



MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos **Forward Together**

Mental Health Services Act FY 2022-23 Annual Update

**DRAFT
FOR PUBLIC COMMENT
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Introduction

Monterey County Behavioral Health (MCBH) is pleased to present this Mental Health Services Act (MHSA) Fiscal Year 2022-23 (FY23) Annual Update. This is the second Annual Update to occur in the current 3-Year MHSA planning period. The primary function of the Annual Update is to update the budget information based on a changing fiscal reality and, if needed, note any changes to programs. The Annual Update also includes program data for the prior fiscal year period. In this year’s document, FY 2020-21 data are included in Appendices II through V.

In June 2020, the Monterey County Board of Supervisors approved the FY21-23 MHSA 3-Year Program and Expenditure Plan (MHSA Plan). This document can be found on our MHSA webpage at the following link:

<https://www.co.monterey.ca.us/home/showpublisheddocument?id=97775> (English)

<https://www.co.monterey.ca.us/home/showpublisheddocument?id=97777> (Spanish)

Background on the MHSA

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

The MHSAs created a dedicated funding source by imposing a 1% tax on California residents with personal incomes greater than one million dollars. MHSAs funds are accumulated by the State before being redistributed to each mental health jurisdiction (all 58 counties and 2 cities) according to their population size and other factors. To receive MHSAs funds, each jurisdiction must produce and locally approve a stakeholder-informed plan describing how funds will be utilized. These MHSAs program and expenditure plans are required in three-year cycles, with annual updates required in the interim years. This FY23 Annual Update document fulfills this regulatory requirement.

MHSAs plans must identify services for all ages, as well as programs specific to the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years) and older adults (60 years and older). MHSAs plans must also identify programs according to these five (5) MHSAs components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). Descriptions of these components and their programs are described in their respective sections. Additionally, FY 2020-21 data for programs funded by the MHSAs are reported in the Appendices II (CSS), III (PEI), IV (INN), and V (WET) which follow this document.

This document was informed by stakeholder input and feedback received during the Community Program Planning Process (CPPP). Following a discussion on Monterey County's demographics and characteristics, the process, and information collected during the CPPP is shared to provide insights on local community needs and perspectives that helped inform this FY23 Annual Update.

Monterey County Demographics & Characteristics

Geographic & Economic Overview

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur as well as its fertile Salinas Valley that is dubbed the "Salad Bowl of the World." With a total population of 434,061, and land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula on the coast. The City of Salinas is the County seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California, supplying the second-most jobs in the county. Educational services, including healthcare and social assistance are the leading sectors for employment in the county, with tourism-based services, professional, and construction industries also playing significant roles in the local economy. Monterey County is also home to three Army bases, a Coast Guard Station, the Defense Language Institute, and the Naval Postgraduate School.

The Four Regions of the County

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

Age & Gender

The median age in Monterey County is 34.7 years, trending a couple years younger than the state median. Adults ages 25-59 make up 46% of the population, with Older Adults ages 60 and above making up 18%. Children under 5 years old represent 6.9% of the population, Youth ages 5-15 represent 15% of the population, and Transition Age Youth (TAY) ages 16-24 represent 14% of the population. 51% of Monterey County residents are male and 49% are female.

Ethnicity, Race & Language

82.8% of the County's population is White, 3.4% are African American, 2.6% are American Indian/Alaskan Native, 6.7% are Asian, .6% are Native Hawaiian and Other Pacific Islander. 3.8% of the population are two or more races. The majority of Monterey County residents are Hispanic/Latino, comprising 59.4% of the population, as compared to 39.4% for all of California. Of the total population, 29.8% are foreign-born.

Spanish is the language spoken in 48% of households in Monterey County. English is the preferred language in 46% of households, while 4% prefer Asian or other Pacific Islander languages, 2% prefer an Indo-European language, and less than 1% speak a Language described as "Other".

Individuals with Disabilities

Individuals with disabilities represent 8.8% of County residents.

Veterans

Veterans comprise 5.4% of the total population in the County.

Housing, Education, Income, Poverty, & Food Insecurity Data

The total number of housing units in Monterey County is 143,201, with 45.8% being owner-occupied. The median home value in the County is \$516,000, the median household income is \$71,015, and the per capita income is \$30,073. Like much of coastal California, Monterey County has a high cost of living relative to income levels. For the majority (56%) of County residents who are renters, their rent and utilities costs account for greater than 33% of their household income; while 32% of homeowners' mortgage costs are greater than 35% of their household income.

71.5% of residents 25 years and older have a high school diploma or higher, with 24.7% of residents having a 4-year college degree or higher.

13.1% of the total population is living below the poverty level, which includes 22% of all children in Monterey County. 34% of County residents and 66% of farmworkers are food insecure. Prior to the COVID-19 pandemic, one in four children were food insecure; recent data indicate this has increased to one in three children countywide. Local food banks report that pre-pandemic, they served 13,000 families monthly; this number has grown to 60,000 families.

Homelessness Data

The 2019 Monterey County Homeless Census “Point in Time” (PIT) counted 2,422 individuals experiencing homelessness in the County. A follow-up survey noted the following: 78% of individuals have resided in Monterey County prior to becoming homeless, with 54% having resided in the County for 10 or more years; 55% of survey respondents indicated their current episode of homelessness is their first, with 63% of respondents reported the duration of their current episode of homelessness at one year or longer. Due to the COVID-19 pandemic, the Leadership Council, which serves as the Continuum of Care governing board, decided not to conduct the 2021 PIT Count of unsheltered persons. Advocates are forecasting that the PIT count conducted in January 2022 will reflect an increase in unsheltered individuals in the County. The Report is not available at the time of this writing.

Community Program Planning Process (CPPP)

MCBH conducted the Community Program Planning Process (CPPP) utilizing two distinct approaches to ensure that residents could provide input and feedback to guide the development of the draft MHSA FY23 Annual Update. MCBH contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County. The purpose of this needs assessment was to collect primary data from community members and providers about the current mental and behavioral health issues in Monterey County and to gather suggestions for improving access to care and services and reducing health disparities.

Between November 2021 and January 2022, online surveys and focus groups were used for data collection.

The two surveys, a Provider Survey, completed by 276 individuals and a Community Member Survey, completed by 200 individuals, were administered throughout the community. Each instrument was designed to gather perspectives on the current state of mental and behavioral health services and needs in Monterey County. The Community Member and Provider Surveys were distributed via email with a link that directed participants to the survey in the language of

their choice. The link to both surveys were also posted to the MCBH website. Email invitations to the surveys were sent to all Monterey County staff, the Behavioral Health Commission; community-based agencies that contract with MCBH; service providers from medical, public health, community, and public agencies; mental and behavioral health service providers; and other stakeholders from the Mental Health Services Act Community Program Planning Process (CPPP). Providers of prevention and early intervention services in the county also distributed the Community Member survey to residents on their email listservs.

A list of community organizations was developed in a purposeful way to reflect a diverse set of voices within the community. The community partners working in different areas of the county and with specific populations where the county is seeing disparities in health and in access/utilization of behavioral health services (e.g., unhoused, elderly, LGBTQ+, under-represented racial and ethnic groups, immigrants). These organizations, referred to as host sites, invited their clients to participate in the focus group. Members of the host site and MCBH were not present during the focus group in order to create a safe space for participants to speak freely. To accommodate populations that did not have access to technology or weren't comfortable using it, one focus group was held with the community members at the host site and the facilitator joined virtually.

Seven 60-minute focus groups with 56 total participants were conducted in December 2021 and January 2022. Ten focus groups were scheduled; two had no participants and one had to be cancelled due to COVID-19 related staff outages. The two focus groups that had no attendees were scheduled in mid-January 2022. The COVID-19 variant was wide-spread at that time, which may have had an impact on participation. The other focus groups were well attended. During recruitment, the focus groups were referred to as community conversations. Two focus groups were conducted in Spanish, and one in English and Spanish using a translator. Using the Zoom polling feature, demographics were captured from the participants. When participants met at the host site, the site asked them to complete a demographics form on paper.

The results indicate that community members and providers identify the major mental and behavioral health issues as anxiety, chronic stress, depression, alcohol/substance use, and trauma. The major contributing factors to mental and behavioral health issues were reported as homelessness; financial stress, unemployment, or lack of job opportunities; stressful childhood experiences; COVID-19; and stigma and discrimination. For availability of services, the population identified by the highest percentage of providers as being available but insufficient to meet the need was among persons who are low-income. Focus group participants shared concerns about long wait lists and the affordability of services. Community members noted the biggest barriers to services is the cost of services; providers identified it as a lack of knowledge about available services and services for Indigenous language speakers. Focus group participants made

comments about both of these issues being barriers as well as stigma. Providers noted many strengths of the County's behavioral services such having services available in different languages, telehealth, dedicated and helpful staff, collaboration with other agencies, and targeting underserved populations. The recommendations included a need for stigma reduction education and campaigns, more providers, more services available in different languages, additional promotion about how to connect to services, and a central source for service information.

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

To review the full Needs Assessment data, please review the Needs Assessment Summative Report incorporated into this Annual Update document as **Appendix I**.

Monterey County's CPPP also includes the following:

- A. the posting and distribution of the draft FY23 Annual Update in English and Spanish for a minimum 30-day public review and comment period;
- B. a Public Hearing with simultaneous Spanish language interpretation to be conducted by the Monterey County Behavioral Health Commission;
- C. and adoption of the final FY23 Annual Update by the Monterey County Board of Supervisors.

These phases of our CPPP are described later in this draft document and will be revised in the final version to document the details of each phase.

Changes to MHSA Programs FY22

The following changes to programs, as presented and approved in the FY21-23 MHSA 3-Year Program & Expenditure Plan, have occurred during FY22 as follows:

Community Service & Supports (CSS) Component:

Responsive Crisis Interventions [CSS-16]

The Mobile Crisis Team field response resumed services in late April 2021. Due to County Behavioral Health staff turnover, services continued in FY22 with two out of the three positions on the Team filled.

Prevention & Early Intervention (PEI) Component:

Family Support and Education [PEI-02]

During FY22, most family support groups and parent education classes were held virtually via Zoom and other teleconferencing platforms due to the COVID-19 pandemic. An additional strategy to support families with teen parents was added during FY22. To increase options and choices for families, another contractor was funded through a competitive process to provide an array of family education in English and Spanish. This contractor will also offer classes in Triqui, which is an indigenous language spoken by community members from Oaxaca.

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

Mental Health First Aid training capacity was not expanded, and teen Mental Health First Aid was not implemented in FY22 due to continued capacity challenges with MCBH staff.

In response to community feedback that stigma and lack of awareness of how to access services are prominent barriers to behavioral health care, MCBH released a Request for Proposal (RFP) for community-based organizations (CBO) to create culturally specific messaging campaigns aimed at decreasing stigma related to mental health for historically underserved communities including Latinx, Black and African Americans and LGBTQ+ communities. MCBH awarded funding to five CBO to develop culturally specific outreach and engagement strategies. The CBO have agreed to share outreach and engagement materials and products that are developed with MCBH so that MCBH can use culturally specific strategies to engage Medi-Cal beneficiaries in care, as well as help connect community members to appropriate behavioral health resources.

Maternal Mental Health [PEI-15]

Dyadic groups for mothers and their infants/toddlers were not provided in-person. MCBH staff started a virtual play group for pregnant mothers and mothers of children 0-5 years and offered these via Zoom teleconferencing in English and Spanish.

Suicide Prevention [PEI-06]

Trainings on ASIST and “safeTALK” were not provided in FY22 as these evidence-based trainings are required to be delivered in-person and due to health and safety concerns this was not feasible.

Prevention Services for Older Adults [PEI-05]

Limited in-person supports to seniors were provided in FY22. Supports were primarily offered over the phone and via Zoom teleconferencing.

Culturally Specific Early Intervention Services [PEI-14]

In response to community feedback that stigma and lack of awareness of how to access services are prominent barriers to behavioral health care, MCBH released a Request for Proposal (RFP) for community-based organizations (CBO) to create culturally specific messaging campaigns aimed at decreasing stigma related to mental health for historically underserved communities including Latinx, Black and African Americans Youth and LGBTQ+ communities. MCBH awarded funding to five CBO to develop culturally specific outreach and engagement strategies. The CBO have agreed to share outreach and engagement materials and products that are developed with MCBH so that MCBH can use culturally specific strategies to engage Medi-Cal beneficiaries in care, as well as help connect community members to appropriate behavioral health resources.

MCBH released an RFP and awarded a community-based organization a contract to provide culturally specific short-term therapeutic services to increase capacity to meet the needs of diverse community members who cannot access therapeutic services through private insurance or Medi-Cal. This was in response to community feedback about the lack of availability of mental health providers who could respond to community needs, particularly for Latinx, Blacks and African Americans and LGBTQ+ communities.

Innovation (INN) Component:

Transportation Coaching by Wellness Navigators [INN-03]

On January 6, 2022, the State Mental Health Services Oversight & Accountability Commission (MHSOAC) approved a one-year extension to complete and fully expend funds associated with this Innovation Project. This is the second timeline extension made available to this Innovation Project and will allow for the maximum timeframe of 5 years for completion. The revised end date for all funding and project activities, including evaluation, is now August 22, 2023.

Residential Care Facility Incubator [INN-04]

On November 1, 2021, the MHSOAC approved the Innovation Plan for the Residential Care Facility Incubator project. This approved Innovation project will support continued research and planning efforts to develop an actionable implementation plan to support culturally and linguistically responsive residential care facilities for severely mentally ill adults enrolled in MCBH services who are homeless or at-risk of homelessness. The total approved budget for this Innovation Plan is \$792,130, with a timeline of 2 years to complete all necessary research and planning activities necessary to deliver an implementation plan that will be subject to additional hearing by, and approval for the County's continued use of Innovation funding, through the MHSOAC.

Psychiatric Advance Directives [INN-05]

On June 24, 2021, the MHSOAC approved the Innovation Plan for the Psychiatric Advance Directives Multi-County Collaborative project. This approved Innovation project supports Monterey County in participating in a multi-county collaborative to develop and pilot the use of Psychiatric Advance Directives (PADs). The use of PADs is intended to be a tool for individuals experiencing a mental illness in be afforded self-directed care when they are engaged with medical, emergency response and law enforcement personnel during times of crisis. The total approved budget for Monterey County’s participation in this Innovation project is \$1,978,237, with a timeline of 4 years for completion.

Workforce Education & Training (WET) Component:

Education and Training [WET-02]

A newly hired clinical staff member typically spends approximately 100 hours in their first year of employment in training, learning to provide and document client care. Incumbent staff members spend approximately 50 hours in training each fiscal year. Starting in FY 21-22, MCBH began piloting a program to use MHSA funds to pay for staff member time spent in training.

MHSA Annual Update FY23

Community Services & Supports (CSS) Program Descriptions

Seventy-six percent (76%) of the MHSA funds received by the County are allocated for CSS services. The CSS component refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. CSS programs serve individuals affected by moderate to severe mental illness and their families. These services are to be community based, recovery-oriented and culturally competent. Funding can only be used for voluntary services and no less than fifty-one percent (51%) of funds must be allocated to “Full Service Partnership” (FSP) services. FSP services provide a “whatever it takes” level of services, also referred to as “wraparound” services, to support the most seriously mentally ill/severely emotionally disturbed clients and their families/caregivers, twenty-four hours a day, seven days a week. These wraparound services can include therapy, psychiatry, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, as well as socialization and recreational activities, all of which are based upon the individual’s needs to obtain successful treatment outcomes.

Full Service Partnership (FSP) Services

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

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

Programs include the **Family Reunification Partnership, Family Assessment Support and Treatment, In-home Crisis Intervention and Family Education,** and **Outpatient programs.** Services are provided through County Behavioral Health staff as well as contracted service providers to eligible children and their families. Additionally, services are provided in coordination with the Department of Social Services and/or schools to ensure children and their families are receiving the services to best meet their mental health needs. The goal of these services is to improve the parent-child relationships, resolve trauma experiences for children as well as the impact of trauma on a child and his/her family, and reduce mental health symptoms.

2. Dual Diagnosis FSP [CSS-02]

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

3. Justice-Involved FSP [CSS-13]

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

For transition age youth, MCBH will work in partnership with public agencies and community partners in providing the juvenile justice FSP's comprehensive programming for youth involved with MCBH, Juvenile Justice and/or the Department of Family and Children Services. These FSP programs will include a **Juvenile Mental Health Court Program** in which Probation, Juvenile Court and Behavioral Health provide supervision and support to youth and their families; and the **Juvenile Sex Offender Response Team**, which is a collaborative partnership between Monterey County Probation and MCBH to provide specialty mental health services to adolescents who have committed a sexually related offense. Their families/caregivers may also receive services by this program.

4. Transition Age Youth FSP [CSS-04]

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

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

The Adults with Serious Mental Illness FSP supports a range of services to Adults with a serious mental health diagnosis in reaching their recovery goals and live in the least restrictive environment as possible. This FSP is comprised of **Outpatient Programs** operated by MCBH and contracted services providers to serve this population of adults, including those with a co-occurring substance use disorder. Services within these outpatient programs will include outreach and engagement, employing a welcoming/engagement team, and providing an intensive outpatient alternative to the array of residential treatment services and supportive housing based FSP programs that often have long wait lists for entry to services.

6. Older Adults FSP [CSS-06]

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

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

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

The Homeless Services and Supports FSP is an **Outpatient Program** to be operated by a contracted service provider, offering wrap-around services, and conducting outreach for adults with a psychiatric disability who are currently experiencing homelessness or who are at high risk of becoming homeless. Services will include mental health and psychiatry services, case management services, assistance with daily living skills, as well as supported education and employment services.

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

General System Development Programs

1. Access Regional Services [CSS-07]

The Access Regional Services strategy will support Monterey County Behavioral Health ACCESS walk-in clinics and community-based organizations who provide regionally based services to address the needs of our community. **ACCESS clinics** function as entry points into the Behavioral Health system. These clinics are in Marina, Salinas, Soledad, and King City, providing reach in all four regions of the County. The clinics serve children, youth, and adults, and offer walk-in services and appointments to provide early intervention and referral services for mental health and substance abuse issues.

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

This CSS strategy to promote access to services will also support community-based providers in making **Outpatient Mental Health Services** accessible to children, youth, adults, and their families. This includes tailored supports for LGBTQ+ individuals, individuals affected by HIV/AIDS, individuals experiencing crisis and trauma, as well as supportive services for non-English speaking residents and those who are deaf or hard of hearing.

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

The Early Childhood Mental Health Services strategy supports programs offering specialized care for families/caregivers with children ages 0-11. This will include **Outpatient Programs** operated by both the county and community-based contracted service providers that employ care coordination teams and therapists to provide culturally and linguistically appropriate behavioral health services for children and their caregivers/family members to support positive emotional and cognitive development in children and increase caregiver capacity to address their children's social/emotional needs. The outpatient teams collaborate with community-based agencies to provide services for infants, children and youth experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants, children and youth affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services.

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

The Supported Services to Adults with Serious Mental Illness strategy supports adults ages 18 years and older who are served by the various programs in our Adult System of Care. Programs will employ peer support specialists (i.e., those with lived-experience as a consumer or family member) as **Wellness Navigators (WNs)** stationed at each Adult Services clinic to welcome clients into the clinic, help support completion of intake screening tools, and help clients understand how to access the services available to them. The **Peer Partners for Health** Program will also offer voluntary training and supportive services focusing on creating a welcoming and recovery-oriented environment where clients accessing services at MCBH outpatient clinics can feel welcomed and supported by someone who may have a similar experience. With the assistance

of the WN team, consumers will be connected by peers to community-based follow up services in a culturally sensitive manner. These services will be provided by a community-based contracted service provider.

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

4. Dual Diagnosis Services [CSS-11]

Dual Diagnosis Services will serve those impacted by substance abuse and mental illness and provides intensive and cohesive supports. **An Outpatient Program** will be operated by a community-based contracted service provider 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 a dual recovery **Residential Program**, also to be operated by a contracted service provider.

5. Homeless Outreach & Treatment [CSS-15]

The Homeless Outreach and Treatment strategy will include **Shelter/Housing Supports** for vulnerable individuals with a psychiatric disability who are currently experiencing homelessness or at risk of becoming homeless. **Outpatient Services** are also included in this strategy to assist those adults recently served in the Homeless Services and Supports FSP (CSS-14) to continue to receive the appropriate level of services and supports to maintain their recovery and their housing placement. The services include supported education and employment assistance; case management, mental health and medication support services; and assistance with daily living skills. **Outreach activities** will be modified to address both youth and adults experiencing homelessness. These services will be provided by community-based contracted service providers.

6. Responsive Crisis Interventions [CSS-16]

During the CPPP, residents identified the need to have responsive mental health services in a timely manner, particularly when an individual is experiencing a mental health crisis. The Responsive Crisis Interventions strategy will provide services to community members “where they are at” or otherwise provide services in a critical, time-sensitive manner. A county-operated **Mobile Crisis Team** will be deployed to help Monterey County residents when they are experiencing a mental health crisis. The mobile crisis team will work with local law enforcement and emergency services in responding to individuals, youth, and families in crisis. Staff will

intervene with individuals who are showing signs of psychiatric distress, initially assisting the individual to de-escalate and stabilize, and then provide available resources to help connect them with voluntary mental health and substance use disorder outpatient services and/or treatment as appropriate. Goals include avoiding unnecessary hospitalizations and diversion from emergency resources (hospital/jail), while providing the linkage to ongoing care as needed.

For children who have been sexually assaulted, a county-operated **Forensic Outpatient Clinic** will be supported through this strategy, providing mental health assessments, referral, and therapy services. Crisis support services will also be made available to the child's family/caregiver.

For adults experiencing a mental health crisis that recently required hospitalization and/or who are assessed as not requiring hospitalization, a **Crisis Residential Program** for adults aged 18 and older will be provided by a community-based contracted service provider.

7. Children's Mental Health Services [CSS-17]

The Children's Mental Health Services strategy addresses a variety of mental health service needs for at risk and high needs children and youth. Services consist of a range of mental health services including **mental health case management services and supports (clinic, home, school, and community-based), outpatient treatment services, intensive home-based services, and residential mental health treatment services**. Services are provided to eligible children and their families through County Behavioral Health staff and community-based contracted service providers. Services will be provided along a continuum of care and are trauma informed, ensuring that each child's mental health needs are addressed.

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

The Adult Mental Health Services strategy provides services for at risk and high needs adults with serious mental illness. Services consist of a wide range of **housing supports, case management, as well as individual and group rehabilitation services** that address mental health barriers that interfere with the individual's functioning in the community. Program staff assist consumers in learning skills to help them overcome these barriers to effectively reach their goals for a more fulfilling life in the community. These services may occur in person, in group format, or through tele-health either in the clinic, in the home or the community. Staff also facilitate consumer access to the following types of services: primary care needs, employment and educational goals, housing needs, activities of daily living, substance abuse treatment, family support as well as social and leisure activities. Services are provided to eligible adults through County Behavioral Health staff and community-based contracted service providers. Services will be provided along a continuum of care and are trauma informed, ensuring that each individual's mental health needs are addressed.

CSS Program Data for FY 2020-21

For CSS Program Data covering the Fiscal Year 2020-21 (07/01/2020--06/30/2021) period, please refer to **Appendix II**.

Prevention & Early Intervention (PEI) Program Descriptions

Nineteen percent (19%) of MHSAs funds received by counties must be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSAs regulations require PEI plans to include at least one program focused on delivering services for *each* of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and discrimination reduction, 4) Recognizing early signs of mental illness, and 5) Promoting greater access and linkage to treatment. Suicide prevention programs also fit within the PEI component. All programs must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices. Counties must serve all ages in one or more programs funded by the PEI component. At least fifty-one percent (51%) of PEI funds must be allocated for serving individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing children and youth at risk of or with early onset of a mental illness can be counted as serving children and youth. In addition, SB 1004 modified the MHSAs and directs counties to focus on the following priority areas: 1) Childhood trauma prevention and early intervention; 2) Early psychosis and mood disorder detection and intervention; 3) Youth outreach and engagement strategies that target transition age youth; 4) Culturally competent and linguistically appropriate prevention and intervention; 5) Strategies targeting the mental health needs of older adults; and 6) Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis.

The following provides an overview of proposed PEI funded programs and services that are reflective of the core themes and priority areas identified during our Community Program Planning Process (CPPP). Please see CPPP section above.

Prevention

1. Family Support and Education [PEI-02]

Family members and caregivers who are living with and caring for loved ones with mental health conditions benefit from social connectedness and psychoeducation that is provided in **family support groups**. Support groups will be available for Monterey County residents utilizing teleconferencing options in accordance with Health Department guidelines

regarding in-person gathering restrictions related to the COVID-19 pandemic and will resume in community-based locations when permissible under Health Department guidance. Support groups will be offered in languages that support the needs of family members and caregivers. Groups will be open and accessible to residents of Monterey County who would like to learn how to support their family member and gain support from others who are experiencing similar issues related to caring for a loved one with mental illness.

Parents and caregivers have expressed the need for culturally relevant parenting classes that address issues throughout a child's development from infancy through adolescence. Parents and caregivers will be offered options to choose a class that meets their family's needs as all children have unique strengths and challenges. **Parenting classes** will be provided in Spanish and English and will be available for Monterey County residents utilizing teleconferencing options in accordance with Health Department guidelines regarding in-person gathering restrictions related to the COVID-19 pandemic and will resume in community-based locations when permissible under Health Department guidance.

To increase options and choices for families, another contractor was funded through a competitive process to provide an array of family education in English and Spanish. This contractor will also offer classes in Triqui, which is an indigenous language spoken by community members from Oaxaca. In FY23, this contractor will include a systems navigator who will help recruit parents/caregivers to enroll and be retained in family education classes. The systems navigator will outreach to school family liaison staff to connect with families, assist families in accessing community-based resources and will provide families who miss classes with individualized support to help increase successful completion of class series.

During the CPPP for the Annual Update, MCBH heard from the community about the importance and value of having individuals with lived experience in Behavioral Health Care, often referred to as Peers, be involved in outreach and engagement efforts to help families and youth understand how to access services and to help normalize common occurrences of mental health disorders. In FY23, MCBH will explore options for funding a **Family Peer Partner** and a **Youth Peer Mentor** who can assist family members and youth in navigating the Behavioral Health Care delivery system to access services in a timely manner.

Teen Success Inc., which is an evidence-based program that helps young parents further their education, build life and career skills and nurture their children's development will be provided regionally throughout Monterey County.

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

Community based agencies will provide **outreach, education and referrals related to Behavioral Health Services** for individuals impacted by mental illness and their family members. **Anti-stigma campaigns and advocacy efforts** on behalf of consumers, family members, and friends of those living with mental illness will be supported and deployed in Monterey County to raise awareness and educate the community regarding mental health.

In response to community feedback that stigma and lack of awareness of how to access services are prominent barriers to behavioral health care, MCBH released a Request for Proposal (RFP) for community-based organizations (CBO) to create culturally specific messaging campaigns aimed at decreasing stigma related to mental health for historically underserved communities including Latinx, Black and African Americans and LGBTQ+ communities. MCBH awarded funding to five CBO to develop **culturally specific outreach and engagement strategies**. The CBO have agreed to share outreach and engagement materials and products that are developed with MCBH so that MCBH can use culturally specific strategies to engage Medi-Cal beneficiaries in care, as well as help connect community members to appropriate behavioral health resources.

Community members also identified the need to have assistance with navigating behavioral health systems as it is difficult to understand the complex eligibility requirements and referral processes for both MCBH and community-based organizations. A position will be added to support the United Way Smart Referral Network as a **Substance Use Disorder (SUD) and Mental Health Program Manager**. The Manager will build a network of community-based organizations whose programs and services address Behavioral Health conditions; convene bi-monthly meeting of network to foster closed loop referrals, collaborate care and improve program outcomes; onboard and train new SUD, Mental Health, and other partners to the Smart Referral Network; monitor referral inboxes and support agencies to close referral loops and report outcomes.

Professional training will be provided to professionals, medical providers, faith leaders, educators, law enforcement and other key groups that interact with community members on mental health and related topics. **Critical Incident Stress Management (CISM)**, an integrated, multicomponent crisis intervention approach, will be expanded to increase capacity throughout Monterey County so that public agency partners, emergency responders, law enforcement agencies, fire departments and other localities will have their own peer CISM teams. MCBH trainers will receive specialization training to include comprehensive approaches to supporting schools in crisis management to assist schools and districts to have more robust crisis response teams and supports.

Community information sessions and presentations on mental health and related topics will be provided by MCBH and community-based organizations, focusing on underserved populations. MCBH will continue to utilize online formats for providing information sessions and trainings to the community on mental health topics and education on how to access behavioral health resources. Community information sessions will address the top barriers to care that were identified during the CPPP regarding the current lack of knowledge of available mental health resources in the community and to increase understanding regarding mental health.

MCBH will build upon **proven communication mechanisms** to provide information on mental health resources and programming to the community while developing new channels and mediums to respond to the preferred methods diverse community members use to access information related to mental health. MCBH will also develop **marketing materials to attract diverse mental healthcare professionals** to work in our community. MCBH will work with contract providers to increase public awareness of available Behavioral Health programs and resources through increased marketing efforts using bilingual radio, television, billboard, social media, and mobile platform ads targeting youth and adults. Ads would provide positive messages and direct community members to 2-1-1 for local referrals for behavioral health services and suicide prevention resources.

During the CPPP, participants overwhelming identified the need for more community education on mental health, and specifically identified **Mental Health First Aid (MHFA)**. MHFA is a proven educational program that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. MHFA teaches skills to help people reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a mental health crisis. Capacity will be developed to provide MHFA training in all categories relevant to Monterey County and could include: Adult, Youth, Public Safety, Fire/EMS, Veterans, Older Adults, Rural and Higher Education. MCBH will adopt teen Mental Health First Aid in accordance with timeframes from the National Council for Behavioral Health. MHFA programs are available in Spanish and English, the primary languages spoken in our County. As MCBH is experiencing capacity challenges with staff, funding a contractor to provide Mental Health First Aid in English and Spanish will be explored and if feasible will be implemented.

Veterans are a vulnerable population for mental health conditions and suicide risk and were identified as a priority population in SB 1004 and in our local CPPP. MCBH will partner with an organization that will provide **education and awareness to veterans, their dependents, and survivors on entitled benefits to include mental health services available in the community**. Additionally, this program will streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment, and

other community-based services. This helps to promote resilience, social connectedness and other protective factors for veterans and their family members which helps to decrease risk for mental health conditions and suicide.

Another strategy to increase awareness of behavioral health conditions and available resources in the community will be for MCBH to work in partnership with a consultant or member of the Health Department to develop a model for increasing capacity of **Community Health Workers (CHW) and/or Promotores** to understand behavioral health conditions, conduct basic behavioral health screenings and link individuals in need to resources. This model would include training for the CHW and Promotores on behavioral health conditions, screening tools, resources and also provide Reflective Supervision to the CHW and Promotores to help reduce their experiences of secondary trauma and support their professional development.

3. Student Mental Health [PEI-08]

MCBH has a very strong partnership with the Monterey County Office of Education and school districts throughout Monterey County. MCBH staff will **provide training, consultation, and support to schools to develop positive school climates, understand and address behavioral health issues in students and implement state mandated district suicide prevention plans.** MCBH staff located in the schools also will provide educational presentations to parents and caregivers on mental health related topics including common childhood mental health disorders and how to access Behavioral Health services.

Primary prevention programs that support student mental health and focus on students who are experiencing or are at-risk of experiencing mental health conditions will be provided. Individual and group therapy for children who have been exposed to trauma and Adverse Childhood Experience (ACES) will be provided in coordination with school districts and MCBH collaborative partners. **Supports will be provided to parents and caregivers** in meeting their child's social and psychological needs along with psycho education in understanding ACES and how to support their children in building resilience. **Wellness activities** that assist children and youth in developing protective factors, such as social connectedness and emotional self-regulation skills, will be provided after the school day ends to support students who could benefit from positive interactions and supports to decrease risk for developing a mental health condition.

An outreach coordinator/case manager will be added to a student mental health program to aid families in accessing community resources and other supports to meet their children's' social emotional needs, as well as accessing concrete supports for their health and wellbeing. **School-based Supportive Services** will also be provided through this strategy, including individual and family counseling, group counseling, teacher consultation, psychiatric evaluation, and medication monitoring. Services will be provided primarily at the school site, as well as clinics in the community. Student mental health supports described will be provided in-person when

permissible under Health Department guidelines related to COVID-19. Telehealth and teleconferencing methods will continue to be utilized while guidelines restrict in-person meetings and in situations where it is preferred by the student and/or their families to reduce barriers to accessing supports.

MCBH will partner with youth-serving organizations and local youth councils to develop effective outreach strategies and mental health programs for youth and young adults. In FY23, the local chapter of the **National Alliance for Mental Illness (NAMI)** will provide support and expertise with their signature programs, such as **NAMI on Campus**, to establish programs on local campuses and schools to support youth and young adult mental health advocacy and prevention efforts. In addition, NAMI will lead collaborative efforts to increase youth advocacy for behavioral health across Monterey County.

4. Maternal Mental Health [PEI-15]

To address childhood trauma prevention at the earliest possible point in time, MCBH will develop **community-based supports** to help mothers who are at-risk of or are experiencing mild to moderate Perinatal Mood and Anxiety Disorders. MCBH will offer **dyadic groups for mothers and infants/toddlers** in-person in community locations when permissible under Health Department guidelines related to COVID-19 and will use telehealth and teleconferencing when necessary. Groups will provide psychoeducation and support with a focus on Spanish speaking, Latina mothers who do not have access to mental health services through their health insurance provider. These groups will increase opportunities for participants to have positive social interactions, develop support network and decrease stigma through shared experiences. A primary goal will be to increase group participants' knowledge and understanding of how being attuned with their child's cues positively impacts bonding and attachment. Additionally, the groups will incorporate culturally attuned healing practices that support women and families during the perinatal period. Peer support programs and therapeutic treatment for addressing Maternal Mental Health will be explored and incorporated based upon community capacity for implementation. MCBH released an RFP in FY22 to solicit applications from community-based organizations to develop and implement a **Maternal Mental Health Peer program** and anticipate funding up to two contracts in FY23.

An additional strategy will be added to address perinatal mood and anxiety disorders (PMAD) at the earliest point in time by funding a **nurse home-visiting program** which will specialize in screening and intervening early with PMAD in partnership with the Monterey County Health Department's Public Health Bureau.

5. Stigma and Discrimination Reduction [PEI-04]

The California Mental Health Services Authority (CalMHSA) administers **statewide projects** taking a population-based approach to prevent mental illness from becoming severe and disabling through **outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination** against people with mental health challenges. Campaigns and activities developed with an emphasis on reaching Latino communities which is relevant in Monterey County will be continued. In addition, technical assistance, and support in developing comprehensive suicide prevention planning for counties is provided through CalMHSA's Each Mind Matters initiative. Monterey County participates in a Learning Collaborative supporting local efforts to develop a comprehensive suicide awareness and prevention plan. Please see PEI-06 below.

MCBH will identify additional local resources for providing **stigma and discrimination reduction activities** related to mental health in Monterey County that will be reflected of the diverse cultural and ethnic groups in our community. As noted above, community members continue to share that stigma is one of the most prominent barriers to individuals seeking and accessing needed behavioral health care. MCBH will fund a program to highlight individual stories of recovery and resilience with behavioral health conditions. This program will support Peers in sharing their stories individually and as panels for presentations and community workshops to destigmatize and normalize living with behavioral health conditions.

6. Suicide Prevention [PEI-06]

Monterey County has seen an 18% increase in suicide related deaths over the last ten (10) years. MCBH is in the initial phase of developing **a strategic plan to address suicide awareness and prevention in Monterey County**. PEI funding will be utilized to support the development of the strategic plan and fund strategies identified by the Monterey County Suicide Prevention Coalition to reduce suicide related deaths and attempts, as well as to increase protective factors in Monterey County.

In FY22, MCBH started a suicide prevention coalition named **MC HOPES (Monterey County: Helping One Another to Prevent and Eliminate Suicide)** and has hosted three bilingual coalition meetings. Community members and stakeholders such as therapists, emergency responders, community-based organizations, school personnel and law enforcement have been engaged in the process. MCBH has finalized the Roadmaps to guide data-driven suicide prevention efforts for Monterey County in both English and Spanish. In FY23, funding will be dedicated to implement strategic efforts and strategies to reduce suicide in Monterey County under the guidance of the MC HOPES Coalition.

For FY23, MCBH has engaged a contractor to provide support to MC HOPES, including developing workgroups to focus on the following areas of the Roadmap: Wellness and Prevention, Intervention and Individual Supports, Means Access/Safety and Postvention. MCBH is continuing to receive technical assistance and support in these efforts with a focus on working together with the community in an inclusive and equitable partnership. This will include inclusion of different languages spoken in Monterey County and cultural perspectives.

Supports and trainings will be provided to better address suicide prevention and awareness to decrease the suicide related death rate in Monterey County. High-risk individuals, families, and groups will be identified and provided with safe alternatives to suicidal behavior. An integrated method of service delivery including a 24/7/365 free, multi-lingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide will be provided. In addition, training will be offered for MCBH staff and community groups on the following: Applied Suicide Intervention Skills Training (“ASIST”), and Suicide Alertness for Everyone (“SafeTALK”).

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline. It is probable that call volume will increase with 988 implementation both because of the easily remembered three-digit number and because calls that would otherwise have been made to 911, or to local crisis and information lines, will begin to shift to 988. A full-time FSA/Suicide Prevention Community Liaison will provide the linchpin for managing the communication between local agencies and community residents, identifying and fulfilling the “segment specific” evidence-based trainings ((SafeTALK, Question, Persuade, Refer (QRP, 988)), participate in suicide prevention task forces and advisory groups, and facilitate public awareness campaigns and events.

Early Intervention

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

A continuum of supports will be provided for Seniors including: **Outreach and community education** that is specific to seniors will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities to engage seniors and older adults in mental health care and in programming to support their health and wellness. Activities that reduce isolation, promote resilience, recovery and social connectedness for seniors will be provided including individual and group supports. Senior Peer Companions and Counselors are a proven strategy, often the cornerstone of programs serving seniors and will be incorporated whenever possible in these activities.

Short-term therapeutic interventions will be provided to seniors and older adults who are suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors

that can occur in the latter third of life. For FY23, therapeutic interventions will be provided individually using telehealth and teleconferencing to adhere to Health Department safety guidelines related to the COVID-19 pandemic.

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

A continuum of supports will be provided for transition age youth including: **Outreach and community education** that is specific to youth will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities **to engage adolescents and transition age youth (TAY) ages 16-25 in mental health care and in programming to support their health and wellness.** Programming will focus on youth who have experienced trauma and/or have been involved with public agencies, such as Juvenile Probation and Child Welfare, in supporting their successful transition to adulthood. Positive, youth-friendly activities that reduce isolation, promote resilience, recovery and social connectedness for youth will be provided including individual and group supports. **Youth Mentors and Peers** are highly essential and proven to be effective in youth engagement and will be incorporated whenever possible in outreach efforts and programming.

Short-term therapeutic interventions will be provided to TAY to address stressors associated with adolescence and young adulthood and to address mild to moderate mental health issues such as anxiety, depression, and adjustment disorders. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible for youth and young adults when permissible in accordance with Health Department guidelines related to the COVID-19 pandemic.

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

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

Short-term therapeutic interventions will be provided to address mild to moderate mental

health issues and stressors associated with immigration related issues, institutional racism, discrimination, and trauma experienced over the lifetime related to one's cultural identity. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible and build upon trusted relationships in diverse communities when permissible in accordance with Health Department guidelines related to COVID-19.

In FY22, MCBH released an RFP and awarded a community-based organization a contract to provide culturally specific short-term therapeutic services to increase capacity to meet the needs of diverse community members who cannot access therapeutic services through private insurance or Medi-Cal. This was in response to community feedback about the lack of availability of mental health providers who could respond to community needs, particularly for Latinx, Blacks and African Americans and LGBTQ+ communities. This will continue in FY23 along with two additional contract agencies to increase capacity to provide culturally specific short-term therapeutic services.

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

Early psychosis programs have demonstrated effectiveness in helping individuals to return to baseline levels of functioning and prevent future occurrences of psychotic episodes. This strategy consists of **an integrated array of evidence-based treatments** designed for remission of early psychosis among individuals ages 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder. Core services will include individual therapy using Cognitive Behavioral Therapy for Psychosis, strength-based case management, algorithmic medication management, family support, educational and vocational support. In FY23, funding will be augmented to increase capacity to include all components of the coordinated specialty care model for early psychosis, along with occupational therapy, to enhance clinical outcomes and improve client and family functioning.

5. Prevention and Early Intervention for Substance Use Disorders (PEI-16) - *new in FY23*

During the CPPP for the Annual Update for FY23, community members and providers identified alcohol and substance use as one of the top behavioral health concerns in Monterey County. MCBH will dedicate funding to prevention and early intervention for alcohol and substance use disorders (SUD) by partnering with community-based organizations who are engaged in this work to **increase community awareness of alcohol and substance use disorders, along with available prevention and treatment options**. MCBH will also contract with a community-based

organization to employ Peers with lived experience in recovery from SUD to **actively outreach and engage individuals in prevention and treatment programs to address SUD conditions.**

PEI Program Data for FY 2020-21

For PEI Program Data covering the Fiscal Year 2020-21 (07/01/2020--06/30/2021) period, please refer to **Appendix III.**

Innovation (INN) Component: Project Descriptions

Counties are required to allocate five percent (5%) of total MHSA Funds to INN projects. Innovation projects are defined as novel, creative, and/or ingenious mental health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches. These projects are intended to contribute to learning about what approaches to providing mental health services can be effective, rather than having a primary focus on providing a service. Innovation projects can only be funded on a one-time basis and are time limited. Innovation projects must also use quantifiable measurements to evaluate their usefulness.

Current Approved INN Projects

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

The Micro-Innovation Grants for Increasing Latino Engagement project is intended on **identifying and supporting community-driven responses to mental health related needs of Latino ethnicities, cultures, communities, neighborhoods, etc.** Monterey County residents, community partners and mental health services staff are encouraged to apply for funds to deliver localized services to engage Latino communities in ways not currently employed through existing mental health services in Monterey County.

2. Screening to Timely Access [INN-02]

The Screening to Timely Access project plans to **develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource.** This project is being implemented in coordination with the California Mental Health Services Authority as part of the multi-county Tech Suite Collaborative “Help @ Hand” project.

3. Transportation Coaching by Wellness Navigators [INN-03]

This project, also referred to as the “Transportation Coaching Project” seeks to **develop and test a transportation needs assessment tool that can inform transportation coaching strategies and measure the impact of those strategies**. The goals of this project include improving consumer independence in accessing mental health treatment services and other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff developed the transportation needs assessment tool, in partnership with Interim, Inc., our community partner employing the Wellness Navigators who provide transportation coaching services.

4. Residential Care Facility Incubator [INN-04]

This project will work to **incentivize local Latino families to establish residential care facilities in three different regions within Monterey County**. The goal of this project is to provide affordable, shared housing for adults with serious mental illness who have experienced homelessness or who are at risk of becoming homeless, who need additional supports for their daily living. These facilities will provide culturally responsive supports for individuals who are mono-lingual Spanish or bi-lingual. Prior to developing the proposal for submission to the State Mental Health Services Oversight & Accountability Commission (MHSOAC), this project will require research to identify the costs and steps required to establish residential care facilities, as well as an evaluation of the need for licensed residential care facilities versus unlicensed room and board with in-home support services being provided. Significant collaboration must occur between local agencies, businesses, non-profits, families, and individuals to identify prospective individuals or families within three different regions who would be interested in operating a residential care facility as described above. Individuals selected for participation in the project will also be trained to operate and become certified as a residential care facility.

5. Psychiatric Advance Directives [INN-05]

The Psychiatric Advanced Directive project is a multi-county collaborative project supported by the MHSOAC focusing on **deploying advanced directives to improve the response to individuals who are experiencing a mental health crisis by law enforcement, as well as physical health and behavioral health clinicians**. A psychiatric advance directive (PAD) is a legal document that details a person’s preferences for future mental health treatment, services, and supports, or names an individual to make treatment decisions, when the person experiencing a psychiatric crisis is unable to make decisions. Many people with mental illness, their families, and health professionals are not familiar with PADs. When a person has established a PAD, proper care can be provided, and involuntary treatment may be prevented. Individuals can also share their PADs with their local hospitals, providers, and police departments so their preference of care is clear and can be easily prioritized. And when family members are kept up to date on an individual’s PAD, they can be better advocates for their loved one.

INN Projects Under Development and/or Pending State Approval

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

1. Trauma Healing and Wellness [INN-06]

This project, formerly termed as the Center for Mind-Body Medicine project in our approved FY21-23 Three-Year Plan, aims to increase capacity in Monterey County by **training community leaders in effective culturally relevant supports to help community members cope with trauma, and build resilience and protective factors**. Community-based trauma is a mass trauma caused by political, financial, social or other challenges commonly and uniquely experienced by segments of society who are identified by racial, ethnic, gender, and/or other demographic characteristics. Traditional mental health services provided by mental health professionals can address trauma, however the mental health service delivery system lacks capacity to effectively address widespread community-based trauma. In addition, traditional mental health services are offered in a medical model that often does not resonate with historically underserved communities, particularly in communities of color. This Innovation project will seek out a promising practice to equip community leaders and representatives in skillsets for coping, managing, and healing from trauma, that can then be shared within their specific community.

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

2. Rainbow Connections [INN-07]

Rainbow Connections will increase interagency collaboration between MCBH, Monterey County Office of Education (MCOE), Monterey County Clinic Services (MCCS), Local Education Agencies (LEA's) and community-based organizations, **to promote better health outcomes for the LGBTQ+ youth under 25 population in Monterey County**. Specifically, this Innovation Plan will implement two main components:

The first component is to allocate dedicated staffing within MCBH to provide affirmative, integrated behavioral health and medical care for LGBTQ+ youth and their families. Staffing will include a team consisting of a Psychiatric Social Worker, Psychiatrist and Family Partner working in collaboration with or within MCCS to break down the silos that currently exist between the MCBH and MCCS systems. Additionally, a Social Worker III will be allocated to provide linkage to identified community resources and navigation of the various youth serving systems when specialized care is needed. The specialized services and supports that will be accessible to LGBTQ+ youth 25 and under in need will be provided through the MCBH LGBTQ+ Continuum of Affirmative Care for Learning Communities, an adaptation to the existing MCBH School-based Continuum of Care for Learning Communities that is currently being implemented in schools across Monterey County with high success rates and significant impact through a collaborative partnership with MCBH and MCOE. The LGBTQ+ Continuum of Affirmative Care is aligned with the Positive Behavioral Interventions and Supports (PBIS)/ Multi-Tiered System of Support (MTSS) frameworks to determine the various levels of care needed by LGBTQ+ youth.

The second component is to create a LGBTQ+ Affirmative Education Coordinator role within MCOE. The responsibilities of this role will be to provide training and technical assistance for LEAs implementing LGBTQ+ inclusive sex education and history curriculum, coordinate social emotional trainings for LEAs on LGBTQ+ related topics in collaboration with MCBH, maintain and update a LGBTQ+ webpage for MCOE and support school districts with connecting to the various systems of care within Monterey County when districts are seeking support for LGBTQ+ students and their families.

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

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

Over the course of the COVID-19 pandemic, the incidence of eating disorders has increased significantly at both local and national levels. Monterey County has seen a significant increase in clients presenting with eating disorders and/or clients already in treatment for other concerns developing co-occurring eating disorders. Additionally, the acuity of the client's eating disorder symptoms has become increasingly severe. As with all mental health disorders early focused treatment prevents the need for a higher level of care. This proposal for funding is designed to focus eating disorder treatment such that it can be managed at the system of care level to reduce incidences of hospitalization for medical reasons such as shut down of vital organ systems and reduce admittance into Intensive Outpatient or Residential Eating Disorder Treatment facilities.

Monterey County proposes to address the increase in eating disorder presentation and acuity by establishing a dedicated clinical team within MCBH that will work closely with Managed Care plan providers, to offer a balanced and coordinated approach to delivering between the medical and mental health teams and modalities. The MCBH team will consist of two psychiatric social workers and one social worker. This MCBH clinical team will have specialty training in serving youth ages 6-18 who have significant Eating Disorder Symptoms. The clinician team will provide individual and family therapy and coordinate psychiatry through a psychiatrist. Interventions will also be offered and provided in the client's natural environments when deemed necessary to the treatment success, including assisting clients and families in overcoming barriers to treatment through linkages and resources.

INN Program Data for FY 2020-21

For INN Program Data covering the Fiscal Year 2020-21 (07/01/2020-06/30/2021) period, please refer to **Appendix IV**. Please note that only INN-01, INN-02 and INN-03 Innovation Plans were implemented during this period. The INN-04 and INN-05 Innovation Plans became active in FY2021-22, and as such, the first annual evaluation reports for these two Innovation Plans will be issued during FY 2022-23.

Workforce Education & Training (WET) Component: Program Descriptions

WET programs are intended to increase the number of well-trained public behavioral health providers who enter and remain in the field, serving underserve and hard to serve individuals. Strategies focus on increasing interest in public behavioral health careers, enhancing recovery-oriented treatment skills, and improving retention and career advancement opportunities. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

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

Supporting Individuals

1. Pipeline/Career Awareness [WET-01]

MCBH has a clinical position vacancy rate that consistently hovers around 20%. MCBH uses MHSA funds to **outreach to universities and professional programs** to share information about community behavioral health careers in general, and with MCBH, in particular.

MCBH has a **Psychiatric Social Work (PSW) Intern Program**. MCBH staff members mentor around thirteen Master of Social Work (MSW) or Marriage and Family Therapy (MFT) students

each Academic Year. MHSA money is used to pay for an Intern Coordinator and mentor time recruiting, training and supervising PSW Interns. Starting in FY23, MCBH will use MHSA funds provide **stipends to PSW Interns** who are committed to pursuing a career in public behavioral health. MCBH encourages community members to seek higher education in the field of mental health; stipends allow students to work less and better focus on academics.

2. Education and Training [WET-02]

A significant portion of the skills clinical staff members need to provide effective mental health services are gained on the job through training and supervision, as well as before employment during internship. To support staff development, MCBH has designed **a robust training curriculum focused on clinical competencies** in the areas of: Culturally Rooted Care; Trauma Informed Care; Clinical Fundamentals; Clinical Conceptualization; Treatment Interventions; Clinical Documentation; and Professional Development.

MCBH uses MHSA funds to pay for training and coaching. Core treatment strategies staff members are encouraged to master are Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy Skills (DBT Skills). In addition to attending foundation and advanced topic courses in MI, CBT and DBT, staff members can also have one-on-one and small group coaching and consultation to support skill development and mastery. Staff members also learn treatment strategies specific to the populations they serve (e.g., juvenile justice, transitional age youth, early childhood.)

MCBH also uses funds to pay for administrative support to manage advertising, enrollment, and attendance of the approximately 100 classes offered each fiscal year.

3. Retention [WET-03]

One reason for MCBH's high vacancy rate for clinical positions (20%), are historically low salaries, compared to salaries offered by other counties. Once trained, some staff members will move on to higher-paying jobs. Our Human Resources Department (HRD) increased salaries in 2021, after a lengthy analysis process; however, right around this time, a local hospital opened a children's behavioral health department and Kaiser opened a behavioral health clinic in Santa Cruz County, leading to a wave of resignations.

To support staff retention, MCBH provides technical assistance to staff interested in applying for federal and state loan repayment. Starting in FY23, MCBH will, through the MHSA Greater Bay Area Collaborative, offer its own **loan repayment program**. MCBH will provide approximately \$165,000 which will be leveraged to \$570,000, with State Health Care Access and Information (HCAI) funds.

Supporting Systems

4. Evaluation and Research [WET-04]

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

WET Training Summary Report for FY 2020-21

For the WET Training Summary Report covering the Fiscal Year 2020-21 (07/01/2020-06/30/2021) period, please refer to **Appendix V**.

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

Capital Facilities funds allow counties to acquire, develop or renovate buildings to provide MHSA-funded programs. Technological Needs funds support counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family member's access to health information within a variety of public and private settings.

The following Capital Facilities projects are included in our current MHSA FY21-23 Three-Year Program & Expenditure Plan:

Renovation of an East Salinas Facility

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

Development of a New Facility on East Sanborn Road in Salinas

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

This Capital Facilities project has been added for FY23 in response to local needs identified through the Community Program Planning Process:

Monterey Mental Health Rehabilitation Center (MHRC)

This facility will create 110 mental health treatment beds through converting a vacated county-owned facility at 1420 Natividad Road in Salinas. This MHRC will be a 24-hr program which provides intensive support and rehabilitative services designed to assist persons with serious

mental disorders. Monterey County clients are best served locally; currently they are placed in a state hospital, or another mental health facility located outside Monterey County.

Planned transfers to CFTN are expected to continue in FY22-23. These transfers will not fully fund these planned projects. Additional funding streams will be required and sought.

FY23 Budget Narrative

This FY23 Annual Update reflects continued funding for previously approved Community Services & Supports (CSS), Prevention & Early Intervention (PEI), Innovations (INN), Workforce Education & Training (WET) and Capital Facilities & Technological Needs (CFTN) components.

Estimated unspent funds from prior Fiscal Years will help augment estimated new MHSA annual allocations from the State of California to enable adequate funding for the third and final year of this FY21-23 Three-Year Program & Expenditure Plan.

Projected MHSA allocations to Counties remain steady for now. Fiscal impacts from the COVID-19 pandemic are not anticipated to be felt in FY23. Expected revenues are sufficient to allow the continued transfer of CSS funds to the CFTN and WET components without any reduction in CSS services.

FY23 MHSA Budget Worksheets

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

County: Monterey

Date: 3/24/22

	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 2020/21 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	26,454,542	1,213,753	4,246,079	1,000,000	6,201,772
2.	Estimated New FY2020/21 Funding	25,490,655	6,372,664	1,677,017		
3.	Transfer in FY2020/21 ^{a/}	(3,326,422)			1,000,000	2,326,422
4.	Access Local Prudent Reserve in FY2020/21					
5.	Estimated Available Funding for FY2020/21	48,618,775	7,586,417	5,923,096	2,000,000	8,528,194
B. Estimated FY2020/21 MHSA Expenditures						
		16,130,000	4,864,000	4,404,500	1,000,000	6,201,772
C. Estimated FY2021/22 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	32,488,775	2,722,417	1,518,596	1,000,000	2,326,422
2.	Estimated New FY2021/22 Funding	30,998,819	7,749,705	2,039,396		
3.	Transfer in FY2021/22 ^{a/}	(3,837,008)			1,000,000	2,837,008
4.	Access Local Prudent Reserve in FY2021/22					
5.	Estimated Available Funding for FY2021/22	59,650,587	10,472,122	3,557,992	2,000,000	5,163,430
D. Estimated FY2021/22 Expenditures						
		32,005,189	4,294,525	3,225,436	1,000,000	2,000,000
E. Estimated FY2022/23 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	27,645,398	6,177,597	332,556	1,000,000	3,163,430
2.	Estimated New FY2022/23 Funding	31,007,635	7,751,909	2,039,976		
3.	Transfer in FY2022/23 ^{a/}	(4,423,488)			1,000,000	3,423,488
4.	Access Local Prudent Reserve in FY2022/23					
5.	Estimated Available Funding for FY2022/23	54,229,545	13,929,505	2,372,532	2,000,000	6,586,918
F. Estimated FY2022/23 Expenditures						
		32,645,292	8,930,659	2,918,935	1,000,000	1,696,371
G. Estimated FY2022/23 Unspent Fund Balance						
		21,584,253	4,998,846	(546,403)	1,000,000	4,890,547

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	4,795,236
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	4,795,236
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	4,795,236
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	4,795,236

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

Community Services and Supports (CSS) Component Worksheet

County: Monterey

Date: 3/9/2022

	Fiscal Year 2022/23					
	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						
Family Stability FSP (CSS-01)	7,709,312	3,359,610	4,349,702	0	0	30,295
Dual Diagnosis FSP (CSS-02)	1,112,585	559,379	553,206	0	0	11,828
Justice Involved FSP (CSS-13)	1,888,080	1,401,577	486,502	0	0	25,854
Transition Age Youth FSP (CSS-04)	2,701,011	1,133,766	1,567,245	0	0	15,647
Adults with SMI FSP (CSS-05)	8,233,244	4,046,245	4,186,999	0	0	26,297
Older Adults FSP (CSS-06)	1,816,525	1,416,881	399,644	0	0	29,961
Homeless Services and Supports FSP (CSS-14)	3,099,689	1,824,141	1,275,548	0	0	30,747
Non-FSP Programs						
Access Regional Services (CSS-07)	7,414,096	3,477,613	3,936,483	0	0	13,763
Early Childhood Mental Health (CSS-08)	4,133,691	2,381,527	1,752,164	0	0	27,507
Supported Services to Adults with SMI (CSS-10)	453,683	348,485	105,198	0	0	0
Dual Diagnosis (CSS-11)	2,050,416	1,033,526	1,016,891	0	0	157,789
Homelessness Outreach and Treatment (CSS-15)	1,538,822	982,357	556,465	0	0	0
Responsive Crisis Interventions (CSS-16)	5,558,930	3,330,533	2,228,397	0	0	0
Children's Mental Health Services (CSS-17)	2,236,129	691,272	1,544,856	0	0	0
Mental Health Services for Adults (CSS-18)	4,720,728	2,400,299	2,320,430	0	0	0
CSS Administration	4,258,082	4,258,082				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	58,925,023	32,645,292	26,279,730	0	0	369,690
FSP Programs as Percent of Total	48.4%					

Prevention and Early Intervention (PEI) Component Worksheet

County: Monterey

Date: 3/9/2022

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Family Support and Education (PEI-02)	911,404	911,404	0	0	0	0
Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	1,190,303	1,190,303	0	0	0	0
Student Mental Health (PEI-08)	775,120	428,020	214,500	0	0	132,600
Maternal Mental Health (PEI-15)	1,301,324	1,301,324	0	0	0	0
Stigma and Discrimination Reduction (PEI-04)	401,929	401,929	0	0	0	0
Suicide Prevention (PEI-06)	486,476	486,476	0	0	0	0
Substance Use Disorder Prevention (PEI-16)	463,340	463,340				
PEI Programs - Early Intervention						
Early Intervention Services for Older Adults (PEI-05)	462,324	462,324	0	0	0	0
Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	153,404	153,404	0	0	0	0
Culturally Specific Early Intervention Services (PEI-14)	1,288,109	1,288,109	0	0	0	0
Prevention and Recovery for Early Psychosis (PEI-10)	959,066	585,106	277,780	0	0	96,180
PEI Administration	1,258,920	1,258,920	0	0	0	0
PEI Assigned Funds	0	0	0	0	0	0
Total PEI Program Estimated Expenditures	9,651,719	8,930,659	492,280	0	0	228,780

Innovations (INN) Component Worksheet						
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	500,000	500,000				
Screening to Timely Access (INN-02)	0	0				
Transportation Coaching by Wellness Navigators (INN-03)	90,000	90,000				
Residential Care Facility Incubator (INN-04)	400,000	400,000				
Psychiatric Advance Directives (INN-05)	350,000	350,000				
Center for Mind Body Medicine (INN-06)	0	0				
Rainbow Connections (INN-07)	500,000	500,000				
Eating Disorders Treatment Team (INN-08)	698,204	698,204				
INN Administration	380,731	380,731				
Total INN Program Estimated Expenditures	2,918,935	2,918,935	0	0	0	0

Workforce Education and Training (WET) Component Worksheet

County: Monterey

Date: 3/9/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	50,000	50,000				
2. Education and Training	700,000	700,000				
3. Retention	200,000	200,000				
4. Evaluation and Research	50,000	50,000				
WET Administration	0					
Total WET Program Estimated Expenditures	1,000,000	1,000,000	0	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Monterey

Date: 3/9/22

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. East Sanborn Rd. Facility Construction	1,000,000	1,000,000	0	0	0	0
2. Pearl Street Renovations	696,371	696,371				
CFTN Programs - Technological Needs Projects	0	0				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,696,371	1,696,371	0	0	0	0

30-Day Public Comment Period and Behavioral Health Commission Approval

In accordance with MHSA regulations and procedures, the draft version of this FY23 Annual Update document is available for public input and review for a minimum 30-day period prior to approval by the Monterey County Behavioral Health Commission (Commission) and Board of Supervisors.

Announcement of the 30-Day Public Comment Period is made via the Monterey County Health Department website, social media accounts, local media, and via emails to MCBH staff, community-based service providers and stakeholders who subscribe to the MCBH MHSA distribution list.

The 30-Day Public Comment Period began on **March 25, 2022** and will end at 5:00 p.m. on **April 25, 2022**. All written comments received during the 30-Day review period, and MCBH response to these comments, will be included in the final document that will be presented to the Board of Supervisors for approval and adoption. Monterey County residents can submit their comments using the following two methods:

email: MHSAPublicComment@co.monterey.ca.us; OR

US Mail: MHSA Public Comment
Behavioral Health Bureau
1270 Natividad Road
Salinas, CA 93906.

Following the close of the 30-Day Public Comment Period, the Commission will conduct a Public Hearing to review the written comments received as well as receive additional comments on the FY23 MHSA Annual Update. **This Hearing will be conducted at 5:30 p.m. on Thursday, April 28, 2022 via ZOOM.** The public is invited to attend; Spanish language interpretation services will be available. At the conclusion of this Hearing, with the consensus of the Commission, the FY23 MHSA Annual Update will be put into final form and forwarded for adoption by the Monterey County Board of Supervisors, and then forwarded to the State Department of Health Care Services and the Mental Health Oversight and Accountability Commission.

Please note: The following Reports are in linked to separate documents that are also available on the website at the same location as this Annual Update.

[website: <https://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act-copy>]

[Appendix I: Community Needs Assessment](#)

[Appendix II: Community Services & Supports FY20-21
Program Updates & Client Demographic Data](#)

[Appendix III: Prevention & Early Intervention FY 2020-21
Evaluation Report](#)

[Appendix IV: Innovation FY 2020-21 Evaluation Reports](#)

[Appendix V: Training Summary Report FY 2020-21](#)