/anger management skills which all likely result in reduced violence 2) The community health of our area is improved slightly by the bathroom that we make available for long hours five days per week <ul style="list-style-type: none"> • The Learning Center program provides a number of public health benefits to clients: <ol style="list-style-type: none"> 1) Clients have and do develop coping skills as a result of attending our cognitive behavioral classes 2) Clients are able to care for their health in a more significant way as a result of having been enrolled into Medi-Cal through our Center 3) Clients experience an increase in calorie intake as a result of having been enrolled into CalFresh through our Center

4) Some clients secure employment within our organization which helps them develop work skills, increases their income, and for some, allows them to provide for their own housing

5) Clients are able to provide for their own housing by receiving social security through our Center

6) Clients eat healthier foods through the snacks that we provide both purchased and grown in our own organic garden

7) Clients ability to eliminate at will is increased by our Center being open for long hours during the day where there is a bathroom.

Goals:

1) Operate the Chinatown Community Learning Center, located at 20 Soledad St., Salinas, CA 93901, Monday through Friday 9am-5pm.

2) Target number of consumers to be served is 300 homeless adults in Chinatown, Salinas, who may have a serious mental illness and/or substance use disorder.

3) Work collaboratively with the MCHOME PROGRAM to assist two (2) clients per month toward the completion of supporting documentation necessary to begin the SSI application process as defined by MCBHB.

4) Facilitate two (2) groups per week, employing a mental health/substance abuse focused evidence based practice, a skill building focus or a curriculum approved by Interim and contractor monitor. Groups can be rotated based on client need with approval of contract monitor.

5) Provide assistance in applications for General Assistance, and/or Medi-Cal or other health benefits, and/or Food Stamps for two (2) individuals with mental illness per month. Services in conjunction with these applications may include assistance in obtaining identification and income verifications. Assistance may also include accompanying consumers to interviews, application appointments, hearings or other appointments necessary to procure benefits. When coordinating services, notification of completed applications shall be given to Interim's MCHOME Program (Homeless Services) staff on a monthly basis.

6) Provide access to the Chinatown Community Learning Center for use by Interim's MCHOME Program. Provide access to Chinatown Learning Center for a substance abuse prevention/ treatment provider for counseling/support groups. CONTRACTOR is responsible for developing a method to insure staff has access.

7) Serve a minimum of twenty-five (25) unduplicated clients/month.

8) Meet with Interim Inc. contract monitor bi-monthly and provide monthly reports to contract monitor on contract goals.

9) Provide a minimum of four (4) MSW students, under the direction of an Assistant Social Work Professor. The MSW Cohort, specifically, will provide services 4 days per week, 6 hours per day from July 1, 2016 – June 30, 2017. Service provision will be continuous during this time, including during students' traditional holiday breaks. This cohort of MSW students will work as a team and provide 64 hours per week of social work service to Chinatown residents.

10) A minimum of four (4) CSUMB MSW students will provide 480 hours each of service in the Chinatown Community over the course of the contract.

11) A minimum of four (4) CSUMB MSW students will carry an ongoing caseload of between 3-5 clients each (24-50 total). For these clients they will provide necessary case management and/or situational crisis counseling services. The primary function of the team would be to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students would be

	<p>onsite and available to listen to issues, and challenges faced by client residents of Chinatown, and work with service providers to help clients move off the street and into housing and viable employment.</p> <p>12) Each of the four (4) CSUMB MSW students will assist 1-2 clients in their caseload (4-8 total) to achieve housing and/or employment during this time period.</p> <p>13) CSUMB will ensure that a faculty person will provide 8 hours of service and supervision per week and will be responsible for data collection associated with the MSW interns work. S/he will meet bi-monthly with contract monitor to review this data and issues related to the MSW's service delivery.</p> <p>14) A minimum of four (4) CSUMB MSW students will use the Homeless Management Information System (HMIS) and enter all clients served into this system. When doing intakes and evaluations, students must use the Coordinated Assessment and Referral System established by the Coalition of Homeless Services Providers. Services for clients must be coordinated with other service providers to avoid duplication of services.</p> <p>15) CSUMB is responsible for contracting with the Coalition of Homeless Services Providers for access to the HMIS system, paying licensing fees, and for obtaining all training and materials necessary for utilization of the HMIS system.</p> <p>16) CSUMB will provide clients with transportation to needed services when necessary.</p> <p>17) In addition to focusing on housing and employment, MSW students will assist with the following: social service enrollments (MediCal/CalFresh/SSI/etc.); referrals to mental health, physical health services; assistance with reapplication for California State IDs, etc., and general trust-building and re-socialization.</p>
	<ul style="list-style-type: none"> • The Learning Center program serves clients living in a ghetto. These (approximately 170) people live in makeshift shelters and tents. They are generally jobless. They generally suffer from various degrees of mental health issues. Many are actively addicted to street drugs. Most are disconnected from family. Many suffer significant health issues. They depend on the kindness of others for food and clothing. They have part-time access to bathrooms and showers and unrestricted access to cold water. They are desperate. They are underserved. • Yes, this group is naturally wary of everyone they do not know and often even of those service providers they do know. Engagement is a central component to our services. We must take the long view and build trust with these clients in a slow and deliberate fashion. Some clients take years to engage. Some may never seek our services. We are embedded in the community for the very purpose of engaging clients. Outside providers who pass through once a week or less have a much more difficult task to engage these residents. Programmatic services, such as hosting a daily open computer lab and movie nights are designed with the very goal of engaging with this hardest-to-serve clientele. • The D3 data shows 86 clients receiving homeless services in the past year, with a decline over the last three years in the number of clients who indicate Salinas as their place of residence. The Learning Center is embedded in Chinatown and is known as a safe haven for the homeless population. Engagement is a major focus of the center (476 unique contacts anticipated in 2014-15) but the addition of mental health and substance abuse focused groups at the Center has also increased

	<p>services to the homeless underserved population (20-25 unique individuals/month attend these groups). This data is not being accounted for in D3 report. Additionally, 5 individuals are assisted in obtaining benefits. These services will increase in 2015-16 with the addition of the MSW intern cohort as they will also be able to provide individual crisis focused counseling services and will work toward housing and employment goals. Each intern will carry a caseload of 3-5 clients (24-50/year). (See goals above for specifics in relation to this increase). Collaboration with the homeless serving agencies creates a pathway to more intensive services when client impairment and interest indicates referrals and joint service provision.</p>
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	300	651	\$ 88,660	\$ 88,660	\$ 296
2015-16	300	475	\$ 137,510	\$ 137,510	\$ 458
2016-17	300		\$ 146,317	\$ 146,317	\$ 488

Program Name	Family Self-Help Support & Advocacy - NAMI Monterey County
Background and Community Need	<p>NAMI Monterey County works to fulfill the Family Self-Help Support & Advocacy initiative. This program supports and advocates on behalf of consumers, families, and friends of people with severe mental illness. NAMI's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve client's quality of life. Beginning FY16-17, NAMI became independent of Interim Inc., which had been the administrative sponsor between NAMI and Monterey County</p> <p>This is a new service funded in FY 14/15 at the request of NAMI, and negotiated with MCBHB in subsequent years by Interim. Services previously did not exist in Salinas Valley and were minimal in Monterey Peninsula (previously solely funded by donations). MHSA funds expanded the program.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults age 18 and over • We serve all groups • Monterey County • All family members and care providers of adults living with serious mental illness.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The community is educated on the needs and challenges of individuals with mental illnesses. The clients experience an improved quality of life and a reduction of stigma. • This program improves clients' quality of life by offering individual and group support, family-to family support, advocacy, public education, and hope for families and their loved ones living with mental illness. <p>Goals:</p> <ol style="list-style-type: none"> 1. Provide phone, email or in-person support to 1,000 family members, caregivers, and clients who are frequently in distress and in need of information. 2. Produce 20 public presentations in Salinas and 4 in South County with an emphasis on care to consumers and families. 3. Provide outreach services for one to two days in South County and 16 additional hours in Monterey, assuring improved response to callers and walk-in consumers seeking assistance. 4. Facilitate at least three (3) 12-week or 6-week "Family to Family" and/or "Familia a Familia" education courses annually for family members and care providers of adults living with mental illness, with an attendance of at least 80 people. 5. Facilitate two (2) "Provider Education" presentations (152 hours of in-service training) to mental health professionals to encourage sensitivity in regards to mental illness, with an attendance of at least 25 people. 6. Facilitate once per month "NAMI Connection Recovery Support Group" program for adults with a mental illness and family members. 7. Coordinate with, assist and supplement existing programs in Monterey County that currently offer mental-health service programs to youth and seniors five times a year.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program distributes information, makes contact with community (including agencies, churches, etc.), attends networking events to reach and engages underserved populations. • Outreaching to and marketing to family members who need these services. Staff will continue collaborating with community members,

	<p>agencies, and faith communities to discuss the services this program provides.</p> <ul style="list-style-type: none"> • One of the goals is to train Familia-a-Familia participants in order to continue growing Spanish family programs. Additional goals include encouraging Spanish class participants to become involved/volunteer with NAMI in order to help promote mental health awareness within the Latino community. NAMI also aims to increase services in South County.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	100		\$58,000	\$58,000	\$580
2015-16	100		\$166,490	\$166,490	\$1,665
2016-17	110: NAMI Programs 990: Phone calls, email and walk-ins		\$208,246	\$159,672	\$145

Program Name	Family Support Group: Marina
Background and Community Need	The Family Support Group was developed in response to families in the community who were seeking additional support and resources for the purpose of understanding the mental health condition and management of their loved ones. The group is facilitated by 2 behavioral health staff two evenings per month for duration of 90 minutes per session.
Population of Focus	The group is specifically for ages 18+ and welcomes all population groups. This particular group is located at 299 Twelfth Street, Marina, CA 93933 and serves the Monterey Peninsula to include areas Marina, Castroville, Seaside, Monterey, Pebble Beach, Pacific Grove, Carmel, Carmel Valley and Big Sur. Residents residing in neighboring communities are all welcome to participate in this group and is open to the general public free of charge.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The public health benefits to the community is to provide psycho-education and emotional support to families who have a family member or other significant partner who is experiencing challenges with their functioning related to a mental health condition. • By providing support to significant others members will be able to provide additional support and resources to clients the ultimate goal of enhancing their quality of life • The goal is to educate, provide support, and connect members to resources with the ultimate outcome of less utilization of emergency services such as emergency departments, hospitals and use of law enforcement resources.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • This program is open and available to any member of the public regardless of functionality, diagnosis, ethnicity, age, gender, race, socioeconomic status, nationality and can serve all member of the community. • Family support information flyers are distributed throughout the regions and particularly through the National Alliance for the Mentally Ill offices. • The groups are continually offered to all clients who access the Behavioral Health offices in all regions

Please refer to the following page for budget information.

Program Name	Family Support Group: Salinas & North County Region
Background and Community Need	The Family Support Group was developed in response to families in the community who were seeking additional support and resources with the purpose of understanding the mental health condition and management of their loved ones. The Salinas – North County region offers two family support groups. One of the groups is offered in English and the second one in Spanish. Two behavioral health staff facilitates the groups two evenings per month for duration of 60 to 90 minutes per session.
Population of Focus	The groups are specifically for ages 18 and over, and welcome all population groups. The Salinas groups are located at 1441 Constitution Blvd. bld. 400, Salinas, CA 93906 and serve primarily residents in the Salinas - North County Region; however, people residing in neighboring communities are all welcome to participate in these groups and are open to the public free of charge.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The public health benefits to the community is to provide psycho-education and emotional support to families who have a family member or other significant partner who is experiencing challenges with their functioning related to a mental health condition. • By providing support to significant others members will be able to provide additional support and resources to clients with the ultimate goal of enhancing their quality of life • The goal is to educate, provide support, and connect members to resources with the ultimate outcome of less utilization of emergency services such as emergency departments, hospitals and use of law enforcement resources.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • This program is open and available to any member of the public regardless of functionality, diagnosis, ethnicity, age, gender, race, socioeconomic status, nationality and can serve all member of the community. • Family support information flyers are distributed throughout the regions and particularly through the National Alliance for the Mentally Ill offices. • The groups are continually offered to families who access the Behavioral Health offices in all regions.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	160	90	\$108,886	\$108,886	\$1,210
2015-16	168	70	\$112,153	\$112,153	\$1,602
2016-17	175		\$135,565	\$135,565	\$775

Program Name	OMNI at the Pajaro St. Wellness Center, Interim, Inc.
Background and Community Need	<p>OMNI's mission is to increase mental health wellness of individuals and the community by providing wellness awareness and innovative programs. The Center is a peer and family member operated facility. The Center serves to assist members in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups in order to specifically address issues of personal growth. Additionally, the Center offers skills and tools to those who choose to become leaders among their peers to take an active role in the wellness and recovery movement through various initiatives.</p> <p>OMNI was a new program started with the help of MHSA/Prop 63 funding.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults (18+ years old) • Transition Age Youth & Young Adults (18-30 years old) • While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race • Monterey County • Those who are experiencing mental health or emotional challenges
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The public health and community benefits include the provision of services for those who are seeking mental health wellness and recovery. The center works to help individuals find a meaningful role in their community, to gain self-empowerment, to learn advocacy and leadership skills, and to educate the public on mental health and recovery. • OMNI provides an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and recovery. Peers come together to socialize, interact with one another, attend support groups and join in planned activities. Additionally, the center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement at the center and the community. Through mutual support, self-empowerment and effective programming, the center's goal is that each individual will be able to connect, meet their challenges, and find balance in their life and a meaningful role in their community. <p>Goals:</p> <ol style="list-style-type: none"> 1. Provide services to 500 consumers that will expand knowledge of wellness & recovery. 2. 75% of consumers will report being more productive and self-sufficient by participating in opportunities that guide the operation of Center. 3. 75% of consumers will self-report an increase in hope & personal connections. 4. 75% of consumers will report increased empowerment/ self-sufficiency due to OMNI's skill building groups. 5. 85% of consumers will report satisfaction with the quality of services provided via an annual consumer satisfaction survey.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • OMNI staff conduct at least four outreach opportunities a year and facilitate two groups in Spanish in East Salinas. Staff also facilitate a bilingual Spanish group at the center three times per week. OMNI also offers OMNI After Hours, a program that specifically serves transitional age youth and young adults from 18-30 years old. • One of the biggest barriers to accessing services has been

	<p>transportation. OMNI relocated in July 2014 to a site that is closer to the transit station. OMNI also provides transportation once a week for residents living in board & care facilities, and transportation for the OMNI After Hours group. Both services are provided to residents of Salinas only.</p> <ul style="list-style-type: none"> • OMNI provides transportation and peer-led support groups for transitional age youth & young adults twice per week and one Saturday per month, serving an average of 12 participants per group. OMNI also offers two groups in East Salinas on a weekly basis that are specifically for Spanish speakers. Each group in East Salinas serves between 5-7 people. Additionally, OMNI offers a bilingual Spanish-speaking support group three times per week at the center, serving approximately 10-12 people per group. OMNI staff conduct outreach in the community at least 4 times per year in East Salinas, making contact with an average of 30 people per event.
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	500	655	\$532,179	\$532,179	\$812
2015-16	500	631	\$502,963	\$502,963	\$797
2016-17	500		\$546,132	\$546,132	\$1,092

Program Name	Success Over Stigma (SoS), Interim, Inc.
Background and Community Need	<p>The “Success Over Stigma” (SoS) program focuses on consumer advocacy and outreach. The program promotes consumer involvement in planning and executing mental health services and anti-stigma messaging in the community, including training Monterey County consumer representatives for statewide forums, task forces, focus groups, etc. It also serves as a means to increase peer involvement in developing and strengthening mental health services both locally and at the state level. Lastly, consumers learn how to better advocate for themselves.</p> <p>Success Over Stigma is an expansion of a program previously funded through donations only, and a grant from CALMHSA. Due to input from consumers to focus more on outreach, anti-stigma, consumer driven initiatives, and peer empowerment this consumer advocacy program was launched.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults 18 and over • We serve all groups. Our presenters are from different backgrounds and age groups. • Monterey County • Those who have a psychiatric disability
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • The public health benefits include supporting those with serious mental illness in self-efficacy, and exposing the community to a mental health consumer’s experience. • This program gives clients the opportunity to share their behavioral health experience and impact policy regarding their services. <p>Goals:</p> <ol style="list-style-type: none"> 1. Reduce mental health stigma in the community by providing 25 educational opportunities in the community. 2. Reduce mental health stigma in the community by providing 48 (Hope & Recovery) educational opportunities at in-patient units. 3. 35 consumers/peers will participate and provide feedback and consultation in policy and advocacy committees.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program distributes information, makes contact with community (including agencies, churches, etc.), attends networking events to reach and engages underserved populations. • Staff will continue collaborating with community members, agencies, and faith communities to discuss the services this program provides. • Yes, the program continues to recruit individuals with different experiences as well as age groups to present to different organizations, schools, churches, etc.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2015-16	35 clients/family members serve as speakers giving 25 presentations annually.	n/a	\$100,261	\$100,261	n/a
2016-17	35 clients/family members serve as speakers, giving 25 presentations annually .	n/a	\$75,355	\$75,355	n/a

Program Name	Peer Support – Wellness Navigation (Access) & Peer Partners for Health, Interim, Inc.
Background and Community Need	<p>Interim, Inc. provides Wellness Navigators (WNs) for MCBHB’s Adult Services’ Clinics. WNs, stationed at each Adult Services’ clinic, are responsible for welcoming clients into the clinic, while the client is waiting to meet with his/her psychiatrist or coordinator. The WNs help support completion of intake screening tools, and help clients understand the services available to them. They discuss services that suit each client’s recovery needs and help connect him/her to community based resources that new clients need support in accessing. The WNs also follow up with a visit or phone call to continue linking clients to services. The Peer Partners for Health is a voluntary training and peer support program focusing on clients who are either in the crisis residential program at Manzanita and/or the Natividad Medical Center in-patient unit to help them with their transition into the community after they are discharged. The goal of the program is to utilize the assistance of a peer and a family member in connecting consumers to community based follow up services in a culturally sensitive manner. The program also aims to decrease frequency of mental health crisis by increasing support in the home to include symptom management skills training, education on mental health and connecting clients to community resources. WN’s services are provided for the consumer or family member in-person or over the phone for a time period of up to three months. WNs are provided a list of measurable tasks to work on with the referred consumer/family member by MCBHB Case Coordinators, and Mental Health inpatient unit staff.</p> <p>This program was requested by consumers through Recovery Task Force. Project plan was developed between Interim Inc. and MCBHB, and launched with MHSA fund assistance. Peer Partners for Health is a new program launched at County request for plan to assist with linking clients to services who are exiting Manzanita or Natividad Medical Center. Based loosely on model from a program Alameda County funded under an innovation grant. This program is made possible with MHSA funds.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults 18 and over • We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Monterey County • Those who have a psychiatric disability
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • This peer support initiative plays an important role in the County’s efforts to promote mental health recovery, peer advocacy, and peer leadership. It will increase resilience, wellness and self-management of health and behavioral health; through this support, consumers will be more equipped to transition back to society. • Clients will have support in accessing services, and will feel as part of a community with the help of peer Navigators. Clients will have a Wellness Navigator work one-on-one them to promote mental health recovery and evidence-based practices; provide awareness of the signs and symptoms of mental health challenges; and assist clients in strategies such as positive self-talk, cognitive behavior thought records, and crisis management tools. Clients will also be connected to community resources to promote self-management of their mental health recovery. Family members will be educated on mental illness, how to support their

	<p>loved one and the importance of never giving up hope.</p> <p>Goals: 50% of consumers will connect with least two community resources as a result of WN linkage. Other goals are determined and tracked by MCBHB.</p>
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> Wellness Navigators serve to create a welcoming environment where individuals accessing services for the first time at the outpatient clinics can feel welcome and supported by someone who may have a similar experience. There are barriers to accessing services due to stigma and individuals being unaware of services being offered. Wellness Navigators serve to normalize individual's experiences and provide resources in a welcoming environment This program focuses on serving clients with a serious mental health condition. All clients are referred by MCBHB.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	Goals are determined and tracked by MCBHB		\$23,343 (Access only for 3 months)	\$23,343	Will depend on # of clients referred by MCBHB
2015-16	Goals are determined and tracked by MCBHB		\$206,422	\$206,422	Will depend on # of clients referred by MCBHB
2016-17	Goals are determined and tracked by MCBHB		\$256,216	\$256,216	Will depend on # of clients referred by MCBHB

Program Name	Wellness Navigators: Bienestar, Interim, Inc.
Background and Community Need	<p>Interim, Inc. collaborates with MCBHB in the implementation of the Health Navigation Partnership - “Bienestar” project, which places primary care services in community mental health clinics operated by MCBHB. Interim, Inc. hires peer Wellness Navigators who provide activities that engage, educate and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services. The Wellness Navigators assist in care coordination, provide prevention assistance (such as peer-to-peer smoking cessation) and help clients build skills needed to access primary care services. As clients make enough progress to transition back into mainstream primary care services, Wellness Navigators accompany them and provide support to make sure they are successful in accessing all the services they need.</p> <p>These services were previously funded by a federal grant that ended; beginning FY 16-17, MHA PEI funds are supporting this program.</p>
Population of Focus	<ul style="list-style-type: none"> • Adults 18 and over • We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Monterey County
Service Goals and Public Health Benefit	<p>Research has shown that mental health peer programs significantly improve access to medical and mental health care, and that outcomes are improved in both areas.</p> <p>Clients’ quality of life will be improved as their health and ability to navigate through the primary care system is expanded.</p> <p>Interim solely provides the Wellness Navigators. All goals and outcomes are determined by MCBHB.</p>
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The Bienestar program’s focus is on integrated healthcare services. By integrating physical health care with behavioral health care, Bienestar serves individuals with serious mental illness who would otherwise not seek services for physical health care until they have to go to the emergency room. By providing these services, Bienestar is helping to reduce the amount spent on emergency room visits, while providing access to integrated healthcare. • Additionally, the Medical Assistant, and two Wellness Navigators are bilingual Spanish-speakers. • Patients have had difficulty arranging transportation to and from the clinics, especially in the more rural areas. Bienestar staff have been working with the patients’ Behavioral Health social workers, so that the patient can be scheduled on the same day as their Behavioral Health appointment. Bienestar staff have also been given blank Monterey-Salinas Transit RIDES forms, so that patients can be given information about and apply for a RIDES pass. • Finding staff who are bilingual/bicultural, and also have lived experience with mental health recovery has been a challenge. Currently all Wellness Navigator positions have been filled, and two of the three Navigators are bilingual/bicultural in Spanish. • This program focuses on serving clients with a serious mental health condition. All clients are referred by MCBHB.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2016-17	Goals are determined and tracked by MCBHB		\$73,702	\$73,702	Will depend upon number of clients referred by MCBHB

SERVICES FOR OLDER ADULTS

Program Name	Drake House, Front St., Inc.
Background and Community Need	Drake House is a 49 bed, 24/7, residential facility partly funded through Mental Health Services Act. It is a collaborative effort between Front Street Inc. and Monterey County Behavioral health and incorporates other counties. The intent is to serve a population of individuals (approximately between 20-25 for Monterey residents) who have co-occurring mental health and physical conditions who have been either unserved or underserved in Monterey County. It is a unique facility that has trained mental health clinicians on site in addition to part time nursing and psychiatry serving the over 60 age group. This facility was developed in response to a community need with the intent of maintaining clients in their environment and avoiding high cost out of county placements.
Population of Focus	<ul style="list-style-type: none"> specifically for the 60+ population with the exception of 25% under 60 All regions throughout Monterey County Persistently seriously mentally ill with co-occurring conditions
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> In providing services locally to this population it provides an opportunity for intensive psychiatric services reducing the utilization of ongoing unplanned emergency services to emergency departments, hospitals, mental health units, jails and other high cost facilities By providing a local facility clients can remain in their own environments close to family or other support systems resulting in less isolation and more community based and familiar services maximizing consumer participation. <p>The goal is to reduce high cost out of county placements, reduce the cost of unplanned emergency services and provide clients with all inclusive wrap around services in their home community.</p>
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> This program welcomes the admission of all and any underserved population group that meets the co-occurring conditions for admission Referrals are received through Monterey County case managers. At this time the contract is in place for an additional 3 years with the same number of clients served each year. The ultimate goal for services is to maintain clients in the least restrictive environment helping to ensure highest quality of life.

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	23	26	\$1,072,610	\$809,742	\$41,254
2015-16	23	25	\$1,313,872	\$927,539	\$52,555
2016-17	23		\$1,238,680	\$1,027,052	\$53,856

Program Name	Senior Companion Program, Seniors Council
Background and Community Need	<p>The Seniors Council Senior Companion Program serves Santa Cruz, San Benito, Monterey and Santa Clara Counties. The Program recruits, trains and places Senior Companions to work with: homebound clients and clients who live alone; clients with chronic disabilities; clients whose caregiver needs respite from their responsibilities; clients with mental health issues; and clients who are visually or hearing impaired. Senior Companions volunteer an average of 20 hours per week. The Program works to assist clients served by Senior Companions to maintain independent living and achieve the highest quality of life possible.</p> <p>The Program started at Monterey County Behavioral (MCBH) in January 2015 after a presentation to the MCBH – Mental Health Commission and a long process to determine how the program could best serve MCBH Clients. The need for a Peer Support model on intervention for MCBH clients, especially in south county, is clear. According to the FY 12-13 MCBH Annual Report 6.3% of low-income older adults have a serious mental illness. This group is disproportionately likely to die of suicide. Older adults (those 65+) in the County comprise 10% of the population but account for 25% of suicides. Our Program will deliver a minimum of 1,900 hours of service to MCBH clients assigned to a Senior Companion by the South County Behavioral Health Services Manager. The result of Program services will be that MCBH clients served will maintain or improve their ability to live in their homes.</p>
Population of Focus	<ul style="list-style-type: none"> • MCBH Clients with Psychiatric Disabilities • South County • Diagnosis of Major Mental Illness
Service Goals and Public Health Benefit	<p>Assists older adult MCBH clients to avoid hospitalization by providing companionship services to increase or maintain socialization activities and follow-thru with Mental Health Treatment.</p> <p>Goals:</p> <ul style="list-style-type: none"> • Build positive relationships with clients or support client caregivers by providing respite services • <u>100%</u> Of clients will improve their ability to live in their home
Strategies to Engage Underserved Populations	<p>The Program focuses services on MCBH clients with major mental illness referred to our program by MCBH staff. Generally this population is stigmatized in society and has fewer opportunities to achieve a happy quality of life. Senior Companions provide approximatns 20 hours per week of service accumulating 1,900 hours of service to their clients.</p> <p>Our Program does not recruit or provide outreach to clients. These activities are carried out by MCBH staff. So we cannot address this question.</p>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15	9	7	\$225,168	24,245	\$32,167
2015-16	9	9	\$220,900	21,898	\$24,544
2016-17	9		\$261,110	25,000	\$29,012

Program Name	Senior Peer Counseling (SPC)/ Fortaleciendo el Bienestar (FeB), Alliance on Aging
Background and Community Need	<p>The Senior Peer Counseling Program (SPC) provides no-cost mental health intervention and emotional support to older adults suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Peer Counselors, trained and supervised by mental health professionals, provide short-term one-on-one counseling that may be home-based, office-based, or at long term-care facilities. Volunteers and staff facilitate support groups that foster emotional support, encouragement, self-empowerment and connection to others.</p> <p>Since 2008-09, with funding from MHSA, the SPC was expanded to include bi-lingual/bicultural program services. Bilingual/bicultural volunteers were trained to provide counseling and support groups to unserved Latino older adults, mainly in Salinas. Wellness lectures were introduced throughout Salinas and South County, with an emphasis on issues related to Latino adults.</p> <p>In FY16-17, the Fortaleciendo el Bienestar (FeB) program will undergo a shift towards, primarily, a health and wellness focus by implementing multiple four-part series of health education classes presented in a <i>convivio</i> format. The series will offer pre and post testing to measure health outcomes; its subject offerings include but are not limited to chronic disease prevention, recognizing signs of depression, dementia, sensory loss, and social isolation.</p>
Population of Focus	Although SPC/FeB program serves older adults 55+ throughout Monterey County, over 70% of its clients are age 65+; 30% are age 75+. These clients commonly suffer from depression, anxiety, and adjustment disorders; and generally do not have serious mental illness.
Service Goals and Public Health Benefit	<p>Strong evidence has been reported for the relationship between social isolation in older adults and all aspects of health and well-being, including mental illness (J Prim Prev, 2012). In addition, depression in older adults has long been recognized as a major risk factor for late-life suicide (JAMA, 2004; American Psychological Association (APA), 2009), poorer health behaviors, and “excess disability” (APA, 2009). Further, according to the APA (2009), the baby boom cohorts are experiencing depression at significantly higher rates than previous groups.</p> <p>The SPC/FeB Program addresses these issues head-on by providing no-cost counseling and support groups to isolated, depressed, and home-bound older adults. Clients’ quality of life is enhanced by being socially connected, listened to by a compassionate individual, encouraged to comply with medical advice, guided in problem solving, and provided with community resources.</p> <p>The SPC/FeB has a two-pronged approach to achieving its goals: (1) the goal of the SPC program is to provide counseling to older adults, by their peers, who may face financial, cultural, transportation, or disability barriers, free from the stigma associated with more conventional mental health interventions. A secondary goal is to encourage social connection with others and personal empowerment by participation in support groups. (2) The goal of the FeB program is to promote healthy aging through wellness workshop series. Anticipated outcomes of the new program component are enhanced quality of life and increased psychological well-being through education and increased socialization.</p>

Strategies to Engage Underserved Populations	<p>A small but strong core group of eight bi-cultural, bi-lingual Latino Senior Peer Counselor volunteers co-facilitate support groups and provide one-to-one peer counseling in the Salinas area. The group was trained with Spanish language curriculum and works under the supervision of a bilingual, bicultural clinician with extensive experience serving the Hispanic community.</p> <p>While substantial headway has been made in serving Latino clients in the SPC program it has been challenging to recruit and retain Latino volunteers in the region due to a complex variety of reasons including but not limited to economic instability, transportation problems, distances between cities in the south county region, and the notion of volunteerism itself; hence, the shift towards a health education format that relies on staff to deliver services rather than volunteers, especially in the rural South County region.</p>
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Year	Annual		Total Annual Program Cost	Annual MHSA Contribution-Monterey County	Cost Per Client
	Goal	Actual			
2014-15	600 participants Units of service: 1,600 counseling sessions 1,500 support group units; 500 wellness lecture units Total = 3,600 units of service	615 participants Units of service: 1,608 counseling sessions; 1,794 support group units; 308 wellness lecture units. Total = 3,710 units of service	\$230,589.	\$230,589.	\$384.32 per client \$64.00 per contact
2015-16	600 participants Units of service: 1,600 counseling sessions; 1,500 support group units;	438 participants 8 volunteers trained. Units of service: 1,397 counseling sessions;	\$239,823.	\$239,823.	\$547.54 per client \$63.41 per contact

	500 wellness lecture units (1 client attends 1 lecture or workshop) Total = 3,600 units of service	2,122 support group units; 263 wellness lecture units. Total = 3,782 units of service.			
2016-17	375 participants Units of service: 1,375 counseling sessions; 1,350 support group units; 395 wellness lecture units Total = 3,120 units of service		\$279,204	\$279,204	\$744.54 per client \$89.49 per contact

SAMPLE PROGRAM/SERVICES DESCRIPTION FORM

Program Name	
Background and Community Need	Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.
Population of Focus	Outline the key population of focus to be served noting: <ul style="list-style-type: none"> • Specific age groups • Culturally specific groups • Regions served • Any special diagnostic category to be served
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? • How will this program improve clients' quality of life? • What are the goals and outcomes this program is trying to achieve?
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the <u>D3, Data driven decisions guide which can be found here</u>

Year	Annual		Total Annual Program Cost	Annual MHSA Contribution- Monterey County	Cost Per Client
	Goal	Actual			
2014-15					
2015-16					
2016-17					

**MHSA FISCAL YEAR 2016-17 ANNUAL UPDATE
BUDGET NARRATIVE**

The MHSA Annual Update process provides the following opportunities:

- ✓ to evaluate the resources allocated to the various MHSA funded programs during the budget process and the anticipated revenue streams to fund them;
- ✓ to assess the level of resources budgeted against the level of service demand experienced to-date; to assess the level of anticipated revenue against current trends; and
- ✓ to make any necessary adjustments to meet our local mental health system’s needs.

The updated MHSA Fiscal Year 2016-17 budget can also function as the beginning of the upcoming annual; budget planning process to reevaluate and reprioritize the allocation of resources, and to make any adjustments deemed appropriate.

Accordingly, the budget amounts included in the MHSA Fiscal Year 2016-17 Annual Update have been reviewed and adjusted to more accurately reflect the anticipated needs across the various programs and the anticipated revenues that will fund these activities. As a result of lower than anticipated MHSA revenues in Fiscal Year 2015-16, the anticipated allocations for the components have been adjusted. The new allocations are in accordance with the new MHSA revenue estimates for the budget year in progress, and the amount of the adjustment, by component, is shown on the column labeled *Change*.

Component	FY 2016-17 Budget Modifications					
	Anticipated Budget	Actual Budget	Change + (-)	Anticipated MHSA Funds	Actual MHSA Funds	Change + (-)
	\$24.9	\$26.4	\$1.5M	\$13.6M	\$11.3M	(\$2.2)M
Community Services and Supports (CSS)	<p>1) TAY Vocational Services program, provided through a contract with Interim, Inc., has been discontinued due to very low utilization. Staff refers TAY to other educational and vocational resources in the community.</p> <p>2) Wesley Oaks Supportive Housing, provided through a contract with Interim, Inc., was moved to become part of the MCHOME program, serving those with serious mental illness and who are homeless or at risk of becoming homeless.</p> <p>3) Soledad House Supportive Housing, provided through a contract with Interim, Inc., was originally designated for the Creating New Choices program. Due to low utilization, this program was moved to become part of Interim’s McHOME program.</p> <p>4) Workforce Education & Training services, provided through a contract with Interim, Inc., is continuing, however, is funded by other sources in FY 17.</p>					

Prevention and Early Intervention (PEI)	Anticipated Budget	Actual Budget	Change + (-)	Anticipated MHPA Funds	Actual MHPA Funds	Change + (-)
	\$8.48M	\$8.24 M	(\$240)K	\$4.2M	\$3.3M	(\$882)K
	<p>Unserved & Underserved Cultural Populations Project:</p> <p>1) Success Over Stigma, provided through a contract with Interim, Inc., was formerly funded with other sources and staffed mostly by volunteers; it now has two paid staff and is funded with MHPA.</p> <p>2) Peer Navigation/Bienestar, provided through a contract with Interim, Inc., was formerly funded by a SAMHPA grant and continues now with MHPA in FY 17.</p> <p>3) The LGBTQ Services initiative has been placed on hold due to the shortage of PEI funds in FY 17.</p> <p>4) Mental Health First Aid has continued with support from the Monterey County Office of Education; no MHPA funds are allocated in FY 17.</p> <p>5) The Health Promotion/Addressing Disparities activities have been reduced due to the shortage of PEI funds in FY 17.</p> <p>Trauma Exposed Individuals Project:</p> <p>1) Critical Incident De-Briefing services continue, however, this program is funded by other funding sources in FY 17.</p> <p>2) Services For Post-Partum Women initiative is not funded by MHPA in FY 17.</p>					
Innovations (INN)	Anticipated Budget	Actual Budget	Change + (-)	Anticipated MHPA Funds	Actual MHPA Funds	Change + (-)
	\$363K	\$398K	\$34.6K	\$272.5K	\$304K	\$31.8K
	<p>1) Positive Behavioral Intervention & Supports (PBIS): The amount of funding for FY 17 has been reduced as the program is administered by the Monterey County Office of Education using other funding sources.</p> <p>2) Juvenile Sex Offender Response Team: The amount of funding for FY 17 has been increased to reflect increased support to Monterey County Probation, a critical member of the multi-disciplinary response team.</p> <p>3) Alternative Healing and Promotores de Salud: This project was completed during FY 16.</p>					

**FY 2016/17 Mental Health Services Act Annual Update
Funding Summary**

County: Monterey

Date: 9/19/2016

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	196,899	3,399,222	0	0	
2. Estimated New FY 2016/17 Funding	12,710,240	3,177,560	836,200			
3. Transfer in FY 2016/17 ^{a/}	0					
4. Access Local Prudent Reserve in FY 2016/17	349,816	448,556				(798,372)
5. Estimated Available Funding for FY 2016/17	13,060,056	3,823,015	4,235,422	0	0	
B. Estimated FY 2016/17 MHSA Expenditures	13,060,056	3,823,015	349,947	#REF!	#REF!	
G. Estimated FY 2016/17 Unspent Fund Balance	0	(0)	3,885,475	#REF!	#REF!	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	3,016,047
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	(798,372)
4. Estimated Local Prudent Reserve Balance on June 30, 2017	2,217,675

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

**FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Monterey

Date: 9/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Youth	1,683,242	959,936	530,809	0	192,497	0
2. Transition Age Youth	545,634	407,101	138,533	0	0	0
3. Adults	2,211,301	1,167,567	1,043,734	0	0	0
4. Older Adults	735,973	664,399	71,574	0	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.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Youth	4,080,818	1,818,946.48	1,469,521	0	792,351	0
2. Transition Age Youth	1,920,176	817,922	1,025,971	0	76,283	0
3. Adults	14,636,043	5,097,500	3,197,536	1,137,755	1,137,755	4,065,497
4. Older Adults	651,829	423,199	228,630	0	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.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	1,703,486	1,703,486				
CSS MHSA Housing Program Assigned Funds	0	0	0	0	0	0
Total CSS Program Estimated Expenditures	28,168,502	13,060,056	7,706,308	1,137,755	2,198,886	4,065,497
FSP Programs as Percent of Total	39.6%					

MONTEREY MHSA FY 2016-17 ANNUAL UPDATE

COMMUNITY SERVICES & SUPPORTS

CSS Program Name: Child & Youth

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Access to Treatment	\$ 82,003	\$ 82,003	\$ 82,003
Early Childhood, CS Secure Families	\$ 906,814	\$ 906,814	\$ 927,424
Family Preservation, CS Family Preservation	\$ 143,207	\$ 143,207	\$ 135,565
Family Preservation, CS Family Reunification FSP	\$ 500,386	\$ 500,386	\$ 406,695
Family Preservation, CS Salinas Home Partners	\$ 178,907	\$ 178,907	\$ 271,130
Juvenile Mental Health Court, CS JJ CALA MH Court FSP	\$ 472,197	\$ 472,197	\$ 474,478
Juvenile Mental Health Court, CS JJ CALA MH Court SD	\$ 49,945	\$ 49,945	\$ 67,783
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	\$ 2,333,459	\$ 2,333,459	\$ 2,365,077
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses	\$ 513,361	\$ 513,361	\$ 354,762
c. Total Operating Expenses	\$ 513,361	\$ 513,361	\$ 354,762
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Community Human Services, CHS MHS Outpatient	\$ 639,825	\$ 639,825	\$ 766,977
Kinship Adoption FSP Seneca, Adoption Preservation	\$ 310,098	\$ 322,299	\$ 301,898
Kinship Center, Children's Clinic So. County	\$ 502,819	\$ 522,636	\$ 489,545
Door to Hope Integrated Co-occurring Treatment SD/FSP	\$ 771,440	\$ 802,069	\$ 802,069
Door to Hope Nueva Esperanza-CHILD	\$ 360,281	\$ 217,166	\$ 225,851
Door to Hope Santa Lucia, Juvenile Justice Residential	\$ 440,457	\$ 457,881	\$ 457,881
a. Total Subcontracts	\$ 3,024,920	\$ 2,961,876	\$ 3,044,221
4. Total Proposed CSS Program Budget	\$ 5,871,740	\$ 5,808,696	\$ 5,764,060
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 1,306,738	1,520,045	\$ 2,000,330
EPSDT	\$ 2,265	\$ 2,265	\$ 984,848
Other Revenue	\$ 92,251	\$ 92,251	\$ -
1. Total Revenue	\$ 1,401,254	\$ 1,614,561	\$ 2,985,177
5. Total Funding Requested for CSS Program	\$ 4,470,486	\$ 4,194,135	\$ 2,778,882
6. Total In-Kind Contributions			

MONTEREY MHSA FY 2016-17 ANNUAL UPDATE

COMMUNITY SERVICES & SUPPORTS

CSS Program Name: Transition Age Youth (TAY)

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Avanza	\$ 847,705	\$ 847,705	\$ 1,630,173
Avanza, CS MHSA TIP Avanza FSP	\$ 800,149	\$ 800,149	\$ 181,130
17.20 FTE BH Aide, BH Serv Mngr, PSR II, Sprv PSR, PSW II, SW III Clinical Psych			
b. Benefits and Taxes @ %			
	\$ 280,135	\$ 280,135	\$ -
c. Total Personnel Expenditures			
	\$ 1,927,989	\$ 1,927,989	\$ 1,811,303
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses			
			\$ 271,695
c. Total Operating Expenses			
	\$ -	\$ -	\$ 271,695
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Peacock Acres BC , Supportive Housing/12S	\$ 154,156	\$ 154,156	\$ 154,156
Peacock Acres FSP OP, Supportive Housing/12S	\$ 228,656	\$ 228,656	\$ 228,656
Interim - TAY Vocational Services	\$ -	\$ 112,386	\$ -
a. Total Subcontracts			
	\$ 382,812	\$ 495,198	\$ 382,812
4. Total Proposed CSS Program Budget			
	\$ 2,310,801	\$ 2,423,187	\$ 2,465,810
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 758,013	\$ 1,068,837	\$ 1,164,504
EPSDT/Fund Balance	\$ 76,283	\$ 76,283	\$ 76,283
1. Total Revenue			
	\$ 834,296	\$ 1,145,120	\$ 1,240,787
5. Total Funding Requested for CSS Program			
	\$ 1,476,505	\$ 1,278,067	\$ 1,225,023
6. Total In-Kind Contributions			
	\$ -	\$ -	\$ -

MONTEREY MHSA FY 2016-17 ANNUAL UPDATE

COMMUNITY SERVICES & SUPPORTS

CSS Program Name: Adults

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Access to Treatment	\$ 12,201,212	\$ 10,303,149	\$ 10,336,911
McHome, AS McHome 2034		\$ 77,781	\$ 94,896
Mental Health Court, AS Creating New Choices FSP	\$ 759,020	\$ 759,020	\$ 630,785
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			
	\$ 12,960,232	\$ 11,139,950	\$ 11,062,591
2. Operating Expenditures			
a. Facility Cost			
			\$ -
b. Other Operating Expenses			
	\$ 1,944,035	\$ 1,670,993	\$ 1,659,389
c. Total Operating Expenses			
	\$ 1,944,035	\$ 1,670,993	\$ 1,659,389
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Community Human Services, HIV/AIDS Com Partnership	\$ 38,329	\$ 38,329	\$ 39,859
Interim, Co-occurring Integrated Care	\$ 245,971	\$ 444,976	\$ 502,270
Interim, MHSA Lupine Garden FSP	\$ 439,708	\$ 319,684	\$ 289,302
Interim, MHSA Homeless FSP	\$ 804,746	\$ 807,863	\$ 1,155,247
Wesley Oaks Supportive Housing	\$ 112,543	\$ 108,214	\$ -
Interim, Community Housing	\$ -	\$ -	\$ 1,170,131
Interim, Sunflower Garden	\$ 241,596	\$ 253,435	\$ 330,344
Interim Soledad House MH	\$ 163,159	\$ 174,439	\$ -
Interim Workforce Education & Training	\$ 71,153	\$ 71,153	\$ -
Central Coast Ctr for Indep Living Workforce Support & Counseling	\$ 115,320	\$ 119,933	\$ 133,103
Door to Hope Co-occurring Disorders Nueva Esperanza-ADULT	\$ 208,957	\$ 389,526	\$ 405,107
Client Incentives - FSP	\$ 100,000	\$ 100,000	\$ 100,000
a. Total Subcontracts			
	\$ 2,541,482	\$ 2,827,552	\$ 4,125,363
4. Total Proposed CSS Program Budget			
	\$ 17,445,749	\$ 15,638,495	\$ 16,847,343
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 6,364,797	\$ 3,047,999	\$ 4,241,270
EPSDT	\$ 289,913	\$ 289,913	\$ 1,137,755
Other	\$ 114,914	\$ 114,914	\$ 115,497
Realignment	\$ 349,913	\$ 349,913	\$ 1,137,755
Use of Reserves (Fund Balance)	\$ 4,652,264	\$ 4,652,264	\$ 3,950,000
1. Total Revenue			
	\$ 11,771,801	\$ 8,455,003	\$ 10,582,278
5. Total Funding Requested for CSS Program			
	\$ 5,673,948	\$ 7,183,492	\$ 6,265,065
6. Total In-Kind Contributions			
	\$ -	\$ -	\$ -

MONTEREY MHSa FY 2016-17 ANNUAL UPDATE

COMMUNITY SERVICES & SUPPORTS

CSS Program Name: Older Adults

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Integrated Care/Older Adult FSP	\$ 131,966	\$ 131,966	\$ 135,565
1.0 FTE PSW II			
b. Benefits and Taxes @ %			\$ -
c. Total Personnel Expenditures	\$ 131,966	\$ 131,966	\$ 135,565
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses	\$ 22,434	\$ 22,434	\$ 13,557
c. Total Operating Expenses	\$ 22,434	\$ 22,434	\$ 13,557
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Front St. Drake House B&C, Supportive Housing	\$ 656,221	\$ 638,272	\$ 638,272
Front St. Drake House MHS FSP, Supportive Housing	\$ 598,171	\$ 300,204	\$ 600,408
a. Total Subcontracts	\$ 1,254,392	\$ 938,476	\$ 1,238,680
4. Total Proposed CSS Program Budget	\$ 1,408,792	\$ 1,092,876	\$ 1,387,802
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 299,085	\$ 151,846	\$ 300,204
Other Revenue			
1. Total Revenue	\$ 299,085	\$ 151,846	\$ 300,204
5. Total Funding Requested for CSS Program	\$ 1,109,707	\$ 941,030	\$ 1,087,598
6. Total In-Kind Contributions	\$ -	\$ -	\$ -

**FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Monterey

Date: 9/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Cultural Populations	1,634,616	1,634,616				
2. Trauma Exposed Individuals	839,721	531,549	76,743	0	150,997	80,432
3. Children & Youth in Stressed Families	1,157,856	115,786	578,928	0	463,142	0
4. Children & Youth at Risk of Juvenile Justice Involvement	203,348	94,829	89,194	0	19,325	0
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Cultural Populations	4,405,141	947,581	1,157,748	0	981,590	1,318,222
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	498,654	498,654				
PEI Assigned Funds	0	0	0	0	0	0
Total PEI Program Estimated Expenditures	8,739,336	3,823,015	1,902,613	0	1,615,054	1,398,654

MONTEREY MHSA FY 2016-17 ANNUAL UPDATE

PREVENTION & EARLY INTERVENTION

PEI Project Name: **Underserved and Unserved Cultural Populations**

Expenditures and Revenues		ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 2016-17
A. Expenditure				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
	Family Support Groups	\$ 112,153	\$ 112,153	\$ 135,565
1.0 FTE	PSW II			
b. Benefits and Taxes @ %				
c. Total Personnel Expenditures		\$ 112,153	\$ 112,153	\$ 135,565
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	\$ 26,000	\$ 26,000	\$ 26,000
	The Village Project, A-A Community Partnership	\$ 327,974	\$ 327,972	\$ 496,052
	Interim Adult Wellness Center/OMNI	\$ 650,791	\$ 709,385	\$ 546,132
	Interim Peer-to-Peer Counseling	\$ 104,271	\$ 100,261	\$ 256,216
	Interim Peer Health Navigation Success Over Stigma	\$ -	\$ -	\$ 75,355
	Interim Wellness Navigators - Bienestar	\$ -	\$ -	\$ 73,702
	Interim Chinatown Learning Center	\$ 137,510	\$ 137,510	\$ 146,317
	NAMI, Monterey County, Outreach	\$ 166,490	\$ 166,490	\$ 159,672
	Community Human Services GLBT, Outreach & Counseling	\$ 66,569	\$ 66,569	\$ 69,233
	Community Human Services, Multi-Lingual Parenting	\$ 165,360	\$ 165,360	\$ 171,975
	Door to Hope McSTART	\$ 2,058,051	\$ 2,145,672	\$ 2,267,174
	Center for Community Advocacy	\$ 88,568	\$ 88,568	\$ 95,000
	Central Coast Citizenship Project	\$ 85,160	\$ 85,160	\$ 85,160
	Epicenter/Voices	\$ 64,000	\$ 105,000	\$ 90,000
	Health Promotion/Addressing Disparities	\$ 322,000	\$ 322,000	\$ 4,000
	LGBTQ Services	\$ 500,000	\$ 230,000	
	Mental Health First Aid, MCOE	\$ 136,880	\$ 136,880	\$ -
	Pajaro Valley Mental Health Services, School Based Counseling	\$ 286,000	\$ 286,000	\$ 286,000
	Family Svc Agcy of San Francisco dba Felton Inst.,PREP Program	\$ 250,000	\$ 500,000	\$ 500,000
	Senior Council, Senior Companion Program	\$ 25,000	\$ 25,000	\$ 25,000
	Alliance on Aging, Senior Peer Counseling	\$ 230,589	\$ 239,823	\$ 279,204
	Contribution to CalMHSA	\$ 252,000	\$ 252,000	\$ 252,000
a. Total Subcontracts		\$ 5,943,213	\$ 6,115,650	\$ 5,904,192
4. Total Proposed PEI Project Budget		\$ 6,055,366	\$ 6,227,803	\$ 6,039,757
B. Revenues (list/itemize by fund source)				
	Federal Financial Participation	\$ 1,071,072	\$ 1,129,352	\$ 1,157,748
	EPSDT	\$ 858,239	\$ 889,590	\$ 981,590
	Other Revenue	\$ 16,650	\$ 16,650	\$ 189,901
	Use of Reserves (Fund Balance)	\$ 821,452	\$ 821,452	\$ 1,128,321
1. Total Revenue		\$ 2,767,412	\$ 2,857,044	\$ 3,457,560
5. Total Funding Requested for PEI Project		\$ 3,287,954	\$ 3,370,759	\$ 2,582,197
6. Total In-Kind Contributions		\$ -	\$ -	\$ -

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE

PREVENTION & EARLY INTERVENTION

PEI Project Name: Trauma Exposed Individuals

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 2016-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Archer Child Advocacy Center	\$ 65,983	\$ 65,983	\$ 135,565
Critical Incident Debriefing	\$ 19,413	\$ -	\$ -
Services for Women with Postpartum Depression	\$ 131,965	\$ -	\$ -
0.65 FTE BH Serv Mngr, BH Unit Spvr, Sr. PSW, PSWII			
b. Benefits and Taxes @ %			
c. Total Personnel Expenditures	\$ 217,361	\$ 65,983	\$ 135,565
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	\$ 63,671	\$ 63,671
Harmony at Home, School Based Domestic Violence Counseling	\$ 94,765	\$ 91,120	\$ 91,120
Family Service Agency of Central Coast, Suicide Prevention	\$ 181,337	\$ 224,372	\$ 224,372
Kinship Center Seneca-Resolving Trauma Services for Children	\$ 313,290	\$ 325,596	\$ 304,993
Office of Military & Veterans Affairs -- Veteran's Services	\$ 35,000	\$ 20,000	\$ 20,000
a. Total Subcontracts			
	\$ 684,392	\$ 724,759	\$ 704,156
4. Total Proposed PEI Project Budget	\$ 901,753	\$ 790,742	\$ 839,721
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 156,645	\$ 59,481	\$ 76,743
EPSDT	\$ 125,316	\$ 130,238	\$ 150,997
Other Revenue - Archer MOU + General Fund Contribution			\$ 80,432
1. Total Revenue	\$ 281,961	\$ 189,719	\$ 308,172
5. Total Funding Requested for PEI Project	\$ 619,792	\$ 601,023	\$ 531,549
6. Total In-Kind Contributions	\$ -	\$ -	\$ -

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE

PREVENTION & EARLY INTERVENTION

PEI Project Name: Children & Youth in Stressed Families

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 2016-17
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)			
Kinship Center Seneca, Children at Risk of Placement	\$ 1,189,281	\$ 1,236,073	\$ 1,157,855
a. Total Subcontracts	\$ 1,189,281	\$ 1,236,073	\$ 1,157,855
4. Total Proposed PEI Project Budget	\$ 1,189,281	\$ 1,236,073	\$ 1,157,855
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 594,641	\$ 618,037	\$ 578,928
EPSDT	\$ 475,712	\$ 494,429	\$ 463,142
Other Funding Sources			
1. Total Revenue	\$ 1,070,353	\$ 1,112,466	\$ 1,042,070
5. Total Funding Requested for PEI Project	\$ 118,928	\$ 123,607	\$ 115,786
6. Total In-Kind Contributions	\$ -	\$ -	\$ -

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE

PREVENTION & EARLY INTERVENTION

PEI Project Name: Children & Youth at Risk of Juvenile Justice Involvement

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 2016-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
CS JJ Silver Star Resource Center	\$ 106,589	\$ 106,589	\$ 135,565
Youth Diversion Program	\$ 52,824	\$ 61,348	\$ 67,783
1.5 FTE PSW II			
b. Benefits and Taxes @ %			
c. Total Personnel Expenditures	\$ 159,413	\$ 167,937	\$ 203,348
2. Operating Expenditures			
a. Facility Cost			\$ -
b. Other Operating Expenses	\$ 58,624	\$ 58,624	\$ -
c. Total Operating Expenses	\$ 58,624	\$ 58,624	\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
a. Total Subcontracts			\$ -
4. Total Proposed PEI Project Budget	\$ 218,037	\$ 226,561	\$ 203,348
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 63,765	\$ 91,276	\$ 89,194
EPSDT	\$ 22,318	\$ 23,511	\$ 19,325
1. Total Revenue	\$ 86,083	\$ 114,787	\$ 108,519
5. Total Funding Requested for PEI Project	\$ 131,954	\$ 111,774	\$ 94,829
6. Total In-Kind Contributions	\$ -	\$ -	\$ -

**FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Monterey

Date: 9/19/2016

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Positive Behavior Intervention Support	50,000	50,000				
2. Juvenile Sex Offender Reduction Team	348,538	254,302	94,236	0	0	0
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	45,645	45,645				
Total INN Program Estimated Expenditures	444,183	349,947	94,236	0	0	0

INNOVATIONS

INN Project Name: Juvenile Sex Offender Response Team

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
CS JJ JSORT	\$ 263,932	\$ 263,932	\$ 271,130
2.0 FTE PSW II			
b. Benefits and Taxes @ %			
			\$ -
c. Total Personnel Expenditures			
			\$ 271,130
2. Operating Expenditures			
a. Facility Cost			
b. Other Operating Expenses			
c. Total Operating Expenses			
			\$ -
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Probation Department, JSORT Program			\$ 77,408
a. Total Subcontracts			
			\$ 77,408
4. Total Proposed PEI Project Budget			
			\$ 348,538
B. Revenues (list/itemize by fund source)			
Federal Financial Participation	\$ 95,016	\$ 91,433	\$ 94,236
1. Total Revenue			
			\$ 94,236
5. Total Funding Requested for PEI Project			
			\$ 254,302
6. Total In-Kind Contributions			
			\$ -

INNOVATIONS

INN Project Name: Alternative Healing and Promotores de Salud

Expenditures and Revenues	ADOPTED FY 15-16	REVISED FY 15-16	ADOPTED FY 16-17
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
Alternative Healing	\$ 172,027	\$ -	\$ -
1.10 FTE PSW II, Contract Physician			
b. Benefits and Taxes @ %			
c. Total Personnel Expenditures	\$ 172,027	\$ -	\$ -
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 PEI Project Budget	\$ 172,027	\$ -	\$ -
B. Revenues (list/itemize by fund source)			
1. Total Revenue	\$ -	\$ -	\$ -
5. Total Funding Requested for PEI Project	\$ 172,027	\$ -	\$ -
6. Total In-Kind Contributions	\$ -	\$ -	\$ -

MONTEREY 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, no member over the age of 14 speaks English "very well."

- 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
- 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>

LOCAL STAKEHOLDER PROCESS

Description of Planning & Review Processes

This “FY 2016-17 MHSA Annual Update” fulfills the County’s obligation to prepare and submit an “Annual Update” for the second and third year for each approved MHSA Three Year Program and Expenditure Plan. (FY 2016-17 is the third year of our Three Year Plan)

Monterey County’s “Fiscal Year 2014-15 through FY 2016-17 MHSA Three Year Program and Expenditure Plan” document can be accessed at these website links:

https://www.mtyhd.org/wp-content/uploads/2014/10/MHSA-FY-2014-15-FINAL_DRAFT-V2.pdf

<https://www.mtyhd.org/wp-content/uploads/2014/10/MHSA-3-YEAR-PLAN-spanish.pdf>

For the purpose of obtaining public comment, the following methods are used to circulate and gather feedback on the draft “FY 2016-17 MHSA Annual Update” document:

- The draft “Fiscal Year 2016-17 MHSA Annual Update” is distributed for review and input/comment to the stakeholders (listed below) for the minimum thirty (30) day public comment period.
- The draft document is translated into Spanish for posting and distribution via email and in hard copy at meetings.
- Input is also elicited from service providers, County staff, and the community-at-large via various email distribution lists.
- Announcements to solicit public comment on the draft document are made by Behavioral Health Leadership and the MHSA Team at various meetings convened by our community stakeholders.
- Links to the draft document are posted on the Health Department’s website, the Monterey County website home page, the Health Department’s Facebook page and on Twitter.
- Copies of the draft document are also available at all County Libraries, Behavioral Health clinics, and upon request from Behavioral Health Administration.
- Behavioral Health staff, with the assistance of the County Mental Health Commission, convened Public Review & Comment Sessions in Seaside, Salinas and Soledad.

The 30-day Public Review and Comment period was: 10/20/2016 – 11/18/2016.

The Public Hearing was conducted by the Monterey County Mental Health Commission on: 12/01/2016.

The following stakeholders are involved in the local MHSA planning and review process:

- Monterey County Mental Health Commission
- Monterey County Board of Supervisors
- Monterey County Cultural Relevancy & Humility Committee
- Mental Health Services Contract Providers

- Other Community-Based Service Organizations
- Recovery Task Force & Anti-Stigma Committee
- Consumer & Youth Advisory Councils
- Consumers, youth and family members
- Department of Social Services
- Law Enforcement, Probation and the Courts
- Education
- Public Health and Primary Care
- Other Interested Community Members

Strategic Plan

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 was 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 Behavioral Health Strategic Plan.

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 and comment. Stakeholders included the Strategic Plan Steering Committee, contract providers, Behavioral Health management and staff, County partners, and the Mental Health Commission. Refinements were made and the final version of the document was completed in June 2014.

The Strategic Plan formed the basis for the **"Fiscal Year 2014-15 through FY 2016-17 MHSA Three Year Program and Expenditure Plan."**

The Monterey County Behavioral Health Strategic Plan document can be accessed at these website links:

https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final_Stratplan_08-26-14.pdf

(English)

https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final_Stratplan_07-15-14_Spanish-FINALv3.pdf (Spanish)

B. Summary of Public Comments Received

Please refer to the following documents:

- 1) "SUMMARY: RECOMMENDATIONS RECEIVED FROM THE PUBLIC ON THE COUNTY OF MONTEREY MENTAL HEALTH SERVICES ACT FY 2016-17 ANNUAL UPDATE"; and,
- 2) "THE MONTEREY COUNTY MENTAL HEALTH COMMISSION December 1, 2016 MEETING MINUTES"

**SUMMARY: RECOMMENDATIONS RECEIVED FROM THE PUBLIC
ON THE COUNTY OF MONTEREY
MENTAL HEALTH SERVICES ACT
FY 2016-17 ANNUAL UPDATE**

The following is the Summary of Recommendations received during the 30-Day Public Comment period beginning October 20, 2016 and ending November 18, 2016.

Summary of Recommendations	Analysis/County's Response
<ul style="list-style-type: none"> • Reduce the total number of programs funded and concentrate funding on the MHSA goals: <ul style="list-style-type: none"> ○ Invest in serious mental illness as well as prevention, early intervention, and supportive medical care ○ Reduce the adverse impact from untreated serious mental illness on individuals, families, and state and local budgets ○ Provide services that include culturally and linguistically competent approaches for underserved populations ○ Provide services that are not already covered by individuals' or families' insurance programs or by federally sponsored programs ○ Assure that all funds are spent in the most cost effective manner and services use evidence based practices • Prioritize services to the underserved populations of Monterey County (no particular order) <ul style="list-style-type: none"> ○ <i>The Poor, the homeless, residents of South and rural North County, those who do not have English language skills, those who do not have access to other mental health services, children in the foster care and juvenile justice systems needing mental health services, residents and their families who are experiencing an immediate mental health crisis.</i> <p><i>Submitted by: Linda Fosler, Monterey County Mental Health Commission member</i></p>	<p><u>Analysis/County's Action:</u> Monterey County's MHSA Plan, specifically the programs providing the Full Service Partnership (or "whatever it takes") array of services, include strategies to address the MHSA goals. The number of programs reflects the priorities that were identified during our local strategic planning process.</p> <p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>
<ul style="list-style-type: none"> • Improve communications to community about mental health services and how to access them. Information should be continuous. <p><i>Submitted by: Patricia Ortiz, East Salinas Resident</i></p>	<p>County staff will consult with our County's Public Information Officers and other counties for communication strategies to inform the community about these processes.</p>
<ul style="list-style-type: none"> • Assure that East Salinas has access to prevention programs to prevent mental illness. • Deliver prevention programs at schools, churches, community centers, etc. <p><i>Submitted by: East Salinas Resident</i></p>	<p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>

Summary of Recommendations	Analysis/County's Response
<ul style="list-style-type: none"> Allocate adequate Prevention and Early Intervention (PEI) funding for the Mae C Johnson Afterschool Academy, a program of the Village Project in Seaside. Provide opportunity for a dialogue and possibly a contract with the County for PEI funds for the After School Program. <p><i>Submitted by: Bonnie Rose Fernandez, LMFT, Retired Teacher</i></p>	<p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>
<ul style="list-style-type: none"> Invest in drug addiction issues. This will result in lower prison populations. <p><i>Submitted by: Timmy David Ledesma via Supervisor Jane Parker's Facebook page.</i></p>	<p>MHSA funds can be used <u>only</u> for mental health services.</p>
<ul style="list-style-type: none"> Invest at least 30% of MHSA funding in prevention services that support children ages 5 and under. Invest in the Infant Family Early Childhood Mental Health Endorsement series, currently being funded by F5MC, to build capacity for providers to support children ages 0-5 and their families <p><i>Submitted by: Francine Rodd, Executive Director, First 5 Monterey County, Salinas</i></p>	<p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>
<ul style="list-style-type: none"> Expand services for seniors (age 60 and older), the fastest growing age group in Monterey County. Partner with Adult Protective Services (APS) to co-locate a MHBH therapist within the APS Program. <p><i>Submitted by: Margaret Huffman, Monterey County Area Agency on Aging Director and Adult Protective Services Manager</i></p>	<p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>
<ul style="list-style-type: none"> Train school staff, teachers, parents, and students on bullying prevention and awareness. Increase County operated and contracted services to South County; transportation to Salinas is a barrier. Reduce the waiting list to access mental health services in the schools. Provide services for mild, moderate, and serious mental illness; not just serious mental illness. Place more mental health counselors at the schools and train academic counselors in mental health. Provide services for LGBTQ students and community members in South County. Provide parenting classes and workshops to all parents, not just those that are in trouble. 	<p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>

<ul style="list-style-type: none"> • Increase services for substance abuse in South County. • Make the Draft Annual Update Document more community friendly. • Define all terms and acronyms; include information on how to access the programs, like a resource guide. <p><i>Above comments gathered at Main St. Middle School, Soledad, 11/08/2016, 32 participants</i></p>	
<p align="center">Summary of Recommendations</p>	<p align="center">Analysis/County's Response</p>
<ul style="list-style-type: none"> • Offer education to community members and primary care providers on how to recognize the signs and symptoms of mental illness, causes, and existing health services; how to access them. • Provide training to mental health staff and contracted providers on how to provide culturally responsive mental health services. • Provide mental health services to people who do not have full scope Medi-Cal or money to pay for services. • Provide mental health services and education at community settings (i.e. churches, schools, community centers) • Locate services in East Salinas (93905) during accessible hours (5pm-8pm and on weekends). • Provide mental health prevention workshops on self-care, meditation, exercise, gardening, and the connection between body-mind-spirit for the whole family. • Offer healing circles and family support groups to help us process the community violence and trauma occurring in East Salinas. • Make the Draft Annual Update Document shorter and write it in simple language. Use pictures and add contact information on how to access the services. <p><i>Above comments gathered at East Salinas Family Center, Salinas, 11/14/2016, 6 Participants</i></p>	<p>MCBHB is partnering with MCOE to offer Mental Health First Aid trainings in English and Spanish to school staff and community members. MHFA is an 8 hour training teaches participants the signs and symptoms of mental illness & how to connect someone with professional help.</p> <p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>

Summary of Recommendations	Analysis/County's Response
<ul style="list-style-type: none"> • Provide mental health and drug treatment services that are culturally sensitive by providers who understand the language and culture of the population they are serving. • Provide training to mental health staff and contracted providers on how to provide culturally responsive mental health services. • Provide Prevention & Early Intervention funds for the Village Project's "After School Program." • Fund culturally sensitive services specifically for the African American community. • Educate the community about how MHSA funding allocations are made, how groups can apply for funds? Who decides? When? • Conduct better community engagement and follow up. • Increase engagement of peers, consumers, and families who are using mental health services. • Expand mental health services for seniors age 60+. • Improve timely access to mental health services by expanding "walk-in" times, reducing wait lists, intervening early, and focusing on children at a young age before mental health symptoms get worse. <p><i>Above comments gathered at Oldemeyer Center, Seaside, 11/16/2016, 24 Participants</i></p>	<p>MHSA funds can be used <u>only</u> for mental health services.</p> <p>These recommendations will be included during the planning phase for the upcoming Mental Health Services Act Three Year Plan starting FY 2017-18.</p>

THE MONTEREY COUNTY MENTAL HEALTH COMMISSION

December 1, 2016

MEETING MINUTES

Meeting Held at 1270 Natividad Rd., Whitney 129 Conference Room

Attendance ~ MENTAL HEALTH COMMISSIONERS x = Present					
	Barreras, Theresa , District 1	X	Aldaco, Aidee, District 3	X	Fosler, Linda, District 5
X	Payne, Linda, District 1, CHAIRPERSON		Ferreira, Maribel, District 4	X	Young, Cortland, District 5
X	Sanchez, Linda, District 1	X	Herrera, Jesse, District 4, PAST CHAIRPERSON	X	Dicken-Young, Hailey, District 5 (Associate Member)
	McHoney, Alma, District 2	X	Stewart, Lisa, District 4	X	Chief Brian Ferrante, Chief Law Enforcement Officer
X	Tack, Larry, District 2	X	Rocha, Anthony, District 4 (Associate Member)		Supervisor John Phillips
X	Lopez, Mark, District 3, CHAIR-ELECT	X	Deming, Heather, District 5		

Attendance ~ COUNTY STAFF x = Present					
X	Ambriz, Elizabeth, PEI Coordinator	X	Robles, Lucero, QI Services Manager	X	Michael Lisman, Deputy Director, Adults
X	Hendricks, Alica, MHSA Coordinator	X	Sandoval, Marni, Deputy Director, Children's	X	Stacy Saetta, Deputy County Counsel
X	Hernandez, Miriam, Behavioral Health Finance Manager II	X	Schweikhard, Wesley, MA II	X	Claudia Link, District 2
X	Jimenez, Elsa, Director of Health	X	Soskin, David, BH Medical Director	X	Andrew Price, Deputy County Counsel
X	Miller, Amie, Behavioral Health Director	X	Vandenberg, David, BH Patient's Rights Advocate	X	Cathy Gutierrez
X	Moreno, Rose, Management Analyst III for Prevention	X	VesgaLopez, Oriana, BH Deputy Medical Director		

Attendance ~ GUESTS x = Present					
X	Diego Cellis, Interpreter	X	Blanca Tavera, LCSW	X	Leslie Castro-Alcina, Chamacos
X	Mel Mason, The Village Project Executive Director	X	Kathleen Murray-Phillips, Area Agency on Aging DSS	X	Anna Ballas, PREP
X	Regina Mason, Seaside Community Member	X	Georgina Alvarez, CCCIL	X	Patricia Ogino

1. Call to Order	The meeting was called to order by Chair Linda Payne at 5:40 p.m.	
2. Introductions	Chair Payne welcomed all attendees.	
3. Corrections to the Agenda	None	
4. Public Comment (Regarding items not appearing on the agenda)	None	
5. Information: Receive Report on Health Equity Issues <i>* 5 minutes</i>	Monterey County Health Director Elsa Jimenez presented her report. She said they will be moving more from equality to health equity by investing in communities they have failed to invest in for many years. Your zip code can determine your life expectancy by as much as 20 years. For example, those living in Gonzales will live several years less than those in Monterey. As they develop their fiscal budget for 2017/18 they will not only look at health equity, but they will also look at racial equity. They will revisit where they are allocating their resources and if they are allocating them where there is the greatest need. Included her report was a breakdown of race/ethnicity of Medi-Cal population.	
6. Public Hearing: <i>Mental Health Services Act (MHSA) FY 2016-17 Annual Update Limited to 3 minutes per speaker</i> Action: a. <i>Receive staff report on the written comments received during the 30-day public review and comment period,</i> b. <i>Receive additional comments from those present at the Public Hearing; and,</i> c. <i>Recommend adoption by Monterey County Board of Supervisors of the final version of the Annual Update document, which will include a summary of</i>	<p>MHSA Coordinator Alica Hendricks explained that the purpose of the Public Hearing is to receive additional comments and recommendations about the Plan. The next three-year plan will begin July 1, 2017. The packet distributed contains the MHSA Planning Timeline, Frequently Asked Questions and Summary: Recommendations Received From the Public.</p> <p>Patricia Ogino: She stated Behavioral Health (BH) is not reaching the recipients of the services to find out what they have to say. She said she is a recipient of services and no one has followed up on her grievances regarding the services she is receiving. She asked who makes the decision on what is funded and at what level. She asked how will she know what she said is incorporated in the comments.</p> <p>Mel Mason: He stated, in reference to page 12 of the packet, there was actually a lot more input provided. The Afterschool Academy is both an After School Program as well as a clinical program. He asked about the \$200,000 that was promised for this program. He asked about all the input that was given, how it would translate into funding and would all the recommendations be included in the final document. A letter from the Village Project's Parent Advisory Board was included in the MHC packet.</p> <p>Regina Mason: She attended the public input meeting in Seaside and is disturbed that members of the community were told that the meeting is a requirement and that much of the public input would not be acted upon because of the County's budget deficit. She said she appreciates the governing for racial equity presentation made by Elsa Jimenez. Mrs. Mason said their public input is very valuable and they are speaking for the disenfranchised people in their community that tend to get overlooked. She said that BH has not done a good job in terms of being fair and equitable in governing for racial equity.</p>	M/S/C: Chair Payne/Commissioner Young/Motion carried except for Commissioner Herrera who opposed to <i>Recommend adoption by Monterey County Board of Supervisors of the final version of the MHSA FY 2016-17 Annual Update document, which will include a summary of all comments received.</i>

all comments received.

***18 minutes 45 seconds**

Cathy Gutierrez: She noted the expanded services in the County. She noted with the Latino population she is seeing there is a some decrease in the stigma; people coming in and asking for services. She said she is thankful the clinics in South County are almost fully staffed, as well as for the prevention and early intervention work, for input from the youth on the MHC and hearing from a variety of different voices, and she is thankful to the MHC for supporting the different activities.

Commissioner Sanchez: She has a list of comments that she will write up and submit to Dr. Miller and Ms. Hendricks. She said she also wants to take an equitable look at services for clients and make sure that the funding is for programs that meet their needs. She said she wanted to let the people attending know that they are being heard and that they (MHC) have the best interest of those we serve. If the needs are met and can be shown in the evaluation of programs, and criteria is met for being funded by the MHSA, then service providers should be considered for funding. She said there weren't enough providers at the meeting. The MHC recommends—they do not decide.

Commissioner Young: He said that because of comments made, he wanted to make sure they were recorded accurately and he asked if the comments or a summary would be posted. Dr. Miller responded that there will be a summary of what the groups presented. Commissioner Young also said it seems we are paying for services that do not have good results. We should pay for performance and have a penalty if providers are not doing what they are supposed to do.

Commissioner Herrera: He said that in looking at the Summary of Recommendations he got the impression that the comments are heard, but there will be no changes made to the document. He said he attended a community meeting and there was a lot of discussion and concern about the level of stress, particularly in communities of color. They are feeling increased pressure, i.e. students at CSUMB in the Masters' Program are concerned about their status as well as their family members. He said there is an unknown threat and he suggested that the community have debriefing sessions so they can see they are not by themselves. He suggested that BH contact all providers to reach out to people so they can understand this pressure is being felt across the County. He asked that the community participate in the process. He asked that there be a balance of serving people with the most severe challenges with serving those with varying levels of challenges in their lives and reaching out to those with challenges early on so they don't have to get to the point of having a severe challenge.

Commissioner Fosler: She stated there will be changes (in the Plan) as we address the health equities issue in the context of budget cuts. This is the perfect time for people to make their wishes known. She said someone misspoke when they said nothing will be done about the publics' comments. She stated change will be an iterative process and patience is needed; it will likely not be completed within the next three years.

Commissioner Lopez: He spoke about holding providers accountable for the money they have received; we want to see results. He said he wanted to make sure the public understands the MHC is a monitoring group appointed by the Board of Supervisors; they do not set policy. They (the MHC) will try to do the best job they can—they care.

Commissioner Stewart: She said she is disappointed that there are no changes at this time as a response to public comment and she would have liked the County to at least try to make some sort of an effort to respond in a way that people felt heard. She said that moving forward we need to take a look at all of the things that people have said, such as the idea that

	<p>we do not have racial equity and we are not spending our dollars the way our groups are disbursed geographically and racially. She said she is also committed to helping with a process to ensure that our funded providers are accountable for every dollar spent.</p> <p>Chair Payne: She said they do hear cries from the public and the frustration that is involved in this County process. She said they have been trying to hold to the fire the things they have been working on over the past few years and have seen no progress. She said the MHC makes recommendations and hopes they are heard and their recommendations are implemented. She said we do live in a time where the stress is so enormous, especially for those who have unequal access, and the fear that the little access they have will be cut with the of \$1.8 million reduction from County budget. Providers need to be accountable. She said in 2017 there will be a cultural change and she is optimistic about the change.</p> <p>Chief Ferrante: He observed that we are talking about two different things; making changes to an established plan and moving forward with the next three-year plan. He asked about the recommendations made by the public and what is the process. Dr. Miller responded that the MHSA ad hoc subcommittee will be on the front line in looking at making recommendations for changes and deciding on what to bring to the Commission. Since this is considered an open process, people can continue giving ideas and feedback and they will be asking the Commissioners to vote. The plan will begin July 1, 2017 and needs to be approved by then. Chief Ferrante said that to make qualified decisions, we will need to move quickly in creating a way to evaluate the effectiveness of some of these programs. Dr. Miller responded that the Prevention and Early Intervention (PEI) evaluation consultants will provide recommendations on how to evaluate the programs and how to work towards better outcomes; this report will be completed by December 16. Chief Ferrante said it seems some programs are receiving a disproportionate amount of money for a very limited amount of service and he asked if there was a means to look at some of the individual programs that are receiving funding and creating some means of evaluating their effectiveness. Dr. Miller answered that there is a way and staff are working on the contract language to include better, measurable outcomes and improve the way the information is presented to the MHC.</p>	
<p>7. Approve October 27, 2016 Meeting Minutes of Monterey County Mental Health Commission <i>*1 hr. 18 minutes 10 seconds</i></p>		<p>M/S/C: Chief Ferrera/Commissioner Lopez/Carried with two abstentions from Commissioners Sanchez and Stewart</p>
<p>8. Receive a Report from Commission Member Supervisor John M. Phillips, District 2</p>	<p>None.</p>	
<p>9. Receive a Report from the Behavioral Health Director <i>*1 hour, 19 minutes, 8 seconds</i></p>	<p>Dr. Miller distributed and reviewed her report with attendees.</p>	

<p>10. Receive the Commissioners' Reports/Updates</p> <p><i><u>*1 hour 30 minutes 22 seconds</u></i></p>	<p>Commissioner Aldaco thanked the staff for coming out to Main Street Middle School to hear from the parents; the participants are still talking about it. She said she went to the Girls Health in Girls Hands Summit and saw young women stand up for what they believe in and advocate for each other.</p> <p>Associate Commissioner Rocha said this was a very informative first meeting for him and he said it is a pleasure to serve on the MHC and advocate for more mental health services for our youth.</p> <p>Commissioner Stewart reported that they continue to search for their new director at CSUMB and they are also gearing up for another year of recruitment. She said she has had multiple conversations with the faculty regarding concerns that their students are not being perceived as adequately prepared for BH.</p> <p>Commissioner Deming shared that she is hopeful about the MHC.</p> <p>Associate Commissioner Dicken-Young said she is grateful to be on the Commission and learn about what is happening in her community and voice her opinion for the youth.</p> <p>Commissioner Young said his organization employs 11 MSW graduates from CSUMB and they are fabulous.</p> <p>Claudia Link who represented Supervisor Phillips thanked the public for attending and giving their comments.</p> <p>Commissioner Tack thanked those who shared their comments.</p> <p>Commissioner Sanchez thanked those who attended and shared their comments. She also thanked Dr. Miller and staff who worked on the LGBTQ report. She said in regard to The Village Project letter she asked that staff have a conversation in writing or in person with providers to build a trust about why decisions or changes are made.</p> <p>Commissioner Lopez acknowledged appreciation for the community involvement for the MHSA Plan. He said because of this, at the meeting in Soledad, for the first time, he had heard the Latino population speak of issues about bullying and the LGBTQ community which is difficult for them to talk about. He said they at a meeting in South County this morning they discussed how to enhance services.</p> <p>Commissioner Herrera expressed his appreciation for new Associate Commissioner Rocha and he encouraged him to continue to participate on the Commission. Commissioner Herrera also said he appreciated the outreach to the community held in alternative locations where he said they would feel more comfortable. He asked for an update from the BH Director about the Substance Abuse Disorder Waiver. Dr. Miller said the County's Implementation Plan has been approved with amendments, and these services will not be overseen by the MHC. She said she will send Commissioner Herrera the updated, posted version.</p> <p>Chief Ferrante reported that Crisis Intervention Training for Law Enforcement on the Peninsula is nearly at or at 100%. He commended the Director for looking for ways for making the Mobile Crisis Unit a more effective service by serving</p>	
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	<p>the children as well as the adults. He also spoke about the work put on staff; in reference to the MHC minutes, he said staff's time could be utilized more appropriately. Since all the information contained in the minutes is available on line, he would like to see the minutes abbreviated and summarized. (Action Minutes were approved by the MHC at the February 25, 2016 meeting.)</p> <p>Chair Payne reported on the Fiesta of Hope. She has been in talks with Interim's Executive Director Barbara Mitchell to combine the Fiesta of Hope with their annual consumer recognition event. Chair Payne asked that Commissioners interested in participating in planning this event to contact her. Also, she reported that Commissioner Barrett has resigned from the MHC, and she wished her well.</p>	
<p>Meeting adjourned at 7:27 p.m.</p>		

* This time indicates the location on the audio minutes found at this site: <http://www.mtyhd.org/index.php/services/behavioral-health/mental-health-commission>

- Handouts given:
- Monterey County FY 2016-17 MHSA Annual Update Draft for Public Review/Comment
 - Health Equities
 - The Village Project letter dated November 29, 2016
 - Monterey County FY 2016/17 Annual Update, Public Hearing Documents, December 1, 2016
 - Director's Report