



## Vision

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

**Guiding Principles for System of Care Transformation in Monterey County.**

**Family & Consumer Driven**

**Accessible & Timely Services**

**Wellness & Recovery**

**Culturally & Linguistically Competent**

**Strength & Resiliency**

**Integrated & Coordinated Services**

## Visión

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

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

**Dirigida por los Jóvenes, las Familias y los Consumidores**

**Servicios Accesibles y Puntuales**

**Bienestar y Recuperación**

**Servicios Cultural y Lingüísticamente competentes**

**Fortaleza y Resiliencia**

**Servicios Integrados y Coordinados**

# MONTEREY COUNTY

## FY 2015-2016

### MENTAL HEALTH SERVICES ACT

# ANNUAL UPDATE

# FINAL

February 2016



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

[www.mtyhd.org](http://www.mtyhd.org)

**MONTEREY COUNTY**  
**FY 2015-16 MENTAL HEALTH SERVICES ACT (MHSA)**  
**ANNUAL UPDATE**  
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**APPENDIX B:** Staff Training Report FY 14-15 (1 page)

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

## ACCESS Services

### Community Services & Supports (CSS) Component:

Access to Treatment/MH Outpatient Services – Community Human Services (CHS)  
HIV/AIDS Counseling – CHS  
Return to Work Benefits Counseling - Central Coast Center for Independent Living  
Workforce Education & Training – Interim, Inc.

### Prevention & Early Intervention (PEI) Component:

2-1-1 Monterey County – United Way  
African American Community Partnership – The Village Project, Inc.  
Critical Incident Stress Management (CISM) Team  
Gay, Lesbian, Bisexual, Transgender Counseling – CHS  
Health Promotion/Addressing Disparities  
Latino Community Partnership - Center for Community Advocacy  
Latino Community Partnership - Central Coast Citizenship Project  
Mental Health First Aid  
Parent Education Partnership – CHS  
Suicide Prevention Services - Family Service Agency of the Central Coast  
Veterans Reintegration Transition Center

## Services for CHILDREN & YOUTH

### Community Services & Supports (CSS) Component:

Adoption Preservation – Kinship Center/Seneca  
Early Childhood/Secure Families  
Family Preservation  
Family Reunification Partnership (FRP)  
Home Partners  
Integrated Co-Occurring Treatment (ICT) - Door to Hope  
Juvenile Justice: CALA Mental Health Court  
South County Children's Clinic - Kinship Center/Seneca  
Nueva Esperanza - Door to Hope  
Santa Lucia - Door to Hope  
Supportive Housing/Incarceration to Success - Peacock Acres  
Transition Age Youth (TAY) Avanza  
Vocational Services for Transitional Age Youth (TAY) – Interim, Inc.

### Prevention & Early Intervention (PEI) Component:

Child Advocate Program  
The Epicenter  
MCSTART (Monterey County Screening Team for Assessment, Referral, and Treatment)  
Mental Health Services at Archer Child Advocacy Center

PREP Monterey – Felton Institute  
School Based Counseling – Pajaro Valley Prevention & Student Assistance (PVPSA)  
Seaside Youth Diversion Program  
Silver Star Resource Center  
Sticks & Stones® School Based Domestic Violence Program – Harmony at Home

**Innovations (INN) Component:**

Positive Behavioral Intervention and Supports (PBIS) Program  
Juvenile Sex Offender Response Team

## **Services for ADULTS**

**Community Services & Supports (CSS) Component:**

Creating New Choices (CNC)/Adult Mental Health Court  
Creating New Choices (CNC)/Adult Mental Health Court – Interim, Inc.  
Dual Recovery – Case Management/Mental Health Services-Interim, Inc.  
Dual Recovery - Outreach and Aftercare Services – Interim, Inc.  
MCHOME Homeless Outreach, Case Management/MH Services – Interim, Inc.  
Supportive Housing: Lupine Gardens – Interim, Inc.  
Supportive Housing: Rockrose Gardens – Interim, Inc.  
Supportive Housing: Soledad House – Interim, Inc.  
Supportive Housing: Sunflower Gardens – Interim, Inc.  
Supportive Housing: Wesley Oaks – Interim, Inc.

**Prevention & Early Intervention (PEI) Component:**

Chinatown Community Learning Center with CSU Monterey Bay – Interim, Inc.  
Family Self-Help Support & Advocacy - NAMI Monterey County  
Family Support Group – Marina  
Family Support Group - Salinas & North County Region  
OMNI/Pajaro St. Wellness Center – Interim, Inc.  
Success Over Stigma – Interim, Inc.  
Peer Partners for Health – Interim, Inc.  
Peer Support/Wellness Navigators – Interim, Inc.

**Innovations (INN) Component:**

Alternative Healing & Promotores de Salud

## **Services for OLDER ADULTS**

**Community Services & Supports (CSS) Component:**

Supportive Housing: Drake House – Front St., Inc.

**Prevention & Early Intervention (PEI) Component:**

Senior Companion Program – Seniors Council  
Senior Peer Counseling – Alliance on Aging

## ACCESS SERVICES

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	490	\$660,072	\$1,347
<b>2016-17</b>	510	\$686,475	\$1,346

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	40	\$34,178	\$854
<b>2016-17</b>	40	\$34,178	\$854

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



<b>Strategies to Engage Underserved Populations</b>	<p>To ensure that our services are known in underserved regions of the county, we routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. Our goal is to educate our community about the different services that are available and to reduce the stereotyping and stigma of mental illness.</p> <p>CCCIL biggest challenge is serving our youth; CCCIL goal is to increase the number of youth with disabilities entering the workforce to become independent and eventually be self-sufficient and self reliant. In order for CCCIL to be successful in outreaching to our youth, there is a need to augment our funding to support additional staff. There is a need to develop youth transition services in partnership with Behavioral health, parents, schools and youth in their school setting. The goal is to establish a program where youth with disabilities will receive services that will assist their transition from high school to college and or directly into the workforce. A program that places the Youth Transition Coordinator in the school working with teachers, students and their parents as well as the community at large. In order for this program to be successful, it will take the entire community to work towards this success.</p> <p>CCCIL goal is to increase the number of youth and Latinos accessing the Return to Work Benefits Counseling Program by working with the different school district, Department of Rehabilitation, American Job Center and other MHTSA providers.</p>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	<ul style="list-style-type: none"> <li>• 50-125 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services</li> <li>• 35-50 consumers, family members, caregivers and community at large will received Information and Referral Services</li> <li>• Will participate in 10 outreach events that include presentations, community health fairs and community events.</li> </ul>	\$119,933	Return to Work Benefits Counseling: \$768.00 per client  Information and Referral Services: \$312.00  Outreach: \$840 per outreach event
<b>2016-17</b>	<ul style="list-style-type: none"> <li>• 50-125 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services</li> <li>• 35-50 consumers, family members, caregivers and community at large will received Information and Referral Services</li> <li>• Will participate in 10 outreach events that include presentations, community health fairs and community events.</li> </ul>	\$119,933	Return to Work Benefits Counseling: \$768.00 per client  Information and Referral Services: \$312.00  Outreach: \$840 per outreach event

<b>Program Name</b>	<b>Workforce Education &amp; Training (WET), Interim, Inc.</b>
<b>Background and Community Need</b>	<p>WET promotes successful employment of consumers and family members in the public mental health system in Monterey County. Our program provides outreach, recruitment, training and orientations for all consumers and families employed by Interim and MCBHB in peer and family support positions. We also provide employment and educational support services, job recruitment, job analysis, training, and job coaching for mental health consumers to promote a diverse and stable mental health workforce.</p> <p>All services are consistent with MHA guidelines and incorporate the General Standards set forth in Title 9, California Code of Regulations (CCR), Section 3320:1 wellness, recovery and resilience, 2) cultural competence, 3) consumer and family driven mental health services, 4) an integrated service experience, and 5) collaboration with the community.</p>
<b>Population of Focus</b>	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> <li>• Specific age groups: Adults and transition age youth age 18 and over</li> <li>• Culturally specific groups: We serve all groups</li> <li>• Regions served: Monterey County</li> <li>• Any special diagnostic category to be served: Consumers and family members in the public mental health system in Monterey County</li> </ul>
<b>Service Goals and Public Health Benefit</b>	<p>The community benefits include having those who understand and who have experienced the mental health system as consumers or family members share their first-hand experience. Also, this program allows for diversity and improvement to the mental health workforce.</p> <p>WET provides consumers with gainful employment in the mental health workforce thereby giving them an ability to influence the system of care. This program also helps promote recovery, and creates a more collaborative community.</p> <p>What are the goals and outcomes this program is trying to achieve?</p> <ol style="list-style-type: none"> <li>1. The fulltime Employment Training and Development Specialist supports recovery taskforces and workforce collaboratives which support employment of consumers and family members.</li> <li>2. Provide up to 30 trainings per fiscal year on skill development areas such as social rehabilitation, Medi-Cal billing, work expectations (i.e. how to receive feedback on work performance) and peer counseling. Topics will be developed by utilizing input from consumers and supervisors.</li> <li>3. Provide 2 to 3 support groups per month for vocational support of consumers and family members who are employed in the public mental health system.</li> <li>4. Provide individual job support to 60 consumers. Services offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.</li> <li>5. The Employment Training and Development Specialist will work with local, regional and statewide collaboratives which promote hiring people with psychiatric disabilities.</li> </ol>

<b>Strategies to Engage Underserved Populations</b>	<p>The program serves individuals who are interested in working in the public mental health system and who have lived experience or who are family members of those with a serious mental illness.</p> <p>One challenge is workforce preparation. This includes making sure that the consumers within the workforce are well prepared for positions that are built around lived experience and peer to peer support. The program is committed to the successful hiring of a diverse lived experience workforce that models best practices. The program also promotes consistent job descriptions that feature core competencies with opportunities to grow and climb a career ladder like other professional positions. Staff will continue with the ongoing training and supervision and will collaborate in order to determine approaches that build in retention strategies.</p> <p>The program staff will continue to provide support (60 consumers) through ongoing trainings (30 a year) that will enhance the growth and development of skills of individuals working in the public mental health system.</p>
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Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	60	\$197,379	\$3,290
2016-17	60	\$205,274	\$3,421

<b>Program Name</b>	<b>2-1-1 Monterey County, United Way</b>
<b>Background and Community Need</b>	2-1-1 Monterey County (MC) was launched February 2009 as a program of United Way Monterey County. 2-1-1 is a phone number but also a system for connecting people quickly and efficiently to social and health services they are seeking. The phone is the most common method of contact but resource information is also available via website and in the future via chat and apps. The service is available 24/7 in 170 plus languages. Callers will reach a Call Specialist who has been highly trained and certified to assist and be proactive meeting their needs. Additionally, 2-1-1 is used during times of natural or manmade disasters as a “go-to” number for anyone in the public to use to acquire the latest official information and as a feedback loop from the public to county officials.
<b>Population of Focus</b>	<ul style="list-style-type: none"> <li>• All age groups are eligible to use the system but the majority of callers (34%) are between the ages of 30-54.</li> <li>• All Race/Ethnicities are eligible to use 2-1-1 but the majority of users (53%) identify themselves as Hispanic/Latino.</li> <li>• All of Monterey County.</li> <li>• None, but a TTY line is available for use for the deaf and hard of hearing.</li> </ul>
<b>Service Goals and Public Health Benefit</b>	<ul style="list-style-type: none"> <li>• Significantly improved access to low cost, free health and human services through a single referral source with up-to-date information. Additionally, the program has been pro-active promoting certain programs such as CalFresh, Covered CA, and Bridging the Digital Divide among other initiative. Based on the nature of the conversation between caller and the Call Specialists appropriate programs are brought to the attention of the caller.</li> <li>• The program provides easy access to available services with accurate, up-to-date information. They are a multitude of caller needs and 2-1-1 services attempts to provide resources to meet those needs based on what is available in a community. The program also pushes out various programs that would benefit the caller if the nature of the conversation indicates there are other services that the caller might benefit knowing about</li> <li>• The program is providing high quality, reliable referral information to a myriad of resources available within the community that are easily accessible 24/7 by phone or web search and to eventually include capacity to do chat and apps. The program has been averaging approximately 15,000 calls and 9000 searches per year. In the 15,000 calls there were some 29,000 different need requests (food, housing, counseling, etc.)</li> </ul>
<b>Strategies to Engage Underserved Populations</b>	<ul style="list-style-type: none"> <li>• The program is primarily marketed and conducted in English and Spanish due to local race/ethnicity demographics but is available in over 170 other languages as needed.</li> <li>• Yes, the Oaxacan community and the deaf and hard of hearing communities. What interventions will be conducted to address these challenges? Language interpretation capacity was asked for and eventually accommodated by our interpretive service but has not been used at all to date. Additionally, a TTY/TDD line was installed at the Call Center but also has not been used either.</li> </ul>

	<ul style="list-style-type: none"> <li>The only specific program being pursued at this time is support for the kinship/foster care community through a partnership with iFoster.org and DSS. The contract for this service allows the iFoster program (one source portal website) to access/search our database for local services to help the Kinship/Foster care community. The three year contract support for this service expires September 30, 2015 and discussions are currently being held to determine continuing support possibilities.</li> </ul>
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<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Contact</b>
<b>2015-16</b>	30,000	\$270,000	N/A
<b>2016-17</b>	14,000 calls & 8,000 web searches	\$285,000	\$14.00 per contact

<b>Program Name</b>	<b>African American Community Partnership, The Village Project, Inc.</b>
<b>Background and Community Need</b>	<p>The Village Project, Inc. was the product of a vision by its Co-Founders who were long time civil rights leaders who, over many years had advocated for fairness and equity in terms of African Americans and others being underserved by Behavioral Health systems locally and beyond. The passage of the Mental Health Services Act (MHSA) provided the impetus and the opportunity for these activists' vision to be realized. After a series of focus groups throughout Monterey County in 2005, African American participants made it clear that they and other African Americans would come to therapy and counseling if there was a place where they felt comfortable and a place that appreciated their culture, understood culturally and historically how best to work with them and a strong appreciation of who they are as a people. As a result of these focus groups, collaboration with County Behavioral Health (whose staff and Director attended the focus groups) and the fact that the MHSA had designated African Americans as an historically underserved population, The Village Project, Inc. was founded and opened its doors in May 2008. Subsequent contracts with Monterey County which provided MHSA funding made it possible for The Village Project, Inc. to provide services for African Americans and other underserved populations.</p>
<b>Population of Focus</b>	<p>The Village Project, Inc. is an all-encompassing agency in respect to the age groups for which it provides services. The agency was created to provide therapeutic services for people of various age groups. From the beginning, it provided therapy for individuals, child, family and couples. Families with children as young as 5 years of age (identified clients) to young adults to seniors have received these type of services. Currently, our youngest client is 6 and our oldest client is 66.</p> <p>As stated previously, The Agency was founded primarily to provide services for African Americans, a recognized underserved population by the Mental Health Services Act. That is our primary population. However, we have also provided services for Latino children and families, Asian/Pacific Islander children and Families and children who are Bi-Racial and Tri-Racial and Caucasian children and families. Our primary focus continues to be on providing services to the African American population. Our contract calls for us to provide services to residents of Monterey County. To date, we have served clients with a variety of diagnoses.</p>
<b>Service Goals and Public Health Benefit</b>	<p>The benefits to the community include clients not having to go to costly emergency room/crisis unit visits and hospitalizations. Many of our youth as well as adult clients have been able to remain free of the juvenile justice and criminal justice systems, involvements that are not only costly to families, but to the community at large as well. We feel our agency has proven over these past 7 ½ years that it has been successful in helping clients, old and young, to develop tools to take charge of their lives, to prevent mental illness or any other psychological/emotional issues from becoming severe and disabling. We currently have clients who are being productive members of their community in some cases for the first time. Many are holding down jobs for the first time, children and youth are excelling in school when, in their short past, were failing and being suspended for behavioral problems. Some of our early youth are now in college. These are just a few examples of how our clients have increased their quality of life and have moved on to become successful in their lives.</p> <p>Our "Big Picture Goal" is expressed in our Mission Statement, which states, "Our Mission is to help our communities reach a greater state of well-being by strengthening families through the delivery of community-based, culturally specific services." Our more specific and concrete goals are embedded in our contract with Monterey County Behavioral Health which involves providing mental health outreach and engagement</p>

	<p>and counseling services to African American and other unserved or underserved Monterey County residents and families. In addition, we attempt to serve between 40 and 50 clients each year with at least 50% of those clients being new clients from underserved populations. We have a goal of providing 4 outreach presentations in the different parts of Monterey County. We also have an in-house goal of having 95% of our clients who terminate therapy do so because they have successfully completed their therapy goals. This means we have as an outcome that that percentage of terminating clients will have taken charge of their lives and will be able to successfully negotiate their way to successful lives with tools they developed at The Village Project, Inc.</p>
<p><b>Strategies to Engage Underserved Populations</b></p>	<p>Since the agency's founding, one of its strong points has been its outreach and education activities into communities. We have strong collaborative and partnership relationships with churches, community organizations, civil rights organizations, businesses and other nonprofit organizations. Early support of our agency by all of the historically Black churches in Monterey County helped us reach African Americans throughout this County. One of those Pastors was a founding member of our board of Directors. When he stepped down, he was replaced by another Pastor who was a long time supporter of this agency. The churches as well as the other organizations mentioned here are the primary venues we have been able to use to reach the unserved and underserved members of the African American community. Additionally, civil rights organizations like the Monterey county Branch of the NAACP and the Monterey, Salinas and North County Councils of the League of United Latin American Citizens have long been supporters of The Village Project, Inc. and have provided us with opportunities to address their groups at public meetings regarding our agency and our programs and services. Additionally, an informal network of "Village Project Alums" have taken it upon themselves over these years to serve as word of mouth Ambassadors who extol what they believe are the virtues of this agency and, unashamedly, tell others what their experiences have been receiving services at our agency. We continue to hold periodic "Open Houses", such as the one one we held two years ago when we presented a resolution to our County board of Supervisors declaring July as Bebe Moore Campbell National Minority Mental Health Awareness Month and for Monterey County to continue to recognize and celebrate that month from that point forward. As a result, we held an open house at The Village project, Inc. in which over 400 local residents and elected officials attended.</p> <p>We are perennially challenged by being understaffed. Outreach, for instance, is primarily and sometimes solely carried out by the agency's Executive Director who also functions as the Clinical Director of the agency. Having to hold these two positions – in the beginning, he was also the only therapist – means that he has enormous responsibilities that, for years, we have addressed with our County. What we have learned to do to accomplish this task is to rely on the community partners mentioned in the previous section along with other supporters and former clients.</p> <p>We have always responded to needs that express themselves in our community. For instance, nearly six years ago, we created an afterschool academy to provide educational as well as counseling assistance for high risk and at risk youth grades 1-12. We began to experience success almost immediately as these students began to learn and cease committing behaviors that had so often resulted in them being suspended from school numerous times. We now have at least 5 of the original students who started our academy who are now in college. The younger ones in that original group are all beginning to graduate from high school with most saying they will be going to college after graduation. The combination of high expectations, group and</p>

individual counseling and family therapy and caring culturally relevant approaches by staff to working with these students has resulted in great successes for almost all students who have been in that program the past now going on 6 years. While this program has never been considered a mental health program by County Behavioral Health, our agency and our parents consider it as such. We started the program with 15 greatly challenged, high risk students in the 2010-2011 school year. The following year, we had 25 students, followed by 41 the next two years, 36 students last school year and 48 students this year with a 20 student wait list because we don't have the capacity to bring in more. This is a testament to how good this program is in the eyes of parents, the students and the community at large, which attends our end of school year "Celebrations of Excellence in large numbers. Each year, all of our elected officials present these students with special certificates. This past year's keynote speaker was State Senate Majority Leader Bill Monning.( What is critical is the support a number of Foundations have given this program because without their funding, our afterschool academy could not exist. We have been told over the years, that it cannot be considered a mental health program even though we have counseling on site and many of the students and their families are receiving therapy along with other afterschool academy activities.) These elected officials have presented certificates to the agency on a number of occasions recognizing the work we do in underserved and unserved communities in this County.

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

Year	Annual Goal	Annual Cost	Cost Per Client
<b>2014-15</b>	Number of clients to be served this fiscal year is between 40 to 50 with 50% being new clients	Total budget is \$315,360	Estimated: 40: \$7,884/client 50: \$6,307/client
<b>2015-16</b>	Number of clients to be served this fiscal year is between 40-50 with 50% being new clients	\$327,972	Estimated: 40: \$8,199/client 50: \$6,559/client



<b>Program Name</b>	<b>Critical Incident Stress Management (CISM) Team</b>
<b>Background and Community Need</b>	<p>CISM is “a comprehensive, integrated, systematic, and multi - component approach to crisis / disaster intervention (Everly &amp; Mitchell, 1997, 1999; Everly &amp; Langlieb, 2003).”</p> <p>CISM allows for:</p> <ul style="list-style-type: none"> <li>• Psychological First Aid after a traumatic event.</li> <li>• CISM is based upon a philosophy of resistance, resiliency and rapid recovery.</li> <li>• Support and secondary prevention is the focus of Crisis Intervention; not a cure, treatment or therapy.</li> </ul> <p>When the community falls victim to tragedy, violence, and disaster, there is very much a need for an immediate response to minimize the damage of the traumatic event; such as in the event of gang violence, police shootings, death, and community unrest. Monterey County Behavioral Health’s CISM team responds to first responders, emergency workers, community members, and victims of crime to provide a short term service(s) that allows the participants an opportunity, free of charge, to talk about and “process” the event or series of events that they have endured. The goal is to aid in recovery, to minimize individuals the occurrence of Post-Traumatic Stress within high risk professions, retain staff, and promote health and overall well-being within the community.</p>
<b>Population of Focus</b>	<ul style="list-style-type: none"> <li>• Population of Monterey County</li> <li>• Emergency and First Responders</li> <li>• Victims and/or witnesses of crime</li> <li>• Systems within and beyond Monterey County whose goal is to support their staff/consumers/and policies to develop and maintain a sense of resiliency, support, and recovery before, during, and after a critical incident.</li> <li>• In 2014: 525 individuals were served in Monterey County of Monterey</li> <li>• Thus far in 2015 (January-April): 279 individuals have been served.</li> </ul>
<b>Service Goals and Public Health Benefit</b>	<ul style="list-style-type: none"> <li>• Staff Retention (goal)</li> <li>• Interagency Collaboration in Crisis Response (i.e. Law Enforcement, Fire Fighters, EMTs/Paramedics, and Behavioral Health)</li> <li>• Lower incidents of worker’s compensation claims (goal)</li> <li>• Higher job satisfaction (goal)</li> <li>• Resources and referrals for individuals who need more long term care.</li> <li>• Provide the community with additional crisis services.</li> </ul>
<b>Strategies to Engage Underserved Populations</b>	<ul style="list-style-type: none"> <li>• Service is confidential and free of charge.</li> <li>• Challenges include retaining CISM workers who are bilingual. Collaborating with partnering agencies has given us a greater number of individuals with language skills, to address any specialty needs that arise.</li> <li>• As the service is crisis based, the goal is to service the needs as they arise.</li> </ul>

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	40	\$82,132	\$841 (outreach funding excluded from this calculation)
<b>2016-17</b>	40	\$82,132	\$841 (outreach funding excluded from this calculation)

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

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	1,000	88,000	\$88
<b>2016-17</b>	1,000	88,000	\$88

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	Presentations to 3,200 Monterey County residents	\$85,160	cost per estimated \$26.61
<b>2016-17</b>	Presentations to 3,200 Monterey County residents	\$85,160	cost per estimated \$26.61

<b>Program Name</b>	<b>Youth Mental Health First Aid</b>
<b>Background and Community Need</b>	Youth Mental Health First Aid (YMHFA) is an 8-hour course that teaches people about risk factors and warning signs of mental health problems, information on various mental illnesses such as depression, anxiety, trauma, psychosis, and addiction disorders, a 5-step action plan to help someone developing a mental health problem or in crisis, and professional, peer, and self-help resources.
<b>Population of Focus</b>	The key population of focus is adults working with youth ages 12-18 in Salinas and Monterey County.
<b>Service Goals and Public Health Benefit</b>	YMHFA evaluations consistently show that YMHFA training is associated with improved knowledge of mental illnesses and their treatments, knowledge of appropriate first aid strategies, and confidence in providing first aid to individuals with mental illness, benefits which are maintained over time. Some studies have also shown improved mental health in those who attend the training, decreases in stigmatizing attitudes and increases in the amount and type of support provided to others.
<b>Strategies to Engage Underserved Populations</b>	The Monterey County Behavioral Health Bureau is partnering with the Monterey County Office of Education to expand access to the YMHFA training to adults working with youth including teachers, school administrators and staff, and parents. One of the challenges to reach Spanish speaking populations in Monterey County is that there is only one MHFA course instructor certified to teach the course in Spanish. Another Spanish speaking instructor will be trained to expand access to the monolingual Spanish speaking population in Monterey County.

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	TBD	\$136,860	TBD
<b>2016-17</b>	TBD	TBD	TBD

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	700 projected	\$168,000	\$240
<b>2016-17</b>	700 projected	\$168,000	\$240



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

<b>Strategies to Engage Underserved Populations</b>	<p>Suicide Prevention staff is required to attend training designed to enhance cultural competency, as well as topic and population-specific cultural competency trainings. Open staff positions advertise a language differential for Spanish speaking candidates and distribute postings to encourage bicultural candidates to apply. We actively recruit, hire, and train staff members and volunteer responders across different cultures and the lifespan. Currently our program staff is one third bilingual and bicultural. This year we provided PSAs and interviews via local bilingual radio programs specifically for this purpose. Through using the Language Line interpretive service, we are able to communicate with callers to the suicide crisis line, potential suicide bereavement support services clients, and other community members in over 150 languages. We also continue to consult with local and statewide experts (including the Know the Signs Team) to build the base of literature and strategies we use to reach various groups (eg. El Rotafolio, a Spanish language flip-chart based curriculum to engage health workers and to reach Latinos).</p> <p>Additionally, we provide outreach and referral services to many middle and high school and college aged youth (both public and private), parents, staff, and organizations that serve transitional age youth, as well as youth in the juvenile justice system and/or social services. We outreach to adult populations in general and higher risk adult groups by providing trainings, presentations, and materials to social and mental health service providers, through a presence at public community events and health fairs, and through outreach to local businesses and organizations. All materials, presentations, and trainings are available in English and in Spanish.</p>
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Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	Presentations to 6,500 Monterey County residents	\$300,500 (est. Monterey County portion; outreach and suicide crisis line)	\$0.25 per outreach participant (est.)
2016-17	Presentations to 7,000 Monterey County residents	\$320,000 (est. Monterey County portion; outreach and suicide crisis line)	\$0.30 per outreach participant (est.)

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

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	867	\$20,000	\$23.00
<b>2016-17</b>	TBD	TBD	TBD

## SERVICES FOR CHILDREN & YOUTH

<b>Program Name</b>	<b>Adoption Preservation, Kinship Center/Seneca</b>
<b>Background and Community Need</b>	The Adoption Preservation program was formed to address the on-going needs of post-adoptive families. Research has shown that adoption disruptions can be prevented through the utilization of a continuum of adoption related services that include case management, therapeutic care, and skills acquisition training.
<b>Population of Focus</b>	The Adoption Preservation Program is open to any pre or post adoption family that is caring for children aged 0-17 in any region of Monterey County. Kinship Center has the capacity to serve enrolled families in both English and Spanish. Further, Kinship Center is committed to providing culturally and linguistically appropriate services to all of our diverse clientele which include Caucasian, Hispanic, African American, Bi-racial, and transracial families. If mental health services are indicated, we will treat any Medi-Cal eligible diagnosis that is identified through the assessment.
<b>Service Goals and Public Health Benefit</b>	<p>The services provided through the Adoption Preservation Program will increase the permanency of adoption placements and thereby reduce the substantial costs associated with caring for children in the Foster Care System.</p> <p>This model helps to strengthen families and increase their level of attachment, efficacy, feelings of safety and psychological well being. By stabilizing these family placements, the program also intends to help reduce the negative outcomes associated with children who grow up predominately in the foster care system-- poverty, teen pregnancy, juvenile delinquency, and lack of educational attainment.</p>
<b>Strategies to Engage Underserved Populations</b>	<p>Kinship Center is the only specialty mental health clinic that works exclusively with families throughout Monterey County that have been touched by adoption, foster care, and relative caregiving. As such, we have ready access to the population that we intend to serve. To ensure that our services are known in underserved regions of the county, we routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. We also do targeted outreach in schools, libraries, WIC offices, and YMCA's in underrepresented areas throughout the county.</p> <p>If approved by Behavioral Health, Kinship Center would like to expand this program to include children that are residing with relative and near kin caregivers who are in the legal guardianship process. This will allow us to provide a full continuum of permanency preservation to all of the children that we serve across our program. Additionally, we would also like to explore using this funding to provide short term therapeutic services to the adult caregivers. Through our 9 years of doing this work, we have come to understand that the stability of the caregivers is a key factor in the success of the placement. When caregivers have unresolved trauma or untreated mental health needs it negatively impacts their ability to work on their family attachment and effectively deal with the challenging behaviors that may arise in the children in their care. This proposed service expansion will not change the service delivery structure .However, it will necessitate us removing a portion of the MHSA funding from the EPSDT match that we receive in order to pay for the services to the adults. Currently, we</p>

	<p>receive \$31,000 a year from Monterey County before our FFP match. With the match, we typically draw down \$310,100 dollars per year for the program. We would like to propose that we pull out half of our non-match monies, \$15,500, to serve our adult caregivers. This will allow us to provide brief therapy (10 sessions) to 10 adult caregivers a year.</p>
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<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	16 ( 6 children; 10 adults)	\$31,009.84; \$310,098	\$19,381
<b>\$</b>	16 (6 children; 10 adults)	\$31,098.84; \$310, 0098	\$51, 683

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

	<ul style="list-style-type: none"><li>• When final numbers are in for FY 14-15, it is anticipated that a few more clients will be served from 13-14 (total number served in 13-14 was 126) as we were able to add 1 Psychiatric Social Worker in this current fiscal year. We expect a slight increase this year as the staff was hired mid-year with a higher increase when we are fully staffed for a full year. We would like to provide more Circle of Security groups to parents whose children do not yet have a mental health disorder and increase our ability to provide preventive services. We are exploring how to provide these services and have proper documentation given our use of the Electronic Health Record. If we are able to do this numbers served could increase by 10-40 more parents per year.</li><li>• Mental Health Screening for Children 0-8 has not been tracked as a separate program. Additional analysis will be done to see how many children are served with PEI funds in this area.</li></ul>
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<b>Program Name</b>	<b>Family Preservation</b>
<b>Background and Community Need</b>	<p>The Family Preservation Program is an intensive, short-term, in-home crisis intervention and family education program for monolingual Spanish speaking families in Monterey County. The program is designed to prevent out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. This program, staffed by one clinician, was vacant for the greater portion of the 13/14 fiscal year. Therefore the number of clients served in 13/14 is a reflection of this unfilled position.</p>
<b>Population of Focus</b>	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> <li>• Specific age groups – Any minor child that is at risk for placement in publicly funded care and is from a monolingual Spanish speaking family is eligible for this program.</li> <li>• Culturally specific groups – Any monolingual Spanish speaking family within Monterey County that is experiencing challenges with maintaining their children in their home and there is risk of out of home placement can be considered for this program.</li> <li>• Regions served: All regions of the County of Monterey</li> <li>• Any special diagnostic category to be served – Monolingual Spanish Speaking Families where there is imminent risk of the child being placed in out of home care are the focus of this program.</li> </ul>
<b>Service Goals and Public Health Benefit</b>	<p>With a focus on educating and empowering families to meet the needs of their children, even in high intensity situations, this program can allow families to remain together.</p> <p>This program can assist in preventing clients from being removed from their homes and family and placed in out of home care.</p> <p>Through providing in home mental health intervention and psycho-education, this program enables parents to meet the high needs of their children. In turn this allows clients to build safer and more secure relationships within their family leading to a long term support system.</p> <p>This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The goal is to preserve the family as an intact unit.</p>
<b>Strategies to Engage Underserved Populations</b>	<p>Maintaining the sole position within the program remain filled with a Spanish speaking therapist.</p> <p>Due to the intensive nature of the service, families that are unable to devote the time or are homeless are a challenge to provide services to.</p> <p>Everyone served within the current program is part of an underserved population.</p>

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

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

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	154	\$771,439	\$5,009
<b>2016-17</b>	154	\$771,439	\$5,009

<b>Program Name</b>	<b>Juvenile Justice: CALA Mental Health Court</b>
<b>Background and Community Need</b>	CALA Mental Health Court began in order to serve the more seriously mentally ill youth at home and in the community, instead of in out of county residential placements. This team works closely and intensively with youth and families. It is a Full Service Partnership. Behavioral Health is co-located with the assigned Probation Officer, and the youth are seen monthly by the Juvenile Court.
<b>Population of Focus</b>	Youth with significant mental health and co-occurring disorders who are involved with the Juvenile Justice system. Referrals come from Probation. All cultures are served. It is difficult to serve the regions that are far from Salinas, due to the Court dates, and multiple contacts with Probation and Behavioral Health. This can pose a time and/or transportation problem for some families.
<b>Service Goals and Public Health Benefit</b>	Healthier youth. Not removing them from their home and community. Progress is made in the environment that they will continue to live. Youth will not remain in the Juvenile Justice system. Youth will be treated for dual diagnosis if necessary.
<b>Strategies to Engage Underserved Populations</b>	Screening referrals for the Juvenile Court, to identify mental health and substance use/abuse risk factors. Assessing youth's ability to benefit from the program. Accepting youth or suggesting a more appropriate referral to Probation. This team tries to assist families with the transportation piece when this is a hardship, but this may depend on whether we have the capacity on that day to get a car and a staff person for this task.

<b>Program Name</b>	<b>South County Children's Clinic, Kinship Center/Seneca</b>		
<b>Background and Community Need</b>	<i>Information not provided by publication deadline.</i>		
<b>Population of Focus</b>			
<b>Service Goals and Public Health Benefit</b>			
<b>Strategies to Engage Underserved Populations</b>			
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2014-15</b>	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
<b>2015-16</b>	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
<b>2016-17</b>	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	58	\$583,828	\$10,066
<b>2016-17</b>	58	\$583,828	\$10,066

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	12	\$440,528	\$36,711
<b>2016-17</b>	14	\$440,528	\$31,566



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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	4	\$219,856	\$54,964
<b>2016-17</b>	4	\$219,856	\$54,964

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

	<p>services in Spanish and in English. We provide services in all regions.</p> <ul style="list-style-type: none"><li>• The program has not been able to expand capacity and it is not expected in the next FY's. One position for a clinical psychologist was approved in FY 2014-2015 but due to organizational needs this was lent to another program and now this will be filled for FY 2015-2016.</li><li>• Barriers to services include transportation and access to clinics in all regions. We have a lot of referrals from Soledad and we have limited space in our existing BH clinic.</li><li>• Other barriers to treatment occur when clients are actively using substances and are not able to benefit from mental health treatment. We are increasing a contract with Door To Hope so that they can provide specialty Intensive Co-Occurring Treatment for youth over 18.</li><li>• We also could better serve youth who have significant trauma backgrounds and need a specialized Dialectical Behavioral Therapy (DBT) or similar type of program. At this time we do not have this to offer and youth who need this level of care often do not benefit from Avanza.</li></ul>
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<b>Program Name</b>	<b>Vocational Services for Transitional Age Youth (TAY), Interim, Inc.</b>
<b>Background and Community Need</b>	Interim, Inc. aligned with MCBHB's Transition Age Youth (TAY) System of Care to serve youth ages 18-25. Services include pre-vocational groups, job development, job placement, job coaching, and follow-along support. TAY was originally funded under MHSA as a new program. It was later defunded by MCBH due to budget constraints. It is being reinstated in the fourth quarter of FY14/15. It will go forward in 15/16. The program was reinstated due to demand from MCBH TAY services (Avanza).
<b>Population of Focus</b>	Youth ages 18-25 We serve all groups referred by MCBHB. Monterey County. Youth ages 18-25 who have a psychiatric disability
<b>Service Goals and Public Health Benefit</b>	Young consumers who are unemployed will be integrated into the workforce. Clients will be given the tools to pursue their vocational goals and to succeed in the job force. <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. Align services with MCBHB's TAY System of Care and serve annually 30 youth (ages 18-25).</li> <li>2. Provide pre-vocational trainings, job development, job placement, support and assure services are provided in culturally and linguistically competent manner for 30 youth.</li> <li>3. Provide job seeking skills which include: development of individualized resumes, application completion, interview techniques, appropriate attire, grooming and behaviors to 30 TAY youth.</li> <li>4. Identify jobs and careers suited to each youth's strengths and skills. <ol style="list-style-type: none"> <li>1) Vocational assessments will be completed on 20 TAY to determine which careers would be best suited for their unique skills</li> <li>2) Each TAY that has completed the vocational assessment will have a written individualized vocational plan.</li> </ol> </li> <li>5. Develop jobs that meet each youth's planned vocational goals. <ol style="list-style-type: none"> <li>1) 15 TAY referred to Supported Employment will be placed in a competitive job within the community</li> <li>2) 25% of TAY will be placed in jobs paying more than the hourly minimum wage.</li> </ol> </li> <li>6. Provide job coaching and follow-along support to 10 TAY in job placement.</li> </ol> </li> </ul>
<b>Strategies to Engage Underserved Populations</b>	MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. Interim, Inc./SEES will conduct presentations in the community to reach specific populations (i.e. AVANZA). Interim, Inc./SEES will provide workshops and/or presentations in order to increase the amount of referrals and reach underserved populations.

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	30	\$112,386	\$3,746
<b>2016-17</b>	30	\$116,881	\$3,896

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

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	150-200	Approx. \$95k	
<b>2016-17</b>	250 new clients	Approx. \$95k	

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	639	\$2,128,418	\$3,331
<b>2016-17</b>	639	\$2,128,418	\$3,331

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



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

	<p>English and Spanish), provide outreach presentations, and reach out to underserved populations that customarily avoid accessing mental health services due to stigma.</p> <p>PREP Monterey offers services in Spanish and in English and has increased Bilingual capacity. Appointments are offered on-site or off-site, at locations that are convenient for individuals and families. Psychoeducational Multifamily Group is offered outside of business hours to best accommodate the needs of working families.</p> <p>PREP has partnered with local organizations in South County in order to provide services in community locations that are more accessible to South County residents and PREP Monterey will continue to participate in resource and health fairs that are held predominantly in agricultural Spanish speaking communities. PREP is the only psychosis early intervention program in Monterey County and the number of participants is gradually increasing.</p>
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<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	A minimum of 30 unduplicated clients per year.	\$500,000	Will vary based on census.
<b>2016-17</b>	A minimum of 30 unduplicated clients per year.	\$500,000	Will vary based on census.

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	50 Medi-Cal 40 Non Medi-Cal	\$230,000 \$ 56,000	\$4,600 \$1,400
<b>2016-17</b>	50 Medi-Cal 40 Non Medi-Cal	\$230,000 \$ 56,000	\$4,600 \$1,400

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

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

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	50	\$106,589	\$2,132.
<b>2016-17</b>	50	\$106,589	\$2,132.

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

	<p>interaction in both languages. We are actively hiring bilingual counselors to overcome that challenge.</p> <p>Challenges regarding lack of counseling space are usually managed by coordinating with on-site psychologist and part time staff to share office space. Space is always an issue at school sites and we are continuing to work collaboratively with each school to best manage this issue.</p> <ul style="list-style-type: none"> <li>• Provide family counseling sessions to children identified with greater needs. Each 10-week individual family sessions will serve 6 families, with 3 sessions offered per year, occurring on Saturdays or weekdays in either Supervisor's office space or another designated office space in Salinas.</li> <li>• Provide referral to mental health services offered by MCBH or other service providers for children, families, or parents/caregivers who have experienced trauma via domestic or community violence.</li> <li>• Conduct outreach and engagement activities with community groups and organizations to further promote the program and availability of services. These activities will lead to partnerships that will increase referrals and participation of families or parents/caregivers of children who have experience trauma via domestic or community violence.</li> <li>• Provide clinical supervision for up to four (4) CSU Monterey Bay Master of Social Work (MSW) program and LPC student interns. These student interns will provide counseling in school to children and families/caregivers, providing an enhanced level of services, This activity will also provide student intern with real world experience providing clinical services in underserved communities.</li> </ul>
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<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	200	\$91,120	\$455.60
<b>2016-17</b>	200	\$91,120	\$455.60

<b>Program Name</b>	<b>Positive Behavioral Intervention Support and Supports (PBIS) Program</b>		
<b>Background and Community Need</b>	There is a strong understanding that students do better in all areas of development, including social/emotional when there is an improvement in school climate. The Monterey County Office of Education is promoting Positive Behavioral Intervention and Supports (PBIS) as the county wide model to improve school climate. Monterey County Behavioral Health has partnered with all school districts to assist in the training and support of PBIS. While MCBH gets some funding (50% for one FTE) from MCOE, MCBH will be able to increase the amount of support to the school districts as a result of Mental Health Services Act/Prop 63 funding.		
<b>Population of Focus</b>	The key population of focus to be served includes: <ul style="list-style-type: none"> <li>• All school aged children (ages 5 to 18)</li> <li>• All children in Monterey County, which includes a diverse ethnic and cultural population with a significant number identifying as Latino.</li> <li>• This program serves all regions and all 25 school districts.</li> <li>• The program hopes to improve school climate which will reduce the number of students referred for social/emotional problems, particularly anxiety and depressive disorders.</li> </ul>		
<b>Service Goals and Public Health Benefit</b>	<ul style="list-style-type: none"> <li>• This program improves clients' quality of life by improving school success, reducing bullying and improved social/emotional development.</li> <li>• The goals and outcomes for this program include lower dropout rate, higher college enrollment, less drug use, lower teen pregnancy rate, less bullying, less suicidal ideation.</li> <li>• The public health benefits and benefits to the community include the reduction of students being referred for depression and anxiety issues. The students perform better in school which will not only improve their academics but makes it more likely they will stay in school, not be involved in criminal activity, drug use or unwanted pregnancy.</li> </ul>		
<b>Strategies to Engage Underserved Populations</b>	<ul style="list-style-type: none"> <li>• This program helps address disparities and engage underserved populations by involving all students at all levels by improving the general school climate. While "raising the level of the lake, all boats float higher," the improved school climate helps those underserved and alienated students the most.</li> <li>• The challenges to reaching specific populations include students who have already been identified as problematic. Interventions conducted to address this population include identifying those most at risk and providing enhanced levels of service identified as part of a three tier system.</li> <li>• While the program has a goal to improve the general school climate, it has as a result helping more significantly those students who come from less affluent homes, or homes where there is not as much parental support. The Children's System of Care shows that the vast majority of treatment is for depression, anxiety, and conduct issues. All of these will be addressed in the school setting.</li> </ul>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	1,200	100,000	\$83.33
<b>2016-17</b>	2,400	TBD	



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

## SERVICES FOR ADULTS

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

<b>Program Name</b>	<b>Creating New Choices (CNC), Interim, Inc.</b>		
<b>Background and Community Need</b>	Creating New Choices (CNC) is a Full Service Partnership program initiated by the County. CNC aims to provide intensive case management and stable housing designated for seriously mentally ill offenders, and other vulnerable County clients in need of the service. The program is designed to meet the individual needs of the consumer. It also serves as a central place for positive peer group interactions, cognitive skill development and social skill development necessary to function in the community.		
<b>Population of Focus</b>	<ul style="list-style-type: none"> <li>• Adults 18 and over</li> <li>• Our clients are referred through MCBHB and have a serious mental health diagnosis.</li> <li>• All of Monterey County</li> <li>• Ambulatory clients with acute to moderate level of impairment but who does <u>not</u> meet 5150 criteria. As well as consumers with DSM IV serious mental illness diagnostic categories.</li> </ul>		
<b>Service Goals and Public Health Benefit</b>	<p>CNC helps to reduce the criminal recidivism rate amongst mentally ill offenders as well as assists consumers to integrate successfully back into the community. Another component of this program is to provide harm reduction for individuals with a co-occurring disorder. Lastly, it serves to help stabilize those who are in need of intensive case management.</p> <p>This program gives adults with serious psychiatric disabilities who have been incarcerated and recently released the support they need to recover. The program also helps them develop independent living skills to function in the community.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?</li> </ul> <ol style="list-style-type: none"> <li>1. Provide a stable supportive housing environment and a positive peer culture for 4 residents.</li> <li>2. 90% of consumers successfully integrate into the community.</li> <li>3. 90% reduction in criminal recidivism amongst the mentally ill offender served through CNC.</li> </ol>		
<b>Strategies to Engage Underserved Populations</b>	<p>Residents participate in CNC groups and classes including substance abuse support groups. They also receive intensive case management that focuses on medication compliance, development of independent living skills and socialization.</p> <p>MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible.</p> <p>Not all those who are targeted want to participate in this program. The CNC team works with these individuals to educate them on the advantages of self-care and staying out of jail. When there are challenges reaching CNS clients we provide intensive case management services to others who need them.</p>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
2015-16	4	\$174,439	\$43,610
2016-17	4	\$181,417	\$45,354

<b>Program Name</b>	<b>Dual Recovery: Case Management/Mental Health Services &amp; Dual Recovery Services, Interim, Inc.</b>		
<b>Background and Community Need</b>	Dual Recovery Services aims to reduce the length of stay at the Bridge House dual recovery residential program. The program works to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and transitional age youth in the MCBHB Adult & TAY Systems of Care. The Dual Recovery Services program was made possible due to Mental Health Services Act/Prop 63 funding.		
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over.</p> <p>While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race.</p> <p>South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside, and Monterey.</p> <p>Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County served by MCBHB. Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.</p>		
<b>Service Goals and Public Health Benefit</b>	<p>The benefits include having individuals who suffered from dual recovery issues readjust to living in the community with a clean and sober life style. This program gives clients the tools to transition back to healthy independent living. It also helps reduce the triggers that lead to relapse of substance abuse.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. 75% of DRS clients will remain housed and will have no new episodes of homelessness after gaining housing, due to drugs or alcohol.</li> <li>2. 75% of DRS clients will stay clean and sober while receiving services from the program.</li> <li>3. 90% of DRS clients will have no new convictions while receiving services from the program.</li> <li>4. 65% of DRS clients will not return to jail for offenses due to drugs or alcohol.</li> <li>5. 85% of DRS clients will attend DRS groups to learn and practice skills for staying clean and sober.</li> </ol> </li> </ul>		
<b>Strategies to Engage Underserved Populations</b>	<p>This program serves those who dually diagnosed, who are low-income, including transitional age youth in the MCBHB Adult &amp; TAY Systems of Care as well as South County Behavioral Health clinics. Clients must be referred by Monterey County Behavioral Health, Adult Services. Some of the individuals served include graduates of residential treatment programs (i.e., Bridge House program).</p> <p>Increase the population served in South County: Program Coordinator will continue collaborating with Case Coordinators and clients to discuss the services this program provides. Counselors and program staff will continue to facilitate support groups once a week in Gonzalez and King City to provide clients with additional support. Continue expanding DRS services to South County and 15% of DRS clients will be located in South County cities.</p>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
2015-16	70	\$444,975	\$6,357
2016-17	70	\$462,774	\$6,661

<b>Program Name</b>	<b>SAMHSA Support: Dual Diagnosis/Outreach and Aftercare Services, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>SAMHSA's goal is to providing outreach and aftercare services for dually diagnosed individuals living in the community who are at risk, and those who are in need of a dual recovery or other drug and alcohol treatment program.</p> <p>SAMHSA is federally funded and the County has augmented the funding with MHSAs funds as the federal SAMHSA funding has not increased since the inception of the program. The MHSAs funding allows the program to continue.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over.</p> <p>While this program is focusing on doubling multiracial/multiethnic population served (African American, Asian, Native American) the program does not exclude services based on any culture or race.</p> <p>Services are provided in South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside and Monterey.</p> <p>Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County served by Monterey County Behavioral Health Bureau, Adult Services. Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Dually diagnosed adults tend to have high utilization rates for inpatient hospitalizations, crisis services, in-patient acute and long term mental health facilities, and crisis residential services. They are also likely to be arrested or jailed. Therefore, these individuals with co-occurring disorders need support in both their mental health and drug and alcohol recovery in order to successfully live in the community. We work with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with support services to integrate back into their communities.</p> <p>Outreach and Aftercare Services (OAS) helps individuals become aware of their early warning signs and their triggers that can signal a mental health crisis and/or relapse. Staff assists individuals in recognizing their own strengths and goals for the future, as well as acknowledging issues that have proved challenging for them in the past. This program also provides linkage to community resources.</p> <p>The goal is to ensure stability of psychiatric symptoms and to engage clients in harm reduction or clean and sober living, satisfying daily/structured activities, and the opportunity to successfully reintegrate into the larger community.</p> <p>Outcomes:</p> <ol style="list-style-type: none"> <li>a. Provide individual support for seventy (70) outreach and aftercare consumers in three communities (Monterey, Salinas, and Marina).</li> <li>b. Provide four (4) Dual Recovery Anonymous (DRA) groups/week in three (3) Communities (Monterey, Salinas, and South County).</li> </ol>

<b>Strategies to Engage Underserved Populations</b>	<p>This program serves those who dually diagnosed and who are low-income. It also serves those who do not meet eligibility requirements for Adult System of Care/Monterey County Behavioral Health Care System (except in South County) or lack Medi-Cal. Some of the individuals served have been recently released from jail.</p> <p>This program is providing outreach to clients who live within the community, which include Board and Care homes, residential rehabilitation programs (i.e., Bridge House program and Manzanita program) and the homeless community. The main focus of the program is to provide outreach services to clients living in the community who have limited resources and support network.</p> <p>The program works closely with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with individual and group dual recovery support services. OAS also receives referrals from MCHOME's outreach interns for homeless adults who have dual recovery needs. OAS provides individual and group support for individuals living in South County once per month. These dual recovery groups in South County are open to both clients who are served by MCBHB and clients who are not currently open to MCBHB.</p>
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Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	70	\$116,127	\$1,659
2016-17	70	\$120,772	\$1,725

<b>Program Name</b>	<b>MCHOME: Case Management/Mental Health Services &amp; Outreach, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>The MCHOME Program is a Full-Service Partnership initiative, which provides wrap-around services, and outreach for adults with a psychiatric disability who are homeless or at high risk of homelessness. The purpose of the program is to assist adults with mental illness in getting off the street, into housing and employment and/or on benefits. We believe stabilization and housing are the necessary stepping stones for clients to restart their lives and reach their personal goals. Beginning in FY 15-16 MCHOME will also have an internal Case Coordinator thus decreasing duplication with the County Coordinators.</p> <p>MCHOME was previously funded under AB 2034. The State later defunded AB 2034 and allowed counties to replace the defunded 2034 funds with MHSAs funds. MHSAs funding doubled the program from 25 to 50 clients.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over  We serve all groups. Our clients are outreached on the streets and have a serious mental health diagnosis.  Monterey County.  Homeless and at risk of homelessness adults who also have a psychiatric disability.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Individuals with mental illness who are living on the street are stabilized, housed, and reintegrated into the community. Also, law enforcement, veterans' offices, the Probation Department, city officials, business councils, etc. have a program to turn to when they are concerned about a homeless individual.</p> <p>This program provides a "whatever it takes" intensive case management service approach to assist mentally ill individuals who were previously homeless to gain support and live in community settings.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?</li> </ul> <ol style="list-style-type: none"> <li>1. Coordinate services for 50 homeless mentally ill adults.</li> <li>2. Assist individuals in obtaining income or benefits to assist in stabilization in the community.</li> <li>3. Provide or arrange for housing e.g., hotels, shelters, transitional housing and permanent housing for a minimum of 25 consumers.</li> <li>4. Improve the overall functioning of the community's service delivery system to homeless mentally ill adults i.e., easier access to available mental health services with the following expected outcomes: <ul style="list-style-type: none"> <li>• 80% of the residents will report a substantial improvement in quality of life as a result of the services received from entry point benchmark.</li> <li>• 80% of the MCHOME residents will receive assistance in completing housing applications if needed and when available i.e. Section 8, Rent Vouchers.</li> </ul> </li> <li>5. Provide case management and coordination or purchase of services, peer counseling, benefits counseling and applications i.e. Section 8. The expected outcomes will be as follows: <ul style="list-style-type: none"> <li>• 100% of the MCHOME residents in transitional and permanent housing will have one or more individualized mental health service plans utilizing strengths based approach to provide stability in community living.</li> <li>• 65% of the residents living in MCHOME transitional housing will receive benefits or employment within the first year of housing.</li> </ul> </li> </ol>

	<p>6. Provide food, clothing, and other personal need items to help support community living to 50 consumers.</p> <p>7. Provide evaluation for 100% percent of our enrolled consumers and and referrals to those in need.</p>
<b>Strategies to Engage Underserved Populations</b>	<p>We outreach to people who are homeless with a mental illness. We help them obtain housing, benefits, and personal needs items.</p> <p>The challenge is engaging with those who are homeless and symptomatic. These individuals are often too paranoid to accept services without a long engagement period.</p> <p>Yes, we serve the psychiatrically disabled and homeless.</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	50	\$903,360	\$18,067
<b>2016-17</b>	50	\$939,494	\$18,790



<b>Program Name</b>	<b>Lupine Gardens, Interim, Inc.</b>		
<b>Background and Community Need</b>	Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness, and require additional support necessary to live independently in the community. Lupine Gardens is a Full-Service Partnership program. Lupine Gardens is a new program started under the MHSA.		
<b>Population of Focus</b>	Adults and transition age youth age 18 and over. We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. Monterey County Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. These individuals have a need for intensive case management services.		
<b>Service Goals and Public Health Benefit</b>	Individuals with mental illnesses who were homeless or at risk will be off the street and have the tools to integrate into the community. This program allows clients to have housing and to develop the skills to live independently. <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. Provide permanent housing for 20 adults with psychiatric disabilities who are homeless or at risk of homelessness.</li> <li>2. 60% of the individuals served will remain in permanent housing for at least 1 year.</li> <li>3. Provide intensive mental health and case management services including peer counseling, crisis intervention, and medication support. Assist consumers in arranging for optional meal service, house cleaning, and laundry services. Provide linkage and assessment. Provide transportation assistance as needed, while encouraging residents to use public transportation seeking the following consumer outcomes: <ul style="list-style-type: none"> <li>• 80% of the residents will report a substantial improvement in quality of life as a result of the services received at Lupine Gardens from entry point benchmark.</li> <li>• 40% of the individuals will participate in various community programs, social support program, or peer operated wellness recovery program, i.e., Wellness Recovery Center, Our Friends, Dual Recovery resource groups.</li> </ul> </li> <li>4. 10% of the residents will participate in vocational training, will be employed or will perform volunteer work.</li> <li>5. 20% of the residents will require less intensive support services or will move to a more independent level of housing within 2 years.</li> </ol> </li> </ul>		
<b>Strategies to Engage Underserved Populations</b>	MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to the community at large to reach mentally ill low-income individuals. There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults. MCBHB refers all of our clients who are all economically disadvantaged.		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	20	\$319,684	\$15,984
<b>2016-17</b>	20	\$332,471	\$16,624

<b>Program Name</b>	<b>Rockrose Gardens, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>Rockrose is part of our Supportive Housing initiative which provides community independent living for chronically mentally disabled consumers. Residents are also given the option of Short-Doyle Medi-Cal (SD/MC) case management, crisis intervention, and mental health services.</p> <p>Rockrose is a new program, brought about by construction of the housing with a combination of MHSA Housing funds and federal HUD 811 funds. The services were initiated with MHSA funds. The MHSA services are required as part of the MHSA Housing program.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over.          We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.          Monterey County.          Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Permanent housing for homeless and low income individuals.</p> <p>Case management services in which client and case manager work together to develop goals to improve client's life in areas of health, education, employment, daily living skills.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?</li> </ul> <ol style="list-style-type: none"> <li>1. To provide permanent housing at Rockrose Gardens with 9 of the 20 units designated for consumers that are homeless or at risk of homelessness as per the MHSA Housing program requirements.</li> <li>2. Case management for 100% of the residents in which clients and case manager establish goals in areas of health and symptom management, employment, education and living skills.</li> <li>3. 90% of all residents will have a medical doctor with regularly scheduled appointments.</li> <li>4. 100 % of residents will meet with behavioral health psychiatrist to provide for their mental health.</li> <li>5. 90% occupancy in this housing site.</li> </ol>
<b>Strategies to Engage Underserved Populations</b>	<p>MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to the community at large to reach mentally ill low-income individuals.</p> <p>There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults. MCBHB refers all of our clients who are all economically disadvantaged.</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	20	\$115,114	\$5,756
<b>2016-17</b>	20	\$119,719	\$5,986

<b>Program Name</b>	<b>Sunflower Gardens, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>Sunflower Gardens provides individuals with serious mental illness who are homeless or at risk of homelessness with transitional or permanent housing. The program works to ensure that the challenges of maintaining housing for individuals with serious mental illness are addressed and the provision of independent living skills in a behavioral health care environment are provided. The program provides individualized services needed for each consumer in working towards resiliency and self-sufficiency.</p> <p>Sunflower Gardens opened as a new program in 2010. It was initiated with MHSA funds. Services are required based on MHSA Housing funding.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over  We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.  Monterey County.  Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. Priority is given to those consumers in a Full Service Partnership.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Homeless or at risk of homelessness individuals with psychiatric disabilities receive the necessary support system to ensure success in integrating into the community.  Clients receive the support they require to remain housed and on the path to recovery.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. 60% of Sunflower Garden residents will remain in permanent housing for at least 1 year.</li> <li>2. Of the 21 adults living at Sunflower Gardens 20% will move after one year to Community Housing or other permanent housing in the community at large.</li> <li>3. 40% of the residents will participate in various community programs, social support programs, or peer operated wellness recovery program.</li> <li>4. 100% of consumers will receive case management services.</li> </ol> </li> </ul>
<b>Strategies to Engage Underserved Populations</b>	<p>We provide housing, help clients obtain benefits, and help search for employment or educational opportunities. We also connect them to community resources (i.e. Bienestar, OMNI, DRS, SEES, CCCIL).  MCHOME has outreach workers engage with individuals on the street and offer this housing option. It takes time to gain the trust of those who are symptomatic and used to their life on the street. Interventions include evidence based practices (i.e. motivational interviewing), and a solution oriented approach.  We outreach to homeless individuals.</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	23	\$253,435	\$11,019
<b>2016-17</b>	23	\$263,572	\$11,460

<b>Program Name</b>	<b>Wesley Oaks, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>Wesley Oaks supports adults with serious mental illness who were homeless or at risk of homelessness by helping tenants obtain and maintain residency. The supportive services focus on achieving wellness, stability, and recovery.</p> <p>Wesley Oaks was a County operated service in conjunction with CHISPA's construction of an MHSA Housing Program. When the County was unable to provide the services to the tenants, the County asked Interim to take over the service provision. The level of service provision for Wesley Oaks is required by the MHSA Housing agreement that the County executed with the State.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over</p> <p>We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.</p> <p>Monterey County.</p> <p>Seriously mentally ill who were homeless or at risk of homelessness</p>
<b>Service Goals and Public Health Benefit</b>	<p>Individuals with psychiatric disabilities are given a place or residence and the necessary services to achieve recovery and reintegrate into the community. Homeless clients will receive housing and support on their path to recovery.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?</li> </ul> <ol style="list-style-type: none"> <li>1. 100% of residents (4 residents) will be successful in meeting the terms of their lease.</li> <li>2. 100% of residents will receive assistance in accessing benefits.</li> <li>3. 100% of residents will have case management, including assistance with individual goal setting, independent skill development, access to healthcare services, crisis intervention, dual diagnostic treatment and support for drug/alcohol disorders.</li> <li>4. 100% of residents will receive transportation assistance, assistance with money management, emergency assistance with food and clothing, supportive employment and education services.</li> <li>5. Provide recreational and social activities.</li> </ol>
<b>Strategies to Engage Underserved Populations</b>	<p>MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible.</p> <p>The greatest challenge has been finding individuals who are willing to live in east Salinas. It is also a challenge to find individuals who are able to live cohesively together.</p> <p>MCHOME refers clients who are homeless with a psychiatric disability.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	4	\$108,214	\$27,054
2016-17	4	\$108,214	\$27,054

<b>Program Name</b>	<b>Chinatown Community Learning Center with CSUMB, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>Interim, Inc. sub-contracts this service to CSUMB and provides oversight for CSUMB's Chinatown Community Learning Center initiative. The purpose of the collaboration is to enable the Service Learning Institute (SLI) at CSU Monterey to continue to offer qualified MSW support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center. The Learning Center is a resource center and classroom space devoted to serving the needs of the homeless and other marginalized residents of the Chinatown neighborhood. The Learning Center provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities that serve the needs of the homeless and marginalized in Chinatown, many of whom are also struggling with mental health and addiction issues. Interim will provide guidance on setting and meeting goals as well as monitor consumer progress.</p> <p>In 2015-16, CSUMB will expand their efforts to include a cohort of four (4) MSW students working under the supervision of the Assistant Social Work Professor, and with the support of the Field Coordinator. This cohort of MSW students would work as a team and provide 64 hours per week of social work service to Chinatown residents. The primary function of the team would be to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students would be onsite and available to listen to issues, and challenges faced by client residents of Chinatown, and work with service providers to help clients move off the street and into housing and viable employment. MCBHB requested that Interim handle this sub-contract after requests by Board of Supervisors to MCBHB for funding for Chinatown Learning Center.</p>
<b>Population of Focus</b>	<p>Adults and transition age youth age 18 and over.  We serve all cultural groups who are homeless or seek services in the Salinas Chinatown area.  Homeless adults who have mental illness/and or substance abuse challenges.</p>
<b>Service Goals and Public Health Benefit</b>	<p>The Learning Center program provides a number of public health benefits to the community:  We contribute to a safer neighborhood by teaching a portion of the population coping skills, communication skills, conflict resolution skills, mood/anger management skills which all likely result in reduced violence  The community health of our area is improved slightly by the bathroom that we make available for long hours five days per week.</p> <p>The Learning Center program provides a number of public health benefits to clients:  Clients have and do develop coping skills as a result of attending our cognitive behavioral classes  Clients are able to care for their health in a more significant way as a result of having been enrolled into Medi-Cal through our Center  Clients experience an increase in calorie intake as a result of having been enrolled into CalFresh through our Center  Some clients secure employment within our organization which helps them develop work skills, increases their income, and for some, allows them to provide for their own housing</p>

Clients are able to provide for their own housing by receiving social security through our Center  
Clients eat healthier foods through the snacks that we provide both purchased and grown in our own organic garden  
Clients ability to eliminate at will is increased by our Center being open for long hours during the day where there is a bathroom.

Program Goals: Chinatown Community Learning Center

1. CSUMB will operate the Chinatown Community Learning Center a minimum of five (5) days per week, six (6) hours per day.
2. CSUMB will work collaboratively with the MCHOME Program to assist two (2) mutual clients per month toward the completion of supporting documentation necessary to begin the SSI application process as defined by MCBHB.
3. Facilitate two (2) groups per week, employing a mental health/substance abuse focused evidence based practice, a skill building focus or a curriculum approved by Interim, Inc. and contract monitor. Groups can be rotated based on client need with approval of Interim Inc. contract monitor.
4. Provide assistance in applications for General Assistance, and/or Medi-Cal or other health benefits, and/or Food Stamps for two (2) individuals with mental illness per month. Services in conjunction with these applications may include assistance in obtaining identification and income verifications. Assistance may also include accompanying consumers to interviews, application appointments, hearings or other appointments necessary to procure benefits. When coordinating services, notification of completed applications shall be given to Interim's homeless service program staff at MCHOME on a monthly basis.
5. Provide access to the Chinatown Community Learning Center for a minimum of five (5) hours per week for use by Interim's MCHOME Program. Provide access to Chinatown Learning Center for a minimum of five (5) hours per week for a substance abuse prevention/treatment provider for counseling/support groups. Sub-Contractor is responsible for developing a method to ensure staff has access.
6. Serve a minimum of twenty-five (25) unduplicated homeless clients/month.
7. Meet with Interim, Inc. contract monitor bi-monthly and provide monthly reports to contract monitor on contract goals.

Program Goals: MSW Chinatown Field Coordinator and MSW Student Outreach Cohort

The MSW Cohort, specifically, will provide services four (4) days per week, six (6) hours per day from September 1, 2014 – May 31, 2015. Service provision will be continuous during this time, including during students' traditional holiday breaks.

Each MSW student will provide 480 hours of service in the Chinatown Community over the course of the contract.

Dr. Wright will provide eight (8) hours of service and supervision per week.

The MSW Field Coordinator and/or the Project Coordinator will provide clients with transportation to needed services when necessary.

Each MSW student will carry an ongoing caseload of between 3-5 clients (24-50 total). For these clients they will provide necessary case management and/or situational crisis counseling services.

Each MSW student will assist 1-2 clients in their caseload (4-8 total) to achieve housing and/or employment during this time period.

	<p>In addition to focusing on housing and employment, MSW students will assist with the following: social service enrollments (MediCal/CalFresh/SSI/etc.); referrals to mental health, physical health services; assistance with reapplication for California State IDs, etc., and general trust-building and re-socialization. Interns will enter all contacts into the Homeless Management Information System (HMIS). When doing intakes and evaluations, students must use the Coordinated Assessment and Referral System established by the Coalition of Homeless Services Providers. Services for clients will be coordinated with other service providers to avoid duplication of services.</p>		
<p><b>Strategies to Engage Underserved Population</b></p>	<ul style="list-style-type: none"> <li>• The Learning Center program serves clients living in a ghetto. These (approximately 170) people live in makeshift shelters and tents. They are generally jobless. They generally suffer from various degrees of mental health issues. Many are actively addicted to street drugs. Most are disconnected from family. Many suffer significant health issues. They depend on the kindness of others for food and clothing. They have part-time access to bathrooms and showers and unrestricted access to cold water. They are desperate. They are underserved.</li> <li>• Yes, this group is naturally wary of everyone they do not know and often even of those service providers they do know. Engagement is a central component to our services. We must take the long view and build trust with these clients in a slow and deliberate fashion. Some clients take years to engage. Some may never seek our services. We are embedded in the community for the very purpose of engaging clients. Outside providers who pass through once a week or less have a much more difficult task to engage these residents. Programmatic services, such as hosting a daily open computer lab and movie nights are designed with the very goal of engaging with this hardest-to-serve clientele.</li> <li>• The D3 data shows 86 clients receiving homeless services in the past year, with a decline over the last three years in the number of clients who indicate Salinas as their place of residence. The Learning Center is embedded in Chinatown and is known as a safe haven for the homeless population. Engagement is a major focus of the center (476 unique contacts anticipated in 2014-15) but the addition of mental health and substance abuse focused groups at the Center has also increased services to the homeless underserved population ( 20-25 unique individuals/month attend these groups). This data is not being accounted for in D3 report. Additionally, 5 individuals are assisted in obtaining benefits. These services will increase in 2015-16 with the addition of the MSW intern cohort as they will also be able to provide individual crisis focused counseling services and will work toward housing and employment goals. Each intern will carry a caseload of 3-5 clients (24-50/year). (See goals above for specifics in relation to this increase). Collaboration with the homeless serving agencies creates a pathway to more intensive services when client impairment and interest indicates referrals and joint service provision.</li> </ul>		
<p><b>Year</b></p>	<p><b>Annual Goal</b></p>	<p><b>Annual Cost</b></p>	<p><b>Cost Per Client</b></p>
<p><b>2015-16</b></p>	<p>550 total clients will be served by Center. 125 clients will receive contracted mental health and benefits services</p>	<p>\$137,510</p>	<p>\$250/per client (total clients served in both programs of contract. \$1100/per client (provided specifically contracted services</p>

<b>Program Name</b>	<b>Family Self-Help Support &amp; Advocacy, Interim, Inc. &amp; NAMI Monterey Co.</b>
<b>Background and Community Need</b>	<p>Interim, Inc. in conjunction with NAMI-MC, works to fulfill the Family Self-Help Support &amp; Advocacy initiative. This program supports and advocates on behalf of consumers, families, and friends of people with severe mental illness. NAMI-MC's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve client's quality of life. Interim is the operating agent for NAMI-MC. Beginning FY15-16 this program is being expanded with NAMI employees working more hours to outreach consumers and families.</p> <p>This is a new service funded in FY 14/15 at the request of NAMI, and negotiated with MCBHB. Services previously did not exist in Salinas Valley and were minimal in Monterey Peninsula (previously solely funded by donations). MHSA funds expanded the program.</p>
<b>Population of Focus</b>	<p>Adults age 18 and over.          We serve all groups.          Monterey County.          All family members and care providers of adults living with serious mental illness.</p>
<b>Service Goals and Public Health Benefit</b>	<p>The community is educated on the needs and challenges of individuals with mental illnesses. The clients experience an improved quality of life and a reduction of stigma.</p> <p>This program improves clients' quality of life by offering individual and group support, family-to family support, advocacy, public education, and hope for families and their loved ones living with mental illness.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?             <ol style="list-style-type: none"> <li>1. Provide phone, email or in-person support to 100 family members, caregivers, and clients who are frequently in distress and in need of information.</li> <li>2. Produce 20 public presentations in Salinas and 4 in South County with an emphasis on care to consumers and families.</li> <li>3. Provide outreach services for one to two days in South County and 16 additional hours in Monterey, assuring improved response to callers and walk-in consumers seeking assistance.</li> <li>4. Facilitate at least three (3) 12-week or 6-week "Family to Family" and/or "Familia a Familia" education courses annually for family members and care providers of adults living with mental illness.</li> <li>5. Facilitate two (2) "Provider Education" presentations (152 hours of in-service training) to mental health professionals to encourage sensitivity in regards to mental illness.</li> <li>6. Facilitate once per month "NAMI Connection Recovery Support Group" program for adults with a mental illness and family members.</li> <li>7. Coordinate with, assist and supplement existing programs in Monterey County that currently offer mental-health service programs to youth and seniors five times a year.</li> </ol> </li> </ul>
<b>Strategies to Engage Underserved Populations</b>	<p>The program distributes information, makes contact with community (including agencies, churches, etc.), attends networking events to reach and engages underserved populations.</p> <p>Outreaching to and marketing to family members who need these services. Staff will continue collaborating with community members, agencies, and faith communities to discuss the services this program provides.</p>



	<p>One of the goals is to train Familia-a-Familia participants in order to continue growing Spanish family programs. Additional goals include encouraging Spanish class participants to become involved/volunteer with NAMI in order to help promote mental health awareness within the Latino community. NAMI also aims to increase services in South County.</p>
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Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	100	\$166,490	\$1,665
2016-17	100	\$173,150	\$1,732

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

<b>Program Name</b>	<b>Family Support Group: Salinas &amp; North County Region</b>
<b>Background and Community Need</b>	The Family Support Group was developed in response to families in the community who were seeking additional support and resources with the purpose of understanding the mental health condition and management of their loved ones. The Salinas – North County region offers two family support groups. One of the groups is offered in English and the second one in Spanish. Two behavioral health staff facilitates the groups two evenings per month for duration of 60 to 90 minutes per session.
<b>Population of Focus</b>	The groups are specifically for ages 18 and over, and welcome all population groups. The Salinas groups are located at 1441 Constitution Blvd. bld. 400, Salinas, CA 93906 and serve primarily residents in the Salinas - North County Region; however, people residing in neighboring communities are all welcome to participate in these groups and are open to the public free of charge.
<b>Service Goals and Public Health Benefit</b>	<ul style="list-style-type: none"> <li>• The public health benefits to the community is to provide psycho-education and emotional support to families who have a family member or other significant partner who is experiencing challenges with their functioning related to a mental health condition.</li> <li>• By providing support to significant others members will be able to provide additional support and resources to clients with the ultimate goal of enhancing their quality of life</li> <li>• The goal is to educate, provide support, and connect members to resources with the ultimate outcome of less utilization of emergency services such as emergency departments, hospitals and use of law enforcement resources.</li> </ul>
<b>Strategies to Engage Underserved Populations</b>	<ul style="list-style-type: none"> <li>• This program is open and available to any member of the public regardless of functionality, diagnosis, ethnicity, age, gender, race, socioeconomic status, nationality and can serve all member of the community.</li> <li>• Family support information flyers are distributed throughout the regions and particularly through the National Alliance for the Mentally Ill offices.</li> <li>• The groups are continually offered to families who access the Behavioral Health offices in all regions.</li> <li>• These groups have been in existence for over 20 years.</li> </ul>

<b>Program Name</b>	<b>OMNI at the Pajaro St. Wellness Center, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>OMNI's mission is to increase mental health wellness of individuals and the community by providing wellness awareness and innovative programs. The center is a peer and family member operated facility. The center serves to assist members in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups in order to specifically address issues of personal growth. Additionally, the center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement through the Bienestar initiative. The Bienestar program will become a standalone program in FY15-16.</p> <p>OMNI was a new program started with the help of MHSA/Prop 63 funding.</p>
<b>Population of Focus</b>	<p>Adults (18+ years old)  Transitional Age Youth &amp; Young Adults (18-30 years old)  While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race.  Monterey County.  Those who are experiencing mental health or emotional challenges</p>
<b>Service Goals and Public Health Benefit</b>	<p>The public health and community benefits include the provision of services for those who are seeking mental health wellness and recovery. The center works to help individuals find a meaningful role in their community, to gain self-empowerment, to learn advocacy and leadership skills, and to educate the public on mental health and recovery.</p> <p>OMNI provides an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and recovery. Peers come together to socialize, interact with one another, attend support groups and join in planned activities. Additionally, the center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement at the center and the community. Through mutual support, self-empowerment and effective programming, the center's goal is that each individual will be able to connect, meet their challenges, and find balance in their life and a meaningful role in their community.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. At least 40 participants per month return to the center, and 80% or more of survey responses agree that their choice of goals is being honored, participants feel safe in the program, and participants made a good decision in coming to this program.</li> <li>2. At least 25% of participants attend groups/activities, and average attendance is 25 or more new &amp; returning participants.</li> <li>3. Increase equality of access: at least 25% of participants belong to an un-served or underserved demographic.</li> <li>4. Participants experience an improved quality of life, confidence, and self-esteem: at least 80% of surveyed participants agree that they are learning to develop meaningful daytime activities, believe they can work, and that they are learning to be more independent. Additionally, at least 20% of participants are attending programs &amp; activities to assist with and maintain their recovery.</li> <li>5. 80% of surveyed participants agree that staff respond promptly and</li> </ol> </li> </ul>

	appropriately to participant needs.
<b>Strategies to Engage Underserved Populations</b>	<p>OMNI staff conduct at least four outreach opportunities a year and facilitate two groups in Spanish in East Salinas. Staff also facilitate a bilingual Spanish group at the center three times per week. OMNI also offers OMNI After Hours, a program that specifically serves transitional age youth and young adults from 18-30 years old.</p> <p>One of the biggest barriers to accessing services has been transportation. OMNI relocated in July 2014 to a site that is closer to the transit station. OMNI also provides transportation once a week for residents living in board &amp; care facilities, and transportation for the OMNI After Hours group. Both services are provided to residents of Salinas only.</p> <p>OMNI provides transportation and peer-led support groups for transitional age youth &amp; young adults twice per week and one Saturday per month, serving an average of 12 participants per group. OMNI also offers two groups in East Salinas on a weekly basis that are specifically for Spanish speakers. Each group in East Salinas serves between 5-7 people. Additionally, OMNI offers a bilingual Spanish-speaking support group three times per week at the center, serving approximately 10-12 people per group. OMNI staff conduct outreach in the community at least 4 times per year in East Salinas, making contact with an average of 30 people per event.</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	500	\$502,963	\$1,006
<b>2016-17</b>	500	\$523,081	\$1,046

<b>Program Name</b>	<b>Success Over Stigma, Interim, Inc.</b>		
<b>Background and Community Need</b>	<p>The “Success Over Stigma” program focuses on consumer advocacy and outreach. The program promotes consumer involvement in planning and executing mental health services and anti-stigma messaging in the community, including training Monterey County consumer representatives for statewide forums, task forces, focus groups, etc. It also serve as means to increase peer involvement in developing and strengthening mental health services both locally and at the state level. Lastly, consumers will learn how to better advocate for themselves.</p> <p>Success Over Stigma is an expansion of a program previously funded through donations only, and a grant from CALMHSA. Due to input from consumers to focus more on outreach, anti-stigma, consumer driven initiatives, and peer empowerment this consumer advocacy program was launched.</p>		
<b>Population of Focus</b>	<p>Adults 18 and over.  We serve all groups. Our presenters are from different backgrounds and age groups and reside in Monterey County.  Those who have a psychiatric disability.</p>		
<b>Service Goals and Public Health Benefit</b>	<p>The public health benefits include supporting those with serious mental illness in self-efficacy, and exposing the community to a mental health consumer’s experience.</p> <p>This program gives clients the opportunity to share their behavioral health experience and impact policy regarding their services.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?</li> </ul> <ol style="list-style-type: none"> <li>1. Recruit consumers to share their story of overcoming mental health challenges in order to help reduce mental health stigma in the community.</li> <li>2. Train consumers on story sharing techniques.</li> <li>3. Schedule 25 presentations in the community/year at schools, organizations, public agencies, etc.</li> <li>4. Provide speakers for Hope &amp; Recovery Groups at Natividad and CHOMP in-patient units.</li> <li>5. Assist to plan and execute an annual peer driven Embracing Wellness and Recovery Conference.</li> <li>6. To have an assigned peer representative or the SOS Coordinator participate in State Committees focusing on Peer Leadership.</li> <li>7. Peers will be recruited and trained to sit on MCBHB Committees as needed.</li> <li>8. Identify committees that need peer representatives.</li> <li>9. Provide a monthly support group for peer speakers/or committee members.</li> </ol>		
<b>Strategies to Engage Underserved Populations</b>	<p>The program distributes information, makes contact with community (including agencies, churches, etc.), attends networking events to reach and engages underserved populations.</p> <p>Staff will continue collaborating with community members, agencies, and faith communities to discuss the services this program provides.</p> <p>Yes, the program continues to recruit individuals with different experiences as well as age groups to present to different organizations, schools, churches, etc.</p>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	25 presentations.	\$100,261	N/A
<b>2016-17</b>	25 presentations.	\$104,271	N/A

<b>Program Name</b>	<b>Peer Partners for Health, Interim, Inc.</b>
<b>Background and Community Need</b>	<p>The Peer Partners for Health training and peer support program focuses on clients who are either in the crisis residential program at Manzanita and/or the Natividad Medical Center in-patient unit to help them with their transition into the community after they are discharged. The goal of the program is to utilize the assistance of a peer and a family member Wellness Navigator in connecting consumers to community based follow up services in a culturally sensitive manner, focusing mainly on Latino engagement.</p> <p>Peer Partners for Health is a new program launched at County request for plan to assist with linking clients to services who are exiting Manzanita or Natividad Medical Center. Based loosely on model from a program Alameda County funded under an innovation grant. This program is made possible with MHSAs funds.</p>
<b>Population of Focus</b>	<p>Adults 18 and over.          We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.          Monterey County.          Those who have a psychiatric disability.</p>
<b>Service Goals and Public Health Benefit</b>	<p>This program will reduce the likelihood of recidivism of the two intensive and costly crisis residential programs. It will increase resilience, wellness and self-management of health and behavioral health; through this support consumers will be more equipped to transition back to society.</p> <p>Clients will have a Wellness Navigator work one-on-one with them to promote mental health recovery and evidence-based practices; provide awareness of the signs and symptoms of mental health challenges; and assist clients in strategies such as positive self-talk, cognitive behavior thought records, and crisis management tools. Clients will also be connected to community resources to promote self-management of their mental health recovery. Family members will be educated on mental illness, how to support their loved one and the importance of never giving up hope.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve?             <ol style="list-style-type: none"> <li>1. Recruit and train peers and family members to perform duties of a Wellness Navigator (WN).</li> <li>2. Reduce re-hospitalization or re-entry into the Manzanita Crisis Residential Treatment Program for those clients receiving WN services by 5% within the first 30 days of discharge compared to the re-hospitalization rate for those not served in this program.</li> <li>3. Work with 35 clients coming out of intensive programs (Natividad Inpatient Unit or Manzanita Crisis Residential) promoting mental health recovery and evidence-based practices.</li> <li>4. Work with 35 family members whose loved one is coming out of Natividad Inpatient Unit or the Manzanita Crisis Residential Program.</li> <li>5. Link clients to community resources e.g. OMNI, SEES, Dual Recovery Services, CCCIL, smoking cessations groups, etc. 50% of the clients and/or referred family members will connect with two or more community resources as a result of the WN linkage.</li> <li>6. 80% of the clients served will report satisfaction with WN services and report an increase in knowledge and/or skills leading towards reducing symptoms and</li> </ol> </li> </ul>

	increasing mental health recovery.
<b>Strategies to Engage Underserved Populations</b>	<p>We will staff the program in teams consisting of peers and family members of different ages, genders, and backgrounds to include Hispanic bicultural/bilingual backgrounds. We will staff the program to accommodate families' work schedules to enable meeting with families in the evening and on the weekend in the local community.</p> <p>We anticipate challenges to include not being familiar with mental health systems and not understanding mental health diagnoses. To address this, we will provide education to participants and their families in mental health recovery, mental illness, and dual diagnoses, as well as assisting participants to navigate the mental health system and linking to collateral resources and support systems.</p> <p>50% of participants will be Transitional Age Youth  50% of participants will be homeless or at risk of homelessness  70% of participants will have a dual diagnosis  100% of participants will have a mental health diagnosis</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	35 clients & 35 family members	\$109,097	\$1,558
<b>2016-17</b>	35 clients & 35 family members	\$113,461	\$1,620



<b>Program Name</b>	<b>Peer Support – Wellness Navigation, Interim, Inc.</b>		
<b>Background and Community Need</b>	<p>Interim, Inc. also provides Wellness Navigators (WNs) for MCBHB's Adult Services' Clinics. Wellness Navigators, stationed at each Adult Services' clinic, are responsible for welcoming clients into the clinic, while the client is waiting to meet with his/her psychiatrist or coordinator. The WNs will help support completion of intake screening tools, and help clients understand the services available to them. They will discuss services that suit each client's recovery needs and help connect him/her to community based resources that new clients need support in accessing. The WNs will also follow up with a visit or phone call to continue linking clients to services.</p> <p>This program was requested by consumers through Recovery Task Force. Project plan was developed between Interim Inc. and MCBHB, and launched with MHSA fund assistance.</p>		
<b>Population of Focus</b>	<p>Adults 18 and over</p> <p>We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.</p> <p>Monterey County - Marina, Salinas, Soledad and King City.</p> <p>Those who have a psychiatric disability.</p>		
<b>Service Goals and Public Health Benefit</b>	<p>This peer support initiative plays an important role in the County's efforts to promote mental health recovery, peer advocacy, and peer leadership. Clients will have support in accessing services, and will feel as part of a community with the help of peer Navigators.</p> <ul style="list-style-type: none"> <li>• What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> <li>1. Recruit and train peers on how to be a Wellness Navigator.</li> <li>2. Create a safe welcoming environment at the adult services clinics for clients coming into the system of care; serving 200 clients a year.</li> <li>3. Link clients to community resources e.g. OMNI, Bienestar, SEES, Dual Recovery Services, CCCIL, smoking cessations groups etc. 25% of the clients will connect with one or more community resource as a result of the Wellness Navigator linkage.</li> <li>4. 80% of clients served will report satisfaction with Wellness Navigator services and report an increase in knowledge and/or skills leading towards mental health recovery.</li> <li>5. Annual satisfaction surveys will be given to the Access clinical providers to evaluate the effectiveness of services provided by the Wellness Navigators. 75% of the Access providers will report satisfaction with the effectiveness of WN's services.</li> </ol> </li> </ul>		
<b>Strategies to Engage Underserved Populations</b>	<p>Wellness Navigators serve to create a welcoming environment where individuals accessing services for the first time at the outpatient clinics can feel welcome and supported by someone who may have a similar experience.</p> <p>There are barriers to accessing services due to stigma and individuals being unaware of services being offered. Wellness Navigators serve to normalize individual's experiences and provide resources in a welcoming environment. The program is helping those that are not being served in the county system and who are for the first time accessing services.</p>		
<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	Goals are determined and tracked by MCBHB	\$97,325	Will depend on # of clients referred by MCBHB

<b>Program Name</b>	<b>Alternative Healing &amp; Promotores de Salud</b>
<b>Background and Community Need</b>	The two Promotores programs in existence were developed as a special Behavioral Health Innovations project to improve mental health awareness and access to services to the unserved and underserved Latino population of Monterey County. This was achieved through the design of sustainable outreach and access model that has been integrated into the services delivery model of our Behavioral Health System. Proposition of this project was initially made by community members during their participation in the community needs assessment, which was conducted by our Behavioral Health Bureau prior to the implementation of the Mental Health Services Act/Prop 63.
<b>Population of Focus</b>	<p>The intent of the project was to establish a services delivery model that will meet the cultural, linguistic and individual needs of the Latino population.</p> <ul style="list-style-type: none"> <li>• Specific age groups: The Promotores programs have primarily served adults, averaged age 39 ((D3 Fiscal Year 2013-2014).</li> <li>• Culturally specific groups: Latinos, primary language is Spanish</li> <li>• Regions served: All regions, but primarily Salinas</li> <li>• Any special diagnostic category to be served: For people that have been referred by the Promotores programs to Behavioral Health, services are provided based on medical necessity criteria, according to State of California requirements. The Top 5 Primary diagnosis has been Depressive Disorders (35%), Anxiety Disorders (30%), Adjustment Disorders (18%), Psychotic Disorders (3%), and Other (2%) - (D3 Fiscal Year 2013-2014).</li> </ul>
<b>Service Goals and Public Health Benefit</b>	<ul style="list-style-type: none"> <li>• The primary responsibility of the Promotores programs is to improve the awareness of mental health issues for community members through specialized trainings. They also educate the public on how to access the services available for the population of focus. In addition, the programs act as a buffer for the Crisis Team and the Mental Health Unit in that individuals have the opportunity to received Behavioral Health services in an outpatient setting for their mental health conditions.</li> <li>• Some Health Integration studies show that when clients are referred to Behavioral Health from Primary Care, only 50% actually made contact with Behavioral Health. The Promotores programs help address multiple barriers to accessing services, such as those related to transportation, availability, culture, language, stigma, and mistrust (D3 Fiscal Year 2013-2014). Once clients are connected to Behavioral Health services by the Promotores, the clients show a significant improvement in their mental health condition; over 50% tend to reach their treatment goals. One of the Promotores programs actually offers psychological counseling to their clientele within the program. The therapy the client receives is provided by a Master level clinician. Clients benefit from this program in that they are able to address their mental health needs without having to go to Behavioral Health for services.</li> <li>• The goal of the programs is to improve awareness of mental health issues in the Monterey County communities and to make it possible for unserved and underserved Latino populations to access Behavioral Health services in a seamless way.</li> </ul>

**Strategies to Engage Underserved Populations**

- The Promotores are community members who serve as liaison between their community and health, human and social services organizations. They work with organizations and institutions to bring information to their communities. As liaisons, they often play the role of advocate, educator, mentor, outreach worker, role model, translator and more. They play a key role gaining access and bringing messages to underserved communities.
- The Promotores staff and volunteers participate in health fairs and other community speaking events with such organizations as churches, schools, clubs, community festivals and neighborhood groups. They are required to provide their services in culturally and linguistically competent setting and they have been successful in doing this. According to the Promotores, the challenge in outreaching to the community is that community members report excessive wait times in accessing basic mental health services in some areas in the County. Behavioral Health is aware of these challenges and is committed to improve the level of access to the services. Behavioral Health is in the process of initiating a new method that promises to improve access to services. Beginning May 4, 2015 the Salinas region will implement a new Pilot Access program with the purpose of changing its walk-in schedule from Wednesday to Tuesday, Wednesday and Thursday between 8 AM and 12 PM. We will eventually implement the same model in the South County and the Coastal regions.
- In the past two years, Behavioral Health has developed two new teams to serve the underserved populations, which support the ideal of the Promotores programs. These two programs are the GAP team (in all three regions) and the Latino Engagement team (Salinas region only). The goal of all these four programs is to provide community residents, especially those who are unserved or underserved, with easy and complete assistance to public mental health services and community resources. These services are being offered to the population in question, independently if these individuals are Medi-Cal recipients. The Promotores program that offers direct counseling services for individuals and families provides an average of 300 counseling sessions per year. The average number of Promotores clients served by Behavioral Health last year in the Salinas region was 60; this represented 429 services of different type, including medication, individual and group counseling. Behavioral Health is committed to continue developing ways to improve and increase services for the population in question. We anticipate serving more people this year.

## SERVICES FOR OLDER ADULTS

<b>Program Name</b>	<b>Drake House, Front St., Inc.</b>
<b>Background and Community Need</b>	<p>Drake House is a 49 bed Residential Care Facility for the Elderly located in the City of Monterey. The facility is designed to enable seniors with a variety of disabilities and problems of daily living to live in a beautiful setting with supervision and support. The facility was the first of its kind to operate in Monterey County and allows clients previously placed in facilities outside the county to live closer to their families. Drake House addresses one of the unmet service needs of older adults with mental illness as identified in Monterey County's Proposition 63/Mental Health Services Act (MHSA) community planning process.</p>
<b>Population of Focus</b>	<p>This is a full service partnership program providing services to adults 60 years and older who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These older adults have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and are at high risk for skilled nursing care. Drake House may also serve adults age 18-59 when the needs of the adult are compatible with older adult residents. The facility provides 23 beds for the County of Monterey.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Drake House provides adults and older adults with 24 hour residential care, intensive mental health and case management services intended to help individuals maintain stable housing and reduce the number of hospitalizations and Emergency Room visits. By helping clients be successful in their community, the public health benefits include a healthier and more stable older adult population requiring fewer community services and resulting in fewer individuals living in higher levels of care, such as skilled nursing facilities.</p> <p>Front St. Inc. is a recovery based agency that, in collaboration with clients and other stakeholders, establishes strength-based programming to assist clients in maintaining and regaining the skills they need to live independently. One of Front St. Inc.'s core values is to provide person-centered practices which provide the opportunity for individuals to participate fully in their recovery and to utilize their talents, strengths, hope, resilience and inherent worth. Front St. Inc. assesses clients' needs, hopes, goals and motivational levels. This assessment will help establish the framework for developing an achievable plan of action and determine the types of support that will be needed to help the client achieve his/her life goals. This assessment also helps staff understand clients' physical, psychological and mental health demands as well their familial, social and financial needs. The services are designed to maximize their participation in their recovery, and enhance their quality of life while living in their community.</p> <p>The goals of Drake House include:</p> <ul style="list-style-type: none"> <li>• Reducing the incidences of hospitalization</li> <li>• Reducing the length of hospitalization stays</li> </ul>

	<ul style="list-style-type: none"> <li>• Community integration as evinced by successfully transitioning service recipients to lower levels of care</li> <li>• Increasing life-long independence by helping reduce the incidence of co-morbidity</li> <li>• Increasing activities to stimulate the mind with a variety of learning opportunities including reading, writing, discussion groups and exercises.</li> <li>• Increasing family involvement and participation in care</li> <li>• Maintaining a high rate of client satisfaction</li> <li>• Meeting the cultural needs of our clients and families</li> <li>• Ensure stability in the community and in housing</li> </ul>
<p><b>Strategies to Engage Underserved Populations</b></p>	<p>The services provided by Drake House are entirely dedicated to serving older adults with severe and persistent mental illness, an identified unmet service need as per Monterey County’s Proposition 63/Mental Health Services Act (MHSA) community planning process.</p> <p>Drake House works collaboratively with the Monterey County Behavioral Health Division to ensure an efficient and effective referral and admission process to maximize the number of individuals served and limit vacancies.</p> <p>Front St. Inc. and Monterey County Behavioral Health Division have decided to maintain a population of 23 individuals at Drake House. Front St. Inc. will work with Monterey County Behavioral Health Division in future years to assess increased services at Drake House.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2015-16	23	\$1,210,053	\$52,611
2016-17	23	\$1,210,053	\$52,611

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

<b>Program Name</b>	<b>Senior Peer Counseling, Alliance on Aging</b>
<b>Background and Community Need</b>	<p>The Senior Peer Counseling Program (SPC) provides no-cost mental health intervention and emotional support to older adults suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Peer Counselors, trained and supervised by mental health professionals, provide short-term one-on-one counseling that may be home-based, office-based, or at long term-care facilities.</p> <p>Volunteers and staff facilitate support groups that foster emotional support, encouragement, self-empowerment and connection to others. Staff organize wellness workshops and lectures (by professionals in the field) to prepare older adults to understand and better cope with common concerns that arise in later life.</p> <p>Since 2008-09, with funding from MHSA, the SPC was expanded to include bilingual/bicultural program services. Bilingual/bicultural volunteers were trained to provide counseling and support groups to unserved Latino older adults, mainly in Salinas. Wellness lectures were introduced throughout Salinas and South County, with an emphasis on issues related to Latino adults. Outreach and peer counseling services were offered in culturally and linguistically appropriate settings.</p> <p>With additional funding in the 2013-2014 fiscal year, a new staff person was added to focus services in South County. Spanish-speaking support groups, facilitated by program staff, are currently offered in Greenfield, Soledad, and at two venues in Gonzales. A Wellness Festival was held in Greenfield in Spring 2015.</p>
<b>Population of Focus</b>	<p>The SPC program serves older adults 55+ that reside throughout all regions of Monterey County. There is an emphasis on providing services to Latino clients and they currently comprise around 50% of total clients served. Clients generally do not have serious mental illness (who are often seen by County Behavioral Health Division) but commonly suffer from depression, anxiety, and adjustment disorders.</p>
<b>Service Goals and Public Health Benefit</b>	<p>Strong evidence has been reported for the relationship between social isolation in older adults and all aspects of health and well-being, including mental illness (J Prim Prev, 2012). In addition, depression in older adults has long been recognized as a major risk factor for late-life suicide (JAMA, 2004; American Psychological Association (APA), 2009), poorer health behaviors, and “excess disability” (APA, 2009). The SPC Program addresses all of these issues head-on by providing no-cost counseling and support groups to isolated, depressed, and home-bound older adults. Clients’ quality of life is enhanced by being socially connected, listened to by a compassionate individual, encouraged to comply with medical advice, guided in problem solving, and provided with community resources.</p> <p>Further, according to the APA (2009), the baby boom cohorts are experiencing depression at significantly higher rates than previous groups. The SPC Program offers community wellness education, in part, to encourage boomers to emotionally prepare for aging.</p> <p>The primary goal of the SPC program is to provide counseling to older adults, by their peers, who may face financial, cultural, transportation, or disability barriers, free from the stigma associated with more conventional mental health interventions. Secondary goals are to encourage social connection with others and personal empowerment by participation in support groups and to promote</p>

	healthy aging through wellness lectures and workshops. The outcomes that are anticipated are enhanced quality of life and increased psychological well-being.
<b>Strategies to Engage Underserved Populations</b>	<p>The SPC Program has made considerable progress in providing services to the underserved Latino populations by recruiting and training Spanish-speaking volunteers. For the first time, in 2014, Spanish-speaking volunteers were trained in a separate class by bicultural/bilingual staff, using Spanish-language training materials. As mentioned previously, currently around 50% of clients served are Latino.</p> <p>The program has been successful in organizing support groups to seniors in low income housing units in both Salinas and the South County communities of Gonzales, Soledad and Greenfield. Providing groups in the participants' "neighborhood" removes a major barrier for these seniors namely, transportation. Additionally, a small but strong core group of eight bi-cultural, bi-lingual Latino volunteers co-facilitate support groups and provide one-to-one peer counseling in the Salinas area.</p> <p>While substantial headway has been made in serving Latino clients residing in South County by providing support groups and wellness education, it has been challenging to recruit and retain Latino volunteers in the region due to a complex variety of reasons including but not limited to economic instability, transportation problems, distances between cities in the south county region, and the notion of volunteerism itself.</p> <p>We will continue to strive to provide services but do not foresee significant growth due to budgetary, staff, and travel limitations.</p>

<b>Year</b>	<b>Annual Goal</b>	<b>Annual Cost</b>	<b>Cost Per Client</b>
<b>2015-16</b>	600 participants Units of service: 1,600 counseling sessions 1,500 support group units (1 client attends 1 meeting) 500 wellness lecture units (1 client attends 1 lecture or workshop) Total = 3,600 units of service	\$230,589	\$384.315 per client  \$64.00 per contact
<b>2016-17</b>	As above	As above	As above



## MHSA FISCAL YEAR 2015-16 ANNUAL UPDATE

### BUDGET NARRATIVE

The MHSA Annual Update process provides the opportunity to evaluate the resources allocated to the various MHSA funded programs during the budget process and the anticipated revenue streams to fund them. It is an opportunity to assess the level of resources budgeted against the level of service demand experienced to-date; to assess the level of anticipated revenue against current trends; and to make any necessary adjustments to meet our local mental health system’s needs. Accordingly, the budget amounts included in the MHSA Fiscal Year 2015-16 Annual Update have been reviewed and adjusted to more accurately reflect the anticipated needs across the various programs and the anticipated revenues that will fund these activities. The updated MHSA Fiscal Year 2015-16 budget can be viewed, essentially, as the Status Quo budget for Fiscal Year 2016-17 and functions as the beginning of the budget planning process to reevaluate and reprioritize the allocation of resources, and to make any adjustments deemed appropriate.

#### FY 2015-16 Budget Update Highlights

Component	Original Budget	Updated Budget	Change + (-)	Original MHSA Funds	Updated MHSA Funds	Change + (-)
Community Services and Supports (CSS)	\$27M	\$24.9M	(\$2.07)M	\$13.5M	\$12.7M	(\$866)K
	Comments: The most significant change occurred in the Adults program, where the projected cost of County staff was reduced by \$1.8M to match the anticipated costs based on spending trends. The revenue projection for Federal Financial Participation (FFP) or Medi-Cal, in this program was reduced by \$3.3M. Although a significant reduction in anticipated revenue, the adjustment was made based on the most recent results of operations available. The projections for expenditures and revenue are conservative and the actual results might vary; both will continue to be monitored closely as the fiscal year progresses.					
Prevention and Early Intervention (PEI)	\$8.36M	\$8.48M	\$116K	\$4.15M	\$4.2M	\$48.5K
	Comments: The most significant change in PEI occurred in the Trauma Exposed Individuals Program, where the budgeted services for women experiencing postpartum depression had to be deferred. These services were not included in the original MHSA Plan, and accordingly, they were not eligible for MHSA funding.					
Innovations (INN)	\$535K	\$272.5K	(\$172)K	\$440K	\$272.5K	(\$168)K
	Comments: The most significant change in the Innovations Program was the deferment of Alternative Healing activities, as the Department evaluates what future activities may be undertaken in this category.					

**FY 2015/16 Mental Health Services Act Annual Update  
Funding Summary**

County: Monterey

Date: 11/15/2015

	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
<b>A. Estimated FY 2015/16 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	1,275,302	1,433,352	2,773,337	0	0	
2. Estimated New FY 2015/16 Funding	14,319,441	3,541,300	939,259			
3. Transfer in FY 2015/16 <sup>a/</sup>	0					
4. Access Local Prudent Reserve in FY 2015/16	41,490					(41,490)
5. Estimated Available Funding for FY 2015/16	15,636,233	4,974,652	3,712,596	0	0	
<b>B. Estimated FY 2015/16 MHSA Expenditures</b>	15,636,233	4,838,236	313,374	#REF!	#REF!	
<b>G. Estimated FY 2015/16 Unspent Fund Balance</b>	0	136,416	3,399,222	#REF!	#REF!	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	3,057,537
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	(41,490)
4. Estimated Local Prudent Reserve Balance on June 30, 2016	3,016,047

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

**FY 2015/16 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: Monterey

Date: 11/15/2015

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CSS Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>FSP Programs</b>						
1. Child & Youth	1,988,620	1,988,620	0	0	0	0
2. Transition Age Youth	1,168,873	1,168,873	0	0	0	0
3. Adults	2,031,019	2,031,019	0	0	0	0
4. Older Adults	638,272	638,272	0	0	0	0
<b>Non-FSP Programs</b>						
1. Child & Youth	3,820,076	2,205,514.92	1,520,045	0	2,265	92,251
2. Transition Age Youth	1,254,315	109,195	1,068,837	0	76,283	0
3. Adults	13,607,476	5,152,473	3,047,999	349,913	289,913	4,767,178
4. Older Adults	454,604	302,758	151,846	0	0	0
<b>CSS Administration</b>	2,039,509	2,039,509				
<b>CSS MHA Housing Program Assigned Funds</b>	0	0	0	0	0	0
<b>Total CSS Program Estimated Expenditures</b>	27,002,763	15,636,233	5,788,727	349,913	368,461	4,859,429
<b>FSP Programs as Percent of Total</b>	37.3%					

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
COMMUNITY SERVICES & SUPPORTS					
CSS Program Name:		Child & Youth			
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
	Access to Treatment			\$ 82,003	\$ 82,003
	Early Childhood, CS Secure Families			\$ 906,814	\$ 906,814
	Family Preservation, CS Family Preservation			\$ 143,207	\$ 143,207
	Family Preservation, CS Family Reunification FSP			\$ 500,386	\$ 500,386
	Family Preservation, CS Salinas Home Partners			\$ 178,907	\$ 178,907
	Juvenile Mental Health Court, CS JJ CALA MH Court FSP			\$ 472,197	\$ 472,197
	Juvenile Mental Health Court, CS JJ CALA MH Court SD			\$ 49,945	\$ 49,945
23.45 FTE	BH Aide, BH Serv Mngr, BH Unit Spvr, PSR II, PSW II, SW III, Sprv PSR, Contract Phy, Clinical Psy, BH Grp Cnslr, PH LVN, PHN II, Phy Asst II				
	b. Benefits and Taxes @ %				
<b>c. Total Personnel Expenditures</b>				<b>\$ 2,333,459</b>	<b>\$ 2,333,459</b>
2. Operating Expenditures					
a. Facility Cost					
b. Other Operating Expenses					
<b>c. Total Operating Expenses</b>				<b>\$ 513,361</b>	<b>\$ 513,361</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
	Community Human Services, CHS MHS Outpatient			\$ 639,825	\$ 639,825
	Kinship Adoption FSP Seneca, Adoption Preservation			\$ 310,098	\$ 322,299
	Kinship Center, Children's Clinic So. County			\$ 502,819	\$ 522,636
	Door to Hope Integrated Co-occurring Treatment SD/FSP			\$ 771,440	\$ 802,069
	Door to Hope Nueva Esperanza-CHILD			\$ 360,281	\$ 217,166
	Door to Hope Santa Lucia, Juvenile Justice Residential			\$ 440,457	\$ 457,881
<b>a. Total Subcontracts</b>				<b>\$ 3,024,920</b>	<b>\$ 2,961,876</b>
4. Total Proposed CSS Program Budget				\$ 5,871,740	\$ 5,808,696
B. Revenues (list/itemize by fund source)					
	Federal Financial Participation			\$ 1,306,738	\$ 1,520,045
	EPSDT			\$ 2,265	\$ 2,265
	Other Revenue			\$ 92,251	\$ 92,251
1. Total Revenue				\$ 1,401,254	\$ 1,614,561
<b>5. Total Funding Requested for CSS Program</b>				<b>\$ 4,470,486</b>	<b>\$ 4,194,135</b>
<b>6. Total In-Kind Contributions</b>					

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
COMMUNITY SERVICES & SUPPORTS					
<b>CSS Program Name:</b>		<b>Transition Age Youth (TAY)</b>			
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>					
<b>1. Personnel (list classifications and FTEs)</b>					
<b>a. Salaries, Wages</b>					
	Avanza			\$ 847,705	\$ 847,705
	Avanza, CS MHSA TIP Avanza FSP			\$ 800,149	\$ 800,149
15.20 FTE	BH Aide, BH Serv Mngr, PSR II, Sprv PSR, PSW II, SW III				
	Clinical Psych				
	<b>b. Benefits and Taxes @ %</b>			\$ -	\$ -
	<b>c. Total Personnel Expenditures</b>			<b>\$ 1,647,854</b>	<b>\$ 1,647,854</b>
<b>2. Operating Expenditures</b>					
<b>a. Facility Cost</b>					
<b>b. Other Operating Expenses</b>					
				\$ 280,135	\$ 280,135
	<b>c. Total Operating Expenses</b>			<b>\$ 280,135</b>	<b>\$ 280,135</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>					
	Peacock Acres BC , Supportive Housing/12S			\$ 154,156	\$ 154,156
	Peacock Acres FSP OP, Supportive Housing/12S			\$ 228,656	\$ 228,656
	Interim - TAY Vocational Services			\$ -	\$ 112,386
	<b>a. Total Subcontracts</b>			<b>\$ 382,812</b>	<b>\$ 495,198</b>
	<b>4. Total Proposed CSS Program Budget</b>			<b>\$ 2,310,801</b>	<b>\$ 2,423,187</b>
<b>B. Revenues (list/itemize by fund source)</b>					
	Federal Financial Participation			\$ 758,013	\$ 1,068,837
	EPSDT/Fund Balance			\$ 76,283	\$ 76,283
	<b>1. Total Revenue</b>			<b>\$ 834,296</b>	<b>\$ 1,145,120</b>
	<b>5. Total Funding Requested for CSS Program</b>			<b>\$ 1,476,505</b>	<b>\$ 1,278,067</b>
	<b>6. Total In-Kind Contributions</b>			<b>\$ -</b>	<b>\$ -</b>

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
COMMUNITY SERVICES & SUPPORTS					
CSS Program Name:		Adults			
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>					
<b>1. Personnel (list classifications and FTEs)</b>					
<b>a. Salaries, Wages</b>					
	Access to Treatment		\$ 12,201,212	\$ 10,303,149	
	McHome, AS McHome 2034			\$ 77,781	
	Mental Health Court, AS Creating New Choices FSP		\$ 759,020	\$ 759,020	
83.75 FTE	BH Aide, BH Serv Mngr, BH Unit Spvr, PSR II, PSW II, SW III, Sprv PSR, Contract Phy, Clinical Psy, BH Grp Cnslr, PH LVN, PHN II, Phy Asst II				
<b>b. Benefits and Taxes @ %</b>					
<b>c. Total Personnel Expenditures</b>			<b>\$ 12,960,232</b>	<b>\$ 11,139,950</b>	
<b>2. Operating Expenditures</b>					
<b>a. Facility Cost</b>					
<b>b. Other Operating Expenses</b>			<b>\$ 1,944,035</b>	<b>\$ 1,670,993</b>	
<b>c. Total Operating Expenses</b>			<b>\$ 1,944,035</b>	<b>\$ 1,670,993</b>	
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>					
	Community Human Services, HIV/AIDS Com Partnership		\$ 38,329	\$ 38,329	
	Interim, Co-occurring Integrated Care		\$ 245,971	\$ 444,976	
	Interim MHSA Lupine Garden FSP		\$ 439,708	\$ 319,684	
	Interim MHSA Homeless FSP		\$ 804,746	\$ 807,863	
	Wesley Oaks Supportive Housing		\$ 112,543	\$ 108,214	
	Interim Sunflower Garden		\$ 241,596	\$ 253,435	
	Interim Soledad House MH		\$ 163,159	\$ 174,439	
	Interim Workforce Specialist		\$ 71,153	\$ 71,153	
	Central Coast Ctr for Indep Living Workforce Support & Counseling		\$ 115,320	\$ 119,933	
	Door to Hope Co-occurring Disorders Nueva Esperanza-ADULT		\$ 208,957	\$ 389,526	
	Client Incentives - FSP		\$ 100,000	\$ 100,000	
<b>a. Total Subcontracts</b>			<b>\$ 2,541,482</b>	<b>\$ 2,827,552</b>	
<b>4. Total Proposed CSS Program Budget</b>			<b>\$ 17,445,749</b>	<b>\$ 15,638,495</b>	
<b>B. Revenues (list/itemize by fund source)</b>					
	Federal Financial Participation		\$ 6,364,797	\$ 3,047,999	
	EPSDT		\$ 289,913	\$ 289,913	
	Other		\$ 114,914	\$ 114,914	
	Realignment		\$ 349,913	\$ 349,913	
	Use of Reserves (Fund Balance)		\$ 4,652,264	\$ 4,652,264	
<b>1. Total Revenue</b>			<b>\$ 11,771,801</b>	<b>\$ 8,455,003</b>	
<b>5. Total Funding Requested for CSS Program</b>			<b>\$ 5,673,948</b>	<b>\$ 7,183,492</b>	
<b>6. Total In-Kind Contributions</b>			<b>\$ -</b>	<b>\$ -</b>	

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE				
COMMUNITY SERVICES & SUPPORTS				
<b>CSS Program Name:</b>		<b>Older Adults</b>		
	Expenditures and Revenues		ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>				
<b>1. Personnel (list classifications and FTEs)</b>				
a. Salaries, Wages				
	Integrated Care/Older Adult FSP		\$ 131,966	\$ 131,966
1.0 FTE	PSW II			
	b. Benefits and Taxes @     %		\$ -	\$ -
<b>c. Total Personnel Expenditures</b>			<b>\$ 131,966</b>	<b>\$ 131,966</b>
<b>2. Operating Expenditures</b>				
a. Facility Cost				
	b. Other Operating Expenses		\$ 22,434	\$ 22,434
<b>c. Total Operating Expenses</b>			<b>\$ 22,434</b>	<b>\$ 22,434</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>				
	Front St. Drake House B&C, Supportive Housing		\$ 656,221	\$ 638,272
	Front St. Drake House MHS FSP, Supportive Housing		\$ 598,171	\$ 300,204
<b>a. Total Subcontracts</b>			<b>\$ 1,254,392</b>	<b>\$ 938,476</b>
<b>4. Total Proposed CSS Program Budget</b>			<b>\$ 1,408,792</b>	<b>\$ 1,092,876</b>
<b>B. Revenues (list/itemize by fund source)</b>				
	Federal Financial Participation		\$ 299,085	\$ 151,846
	Other Revenue			
<b>1. Total Revenue</b>			<b>\$ 299,085</b>	<b>\$ 151,846</b>
<b>5. Total Funding Requested for CSS Program</b>			<b>\$ 1,109,707</b>	<b>\$ 941,030</b>
<b>6. Total In-Kind Contributions</b>			<b>\$ -</b>	<b>\$ -</b>

**FY 2015/16 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County: Monterey

Date: 11/15/2015

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
1. Cultural Populations	1,987,521	1,987,521				
2. Trauma Exposed Individuals	790,742	601,023	59,481	0	130,238	0
3. Children & Youth in Stressed Families	1,236,073	123,607	618,037	0	494,429	0
4. Children & Youth at Risk of Juvenile Justice Involvement	226,561	111,774	91,276	0	23,511	0
<b>PEI Programs - Early Intervention</b>						
1. Cultural Populations	4,240,282	1,383,238	1,129,352	0	889,590	838,102
<b>PEI Administration</b>	631,074	631,074				
<b>PEI Assigned Funds</b>	0	0	0	0	0	0
<b>Total PEI Program Estimated Expenditures</b>	9,112,253	4,838,236	1,898,147	0	1,537,768	838,102



MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
PREVENTION & EARLY INTERVENTION					
PEI Project Name:		Underserved and Unserved Cultural Populations			
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
	Family Support Groups		\$ 112,153	\$ 112,153	
	3.60 FTE	BH Serv Mngr, PSW IIs			
b. Benefits and Taxes @ %					
<b>c. Total Personnel Expenditures</b>			<b>\$ 112,153</b>	<b>\$ 112,153</b>	
2. Operating Expenditures					
a. Facility Cost					
b. Other Operating Expenses					
<b>c. Total Operating Expenses</b>			<b>\$ -</b>	<b>\$ -</b>	
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
	United Way of Monterey County, 2-1-1 Telephone Referral System		\$ 26,000	\$ 26,000	
	The Village Project, A-A Community Partnership		\$ 327,974	\$ 327,972	
	Interim Adult Wellness Center/OMNI		\$ 650,791	\$ 709,385	
	Interim Peer-to-Peer (OFOV) Counseling		\$ 104,271	\$ 100,261	
	Interim Chinatown Learning Center		\$ 137,510	\$ 137,510	
	Interim, NAMI Outreach		\$ 166,490	\$ 166,490	
	Community Human Services GLBT, Outreach & Counseling		\$ 66,569	\$ 66,569	
	Community Human Services, Multi-Lingual Parenting		\$ 165,360	\$ 165,360	
	Door to Hope McSTART		\$ 2,058,051	\$ 2,145,672	
	Center for Community Advocacy		\$ 88,568	\$ 88,568	
	Central Coast Citizenship Project		\$ 85,160	\$ 85,160	
	Epicenter/Voices		\$ 64,000	\$ 105,000	
	Health Promotion/Addressing Disparities		\$ 322,000	\$ 322,000	
	LGBTQ Services		\$ 500,000	\$ 230,000	
	Mental Health First Aid, MCOE		\$ 136,880	\$ 136,880	
	Pajaro Valley Mental Health Services, School Based Counseling		\$ 286,000	\$ 286,000	
	Family Svc Agcy of San Francisco dba Felton Inst.,PREP Program		\$ 250,000	\$ 500,000	
	Senior Council, Senior Companion Program		\$ 25,000	\$ 25,000	
	Alliance on Aging, Senior Peer Counseling		\$ 230,589	\$ 239,823	
	Contribution to CalMHSA		\$ 252,000	\$ 252,000	
<b>a. Total Subcontracts</b>			<b>\$ 5,943,213</b>	<b>\$ 6,115,650</b>	
<b>4. Total Proposed PEI Project Budget</b>			<b>\$ 6,055,366</b>	<b>\$ 6,227,803</b>	
<b>B. Revenues (list/itemize by fund source)</b>					
	Federal Financial Participation		\$ 1,071,072	\$ 1,129,352	
	EPSDT		\$ 858,239	\$ 889,590	
	Other Revenue		\$ 16,650	\$ 16,650	
	Use of Reserves (Fund Balance)		\$ 821,452	\$ 821,452	
<b>1. Total Revenue</b>			<b>\$ 2,767,412</b>	<b>\$ 2,857,044</b>	
<b>5. Total Funding Requested for PEI Project</b>			<b>\$ 3,287,954</b>	<b>\$ 3,370,759</b>	
<b>6. Total In-Kind Contributions</b>			<b>\$ -</b>	<b>\$ -</b>	

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE				
PREVENTION & EARLY INTERVENTION				
PEI Project Name:		Trauma Exposed Individuals		
Expenditures and Revenues			ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>				
1. Personnel (list classifications and FTEs)				
a. Salaries, Wages				
	Critical Incident Debriefing		\$ 19,413	\$ -
	Archer Child Advocacy Center		\$ 65,983	\$ 65,983.00
	Services for Women with Postpartum Depression		\$ 131,965	\$ -
	0.65 FTE BH Serv Mngr, BH Unit Spvr, Sr. PSW, PSWII			
	b. Benefits and Taxes @ %		\$ -	\$ -
	<b>c. Total Personnel Expenditures</b>		<b>\$ 217,361</b>	<b>\$ 65,983</b>
2. Operating Expenditures				
a. Facility Cost				
				\$ -
b. Other Operating Expenses				
	<b>c. Total Operating Expenses</b>		<b>\$ -</b>	<b>\$ -</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)				
	Probation Department, Child Advocacy Program		\$ 60,000	\$ 63,671
	Harmony at Home, School Based Domestic Violence Counseling		\$ 94,765	\$ 91,120
	Family Service Agency of Central Coast, Suicide Prevention		\$ 181,337	\$ 224,372
	Kinship Center Seneca-Resolving Trauma Services for Children		\$ 313,290	\$ 325,596
	Office of Military & Veterans Affairs -- Veteran's Services		\$ 35,000	\$ 20,000
				\$ -
				\$ -
				\$ -
				\$ -
	<b>a. Total Subcontracts</b>		<b>\$ 684,392</b>	<b>\$ 724,759</b>
	<b>4. Total Proposed PEI Project Budget</b>		<b>\$ 901,753</b>	<b>\$ 790,742</b>
<b>B. Revenues (list/itemize by fund source)</b>				
	Federal Financial Participation		\$ 156,645	\$ 59,481
	EPSDT		\$ 125,316	\$ 130,238
	<b>1. Total Revenue</b>		<b>\$ 281,961</b>	<b>\$ 189,719</b>
	<b>5. Total Funding Requested for PEI Project</b>		<b>\$ 619,792</b>	<b>\$ 601,023</b>
	<b>6. Total In-Kind Contributions</b>		<b>\$ -</b>	<b>\$ -</b>

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE			
PREVENTION & EARLY INTERVENTION			
PEI Project Name:		Children & Youth in Stressed Families	
Expenditures and Revenues		ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
b. Benefits and Taxes @      %		\$ -	\$ -
<b>c. Total Personnel Expenditures</b>		<b>\$ -</b>	<b>\$ -</b>
<b>2. Operating Expenditures</b>			
a. Facility Cost			
b. Other Operating Expenses		\$ -	\$ -
<b>c. Total Operating Expenses</b>		<b>\$ -</b>	<b>\$ -</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>			
Kinship Center Seneca, Children at Risk of Placement		\$ 1,189,281	\$ 1,236,073
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>a. Total Subcontracts</b>		<b>\$ 1,189,281</b>	<b>\$ 1,236,073</b>
<b>4. Total Proposed PEI Project Budget</b>		<b>\$ 1,189,281</b>	<b>\$ 1,236,073</b>
<b>B. Revenues (list/itemize by fund source)</b>			
Federal Financial Participation		\$ 594,640	\$ 618,037
EPSDT		\$ 475,712	\$ 494,429
Other Funding Sources			
<b>1. Total Revenue</b>		<b>\$ 1,070,352</b>	<b>\$ 1,112,466</b>
<b>5. Total Funding Requested for PEI Project</b>		<b>\$ 118,928</b>	<b>\$ 123,607</b>
<b>6. Total In-Kind Contributions</b>		<b>\$ -</b>	<b>\$ -</b>

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE			
PREVENTION & EARLY INTERVENTION			
PEI Project Name:		Children & Youth at Risk of Juvenile Justice Involvement	
Expenditures and Revenues		ADOPTED FY 15-16	REVISED FY 15-16
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			
	CS JJ Silver Star Resource Center	\$ 106,589	\$ 106,589
	Youth Diversion Program	\$ 52,824	\$ 61,348
1.5 FTE	PSW II, Sr. Health Educator, SW III		
b. Benefits and Taxes @ %		\$ -	\$ -
<b>c. Total Personnel Expenditures</b>		<b>\$ 159,413</b>	<b>\$ 167,937</b>
2. Operating Expenditures			
a. Facility Cost			
		\$ -	\$ -
b. Other Operating Expenses			
		\$ 58,624	\$ 58,624
<b>c. Total Operating Expenses</b>		<b>\$ 58,624</b>	<b>\$ 58,624</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>a. Total Subcontracts</b>		<b>\$ -</b>	<b>\$ -</b>
<b>4. Total Proposed PEI Project Budget</b>		<b>\$ 218,037</b>	<b>\$ 226,561</b>
<b>B. Revenues (list/itemize by fund source)</b>			
Federal Financial Participation		\$ 63,765	\$ 91,276
EPSDT		\$ 22,318	\$ 23,511
1. Total Revenue		\$ 86,083	\$ 114,787
<b>5. Total Funding Requested for PEI Project</b>		<b>\$ 131,954</b>	<b>\$ 111,774</b>
<b>6. Total In-Kind Contributions</b>		<b>\$ -</b>	<b>\$ -</b>

**FY 2015/16 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: Monterey

Date: 11/15/2015

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated INN Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>INN Programs</b>						
1. Positive Behavior Intervention Support	100,000	100,000				
2. Juvenile Sex Offender Response Team	263,932	172,500	91,433	0	0	0
<b>INN Administration</b>	40,875	40,875				
<b>Total INN Program Estimated Expenditures</b>	404,807	313,374	91,433	0	0	0

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
<b>INNOVATIONS</b>					
<b>INN Project Name:</b>		<b>Positive Behavior Intervention Supports</b>			
<b>Expenditures and Revenues</b>				<b>ADOPTED FY 15-16</b>	<b>REVISED FY 15-16</b>
<b>A. Expenditure</b>					
<b>1. Personnel (list classifications and FTEs)</b>					
a. Salaries, Wages					
b. Benefits and Taxes @        %					
				\$ -	\$ -
<b>c. Total Personnel Expenditures</b>				<b>\$ -</b>	<b>\$ -</b>
<b>2. Operating Expenditures</b>					
a. Facility Cost					
				\$ -	\$ -
b. Other Operating Expenses					
<b>c. Total Operating Expenses</b>				<b>\$ -</b>	<b>\$ -</b>
<b>3. Subcontracts/Professional Services (list/itemize all subcontracts)</b>					
Monterey County Office of Education, PBIS				\$ 100,000	\$ 100,000
<b>a. Total Subcontracts</b>				<b>\$ 100,000</b>	<b>\$ 100,000</b>
<b>4. Total Proposed PEI Project Budget</b>				<b>\$ 100,000</b>	<b>\$ 100,000</b>
<b>B. Revenues (list/itemize by fund source)</b>					
1. Total Revenue					
				\$ -	\$ -
<b>5. Total Funding Requested for PEI Project</b>				<b>\$ 100,000</b>	<b>\$ 100,000</b>
<b>6. Total In-Kind Contributions</b>				<b>\$ -</b>	<b>\$ -</b>

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE						
INNOVATIONS						
INN Project Name:		Juvenile Sex Offender Response Team				
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16	
<b>A. Expenditure</b>						
1. Personnel (list classifications and FTEs)						
a. Salaries, Wages						
	CS JJ JSORT			\$ 263,932	\$ 263,932	
2.0 FTE	PSW II					
b. Benefits and Taxes @ %						
				\$ -	\$ -	
<b>c. Total Personnel Expenditures</b>				<b>\$ 263,932</b>	<b>\$ 263,932</b>	
2. Operating Expenditures						
a. Facility Cost						
b. Other Operating Expenses						
<b>c. Total Operating Expenses</b>				<b>\$ -</b>	<b>\$ -</b>	
3. Subcontracts/Professional Services (list/itemize all subcontracts)						
<b>a. Total Subcontracts</b>				<b>\$ -</b>	<b>\$ -</b>	
4. Total Proposed PEI Project Budget				\$ 263,932	\$ 263,932	
<b>B. Revenues (list/itemize by fund source)</b>						
	Federal Financial Participation			\$ 95,016	\$ 91,433	
1. Total Revenue						
				\$ 95,016	\$ 91,433	
<b>5. Total Funding Requested for PEI Project</b>				<b>\$ 168,916</b>	<b>\$ 172,500</b>	
<b>6. Total In-Kind Contributions</b>				<b>\$ -</b>	<b>\$ -</b>	

MONTEREY MHSA FY 2015-16 ANNUAL UPDATE					
INNOVATIONS					
INN Project Name:		Alternative Healing and Promotores de Salud			
Expenditures and Revenues				ADOPTED FY 15-16	REVISED FY 15-16
A. Expenditure					
1. Personnel (list classifications and FTEs)					
a. Salaries, Wages					
	Alternative Healing			\$ 172,027	\$ -
1.10 FTE	PSW II, Contract Physician				
b. Benefits and Taxes @ %					
				\$ -	\$ -
<b>c. Total Personnel Expenditures</b>				<b>\$ 172,027</b>	<b>\$ -</b>
2. Operating Expenditures					
a. Facility Cost					
				\$ -	\$ -
b. Other Operating Expenses					
				\$ -	\$ -
<b>c. Total Operating Expenses</b>				<b>\$ -</b>	<b>\$ -</b>
3. Subcontracts/Professional Services (list/itemize all subcontracts)					
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
<b>a. Total Subcontracts</b>				<b>\$ -</b>	<b>\$ -</b>
4. Total Proposed PEI Project Budget				\$ 172,027	\$ -
B. Revenues (list/itemize by fund source)					
1. Total Revenue					
				\$ -	\$ -
<b>5. Total Funding Requested for PEI Project</b>				<b>\$ 172,027</b>	<b>\$ -</b>
<b>6. Total In-Kind Contributions</b>				<b>\$ -</b>	<b>\$ -</b>



## MONTEREY COUNTY DEMOGRAPHIC INFORMATION

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

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

78% of the Medi-Cal eligible population in Monterey County is Latino. Nearly 44% of the County's population is under age 18, and slightly more than 16% are over age 65. Estimates indicate that in 14% of all Monterey County households, no member over the age of 14 speaks English "very well."

- Transportation is a barrier to services for many local residents and regional health inequities impact service access in communities throughout the Salinas Valley.
- 68% of individuals served in the Behavioral Health system have been impacted by trauma.
- 59% of the youth served by the Juvenile Justice program have a substance use disorder.
- The 2013 Homeless Census estimates that 6,423 individuals are homeless during the course of a year in Monterey County. 22% of those reported a need for mental health services.

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

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

The "Monterey County Community Health Assessment 2013" report can be accessed at this website link: <http://www.mtyhd.org/index.php/hd-news-and-events/item/2013-community-health-assessment-cha-presentation>

## LOCAL STAKEHOLDER PROCESS

### Description of Planning & Review Processes

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

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

The Strategic Planning process included both structured focus groups as well as informal conversations with the participation of over 400 individuals, including service consumers and family members, community partners, public and nonprofit service providers, contractors, Health Department staff, and other community stakeholders. The strategies and goals included in the Strategic Plan were informed by 2,667 recommendations collected from planning participants and partners, and substantiated with community demographic characteristics, and documented trends in service use and needs.

A draft of the final Strategic Plan was submitted to key stakeholders for review and comment. Stakeholders included the Strategic Plan Steering Committee, contract providers, Behavioral Health management and staff, County partners, and the Mental Health Commission. Refinements were made and the final version of the document was completed in June 2014. The Strategic Plan formed the basis for the "Fiscal Year 2014-15 through FY 2016-17 MHSA Three Year Program and Expenditure Plan."

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

[https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final\\_Stratplan\\_08-26-14.pdf](https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final_Stratplan_08-26-14.pdf)  
(English)

[https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final\\_Stratplan\\_07-15-14\\_Spanish-FINALv3.pdf](https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final_Stratplan_07-15-14_Spanish-FINALv3.pdf) (Spanish)

This “FY 2015-16 MHSA Annual Update” fulfills the County’s obligation to prepare and submit an “Annual Update” for the second and third years for each approved MHSA Three Year Program and Expenditure Plan.

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

[https://www.mtyhd.org/wp-content/uploads/2014/10/MHSA-FY-2014-15-FINAL\\_DRAFT-V2.pdf](https://www.mtyhd.org/wp-content/uploads/2014/10/MHSA-FY-2014-15-FINAL_DRAFT-V2.pdf)

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

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

- Monterey County Mental Health Commission
- Monterey County Board of Supervisors
- Monterey County Cultural Competence/Social Justice Committee
- Mental Health Services Contract Providers & Other Community-Based Service Organizations
- Recovery Task Force & Anti-Stigma Committee
- Consumer & Youth Advisory Councils
- Consumers, youth and family members
- Department of Social Services
- Law Enforcement, Probation and the Courts
- Education
- Labor
- Public Health and Primary Care
- Other Interested Community Members

For the purpose of public comment, the following methods are used to circulate and gather feedback on the draft “FY 2015-16 MHSA Annual Update” document:

- The draft “Fiscal Year 2015-16 MHSA Annual Update” is distributed for review and input/comment to the above-listed stakeholders for the minimum thirty (30) day public comment period.
- The draft document is translated into Spanish for posting and distribution via email and hard copy at meetings.
- Input is also elicited from service providers, County staff, and the community-at-large via various email distribution lists.
- Announcements to solicit public comment on the draft document are made by Behavioral Health Leadership and the MHSA Team at various meetings convened by our community stakeholders.

- Links to the draft document are posted on the Health Department’s website, the Monterey County website home page, the Health Department’s Facebook page and on Twitter.
- Copies of the draft document are also available at all County Libraries, Behavioral Health clinics, and upon request from Behavioral Health Administration.

The 30-day Public Review and Comment period is: 12/23/2015 – 01/21/2016.

The Public Hearing was conducted by the Mental Health Commission on: 01/28/2016.

**SUMMARY OF RECOMMENDATIONS RECEIVED  
ON THE COUNTY OF MONTEREY  
MENTAL HEALTH SERVICES ACT  
FY 2015-16 ANNUAL UPDATE DRAFT DOCUMENT**

*The first column on the left contains a Summary of Recommendations received during the 30-Day Public Comment period (12/23/2015-01/21/2016).*

*The second column on the right contains the Analysis of Recommendations and the County’s resulting actions, including any changes made to the Annual Update.*

<b>Summary of Recommendations</b>	<b>Analysis/County’s Action Changes to Annual Update</b>
<ul style="list-style-type: none"> <li>• Include funding for community-based maternal mental health services to new parents suffering from Postpartum Mood and Anxiety Disorders (PMADs).</li> <li>• Increase awareness about PMADs; educate the public, expecting parents and local health care providers about the prevalence and symptoms of PMADs.</li> <li>• Increase access to effective services.</li> <li>• Include funding for a warm line with volunteer bilingual counselors trained in PMADs.</li> <li>• Include funding for facilitated bilingual support groups for new parents experiencing PMADs and educational efforts.</li> </ul> <p><i>Submitted by (7 comments received):</i></p> <ul style="list-style-type: none"> <li>◆ Relindis Lorie Diaz, LMFT, Salinas</li> <li>◆ Cori Gentry, Birth Network of Monterey County, Salinas</li> <li>◆ Jennifer Golden, LCSW, Monterey</li> <li>◆ Carol Jungwirth, RN, BSN, Carmel</li> <li>◆ Jeannine Wahl, DO, MSHS, Family Medicine Faculty/Family Practice Provider, Natividad Medical Center, Salinas</li> <li>◆ Nora S. Yerena, Royal Oaks</li> <li>◆ Corey Young, Salinas</li> </ul>	<p>Analysis/County’s Action: Monterey County Behavioral Health (MCBH) is partnering with the Department’s primary care clinics to provide mental health assessments and services by licensed clinicians for patients experiencing symptoms of mental illness, including PMADs. Psychiatrists are also available to provide consultation to medical providers whose patient is exhibiting PMAD symptoms. This approach supports the “medical home” model where mental health services are provided at the same location as, and in coordination with, physical health care services.</p> <p>The recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time. There are funds (\$131,165) for MCBH staffing to provide the services described above in the Prevention &amp; Early Intervention component “Trauma Exposed Individuals” budget (see page 95)</p>

Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Reduce the total number of programs funded and concentrate funding on the MHSAs goals: <ul style="list-style-type: none"> <li>○ Reduction in homelessness</li> <li>○ Timely access to needed help, including times of crisis</li> <li>○ Reduction in incarceration in jails and juvenile halls</li> </ul> </li> <li>• Make sure that 51% of the funding is for children and youth</li> <li>• Put in place plans to correct the serious and dangerous deficiencies in Monterey County with respect to seriously mentally ill youth; <ul style="list-style-type: none"> <li>○ Provide inpatient hospital mental health services</li> <li>○ Establish at least one level 13 or 14 group home</li> <li>○ Eliminate long wait times for mental health services for children in foster care and in the juvenile justice system</li> </ul> </li> </ul> <p><i>Submitted by: Linda Fosler, Executive Director, Voices for Children CASA of Monterey County.</i></p>	<p>Analysis/County's Action: Monterey County's MHSAs Plan, specifically the programs providing the Full Service Partnership (or "whatever it takes" model of services, include strategies to address the MHSAs goals. The number of programs reflects the priorities that were identified during our local strategic planning process.</p> <p>The budget does assure that the majority of the MHSAs funds are allocated to programs serving children, youth and their families or caregivers.</p> <p>These recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>
Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Improve methods to inform the community about the Public Comment period and the Public Hearing.</li> <li>• Increase the funding for The Village Project.</li> </ul> <p><i>Submitted by: Joe Watson, President, Monterey County Branch-NAACP, Seaside.</i></p>	<p>Analysis/County's Action: County staff will consult with the Department's and the County's Public Information Officers to review potential successful communication strategies to inform the community about these processes.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>
Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Increase support to those agencies reaching out to serve South County.</li> <li>• Services need to be available to those with private insurance.</li> <li>• <i>Submitted by: a Soledad resident</i></li> </ul>	<p>Analysis/County's Action: These recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>

Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Allocate adequate Prevention and Early Intervention (PEI) funding to serve the African-American community in Monterey County;</li> <li>• Provide opportunity for a dialogue and possibly a contract with the County for PEI funds for an existing prevention and early intervention program, i.e. our After School Program.</li> </ul> <p><i>Submitted by: Melvin Mason, LCSW, Executive Director/Clinical Director and LaVerne Baker Leyva, Chair, Board of Directors, The Village Project, Seaside.</i></p>	<p>Analysis/County's Action: These recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>
Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Include more emphasis to decrease tobacco use and to future promote tobacco cessation</li> <li>• Help reduce smoking among people with mental illness and/or substance abuse disorder by incorporating the following: <ul style="list-style-type: none"> <li>○ Find out if patients smoke; if they do, offer to help patients quit by providing proven quitting treatments;</li> <li>○ Make quitting tobacco part of an approach to mental health treatment and overall wellness;</li> <li>○ Place smoke-free signs on outside of buildings;</li> <li>○ Call attention to and stop practices that encourage tobacco use.</li> </ul> </li> </ul> <p><i>Submitted by: Gonzalo Coronado, Salinas</i></p>	<p>Analysis/County's Action: These recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>
Summary of Recommendations	Analysis/County's Action Changes to Annual Update
<ul style="list-style-type: none"> <li>• Investment in prevention and early intervention should be strengthened.</li> <li>• Broaden the parenting education support to include programs that have a child-parent relationship focus, such as Positive Discipline.</li> <li>• Consider implementing universal child screening approaches such as Help Me Grow.</li> <li>• Work with First 5 Monterey County to</li> </ul>	<p>Analysis/County's Action: These recommendations will be included during the planning phase for the Mental Health Services Act Annual Update for FY 2016-17.</p> <p>Changes to the Annual Update: No changes are being made at this time.</p>

<p>extend the comprehensive training program “Infant-Family and Early Childhood Mental Health” for service providers and managers in community agencies.</p> <ul style="list-style-type: none"> <li>• Continue support for community based support services for parents suffering from perinatal mood and anxiety disorders.</li> </ul> <p><i>Submitted by: Francine Rodd, Executive Director, First 5 Monterey County, Salinas</i></p>	
<p><b>Summary of Recommendations</b></p>	<p><b>Analysis/County’s Action Changes to Annual Update</b></p>
<ul style="list-style-type: none"> <li>• Add a column to the Goal/Cost matrix in the Programs/Services Descriptions documents to clearly identify the amount of MHSA funds contributed to each program.</li> <li>• Revise the Annual Goal to 14,000 individual phone calls and 8,000 online web searches; Total Annual Cost of the Program to \$285,000; and \$14 per contact.</li> </ul> <p><i>Submitted by: Ronn Rygg, Director 2-1-1 United Way Monterey County, Monterey</i></p>	<p>Analysis/County’s Action: This additional information will be included in the FY 2016-17 Annual Update document as recommended; it currently appears in the FY 2015-16 document in the Budget section (pages 89-101)</p> <p>Changes to the Annual Update: The data will be revised before the final document is forwarded to the County Board of Supervisors for adoption.</p>

01/27/2016



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

MEETING HELD AT  
1270 Natividad Rd., Whitney 129 Conference Room  
**January 28, 2016**

**Members Present:**

Jesse Herrera, Chairperson, District 4  
Linda Sanchez, Past Chairperson, District 1  
Linda Payne, Chairperson Elect, District 1  
Theresa Barreras, LCSW, District 1  
Alma McHoney, District 2  
Larry Tack, District 2  
Aidee Aldaco, District 3  
Mark Lopez, District 3  
Caroline Haskell, District 4  
Virdette Brumm, Ph.D., District 5  
Chief Brian Ferrante  
Supervisor John Phillips, District 2

**Members Absent:**

Jennifer Barrett, District 2  
Lisa M. Stewart, Ph.D., MSW, District 4  
Selina Glater, District 5

**Staff Present:**

Sid Smith, Ph.D., Acting Behavioral Health Director  
Stacy Saetta, Deputy County Counsel  
Alica Hendricks, Mental Health Services Act Coordinator  
David Vandenberg, Behavioral Health Patients' Rights Advocate  
Lucero Robles, Quality Improvement Services Manager  
Miriam Hernandez, Behavioral Health Finance Manager II  
Rose Moreno, Management Analyst III  
David Soskin, M.D., Behavioral Health Medical Director  
Yessica Rincon, Behavioral Health Social Worker  
Elizabeth Ambriz, Chronic Disease Prevention Coordinator  
La'Quana Williams, Chronic Disease Prevention Coordinator  
Paula Lewycky, Behavioral Health Secretary

**Guests Present:**

Joseph Harvin, Interpreter  
Patricia Ogino  
Nicole Oertel, Executive Director, Parenting Connection Monterey County  
Molly Jansen, Board President, Parenting Connection Monterey County  
Linda Fosler, Executive Director, CASA of Monterey, Voices for Children  
Lynn Johnson, The Village Project  
Ida Barber, The Village Project  
Ann Jealous, The Village Project  
Ron Manjares, The Village Project  
Shelbie Peppel, The Village Project  
Fred Jealous, NAACP and The Village Project  
Gretchen Hansman, The Village Project  
Sue Parris, The Village Project

JT Mason, The Village Project, Whites for Racial Equity  
David Suvin  
Keith Mitchell, The Village Project  
Janelle Jones, The Village Project  
Austin S. Love, The Village Project  
Lamont Joyce, The Village Project  
Rosa E. Espinoza  
Leon Ramirez  
Kontrena McPheter

### **CALL TO ORDER AND INTRODUCTIONS**

The meeting was called to order at 5:30 p.m. by Chair Herrera who welcomed all attendees and asked them to introduce themselves and share their mood.

Chair Herrera welcomed new Commissioners Chief Brian Ferrante who is the MHC Chief Law Enforcement Officer and he welcomed Larry Tack who is representing District 2. Also welcomed was new MHC Board of Supervisors' representative John Phillips, District 2. Chair Herrera announced that Commissioner Bryan Flores recently resigned and he was thanked for all his contributions and thoughtful comments.

### **CORRECTIONS TO THE AGENDA**

Commissioner McHoney asked that the Fiesta of Hope be placed on the agenda.

Chair Herrera said agenda item 6a should not be on the agenda since Linda Payne was already elected last year as Chair Elect to serve as 2016 Chairperson.

### **PUBLIC COMMENT**

Ann Jealous spoke about her commitment to The Village Project's (TVP) sustainability. She encouraged the County to increase their funding.

A guest from TVP spoke about their After School Academy which is a Prevention and Early Intervention Program that is helping their students be successful in schools and effectively addresses their behavioral health issues which prevents them from becoming school drop outs and from potentially becoming involved in the juvenile justice system. He asked that appropriate funding for them be included in future discussions.

Rosa Espinoza spoke through the interpreter about a complaint she filed. She has not yet received an answer. She said her rights are being violated.

Leon Ramirez spoke through the interpreter saying it has taken 10 months out of his life to have his case be known and he said he has only gotten vague responses. He distributed flyers explaining his situation. He said he has improved a lot and he asked that County resources be used to help him.

Linda Fosler with Voices for Children, CASA, said she works with children (400) in Foster Care. Many of the children need mental health services; these children end up as adults in prison (most of these are Latino children). She asked for more allocation from the County for Behavioral Health (BH).

Ron Manjares spoke for TVP and he said his children have used their services for family therapy and this has helped them immensely with their education. He requested more money for the children.

Lynn Johnson, a volunteer at TVP, spoke about the children that need more help with more tutors and they need more space.

A Spanish speaking guest spoke through the interpreter. She said she is here with her friends and she said she would like to advocate for them and also the entire community. She asked for support for the groups she is working with so they can have access to health care and health care prevention. She said a lot of her countrymen do not have legal papers to get a job or ask for medical assistance; they do not have Medi-Cal.

**PUBLIC HEARING: MENTAL HEALTH SERVICES ACT (MHSA) FY 2015-16 ANNUAL UPDATE ACTION: RECEIVE STAFF REPORT ON THE WRITTEN COMMENTS RECEIVED DURING THE 30-DAY PUBLIC REVIEW AND COMMENT PERIOD, APPROVE DRAFT MHSA FY 2015-16 ANNUAL UPDATE, AND RECOMMEND APPROVAL BY MONTEREY COUNTY BOARD OF SUPERVISORS.**

Alica Hendricks explained the process of the three-year plan and the annual update which makes changes to the plan as we move forward in time. She reviewed the handout of the MHSA FY 2015-16 Annual Update which is a summary of the recommendations received during the 30-Day Public Comment period. Ms. Hendricks welcomed additional comments/recommendations from meeting attendees.

Chair Herrera explained that the update is about what is taking place this year. Because we are in the middle of the year, substantive changes cannot be made. However, the comments will be added into the planning process for next fiscal year beginning July 1, 2016 and ending June 2017. Ms. Hendricks added that the purpose of the Annual Update is to make modifications as may be needed to the annual budget. There were no changes to the programs, everything in the three-year plan is moving forward and staff is confident that all services will be implemented according to the plan.

Commissioner Sanchez said we are in arrears of approving the 2015/16 budget. She said they are not approving a three-year plan today. She said that when people are given money, they need to know they are not guaranteed receiving money all the way through the three years. They need to show that they are doing the work through the numbers and by what they change. She said that as Commissioners they will be participating in the 2016/17 process by reviewing what is going on. Comments are critical.

A guest asked if they could apply for funds for the next fiscal year and what is the application date? Chair Herrera asked that the responses to comments be given at an appropriate time.

Keith Mitchell said he is a resident of Seaside, he said his community is deteriorating and he is requesting funding. He asked if funding will be given for the crack epidemic that is tearing the community apart and will Seaside get funding for the gentrification going on in the community. He said TVP is the only place to receive help and services.

Ms. Fosler said she believes in the programs and she does not want to see funding cut; however, she said we have moved away from the goals in the plan and we can make real change in the plan's goals.

Monica Mapp read TVP Executive Director Mel Mason's statement. It was said that Dr. Miller and Mr. Bullick met with Mr. Mason August 3, 2015, and Mr. Bullick said he was authorizing an additional \$149,000 for TVP; however, those funds have not yet been received. The successful benefits from services given at TVP were shared and the request was made that a more adequate level of MHSA funding needs to be allocated to TVP in order to ensure that they carry out their work for the people of the community.

Executive Director of the Parenting Connection of Monterey County Nicole Oertel spoke about potential cuts to maternal mental health services. She said that about 20% of women have such things as anxiety disorder after giving birth, but only 5% are diagnosed. Their services are provided to the family to talk about their feelings on an ongoing basis and to work through all the new extremes they are having in a loving and supportive environment; they cannot do this at their physician's office. They are asking for the money to provide these services.

Molly Jansen, President of the Parenting Connection, said one in four women have postpartum mood disorders and she said we need to be supporting the families so they have a safe, free, and warm place to go to on a regular basis. She urged continual funding for this program.

Commissioner Lopez, along with several other Commissioners, thanked everyone who came tonight with their comments and recommendations. Commissioner Lopez said they will all be examined. Commissioner Brumm said to have the numbers of people that showed up tonight is appreciated by the Commission.

Commissioner Haskell asked if staff could look into TVP allocation of \$149,000 and see what happened to that. She asked that staff also look into the other comments made here tonight.

Supervisor Phillips said he was very impressed with the participation and he said we don't know how you feel unless you're speaking and he echoes what other Commissioners have said so far.

Commissioner Payne said she appreciates all the comments and zealously in the presentations and she said this Commission will endeavor to do their best with these comments as we move forward. She said she thinks it is important for every Commissioner to understand the importance of looking at each program and seeing where it really works, how it works and how it is affecting our community. Commissioner Payne said that we are going to make sure that every dollar that is asked for is being spent in the way that it should be and if it isn't, then we will take a strong look at it and make the revisions that are necessary.

Chair Herrera encouraged everyone to advocate for the needs of the community. He said there is an estimate of 45,000 individuals in Monterey County who have serious mental health problems and currently we serve 6,000 to 7,000. He said there is a big disparity between the issues in our communities and the funds that are available to support the services. We have to be sure that we are investing our funds in the appropriate way and have our contracts meet the needs of as many people possible in an effective and in a culturally sensitive way that makes sense to our community, and we have to make sure it is working.

Chair Herrera said we need to address the concerns about funds that were committed to TVP, there needs to be closure to this as soon as possible, and he asked staff to respond quickly. He said that otherwise the community has a reason to not trust the system. Dr. Smith responded, "heard and will do."

Commissioner Sanchez said Ms. Robles said at the November meeting that she would follow up on a concern expressed at the meeting, and Ms. Robles said there was some follow up. Also, Ms. Robles said she would connect with Mr. Ramirez and give a report to the MHC.

**M/S/C:** Supervisor Phillips/Commissioner Lopez/Passed to approve the draft MHSA FY 2015-16 Annual Update, and recommend approval by Monterey County Board of Supervisors, except for those opposed: Commissioners Sanchez, Barreras and Herrera

**ELECT CHAIRPERSON-ELECT MHC COMMISSIONER LINDA PAYNE TO SERVE AS 2016 CHAIRPERSON**

No action taken. Chair Herrera reported that at the MHC meeting last year (February 26, 2015), the MHC unanimously consented to elect Commission Payne as Chairperson-Elect and that there was no need for action.

**NOMINATE AND ELECT COMMISSIONER TO SERVE AS 2016 CHAIRPERSON-ELECT**

Commissioner Lopez volunteered to be the 2016 Chair-Elect and Supervisor Phillips nominated him.

**M/S/C:** Supervisor Phillips/ Commissioner Sanchez/Unanimous to elect Commissioner Lopez to serve as 2016 Chairperson-Elect.

**MENTAL HEALTH COMMISSION (MHC) MINUTES—APPROVE CHANGING FORMAT OF MHC MINUTES FROM DISCUSSION MINUTES TO ACTION MINUTES**

Commissioner McHoney asked why we are doing it this way (Action Minutes). Deputy County Counsel (DCC) Saetta said this streamlined format would eliminate the discussion as other Committees and the Board of Supervisors address their minutes. This would involve just the actions and vote taken. Commissioner McHoney said these minutes are for public information and with the Board of Supervisors, you can go online and read everything. Supervisor Phillis said that to have as much detail and to capture what everybody says in the MHC minutes is unusual and unnecessary. He said the Commission should have a court reporter. Commissioner Lopez asked if this streamlined format is approved, can it be changed back again. DCC Saetta replied that this could be placed on the agenda to be put back. Commissioner Barreras said she appreciates the minutes as they are. Chief Ferrante said that as a community that they would want to have their input recorded in the minutes. He asked if the minutes could generally summarize the comments and discussions at the meeting that would support the actions taken without going into detail; the recordings would be available if someone wanted the detail.

Dr. Soskin suggested that IT work with Paula to archive the audio recordings so that people can access them.

Commissioner Sanchez suggested the minutes show that there was discussion and involvement on the agenda item.

DCC Saetta recommended to County staff that they look into a records retention policy and then bring back to the MHC what was discovered so there can be further discussion. Dr. Soskin said he would email Sarah House to see if IT can do this and he will get back to Paula and the Commission.

Commissioner Herrera said the primary concern should be about representing the community and not making a job easier for staff. He asked that the public have access to a meeting recording and that they be able to go

to certain sections of the recording. Paula responded that she would be able to list the agenda items along with the digital location on the recorder so that listeners could easily find an agenda item.

Commissioner Haskell spoke about having the minutes record what is to be done and if it did get done (as in Action Minutes) so that there is some sort of check around what happens.

Chair Payne asked to table this item until the next meeting when there is more information.

#### **APPROVE MHC 2016 CALENDAR**

Commissioner Sanchez asked to have another South County meeting and to have more meetings in Marina.

Commissioners McHoney and Herrera asked to have a meeting further on the Peninsula, such as TVP. Supervisor Phillips said if it's a public meeting it should be at a public site. Having a meeting in North County should be considered. DCC Saetta said the meeting location needs to be accessible to the public, compliant with ADA, and if on a second floor, there must be elevator access.

Chair Payne asked that this item be placed on the February agenda.

#### **APPROVE MINUTES OF NOVEMBER 19, 2016 MEETING OF MONTEREY COUNTY MENTAL HEALTH COMMISSION**

**M/S/C:** Commissioners Sanchez, Haskell/Unanimous to approve the November 19, 2016 minutes of the Monterey County Mental Health Commission with the exception of one abstention from Supervisor Phillips since he was not present at the meeting.

#### **RECEIVE BROWN ACT AND WELFARE & INSTITUTIONS CODE TRAINING FROM COUNTY COUNSEL**

This item will be presented at the next meeting.

#### **RECEIVE REPORT FROM HEALTH DEPARTMENT'S CULTURAL COMPETENCY AND HUMILITY GROUP**

Rose Moreno requested this item be postponed to the next meeting. At that time she could have a collaborative group effort which now includes more people.

#### **RECEIVE BOARD OF SUPERVISORS REPORT**

Supervisor Phillips spoke about the importance of his attendance at these meetings. He shared his background and involvement with mental health activities.

#### **RECEIVE THE DIRECTOR'S REPORT**

Dr. Smith reviewed his report and it is attached. He distributed the "No Place Like Home Initiative" from the State which proposes repurposing MHSA dollars to funding housing dedicated to the homeless. He said other Commissions are concerned this would remove some of the local control for some of the MHSA dollars. He said if the MHC would like to take some action on this, it could be placed on the agenda.

#### **RECEIVE THE COMMISSIONERS' REPORTS/UPDATES**

Commissioner Herrera thanked the MHC for their support over the past year.

The meeting adjourned at 7:45 p.m.

# **D<sup>3</sup> FISCAL YEAR 2014-15**



**MONTEREY COUNTY BEHAVIORAL HEALTH  
QUALITY IMPROVEMENT  
[WWW.MTYHD.ORG/QI](http://WWW.MTYHD.ORG/QI)**





## Data Descriptions

Number of Clients Served: 8,523
Total Service Value: \$63,187,567.16
Average Service Value per Client: \$7,413.77
Average Age: 28
Number of New Clients: 4,111
Number of Clients Discharged: 5,001

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### Total Service Value

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

### Average Age

This Is The Average Age Of Clients Served During This Fiscal Year.

### Average Service Value per Client

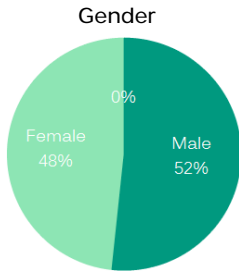
This Is the Total Service Value (Displayed Above) Divided By the Number of Clients Served In Fiscal Year 2014-15

### Number of New Clients

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

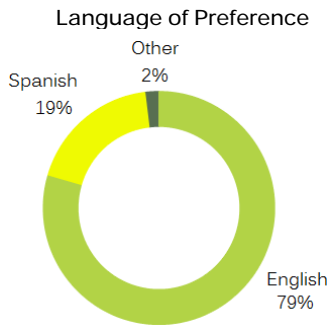
### Number of Clients Discharged

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



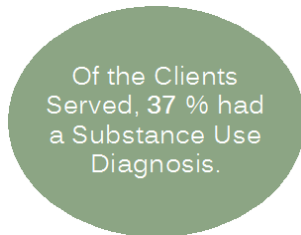
### Gender Pie Chart

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



### Language of Preference

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



### Substance Use:

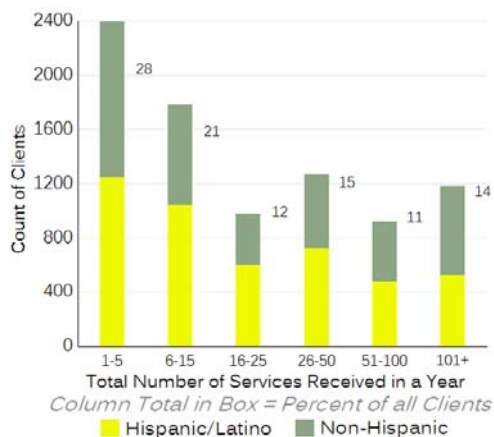
Displays the Percent of Clients Who Have a Substance Abuse Diagnosis Anywhere Within the Last Three Years, Within This Service Area or Program Group

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	17 %
Psychotic	15 %
Bipolar / Mood Disorders	13 %
Anxiety Disorders	13 %
Substance Related Disorders	11 %

### Top 5 Primary Diagnosis:

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

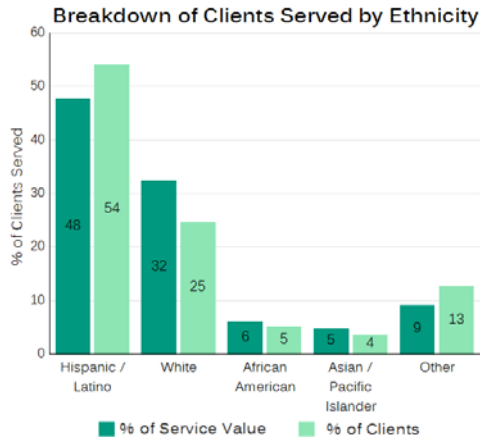
Clients Served Grouped by Number of Services Received During the Year



### Clients Served Grouped By Number of Services Received During the Year

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

- Hispanic Vs. Non-Hispanic Count Of Clients Served.
- Percent Of Clients Served By The Total Number Of Services Received Within FY 2014-15



## Breakdown of clients served by ethnicity

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

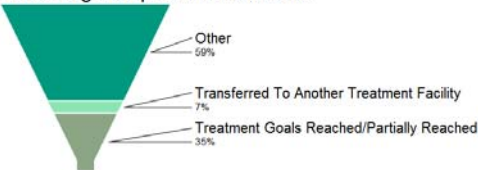
### Breakdown of Service Type

	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	20,414	7 %	59%
Collateral	8,995	2 %	22%
Crisis Intervention	2,498	1 %	15%
Group Counseling	27,297	5 %	15%
Linkage/Brokerage	63,057	11 %	62%
Medication Support	14,213	2 %	28%
Mental Health Counseling	73,070	49 %	47%
Methadone Treatment	74,193	1 %	4%
Other	73,449	22 %	66%
Residence Bed Day	77,218	0 %	12%
Total	434,404	100%	100%

## Breakdown of Services Provided

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

### Discharge Disposition/Outcome



## Client Discharge Disposition

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

### Primary Insurance Source of Clients Served

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	64%
Medicare B	16%
Others	13%
Private Insurance	3%
Self Pay	4%

## Primary Insurance Source of Clients Served

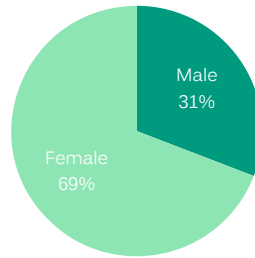
This chart displays the percentage of clients served by type of Primary Insurance Payer Source

# Program/Program Group: Access MHSA Clinic Integration

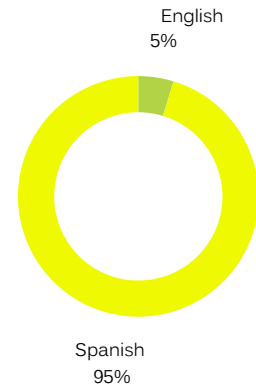
This program provides mental health services in the Health Department Primary Care Clinics

Number of Clients Served: 42
Total Service Value: \$45,222.95
Average Service Value per Client: \$1,076.74
Average Age: 47
Number of New Clients: 18
Number of Clients Discharged: 32

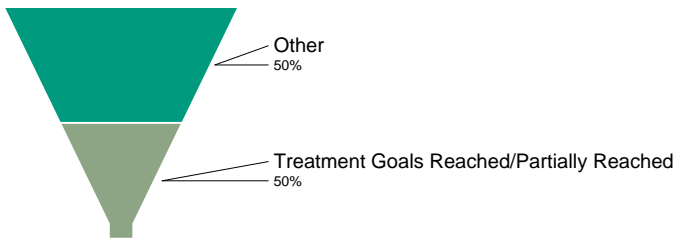
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



Of the Clients Served, 5 % had a Substance Use Diagnosis.

**Top 5 Primary Diagnosis**

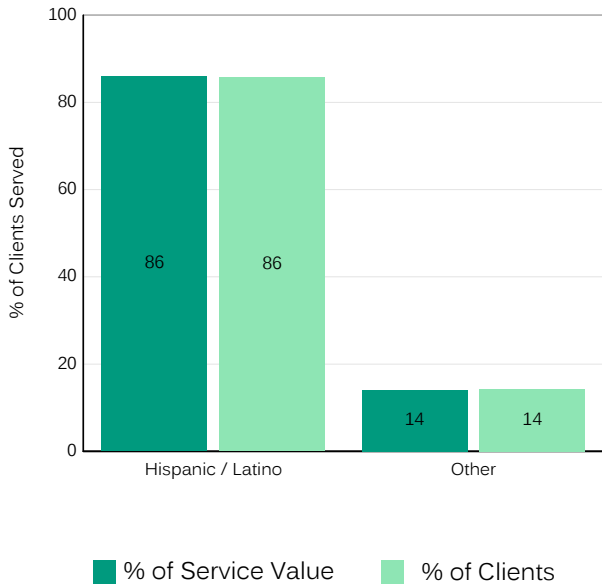
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	60 %
Anxiety Disorders	21 %
Adjustment Disorders	7 %
OTHER	5 %
Bipolar / Mood Disorders	2 %

**Breakdown of Service Type**

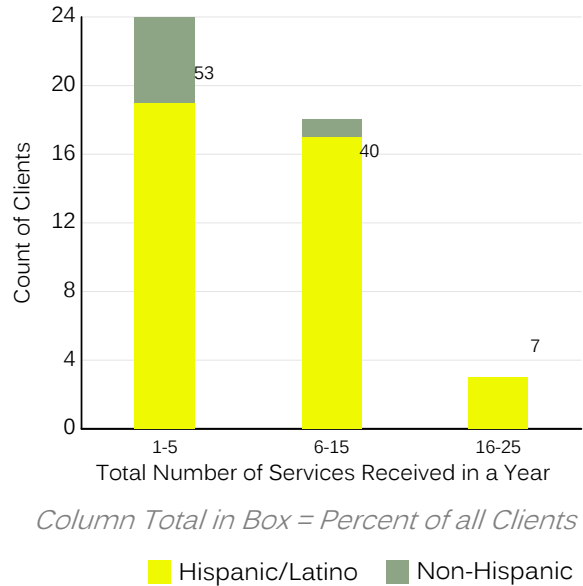
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	75%	Assessment/Evaluation	47	29 %	55%
Medicare B	3%	Group Counseling	120	44 %	52%
Self Pay	22%	Linkage/Brokerage	40	5 %	48%
		Medication Support	2	1 %	2%
		Mental Health Counseling	1	4 %	2%
		Non Billable	87	16 %	93%
		Other	11	2 %	10%
		<b>Total</b>	<b>308</b>	<b>100%</b>	<b>100%</b>

## Health Equities

**Breakdown of Clients Served by Ethnicity**



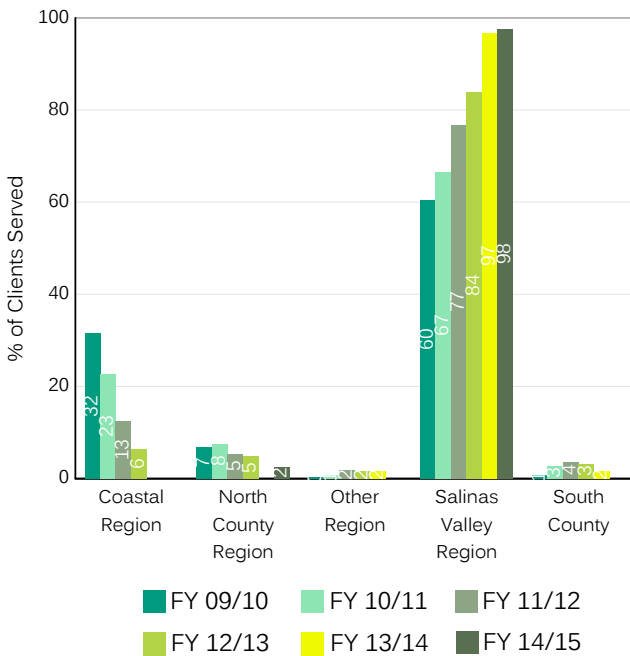
**Clients Served Grouped by Number of Services Received During the Year**



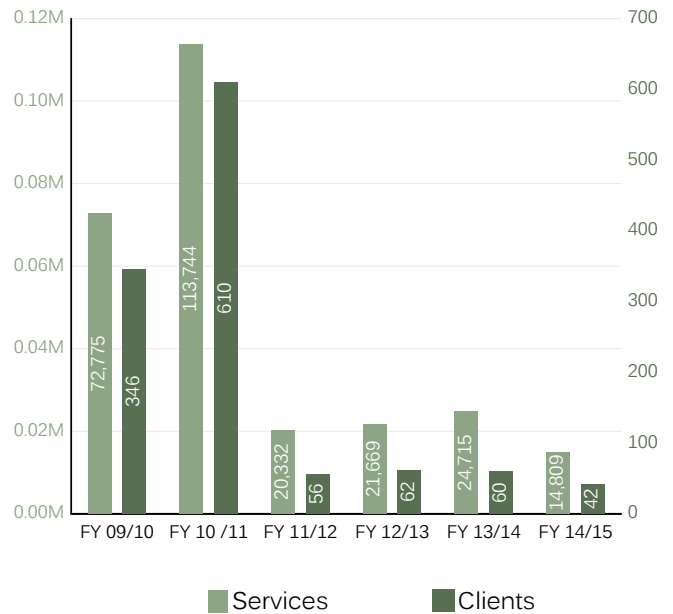
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

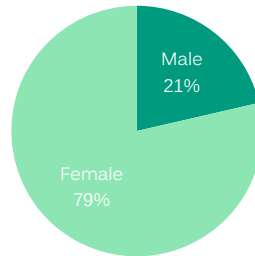


## Program/Program Group: Access Promotores

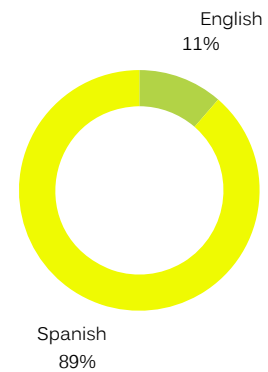
Promotores are individuals who provide health education and support to community members, provide their services in the community, and are generally from the community they serve. Because of the relationship they have with their community, they are particularly effective at reaching Latinos and other un-served and under served families and individuals. They can help address multiple barriers to accessing services, such as those related to transportation, availability, culture, language, stigma, and mistrust. Although more widely engaged in the field of physical health, promotores increasingly address mental health concerns as well.

Number of Clients Served: 61
Total Service Value: \$89,051.85
Average Service Value per Client: \$1,459.87
Average Age: 35
Number of New Clients: 43
Number of Clients Discharged: 43

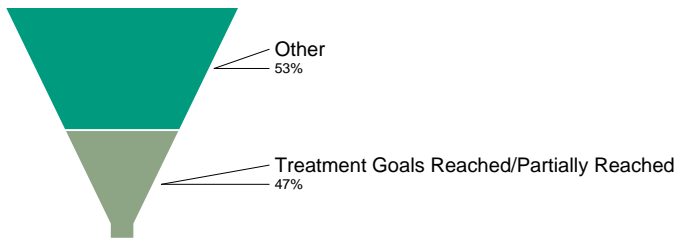
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

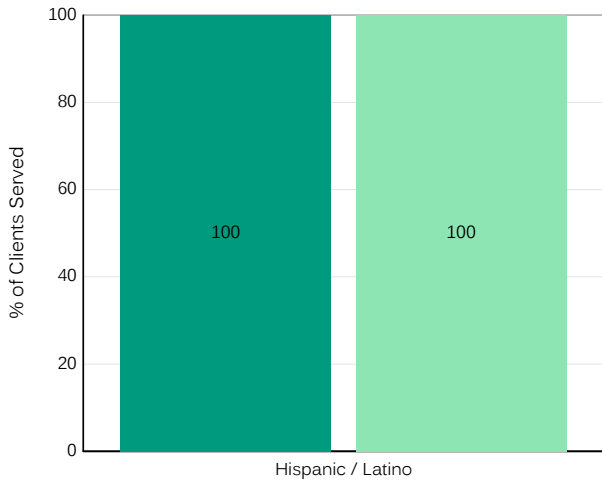
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	46 %
Depressive Disorders	28 %
Adjustment Disorders	20 %
Psychotic Disorder	2 %
Substance Related Disorders	2 %

### Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served		Breakdown of Service Type		
			Number of Services	% of Total Service Minutes	% of Clients
Medi-Cal	33%	Assessment/Evaluation	109	33 %	72%
		Collateral/Family Therapy	4	1 %	3%
		Group Counseling	151	39 %	51%
		Linkage/Brokerage	90	7 %	56%
		Medication Support	9	1 %	3%
		Mental Health Counseling	23	7 %	21%
		Non Billable	159	11 %	89%
		Other	6	0 %	5%
		Total	551	100%	100%
		Others	0%		
Private Insurance	2%				
Self Pay	65%				

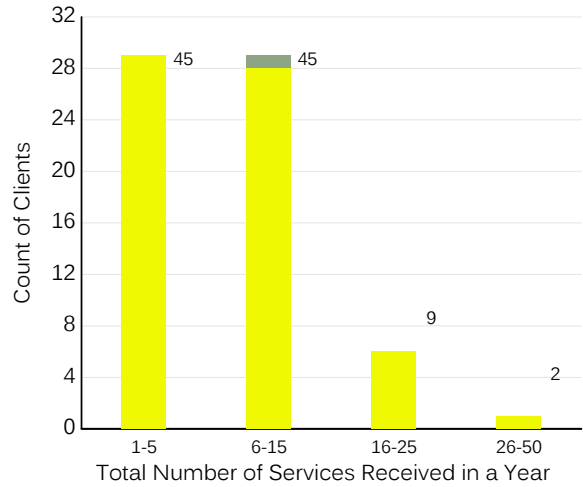
## Health Equities

**Breakdown of Clients Served by Ethnicity**



■ % of Service Value    ■ % of Clients

**Clients Served Grouped by Number of Services Received During the Year**

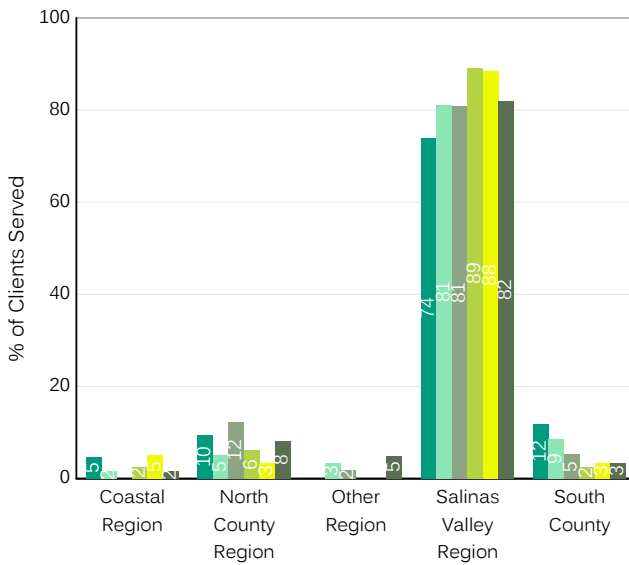


*Column Total in Box = Percent of all Clients*

■ Hispanic/Latino    ■ Non-Hispanic

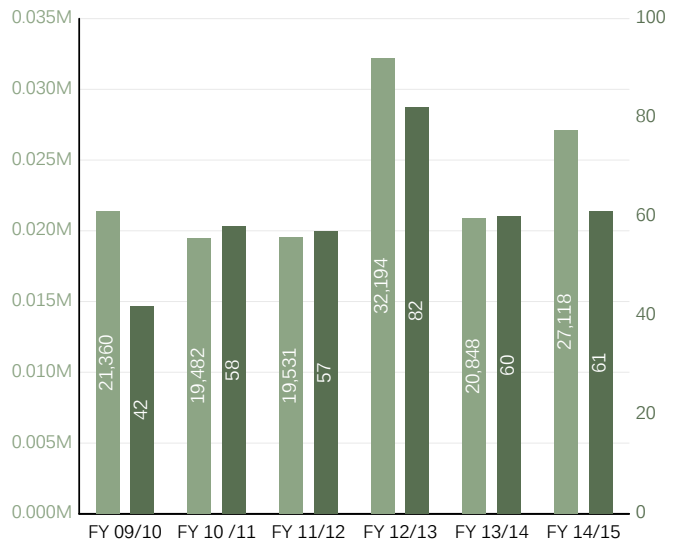
## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



■ FY 09/10    ■ FY 10/11    ■ FY 11/12  
 ■ FY 12/13    ■ FY 13/14    ■ FY 14/15

**Total Service Minutes Compared to Total Client Count**



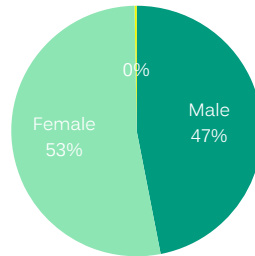
■ Services    ■ Clients

## Program/Program Group: Access to Treatment

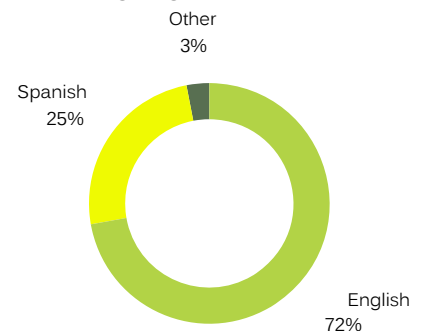
Access to Treatment programs are primary entry point for eligible county residents of Monterey County seeking mental health services. After an initial assessment, treatment services are typically provided in group settings and/or individual counseling sessions that focus on skill-building and support.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

Number of Clients Served: 1,741
Total Service Value: \$2,255,537.97
Average Service Value per Client: \$1,295.54
Average Age: 30
Number of New Clients: 1,225
Number of Clients Discharged: 1,279

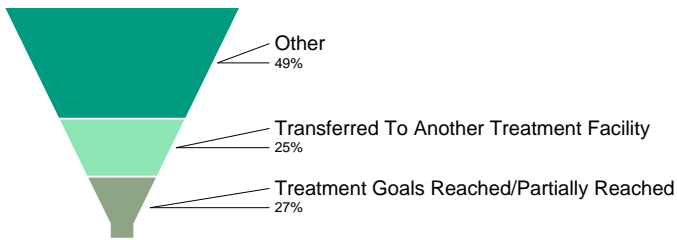
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 26 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	26 %
Adjustment Disorders	22 %
Bipolar / Mood Disorders	13 %
Anxiety Disorders	9 %
Psychotic Disorder	8 %

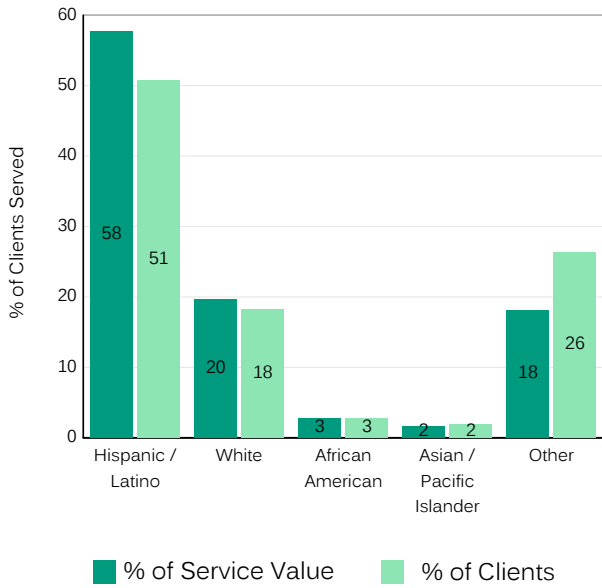
### Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	90%	Assessment/Evaluation	2,610	41 %	80%
Medicare B	6%	Collateral/Family Therapy	435	3 %	6%
Others	0%	Crisis Intervention	79	0 %	2%
Private Insurance	3%	Group Counseling	454	3 %	5%
Self Pay	2%	Linkage/Brokerage	3,442	17 %	65%
		Medication Support	620	4 %	13%
		Mental Health Counseling	1,381	15 %	12%
		Non Billable	2,892	16 %	57%
		Other	59	0 %	2%
		<b>Total</b>	<b>11,972</b>	<b>100%</b>	<b>100%</b>

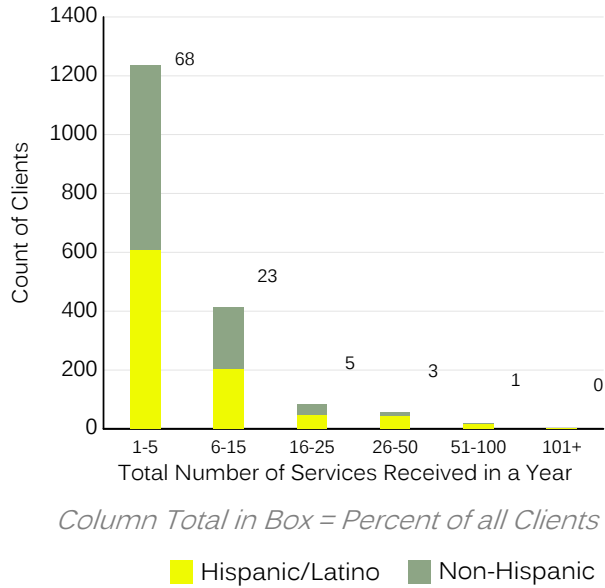


## Health Equities

### Breakdown of Clients Served by Ethnicity



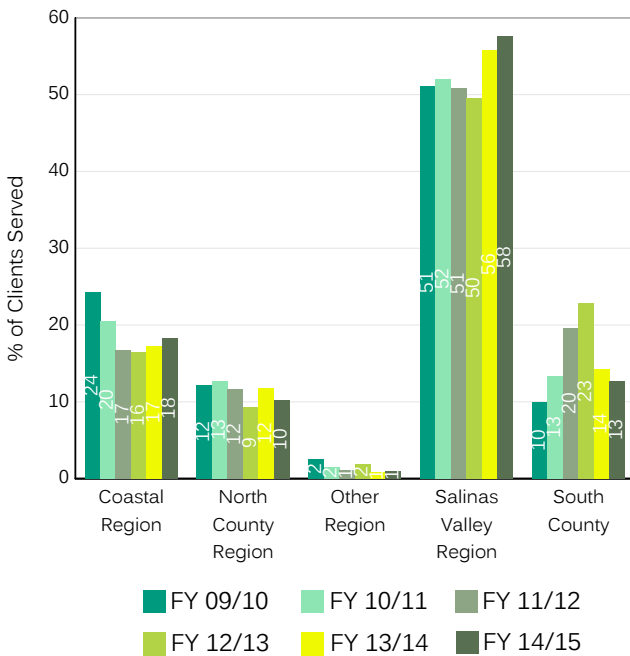
### Clients Served Grouped by Number of Services Received During the Year



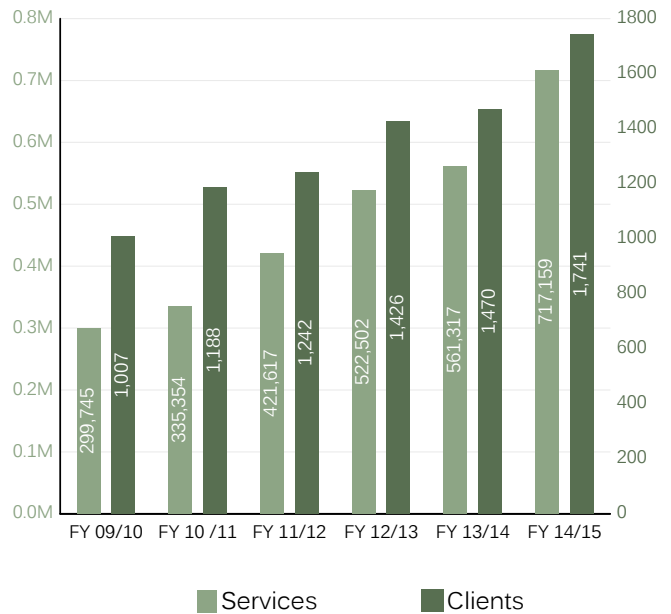
Column Total in Box = Percent of all Clients

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

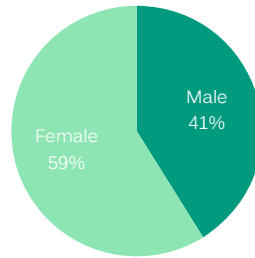


# Program/Program Group: Access to Treatment GAP Services

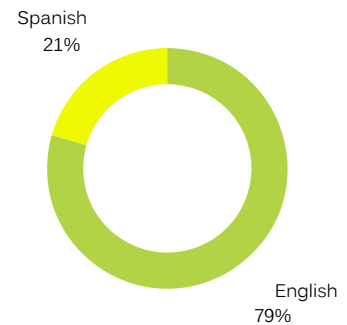
The Gap Program is designed to expand service capacity and provide quality follow-up care to clients who have recently experienced an acute psychiatric crisis and are at risk for crisis intervention and/or psychiatric inpatient placement. The primary objective is to provide therapeutic support and linkage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

Number of Clients Served: 34
Total Service Value: \$76,272.63
Average Service Value per Client: \$2,243.31
Average Age: 39
Number of New Clients: 31
Number of Clients Discharged: 12

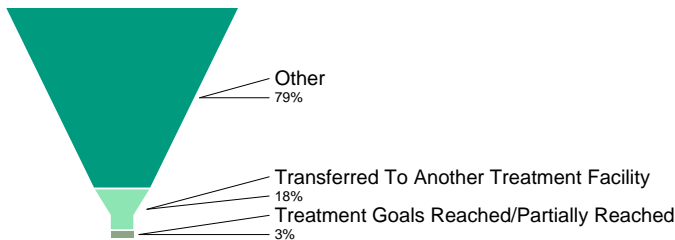
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



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

**Top 5 Primary Diagnosis**

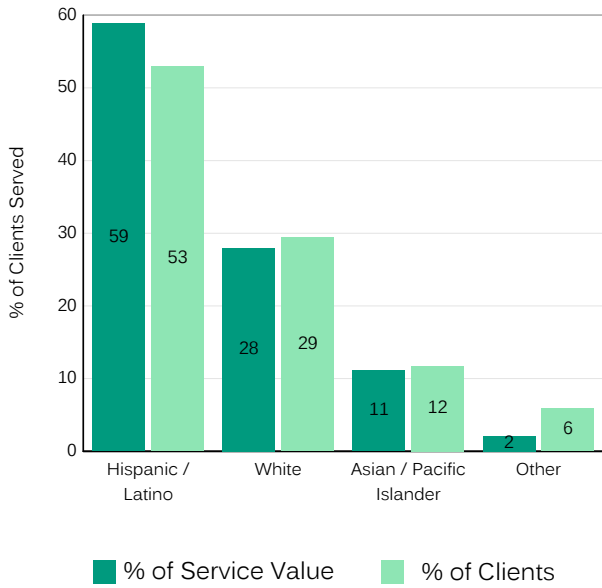
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	62 %
Bipolar / Mood Disorders	15 %
Psychotic Disorder	9 %
Adjustment Disorders	6 %

**Breakdown of Service Type**

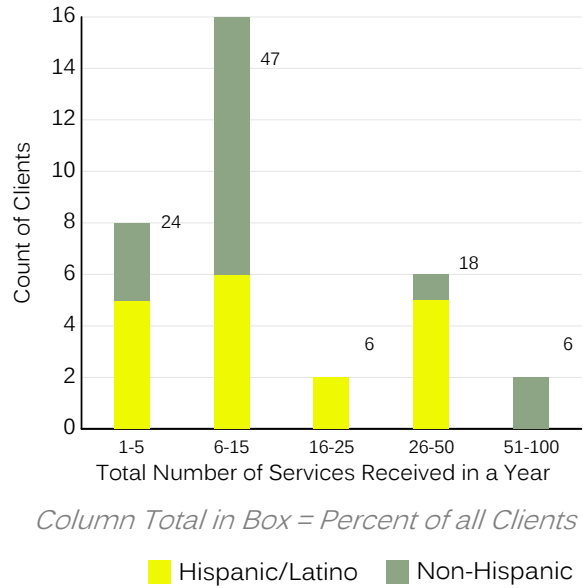
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	88%	Assessment/Evaluation	46	20 %	59%
Medicare B	6%	Collateral/Family Therapy	7	1 %	18%
Others	3%	Linkage/Brokerage	253	45 %	74%
Private Insurance	0%	Medication Support	60	7 %	62%
Self Pay	4%	Mental Health Counseling	22	7 %	24%
		Non Billable	159	18 %	94%
		Other	6	0 %	12%
		<b>Total</b>	<b>553</b>	<b>100%</b>	<b>100%</b>

## Health Equities

### Breakdown of Clients Served by Ethnicity



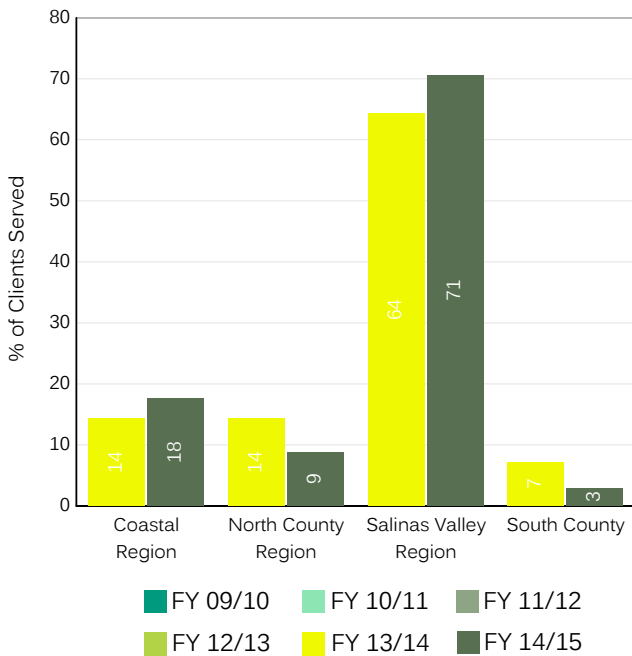
### Clients Served Grouped by Number of Services Received During the Year



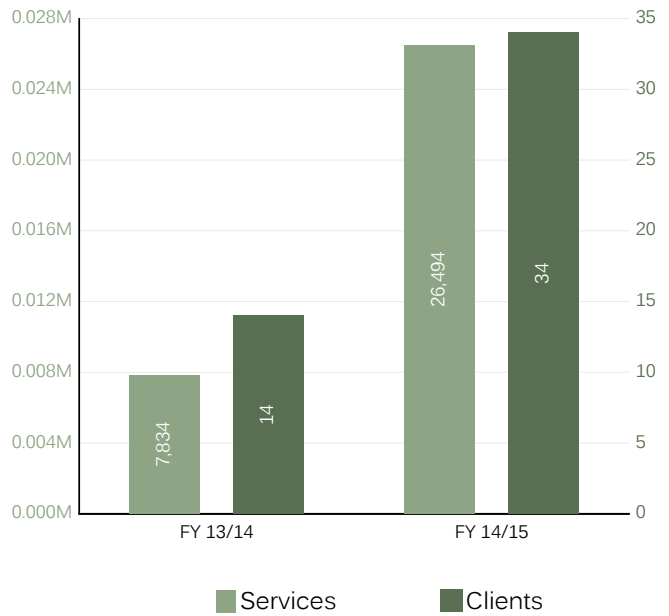
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

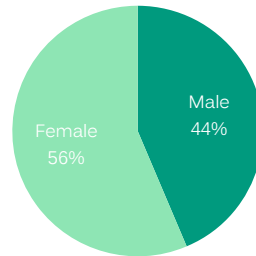


## Program/Program Group: CHS Family Counseling Center

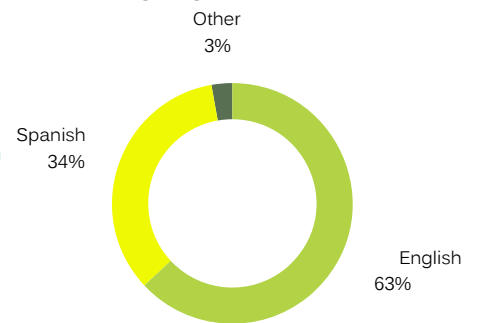
Community Human Services will provide outpatient mental health services to Monterey County Medi-Cal beneficiaries as authorized by the Monterey County Health Department, Behavioral Health Division

Number of Clients Served: 582
Total Service Value: \$461,486.06
Average Service Value per Client: \$792.93
Average Age: 24
Number of New Clients: 430
Number of Clients Discharged: 468

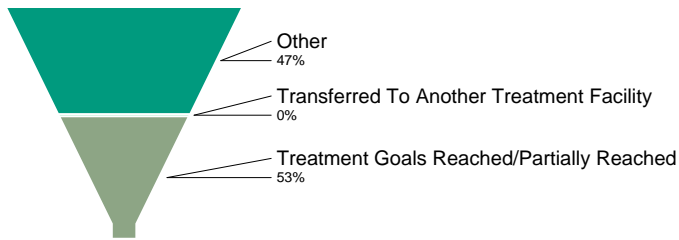
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 3 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

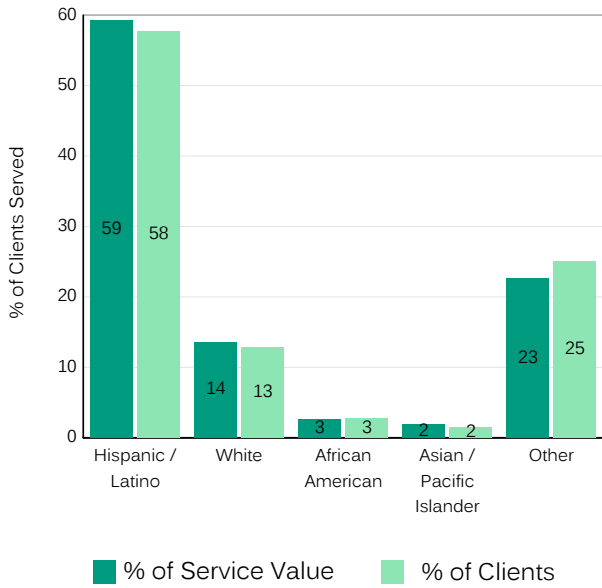
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	32 %
Adjustment Disorders	28 %
Anxiety Disorders	14 %
Disruptive Behavior Disorder	13 %
Bipolar / Mood Disorders	6 %

### Breakdown of Service Type

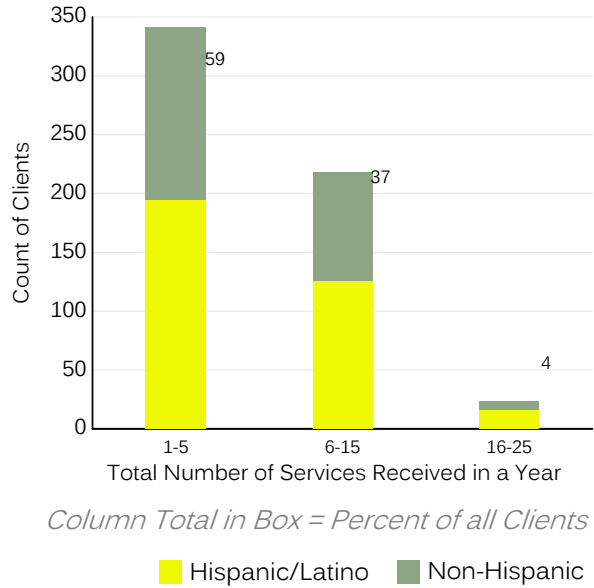
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	98%	Assessment/Evaluation	438	14 %	74%
Others	0%	Linkage/Brokerage	125	1 %	12%
Private Insurance	0%	Mental Health Counseling	2,802	85 %	89%
Self Pay	2%	Non Billable	8	0 %	1%
		Total	3,373	100%	100%

## Health Equities

### Breakdown of Clients Served by Ethnicity

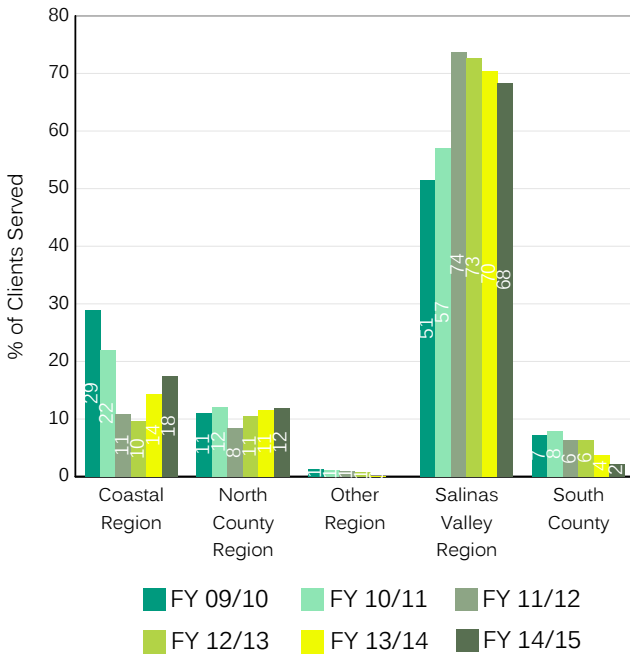


### Clients Served Grouped by Number of Services Received During the Year



## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

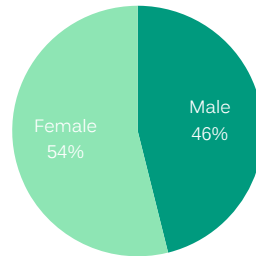


## Program/Program Group: The Village Project, Inc.

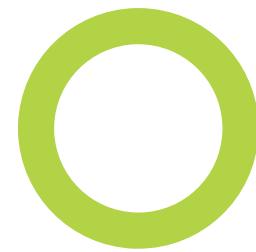
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families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

Number of Clients Served: 50
Total Service Value: \$76,133.59
Average Service Value per Client: \$1,522.67
Average Age: 25
Number of New Clients: 36
Number of Clients Discharged: 6

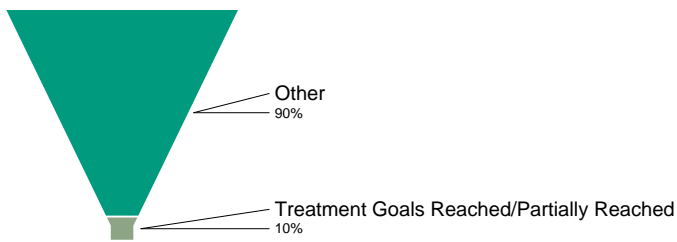
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 4 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

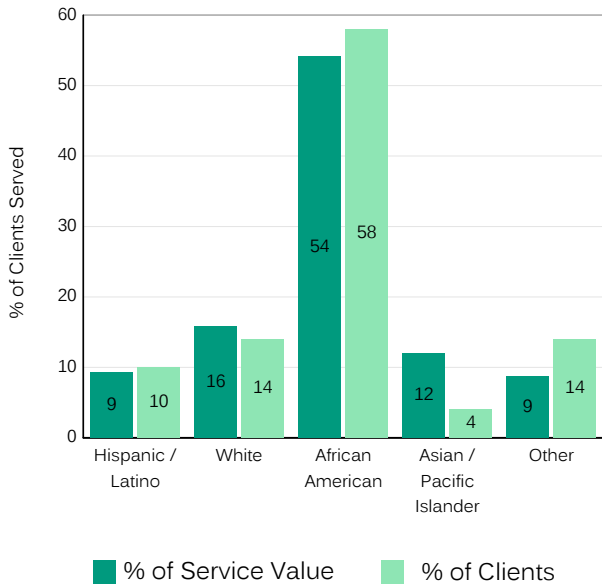
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	70 %
Disruptive Behavior Disorder	12 %
Anxiety Disorders	8 %
Depressive Disorders	6 %
OTHER	2 %

### Breakdown of Service Type

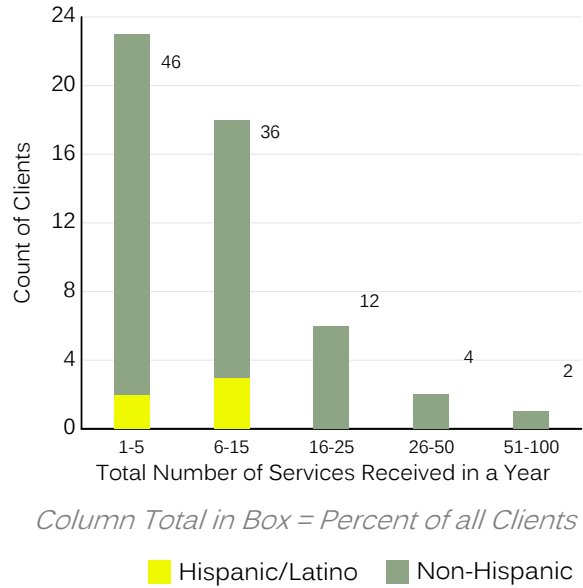
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	85%	Assessment/Evaluation	69	16 %	64%
		Collateral/Family Therapy	50	7 %	24%
		Linkage/Brokerage	1	0 %	2%
		Mental Health Counseling	361	77 %	80%
		Non Billable	1	0 %	2%
		Total	482	100%	100%
		Self Pay	15%		

## Health Equities

**Breakdown of Clients Served by Ethnicity**



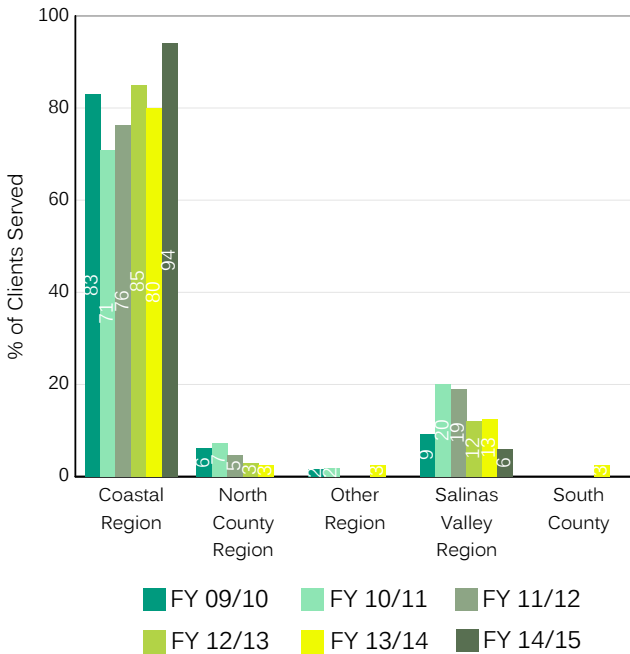
**Clients Served Grouped by Number of Services Received During the Year**



*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

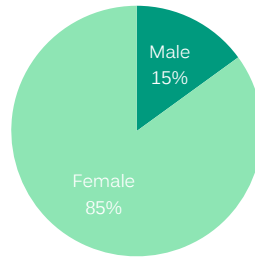


# Program/Program Group: CS Archer Child Advocacy Center

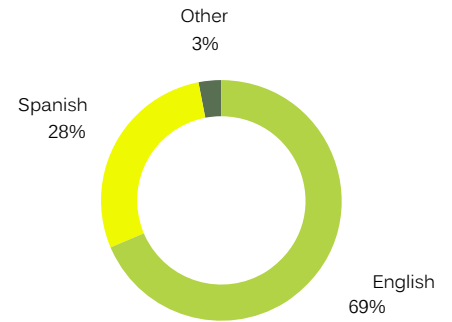
This program provides mental health assessments, referral and brief therapy to children who have been sexually assaulted, and crisis support services to the child's family/caregiver.

Number of Clients Served: 67
Total Service Value: \$46,557.25
Average Service Value per Client: \$694.88
Average Age: 11
Number of New Clients: 63
Number of Clients Discharged: 61

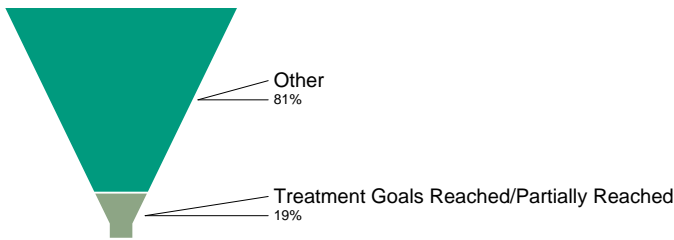
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



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

**Top 5 Primary Diagnosis**

Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	88 %
Depressive Disorders	6 %
Infancy / Childhood / Adolescent	3 %
OTHER	1 %
Bipolar / Mood Disorders	1 %

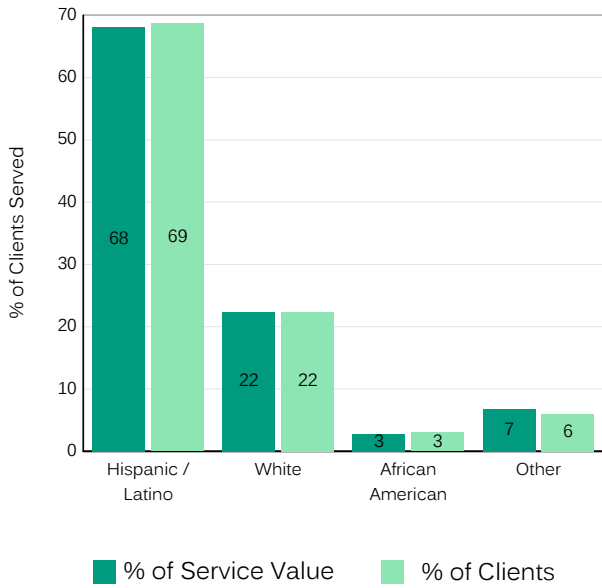
**Breakdown of Service Type**

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	62%	Assessment/Evaluation	61	66 %	91%
		Collateral/Family Therapy	13	5 %	18%
		Linkage/Brokerage	122	26 %	100%
		Mental Health Counseling	1	0 %	1%
		Non Billable	21	4 %	30%
		Total	218	100%	100%
		Self Pay	38%		

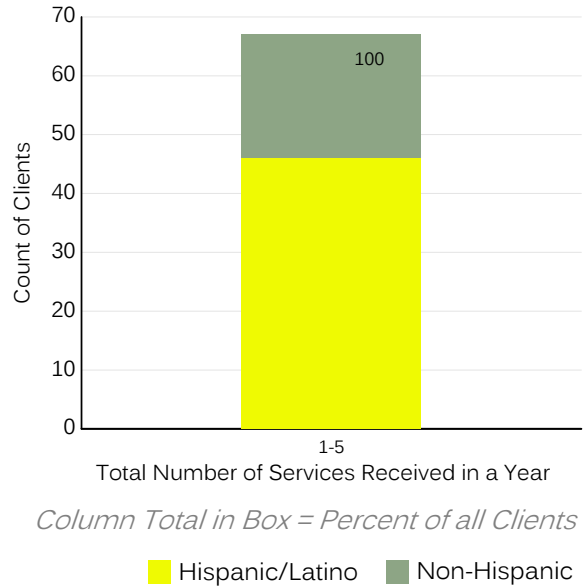


## Health Equities

**Breakdown of Clients Served by Ethnicity**

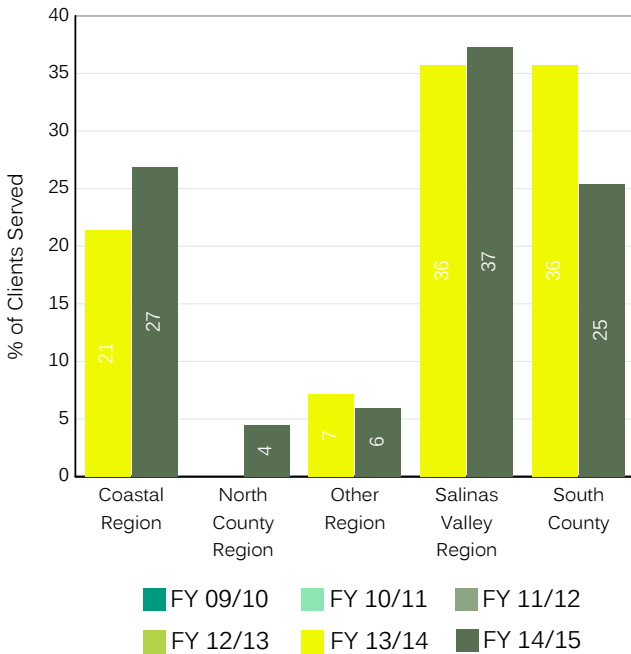


**Clients Served Grouped by Number of Services Received During the Year**

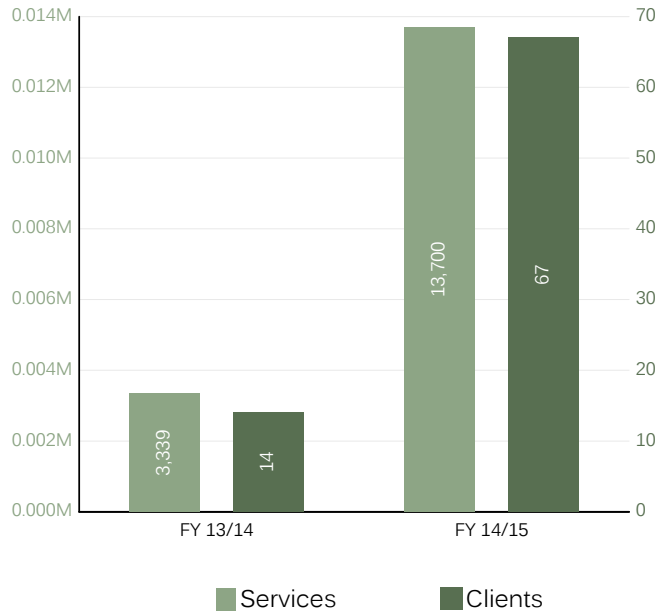


## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

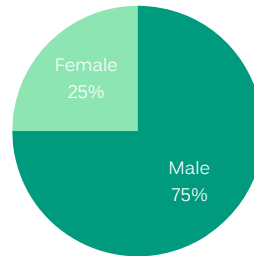


## Program/Program Group: CS Family Preservation

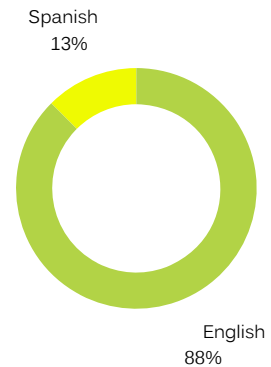
This program provides intensive short term family based treatment in circumstances or situations where children are at eminent risk of removal from home. This program is designed to predominantly serve Spanish speaking families.

Number of Clients Served: 8
Total Service Value: \$183,440.15
Average Service Value per Client: \$22,930.02
Average Age: 9
Number of New Clients: 7
Number of Clients Discharged: 7

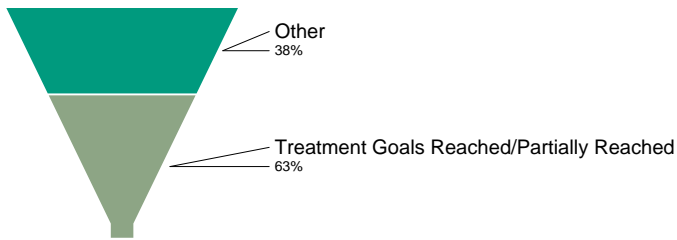
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

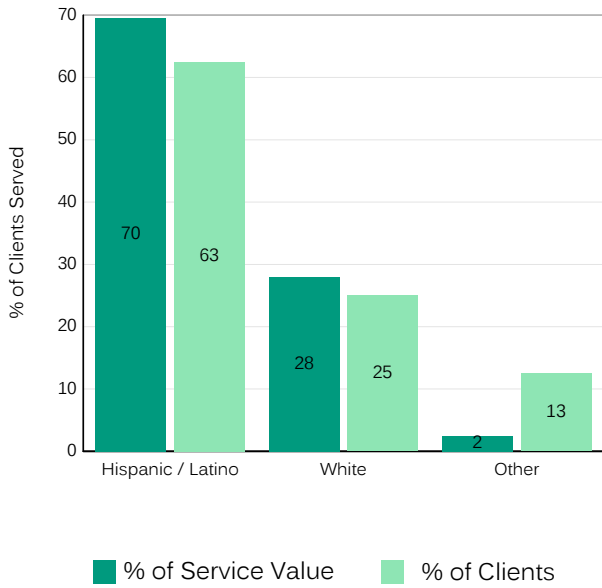
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	75 %
Infancy / Childhood / Adolescent	25 %

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

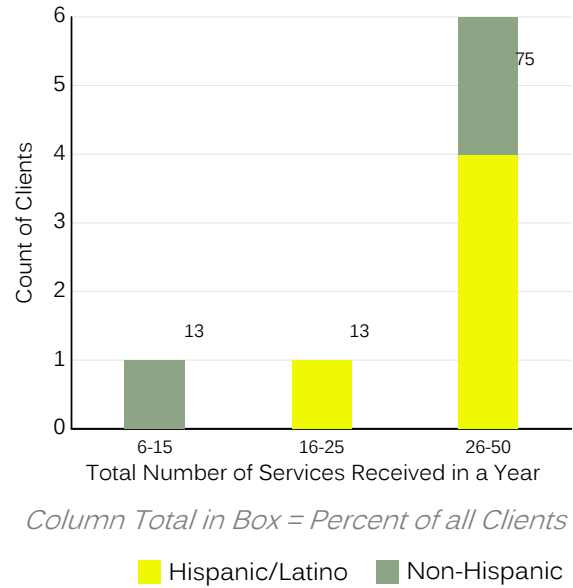
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	13	3 %	100%
Collateral/Family Therapy	33	17 %	63%
Linkage/Brokerage	7	1 %	50%
Mental Health Counseling	175	75 %	100%
Non Billable	11	5 %	25%
Total	239	100%	100%

## Health Equities

**Breakdown of Clients Served by Ethnicity**

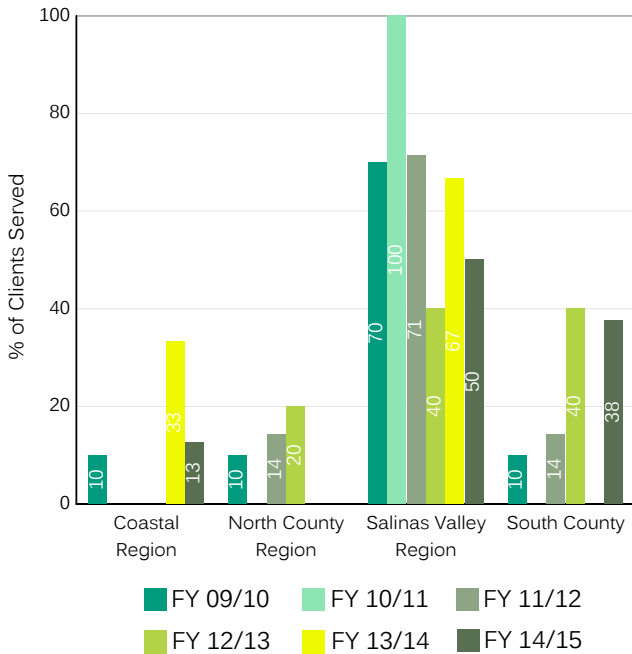


**Clients Served Grouped by Number of Services Received During the Year**

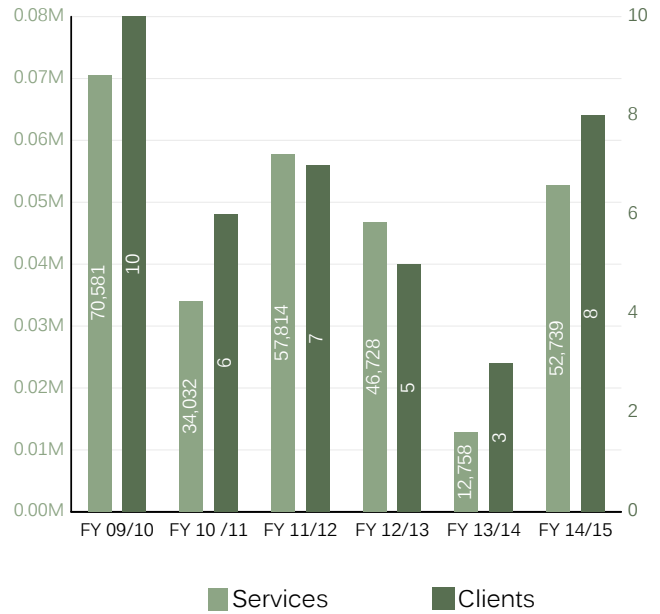


## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

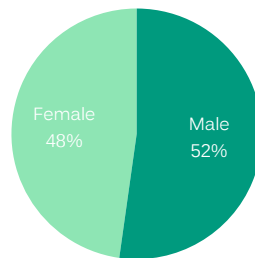


## Program/Program Group: CS Family Reunification FSP

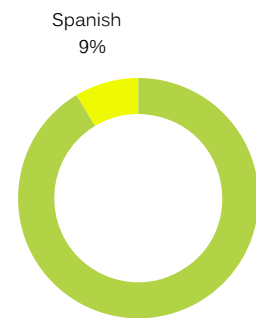
Family Reunification Program is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSES) social workers into one cohesive service unit. The full FRP staff is co-located, co-supervised, and cross-trained to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

Number of Clients Served: 46
Total Service Value: \$370,836.64
Average Service Value per Client: \$8,061.67
Average Age: 8
Number of New Clients: 30
Number of Clients Discharged: 17

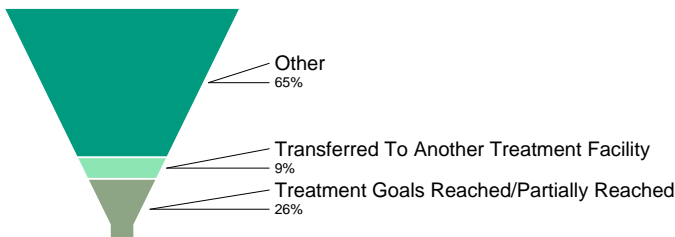
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



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

**Top 5 Primary Diagnosis**

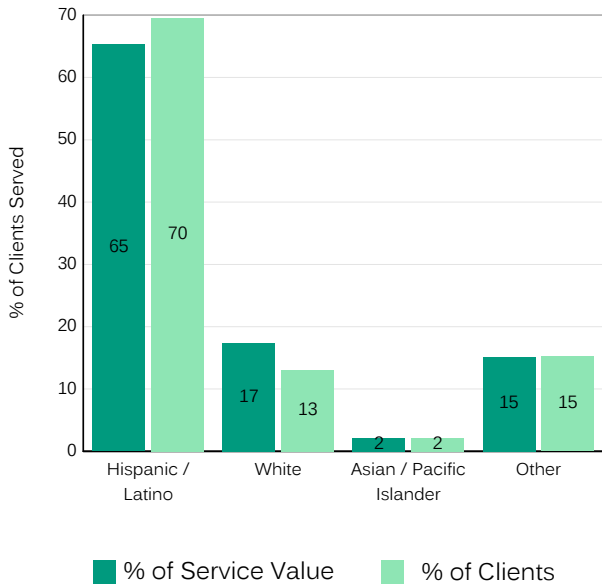
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	67 %
Anxiety Disorders	11 %
Infancy / Childhood / Adolescent	9 %
OTHER	4 %
Disruptive Behavior Disorder	4 %

**Breakdown of Service Type**

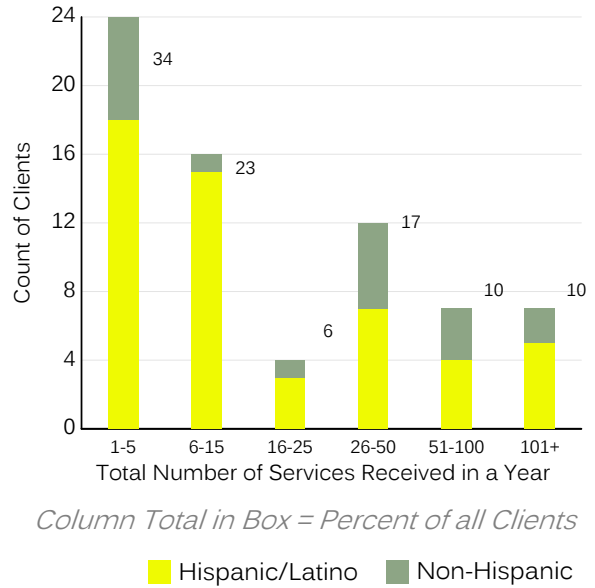
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	87%	Assessment/Evaluation	177	10 %	80%
		Collateral/Family Therapy	260	17 %	76%
Private Insurance	13%	Linkage/Brokerage	73	3 %	72%
		Mental Health Counseling	1,656	67 %	93%
		Non Billable	43	1 %	39%
		Other	16	2 %	24%
		<b>Total</b>	<b>2,225</b>	<b>100%</b>	<b>100%</b>

## Health Equities

**Breakdown of Clients Served by Ethnicity**



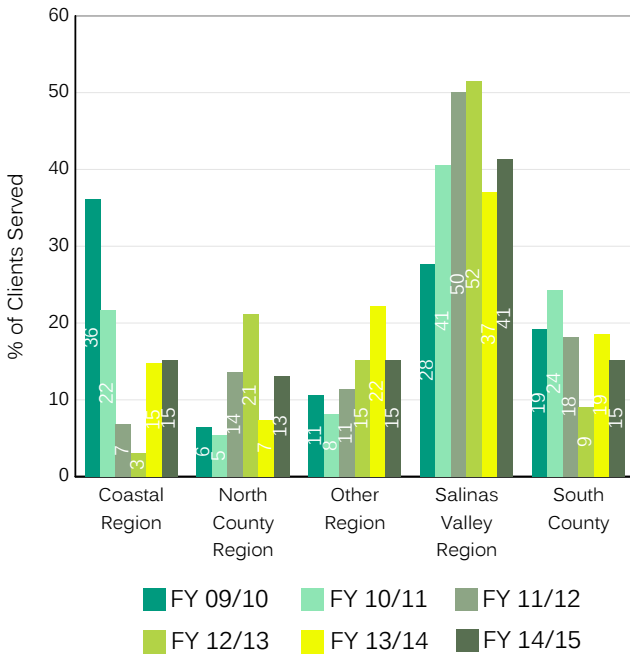
**Clients Served Grouped by Number of Services Received During the Year**



*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

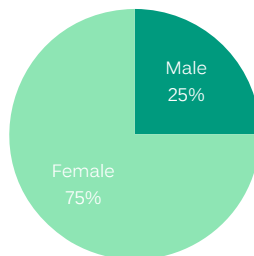


## Program/Program Group: CS JJ CALA MH Court FSP

Community Action Linking Adolescents program provides intensive mental health services & case management for youth in the juvenile justice system. Probation, Juvenile Court and Behavioral Health collaborate to provide supervision and support to youth and their families. As an MHSA/Full Service Partnership (FSP) program, this team adopts a whatever it takes approach, in treating at risk youth and their families. The CALA Youth Program was originally a combination of the Juvenile Mentally Ill Offender Criminal Reduction (MIOCR) Grant, and Mental Health Services Act (MHSA) funding. This funding made possible the development of a Juvenile Mental Health Court, and to serve the mental health needs of youth who come into contact with the Juvenile Justice system. This multidisciplinary team screens all youth who are in the field, and on Probation, with the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2), and also delivers Brief Strategic Family Therapy, as the Evidenced-Based Practice

Number of Clients Served: 16
Total Service Value: \$204,947.68
Average Service Value per Client: \$12,809.23
Average Age: 16
Number of New Clients: 8
Number of Clients Discharged: 6

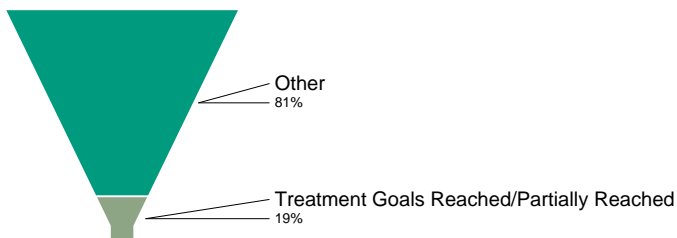
Gender



Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 81 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

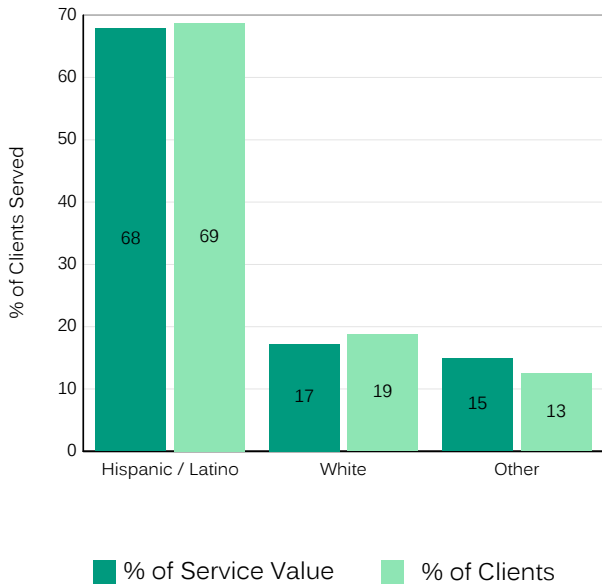
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	31 %
Bipolar / Mood Disorders	31 %
Adjustment Disorders	25 %
Anxiety Disorders	6 %
Psychotic Disorder	6 %

### Breakdown of Service Type

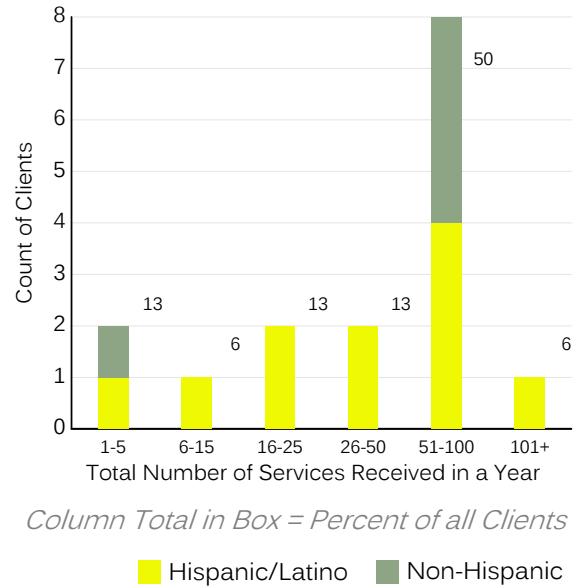
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	82%	Assessment/Evaluation	50	6 %	75%
		Collateral/Family Therapy	59	6 %	75%
Self Pay	18%	Crisis Intervention	2	0 %	6%
		Group Counseling	16	2 %	13%
		Linkage/Brokerage	278	21 %	94%
		Medication Support	20	2 %	44%
		Mental Health Counseling	303	53 %	94%
		Non Billable	125	10 %	81%
		Other	5	0 %	13%
		<b>Total</b>	<b>858</b>	<b>100%</b>	<b>100%</b>

## Health Equities

**Breakdown of Clients Served by Ethnicity**



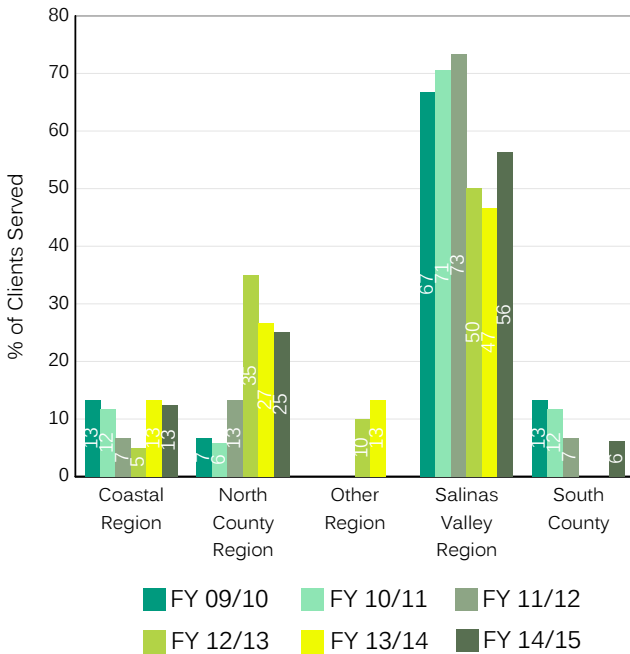
**Clients Served Grouped by Number of Services Received During the Year**



*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

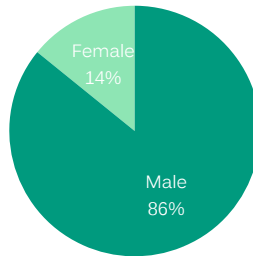


# Program/Program Group: CS JJ CALA MH Court SD

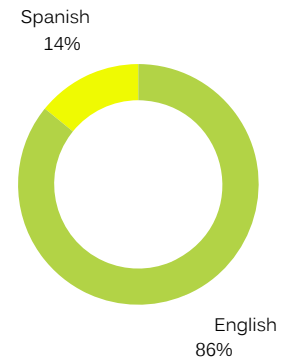
Community Action Linking Adolescents program provides intensive mental health services & case management for youth in the juvenile justice system. Probation, Juvenile Court and Behavioral Health collaborate to provide supervision and support to youth and their families. The CALA Youth Program was originally a combination of the Juvenile Mentally Ill Offender Criminal Reduction (MIOCR) Grant, and Mental Health Services Act (MHSA) funding. This funding made possible the development of a Juvenile Mental Health Court, and to serve the mental health needs of youth who come into contact with the Juvenile Justice system. This multidisciplinary team screens all youth who are in the field, and on Probation, with the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2), and also delivers Brief Strategic Family Therapy, as the Evidenced-Based Practice

Number of Clients Served: 7
Total Service Value: \$22,695.90
Average Service Value per Client: \$3,242.27
Average Age: 15
Number of New Clients: 4
Number of Clients Discharged: 5

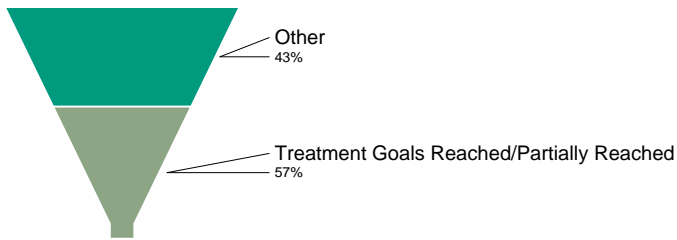
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



Of the Clients Served, 43 % had a Substance Use Diagnosis.

**Top 5 Primary Diagnosis**

Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	29 %
Disruptive Behavior Disorder	29 %
OTHER	14 %
Depressive Disorders	14 %
Bipolar / Mood Disorders	14 %

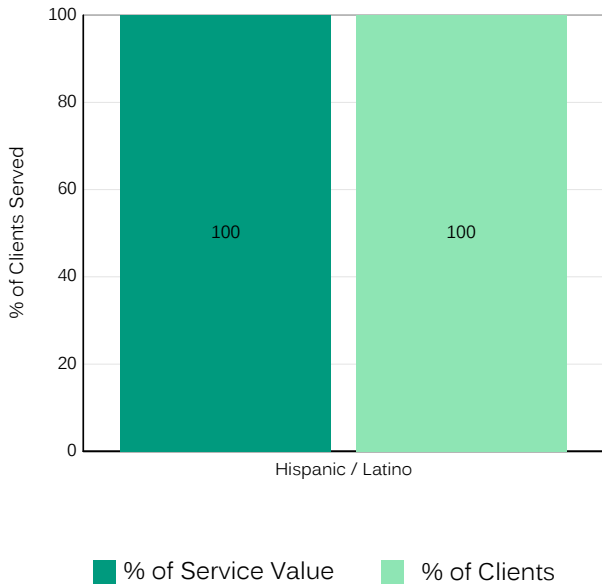
**Breakdown of Service Type**

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal Self Pay	88% 12%	Assessment/Evaluation	12	20 %	71%
		Collateral/Family Therapy	19	20 %	71%
		Linkage/Brokerage	17	9 %	71%
		Medication Support	8	9 %	29%
		Mental Health Counseling	29	34 %	86%
		Non Billable	28	7 %	100%
		Total	113	100%	100%

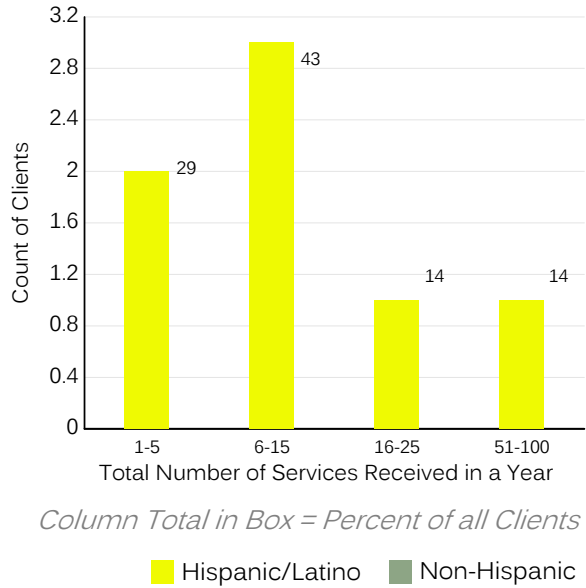


## Health Equities

**Breakdown of Clients Served by Ethnicity**



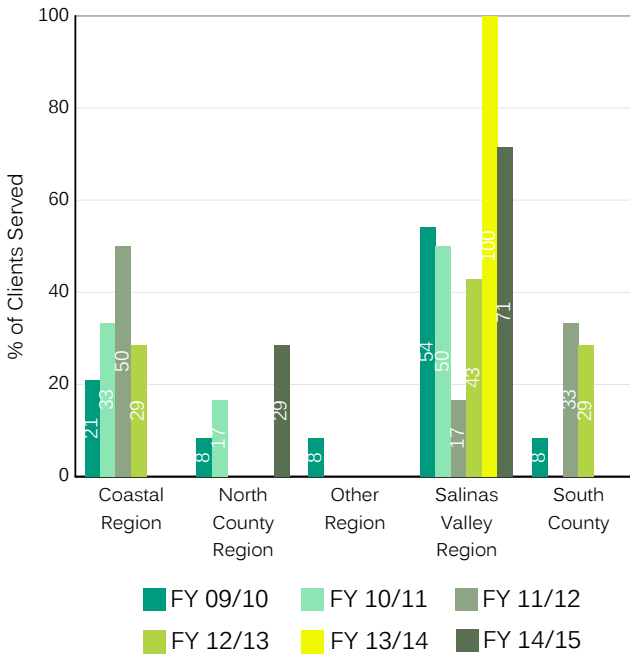
**Clients Served Grouped by Number of Services Received During the Year**



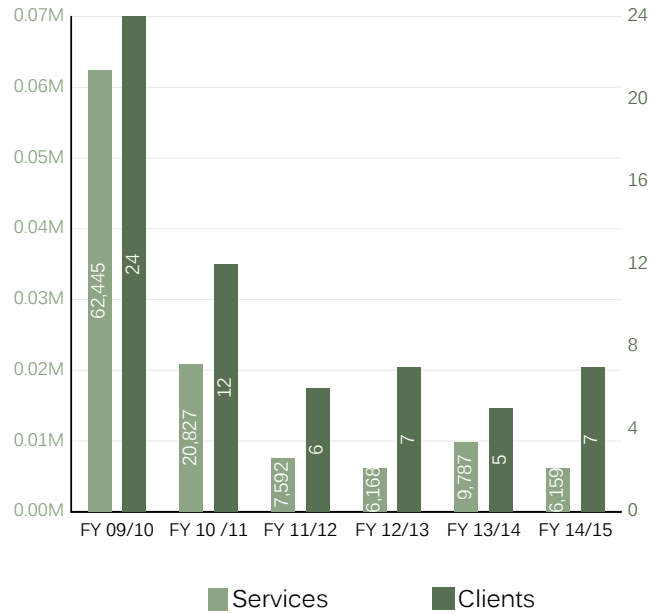
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

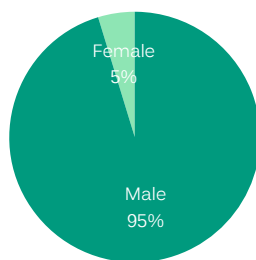


## Program/Program Group: CS JJ JSORT

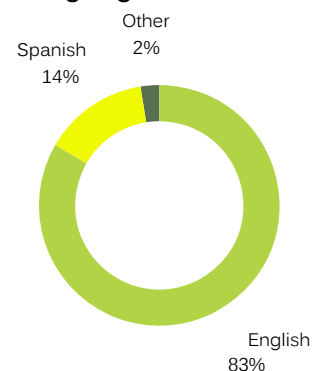
The Juvenile Sex Offender Response Team (JSORT) offers treatment to adolescents with sexual offender charges, in collaboration with the Probation Department. JSORT meets as a multidisciplinary team in order to meet the needs of the youth and family. Referrals are made through the Probation Department,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

Number of Clients Served: 42
Total Service Value: \$315,588.26
Average Service Value per Client: \$7,514.01
Average Age: 15
Number of New Clients: 17
Number of Clients Discharged: 22

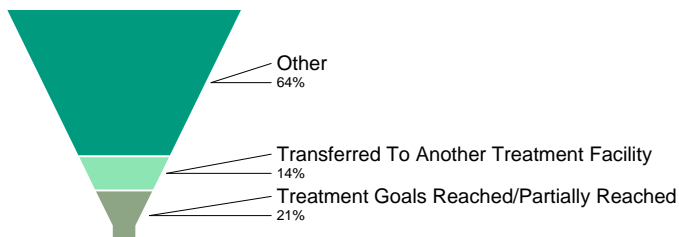
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

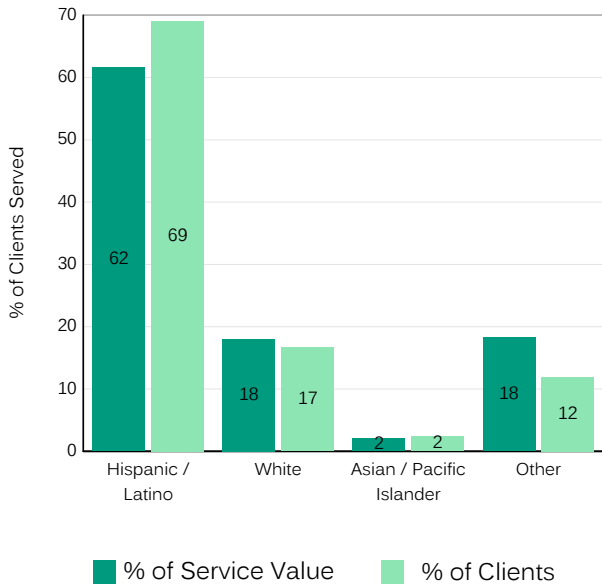
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	50 %
Disruptive Behavior Disorder	31 %
OTHER	7 %
Depressive Disorders	7 %
Bipolar / Mood Disorders	5 %

### Breakdown of Service Type

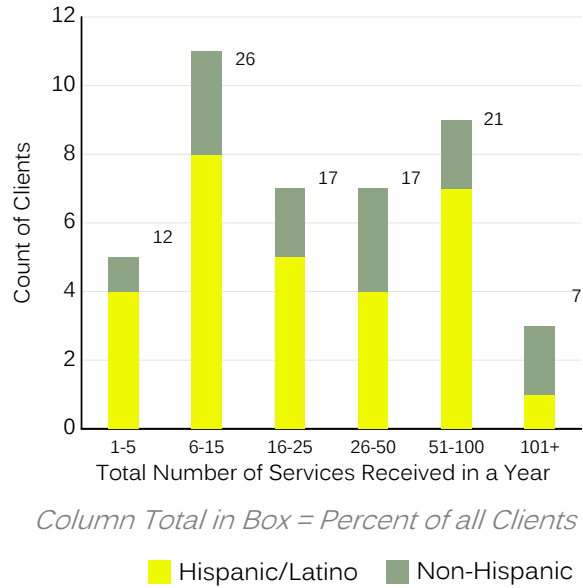
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	75%	Assessment/Evaluation	237	26 %	86%
		Collateral/Family Therapy	133	10 %	40%
		Group Counseling	215	10 %	36%
		Linkage/Brokerage	271	10 %	93%
		Medication Support	20	2 %	12%
		Mental Health Counseling	485	38 %	71%
		Non Billable	160	5 %	67%
		Other	4	0 %	10%
		Total	1,525	100%	100%
		Self Pay	25%		

## Health Equities

### Breakdown of Clients Served by Ethnicity



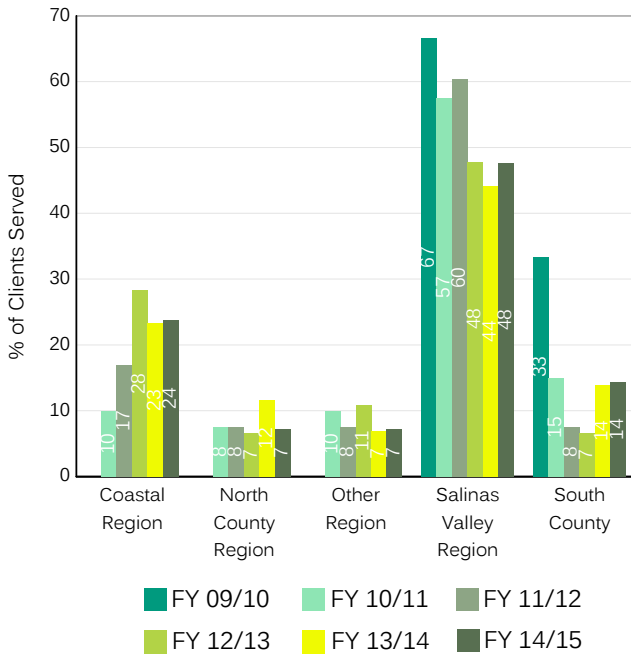
### Clients Served Grouped by Number of Services Received During the Year



Column Total in Box = Percent of all Clients

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

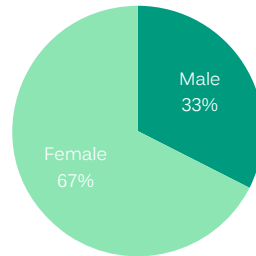


## Program/Program Group: CS JJ Silver Star Resource

Silver Star Resource Center is a Gang Prevention and Intervention Program which offers out-patient services to youth at risk and prior to involvement with the Juvenile Justice System. The Silver Star Resource Center is one of the few Juvenile Justice programs that will accept referrals for youth at risk of, but not yet involved in, the Juvenile Justice system.

Number of Clients Served: 43
Total Service Value: \$174,260.35
Average Service Value per Client: \$4,052.57
Average Age: 15
Number of New Clients: 22
Number of Clients Discharged: 30

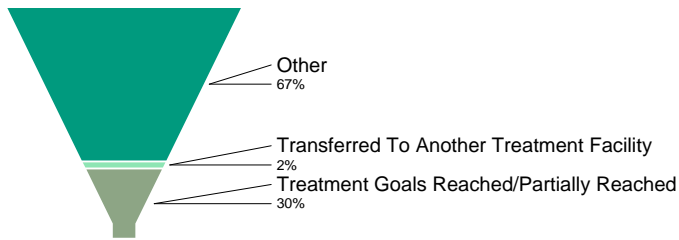
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 37 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

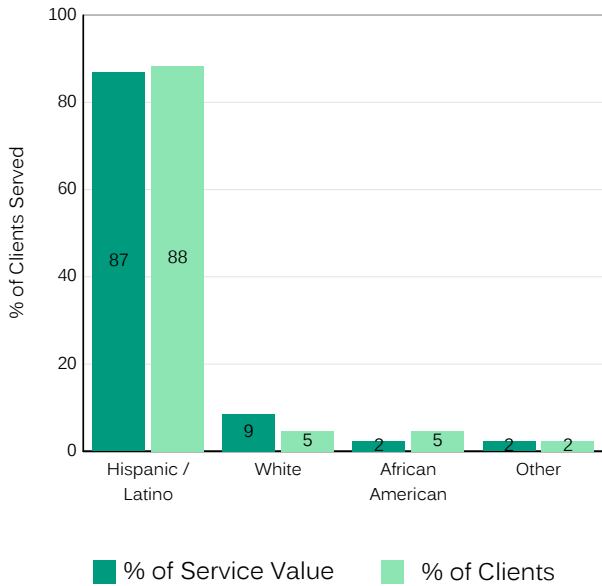
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	53 %
Disruptive Behavior Disorder	23 %
Adjustment Disorders	12 %
OTHER	9 %
Anxiety Disorders	2 %

### Breakdown of Service Type

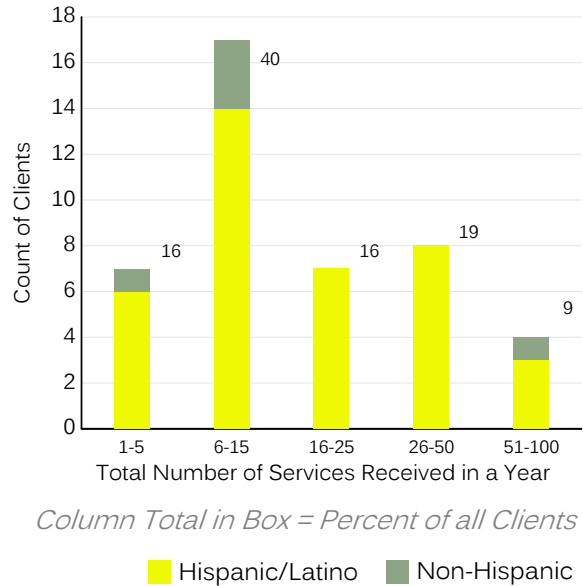
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	70%	Assessment/Evaluation	92	15 %	65%
Private Insurance	17%	Collateral/Family Therapy	157	19 %	70%
Self Pay	13%	Crisis Intervention	3	0 %	5%
		Group Counseling	5	1 %	2%
		Linkage/Brokerage	293	22 %	95%
		Medication Support	20	3 %	12%
		Mental Health Counseling	228	33 %	84%
		Non Billable	104	7 %	67%
		Other	2	0 %	2%
		<b>Total</b>	<b>904</b>	<b>100%</b>	<b>100%</b>

## Health Equities

### Breakdown of Clients Served by Ethnicity

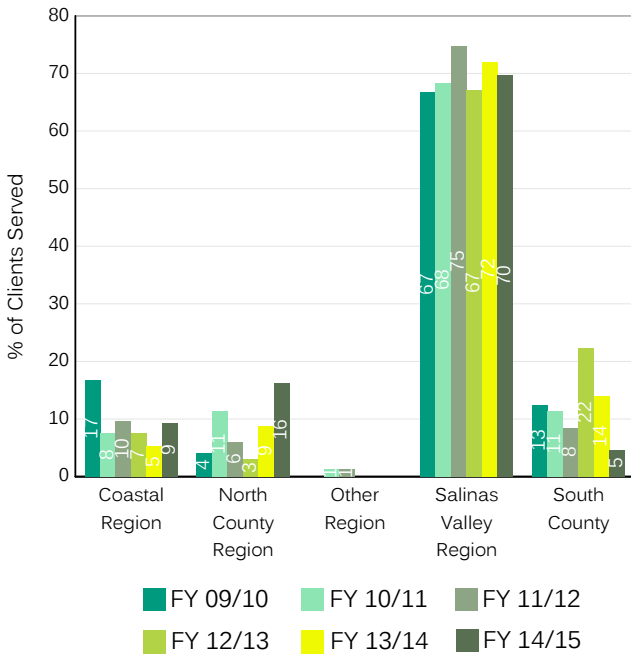


### Clients Served Grouped by Number of Services Received During the Year

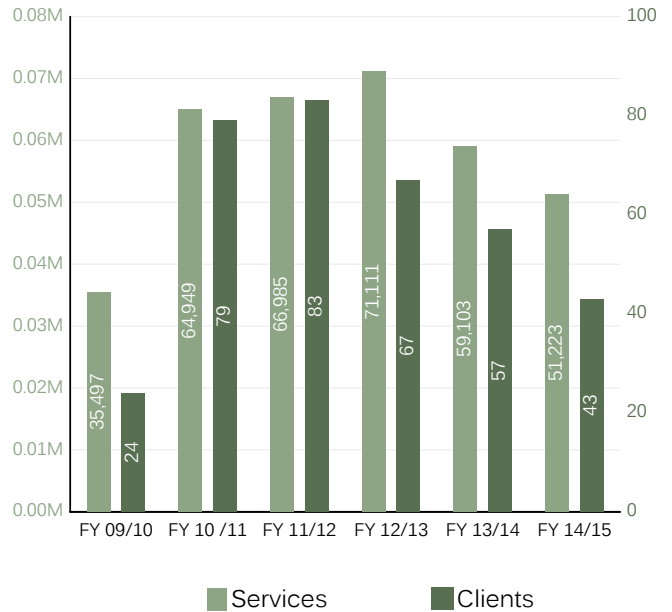


## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

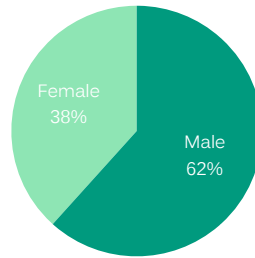


## Program/Program Group: CS JJ Youth Diversion Seaside

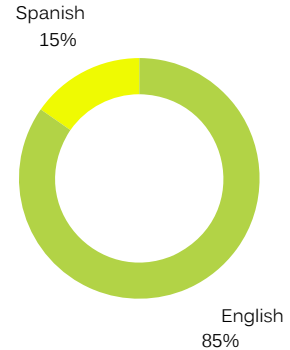
This program is a partnership with Monterey County Behavioral Health and the Seaside Police Department and is funded through the Mental Health Services Act. The treatment goal is to divert first time, non-violent, youth offenders from the Juvenile Justice System. Referrals come from Seaside Police Department police officers. This program targets first time offenders, at risk youth, runaways, and those youth who are beginning to act out, and/or demonstrate signs of inappropriate behavior at home, school and in the community. The diversion program holds youth responsible for their acts and helps them explore the choices they are making and what goals they have in life. The major focus of the program is accountability, restitution, community service, individual and family counseling, and extracurricular activities. The length of treatment is typically six months.

Number of Clients Served: 13
Total Service Value: \$54,814.45
Average Service Value per Client: \$4,216.50
Average Age: 14
Number of New Clients: 3
Number of Clients Discharged: 9

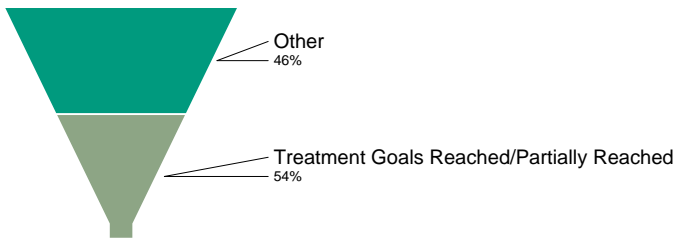
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



Of the Clients Served, 46 % had a Substance Use Diagnosis.

**Top 5 Primary Diagnosis**

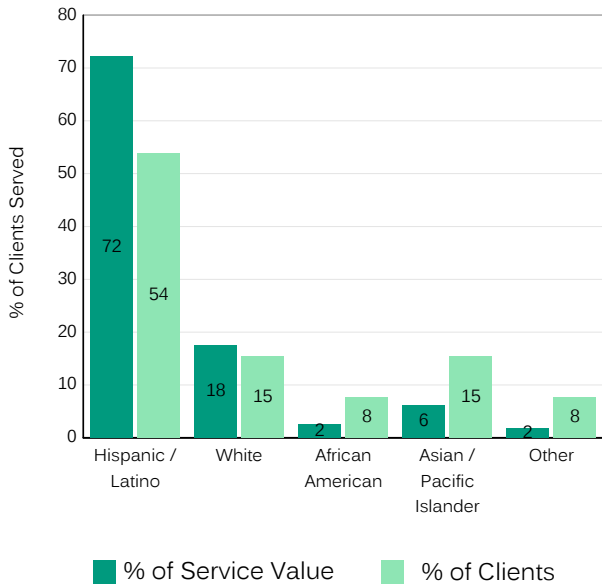
Diagnosis Type	% of Clients with this Diagnosis Type
Disruptive Behavior Disorder	38 %
Depressive Disorders	31 %
Adjustment Disorders	15 %
Bipolar / Mood Disorders	15 %

**Breakdown of Service Type**

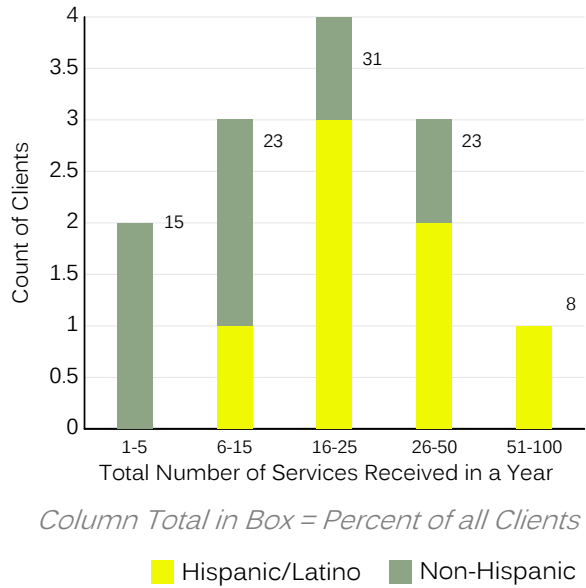
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	74%	Assessment/Evaluation	16	9 %	54%
		Collateral/Family Therapy	28	10 %	46%
		Group Counseling	20	9 %	23%
		Linkage/Brokerage	75	17 %	100%
		Mental Health Counseling	88	40 %	100%
		Non Billable	55	16 %	77%
		Total	282	100%	100%
Private Insurance	13%				
Self Pay	13%				

## Health Equities

### Breakdown of Clients Served by Ethnicity



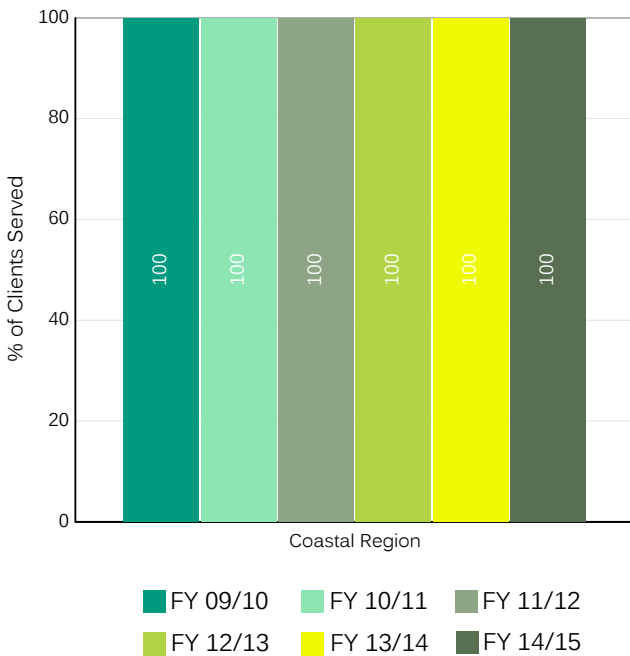
### Clients Served Grouped by Number of Services Received During the Year



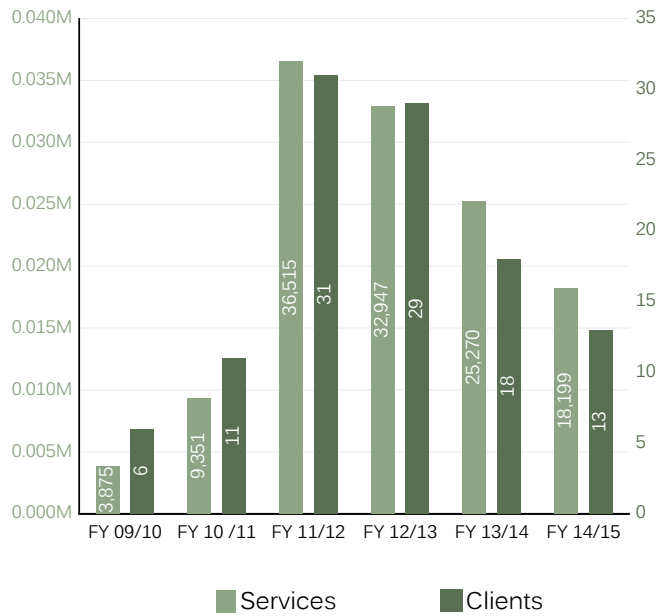
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

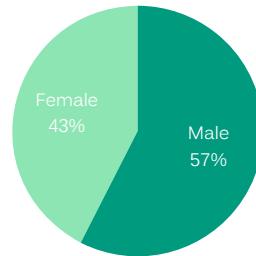


## Program/Program Group: CS MCSTART

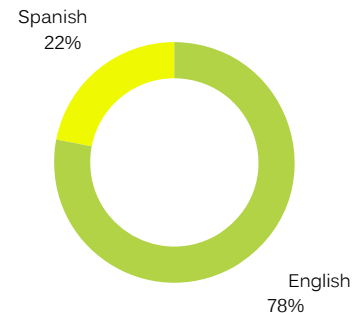
This is a collaborative program with Door To Hope as lead agency, Salinas Adult School, Department of Social & Employment Services (DSES) and First 5 Monterey County, this program represents the services provided by county staff. Children 0-5 throughout Monterey County who have been prenatally exposed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

Number of Clients Served: 155
Total Service Value: \$1,117,296.10
Average Service Value per Client: \$7,208.36
Average Age: 4
Number of New Clients: 63
Number of Clients Discharged: 82

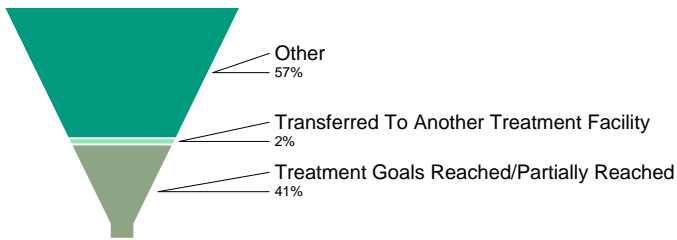
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Infancy / Childhood / Adolescent	53 %
Anxiety Disorders	15 %
Adjustment Disorders	13 %
Disruptive Behavior Disorder	11 %
Bipolar / Mood Disorders	4 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	94%
Private Insurance	4%
Self Pay	1%

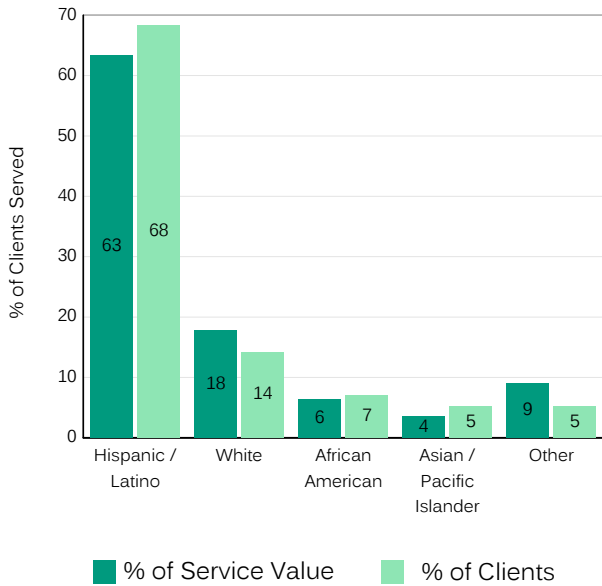
### Breakdown of Service Type

	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	975	34 %	85%
Collateral/Family Therapy	1,421	37 %	68%
Linkage/Brokerage	1,670	22 %	89%
Medication Support	25	0 %	3%
Mental Health Counseling	162	4 %	13%
Non Billable	215	1 %	41%
Other	16	0 %	5%
Total	4,484	100%	100%

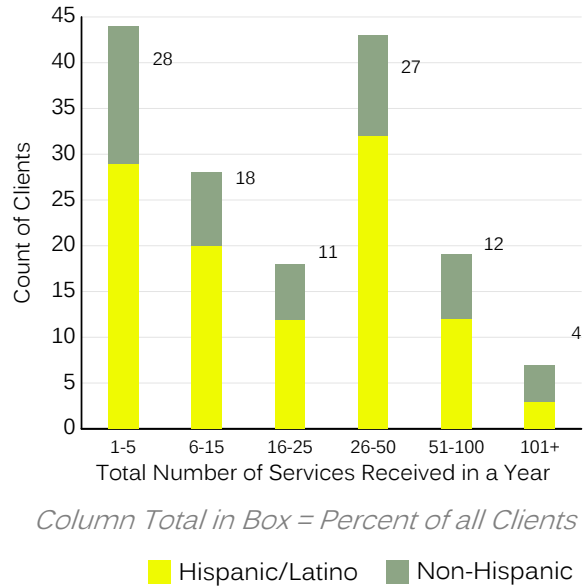


## Health Equities

### Breakdown of Clients Served by Ethnicity



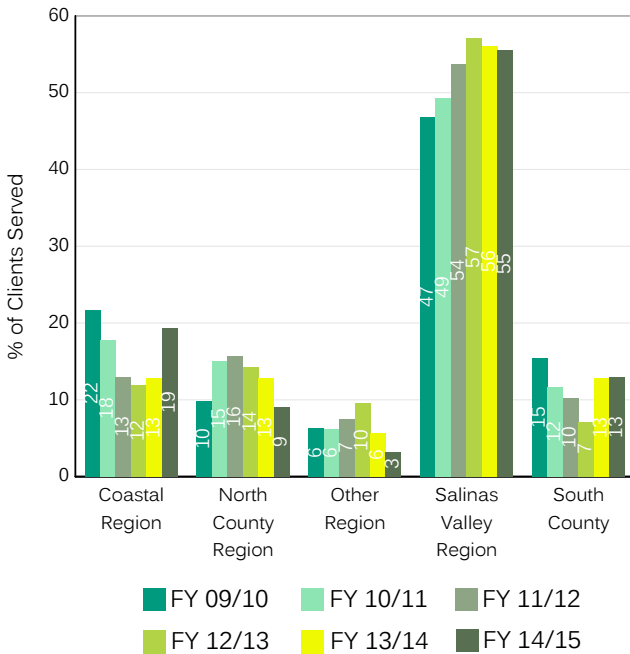
### Clients Served Grouped by Number of Services Received During the Year



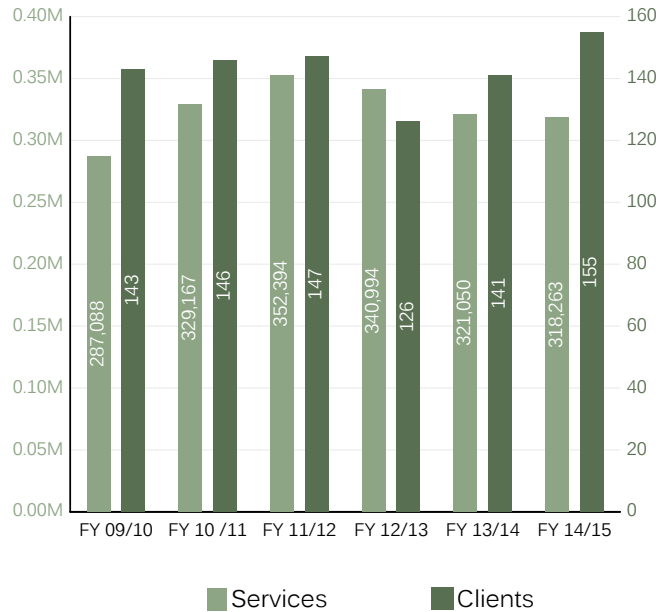
Column Total in Box = Percent of all Clients

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

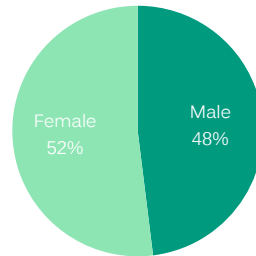


## Program/Program Group: CS MHSA TIP AVANZA FSP

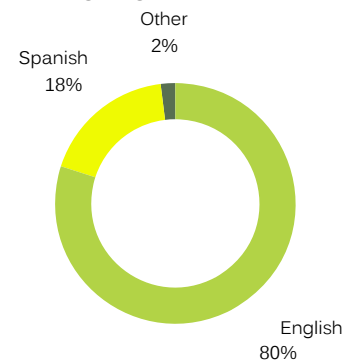
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental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

Number of Clients Served: 50
Total Service Value: \$339,338.09
Average Service Value per Client: \$6,786.76
Average Age: 20
Number of New Clients: 4
Number of Clients Discharged: 38

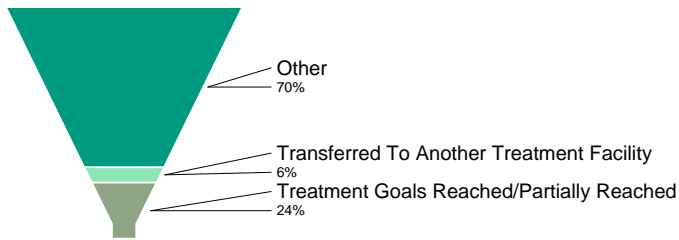
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 12 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

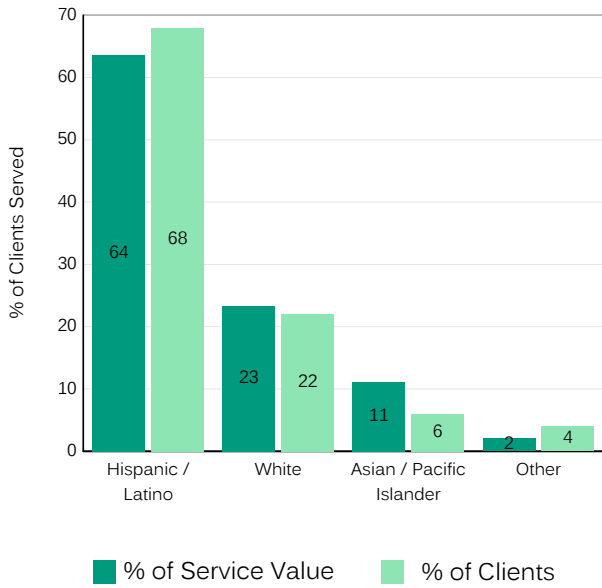
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	42 %
Bipolar / Mood Disorders	18 %
Psychotic Disorder	14 %
Adjustment Disorders	12 %
Anxiety Disorders	6 %

### Breakdown of Service Type

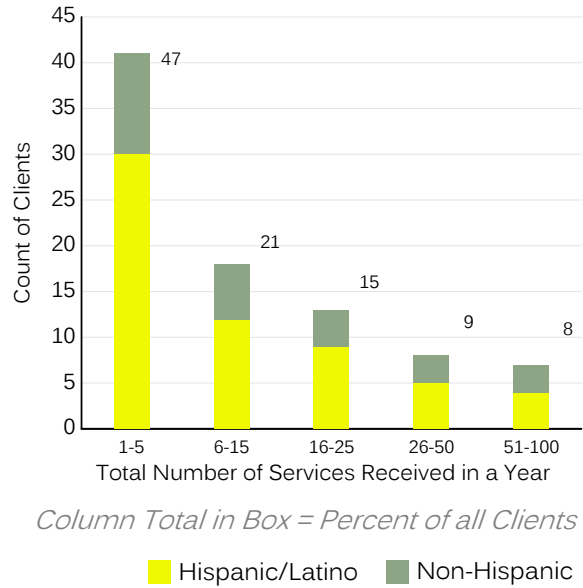
Primary Insurance Source of Clients Served	% of clients served	Service Type	Breakdown of Service Type			
			Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal 64% Medicare B 2% Others 4% Private Insurance 30% Self Pay 0%		Assessment/Evaluation	68	5 %	42%	
		Collateral/Family Therapy	19	2 %	16%	
		Crisis Intervention	4	0 %	4%	
		Group Counseling	212	34 %	42%	
		Linkage/Brokerage	294	20 %	84%	
		Medication Support	48	2 %	42%	
		Mental Health Counseling	311	28 %	66%	
		Non Billable	239	9 %	82%	
		Other	5	0 %	6%	
		<b>Total</b>		<b>1,200</b>	<b>100%</b>	<b>100%</b>

# Health Equities

### Breakdown of Clients Served by Ethnicity



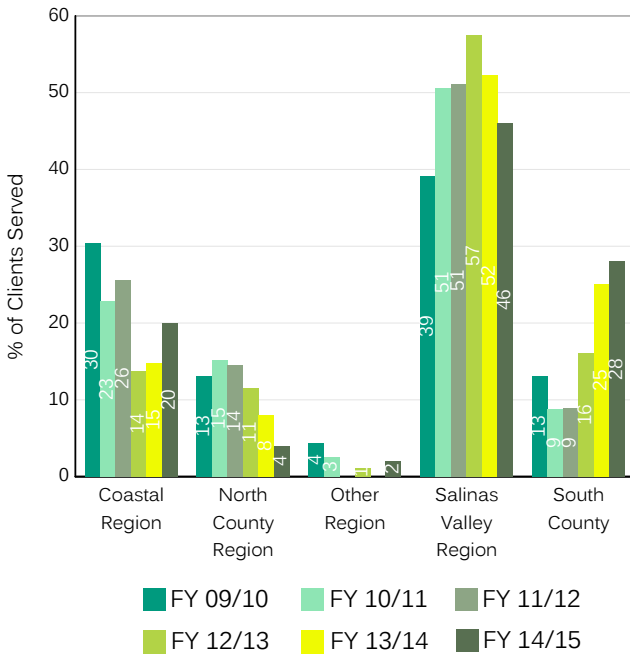
### Clients Served Grouped by Number of Services Received During the Year



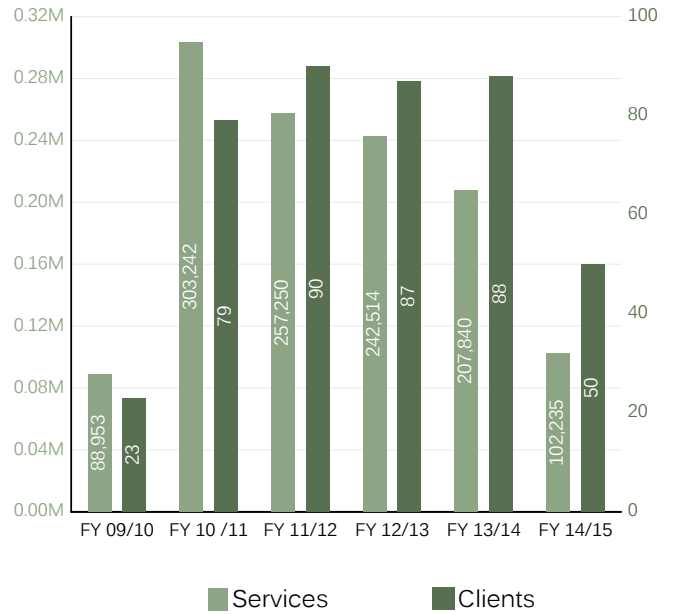
Column Total in Box = Percent of all Clients

# Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

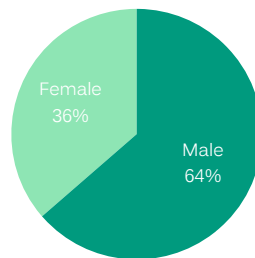


## Program/Program Group: CS Salinas Home Partners

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

Number of Clients Served: 11
Total Service Value: \$273,196.65
Average Service Value per Client: \$24,836.06
Average Age: 9
Number of New Clients: 7
Number of Clients Discharged: 7

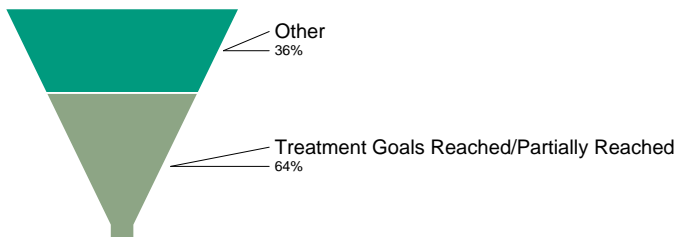
**Gender**



**Language of Preference**



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

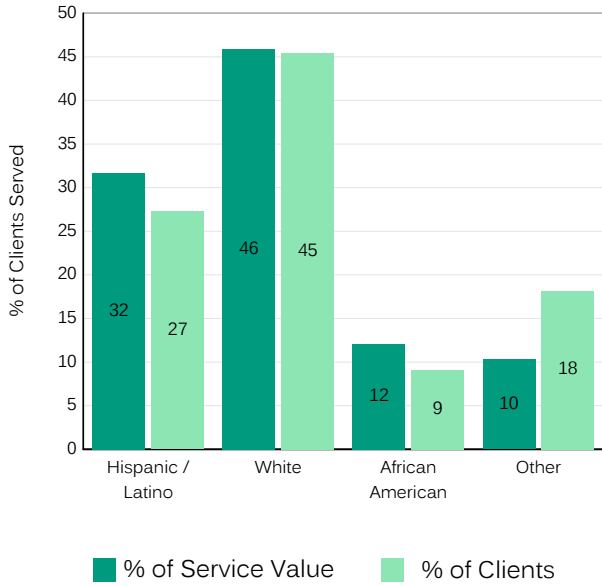
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	36 %
Anxiety Disorders	18 %
Bipolar / Mood Disorders	18 %
Psychotic Disorder	9 %
Disruptive Behavior Disorder	9 %

### Breakdown of Service Type

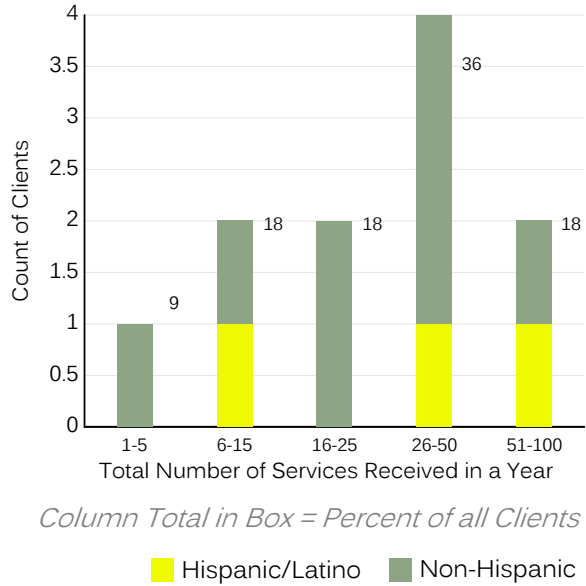
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	49%	Assessment/Evaluation	16	4 %	82%
		Collateral/Family Therapy	63	8 %	82%
Private Insurance	40%	Linkage/Brokerage	55	5 %	100%
		Mental Health Counseling	206	83 %	91%
Self Pay	11%	Non Billable	4	0 %	27%
		Other	1	0 %	9%
<b>Total</b>			<b>345</b>	<b>100%</b>	<b>100%</b>

## Health Equities

**Breakdown of Clients Served by Ethnicity**

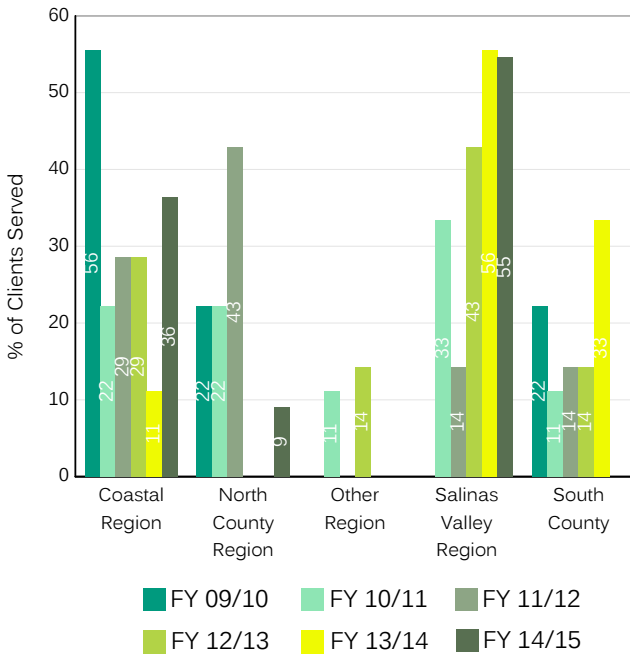


**Clients Served Grouped by Number of Services Received During the Year**

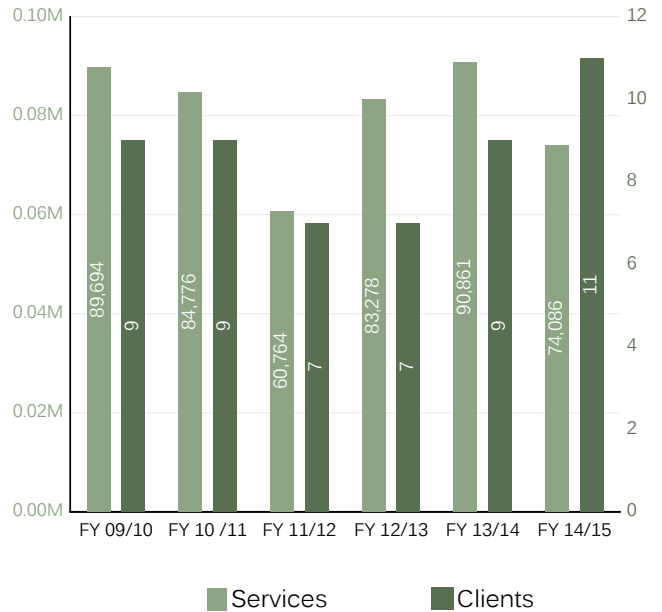


## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

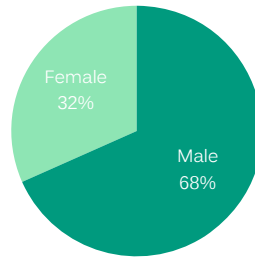


## Program/Program Group: CS School Readiness

The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive development. Services include: Dyadic Therapy (parent/caregiver and child). Mental Health Consultation. Developmental and Social-Emotional Screenings. Services are provided in conjunction with Family Resource Centers throughout Monterey County including King City, Salinas, Seaside and Castroville.

Number of Clients Served: 155
Total Service Value: \$782,342.43
Average Service Value per Client: \$5,047.37
Average Age: 5
Number of New Clients: 97
Number of Clients Discharged: 84

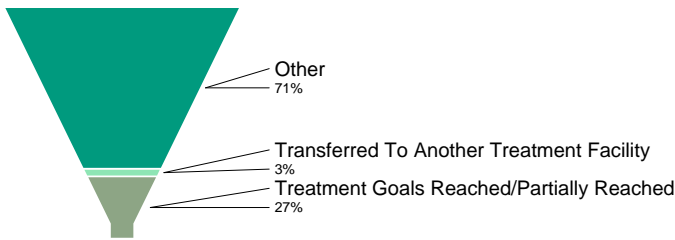
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

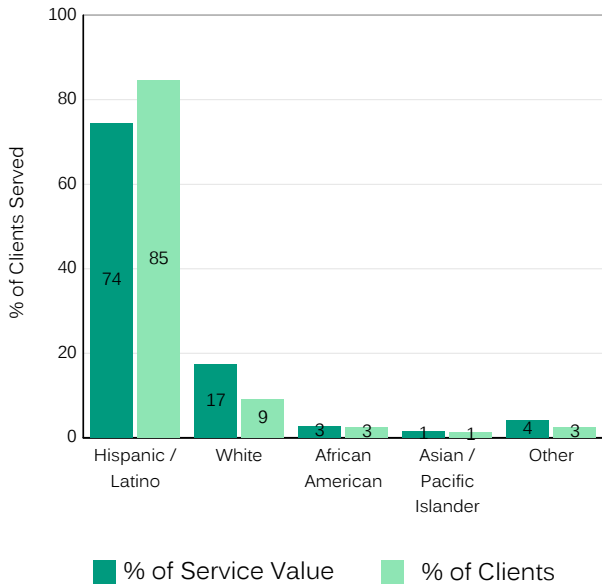
Diagnosis Type	% of Clients with this Diagnosis Type
Infancy / Childhood / Adolescent	50 %
Adjustment Disorders	22 %
Anxiety Disorders	13 %
Disruptive Behavior Disorder	10 %
OTHER	5 %

### Breakdown of Service Type

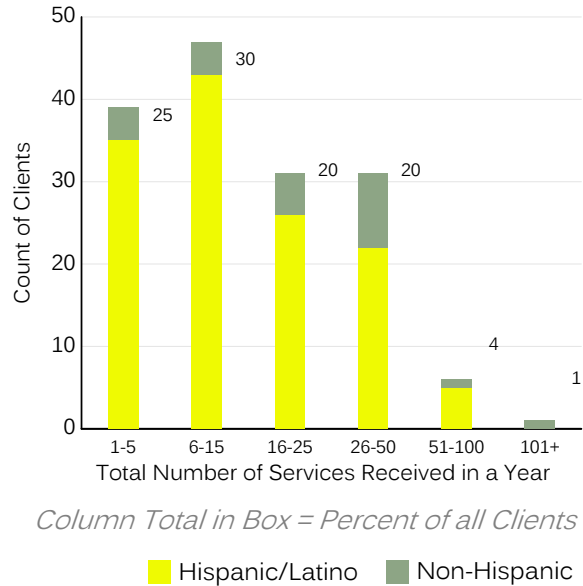
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	93%	Assessment/Evaluation	586	25 %	89%
Private Insurance	0%	Collateral/Family Therapy	794	28 %	68%
Self Pay	6%	Linkage/Brokerage	436	11 %	76%
		Medication Support	41	1 %	7%
		Mental Health Counseling	615	28 %	37%
		Non Billable	386	6 %	72%
		Other	3	0 %	1%
		Total	2,861	100%	100%

## Health Equities

### Breakdown of Clients Served by Ethnicity



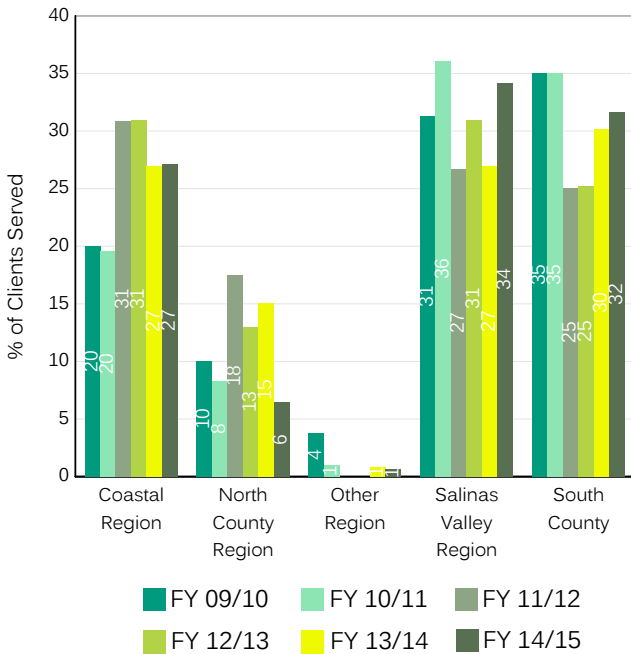
### Clients Served Grouped by Number of Services Received During the Year



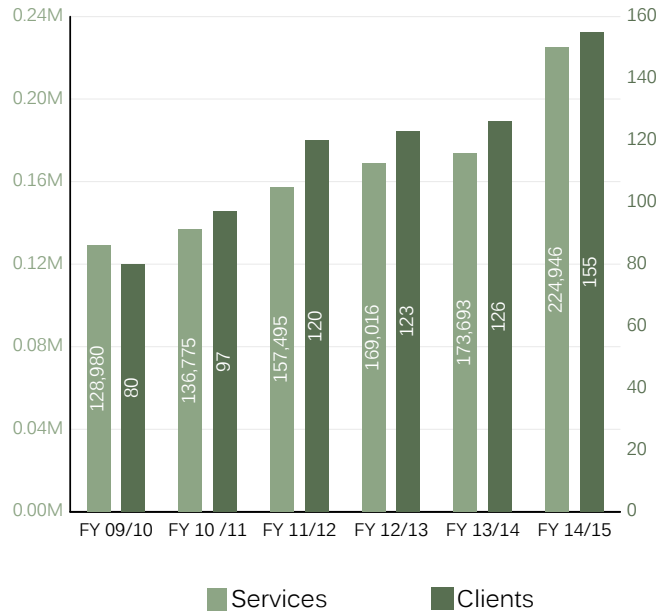
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

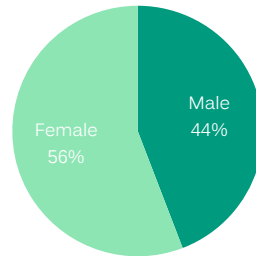


## Program/Program Group: CS Transitional Aged Youth

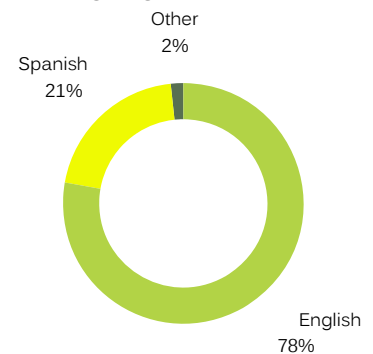
Avanza is a voluntary program for youth ages 16-25 and is based on the philosophy that services should be youth-guided, strength-based, individualized, community-based and culturally competent. We collaborate with other services providers, the youth and their family to provide services and supports to help the youth move forward in their life domains (Education, Employment, Living Situation, Personal/Community Engagement). Youth receive psychiatric assessment, case management and individual/group/family therapy based upon their mental health needs. Youth also can participate in skills groups, outings and recognition events.

Number of Clients Served: 193
Total Service Value: \$1,784,136.88
Average Service Value per Client: \$9,244.23
Average Age: 20
Number of New Clients: 88
Number of Clients Discharged: 82

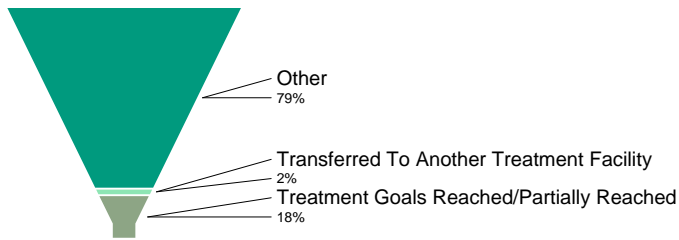
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 29 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	35 %
Psychotic Disorder	17 %
Bipolar / Mood Disorders	15 %
Anxiety Disorders	11 %
Adjustment Disorders	9 %

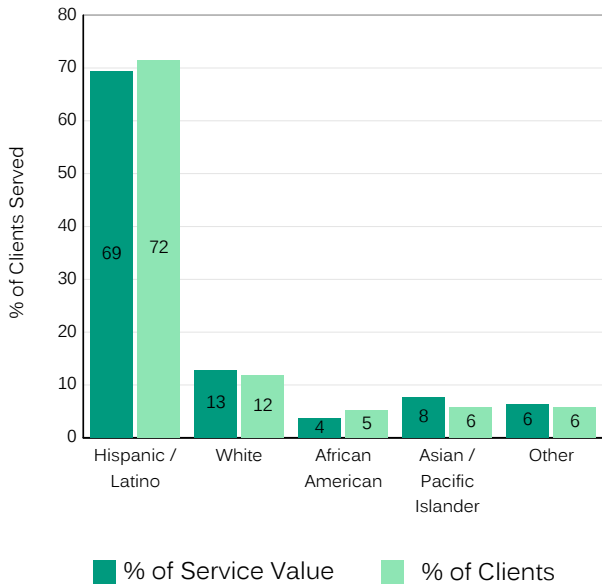
### Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	72%	Assessment/Evaluation	536	9 %	69%
Medicare B	6%	Collateral/Family Therapy	282	5 %	36%
Others	2%	Crisis Intervention	18	0 %	5%
Private Insurance	14%	Group Counseling	701	20 %	36%
Self Pay	5%	Linkage/Brokerage	1,995	22 %	88%
		Medication Support	433	4 %	46%
		Mental Health Counseling	1,609	30 %	72%
		Non Billable	1,383	10 %	87%
		Other	16	0 %	6%
		<b>Total</b>	<b>6,973</b>	<b>100%</b>	<b>100%</b>

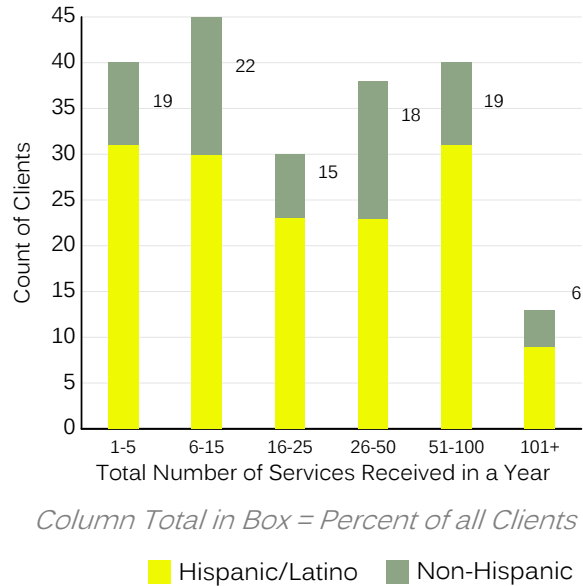


# Health Equities

### Breakdown of Clients Served by Ethnicity



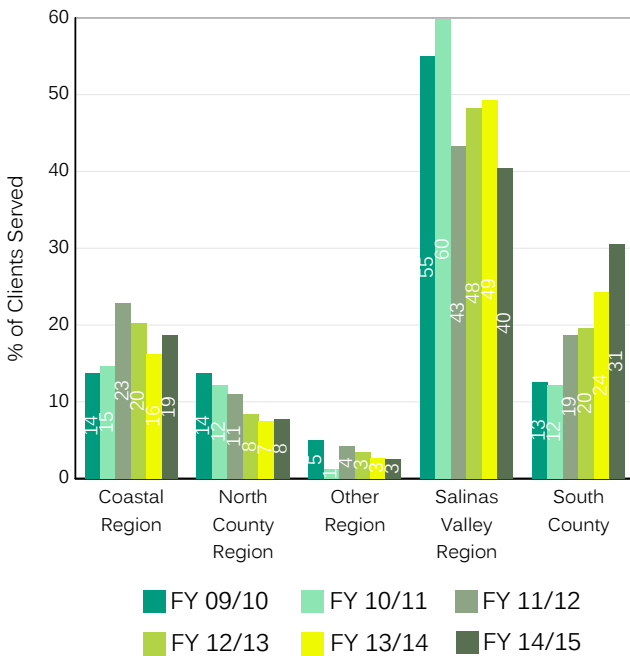
### Clients Served Grouped by Number of Services Received During the Year



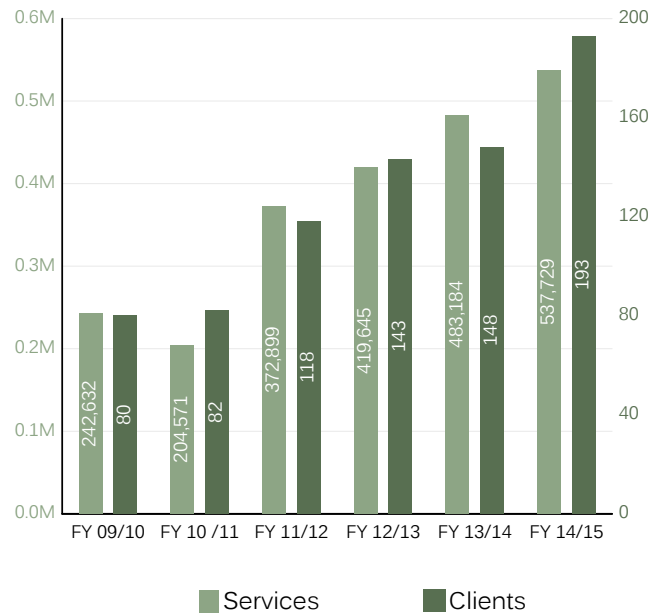
Column Total in Box = Percent of all Clients

# Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

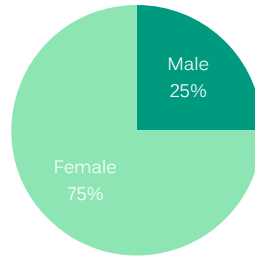


## Program/Program Group: DTH Co-occurring Disorder FSP

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

Number of Clients Served: 8
Total Service Value: \$77,547.81
Average Service Value per Client: \$9,693.48
Average Age: 17
Number of New Clients: 5
Number of Clients Discharged: 6

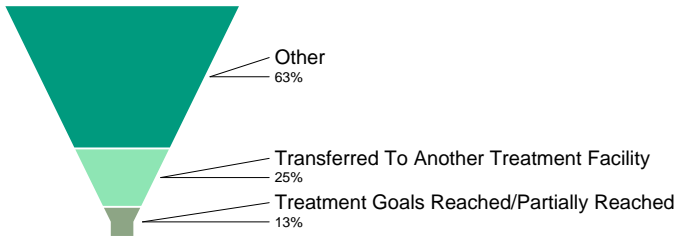
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

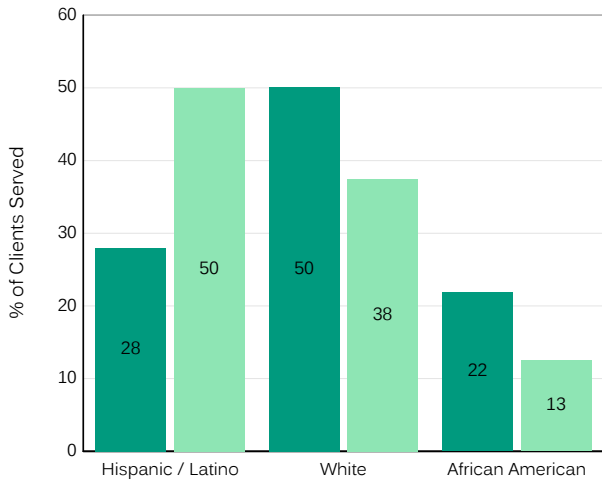
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	38 %
Depressive Disorders	38 %
Anxiety Disorders	13 %
Bipolar / Mood Disorders	13 %

Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	96%	Assessment/Evaluation	29	9 %	88%
Private Insurance	1%	Collateral/Family Therapy	35	6 %	75%
Self Pay	2%	Group Counseling	3	1 %	25%
		Linkage/Brokerage	139	23 %	100%
		Mental Health Counseling	163	54 %	100%
		Non Billable	41	6 %	75%
		Total	410	100%	100%

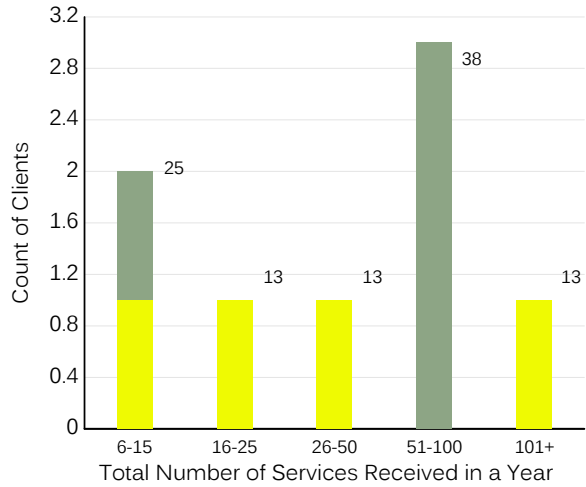
## Health Equities

### Breakdown of Clients Served by Ethnicity



■ % of Service Value    ■ % of Clients

### Clients Served Grouped by Number of Services Received During the Year

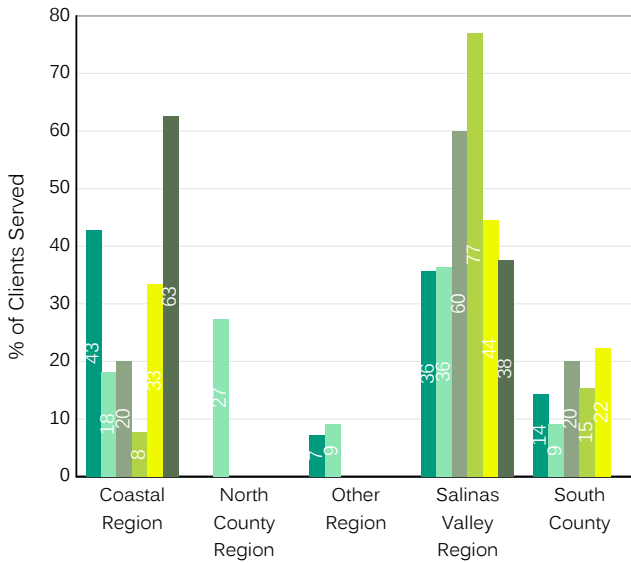


*Column Total in Box = Percent of all Clients*

■ Hispanic/Latino    ■ Non-Hispanic

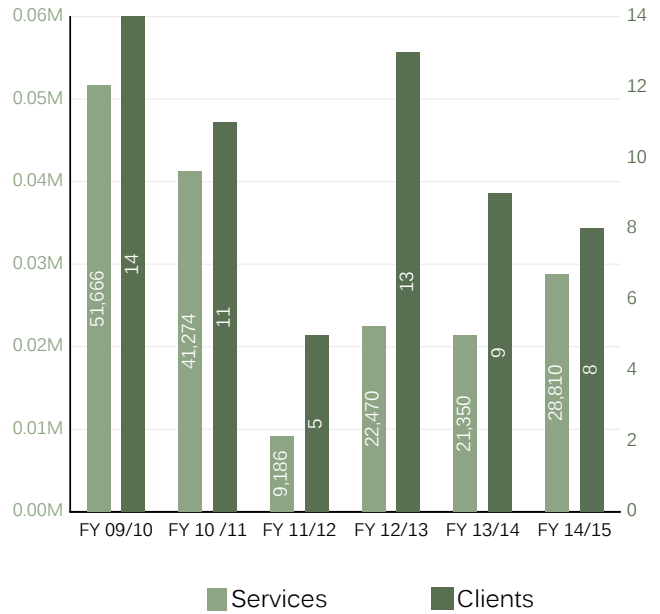
## Six Year Service Trend

### Percent of Clients Served by Region of Residence



■ FY 09/10    ■ FY 10/11    ■ FY 11/12  
 ■ FY 12/13    ■ FY 13/14    ■ FY 14/15

### Total Service Minutes Compared to Total Client Count



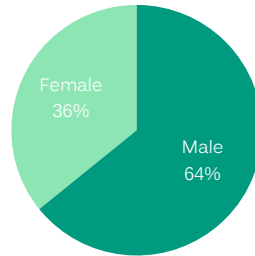
■ Services    ■ Clients

# Program/Program Group: DTH Co-occurring Disorder SD

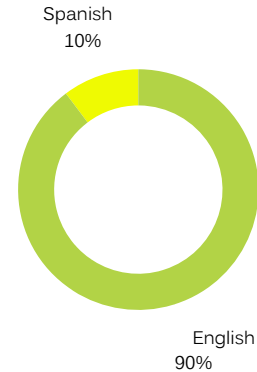
ICT is an MHSA program, a Full Service Partnership, (FSP), and a contract with Door to Hope. This team provides a high level of care to co-occurring youth and their families. ICT is designed to prevent youth from having to be placed out of the home, who may be struggling with a co-occurring disorder.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

Number of Clients Served: 78
Total Service Value: \$471,010.20
Average Service Value per Client: \$6,038.59
Average Age: 17
Number of New Clients: 54
Number of Clients Discharged: 52

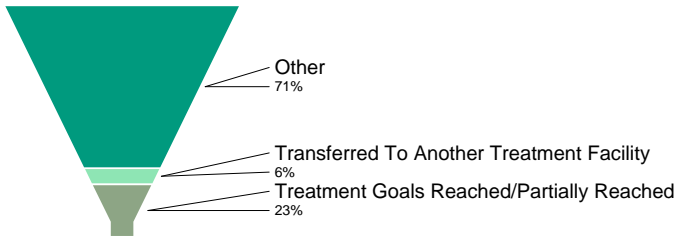
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



Of the Clients Served, 92 % had a Substance Use Diagnosis.

**Top 5 Primary Diagnosis**

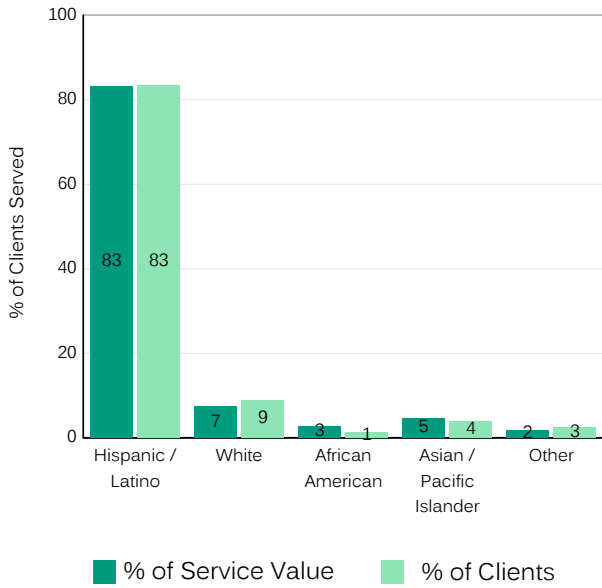
Diagnosis Type	% of Clients with this Diagnosis Type
Depressive Disorders	58 %
Anxiety Disorders	14 %
Bipolar / Mood Disorders	14 %
Adjustment Disorders	10 %
Psychotic Disorder	1 %

**Breakdown of Service Type**

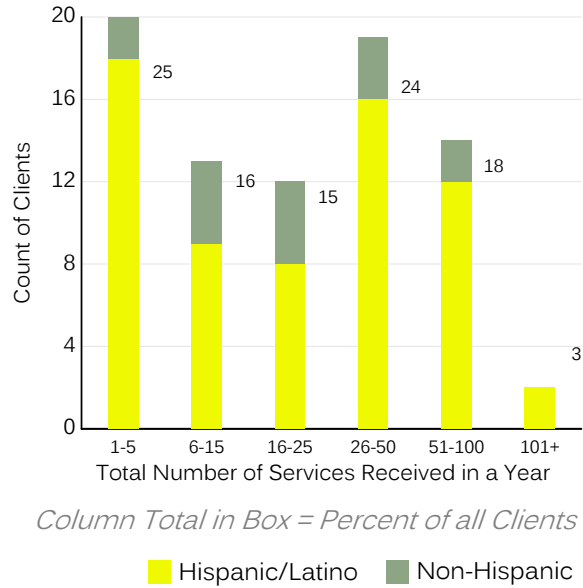
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type				
		Number of Services	% of Total Service Minutes	% of Clients		
Medi-Cal	85%	Assessment/Evaluation	456	24 %	85%	
		Collateral/Family Therapy	155	6 %	40%	
		Group Counseling	12	0 %	9%	
		Linkage/Brokerage	417	13 %	77%	
		Mental Health Counseling	942	49 %	73%	
		Non Billable	325	7 %	72%	
		Other	6	0 %	5%	
		Total	2,313	100%	100%	
		Private Insurance	7%			
		Self Pay	8%			

# Health Equities

### Breakdown of Clients Served by Ethnicity



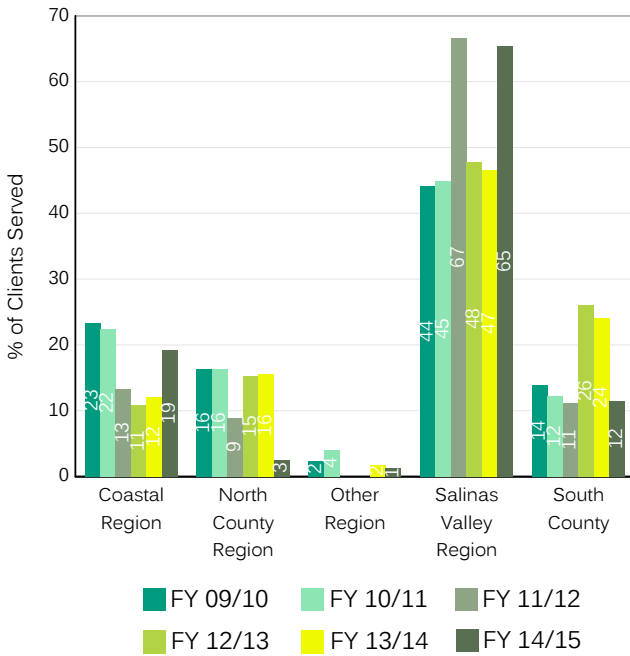
### Clients Served Grouped by Number of Services Received During the Year



Column Total in Box = Percent of all Clients

# Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

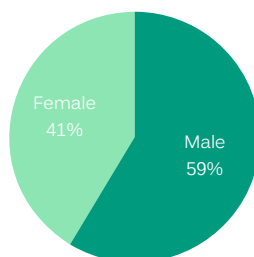


## Program/Program Group: DTH MCSTART

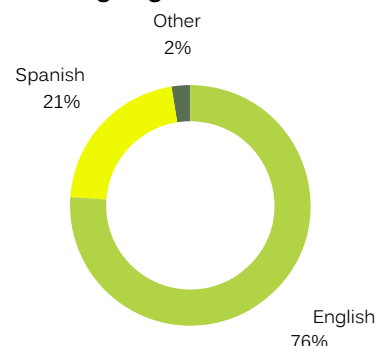
Provides Mental Health Services and Medication Support to eligible infants and children who require early intervention services. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral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

Number of Clients Served: 508
Total Service Value: \$1,937,465.91
Average Service Value per Client: \$3,813.91
Average Age: 3
Number of New Clients: 184
Number of Clients Discharged: 217

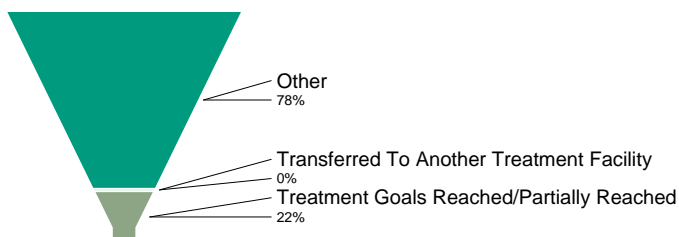
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

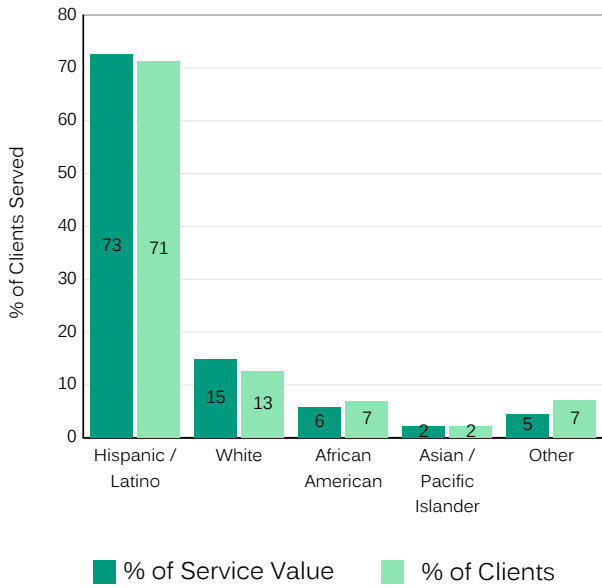
Diagnosis Type	% of Clients with this Diagnosis Type
Infancy / Childhood / Adolescent	83 %
Disruptive Behavior Disorder	7 %
Adjustment Disorders	5 %
Anxiety Disorders	4 %
Bipolar / Mood Disorders	1 %

### Breakdown of Service Type

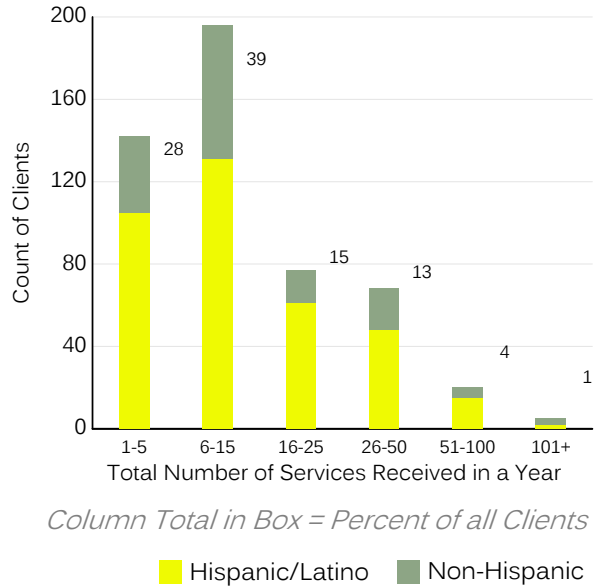
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	96%	Assessment/Evaluation	780	13 %	67%
Others	0%	Collateral/Family Therapy	1,215	12 %	69%
Private Insurance	1%	Group Counseling	43	0 %	3%
Self Pay	3%	Linkage/Brokerage	2,306	20 %	82%
		Medication Support	754	9 %	61%
		Mental Health Counseling	2,997	44 %	61%
		Non Billable	96	1 %	14%
		Other	12	0 %	1%
		Total	8,203	100%	100%

# Health Equities

### Breakdown of Clients Served by Ethnicity



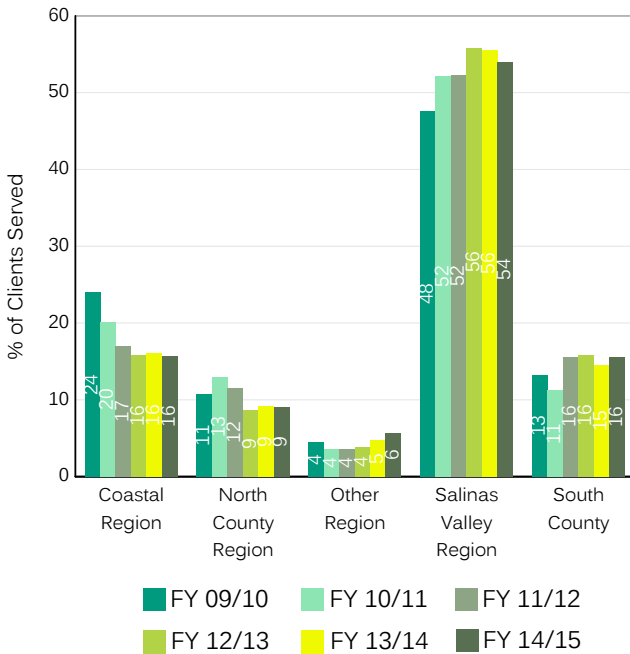
### Clients Served Grouped by Number of Services Received During the Year



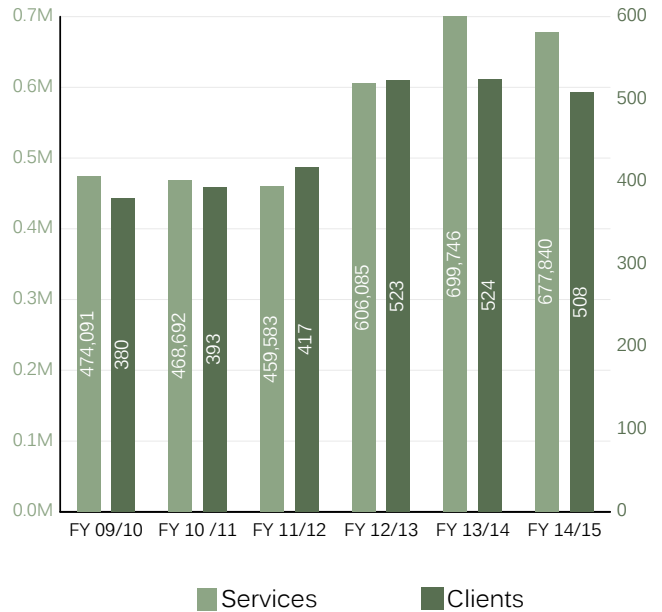
Column Total in Box = Percent of all Clients

# Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

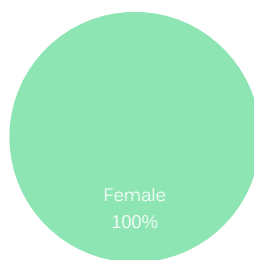


## Program/Program Group: DTH Santa Lucia

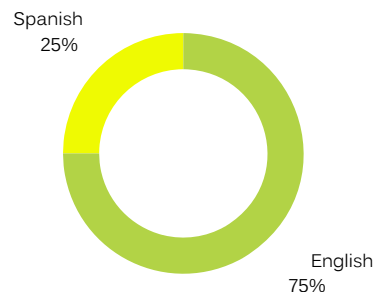
Santa Lucia/Door to Hope provides a 24 hour, Residential Care Level (RCL) 11, residential treatment program for adolescent females with co-occurring disorders. Door to Hope delivers a nine month, Intensive Treatment program, to at risk, female adolescent youth, with substance abuse issues, in a community setting. Youth are placed through Monterey County Probation or Monterey County Department of Social and Employment Services (DSES). Services delivered include individual, group, and family therapy. Substance abuse education and therapeutic community/milieu are also provided.

Number of Clients Served: 12
Total Service Value: \$473,613.89
Average Service Value per Client: \$39,467.82
Average Age: 16
Number of New Clients: 8
Number of Clients Discharged: 8

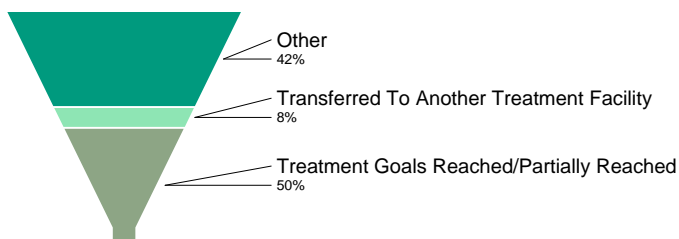
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Bipolar / Mood Disorders	42 %
Adjustment Disorders	25 %
Depressive Disorders	25 %
Anxiety Disorders	8 %

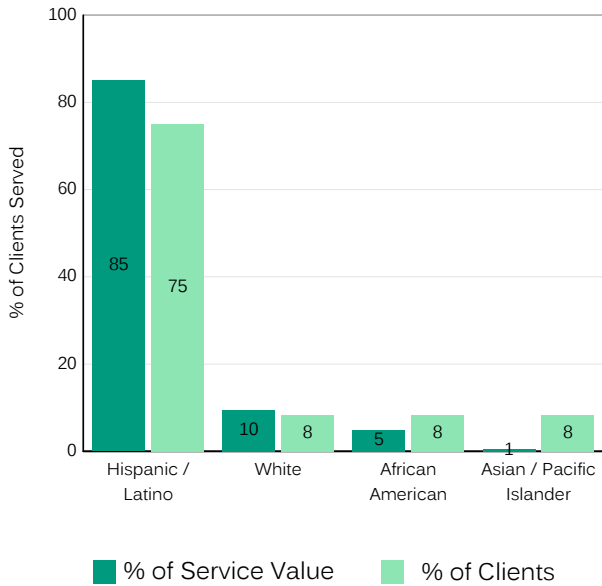
### Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	100%	Assessment/Evaluation	43	2 %	92%
		Collateral/Family Therapy	108	4 %	83%
		Group Counseling	1,940	29 %	100%
		Linkage/Brokerage	230	7 %	100%
		Mental Health Counseling	1,417	56 %	100%
		Non Billable	20	1 %	50%
		Other	34	1 %	83%
		Total	3,792	100%	100%

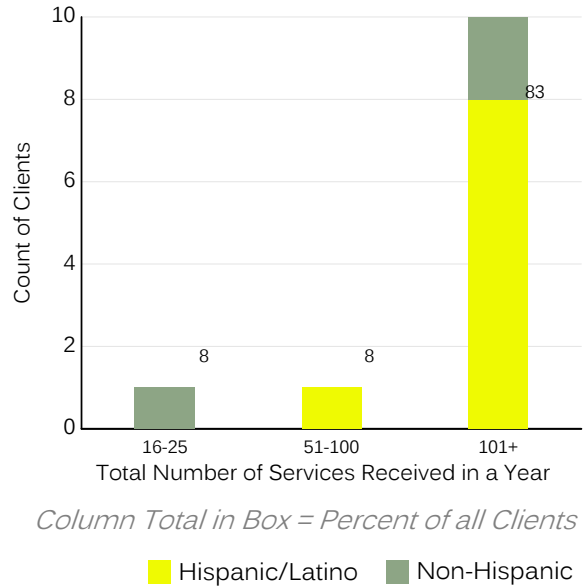


## Health Equities

### Breakdown of Clients Served by Ethnicity



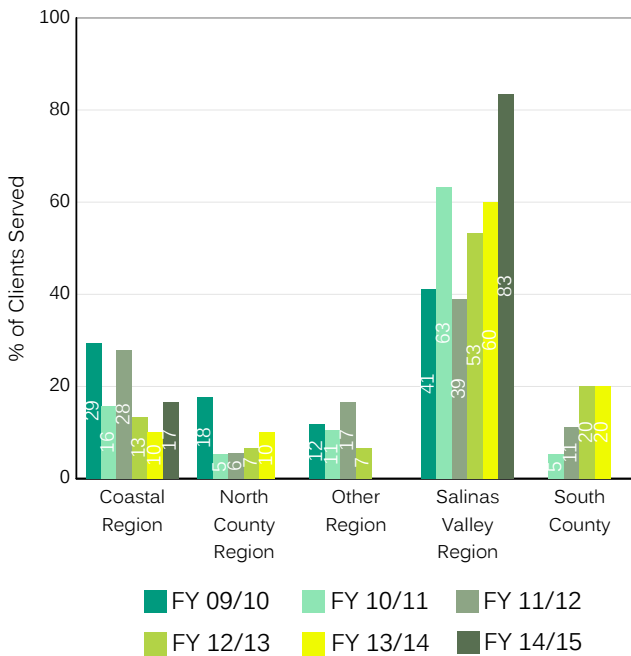
### Clients Served Grouped by Number of Services Received During the Year



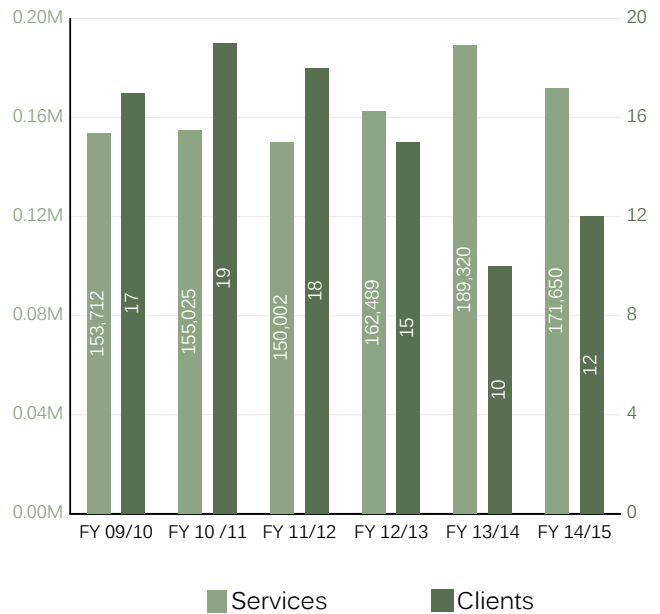
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

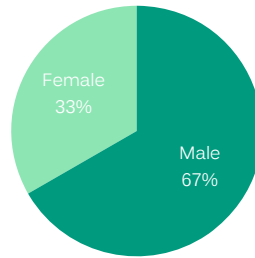


## Program/Program Group: FSA PREP

The PREP program is a community partnership between The University of California, The Family Services Agency of San Francisco, The Mental Health Association of San Francisco, Sojourner Truth Foster Family Service Agency, Larkin Street Youth Services, and Child Crisis Community Behavioral Health Services Department of Public Health. PREP is committed to transforming the treatment and perception of early psychosis by intervening early with evidence-based, culturally-competent assessment and diagnosis so that in 5 years most cases of psychosis are treated to remission. Our mission is to deliver comprehensive, conscientious and multi-faceted treatment grounded in wellness, recovery and resilience to people experiencing signs and symptoms of psychosis, as well as their families

Number of Clients Served: 3
Total Service Value: \$0.00
Average Service Value per Client: \$0.00
Average Age: 19
Number of New Clients: 36
Number of Clients Discharged: 51

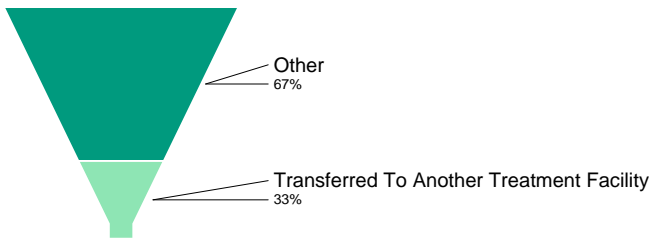
### Gender



### Language of Preference



### Discharge Disposition/Outcome



### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	67 %

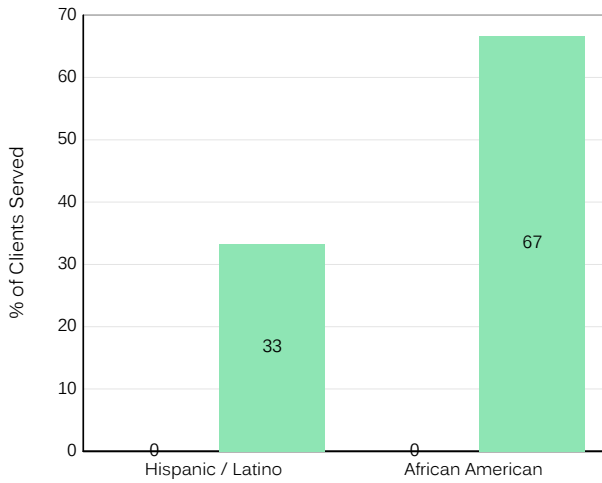
Of the Clients Served, 0 % had a Substance Use Diagnosis.

### Breakdown of Service Type

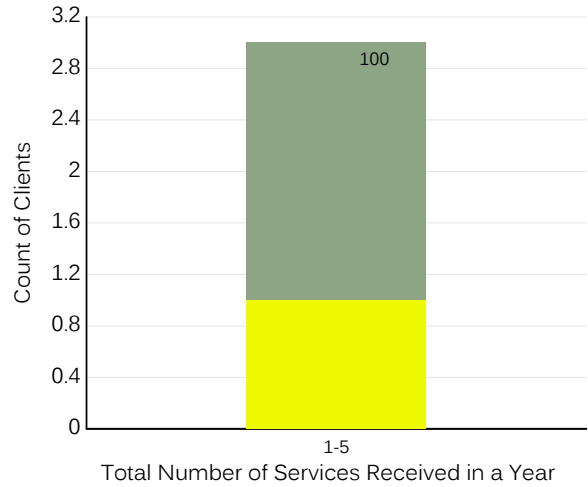
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	100%	Non Billable	3	100 %	100%
		Total	3	100%	100%

## Health Equities

**Breakdown of Clients Served by Ethnicity**



**Clients Served Grouped by Number of Services Received During the Year**



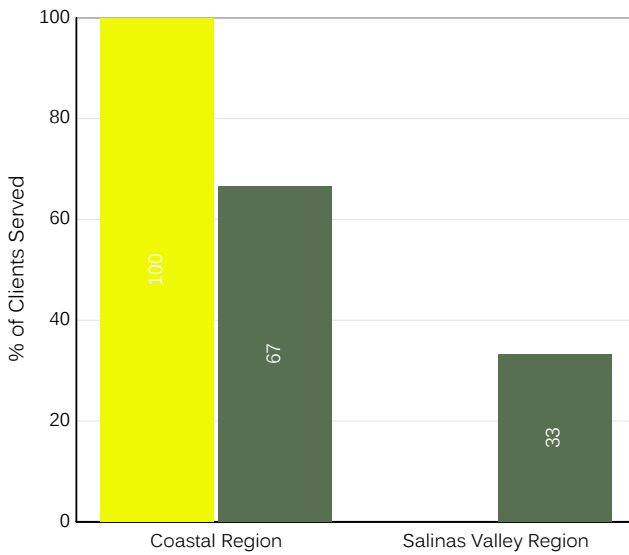
*Column Total in Box = Percent of all Clients*

■ % of Service Value   ■ % of Clients

■ Hispanic/Latino   ■ Non-Hispanic

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**



■ FY 09/10   ■ FY 10/11   ■ FY 11/12  
 ■ FY 12/13   ■ FY 13/14   ■ FY 14/15

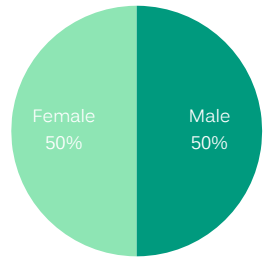
■ Services   ■ Clients

# Program/Program Group: Kinship Adoption Preservation FSP

Services include the integration of a full service partnership model for some families and the inclusion of evidence based and evidence informed parent education programs.

Number of Clients Served: 2
Total Service Value: \$57,974.15
Average Service Value per Client: \$28,987.08
Average Age: 10
Number of New Clients: 0
Number of Clients Discharged: 0

**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



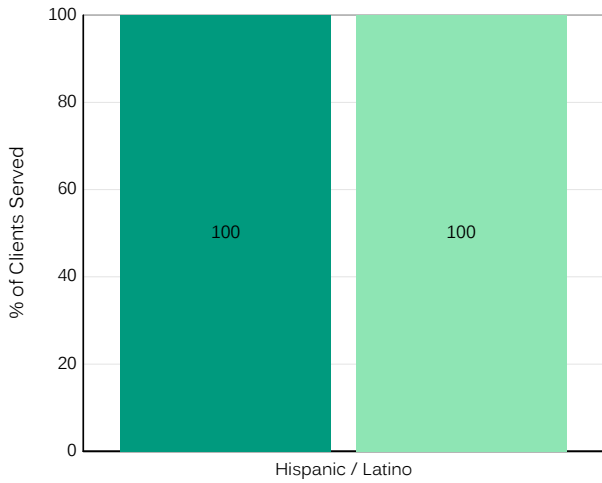
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	50 %
Infancy / Childhood / Adolescent	50 %

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

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	11	4 %	100%
Collateral/Family Therapy	15	5 %	100%
Linkage/Brokerage	91	23 %	100%
Medication Support	50	15 %	100%
Mental Health Counseling	121	54 %	100%
<b>Total</b>	<b>288</b>	<b>100%</b>	<b>100%</b>

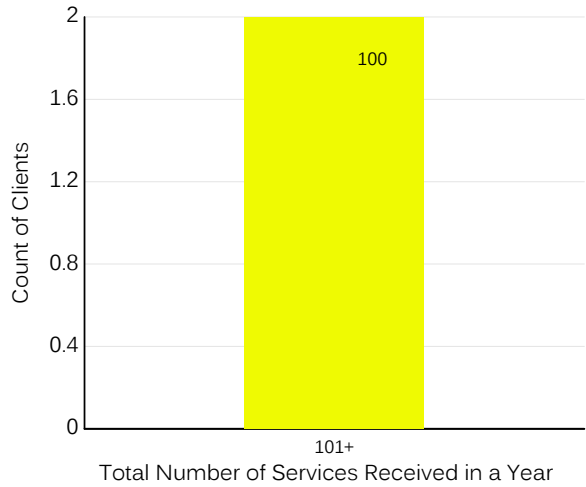
## Health Equities

**Breakdown of Clients Served by Ethnicity**



■ % of Service Value    ■ % of Clients

**Clients Served Grouped by Number of Services Received During the Year**

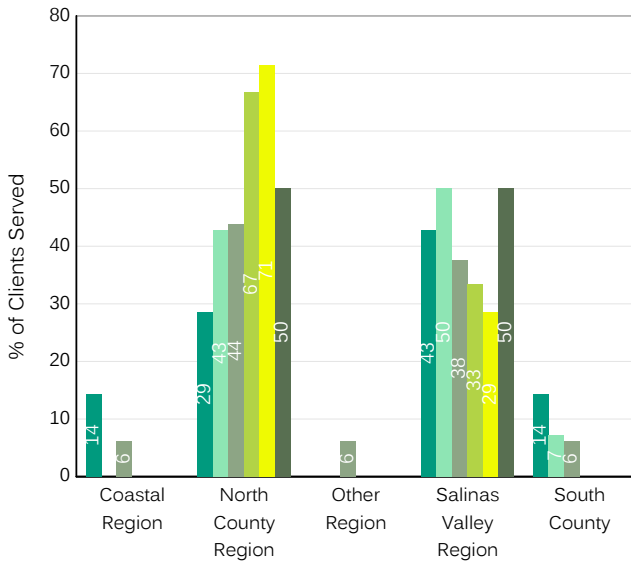


*Column Total in Box = Percent of all Clients*

■ Hispanic/Latino    ■ Non-Hispanic

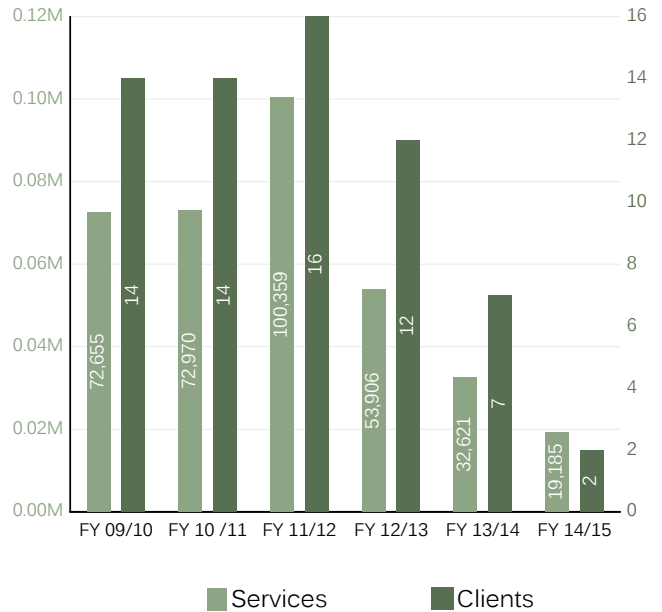
## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



■ FY 09/10    ■ FY 10/11    ■ FY 11/12  
 ■ FY 12/13    ■ FY 13/14    ■ FY 14/15

**Total Service Minutes Compared to Total Client Count**



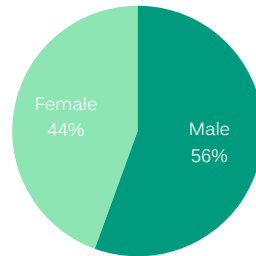
■ Services    ■ Clients

## Program/Program Group: Kinship Center

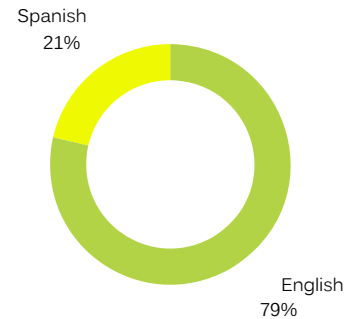
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will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

Number of Clients Served: 160
Total Service Value: \$1,045,558.48
Average Service Value per Client: \$6,534.74
Average Age: 9
Number of New Clients: 75
Number of Clients Discharged: 80

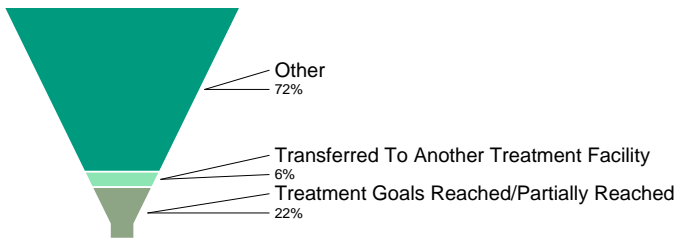
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

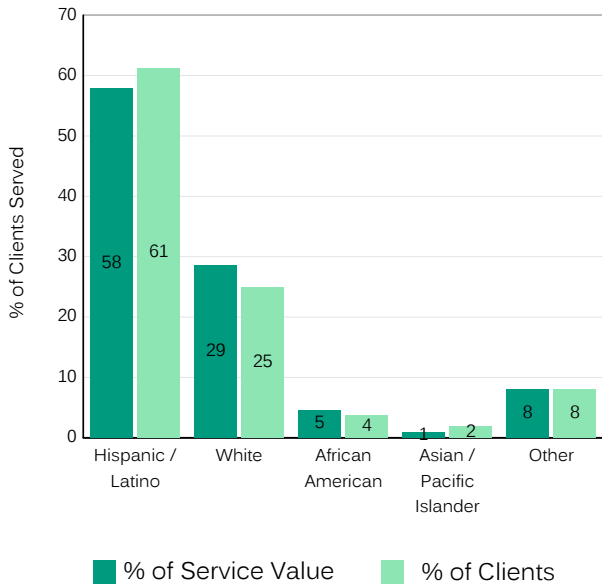
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	38 %
Adjustment Disorders	20 %
Disruptive Behavior Disorder	16 %
Depressive Disorders	13 %
Infancy / Childhood / Adolescent	9 %

### Breakdown of Service Type

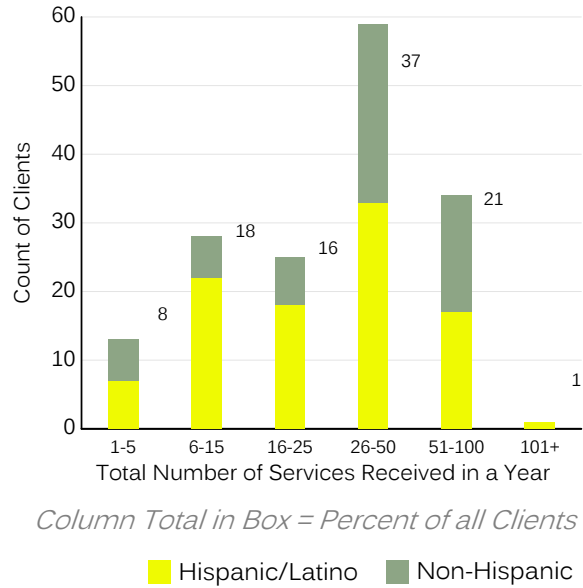
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	91%	Assessment/Evaluation	1,255	26 %	94%
Private Insurance	6%	Collateral/Family Therapy	489	8 %	70%
Self Pay	3%	Linkage/Brokerage	990	10 %	93%
		Medication Support	108	2 %	13%
		Mental Health Counseling	2,504	55 %	84%
		Total	5,346	100%	100%

## Health Equities

### Breakdown of Clients Served by Ethnicity



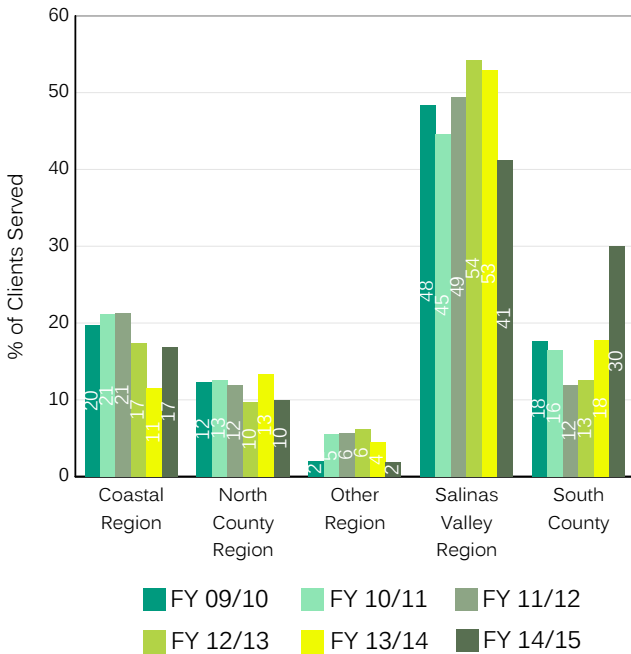
### Clients Served Grouped by Number of Services Received During the Year



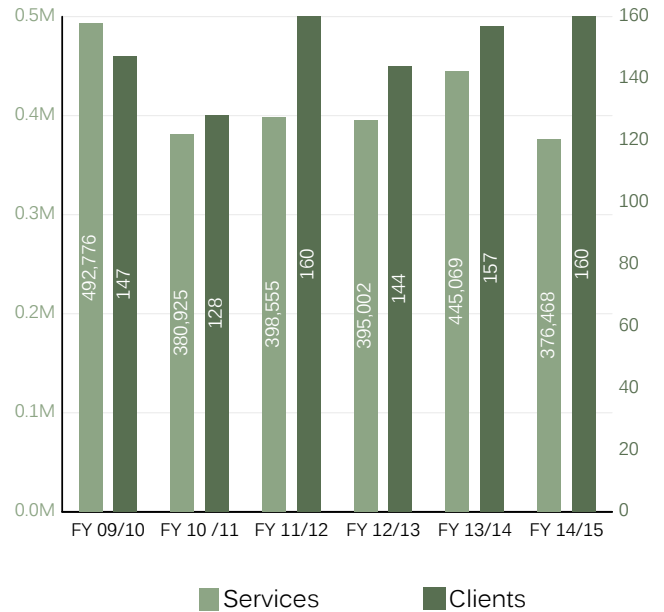
Column Total in Box = Percent of all Clients

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

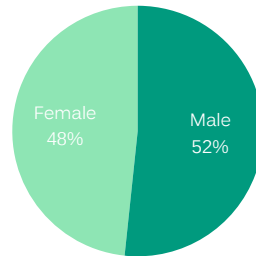


## Program/Program Group: Pajaro Vly Prevention + Student Assist

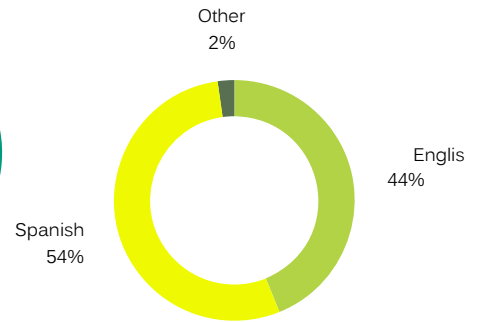
Provider will provide mental health services to North Monterey County children attending schools in the Pajaro/Las Lomas area and their family members who are Medi-Cal or Non-Medi-Cal eligible and who suffer from a broad range of mental health needs

Number of Clients Served: 89
Total Service Value: \$242,322.80
Average Service Value per Client: \$2,722.73
Average Age: 9
Number of New Clients: 55
Number of Clients Discharged: 33

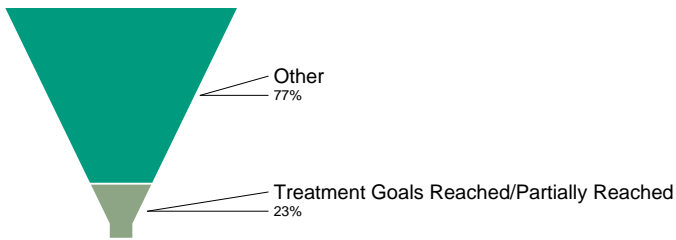
### Gender



### Language of Preference



### Discharge Disposition/Outcome



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

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	49 %
Disruptive Behavior Disorder	27 %
Anxiety Disorders	10 %
Depressive Disorders	8 %
OTHER	4 %

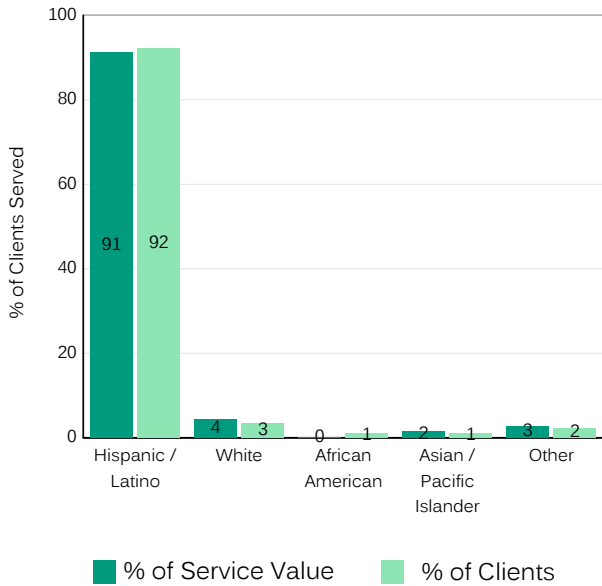
### Breakdown of Service Type

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	91%	Assessment/Evaluation	275	18 %	88%
		Collateral/Family Therapy	153	8 %	37%
		Group Counseling	198	8 %	21%
		Linkage/Brokerage	2	0 %	2%
		Mental Health Counseling	1,218	66 %	87%
		Total	1,846	100%	100%
Private Insurance	3%				
Self Pay	6%				

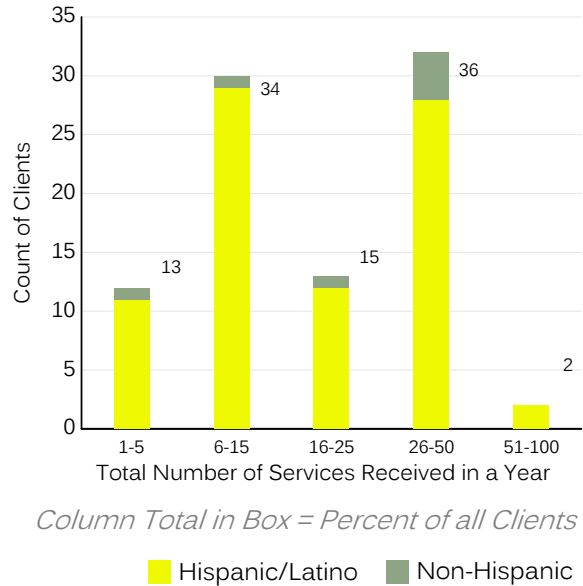


## Health Equities

**Breakdown of Clients Served by Ethnicity**



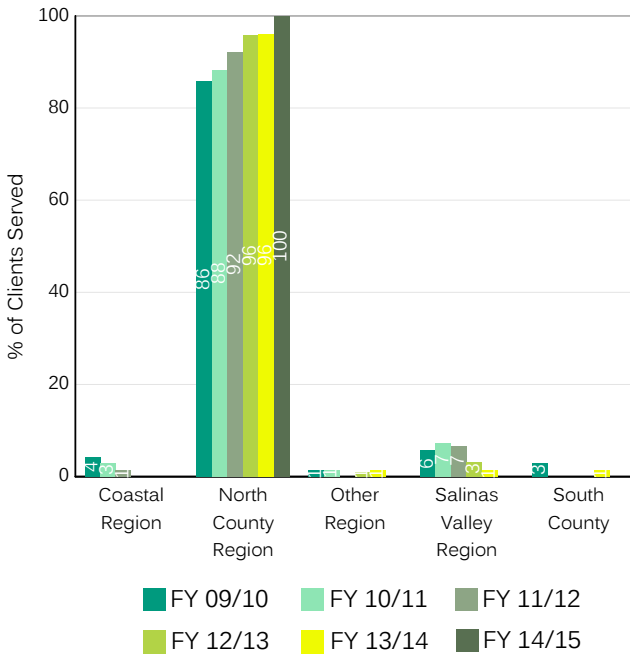
**Clients Served Grouped by Number of Services Received During the Year**



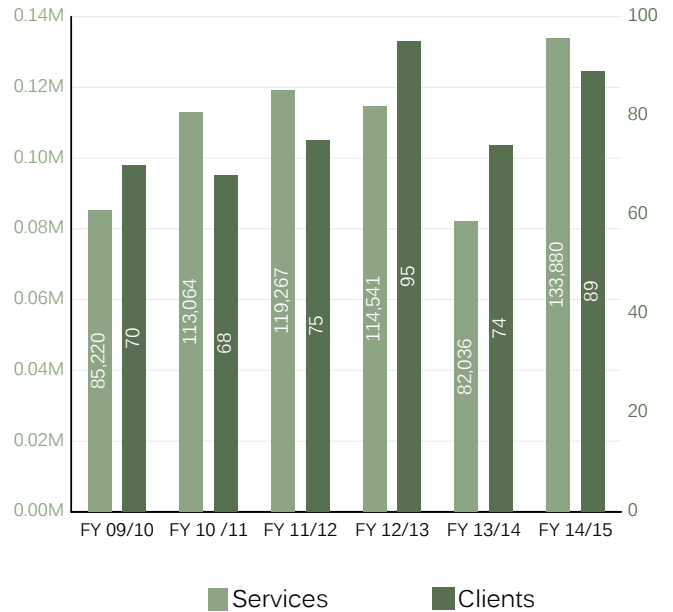
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

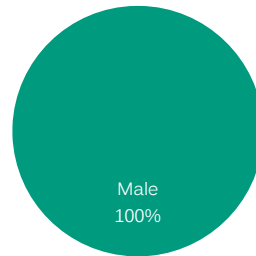


## Program/Program Group: Peacock Acres, Inc.

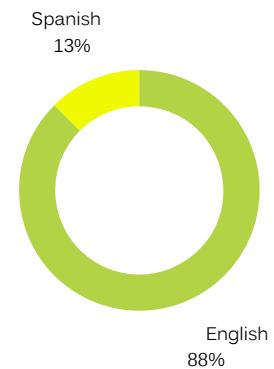
Peacock Acres provides supportive housing, intense case management, and life coaching for youth that have been separated from their families. With unending resolve, we steer them towards opportunities for growth as they continue their journey toward a happy, productive life. We envision Monterey County as a community where every youth in foster care is afforded the same opportunities and support as their peers.

Number of Clients Served: 8
Total Service Value: \$167,087.90
Average Service Value per Client: \$20,885.99
Average Age: 19
Number of New Clients: 5
Number of Clients Discharged: 6

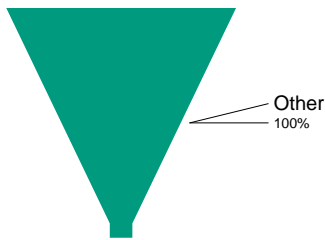
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 38 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

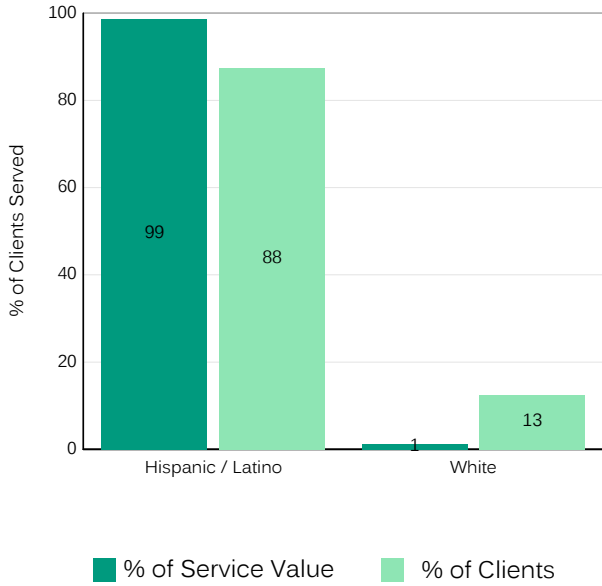
Diagnosis Type	% of Clients with this Diagnosis Type
Adjustment Disorders	50 %
Disruptive Behavior Disorder	25 %
Depressive Disorders	13 %
Bipolar / Mood Disorders	13 %

### Breakdown of Service Type

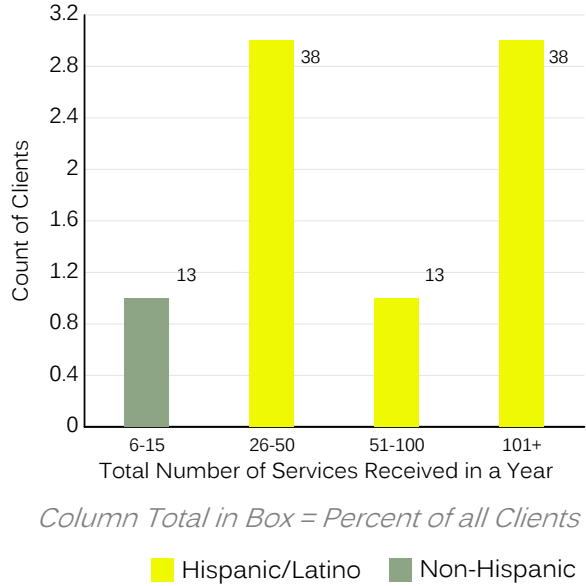
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	100%	Assessment/Evaluation	29	11 %	63%
		Linkage/Brokerage	257	88 %	100%
		Residence Bed Day	614	1 %	100%
		Total	900	100%	100%

## Health Equities

**Breakdown of Clients Served by Ethnicity**



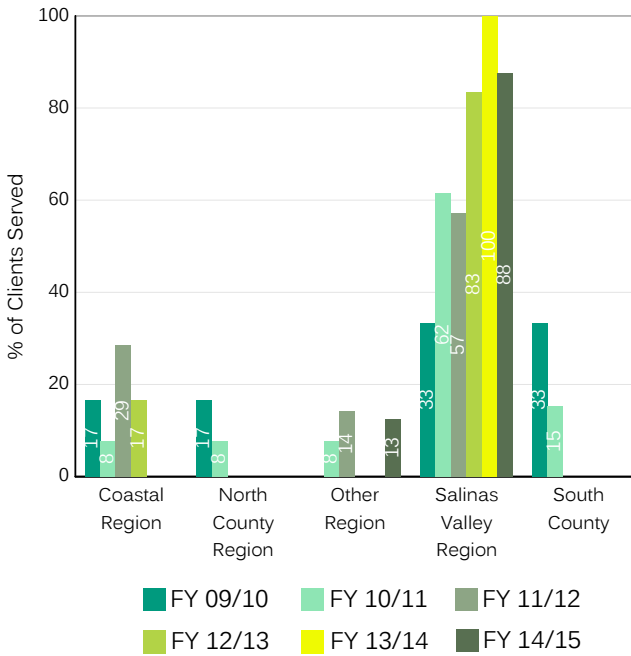
**Clients Served Grouped by Number of Services Received During the Year**



*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

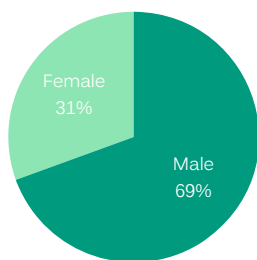


## Program/Program Group: AS Creating New Choices FSP

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

Number of Clients Served: 36
Total Service Value: \$463,373.17
Average Service Value per Client: \$12,871.48
Average Age: 40
Number of New Clients: 11
Number of Clients Discharged: 19

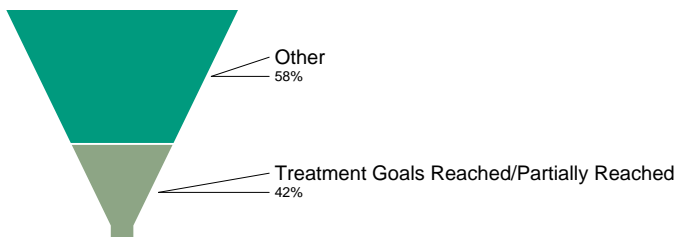
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 78 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

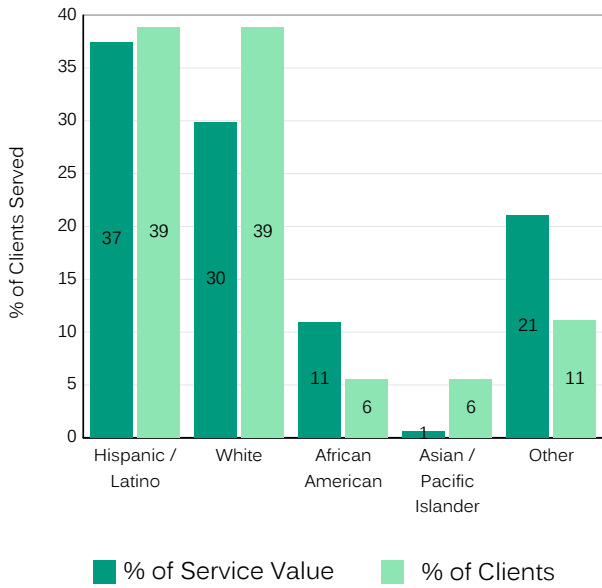
Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	72 %
Bipolar / Mood Disorders	28 %

### Breakdown of Service Type

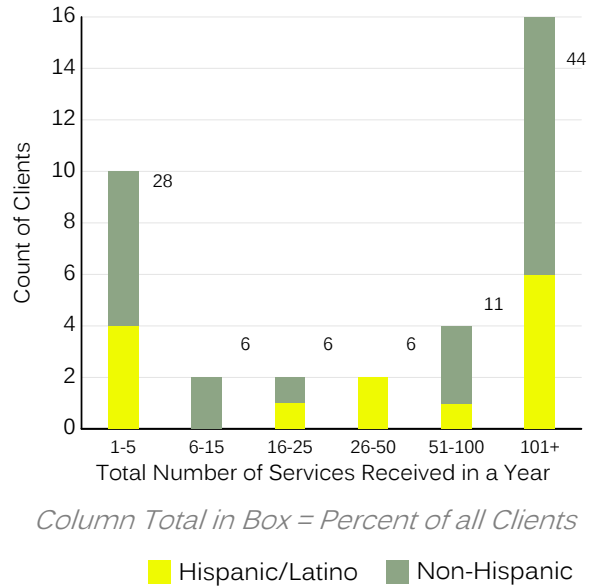
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	35%	Assessment/Evaluation	26	2 %	44%
Medicare B	51%	Collateral/Family Therapy	10	0 %	11%
Private Insurance	3%	Crisis Intervention	7	0 %	14%
Self Pay	11%	Group Counseling	760	12 %	50%
		Linkage/Brokerage	1,836	43 %	86%
		Medication Support	183	3 %	67%
		Mental Health Counseling	207	6 %	53%
		Non Billable	1,512	33 %	100%
		Other	24	0 %	31%
		Total	4,565	100%	100%

## Health Equities

### Breakdown of Clients Served by Ethnicity



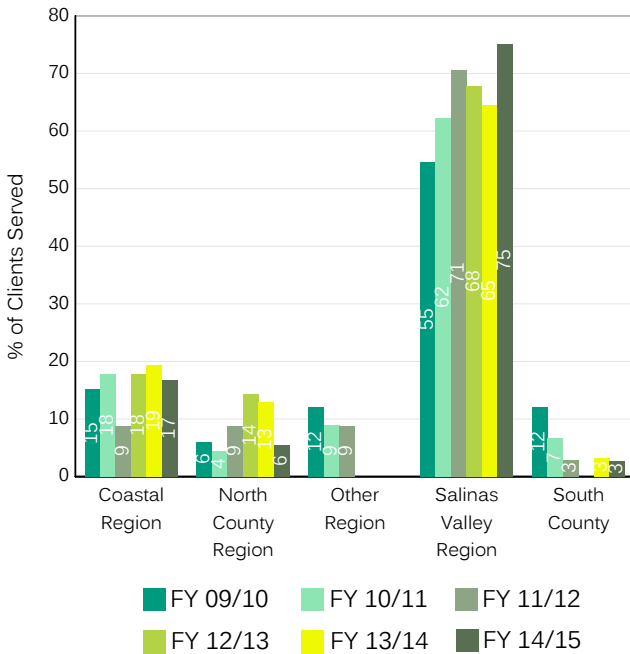
### Clients Served Grouped by Number of Services Received During the Year



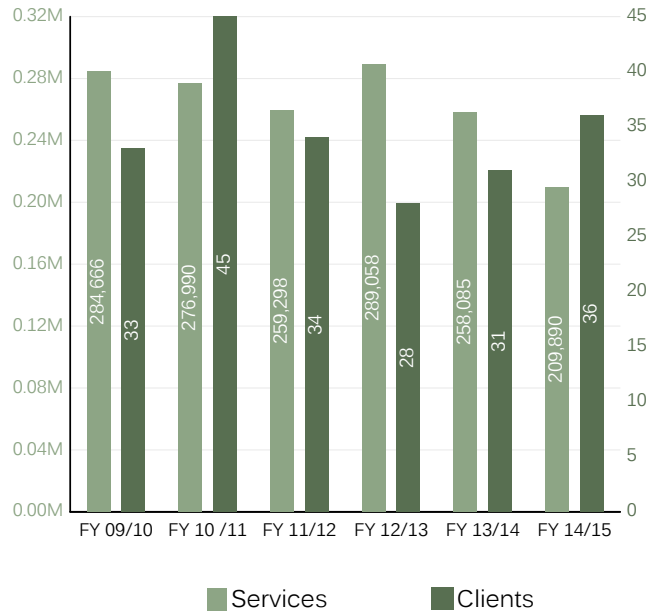
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

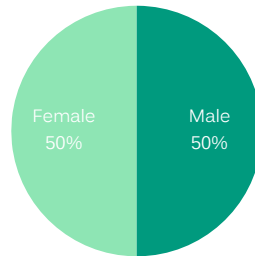


## Program/Program Group: AS MCHOME

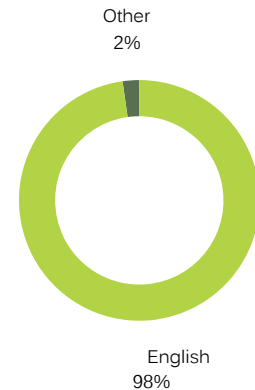
The McHome program serves seriously mentally ill adults that are experiencing chronic homelessness or at risk of homelessness. Monterey County, Behavioral Health staff, in collaboration with Interim Inc provides an array of services such as outreach, engagement, assessment and mental health treatment. This is a Full Service Partnership program providing intensive case management with low staff-top client ratios with 24/7 on-call services. It is considered a Housing First model, based on the original AB2034 program. This includes transitional housing options. The desired outcome is to stabilize clients within about one year. This includes housing, benefits, employment, medication and treatment.

Number of Clients Served: 88
Total Service Value: \$314,991.07
Average Service Value per Client: \$3,579.44
Average Age: 47
Number of New Clients: 33
Number of Clients Discharged: 35

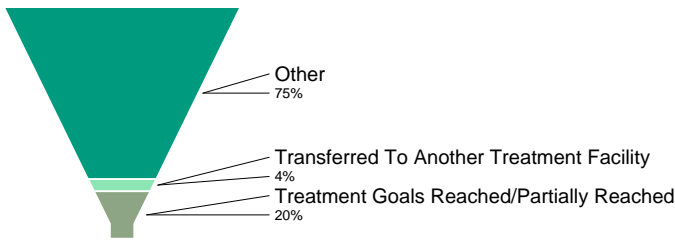
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 50 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

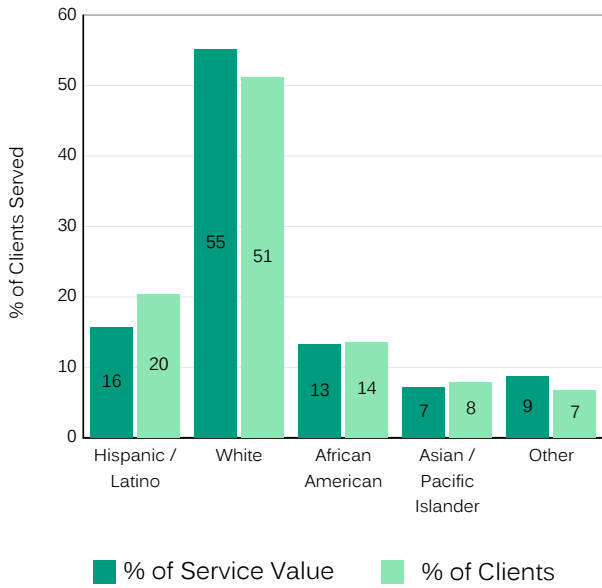
Diagnosis Type	% of Clients with this Diagnosis Type
Bipolar / Mood Disorders	50 %
Psychotic Disorder	36 %
Depressive Disorders	10 %
Anxiety Disorders	1 %
Adjustment Disorders	1 %

### Breakdown of Service Type

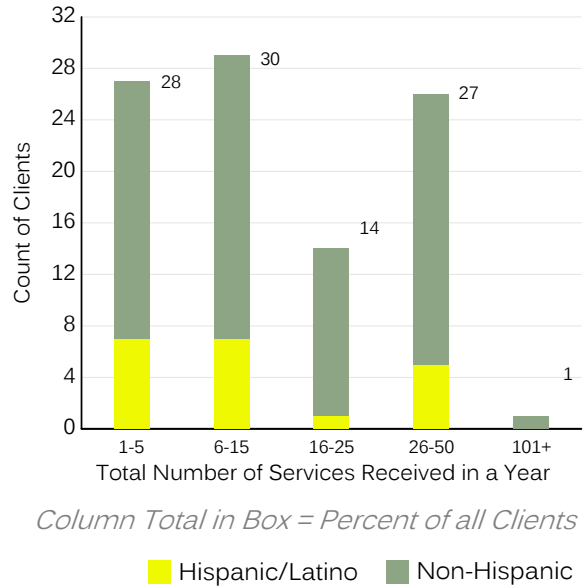
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	65%	Assessment/Evaluation	79	14 %	69%
Medicare B	25%	Collateral/Family Therapy	1	0 %	1%
Others	4%	Crisis Intervention	3	0 %	1%
Private Insurance	2%	Group Counseling	162	7 %	30%
Self Pay	4%	Linkage/Brokerage	790	48 %	91%
		Medication Support	296	14 %	75%
		Mental Health Counseling	95	9 %	41%
		Non Billable	228	7 %	77%
		Other	5	1 %	5%
		<b>Total</b>	<b>1,659</b>	<b>100%</b>	<b>100%</b>

## Health Equities

### Breakdown of Clients Served by Ethnicity



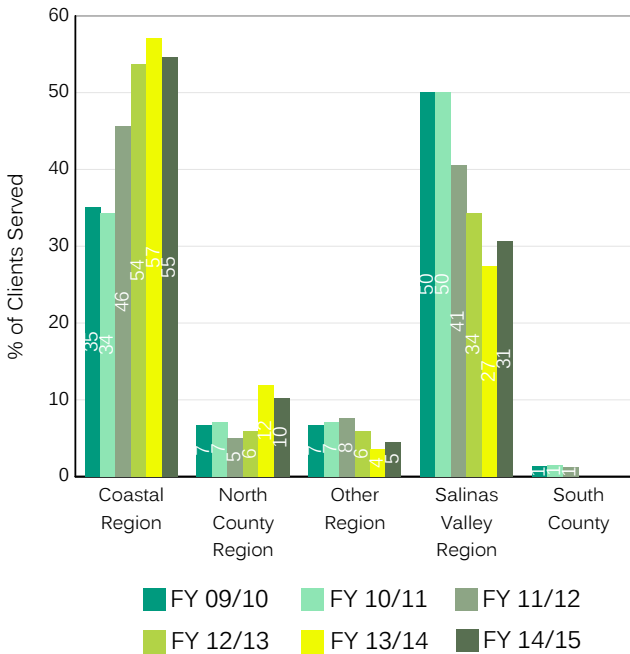
### Clients Served Grouped by Number of Services Received During the Year



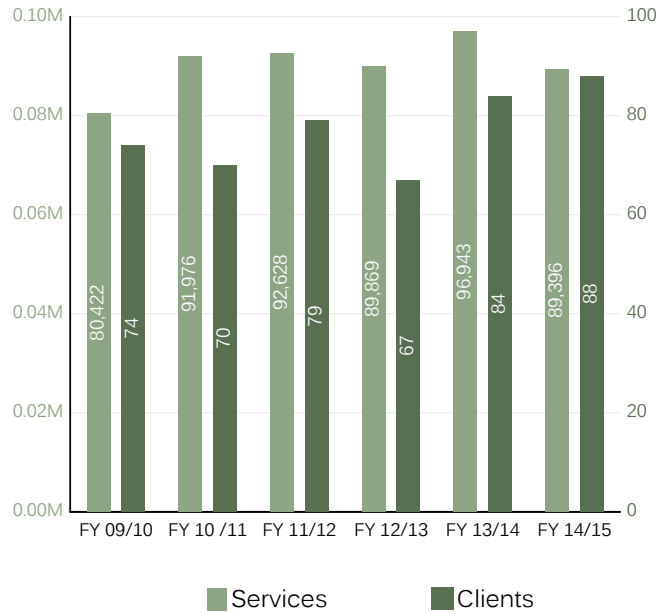
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

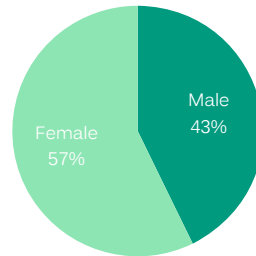


## Program/Program Group: AS Older Adult FSP

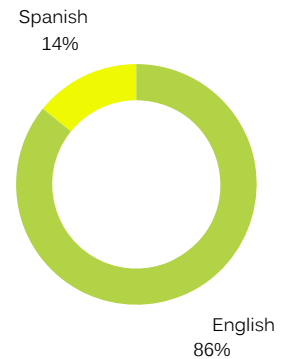
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring (physical and or/substance abuse) disorder who are risk of losing their community placement due to an ongoing chronic co-existing physical impairment.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

Number of Clients Served: 7
Total Service Value: \$73,519.57
Average Service Value per Client: \$10,502.80
Average Age: 68
Number of New Clients: 2
Number of Clients Discharged: 2

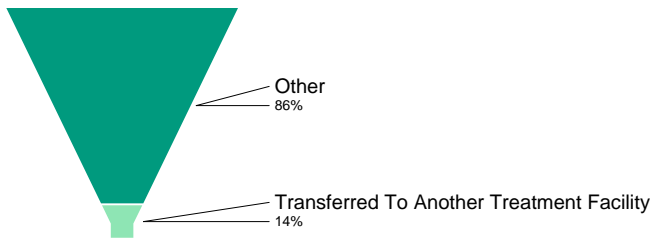
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 43 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	43 %
Depressive Disorders	29 %
Bipolar / Mood Disorders	29 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	40%
Medicare B	60%

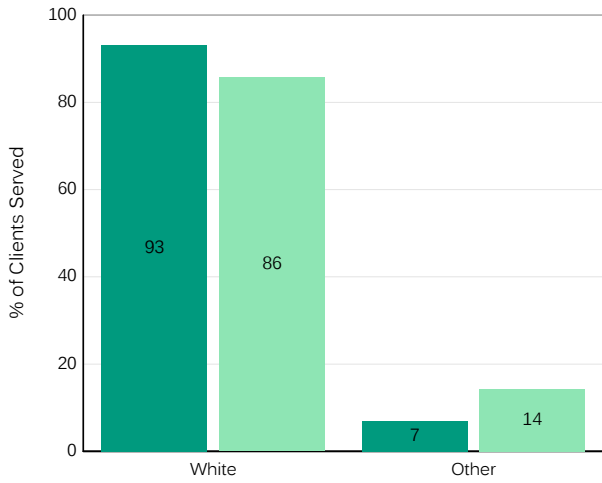
### Breakdown of Service Type

	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	15	6 %	86%
Group Counseling	13	2 %	43%
Linkage/Brokerage	176	46 %	100%
Medication Support	83	13 %	100%
Mental Health Counseling	70	22 %	100%
Non Billable	41	8 %	86%
Other	8	2 %	43%
Total	406	100%	100%



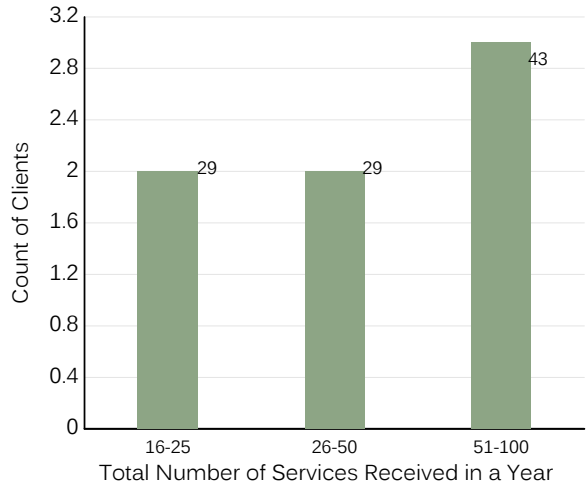
## Health Equities

**Breakdown of Clients Served by Ethnicity**



■ % of Service Value    ■ % of Clients

**Clients Served Grouped by Number of Services Received During the Year**

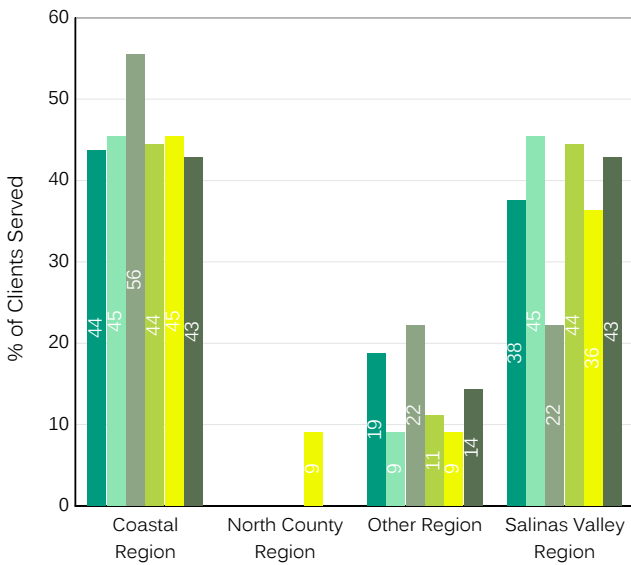


*Column Total in Box = Percent of all Clients*

■ Hispanic/Latino    ■ Non-Hispanic

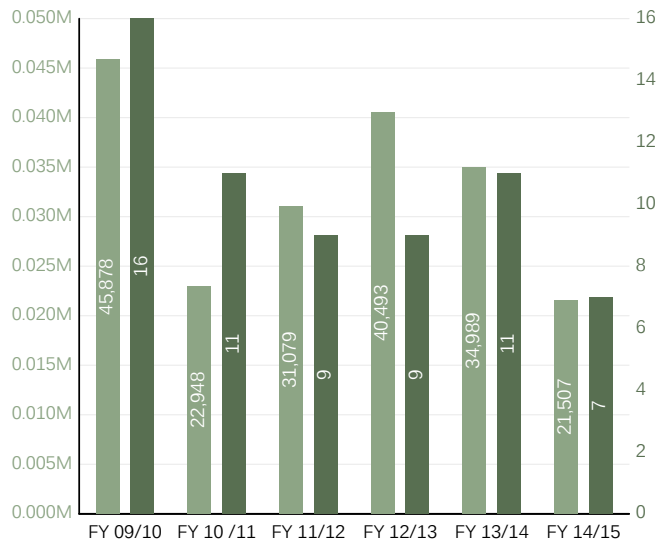
## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



■ FY 09/10    ■ FY 10/11    ■ FY 11/12  
 ■ FY 12/13    ■ FY 13/14    ■ FY 14/15

**Total Service Minutes Compared to Total Client Count**



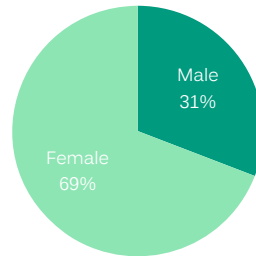
■ Services    ■ Clients

## Program/Program Group: Door to Hope Nueva Esperanza

Nueva Esperanza, a recovery program for pregnant and parenting women with young children, provides integrated mental health and substance abuse disorder residential treatment services.

Number of Clients Served: 42
Total Service Value: \$602,276.18
Average Service Value per Client: \$14,339.91
Average Age: 14
Number of New Clients: 37
Number of Clients Discharged: 38

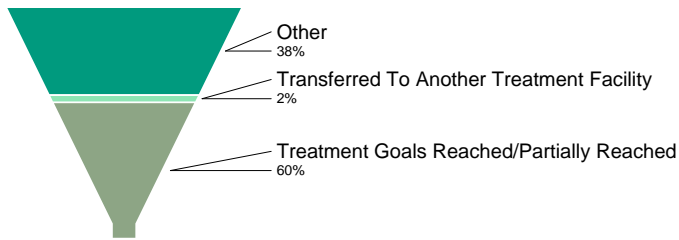
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 45 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Infancy / Childhood / Adolescent	55 %
Adjustment Disorders	45 %

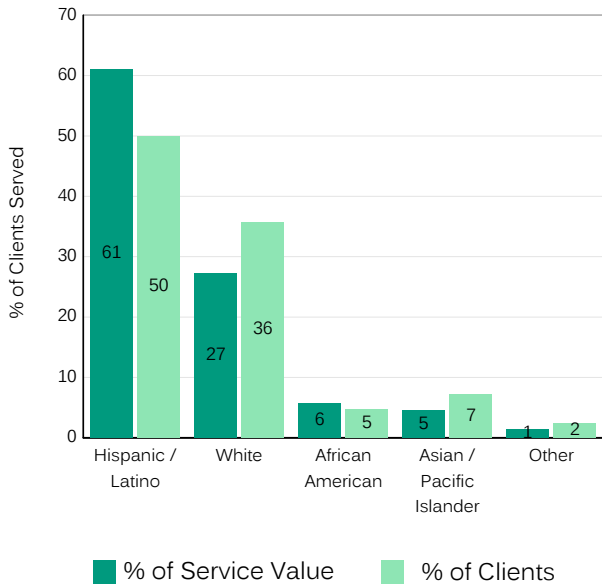
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%
Self Pay	0%

### Breakdown of Service Type

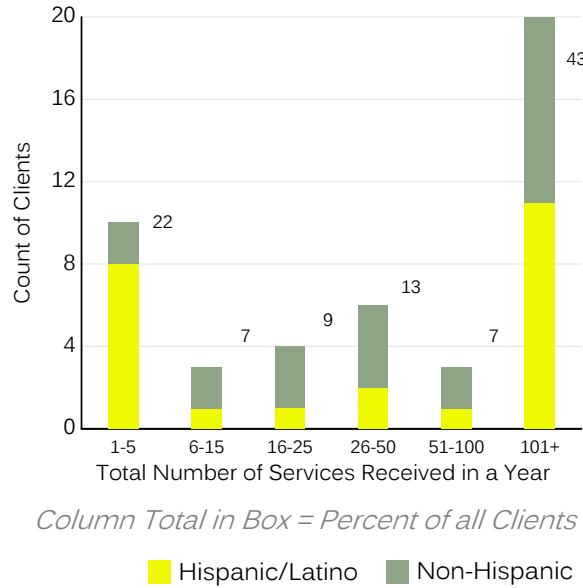
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	184	4 %	79%
Collateral/Family Therapy	369	6 %	67%
Crisis Intervention	12	0 %	2%
Group Counseling	2,689	35 %	93%
Linkage/Brokerage	770	14 %	86%
Mental Health Counseling	1,283	41 %	93%
Non Billable	7	0 %	17%
Other	1	0 %	2%
Total	5,315	100%	100%

## Health Equities

**Breakdown of Clients Served by Ethnicity**



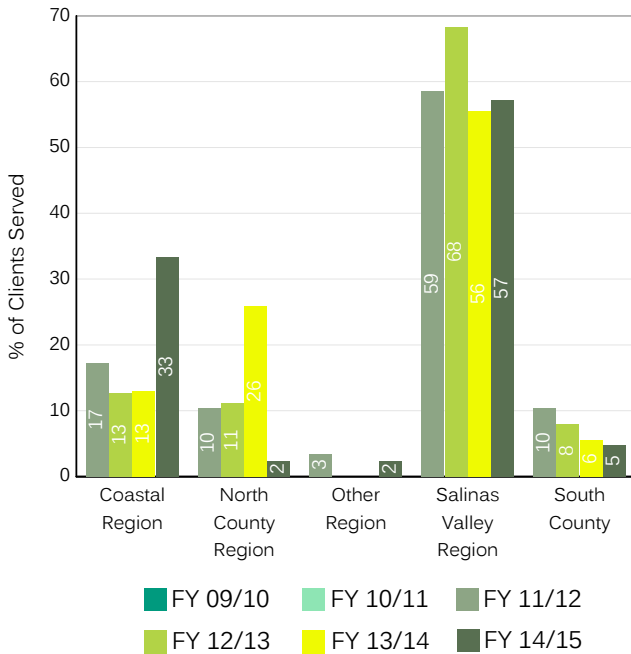
**Clients Served Grouped by Number of Services Received During the Year**



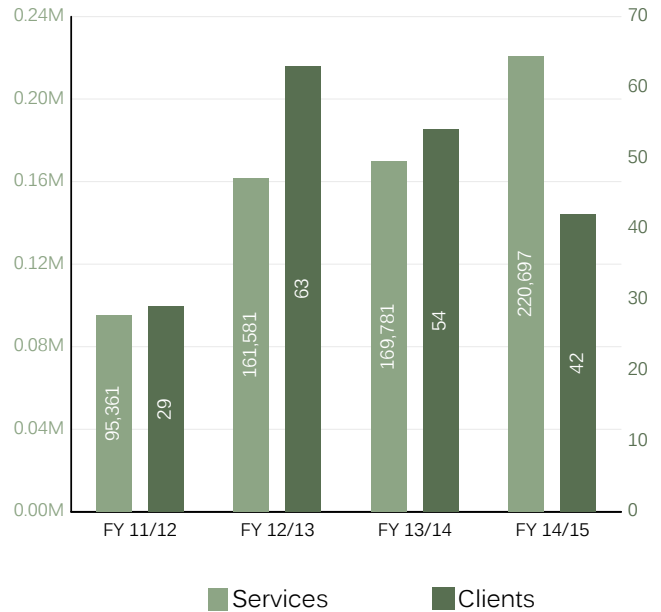
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

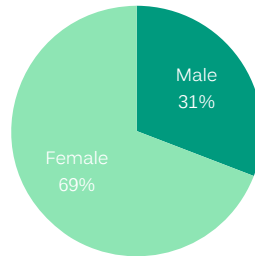


## Program/Program Group: Drake House FSP

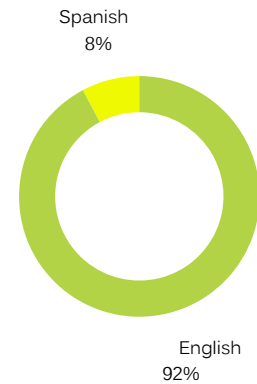
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These older adult have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

Number of Clients Served: 26
Total Service Value: \$1,073,047.28
Average Service Value per Client: \$41,271.05
Average Age: 67
Number of New Clients: 3
Number of Clients Discharged: 3

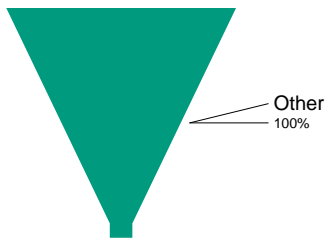
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 4 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

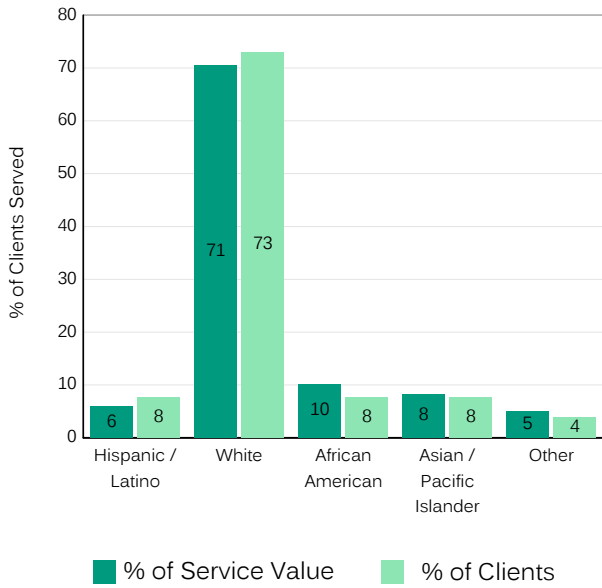
Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	62 %
Bipolar / Mood Disorders	35 %
Depressive Disorders	4 %

### Breakdown of Service Type

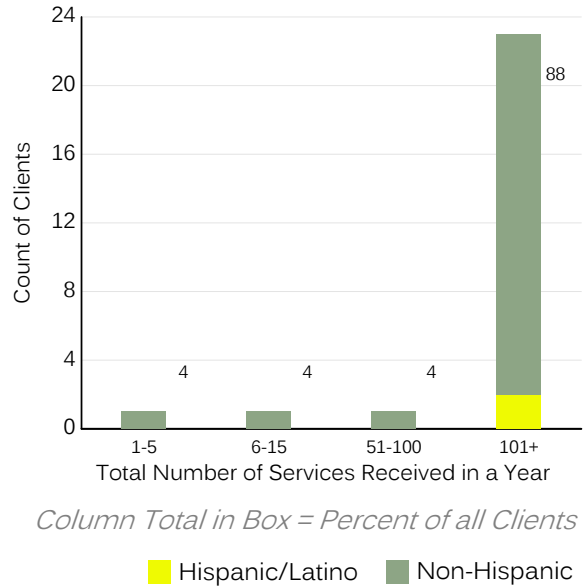
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	15%	Group Counseling	2,243	33 %	92%
		Linkage/Brokerage	344	6 %	92%
		Mental Health Counseling	2,272	58 %	92%
		Residence Bed Day	7,530	3 %	100%
		Total	12,389	100%	100%
Medicare B	80%				
Self Pay	6%				

## Health Equities

**Breakdown of Clients Served by Ethnicity**



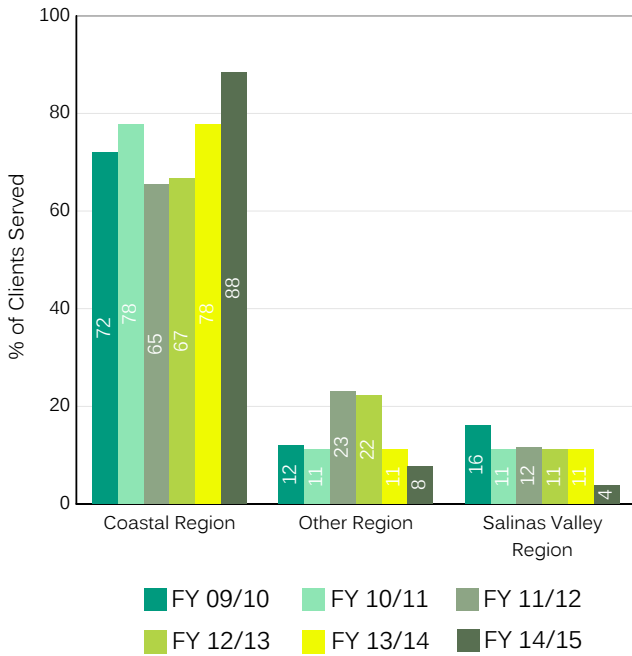
**Clients Served Grouped by Number of Services Received During the Year**



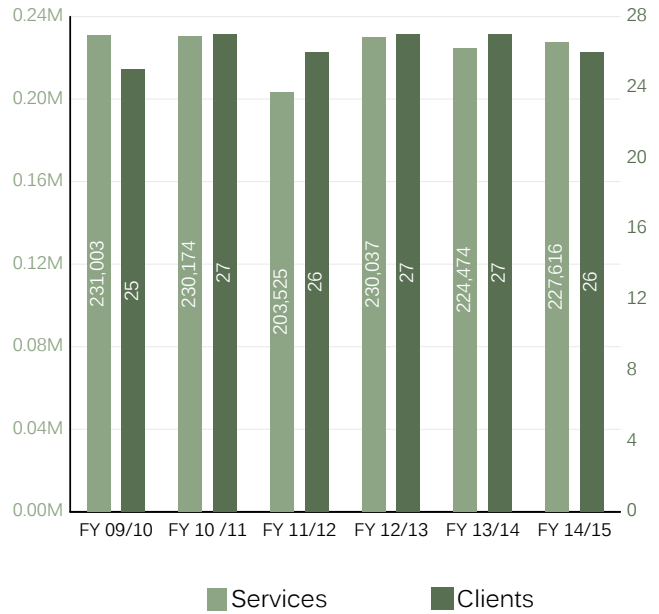
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

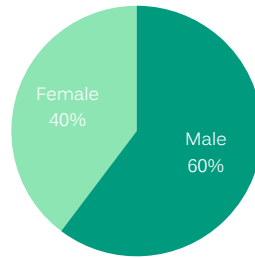


## Program/Program Group: Interim Co-occurring Integrated Care

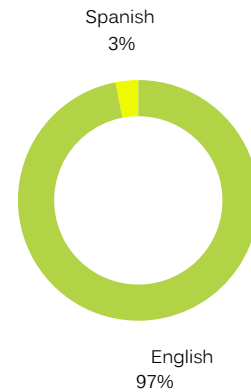
The purpose of these services is to reduce the length of stay at the Bridge House dual recovery residential program, to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and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

Number of Clients Served: 98
Total Service Value: \$510,564.53
Average Service Value per Client: \$5,209.84
Average Age: 40
Number of New Clients: 25
Number of Clients Discharged: 20

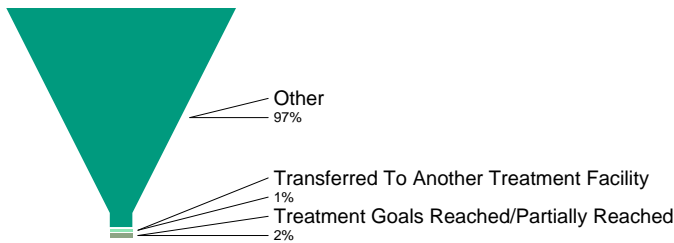
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



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

**Top 5 Primary Diagnosis**

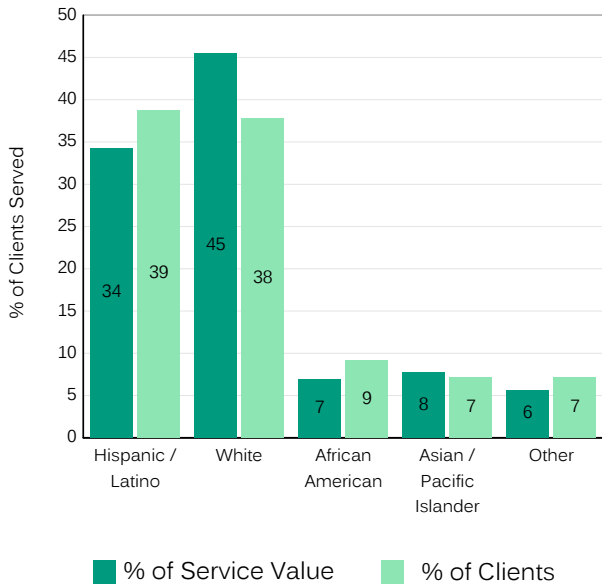
Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	59 %
Bipolar / Mood Disorders	37 %
Depressive Disorders	3 %
Substance Related Disorders	1 %

**Breakdown of Service Type**

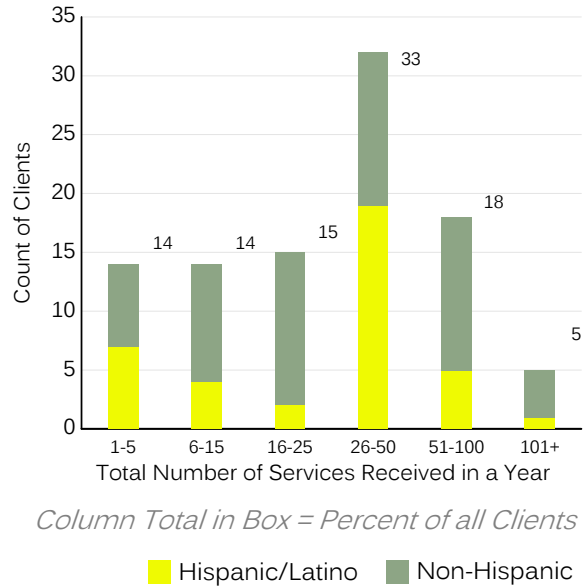
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	42%	Assessment/Evaluation	1	0 %	1%
Medicare B	47%	Collateral/Family Therapy	13	0 %	9%
Others	4%	Group Counseling	1,230	33 %	66%
Private Insurance	7%	Linkage/Brokerage	223	2 %	64%
		Mental Health Counseling	1,555	61 %	96%
		Non Billable	512	3 %	86%
		Other	7	0 %	5%
		<b>Total</b>	<b>3,541</b>	<b>100%</b>	<b>100%</b>

## Health Equities

### Breakdown of Clients Served by Ethnicity



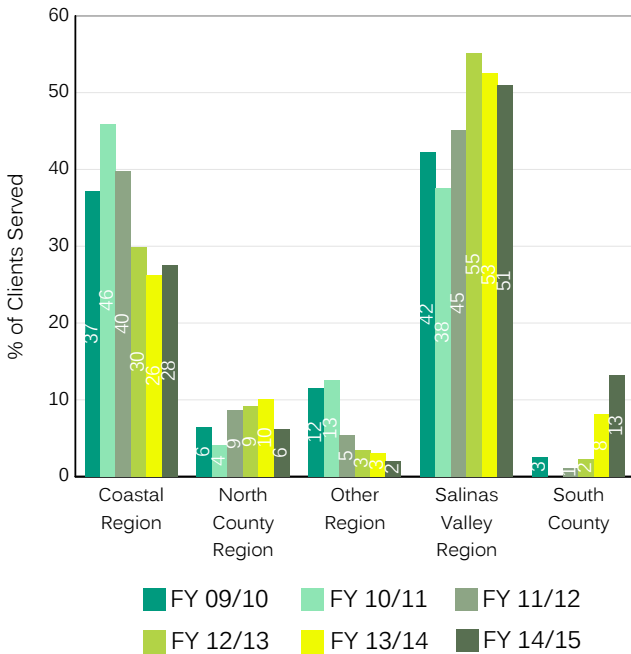
### Clients Served Grouped by Number of Services Received During the Year



*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count

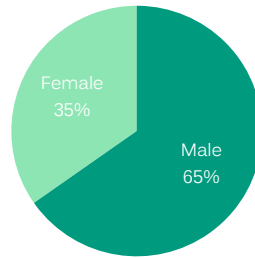


## Program/Program Group: Interim MHSA Lupine Garden FSP

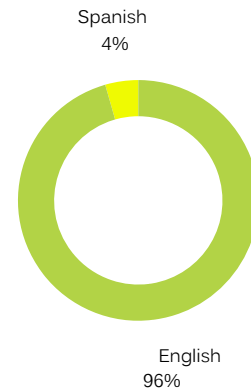
Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness and require additional support necessary to live independently in the community. The service array includes: Intensive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

Number of Clients Served: 23
Total Service Value: \$309,249.98
Average Service Value per Client: \$13,445.65
Average Age: 48
Number of New Clients: 2
Number of Clients Discharged: 4

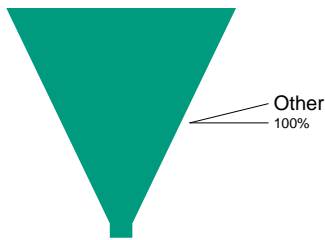
**Gender**



**Language of Preference**



**Discharge Disposition/Outcome**



Of the Clients Served, 30 % had a Substance Use Diagnosis.

**Top 5 Primary Diagnosis**

Diagnosis Type	% of Clients with this Diagnosis Type
Psychotic Disorder	83 %
Bipolar / Mood Disorders	9 %
OTHER	4 %
Depressive Disorders	4 %

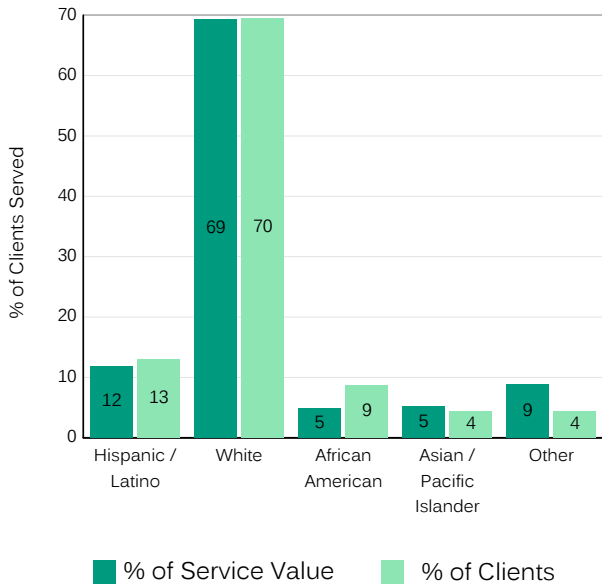
**Breakdown of Service Type**

Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Medi-Cal	25%	Assessment/Evaluation	15	1 %	57%
Medicare B	71%	Collateral/Family Therapy	2	0 %	9%
Private Insurance	4%	Linkage/Brokerage	400	16 %	100%
		Mental Health Counseling	1,599	83 %	100%
		Non Billable	2	0 %	4%
		Other	1	0 %	4%
		<b>Total</b>	<b>2,019</b>	<b>100%</b>	<b>100%</b>

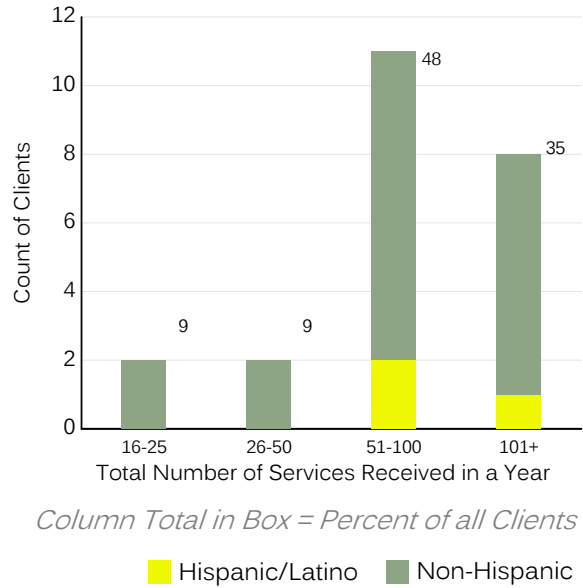


## Health Equities

**Breakdown of Clients Served by Ethnicity**



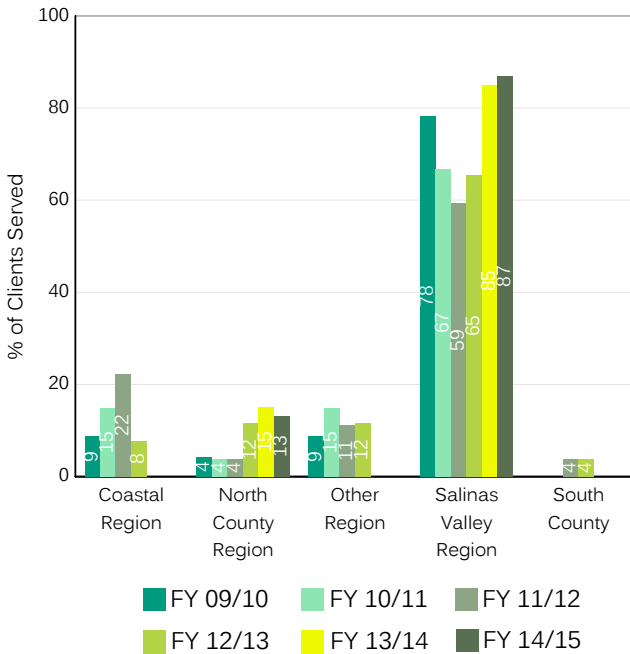
**Clients Served Grouped by Number of Services Received During the Year**



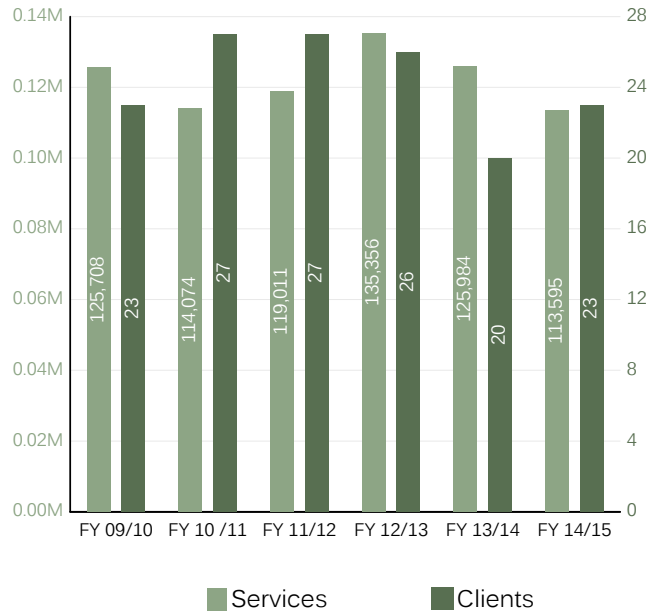
*Column Total in Box = Percent of all Clients*

## Six Year Service Trend

**Percent of Clients Served by Region of Residence**



**Total Service Minutes Compared to Total Client Count**

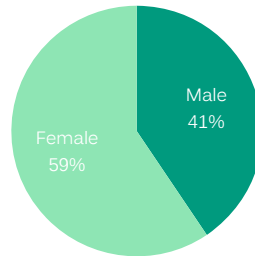


## Program/Program Group: Interim Sunflower Garden

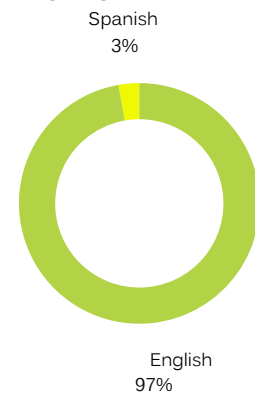
The Sunflower Gardens program provides supported housing services to individual with serious mental illness who are homeless or at risk of homelessness during a transition period whereby individuals are referred to this program by Monterey County Behavioral Health. The services provided to the consumers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

Number of Clients Served: 37
Total Service Value: \$223,992.57
Average Service Value per Client: \$6,053.85
Average Age: 44
Number of New Clients: 19
Number of Clients Discharged: 16

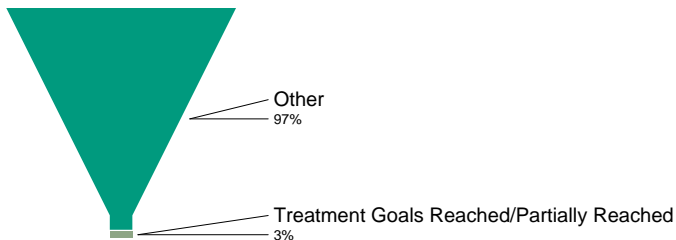
### Gender



### Language of Preference



### Discharge Disposition/Outcome



Of the Clients Served, 43 % had a Substance Use Diagnosis.

### Top 5 Primary Diagnosis

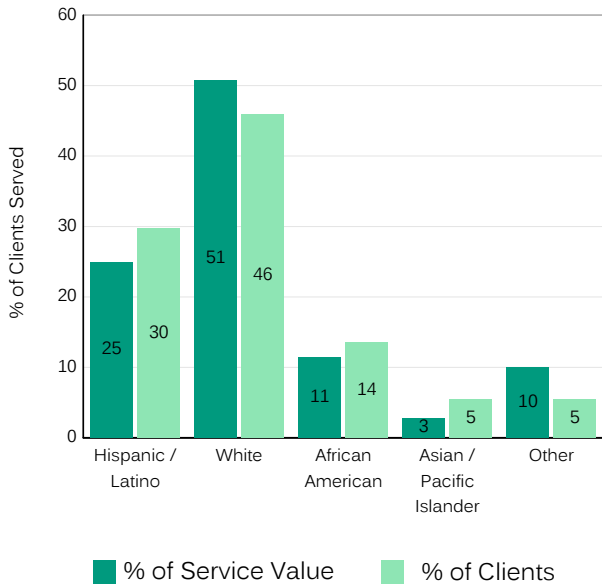
Diagnosis Type	% of Clients with this Diagnosis Type
Bipolar / Mood Disorders	57 %
Psychotic Disorder	38 %
Depressive Disorders	5 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	59%
Medicare B	36%
Others	3%
Private Insurance	2%

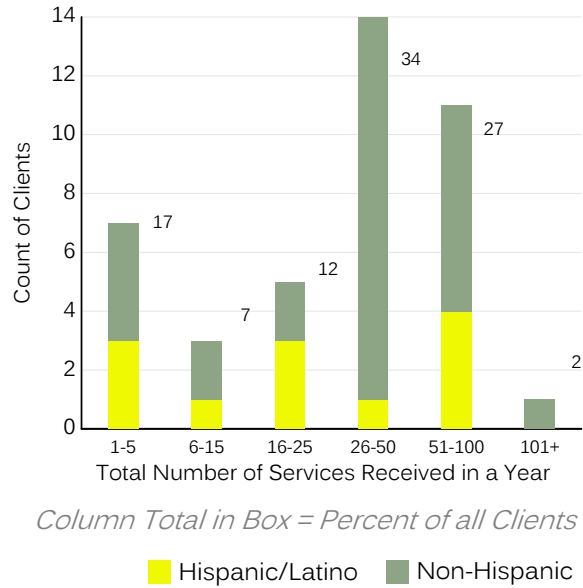
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	18	1 %	43%
Collateral/Family Therapy	9	0 %	11%
Group Counseling	402	12 %	78%
Linkage/Brokerage	325	23 %	89%
Mental Health Counseling	858	62 %	92%
Non Billable	60	2 %	51%
Other	2	0 %	3%
<b>Total</b>	<b>1,674</b>	<b>100%</b>	<b>100%</b>

## Health Equities

### Breakdown of Clients Served by Ethnicity

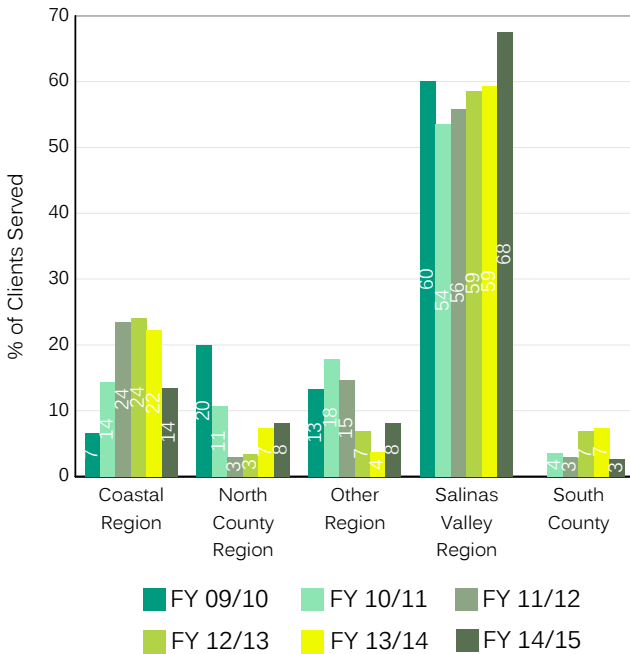


### Clients Served Grouped by Number of Services Received During the Year

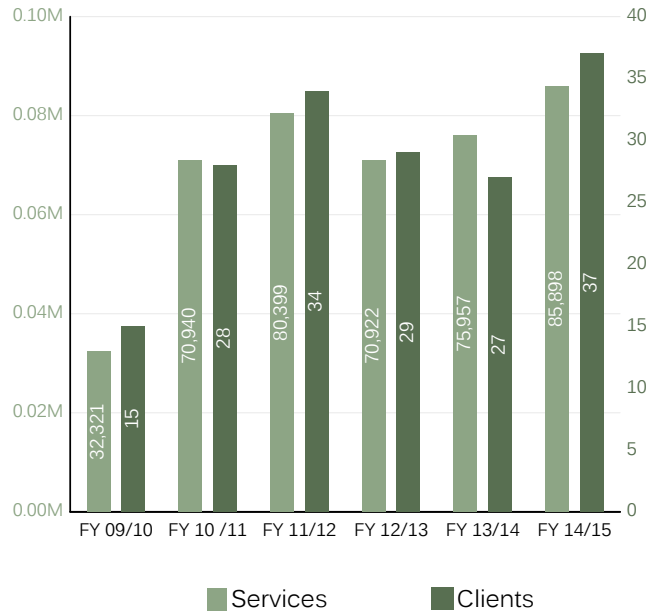


## Six Year Service Trend

### Percent of Clients Served by Region of Residence



### Total Service Minutes Compared to Total Client Count



MONTEREY COUNTY

FY 2015-16 MENTAL HEALTH SERVICES ACT

APPENDIX B: STAFF TRAINING REPORT FY 14-15

<b>Course Title</b>	<b>Date</b>	<b>Attendance</b>
THRIVE: Trauma-Informed	8/19/2014	68
THRIVE: Trauma-Informed	8/20/2014	73
THRIVE: Trauma-Informed	8/21/2014	35
Aggression Replacement Therapy	9/9-10/14	41
Motivational Interviewing	9/24-25/2014	62
Non-Violent Crisis Intervention Refresher	7/31/2014	16
Non-Violent Crisis Intervention Refresher	7/31/2014	18
Non-Violent Crisis Intervention	8/8/2014	24
Individual Crisis intervention & Peer Support	12/10-12/14	22
Board and Care	12/16/2014	8
Suicide Prevention and Outreach Training for Community Health Workers	5/5-6/2015	16
Non-Violent Crisis Intervention	2/26/2015	27
Individual Crisis intervention & Peer Support	3/4-6/2015	14
Law & Ethics for Non-Licensed and Administrative Staff	3/23/2015	41
Law and Ethics Licensed Staff	4/14/2015	59
Law & Ethics for Non-Licensed and Administrative Staff	5/1/2015	32
Law and Ethics Licensed Staff	5/15/2015	93
Non-Violent Crisis Intervention	6/4/2015	22
<b>ANNUAL TOTAL</b>	<b>18</b>	<b>671</b>