MENTAL HEALTH SERVICES ACT

FY 2020/21 - FY 2022/23

Three-Year Program

& Expenditure Plan

FINAL

MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

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Letter from the Behavioral Health Director

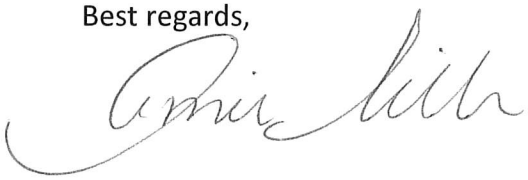
Dear Community Members:

We present this draft Mental Health Services Act (MHSA) FY21 – FY23 Three-Year Program & Expenditure Plan (Plan) to you at a time of great fiscal uncertainty. As our stakeholders know, Behavioral Health relies on sales tax revenue, vehicle license fees and personal income taxes to fund services. The MHSA is funded by personal income tax revenue. All projections for this revenue source for the next three years suggest significant decreases. We have developed this Plan based on our current revenue estimates but anticipate a need to make future reductions as we learn more about the long-term fiscal impact of COVID-19. These analyses will be part of the Annual Update process. As we make plans to adjust to the decrease in revenues, we also anticipate an increase in demand for services, as more residents of Monterey County become eligible for Medi-Cal due to the global economic downturn.

We are thankful to the community who robustly participated in our community stakeholder process. The community was very clear that accessible and timely mental health services is a key priority as we continue to address the disparities in our communities.

The MHSA is a vital funding source that keeps critical mental health services available in Monterey County. This Plan outlines services across the lifespan, serving children ages 0 to 5 and their families/caregivers, and providing supportive housing to individuals struggling with mental illness who have been formerly homeless. We are grateful for the contractors and county staff working hard every day to serve our community in new and innovative ways. Times like these highlight even more the importance of moving forward together.

Best regards,



Amie Miller, MFT, Psy.D.
Behavioral Health Director

Introduction

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

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

MHSA plans must identify services for all ages, as well as programs specific to the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years) and older adults (60 years and older). MHSA plans must also identify programs according to these five (5) MHSA components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). Descriptions of these components and their programs are described in their respective sections. Additionally, the most recent data (from FY 2018/19) for programs funded by the MHSA are reported in the Appendices III, IV and V, which follow this document.

This document was informed by stakeholder input and feedback received during the Community Program Planning Process (CPPP). Following a discussion on Monterey County's demographics and characteristics, the process, and results of the CPPP is shared to provide insights on local community needs and perspectives that helped shape our MHSA Plan.

Monterey County Demographics & Characteristics

Geographic & Economic Overview

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur as well as its fertile Salinas Valley that is dubbed the "Salad Bowl of the World." With a total population of 435,594, and land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula on the coast. The City of Salinas is the County seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California, supplying the second-most jobs in the county. Educational services, including healthcare and social assistance is the leading sector for employment in the county, with tourism-based services, professional, and construction industries also playing significant roles in the local economy. Monterey County is also home to three Army bases, a Coast Guard Station, the Defense Language Institute, and the Naval Postgraduate School.

The Four Regions of the County

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

Age & Gender

The median age in Monterey County is 34.7 years, trending a couple years younger than the state median. Adults ages 25-59 make up 46% of the population, with Older Adults ages 60 and above making up another 18%. Children under 5 years old represent less than 8% of the population, Youth ages 5-15 represent 15% of the population, and Transition Age Youth (TAY) ages 16-24 represent 14% of the population. Regarding gender, 51% of Monterey County residents are male and 49% are female.

Ethnicity, Race & Language

The majority of Monterey County residents are Hispanic/Latino, comprising 58% of the population. The remainder of the population is comprised of individuals self-identifying as White (31%), Asian (6%), African American (3%), Native Hawaiian and Other Pacific Islander (1%), and Native American and Other representing 1% of the population. Of the total population, an estimated 128,954 or 30% of the total population are foreign-born. Of this foreign-born population, 79% are of Hispanic or Latino origin, and 72% are not current U.S. citizens.

Spanish is the most common language spoken at home (48% of the households in Monterey County). English is the preferred language in 46% of households, while 4% prefer Asian or other Pacific Islander languages, 2% prefer an Indo-European language, and less than 1% speak an Other Language.

Housing, Income & Poverty

The total number of housing units in Monterey County is 150,548, with 51% being owner-occupied. Over the past three (3) years, the average home value in Monterey County has declined by 13% to $441,000 while the median household income has increased by 7% to $63,249. Although these trends bode well for housing affordability, like much of coastal California regions, Monterey County has a high cost of living relative to income levels. For nearly half (45%) of the 49% of county residents who are renters, their rental costs account for greater than 35% of their household income; while 32% of homeowners' mortgage costs are greater than 35% of their household income.

The total poverty rate in Monterey County is 15%, with 22% of all children in Monterey County living below the poverty level. The latest Monterey County Homeless Census conducted by Applied Survey Research found there are approximately 2,422 individuals who are homeless in the County.

Community Program Planning Process (CPPP)

MCBH engaged in a robust CPPP using multiple approaches to ensure that residents could provide input and feedback to guide the development of the MHSA FY21-23 Three-Year Program and Expenditure Plan. MCBH adopted two primary strategies which included in-person Community Engagement Sessions and a Needs Assessment conducted via surveys of providers and community members. Each strategy is described in detail below.

Community Engagement Sessions

A team of stakeholders comprised of consumers, contractors, MCBH staff and representatives from the County Board of Supervisors was convened to guide the development of the CPPP. Stakeholders provided input related to outreach for the sessions, key community leaders to invite, locations for meetings and other logistical details that would enhance community participation. MCBH contracted with a local consultant who has expertise in community engagement and prior experience with similar community planning processes in Monterey County to facilitate the CPPP sessions and to produce a report of the information and recommendations collected from participants to inform the development of this MHSA FY21-23 Three-Year Program and Expenditure Plan.

Ten Community Engagement Sessions were held between October 2019 to December 2019. Locations for each session were selected to provide convenient, broad access throughout Monterey County, with special attention to ensuring at least one (1) opportunity was offered in North County, Salinas, South County, and the Monterey Peninsula. The sessions were advertised

via mass email, County Board of Supervisors email lists, social media, at the Monterey County Free Libraries and on the Health Department webpage.

These Community Engagement Sessions were comprised of five (5) Regional Forums – one held in each District of the County and five (5) Focus Groups specific to the following State-identified Prevention and Early Intervention priority areas: Early Psychosis & Suicide Prevention; Mental Health Needs of Seniors; Childhood Trauma Prevention; Culturally Responsive Approaches; and Mental Health Needs of College Age Youth.

During the sessions, participants received an overview of the MHSA funding components and the CPPP requirements with an emphasis on how the current CPPP would be used to inform the development of Monterey County's MHSA FY21-23 3-Year Program and Expenditure Plan. Participants were also asked to complete a Community Member Survey to gather their specific insights as part of the Needs Assessment strategy, and a separate survey to provide feedback about their experience participating in the CPPP. Professional interpreters were engaged to provide Spanish and English translation and provided simultaneous translation in both languages at several of the sessions.

At each session, participants were offered the following prompts to guide their sharing and dialogue with others:

- What are current mental health assets in Monterey County you feel are especially helpful?
- What initial insights, recommendations, concerns, advocacy, or questions would you like to share?
- What is working regarding mental health in Monterey County?
- What is not working regarding mental health in Monterey County?
- What priorities do you recommend for strengthening mental health throughout Monterey County?

Findings from the Community Stakeholder Engagement Process

Core Themes for Priority Consideration

The following four (4) core themes for priority consideration emerged across the ten (10) Community Engagement Sessions:

1. Deepen and Expand Culturally Responsive, Trauma-informed Staffing, Approaches and Practices
2. Expand In-place, Embedded Culturally Responsive Care
3. Reduce Stigma Via Localized, Culturally Responsive, Tailored Outreach, Engagement, and Education
4. Foster Policy, Systems Change

Specific Recommendations Organized by Core Theme

Deepen and Expand Culturally Responsive, Trauma-Informed Staffing, Approaches & Practices

Participants advocated for staffing, approaches, and programs that honored people's individuality and cultural backgrounds. Participants reported services which work well and are effective do not take a one-size-fits-all approach; rather, they are designed to respond to and embrace people's various cultures and experiences, whether it be racial and ethnic backgrounds, languages used, experiences of trauma, other social identities and experiences. Participants advocated for continued implementation of services to expand effective culturally responsive approaches and practices to better address the assets, interests, needs, and realities of Monterey County residents, especially those services relevant to those with historically underrepresented, marginalized, and vulnerable identities, for example, low-income, racial/ethnic minorities, homeless, Veterans, Senior Citizens/Elders, farmworkers, children and youth, LBGTQ+, system-involved, undocumented residents.

Participants also advocated for the continuation of investments in a competent, relatable Workforce, reflective of the diversity of local residents with specific recommendations to:

1. Recruit and support the professional development of Peer Educators, Wellness Navigators, and Promotores as well as licensed mental health therapists and clinicians to expand the talent pool and grow the mental health workforce, including psychiatrists, with bi-cultural staff from our local communities with lived experience, cultural relevance, community rootedness, and reflective of the diverse people of Monterey County.
2. Train mental health care providers in trauma/healing-informed approaches, implicit bias, cultural responsiveness, connections between substance abuse and mental illness.
3. Provide training and support for locals with lived experience to provide tools for others in their local communities.
4. Increase access to bilingual, culturally relatable counselors, especially in South Monterey County.

Participants also advocated for investments in and promotion of services, programs, and policies that foster protective factors and resilience, especially social connectivity, interaction, and support specific to each age group across the lifespan as well as intergenerational programming, early childhood and youth development, and parent education. Specific examples include:

1. Expand access to mental wellness promoting activities, for example: meditation, yoga.
2. Expand services for homebound Seniors to reduce isolation, including initial in-home telecare assessments.

Participants in the CPPP also advocated for the expansion of equitable access to quality, effective mental health care, recommending the following potential strategies:

1. Reduce transportation barriers by increasing in-place, embedded care.
2. Expand client-friendly hours: Need for evening and weekend access, especially given most residents are hourly wage earners without flexibility to adjust schedules to access care during traditional 8AM- 5PM, Monday-Friday service windows.
3. Develop centralized points of information, referral, and care coordination embedded in the local communities with a "no closed door", universal access approach so when a resident does seek services, they experience seamless care and connection without being turned away from care due to affordability, insurance status, or other eligibility criteria.
4. Expand Spanish and English bi-lingual services, in addition to indigenous languages spoken (e.g. Triqui), as well as Tagalog and other languages reflective of the diverse population in Monterey County.
5. Provide access to quality childcare so parents and caregivers can participate in mental health care. Creative opportunities such as co-location within community recreation centers and schools were noted to support this recommendation.

Expand In-Place, Embedded Culturally Responsive Care

Participants advocated for expanded access and quality care throughout their local communities. Although stand-alone mental health facilities would be welcomed assets, participants noted resources could be invested by leveraging the social trust capital of key influencers and existing locations to expedite increased access to mental health care to serve more people quicker and more cost-effectively.

Participants pointed to existing promising examples of embedding mental health care professionals and paraprofessionals, including Licensed Mental Health Clinicians/Therapists, Wellness Navigators, Peer Educators, Promotores, etc., directly into local communities where community members already are comfortable visiting and have trusting relationships established. Participants noted this could also be a cost-effective way to address transportation barriers as well as destigmatize accessing mental health services when co-located in existing spheres of trust.

Reduce Stigma Via Localized, Culturally Responsive, Tailored Outreach, Engagement & Education

Participants consistently pointed to stigma and a lack of understanding of mental health as barriers to seeking mental health resources and services. Effective social marketing outreach, engagement, and education were noted as priority opportunities to reduce stigma, promote, and cultivate mental well-being, and increase access to existing services, programs, and resources. Participants highlighted the importance of mental health awareness-building and advocacy training for organizations, community members of all ages, and policymakers. They also asked for greater participation in, and transparency of, public mental health initiatives and agencies.

As with overarching culturally responsive staffing, approaches, and practices, participants cautioned against a one-size-fits-all approach, stressing the importance of social marketing, and messaging customized to the target audience featuring local trusted influencers, people, and programs from the community. Also, in alignment with the prior Core Themes, participants provided recommendations for where and how to embed anti-stigma campaigns in local

communities to take the campaign, materials, and outreach where people go about their daily lives.

Participants recommended leveraging word of mouth, social capital, and relationships with key community influencers to spread information and integrating outreach and education into existing community events and programs. To help reduce stigma and increase amount of culturally attuned supports, participants suggested expanding peer educators to include Promotores, Senior Companions and Youth Leaders, using local representatives in these roles. Additionally, participants noted specific trainings for professionals, such as law enforcement and educators, and youth-specific training to help educate different groups on mental health related topics. Parents and caregivers were also identified as a group that would benefit from education and training, such as Youth Mental Health First Aid.

Foster Policy, Systems Change

Participants consistently noted the need for increased communication and collaboration between stakeholders, i.e. consumers, providers, and policy makers, to continue making progress in policy and systems change. Also, participants consistently noted additional funding is needed above current MHSA and MCBH budgets.

Following are some of the specific recommendations brought forward by participants across the five (5) Regional Forums:

1. Improve cross-organizational collaboration and coordination of mental health care services.
2. Improve communication, coordination, and collaboration between MCBH and other county departments, for example, Adult Protective Services as well as external entities, for example, primary care doctors, emergency rooms, community-based organizations, private providers, and others.
3. Foster networking and relationship-building to aid "warm hand-offs" and "no closed doors" information and referral for residents.
4. Collaborate with policy makers and other decision-makers to cut through red tape for those in mental health crises to get timely follow-up care.
5. Continue offering and expanding MCBH-sponsored education and training that is open to staff of other agencies, organizations as well as residents.
6. Develop "one stop shops", hubs on-line and in trusted locations within communities where accurate information on services and access is available with "warm hand-offs" by knowledgeable, trusting, caring resource connectors/advocates available with a "no closed door" approach. Specific examples include:
    a. Integrating mental health awareness raising resources and services into existing trusted locations, for example: Schools, Family Resource Centers, Libraries, etc. in addition to other locations noted above;

b. Establishing a central call number noting therapists with their schedule/openings that potential clients or a main administrator can matchmake with the clients' day/time needs with available therapists;
c. Establishing a smart phone app enabling search for mental health resources and services, including clinicians with real-time appointment availability, characteristics such as cultural identity;
    i. Build upon what is working with Sam's Guide and 2-1-1 and address limitations of these resources; and
    ii. Innovate technology tools to help close mental health equity gaps (look for those created by historically underrepresented groups)

7. Build upon success of partnerships and co-location between MCBH and community organizations:
    a. Continue and expand partnerships with school districts to provide mental health therapists in the schools
    b. Mental health professionals continue to work with law enforcement and provide training such as Crisis Intervention Training.

Demographic Information from Community Engagement Sessions:

The following tables provide information regarding participants who attended each session including: total numbers that signed in per session, zip code of residence and stakeholder category. Additional demographic information such as: race, ethnicity, gender identity and sexual orientation, was not asked during the sign-in process due to participant level of comfort with sharing demographic information in a public meeting.

Regional Forum	# Signed-in
District 1	20
District 2	14
District 3	17
District 4	33
District 5	14
TOTAL	**98**

Focus Group	# Signed-in
Early Psychosis & Suicide Prevention	17
Mental Health Needs of Seniors	29
Childhood Trauma Prevention	16
Culturally Responsive Approaches	9
Mental Health Needs of College Age Youth	12
TOTAL	**83**

NOTE: Not all participants completed all information at sign-in , and some categories were checked more than once, twice, left blank, or illegible.

:

Community Engagement Sessions Participants' Zip Code of Residence			
City	**Zip Code**	**Total Participants by Zip Code**	**Percentage of Total Participants by Zip Code**
Salinas	93901	27	15%
Salinas	93905	11	6%
Salinas	93906	19	11%
Prunedale	93907	12	7%
Salinas	93908	3	2%
Carmel	93923	4	2%
Camel Valley	93924	3	2%
Gonzales	93926	15	9%
Greenfield	93927	5	3%
King City	93930	3	2%
Marina	93933	7	4%
Del Rey Oaks/Monterey	93940	8	5%
Pacific Grove	93950	1	1%
Sand City	93955	21	12%
Soledad	93960	7	4%
Aromas	95004	2	1%
Castroville	95012	6	3%
Gilroy	95020	1	1%
Hollister	95023	1	1%
Morgan Hill	95037	1	1%
Santa Cruz	95060	2	1%
Watsonville	95076	1	1%
Not stated		15	9%
TOTAL	**22**	**175**	100.0%

Community Engagement Sessions: Participant Representation by Stakeholder Category:

Session	Youth	Adult	Senior	Resident	Client	Practitioner	Com-Based Org	County Staff	MH Commissioner	Other	Both Practitioner and Resident	Both Client and Resident
RF - District 1	3	13	3	16	1	16	8	4	3	1	16	1
RF - District 2	0	8	1	11	0	0	2	0	0	0	0	0
RF - District 3	2	9	3	10	0	11	6	2	0	3	9	0
RF - District 4	2	22	9	32	4	10	4	2	4	0	10	3
RF - District 5	2	11	1	14	5	4	0	1	3	3	4	5
FG - Early Psychosis & Suicide Prevention	2	12	0	12	1	4	3	8	1	0	8	1
FG - Seniors	2	16	6	21	1	15	4	7	4	0	14	0
FG - Childhood Trauma Prevention	2	6	0	12	0	3	5	4	0	0	2	0
FG - Culturally Responsive Approaches	0	8	1	9	0	6	4	3	0	0	6	0
FG - College Age Youth	1	7	2	8	1	10	6	4	0	0	8	0
TOTAL NAMES ON SIGN UP SHEETS	**181**											
TOTAL PARTICIPANTS BY CATEGORY	**16**	**112**	**26**	**145**	**13**	**79**	**42**	**35**	**15**	**7**	**77**	**10**
TOTAL % BY CATEGORY	**8.8%**	**61.9%**	**14.4%**	**80.1%**	**7.2%**	**43.6%**	**23.2%**	**19.3%**	**8.3%**	**3.9%**	**42.5%**	**5.5%**
NOTE: Not all participants completed all sign-in catagories. Some catagories were double marked, left blank, or illegible.												

A Report of the Community Engagement Sessions entitled “Community Engagement Insights” is included in this document as Appendix I.

Behavioral Health Needs Assessment

To complete the Needs Assessment, the following two surveys were administered: A Provider Survey and a Community Member Survey. The Provider Survey was designed to gather feedback from a broad range of people, agencies, and systems working directly with individuals who are receiving or need mental health services. Respondents invited to take the survey represented multiple service sectors such as: education, law enforcement, hospitals, and other community service organizations. The Community Member Survey was designed to gather feedback from residents of Monterey County with mental health needs, as well as family members and other community members affected by mental health issues.

Both surveys were available for approximately two months, while MCBH was conducting simultaneous, coordinated Community Engagement Sessions to gather feedback through regional forums and focus groups. Surveys were administered in English and in Spanish. The Provider survey was distributed via email and posted on the Health Department website with a link to an online survey. The Community Member Survey was distributed on paper at the Community Engagement Sessions, as well as through an online link posted on the Health Department website. A total of 378 surveys were collected, consisting of 190 Provider Surveys and 188 Community Member Surveys.

Findings from both the Provider and Community Member Surveys indicate that there is very high alignment in Monterey County across diverse stakeholders about the highest priority needs in mental and behavioral health and access to services. Nearly all providers agreed that there is unmet need for mental health care across sub-populations and age groups. Lack of knowledge about existing services, both among providers and community members, emerged as a key barrier to accessing services. Relatedly, providers identified outreach and education about available services and training for providers as a key recommendation.

Respondents to both the Provider and the Community Member Surveys were asked to identify barriers to accessing mental and behavioral health services. Notably, both providers and community members aligned on the top six barriers (out of a list of 15). *Lack of knowledge/information about services/where to get help* was the most highly prioritized barrier among both groups. Other top barriers identified include: *cost, stigma related to mental illness, service locations are too far away, lack of transportation and lack of health insurance*. Community members indicated that education about existing services is likely to be most effective if the information comes from a trusted professional such as a teacher, doctor, or social worker.

Both providers and community members agreed that *depression, anxiety, and trauma* are among their top three priorities for mental and behavioral health in terms of importance and, for providers, *resource allocation*. Suicide prevention was the least prioritized issue among both groups of survey-takers. There is also alignment on the identification of contributing factors to mental and behavioral health issues in the community. Both providers and community members identified *financial stress, stressful childhood experiences/Adverse Childhood Experiences, and homelessness*, as their top three contributing factors.

Demographic Information of Respondents to the Needs Assessment Surveys:

Percent of Community Member Respondents by City and Zip Code		
City	**Zip Code**	**%**
Salinas	**(total)**	**29%**
Salinas	*93901*	*14%*
Salinas	*93906*	*15%*
Salinas	*93938*	*1%*
Prunedale	93907	**12%**
Alisal	93905	**8%**
Gonzales	93926	**8%**
Sand City	93955	**7%**
Del Rey Oaks/Monterey	93940	**6%**
Soledad	93960	**5%**
Greenfield	93927	**4%**
Castroville	95012	**3%**
East Garrison	93933	**3%**
King City	93930	**3%**
Carmel	93923	**2%**
Corral de Tierra	93908	**2%**
Aromas	95004	**1%**
Carmel Valley	93924	**1%**
Corralitos	95076	**1%**
Hollister	95023	**1%**
Morgan Hill	95037	**1%**
Santa Cruz	95062	**1%**
Soquel	95073	**1%**
Total		**100%**

Providers' Sectors of Work (n=190)	
Service Sector	**% of Respondents**
Mental/Behavioral Counseling	39%
Pre-K through 12 Education	23%
Community-based Organization/Non-profit Service Provider	11%
Substance Use Prevention or Treatment Services Provider	6%
Public Health	5%
Medical Treatment/Healthcare Services	3%
Social Services	3%
College/Graduate Education	1%
Law Enforcement/Probation/Justice System	1%
Other	8%
Total	**100%**

Provider and Community Member Survey Findings

The Mental and Behavioral Health Needs Assessment "Community Stakeholder and System Partner Needs Assessment Report" is included in this document as Appendix II.

Additional Community Feedback

On an ongoing basis, MCBH collaborates and consults with two stakeholder groups that are representative of diverse community members, clients of MCBH, family members, peers, contract providers and MCBH staff. These groups are the Cultural Relevancy and Humility Committee (CRHC) and the Recovery Task Force (RTF). During the Community Program Planning Process (CPPP), members from both groups attended the Community Engagement Sessions and actively provided their input. The CRHC then reviewed the initial feedback from the CPPP, and subsequently recommended integrating information and strategies that were identified in prior work by the CRHC with the community feedback to inform the MHSA FY 21-23 Three-Year Program and Expenditure Plan. Recommendations from the CRHC related to better serving culturally specific and historically underserved populations are in alignment with the community feedback gathered during the CPPP. The RTF actively partners with MCBH in ensuring consumer and peer input and advocacy is incorporated in MCBH programs and this group also provided input during the CPPP.

30-Day Public Review and Comment Period

In accordance with MHSA regulations, the draft MHSA FY 21-23 Three-Year Program and Expenditure Plan was made available for public review and comment for a minimum 30-day period prior to approval by the Monterey County Behavioral Health Commission and Monterey County Board of Supervisors. Public comments were required to be submitted in writing via any of the following methods: the MCBH website, email to MHSAPublicComment@co.monterey.ca.us, regular mail or delivered to Monterey County Health Department, Behavioral Health Administration, 1270 Natividad Rd., Salinas, CA 93906, during the period from April 23, 2020 to May 22, 2020.

A summary of public comments/recommendations received, and county responses to these comments, is included in Addendum I and begins on page 40 of this document.

Public Hearing

The Behavioral Health Commission conducted a Public Hearing via ZOOM to review on Thursday, May 28, 2020 at 5:30PM.The Commission received the summary of comments received during the 30-Day Public Review Period and county staff responses to these comments. Staff also presented recommended modifications to the draft document to address errors in the naming and numbering of several of the strategies as well in the expenditures section of the Plan to bring the final version of the document in alignment with the established financial reporting system. Members of the public were offered the opportunity to provide face to face public comment and Spanish language interpretation services were available. Commissioners considered the comments received, offered their comments, and the Hearing concluded upon the Commission taking action to approve the MHSA FY 21-23 Three-Year Program and Expenditure Plan for forwarding to the County Board of Supervisors for adoption.

Please refer to the draft version of the May 28, 2020 Meeting Minutes of the Monterey County Behavioral Health Commission included in Addendum II and begins on page 42 of this document. The final version of these Meeting Minutes will be incorporated into the Plan document submitted to the State.

Community Service & Supports (CSS) Component: Program Descriptions

Seventy-six percent (76%) of MHSA funds received by counties must be allocated for the CSS component. MHSA funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available. CSS programs serve individuals affected by moderate to severe mental illness and their families. These services must be community based, recovery-oriented and culturally competent. Funding can only be used for voluntary services and no less than fifty-percent (50%) must be allocated to "full service partnerships" (FSPs). FSP services provide a "whatever it takes" level of services, also referred to as "wraparound" services, to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services include treatment, case management, peer support, transportation, housing, crisis intervention, family education, vocational training, and employment services, as well as socialization and recreational activities, based upon the individual's needs and goals to obtain successful treatment outcomes. The remaining funds in the CSS component are to be used for General System Development programs that provide a less-intensive level of mental health treatment and supportive services, and often consist of peer supports, family education, wellness centers, and assistance with access to educational, social, vocational rehabilitative and other community services.

Full Service Partnerships

1. Family Stability FSP [CSS-01]

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

Family Reunification Partnership, operated by MCBH, will offer a unique and innovative program model that integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/Department of Social Services) social workers into one cohesive program to help families in the reunification process. An intensive, short-term, in-home **Crisis Intervention and Family Education Program** will be provided to the same population where less intensive services are required along the continuum of care.

Additionally, **Outpatient Programs** operated by a contracted service provider will offer outpatient mental health services to eligible children and their families. Mental health services will consist of individual, family, or group therapies and interventions designed to promote the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family function, abuse, neglect, domestic violence, parental incarceration and parental substance abuse. Focus will be made on families with infants and children ages 0-5 who have been exposed to trauma and are exhibiting early signs of attachment disruption, poor attunement with their caregivers, and exhibiting trauma symptoms and related

behavioral dysregulation. Such services will improve the early attachment relationship, resolve trauma experiences for children as well as the impact of trauma on a child and his/her family, and reduce mental health symptoms.

2. Dual Diagnosis FSP [CSS-02]

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

3. Justice Involved FSP [CSS-13]

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

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

4. Transition Age Youth FSP [CSS-04]

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

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

The Adults with Serious Mental Illness FSP supports a range of services to Adults with a serious mental health diagnosis in reaching their recovery goals and live in the least restrictive environment as possible. This FSP is comprised of **Outpatient Programs** operated by MCBH and contracted services providers to serve this population of adults, including those with a co-occurring substance use disorder. Services within these outpatient programs will include outreach and engagement, employing a welcoming/engagement team, and

providing an intensive outpatient alternative to the array of residential treatment services and supportive housing-based FSP programs that often have long wait lists for entry to services.

6. Older Adults FSP [CSS-06]

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

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

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

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

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

General System Development Programs

8. CSS Access Regional Services [CSS-07]

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

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

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

9. Early Childhood Mental Health [CSS-08]

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

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

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

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

11. Dual Diagnosis [CSS-11]

Dual Diagnosis Services will serve those impacted by substance abuse and mental illness and provides intensive and cohesive supports. This **Outpatient Program** will be operated by a community-based contracted service provider to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs.

12. Homeless Outreach & Treatment [CSS-15]

The Homeless Outreach and Treatment strategy will include **Shelter/Housing Supports** for vulnerable individuals with a psychiatric disability who are currently experiencing homelessness or at risk of becoming homeless. **Outreach and Outpatient Services** are also included in this strategy to assist those adults recently served in the Homeless Services and Supports FSP to continue to receive the appropriate level of services and

supports to maintain their recovery and their housing placement. The services include supported education and employment assistance, case management services, mental health services, and assistance with daily living skills. Outreach activities will be modified to address both youth and adult populations experiencing homelessness.

Additional feedback from the CPPP highlighted the importance of providing resources and help to individuals who are experiencing homelessness and offering them support in a location that is convenient and accessible in the community. There is an area known as "Chinatown" in Salinas, where individuals, who have been displaced from their homes, live in tents and other types of temporary shelters. This strategy will also support a **Resource Center in Chinatown** that will connect individuals to social services to address their individual circumstances related to their homelessness as well as other resources to assist them in addressing their behavioral health needs.

13. Responsive Crisis Interventions [CSS-16]

During the CPPP, residents identified the need to have responsive mental health services in a timely manner, particularly when an individual is experiencing a mental health crisis. The Responsive Crisis Interventions strategy will provide services to community members "where they are at" or otherwise provide services in a critical, time-sensitive manner. A **Mobile Crisis Team** will be deployed to help Monterey County residents when they are experiencing a mental health crisis. The mobile crisis team will work with law enforcement and emergency services in responding to individuals, youth, and families in crisis. They will intervene with individuals who are showing signs of psychiatric distress, initially assisting the individual to de-escalate and stabilize, and then provide available resources to help connect them with voluntary mental health and substance use disorder outpatient services and/or treatment as appropriate. Goals include avoiding unnecessary hospitalizations and diversion from emergency resources (hospital/jail), while providing the linkage to ongoing care as needed.

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

CSS Program Data for FY 2018-19

For CSS Program Data covering the Fiscal Year 2018-19 period, please refer to Appendix III.

Prevention & Early Intervention (PEI) Component: Program Descriptions

Nineteen percent (19%) of MHSA funds received by counties must be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one (1) program focused on delivering services for *each* of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and discrimination reduction, 4) Recognizing early signs of mental illness, and 5) Promoting greater access and linkage to treatment. Suicide prevention programs also fit within the PEI component. All programs must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices. Counties must serve all ages in one or more programs funded by the PEI component. At least fifty-one percent (51%) of PEI funds must be allocated for serving individuals who are 25 years old or younger. Programs that serve parents, caregivers, or family members with the goal of addressing children and youth at risk of or with early onset of a mental illness can be counted as serving children

and youth. In addition, SB 1004 directs counties to focus on the following priority areas: 1) Childhood trauma prevention and early intervention; 2) Early psychosis and mood disorder detection and intervention; 3) Youth outreach and engagement strategies that target transition age youth; 4) Culturally competent and linguistically appropriate prevention and intervention; 5) Strategies targeting the mental health needs of older adults; and 6) Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis.

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

Prevention

1. Family Support and Education [PEI-02]

Family members and caregivers who are living with and caring for loved ones with mental health conditions benefit from social connectedness and psycho-education that is provided in **family support groups**. Support groups will be offered regionally throughout Monterey County in community-based locations in languages that support the needs of family members and caregivers. Groups will be open and accessible to residents of Monterey County who would like to learn how to support their family member and gain support from others who are experiencing similar issues related to caring for a loved one with mental illness.

Parents and caregivers have expressed the need for **culturally relevant parenting classes** that address issues throughout a child's development from infancy through adolescence. Parents and caregivers will be offered options to choose a class that meets their family's needs as all children have unique strengths and challenges. Parenting classes will be provided in Spanish and English in community-based locations throughout Monterey County at times that are convenient for the families. Whenever possible, classes will provide childcare and meals to support families in addressing barriers to participation and to enhance their experience.

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

Community based agencies will provide **outreach, education and referrals related to Behavioral Health Services** for individuals impacted by mental illness and their family members. **Anti-stigma campaigns and advocacy efforts** on behalf of consumers, family members, and friends of those living with mental illness will be supported and deployed in Monterey County to raise awareness and educate the community regarding mental health. **Professional training** will be provided to professionals, medical providers, faith leaders, educators, law enforcement and other key groups that interact with community members on mental health and related topics.

Community information sessions and presentations on mental health and related topics will be provided in all four regions of Monterey County by MCBH and community based organizations, focusing on underserved areas. Sessions will be provided in locations where community members feel comfortable and will be offered to existing groups and organizations building on trusted relationships in the community. Community information sessions will address the top barriers to care that were identified during the CPPP regarding the current lack of knowledge of available mental health resources and to increase understanding in the community regarding mental health.

MCBH will build upon proven **communication mechanisms** to provide information on mental health resources and programming to the community while developing new channels and mediums to respond to the preferred

methods diverse community members use to access information related to mental health. MCBH will also develop **marketing** materials to attract **diverse mental healthcare professionals** to work in our community.

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

Veterans are a vulnerable population for mental health conditions and suicide risk and were identified as a priority population in SB 1004 and in our local CPPP. MCBH will partner with an organization that will provide education and awareness to veterans, their dependents, and survivors on entitled benefits to include mental health services available in the community. Additionally, this program will streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment, and other community-based services. This helps to promote resilience, social connectedness and other protective factors for veterans and their family members which helps to decrease risk for mental health conditions and suicide.

3. Student Mental Health [PEI-08]

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

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

School-based Supportive Services will also be provided through this strategy, including individual and family counseling, group counseling, teacher consultation, psychiatric evaluation, and medication monitoring. Services will be provided primarily at the school site, as well as clinics in the community.

4. Maternal Mental Health [PEI-15]

Maternal Mental Health: To address childhood trauma prevention at the earliest possible point in time, MCBH will develop community-based supports to help mothers who are at-risk of or are experiencing mild to moderate Perinatal Mood and Anxiety Disorders. MCBH will offer **dyadic groups for mothers and infants/toddlers** in community locations, providing psycho-education and support with a focus on Spanish speaking, Latina mothers who do not have access to mental health services through their health insurance provider. These groups will increase opportunities for participants to have positive social interactions, develop support network and decrease stigma through shared experiences. A primary goal will be to increase group participants' knowledge and understanding of how being attuned with their child's cues positively impacts bonding and attachment. Additionally, the groups will incorporate culturally attuned healing practices that support women and families during the perinatal period. Peer support programs and therapeutic treatment for addressing Maternal Mental Health will be explored and incorporated based upon community capacity for implementation.

5. Stigma and Discrimination Reduction [PEI-04]

One of the top barriers to individuals receiving the mental health care they need is stigma related to mental illness. This was echoed during our CPPP as community members shared concerns about the prevalence of stigma, particularly in the Latino community. To address this, community presentations and trainings on **stigma and discrimination reduction** will be provided throughout Monterey County. These programs will be designed and implemented by individuals with lived experience and will include a diverse panel to address cultural considerations and issues throughout the lifespan. Presentations will help dispel myths associated with mental health conditions and provide opportunities for individuals with lived experience to share their stories to increase compassion and decrease negative assumptions for those living with mental health conditions.

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

6. Suicide Prevention [PEI-06]

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

Supports and trainings will be provided to better address suicide prevention and awareness to decrease the suicide related death rate in Monterey County. High-risk individuals, families, and groups will be identified and provided with safe alternatives to suicidal behavior. An integrated method of service delivery including a 24/7/365 free, multi-lingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide will be provided. In addition, training will be offered for

MCBH staff and community groups on the following: Applied Suicide Intervention Skills Training ("ASIST"), and Suicide Alertness for Everyone ("SafeTALK").

Early Intervention

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

A continuum of supports will be provided for Seniors including:

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

Short-term therapeutic interventions will be provided to seniors and older adults who are suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Therapeutic interventions will be provided individually or in groups in non-clinical community based locations and homes to support home bound seniors and increase an individual's comfort level with receiving therapy.

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

A continuum of supports will be provided for transition age youth including:

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

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

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

A continuum of supports will be provided for vulnerable and historically underserved populations, such as: Latinos, African Americans, LGBTQ+*.

Outreach and community education that is specific to each cultural group will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities to **engage historically underserved populations** (as noted above*) in mental health care and in programming to **support their health and wellness**. Holistic, wellness activities that reduce isolation, promote resilience, recovery and

social connectedness for each cultural group will be provided including individual and group supports. **Promotores and Peers** that are representative of diverse populations are highly essential and will be utilized as they are key elements in engaging and effectively supporting historically marginalized populations in accessing mental health care and other resources.

Short-term therapeutic interventions will be provided to address mild to moderate mental health issues and stressors associated with immigration related issues, institutional racism, discrimination, and trauma experienced over the lifetime related to one's cultural identity. Therapeutic interventions will be provided individually or in groups in non-clinical community based locations that are easily accessible and build upon trusted relationships in diverse communities.

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

Early psychosis programs have demonstrated effectiveness in helping individuals to return to baseline levels of functioning and prevent future occurrences of psychotic episodes. This strategy consists of an integrated array of evidence-based treatments designed for remission of early psychosis among individuals ages 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder. Core services will include individual therapy using Cognitive Behavioral Therapy for Psychosis, strength based case management, algorithmic medication management, family support, educational and vocational support.

PEI Program Data for FY 2018-19

For PEI Program Data covering the Fiscal Year 2018-19 period, please refer to Appendix IV.

Innovation (INN) Component: Project Descriptions

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

Current Approved INN Projects

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

The Screening to Timely Access project plans to develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource. This project is being implemented in coordination with CalMHSA as part of the multi-county Tech Suite Collaborative project. This project is planned to continue through December 2021.

2. Screening to Timely Access [INN-02]

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

employed through existing mental health services in Monterey County. The first application period began in March 2019, the second occurred in December 2019, with a final application period to be announced in the early Summer of 2020 . This project is planned to continue through December 2021.

3. Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators) [INN-03]

The Transportation Coaching Project seeks to develop and test a transportation needs assessment tool that can inform transportation coaching strategies and measure the impact of those strategies. The goals of this project include improving consumer independence in accessing mental health treatment services and other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff has developed the transportation needs assessment tool, in partnership with Interim, Inc., our community partner employing the Wellness Navigators who provide transportation coaching services. This project is planned to continue through December 2021.

INN Program Data for FY 2018-19

For INN Program Data covering the Fiscal Year 2018-19 period, please refer to Appendix V.

Proposed INN Projects

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

4. Residential Care Facility Incubator [INN-04]

This project will work to incentivize local Latino families to establish residential care facilities in three different regions within Monterey County. The goal of this project is to provide affordable, shared housing for adults with serious mental illness who have experienced homelessness or who are at risk of becoming homeless, who need additional supports for their daily living. These facilities will provide culturally responsive supports for individuals who are mono-lingual Spanish or bi-lingual. Prior to developing the proposal for submission to the MHSOAC, this project will require research to identify the costs and steps required to establish residential care facilities, as well as an evaluation of the need for licensed residential care facilities versus unlicensed room and board with in-home support services being provided. Significant collaboration must occur between local agencies, businesses, non-profits, families, and individuals to identify prospective individuals or families within three different regions who would be interested in operating a residential care facility as described above. Individuals selected for participation in the project will also be trained to operate and become certified as a residential care facility. This project has an anticipated timeline of five (5) years, with a total proposed budget of $2,000,000.

5. Psychiatric Advance Directives [INN-05]

The Psychiatric Advanced Directive project is a multi-county collaborative project supported by the MHSOAC focusing on deploying advanced directives to improve the response to individuals who are experiencing a mental health crisis by law enforcement, as well as physical health and behavioral health clinicians. A psychiatric advance directive (PAD) is a legal document that details a person's preferences for future mental health treatment, services, and supports, or names an individual to make treatment decisions, if the person is in a crisis and unable to make decisions. Many people with mental illness, their families, and health professionals are not familiar with PADs. When a person has a PAD, proper care can be given, and involuntary treatment may be

prevented. Individuals can also share their PADs with their local hospitals, providers, and police departments so their preference of care is clear and can be easily prioritized. And when family members are kept up to date on an individual's PAD, they can be better advocates for their loved one. This project has an anticipated timeline of five (5) years, with a total proposed budget of $500,000.

6. Center for Mind Body Medicine [INN-06]

The Center for Mind-Body Medicine (CMBM) project will support MCBH clinical staff through an evidenced-based practice group model to address trauma and build emotional wellness skills. Maintaining a steady workforce of mental healthcare providers is of critical importance, and MCBH will utilize this model to increase staff retention, reduce staff burnout and increase capacity in our community to provide effective culturally relevant supports to help community members cope with trauma, build resilience and protective factors. The model's approach is particularly useful for communities that lack enough mental health resources, such as MCBH clinical staff who are often managing a larger number of clients than is optimal due to the lack of a qualified mental health workforce. The model builds a long-lasting community resource for emotional wellness. Unlike a one-time workshop or training, once the facilitators are trained, that resource lives in the community for years to come, allowing people to join a group or attend a workshop when the time feels right to them. For this project, MCBH will contract with the CMBM to train two cohorts of participants and provide additional coaching and training to develop internal capacity within MCBH to sustain and grow the model. This project would be implemented over three (3) years with a total budget of $1,500,000.

Workforce Education & Training (WET) Component: Program Descriptions

WET programs are intended to develop a pipeline for increasing interest in community mental health careers, improving recovery oriented treatment skills for community mental health providers as well as retention strategies for qualified community mental health providers. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

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

Supporting Individuals

- *Pipeline/Career Awareness* ($50,000)
  MCBH consistently has a clinical position vacancy rate of around 20%. MCBH engages in outreach activities to universities and professional programs to share information about community behavioral health careers in general, and with MCBH in particular. MCBH is also designing a "Grow Our Own" campaign to help Monterey County paraprofessional staff learn about advancement opportunities within MCBH.
- *Education and Training* ($700,000)
  A significant portion of the knowledge and skills clinical staff members need to provide effective mental health services are gained on the job through training and supervision, or before employment, during internship. To support staff development, MCBH is designing a robust curriculum focusing on core competencies and clinical intervention.
- *Retention* ($200,000)
  Monterey County's salary levels are not the highest in the greater Bay Area region. Left un-addressed, many employees, once trained, will continue to quickly move on to higher-paying jobs in other counties nearby. To support staff retention, MCBH provides technical assistance to staff interested in applying

for federal and state loan repayment programs and contributes funds to state loan repayment programs to increase the reach of funding.

Supporting Systems

- *Evaluation and Research* ($50,00)
  Efforts to assess and improve the effectiveness of course content and instruction methodology are critical to ensure that time clinicians spend in training, away from direct service, is worthwhile. To support effective programing, MCBH is developing tools and protocols to assess training and treatment outcomes and develop on-line instruction, when feasible.

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

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

Through facility assessments and community feedback gathered during the CPPP, these Capital Facilities projects have been identified to properly support MHSA programs:

- HVAC replacement at the Marina Clinic. The equipment has reached the end of its useful life and is unrepairable. Budget estimate: $2,500,000.
- Renovations on an East Salinas facility located directly behind the Monterey County Women, Infants & Children Program office on the corner of East Alisal Street and Pearl Street. This will enable and enhance mental health services for East Salinas residents of all ages. Budget estimate: $1,500,000.
- Development of a new facility on East Sanborn Road in Salinas. This facility will provide mental health services to children, youth, and their families. Budget estimate: $25,000.000.

The proposed transfer of $7.84 million to the CFTN component during FY21-23 will be used to partially fund these projects. Additional funding streams will be required and sought.

Number of Clients to Be Served & Cost Per Client/Individual FY21-23

Community Services & Supports

Strategy	Projected # of Clients to Be Served Per Each Fiscal Year	Estimated Cost Per Client
Full Service Partnerships		
Family Stability FSP [CSS-01]	224	$12,271
Dual Diagnosis FSP [CSS-02]	96	$11,263
Justice-Involved FSP [CSS-13]	137	$12,180
Transition Age Youth FSP [CSS-04]	263	$8,492
Adults with Serious Mental Illness FSP [CSS-05]	120	$12,471
Older Adults FSP [CSS-06]	45	$39,466
Homeless Services and Supports FSP [CSS-14]	141	$20,535
General System Development Programs		
CCS Access Regional Services [CSS-07]	5,495	$1,091
Early Mental Health Services [CSS-08]	516	$7,753
Supported Services to Adults with Serious Mental Illness [CSS-10]	450	$969
Dual Diagnosis [CSS-11]	67	$10,921
Homeless Outreach & Treatment [CSS-15]	586	$624
Responsive Crisis Interventions [CSS-16]	596	$1,833

Prevention & Early Intervention

Strategy	Projected # of Individuals to Be Served Per Each Fiscal Year	Estimated Cost Per Individual
Prevention		
Family Support and Education [PEI-02]	278	$1,449
Prevention Services for Early Identification of Mental Health Symptoms Throughout the Lifespan [PEI-12]	11,911*	$93
Student Mental Health [PEI-08]	1,091	$715
Maternal Mental Health [PEI-15]	160	$1,256
Stigma and Discrimination Reduction [PEI-04]	1,116	$317
Suicide Prevention [PEI-06]	1,113	$235
Early Intervention		
Prevention Services for Older Adults [PEI-05]	447	$684

Early Intervention Strategies for Adolescents, Transition Age & College Age Youth [PEI-13]	1,086	$1,356
Culturally Specific Early Intervention Services [PEI-14]	1,207	$587
Prevention and Recovery for Early Psychosis [PEI-10]	55	$10,520

*includes information line phone calls and media impressions during outreach

Innovation

Project	Projected # of Individuals to Be Served Per Each Fiscal Year	Estimated Cost Per Individual
Micro-Innovation Grant Activities for Increasing Latino Engagement [INN-01]	80	$8,500
Screening to Timely Access [INN-02]	N/A	N/A
Transportation Coaching Project [INN-03]	N/A	N/A
Residential Care Facility Incubator [INN-04]	TBD	TBD
Psychiatric Advance Directives [INN-05]	TBD	TBD
Center for Mind Body Medicine [INN-06]	TBD	TBD

TBD = to be determined

MHSA FY21-23 3-Year Plan Budget Narrative

This MHSA FY21-23 3-Year Program and Expenditure Plan ("Plan") reflects continued funding for previously approved CSS, PEI, and INN components. Additional programs have been added to this Plan to respond to the community needs as expressed and explored during our Community Program Planning Process. Expanded programs include: meeting the community where they are with expanded Mobile Crisis services and the expansion of supportive services to those individuals with mental illness who are at risk of or are currently experiencing homelessness.

In prior years, actual MHSA allocations have exceeded early conservative revenue estimates. This has enabled funds to be allocated to both the WET and CFTN components. This Plan details the intended uses of those funds.

During the initial development of this Plan, experts were advising counties that total MHSA revenues are expected to increase slightly each year during the course of this Plan. Over the last several years, the California economy has experienced unprecedented growth, and the positive tax revenue impacts are expected to briefly linger.

However, as of this writing, the international economic situation is very volatile, as the adverse financial effects of COVID-19 are impacting all aspects of the global economy. Should fiscal conditions change, resulting in disrupted revenue streams, planned expenditures will be adjusted accordingly.

Additionally, the State Legislature is currently re-evaluating the MHSA. Key requirements may be modified within this 3-Year Plan period. Should these changes occur, this Plan will be modified and updated through the Annual Update process.

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

County: Monterey Date: 6/3/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	26,454,542	1,213,753	4,246,079	1,000,000	6,201,772	
2. Estimated New FY2020/21 Funding	0	0	0			
3. Transfer in FY2020/21[a/]	0			1,000,000	2,326,422	
4. Access Local Prudent Reserve in FY2020/21						
5. Estimated Available Funding for FY2020/21	26,454,542	1,213,753	4,246,079	2,000,000	8,528,194	
B. Estimated FY2020/21 MHSA Expenditures	16,130,000	4,864,000	4,404,500	1,000,000	6,201,772	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	10,324,542	(3,650,247)	(158,421)	1,000,000	2,326,422	
2. Estimated New FY2021/22 Funding	0	0	0			
3. Transfer in FY2021/22[a/]	0			1,000,000	2,636,662	
4. Access Local Prudent Reserve in FY2021/22						
5. Estimated Available Funding for FY2021/22	10,324,542	(3,650,247)	(158,421)	2,000,000	4,963,084	
D. Estimated FY2021/22 Expenditures	16,452,600	4,961,280	1,322,500	1,000,000	4,963,084	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(6,128,058)	(8,611,527)	(1,480,921)	1,000,000	0	
2. Estimated New FY2022/23 Funding	0	0	0			
3. Transfer in FY2022/23[a/]	0			1,000,000	2,884,070	
4. Access Local Prudent Reserve in FY2022/23						
5. Estimated Available Funding for FY2022/23	(6,128,058)	(8,611,527)	(1,480,921)	2,000,000	2,884,070	
F. Estimated FY2022/23 Expenditures	16,781,652	5,060,506	1,035,000	1,000,000	2,884,070	
G. Estimated FY2022/23 Unspent Fund Balance	(22,909,710)	(13,672,033)	(2,515,921)	1,000,000	0	

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

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

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheets

County: Monterey Date: 6/3/2020

		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Fiscal Year 2020/21							
FSP Programs							
	Family Stability FSP (CSS-01)	2,748,753	1,377,024	1,341,435	0	0	30,295
	Dual Diagnosis FSP (CSS-02)	1,081,211	537,658	531,724	0	0	11,828
	Justice Involved FSP (CSS-13)	1,668,667	1,175,201	467,611	0	0	25,854
	Transition Age Youth FSP (CSS-04)	2,233,284	711,249	1,506,387	0	0	15,647
	Adults with SMI FSP (CSS-05)	1,496,550	1,195,327	274,925	0	0	26,297
	Older Adults FSP (CSS-06)	1,775,948	1,361,862	384,125	0	0	29,961
	Homeless Services and Supports FSP (CSS-14)	2,443,632	1,397,607	1,015,277	0	0	30,747
Non-FSP Programs							
	Access Regional Services (CSS-07)	5,993,794	2,196,407	3,783,624	0	0	13,763
	Early Childhood Mental Health (CSS-08)	4,000,682	2,289,049	1,684,126	0	0	27,507
	Supported Services to Adults with SMI (CSS-10)	436,066	334,953	101,113	0	0	0
	Dual Diagnosis (CSS-11)	731,702	250,392	323,521	0	0	157,789
	Homelessness Outreach and Treatment (CSS-15)	365,760	242,531	123,229	0	0	0
	Responsive Crisis Interventions (CSS-16)	1,092,723	956,826	135,897	0	0	0
CSS Administration		2,103,913	2,103,913				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		28,172,685	16,130,000	11,672,996	0	0	369,690
FSP Programs as Percent of Total		55.3%					

		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Fiscal Year 2021/22							
FSP Programs							
	Family Stability FSP (CSS-01)	2,803,729	1,404,564	1,368,264	0	0	30,295
	Dual Diagnosis FSP (CSS-02)	1,102,835	548,411	542,359	0	0	11,828
	Justice Involved FSP (CSS-13)	1,702,040	1,198,705	476,963	0	0	25,854
	Transition Age Youth FSP (CSS-04)	2,277,950	725,474	1,536,515	0	0	15,647
	Adults with SMI FSP (CSS-05)	1,526,481	1,219,234	280,424	0	0	26,297
	Older Adults FSP (CSS-06)	1,811,467	1,389,099	391,808	0	0	29,961
	Homeless Services and Supports FSP (CSS-14)	2,492,504	1,425,559	1,035,583	0	0	30,747
Non-FSP Programs							
	Access Regional Services (CSS-07)	6,113,670	2,240,336	3,859,297	0	0	13,763
	Early Childhood Mental Health (CSS-08)	4,080,696	2,334,830	1,717,808	0	0	27,507
	Supported Services to Adults with SMI (CSS-10)	444,788	341,652	103,135	0	0	0
	Dual Diagnosis (CSS-11)	746,336	255,399	329,992	0	0	157,789
	Homelessness Outreach and Treatment (CSS-15)	373,076	247,382	125,694	0	0	0
	Responsive Crisis Interventions (CSS-16)	1,114,577	975,962	138,615	0	0	0
CSS Administration		2,145,991	2,145,991				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		28,736,139	16,452,600	11,906,455	0	0	369,690
FSP Programs as Percent of Total		55.3%					

		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
Fiscal Year 2022/23							
FSP Programs							
	Family Stability FSP (CSS-01)	2,859,803	1,432,656	1,395,629	0	0	30,295
	Dual Diagnosis FSP (CSS-02)	1,124,891	559,379	553,206	0	0	11,828
	Justice Involved FSP (CSS-13)	1,736,081	1,222,679	486,502	0	0	25,854
	Transition Age Youth FSP (CSS-04)	2,323,509	739,983	1,567,245	0	0	15,647
	Adults with SMI FSP (CSS-05)	1,557,010	1,243,619	286,032	0	0	26,297
	Older Adults FSP (CSS-06)	1,847,697	1,416,881	399,644	0	0	29,961
	Homeless Services and Supports FSP (CSS-14)	2,542,354	1,454,071	1,056,294	0	0	30,747
Non-FSP Programs							
	Access Regional Services (CSS-07)	6,235,944	2,285,142	3,936,483	0	0	13,763
	Early Childhood Mental Health (CSS-08)	4,162,310	2,381,527	1,752,164	0	0	27,507
	Supported Services to Adults with SMI (CSS-10)	453,683	348,485	105,198	0	0	0
	Dual Diagnosis (CSS-11)	761,263	260,507	336,592	0	0	157,789
	Homelessness Outreach and Treatment (CSS-15)	380,537	252,329	128,208	0	0	0
	Responsive Crisis Interventions (CSS-16)	1,136,869	995,482	141,387	0	0	0
CSS Administration		2,188,911	2,188,911				
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		29,310,862	16,781,652	12,144,585	0	0	369,690
FSP Programs as Percent of Total		55.3%					

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheets

County: Monterey Date: 6/3/2020

	A	B	C	D	E	F
Fiscal Year 2020/21	**Estimated Total Mental Health Expenditures**	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
Family Support and Education (PEI-02)	420,732	407,645	0	0	0	13,087
Symptoms & Disorders Throughout the Lifespan (PEI-12)	1,106,572	1,106,572	0	0	0	0
Student Mental Health (PEI-08)	780,190	779,739	0	0	0	451
Maternal Mental Health (PEI-15)	200,889	200,889	0	0	0	
Stigma and Discrimination Reduction (PEI-04)	353,746	291,855	0	0	0	61,891
Suicide Prevention (PEI-06)	261,155	261,155	0	0	0	0
PEI Programs - Early Intervention						
Early Intervention Services for Older Adults (PEI-05)	305,556	305,556	0	0	0	0
Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	406,902	279,674	124,094	0	0	3,134
Culturally Specific Early Intervention Services (PEI-14)	356,738	356,738	0	0	0	0
Prevention and Recovery for Early Psychosis (PEI-10)	578,583	276,222	286,709	0	0	15,652
PEI Administration	597,956	597,956				
PEI Assigned Funds	0	0	0	0	0	0
Total PEI Program Estimated Expenditures	5,369,018	4,864,000	410,803	0	0	94,215

	A	B	C	D	E	F
Fiscal Year 2021/22	**Estimated Total Mental Health Expenditures**	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
Family Support and Education (PEI-02)	429,146	415,797	0	0	0	13,087
Symptoms & Disorders Throughout the Lifespan (PEI-12)	1,128,704	1,128,704	0	0	0	0
Student Mental Health (PEI-08)	795,793	795,333	0	0	0	451
Maternal Mental Health (PEI-15)	204,906	204,906	0	0	0	61,891
Stigma and Discrimination Reduction (PEI-04)	360,821	297,693	0	0	0	0
Suicide Prevention (PEI-06)	266,378	266,378	0	0	0	0
PEI Programs - Early Intervention						
Early Intervention Services for Older Adults (PEI-05)	311,667	311,667	0	0	0	0
Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	415,040	285,267	126,576	0	0	3,134
Culturally Specific Early Intervention Services (PEI-14)	363,873	363,873	0	0	0	0
Prevention and Recovery for Early Psychosis (PEI-10)	590,155	281,746	292,443	0	0	15,652
PEI Administration	609,915	609,915	0	0	0	0
PEI Assigned Funds	0	0	0	0	0	0
Total PEI Program Estimated Expenditures	5,476,398	4,961,280	419,019	0	0	94,215

	A	B	C	D	E	F
Fiscal Year 2022/23	**Estimated Total Mental Health Expenditures**	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
Family Support and Education (PEI-02)	437,729	424,113	0	0	0	13,087
Symptoms & Disorders Throughout the Lifespan (PEI-12)	1,151,278	1,151,278	0	0	0	0
Student Mental Health (PEI-08)	811,709	811,240	0	0	0	451
Maternal Mental Health (PEI-15)	209,005	209,005	0	0	0	61,891
Stigma and Discrimination Reduction (PEI-04)	368,038	303,646	0	0	0	0
Suicide Prevention (PEI-06)	271,706	271,706	0	0	0	0
PEI Programs - Early Intervention						
Early Intervention Services for Older Adults (PEI-05)	317,900	317,900	0	0	0	0
Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	423,341	290,973	129,107	0	0	3,134
Culturally Specific Early Intervention Services (PEI-14)	371,150	371,150	0	0	0	0
Prevention and Recovery for Early Psychosis (PEI-10)	601,958	287,381	298,292	0	0	15,652
PEI Administration	622,113	622,113	0	0	0	0
PEI Assigned Funds	0	0	0	0	0	0
Total PEI Program Estimated Expenditures	5,585,926	5,060,506	427,399	0	0	94,215

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheets

County: Monterey Date: 6/3/20

		Fiscal Year 2020/21					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	700,000	700,000				
	Screening to Timely Access (INN-02)	1,300,000	1,300,000				
	Transportation Coaching by Wellness Navigators (INN-03)	680,000	680,000				
	Residential Care Facility Incubator (INN-04)	400,000	400,000				
	Psychiatric Advance Directives (INN-05)	250,000	250,000				
	Center for Mind Body Medicine (INN-06)	500,000	500,000				
INN Administration		574,500	574,500				
Total INN Program Estimated Expenditures		4,404,500	4,404,500	0	0	0	0

		Fiscal Year 2021/22					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0				
	Screening to Timely Access (INN-02)	0	0				
	Transportation Coaching by Wellness Navigators (INN-03)	0	0				
	Residential Care Facility Incubator (INN-04)	400,000	400,000				
	Psychiatric Advance Directives (INN-05)	250,000	250,000				
	Center for Mind Body Medicine (INN-06)	500,000	500,000				
INN Administration		172,500	172,500				
Total INN Program Estimated Expenditures		1,322,500	1,322,500	0	0	0	0

		Fiscal Year 2022/23					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0				
	Screening to Timely Access (INN-02)	0	0				
	Transportation Coaching by Wellness Navigators (INN-03)	0	0				
	Residential Care Facility Incubator (INN-04)	400,000	400,000				
	Psychiatric Advance Directives (INN-05)	0	0				
	Center for Mind Body Medicine (INN-06)	500,000	500,000				
INN Administration		135,000	135,000				
Total INN Program Estimated Expenditures		1,035,000	1,035,000	0	0	0	0

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheets

County: Monterey Date: 6/3/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	50,000	50,000				
2. Education and Training	700,000	700,000				
3. Retention	200,000	200,000				
4. Evaluation and Research	50,000	50,000				
WET Administration	0					
Total WET Program Estimated Expenditures	1,000,000	1,000,000	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Pipeline/Career Awareness	50,000	50,000				
2. Education and Training	700,000	700,000				
3. Retention	200,000	200,000				
4. Evaluation and Research	50,000	50,000				
WET Administration	0					
Total WET Program Estimated Expenditures	1,000,000	1,000,000	0	0	0	0

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

FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheets

County: Monterey Date: 6/3/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. HVAC Replacement - Marina	2,500,000	2,500,000	0	0	0	0
2. Pearl Street Renovations	1,500,000	1,500,000	0	0	0	0
3. East Sanborn St. Facility Construction	2,201,772	2,201,772	0	0	0	0
CFTN Programs - Technological Needs Projects						
CFTN Administration						
Total CFTN Program Estimated Expenditures	6,201,772	6,201,772	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. East Sanborn St. Facility Construction	4,963,084	4,963,084	0	0	0	0
CFTN Programs - Technological Needs Projects						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	4,963,084	4,963,084	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. East Sanborn St. Facility Construction	2,884,070	2,884,070	0	0	0	0
CFTN Programs - Technological Needs Projects						
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	2,884,070	2,884,070	0	0	0	0

Summary of Public Comments/Recommendations

MONTEREY COUNTY MHSA FY 2020/21 – FY 2022-23 Three-Year Program & Expenditure Plan

Summary of Public Comments/Recommendations	County Response
Date Received: 5/10/2020 ***Method of Delivery:*** Wufoo form via website ***Individual's Name:*** Anonymous ***Affiliation/Role within Community Mental Health System:*** Other ***Comments:*** Asked if Hispanics receive 75% of funding and requested more than that for this population.	The Medi-Cal eligible population in Monterey County is approximately 75% Hispanic/Latino. Approximately 55% of clients to MCBH and their contracted service providers are Hispanic/Latino. Increasing services, and access to services, for Hispanic/Latino, Spanish speaking, and indigenous communities has been a prominent "health equity" goal for Monterey County Behavioral Health (MCBH) since 2017, with all programs and materials accommodating Spanish language, and several programs specifically addressing this diverse and underserved population, such the "Micro-Innovation Grant Activities for Increasing Latino Engagement".
Date Received: 5/11/2020 ***Method of Delivery:*** Wufoo form via website ***Individual's Name:*** Aidee Aldaco ***Affiliation/Role within Community Mental Health System:*** Family Member of Individual Living with Mental Health Condition ***Comments:*** Appreciated document being easier to read, the presentation of data, and new topics like Maternal Mental Health. Suggested all providers create a plan to provide services virtually, due to COVID-19.	MCBH appreciates the compliments to the plan. Regarding virtual mental health services, where feasible, both MCBH and contract providers have adapted to provide services via telehealth/video-conferencing during the Shelter in Place order. Any member of the public in Monterey County can access web- and telephone-based mental health services at this time.
Date Received: 5/22/2020 ***Method of Delivery:*** Wufoo form via website ***Individual's Name:*** David Pirochta ***Affiliation/Role within Community Mental Health System:*** Consumer / Peer Worker ***Comments:*** Advocated for continued support for permanent and transitional housing programs, the Homeless Services and Supports FSP, and the community wellness center.	MCBH notes and appreciates the community support for these programs.

Date Received: 5/21/2020 ***Method of Delivery:*** Email ***Individual's Name:*** Barbara Mitchell ***Affiliation/Role within Community Mental Health System:*** Executive Director, Interim Inc. (Mental Health Service Provider) ***<u>Comments:</u>*** • Advocated for continued support of Homeless Services and Supports FSP, Community Wellness Center, and Stigma and Discrimination Reduction programs currently offered by Interim, Inc. • Provided construction comments regarding the "Residential Care Facility Incubator" Innovation project. • Advocated for WET funding to support peer workers, and loan forgiveness programs to include contract provider staffing. • Recommended to divert CFTN funding to fund supportive services instead.	MCBH notes and appreciates the community support for the programs mentioned. MCBH will evaluate feedback regarding the Residential Care Facility Incubator INN Project as staff develop a project plan. Regarding WET funding, MCBH recognizes the needs to develop peer workers and the contractor workforce and will assess possibilities as funding becomes available. Regarding the diversion of CFTN funding, funds allocated to the current CFTN plan may not be diverted at this time, as they will be subject to reversion. MCBH will reassess future allocations to the CFTN component when they become available.
Date Received: 5/22/2020 ***Method of Delivery:*** Email ***Individual's Name:*** Pamela Weston ***Affiliation/Role within Community Mental Health System:*** MCBH Cultural Relevancy & Humility Committee member / NorCal MHA Access Ambassador ***<u>Comments:</u>*** Requests the creation of an MHSA Steering Committee, that is representative of the diverse stakeholder groups in Monterey County, particularly of consumers, that may support the community planning process and inform decision-making regarding MHSA planning.	MCBH has expanded our CPPP process over the previous years, most recently doubling the number of community planning meetings to a total of 10, in preparation of this MHSA plan document. MCBH will continue to explore the potential of a dedicated MHSA steering committee as resources become available.

Monterey County Behavioral Health Commission Draft Meeting Minutes

Mark Lopez, Chairperson
Cathy Gutierrez, Chairperson Elect

Thursday, May 28, 2020 5:30 PM — Teleconference via Zoom
No Physical Location Provided

1. 5:30 P.M. - CALL TO ORDER

The meeting was called to order by Chair M. Lopez at 5:37 P.M.
All attendees appeared via teleconference.

2. INTRODUCTIONS

COMMISSIONERS

Present: Heather Deming; Maribel Ferreira; Linda Fosler; Cathy Gutierrez; Jesse Herrera; Anthony Ivanich; Supv. Christopher Lopez; Mark Lopez; Alma McHoney; Margie Sokotowski

Absent: Rosa Gonzalez-Rivas; Cortland Young (resigned); Hailey Dicken-Young (resigned)

Staff Present: Amie Miller, Behavioral Health Bureau Chief; Jon Drake, Behavioral Health Assistant Bureau Chief; Alica Hendricks, Management Analyst, Behavioral Health; Dana Edgull, Behavioral Health Services Manager, Marina Pantchenko, Deputy County Counsel; Stacy Saetta, Deputy County Counsel; Wesley Schweikhard, Management Analyst, Behavioral Health; Jill Walker, Training Manager, Behavioral Health; Michael Lisman, Deputy Director, Behavioral Health; Lucero Robles, Deputy Director, Behavioral Health; Andria Sumpter, Secretary, Behavioral Health

Announcement of the Interpreter: Spanish Interpreter present and announced Spanish interpreter services.

3. CORRECTIONS TO THE AGENDA

None.

4. PUBLIC COMMENT

Marisol Beas, Project Coordinator, California Youth Empowerment Network (CAYEN) submitted a public comment letter via email on behalf of CAYEN. Her statement was read out load and entered into the record.

Jorge, Central Coast Center for Independent Living (CCCIL) provided an update on CCCIL's work with consumers.

Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) will be sharing information gained from local commission meetings with the CALBHB/C governing board and the MHS Oversight and Accountability Commission in a show of support for individual county's situations. She shared that CALBHB/C's website has a resource page for counties to report on their MHSA performance data and encouraged Monterey County to use this platform to share and learn.

Barbara Mitchell, Program Director, Interim Inc. provided an update on Interim's services and programs. The OMNI Resource Center is currently functioning solely as a warm line with plans to

reopen in the near future. She also asked the Commission to consider input from local providers during its decision-making process.

Daniel Gonzalez, Executive Director, Center for Community Advocacy (CCA) provided an update on CCA's interaction with the community and stressed the importance of the community's access to services during this pandemic.

5. ACCEPTANCE OF MINUTES

It was moved by Supv. C. Lopez, seconded by Commissioner Fosler to approve the April 30, 2020 meeting minutes. The motion passed unanimously by the following vote:

AYES:	McHoney; Sokotowski; Chair M. Lopez; Gutierrez; Ferreira; Herrera; Deming; Fosler; Ivanich; Supv. C. Lopez
NOES:	None
ABSENT:	Gonzalez-Rivas

6. ACTION: Public Hearing to review the Draft Mental Health Services Act (MHSA) FY 2020/21 to 2022/23 Three-Year Plan and recommend adoption by the Monterey County Board of Supervisors.

Amie Miller, Bureau Chief, presented referring to handout of power point:
FY20/21 to 2023/24 MHSA Three-Year Plan with Summary of Public Comments & Substantive Changes to Draft

Key points included:

- Funds can be withheld by the State if the MHSA plan is not approved by the Board of Supervisors by July 1, 2020.
- The final plan will have MHSA funding levels will be updated on page 35 of the plan, inadvertently omitted in the draft plan.

Identified Edits to Draft:

- Adjust numbering and title of Strategies to conform with fiscal structure.
  - Example: Change "CSS-04: Maternal Mental Health" to "4. [CSS-12] Maternal Mental Health"
  - This change to be reflected in narrative titles and budget worksheet

Public comments received at the meeting:

- Barbara Mitchell requested that the original public comment documents submitted during the 30-day comment period be provided in full to the commission for review, instead of just the summarized version of the comment to capture the full details. Also suggested a review of MSHA regulations to consider how to process public comment received moving forward at the local level.
- Theresa Comstock spoke towards the Welfare & Institution Code, regarding the commission and the MHSA plan. The process being the commission holds the public hearing but is not required to vote to approve the plan. She provided a reminder that documents shared with the commission also be provided to the public, and any substantive recommendations made for plans or updates be voted on by a majority of the commission's membership.

Commissioners comments received at the meeting:

- Comm. Deming raised the question if the original public comment statements are pertinent to view prior to the commission providing its decision at this meeting. She recognized that the current plan should move forward as is and that moving forward, she would like to be able to read public comments in their entirety.

- Comm. Ferreira recommended for this meeting, following the current regulations set forth and view public comments submitted in their summarized versions and forward onto the Board of Supervisors. Moving forward as a commission there can be discussion to have public comment presented in both summarized and original forms. However, there must be uniformity for processing all public comments received.
- Comm. Fosler recommended adhering to the current guidelines for this plan and accept the summarized versions of public comment submitted; discuss taking the initiative to provide the State with public comment in its entirety on an agenda at a later date but in advance of the next public hearing process. Also stated moving forward, she would like to review public comment received in their entirety.
- Comm. Sokotowski recommended viewing Barbara's original submission, however, the submission to the State contain the summaries only.
- Comm. Herrera recommended it is most respectful to the community to see their words in full included in the plan both presented to the commission and submitted to the State. For this meeting the summaries should stand with a reference to the original comment and the original comment document be submitted with the plan.
- Comm. McHoney recommended moving forward for this meeting with the summarized comments, however, have another discussion on the topic at a later date. She would also like to be able to read all comments in their entirety.

It was moved by Commissioner Ferreira, seconded by Commissioner McHoney to approve the Draft MHSA FY 2020/21 to FY 2022/23 Three-Year Plan to include the summary of substantive recommendations received during the 30-day public comment period and at the Public Hearing, as modified at the Public Hearing to identify full three-year Fiscal Year period and to include retitling and renumbering changes noted, for forwarding to the Board of Supervisors for adoption.
The motion passed with the following vote.

AYES:	**McHoney; Sokotowski; Chair M. Lopez; Gutierrez; Ferreira; Herrera; Deming; Fosler; Ivanich**
NOES:	**None**
ABSENT:	**Gonzalez-Rivas**
ABSTAIN:	**Supv. C. Lopez**

7. <u>INFORMATION:</u> Receive a Report from the Behavioral Health Director.
Dr. Amie Miller shared the following announcements:

- Monterey County Behavioral Health (MCBH) has been working on renewing contracts beginning July 1, 2020 which will include cuts in response to budget cuts.
- Many MCBH vacant staff positions have been frozen, which has resulted in increases of current staff's caseloads.
- It is important for MCBH to build out programs that bring in as much Medi-Cal as possible.
- Medi-Cal enrollment is rising and will continue to do so for the next several months. However, as enrollment increases, MCBH revenues decrease significantly, as there is no increase in match required for Medi-Cal reimbursement.

8. <u>INFORMATION:</u> Receive a Report from a Member of the Board of Supervisors
Supervisor Lopez shared the following announcements:

- The Board of Supervisors (BOS) budget hearings begin next week.
    - The data full impact of COVID-19 on our economy is still unknown

        - The gas tax, full impact from the State and other key budget numbers are still unknown
- The BOS submitted an attestation form on Tuesday, May 26, 2020 to the State to inform that Monterey County has met the criteria to move further into Stage 2 of the State's reopening plan.
    - A challenge the County is experiencing is very little notice given by State government when it moves items within the phases/stages (ex. religious services moved from stage 3 to early stage 2)
- The County's plan to navigate the COVID-19 pandemic has mechanisms in place to address should numbers exceed those predetermined in the plan.

9. INFORMATION: Receive the Commissioner's Reports/Updates

- Comm. McHoney thanked the BOS for their hard work. Reported that within the local VA clinic the older veteran population is struggling with shelter-in-place. The clinic moved all appointments to telehealth which will continue through August 15, 2020.
- Comm. Sokotowski acknowledged that telehealth appointments have been a challenge for the veteran community.
- Comm. M. Lopez reminded everyone to remain vigilant in following the hygiene guidelines for COVID-19.
- Comm. Gutierrez reported for South County, the MCBH-Access numbers remain high, and the Substance Use Disorders (SUD) program continues to see incoming requests for assistance. Thanked MCBH staff and contract providers for their continued hard work.
- Comm. Ferreira shared that the County juvenile court system pivoted quickly in coordination with MCBH-Children Services to adapt to the changes brought forth by COVID-19. Thanked MCBH for their efforts to provide stress relief for county staff and the community.
- Comm. Herrera asked MCBH for a future agenda item to provide clear criteria that will be used during decision making as reductions are made to county programs to address the issue of disparities (how will funding reductions impact the level of disparities). He also shared that CSUMB recently received an eight-year certification from the Council on Social Work Education and their MSW program graduated another cohort of students who are now working in the community in addition to students from the Physician's Assistant and Nursing programs. Noted focus needs to remain on prevention services especially as communities are struggling through this pandemic.
- Comm. Deming shared this is her last meeting as a commissioner and thanked everyone for their work and support. Her experience on this commission has affected her positively and deeply and she will continue to work to help work on hospital discharge planning programs and reduction of the recidivism rate.

ADJOURN

The meeting was adjourned at 7:02 p.m.